

COMMUNITY HEALTH IMPROVEMENT PLAN
2020 - 2022

Providence Kodiak Island Medical Center



To provide feedback about this CHIP or obtain a printed copy free of charge, please email Nathan Johnson at Nathan.Johnson@Providence.org



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EXECUTIVE SUMMARY

Providence continues its mission of service in Kodiak through Providence Kodiak Island Medical Center (PKIMC), Providence Kodiak Island Counselling Center and Providence Chiniak Bay Elder House. PKIMC, which Providence has managed since 1997, is a critical access hospital that features 25 acute care beds. Being the only acute care hospital on Kodiak Island, PKIMC's service area is the entirety of the Kodiak Island Borough and all of its communities, encompassing the entire population of Kodiak Island which is 13,621 people. Kodiak Island totals 3,588 square miles and is the second largest island in the United States—second only to Hawaii.

PKIMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2019, PKIMC provided \$1,987,752 in community benefit¹ in response to unmet needs and to improve the health and well-being of those we serve in Kodiak.

Providence conducts Community Health Needs Assessments (CHNA) in the communities it serves every three years to better understand the health-related needs and strengths. The results of the CHNA are used to guide and inform Providence's efforts to better address the needs of the community.

In early 2019, PKIMC formed an Advisory Committee to guide the CHNA process from inception to completion. The committee was comprised of local community leaders and health-related experts that represent the broad interests and demographics of the community.

Through a mixed methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. The Kodiak community information collected includes local community health survey responses, state and national public health data, qualitative data from local stakeholder interviews and a community forum, and hospital utilization data.

¹ A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

PKIMC Community Health Improvement Plan Priorities

As a result of the findings of our 2019 Community Health Needs Assessment (CHNA) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PKIMC will focus on the following areas for its 2020-2022 Community Benefit efforts:

PRIORITY 1: BEHAVIORAL HEALTH (inclusive of substance use disorder and mental health)

Poor mental health and the related issue of substance abuse were identified as problems in the Kodiak community. Remote, rainy climates along with long, dark winters are known to have a negative impact on mental health and are frequently associated with increased substance abuse. Current events that contribute to the increase of substance use in Kodiak include the impacts of COVID19, changes in the fisheries, fish processors leaving their families in Kodiak due to unemployment or underemployment leading to turmoil within the family and “escaping”/self-medicating through the use of drugs and alcohol.

PRIORITY 2: PRIMARY CARE UTILIZATION AND ACCESS

The need to improve availability, access and use of primary care services were identified by the community as a significant issues. Long wait times, scheduling and difficulty getting timely appointments were frequently noted in the stakeholder interviews and the community survey as barriers to primary care access. A lack of understanding of the healthcare system and lack of navigation resources were noted in stakeholder interviews and the community survey responses as significant barriers to health care utilization.

PRIORITY 3: HEALTHY LIFESTYLE/ CHRONIC CONDITIONS

Health-related behaviors have a significant relationship to the onset, course and outcome of the chronic disease process. The system cost of unhealthy lifestyles and unmanaged chronic diseases are born by individuals and the communities they live in.

RESPONDING TO THE COVID-19 PANDEMIC

The 2020 Community Health Improvement Plan (CHIP) process was disrupted by the SARS-CoV-2 virus and COVID-19, which has impacted all of our communities. While we have focused on crisis response, it has required a significant re-direction of resources and reduced community engagement in the CHIP process.

This CHIP is currently designed to address the needs identified and prioritized through the 2019 CHNA, though COVID-19 will have substantial impacts on our community needs. These impacts are likely to exacerbate some of the needs identified, and cause others to rise in level of priority. While this is a dynamic situation, we recognize the greatest needs of our community will change in the coming months, and it is important that we adapt our efforts to respond accordingly. This CHIPs will be updated by March 2021 to better document the impact of and our response to COVID-19 in our community. We are committed to supporting, strengthening, and serving our community in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

MISSION, VISION, AND VALUES

<i>Our Mission</i>	As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
<i>Our Vision</i>	Health for a Better World.
<i>Our Values</i>	Compassion — Dignity — Justice — Excellence — Integrity

INTRODUCTION

Who We Are

Providence continues its mission of service in Kodiak through Providence Kodiak Island Medical Center (PKIMC), Providence Kodiak Island Counselling Center and Providence Chiniak Bay Elder House.

