

2022 - 2024

COMMUNITY HEALTH IMPROVEMENT PLAN

**Providence Alaska Medical
Center and St. Elias Specialty
Hospital**

Anchorage, Alaska



To provide feedback on 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 by providing Alaskans with healthcare offered nowhere else in the state. Providence Health and Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of over 730,000). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g., telestroke and eICU services).

Providence Alaska Medical Center (PAMC) is a 401-bed acute-care hospital located in Anchorage, Alaska. PAMC is the state's largest hospital, a nationally recognized trauma center, and 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 adult and pediatric Emergency Department, full diagnostic, rehabilitation, and surgical services, as well as both inpatient and outpatient mental health and substance use disorder services for adults and children.

St. Elias Specialty Hospital, also located in Anchorage, has 59 beds and is the only long-term acute care hospital in Alaska. The hospital provides customized, physician-driven services for patients requiring longer stays in an acute-care environment due to multiple or complex conditions.

Providence Health and Services Alaska (PHSA), 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 2021, PHSA provided \$75 Million in Community Benefit¹ – which includes charity and subsidized care, community health services, education, and research – to respond to unmet needs and improve the health and well-being of those we serve in the Alaska region.

The Community Health Needs Assessment (CHNA) is an opportunity for PSMC to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, information was collected from the following sources: local community health survey responses, state and national public health data, qualitative data from stakeholder interviews, and hospital utilization data. Stakeholder interviews were conducted with representatives from organizations that serve people who have chronic conditions, are from diverse communities, have low incomes, and/or are medically underserved.

PAMC Community Health Improvement Plan Priorities

As a result of the findings of our [2021 CHNA](#) and through a prioritization process aligned with our Mission, resources, and hospital strategic plan, PAMC will focus on the following areas for its 2022-2024 Community Benefit efforts. Note that the needs were not prioritized relative to one another and are listed in no particular order:

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual's health as genetics or certain health

behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorders)

Behavioral health is foundational to quality of life, physical health and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community.

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Roughly thirty percent of factors affecting an individual's health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to preventive and acute care has an impact on individuals' ability to maintain good health.

PRIORITY D: CULTURAL AND SOCIAL COMMUNITY WELLBEING

There is an established link between health outcomes and social relationships. The quantity and quality of an individual's connections to their community and culture has a significant impact on their health and wellbeing. This can be demonstrated not only by the positive outcomes associated with a strong support-network and cultural connection, but also by the negative health outcomes that result from the impacts of discrimination and social injustice.

INTRODUCTION

Who We Are

Our Mission	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.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Providence continues its Mission of service by providing Alaskans with healthcare offered nowhere else in the state. Providence Health & Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of over 730,000). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g., telestroke and eICU services).

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St. Elias Specialty Hospital, also located in Anchorage, has 59 beds and is the only long-term acute care hospital in Alaska. The hospital provides customized, physician-driven services for patients requiring longer stays in an acute-care environment due to multiple or complex conditions.

Providence’s family practice residency program and primary care and specialty clinics serve the primary care, behavioral health, specialty, and subspecialty needs of Anchorage and Alaska residents. Additionally, Providence’s service to the community is strengthened by a continuum of senior and community services ranging from primary care at Providence Medical Group Senior Care to long-term skilled nursing care at Providence Extended Care. PHSA also partners to provide additional services through four joint ventures including: Providence Imaging Center, Imaging Associates, LifeMed Alaska (a medical transport/air ambulance service), and Creekside Surgery Center.

PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. Community mental health centers are operated in Kodiak and Valdez.

Our Commitment to Community

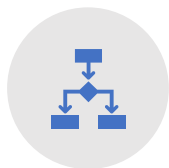
Providence Health and Services Alaska (PHSA), including PAMC and St. Elias, dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2021, PHSA provided \$75 Million in Community Benefit¹ to respond to unmet needs and improve the health and well-being of those we serve in the Alaska region. PAMC further demonstrates organizational commitment to community health through the allocation of staff time, financial resources, participation, and collaboration to address community identified needs.

Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes.

To ensure that equity is foundational to our CHIP, we have developed an equity framework that outlines the best practices that each of our hospital will implement when completing a CHIP. These practices include, but are not limited to the following:

Figure 1. Best Practices for Centering Equity in the CHIP



Address root causes of inequities by utilizing evidence-based and leading practices



Explicitly state goal of reducing health disparities and social inequities



Reflect our values of justice and dignity



Leverage community strengths

¹ Per federal reporting and guidelines from the Catholic Health Association.

Community Benefit Governance

The PAMC hospital administrator is responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders, PHSA Region Community Ministry Board, internal hospital Executive Management Team members, physicians, and other staff to work together in planning and implementing the CHIP.

2021/2022 PROVIDENCE ALASKA REGION BOARD

Providence Health & Services Alaska

CHRISTINE (Potter) KRAMER, DNP, chair Anchorage, AK	JOE N. FAULHABER Fairbanks, AK
STEPHANIE KESLER, vice chair Anchorage, AK	SCOTT T. HABBERSTAD Anchorage, AK
DONNA LOGAN, secretary VP-Anchorage Operations McDowell Group Anchorage, AK	Kristen Solana-Walkinshaw, MD PAMC – Chief of Staff Family Medicine Residency Medical Director Anchorage, AK
PAMELA SHIRRELL, RN Valdez, AK	TANYA KIRK Anchorage, AK
LISA D.H. AQUINO, MHS Anchorage, AK	WALTER WILLIAMS, IV Anchorage, AK
SARAH BARTON Palmer, AK	STEVE SMITH, MD Providence Kodiak, Chief of Staff Kodiak, AK
PAT BRANSON Chair, PKIMC Advisory Board Kodiak, AK	SCOTT WELLMAN Anchorage, AK
MARTIN PARSONS Anchorage, AK	KAREN KING Anchorage, AK
KIM REITMEIER Anchorage, AK	
PRESTON SIMMONS, DSC, FACHE Ex officio member CEO, Providence Health & Services Alaska Anchorage, AK	

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 PAMC has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

One way PMC 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>.