Providence took over management of the Kodiak Island Medical Center in 1997, which is now referred to as the Providence Kodiak Island Medical Center. It is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. In addition, Providence Chiniak Bay Elder House, PKIMC's extended care facility, has 22 long-term care beds.

PKIMC provides an extensive array of inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, telehealth diabetes education and pharmacy. The PKIMC Outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose and throat specialists. PKIMC is staffed by a mix of primary care physicians, surgeons and specialists who provide family and general practice, internal medicine, obstetric, and radiology services.

Our Commitment to Community

PKIMC dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2019, PKIMC provided \$1,987,752 in community benefit² in response to unmet needs and to improve the health and well-being of those we serve in Kodiak.

Our region, Providence Health & Services—Alaska (PHSA), has 16 ministries. The majority of facilities are located in the Anchorage area, but we also have a presence in four other Alaska communities. Additionally, services are expanded to other communities in Alaska via connecting technologies (e.g. telestroke and eICU services). Providence Alaska Medical Center (PAMC), a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children's Hospital at Providence (the only one of its kind in Alaska), the state's only Level III NICU, Heart and Cancer Centers, the state's largest Emergency Department, full diagnostic, rehab and surgical services,

² A community benefit is an initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives: a. Improves access to health services; b. Enhances public health; c. Advances increased general knowledge; and/or d. Relieves government burden to improve health. Note: Community benefit includes both services to the economically poor and broader community. To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following: 1) community health needs assessment developed by the ministry or in partnership with other community organizations; 2) documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; 3) or the involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

as well as both inpatient and outpatient mental health and substance use services for adults and children.

PHSA has a family practice residency program, a continuum of senior and community services, and a developing medical committee. PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. PHSA operates community mental health centers in Kodiak and Valdez. PHSA also partners to provide additional services through five joint ventures including Providence Imaging Center, St. Elias Long Term Acute Care Hospital, Imaging Associates, LifeMed Alaska (a medical transport/air ambulance service), and Creekside Surgery Center.

Community Benefit Governance and Management Structure

PKIMC further demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration with community partners. The Regional Director of Community Health Investment is responsible for coordinating implementation of State and Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP). The CHNA and CHIP process is driven by the PKIMC Community Advisory Board, reviewed by the Alaska Region Board Community Relations Subcommittee and then approved by the Providence Alaska Region Board.

Planning for the Uninsured and Underinsured

Our mission is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why PKIMC has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way PKIMC informs the public of FAP is by posting notices. Notices are posted in high volume inpatient and outpatient service areas. Notices are also posted at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. For information on our Financial Assistance Program click <https://www.providence.org/obp/ak/financial-assistance>.

OUR COMMUNITY

Description of Community Served

Being the only acute care hospital on Kodiak Island, our service area is the entirety of the Kodiak Island Borough and all of its communities, encompassing the entire population of Kodiak Island. The borough is situated in the Gulf of Alaska and comprised of 16 major islands. Kodiak Island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii. Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in other forms of wildlife, culture, natural resources and scenic beauty. With the largest fishing port in the state, the island is the third largest fishing port in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities and tourism. The population of Kodiak Island is 13,621 people.