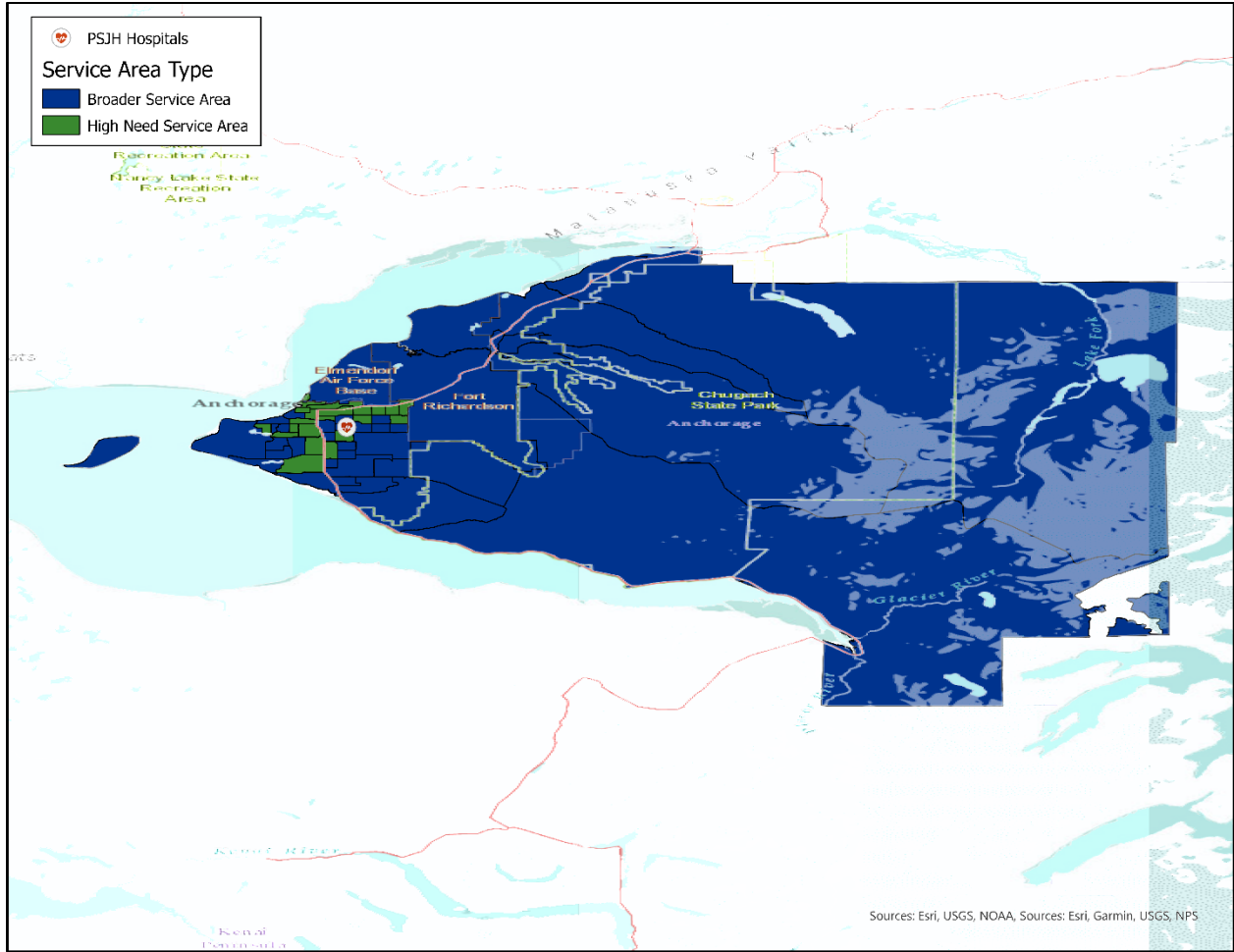
OUR COMMUNITY

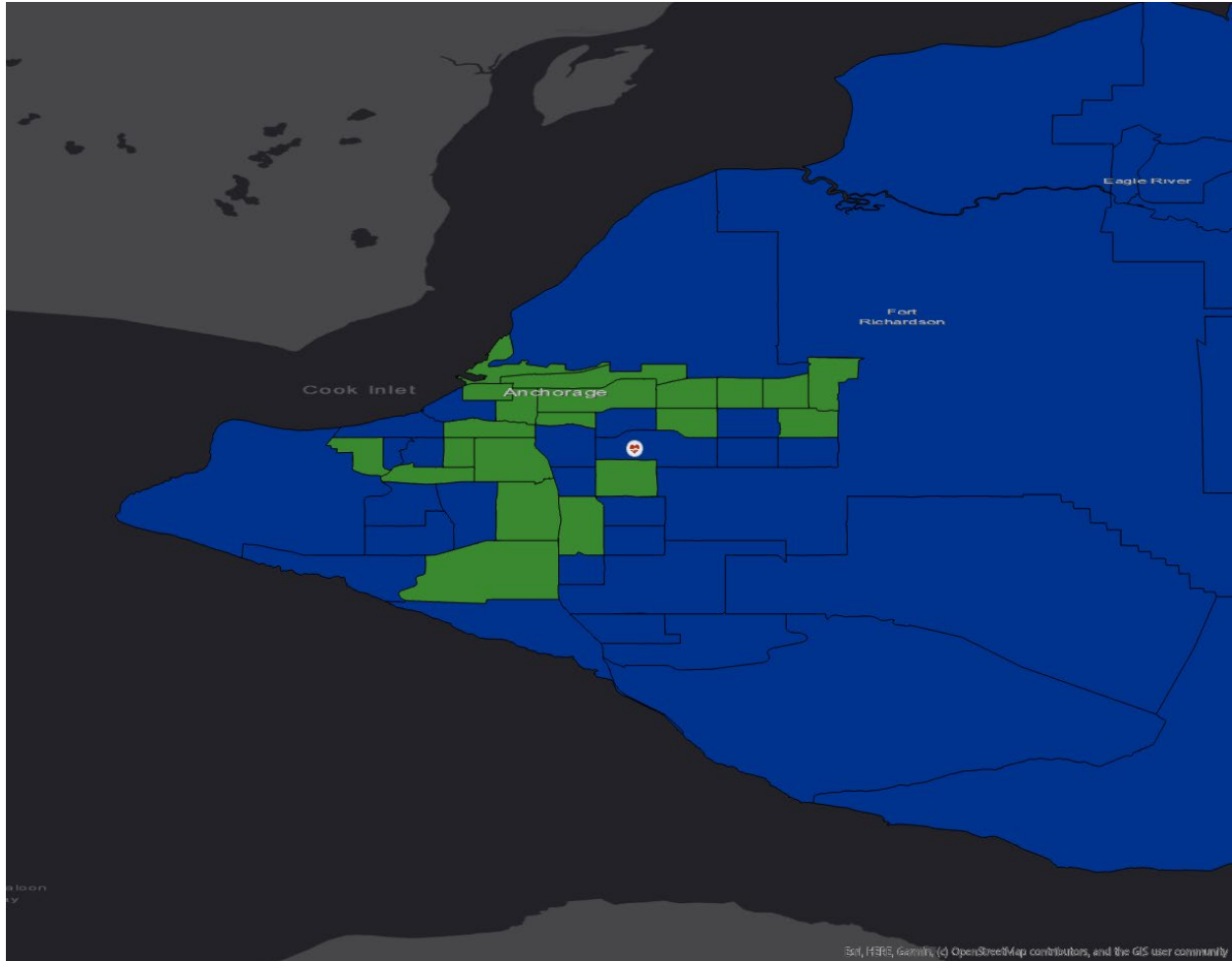
Description of Community Served

The service area of Providence Alaska Medical Center (PAMC) and St. Elias Specialty Hospital is the Municipality of Anchorage, the largest community in the state of Alaska, where the majority of patients seeking services reside. As the largest and most comprehensive acute care hospital and health system in Alaska, PAMC, St. Elias, and Providence Health and Services Alaska see patients from the entire state of Alaska, although for the purposes of this CHNA, the hospital service area is the Municipality of Anchorage.

Anchorage is located in Southcentral Alaska along Cook Inlet. It sits in a bowl with Cook Inlet on one side and Chugach State Park on the other. Home to nearly half the state's residents, Anchorage has a population of approximately 299,100 people and includes the communities of Anchorage, Chugiak, Eagle River, Girdwood, and Joint Base Elmendorf-Richardson. It is the hub of Alaska's infrastructure and business community.

Based on available data, geographic access to facilities and primary care, and other hospitals in neighboring counties, Anchorage serves as the boundary for the hospital service area. Roughly 11.5% of residents live in "high need" areas, defined by lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL compared to census tracts across the county. For reference, in 2020, 200% FPL represents an annual household income of \$52,400 or less for a family of four. These households are more likely to regularly make spending tradeoffs regarding utilities, rent, groceries, medicine, and other basic expenses.





Community Demographics

POPULATION AND AGE DEMOGRAPHICS

In 2019, the total population of Anchorage was 299,100 residents, with 192,994 residents in the broader service area and 106,106 residents in the high need service area. The majority of residents in the Anchorage, broader, and high need areas were between the age of 18-54. In Anchorage, 52.2% of the population is aged between 18-54 years, compared to 51.1% in the broader service area and 54.1% in the high need service area.