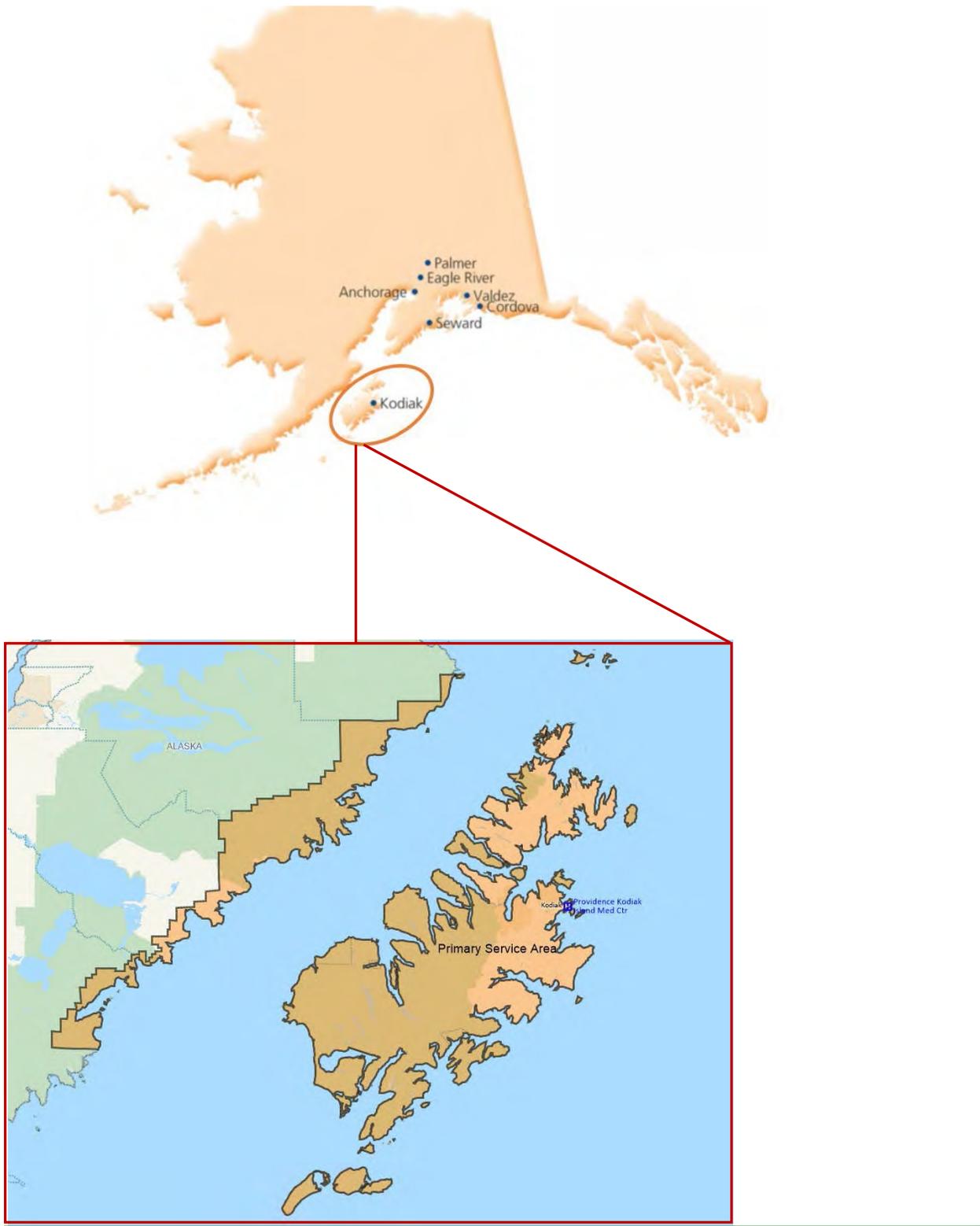
Hospital Total Service Area

Being the only acute care hospital on Kodiak Island, the communities served by the hospital are defined as the Island of Kodiak inclusive of the following communities listed in Table 1:

Table 1. Cities and Zip Codes Included in Hospital Total Service Area

Cities/ Communities	Zip Codes	Cities/ Communities	Zip Codes
Port Lions	99550	Kodiak	99697
Karluk	99608	Larsen Bay	99624
Kodiak	99615	Old Harbor	99643
Kodiak	99619	Ouzinkie	99644

Figure 1. Providence Kodiak Island Medical Center Hospital Total Service Area



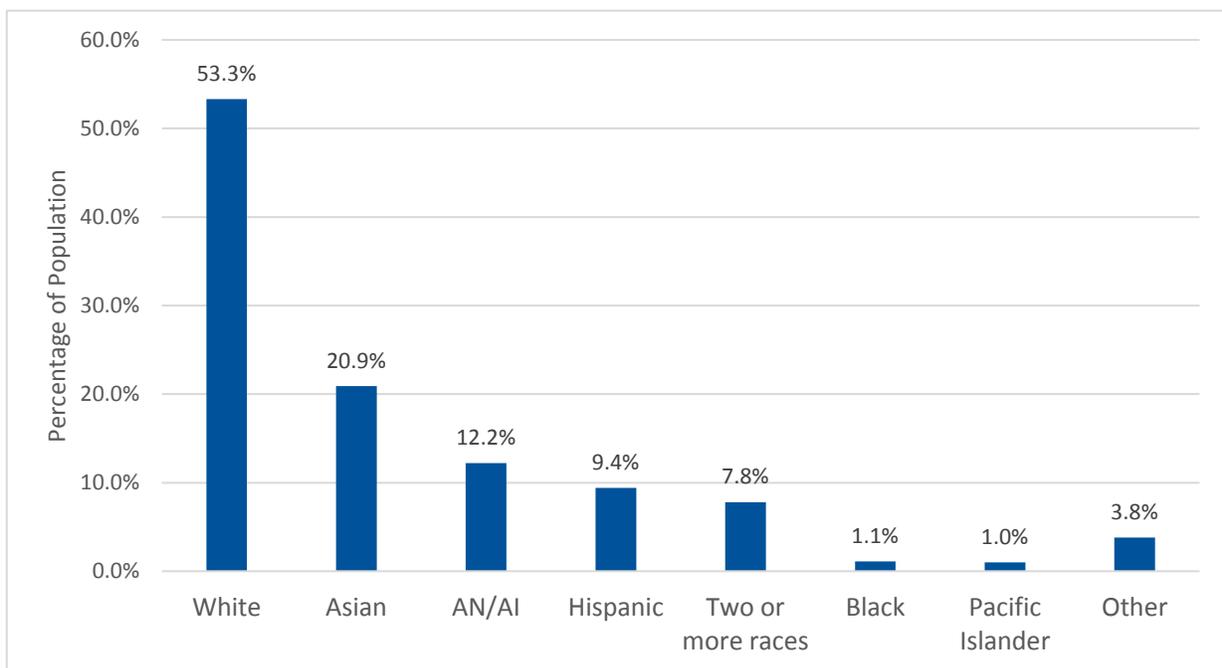
Community Demographics

Based on the US census, the total population of the Kodiak Island Borough is 13,621 people. The age demographics are the following:

- 27.9% youth (0-19 years)
- 36.3% young adults (20-44 years)
- 24.8% older adults (45-64 years)
- 11.1% seniors (65 years and older)

Figure 2 presents US Census race demographics for Kodiak Island:

Figure 2. Race and Ethnicity Data for Kodiak Island



*AN/AI= Alaska Native or American Indian

Table 3 presents US Census income and housing data for Kodiak Island and Alaska as a comparison:

Table 2. Income and Housing Data for Kodiak Island Compared to Alaska

	Kodiak Island	Alaska
Median Household Income	\$75,380	\$76,114
Per Capita Income	\$31,421	\$35,065

Average Household Size	2.85	2.81
Percentage of Households Below Poverty Line	7.5%	10.9%
Percent of owner-occupied homes	59.0%	63.7%
Individuals experiencing homelessness (Source: 2019 Kodiak Community Health Survey)	3.0%	*

*Comparable statewide data not available

The following 2019 Kodiak Community Survey data represent residents’ access to and utilization of health care services:

- 22% of adults under the age 65 are uninsured (US Census: Small Area Health Insurance Estimates)
- 8% of adults of all ages are uninsured
- 11% indicate using the emergency room for main source of health care
- 12% report being unable to receive needed health care in the last 12 months

The following 2019 Kodiak Community Survey data represent the health and wellbeing of community residents:

- 65% of adults are overweight or obese
- 22% of survey respondents indicated they have a chronic disease, and of those, 25% do not have the resources needed to manage their chronic disease
- 25% of survey respondents engaged in binge drinking in the past 30 days
- 14% of respondents indicated that they experienced depression in the past 12 months
- 5% of survey respondents indicated that they had thought about committing suicide at some point in the past 12 months

Kodiak Island Borough has been designated as a Health Professional Shortage Area (HPSA), meaning there is a shortage of primary medical care, dental, or mental health providers for the population size, geographic location, or facility type. Kodiak Island Borough is also designated as a Medically Underserved Area (MUA) which is defined by the Federal Government as an area that has too few primary care providers, high infant mortality, high poverty, or a high elderly populations. These definitions and more information can be found on the Health Resources & Services Administration website.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Every three years, Providence Health & Services Alaska and Providence Kodiak Island Medical Center conduct a Community Health Needs Assessment (CHNA) for the Kodiak Island Borough. The CHNA process is based upon the understanding that health and wellness happen across our communities, not just in medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors, and invited key stakeholders and community members to provide additional context to the data through qualitative methods.

In 2019, Providence engaged Wipfli LLP to collect and aggregate primary and secondary data for the CHNA report. This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

Providence uses an organized and responsive process to conduct the CHNA:

1. Formation of a CHNA Advisory Committee
2. Definition of the community served by PKIMC
3. Data collection and analysis
 - a. Secondary data/demographics
 - b. Primary data
 - i. Kodiak community survey
 - ii. Hospital utilization data
 - iii. Stakeholder interviews
 - iv. Kodiak Community Health Forum / Dialogue
4. Identification and prioritization of community health needs by the community CHNA Advisory Committee
5. Making the CHNA widely available the community

Secondary data sources included the US Census, American Community Survey, Alaska BRFSS, County Health Rankings, and Esri. To better understand the community's perspective, opinions, experiences, and knowledge, PKIMC sought the input of community members and nonprofit and government stakeholders. The four primary data collection methods and the high level findings from each were the following:

1. **CHNA Advisory Committee Process:** The CHNA Advisory Committee was formed to guide the CHNA process from inception to completion and was comprised of local community leaders and health-related experts, including the Director of Public Health Nursing in Kodiak. The committee determined the community priorities based on the data and they identified the top three most significant health-related needs in Kodiak:

- a. Behavioral health
 - b. Primary care utilization and access
 - c. Healthy lifestyle/ chronic conditions.
 2. **Kodiak Community Health Survey:** The 36 question survey was fielded from May 18-June 1, 2019 and 694 individuals responded. Every effort was made to ensure the survey represented the diversity of the community and captured input from those with low incomes and otherwise underserved in the community. Some of the top needs and themes called out in the survey responses were the following:
 - a. Mental health and substance misuse treatment
 - b. Access to healthcare (both primary and specialty care): While both primary and specialty care were identified, primary care was referenced most often with key issues related to wait time and inability to see the same doctor.
 3. **Community Stakeholder Interviews:** In June 2019, nine community leaders were interviewed individually regarding the health needs of the community. Some of the dominant themes from the stakeholder interviews were the following:
 - a. Access to primary care: This includes the importance of affordable and timely care, as well as challenges recruiting and retaining physicians, leading to a lack of primary care providers.
 - b. Mental health/ substance misuse: This includes an insufficient number of mental health and substance use disorder treatment providers to meet the needs of the community. Additionally, stigma, lack of coverage through insurance plans, and inaccessibility of care are some barriers to seeking treatment.
 - c. Social determinants of health and economic insecurity: Issues include lack of affordable housing, high cost of living, lack of health benefits from employers in the community, and language barriers. Immigrants and migrants were most frequently identified as disproportionately affected by these issues, partially due to language barriers.
 - d. Access to specialty care: Barriers to care include lack of specialty care providers, difficulty recruiting and retaining physicians, and having to travel off the island to access care.
 4. **Kodiak Community Forum:** Roughly 40 community members and stakeholders participated in a community forum on May 28, 2019 to share their vision of a healthy community and the health-related needs they would like to see prioritized. Participants identified the following needs:
 - a. Timely access to health care services and more comprehensive primary health care
 - b. Behavioral health services, including substance use treatment centers
 - c. Services and resources to support the aging population and help people age in place
 - d. Affordable and supportive housing
-

Identification and Selection of Significant Health Needs

The Kodiak CHNA Advisory Committee was tasked with reviewing and analyzing the resulting information to identify and prioritize the top health-related needs in their community based on the criteria of size/scope, severity and ability to impact. After reviewing and analyzing the CHNA quantitative and qualitative data, the Kodiak CHNA Advisory Committee established the top needs for Kodiak. Each CHNA Advisory Committee member ranked what they viewed as the top health needs for the community. Members elaborated on their rankings, sharing specific reasons why they selected each other needs. The top needs were documented and summarized to drive subsequent community health improvement planning.

Community Health Needs Prioritized

The list below summarizes the rank-ordered significant health needs identified through the 2019 Community Health Needs Assessment process:

PRIORITY 1. BEHAVIORAL HEALTH (inclusive of substance use disorder *and* mental health)

Behavioral health was indicated as a significant health care need during stakeholder interviews, as well as in the community survey responses, where 57% of individuals identified mental health and substance use as one of Kodiak's greatest health needs. Behavioral health needs focused on two separate areas of need: mental health and substance misuse.

The CHNA Advisory Committee identified a shortage of mental health services, particularly outpatient mental health care. The percent of population that needs these services has risen and barriers to accessing behavioral health care remain significant. Specifically, 20% of survey respondents indicated they have needed mental health services in the last 12 months, but of that group, 38% who needed mental health services were not able to receive them. Barriers to accessing this care include a lack of insurance or being unable to afford care (49%) and difficulty getting an appointment (41%). Stakeholder interviews revealed that health organizations have had difficulty recruiting and retaining a resident psychiatrist.

The lack of inpatient treatment facilities for addiction, substance use and drug and alcohol treatment were discussed by many as an area of need in the community. Substance use issues have led to both social and criminal problems in the community, particularly for repeat offenders. Sixty percent of survey respondents who needed substance use treatment were unable to receive needed services, and those who sought substance use treatment cited barriers to accessing care, including no insurance or being unable to afford treatment (44%) and stigmatization (36%).

PRIORITY 2. PRIMARY CARE UTILIZATION AND ACCESS

It is common for small rural communities to have challenges attracting and retaining enough primary care physicians to meet community need, and Kodiak is no exception. This need became more apparent in 2017 with the closure of the largest private primary care practice in Kodiak. The issue of long wait times and inability to schedule appointments within a reasonable time was a theme that arose through community input. This echoed findings through the Community Health Survey, where 36% of

respondents indicated they consider shortage or turnover in primary care/family clinic health care providers to be a significant contributor to the under-utilization of primary care and serves as a barrier to access.

In addition to the challenges facing primary care access, the quantitative data also suggest that preventive/primary care is being underutilized by members of the community. Preventative care efforts in the community are also lacking; 28% of respondents have not had an annual exam or physical in the past year. Of the 68% of individuals who had a health screening completed in the past year, 37% took no action based on their results.

PRIORITY 3. HEALTHY LIFESTYLE/CHRONIC CONDITIONS

Survey responses and health data indicate difficulty with maintaining a healthy lifestyle, engaging in preventative health, and managing chronic disease in the community. Twenty-two percent of survey respondents indicated they have a chronic disease, and of those, 25% do not have the resources needed to treat their chronic disease. Sixty-five percent of Community Health Survey respondents were identified as either overweight or obese based on their Body Mass Index (height/weight calculation). Similarly, 13% of survey respondents indicated that in general, their physical health is either poor or fair. Likewise, 39% of survey respondents indicate that they engage in less than 3 days of physical activity per week.

Needs Beyond the Hospital's Service Program

No hospital facility can address all of the health needs present in its community. We are committed to continuing our Mission through continued collaboration with community partners that address the aforementioned community needs to coordinate care and referrals to address these unmet needs.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

NOTE: The emergence of the COVID19 pandemic substantially impacted PKIMC/PKICC's ability to engage in a thorough and robust CHIP planning process in response to the findings of the 2019 Community Health Needs Assessment. The following plan represents a good faith planning effort by PKIMC and PKICC leadership to identify meaningful opportunities to address the needs identified in the CHNA process while responding to the increasing demands of the COVID19 crisis. PKIMC and PKICC leadership intend to revisit and refine the elements of this Community Health Improvement Plan at such time as the exigencies of COVID19 permit.

PKIMC anticipates that implementation strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by PKIMC in the enclosed CHIP.

Addressing the Needs of the Community: 2020- 2022 Key Community Benefit Initiatives and Evaluation Plan

PRIORITY HEALTH NEED #1: BEHAVIORAL HEALTH

(INCLUSIVE OF BOTH SUBSTANCE USE DISORDER AND MENTAL HEALTH)

This section outlines Providence's plan to address unmet behavioral health needs in our community over a three-year period.

- a) **Safe Harbor Program** – Providence will serve adults and youth providing Level 2.1 intensive outpatient chemical dependency treatment, Level 1 outpatient chemical dependency treatment, continuing care, education which includes anger management, Alcohol and Drugs Information School, Prime for Life, Morale Reconciliation therapy, and random drug and alcohol testing.
- b) **Youth Outpatient Substance Abuse Program** – Providence will continue to provide services to court-referred and self-referred clients. Services include substance abuse assessment or integrated assessments, addiction education, individual, family and group counseling or therapy, and random drug and alcohol testing. Additionally, Providence will continue to provide intensive case management services which may include “warm hand off” referrals to receiving agencies within Alaska and beyond.
- c) **Mental health clinicians in the schools program** – Providence will continue to provide ongoing education and support to all middle school and high school age students in city of Kodiak. Topics covered are: meth/opiates and other addictive substances; depression; and other mental health challenges. Providence provides students with depression screening, crisis intervention, and a variety of psycho-educational classes. Providence also provides education and training to school district staff on trauma-informed care that teaches how to identify symptoms, how to understand

the behaviors and how they can relate to substance abuse and behavioral health issues exhibited by students.

- d) **Alcohol Safety Action Program (ASAP)** – Providence will continue to provide case management services, referrals and monitoring for court ordered cases for youth and adults.
- e) **Psychiatric emergency services** – Providence will continue to provide psychiatric emergency assessments and referrals, which includes involuntary commitment and voluntary inpatient treatment for adults and youth who have suicidal or homicidal ideations, general psychotic behaviors, whether they are under a chemical or alcohol influence or are experiencing emotional distress. These individuals will present to the psychiatric Emergency Department, and a clinician is and will continue to be “on call” 24/7 to assess and consult with these individuals as well as the medical treatment team at the hospital. These services are fundamental to the behavioral health safety net in Kodiak.
- f) **Community Support Program (Adult & Child)**
- **ADULT CSP:** Providence will continue the Community Support Program (CSP). The CSP serves the chronically mentally ill and their families, providing individual and group skill development, employment support, case management, recipient support services, medication monitoring and family support services.
 - **CHILD CSP:** Providence will continue to provide both individual and group services to children who have a pre-existing diagnosis and/or have been referred by another agency or office of childrens’ services (OCS).
- g) **Community Education** – Providence will continue to participate in town hall meetings, community panel discussions, health fairs, USCG welcome aboard fairs, Public Radio announcements, KMXT Talk of the Rock, and Kodiak Daily Mirror Ads. Providence also provides free anxiety and depression screening during May Mental Health month and Health fairs.
- h) **Internship Program-** Providence Kodiak Island Counseling Center (PKICC) will continue to accommodate interns and provide clinical supervision to support the growth of the next generation of behavioral health providers in Kodiak. There are several Providence providers who are certified clinical supervisors in the areas of mental health and substance use treatment. PKICC believes that investing time and effort into producing the next generation of behavioral health professionals in Kodiak is foundational to the sustainability of behavioral health services on the island.
- **Residency in Social Work** – New program that will bring on graduates of social work masters degrees from Boise State who have provisional licenses of MSW. Participants will be provided incentives to come to Kodiak (i.e. housing, moving expense allowance, etc) in exchange for a minimum of a 2 year commitment. The main goal(s) of this program are to bring behavioral health clinicians to Kodiak that will remain here after their initial two year commitment. We will be bringing on two of these “residents” every two years, so

that even if they do not decide to stay after their initial two years, they will be back filled with two new graduates so that the need is still met.

- i) **Community Behavioral Health Grants** – Providence will continue to actively seek grant funding opportunities to help address the behavioral needs in the community (e.g. current ASAP grant funding that assists youth with their assessment fees, an upcoming SAMHSA grant opportunity to fund behavioral health outreach services for the homeless, ANDVSA grant which covers PKICC’s collaboration with KWRCC (Kodiak Womens Resource and Crisis Center), CBHTR grant, and the PES Grant).
- j) **Kodiak Schools Substance Abuse Task Force** - Providence will continue to partner with Teen Court to ensure appropriate referrals, treatment and support for youth by providing screening and recommendations.
- k) **Salvation Army/Residential Treatment Collaboration** – Providence will continue to collaborate with the Salvation Army transitional housing program in Kodiak as well as substance use inpatient treatment facilities in Alaska. These collaborations facilitate the treatment of Kodiak residents in Anchorage when services are not available on Kodiak Island and then return them to Kodiak Salvation Army transitional housing with outpatient substance abuse treatment support in their home community.
- l) **Behavioral health in the primary care setting** – Providence, in partnership with the Kodiak Community Health Center and Kodiak Area Native Association, will continue to provide behavioral health (mental health and substance abuse) services to adults and youth being seen at the KCHC and KANA Clinics. Services provided by Providence mental health clinicians include intervention, screening, assessment, and personalized referrals to agencies. Providence also provides related, but limited, in-home services such as case management and follow-up care.
- m) **Outreach Services**- Providence will continue to partner with the Brother Francis Shelter, Kodiak Women’s Resource and Crisis Center, Kodiak Public Library, Healthy Tomorrows, Civic organizations, schools, medical clinics, canneries, courts, etc. to insure that we provide continuity of care to mutual clients we serve and that we reach out to potential clients who might otherwise fall through the cracks in the delivery of care system.

PRIORITY HEALTH NEED #2: PRIMARY CARE UTILIZATION AND ACCESS

- a) The challenges facing Kodiak community utilization of and access to primary care are substantially related to community awareness, education and other behavioral, cultural and socioeconomic factors. At present, Kodiak has adequate primary care capacity with Kodiak Area Native Association Clinic (KANA) and Mill Bay Health Center, Kodiak Community Health Center, the U.S. Coast Guard Rockmore-King Medical Clinic, and the Kodiak Island Ambulatory Clinic providing primary care services to the residents of Kodiak. Because of this, PKIMC does not offer traditional, non-specialized primary care services, but will continue to work with Kodiak primary care providers to explore opportunities to support these providers and the community in the effort to improve primary care utilization. In addition to continued collaboration with community

partners, Providence Kodiak Island Medical Center’s plan includes specific steps including hiring a pediatrician to support access to primary care in addition to a recently hired OB/GYN to support women’s health.

PRIORITY HEALTH NEED #3: HEALTHY LIFESTYLE/CHRONIC CONDITIONS

- a) Providence Kodiak Island Medical Center’s plan includes specific steps to address healthy lifestyle and chronic conditions. The plan includes a pain management clinic operated through the specialty clinic. Additionally, the medical center is working on public education regarding COVID-19. Education on social distancing, hand washing, universal masking, and protecting families in the face of the COVID19 pandemic. Education includes collaboration with local primary care clinics, radio talk shows, Public Service Announcements, newspaper articles and advertisements, and participation in the health department community team.

2020- 2022 CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted on April 21, 2020 by the Providence Alaska Region Board. The final report was made widely available³ by May 15, 2020.



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Chief Executive, Alaska
Providence St. Joseph Health

4/21/2020

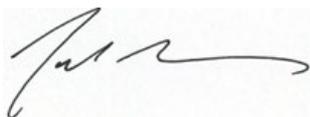
Date



Pam Shirrell
Chair, Providence Alaska Region Board
Providence Health and Services Alaska

4/21/2020

Date



Joel Gilbertson
Senior Vice President, Community Partnerships
Providence St. Joseph Health

5/1/2020

Date

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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CommunityBenefit@providence.org.

³ Per § 1.501(r)-3 IRS Requirements, posted on hospital website

APPENDICES

Appendix 1: Definition of Terms

Community Benefit: An initiative, program or activity that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of the following community benefit objectives:

- a. Improves access to health services;
- b. Enhances public health;
- c. Advances increased general knowledge; and/or
- d. Relieves government burden to improve health.

Community benefit includes services to persons living in poverty, persons who are vulnerable, and the broader community.

To be reported as a community benefit initiative or program, community need must be demonstrated. Community need can be demonstrated through the following:

- a. Community health needs assessment developed by the ministry or in partnership with other community organizations;
- b. Documentation that demonstrates community need and/or a request from a public agency or community group was the basis for initiating or continuing the activity or program; or
- c. The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the community benefit initiative or program.

Health Equity: Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Social Determinants of Health: Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual’s or population’s health, are known as *determinants of health*. *Social determinants of health* are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Initiative: An initiative is an umbrella category under which a ministry organizes its key priority efforts. Each effort should be entered as a program in CBISA Online (Lyon Software). Please be sure to report on all your Key Community Benefit initiatives. If a ministry reports at the initiative level, the goal (anticipated impact), outcome measure, strategy and strategy measure are reported at the initiative level. Be sure to list all the programs that are under the initiative. Note: All Community Benefit initiatives must submit financial and programmatic data in CBISA Online.

Program: A program is defined as a program or service provided to benefit the community (in alignment with guidelines) and entered in CBISA Online (Lyon Software). Please be sure to report on all community benefit programs. Note: All community benefit programs, defined as “programs”, are required to include financial and programmatic data into CBISA Online.

Goal (Anticipated Impact): The goal is the desired ultimate result for the initiative’s or program’s efforts. This result may take years to achieve and may require other interventions as well as this program. (E.g. increase immunization rates; reduce obesity prevalence.).

Scope (Target Population): Definition of group being addressed in this initiative: specific description of group or population included (or not included, if relevant) for whom outcomes will be measured and work is focused. Identify if this initiative is primarily for persons living in poverty or primarily for the broader community.

Outcome measure: An outcome measure is a quantitative statement of the goal and should answer the following question: “How will you know if you’re making progress on goal?” It should be quantitative, objective, meaningful, and not yet a “target” level.