POPULATION BY RACE AND ETHNICITY

Within the Anchorage service area, the three largest racial groups included White (61.6%), Asian (9.8%) and Alaska Native/American Indian (8.7%). In the broader service area, 70.6% of the population identified as White, 7.2% identified as Asian, and 6.6% identified as Alaska Native/American Indian. Comparatively, in the high need service area, 45.1% of the population identified as White, 14.4% identified as Asian, and 12.5% identified as Alaska Native/American Indian. The Pacific Islander, “other race,” Black, Asian, Alaska Native/American Indian, and Hispanic populations were overrepresented in

the high need service area compared to the broader service area, while the White population was underrepresented in the high need service area.

SOCIOECONOMIC INDICATORS

Table 1. Income Indicators for Anchorage Service Area

Indicator	Anchorage	Broader Service Area	High Need Service Area
Median Household Income Data Source: American Community Survey Year: 2019	\$82,716	\$100,241	\$59,795
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	19.9%	16.7%	20.4%

The median household income in Anchorage was \$82,716 in 2019. The broader service area had a median household income \$17,525 higher than Anchorage, while the high need service area had a median household income \$22,921 lower than Anchorage.

Severe housing cost burden is defined as households spending 50% or more of their income on housing costs. Within Anchorage, 19.9% of the population experiences severe housing cost burden, compared to 16.7% of the population in the broader service area and 20.4% in the high need service area.

Full demographic and socioeconomic information for the service area can be found in the [2021 CHNA](#) for PAMC.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

From August 18 to September 13, 2021 Representatives from PAMC conducted 8 stakeholder interviews with people who are invested in the wellbeing of the community and have first-hand knowledge of community needs and strengths. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA. The goal of the interviews was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically poor and vulnerable. PAMC aimed to engage stakeholders from social service agencies, healthcare, education, housing, and government, among others, to ensure a wide range of perspectives. Included in the interviews was the Human Services Manager from the Anchorage Health Department, the Deputy Director from the Alaska Division of Public Health, and the Director of Public Health from the Department of Health and Social Services.

Organization	Name	Title	Sector
Anchorage Health Department	Nicole Lebo	Human Services Division Manager	Public health
Alaska Native Heritage Center	Emily Edenshaw	President and CEO	Alaska Native cultural programming and education
Anchorage Neighborhood Health Center	Shannon Savage	Chief Communications and Development Officer	Healthcare
Catholic Social Services	Lisa Aquino	CEO	Social services, homelessness
Department of Health and Social Services	Heidi Hedberg	Director of Public Health	Public health, social services
Alaska Division of Public Health	Tari O'Connor	Deputy Director	Public health

Rasmuson Foundation	Michele Brown	Senior Fellow	Social services, housing, arts and culture
United Way	Clark Halvorson	President	Social services, economic security, homelessness

Significant Community Health Needs Prioritized

PAMC will focus on the following areas for its 2022-2024 Community Benefit efforts. Note that the needs were not prioritized relative to one another and are listed in no particular order:

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorders)

Behavioral health is foundational to quality of life, physical health and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community.

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Roughly thirty percent of factors affecting an individual’s health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to preventive and acute care has an impact on individuals’ ability to maintain good health.

PRIORITY D: CULTURAL AND SOCIAL COMMUNITY WELLBEING

There is an established link between health outcomes and social relationships. The quantity and quality of an individual's connections to their community and culture has a significant impact on their health and wellbeing. This can be demonstrated not only by the positive outcomes associated with a strong

support-network and cultural connection, but also by the negative health outcomes that result from the impacts of discrimination and social injustice.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

As part of the CHNA, an advisory group was established to inform and guide the process and identify the top health priorities for the community based on review of the data. The committee was comprised of local community leaders and health-related experts who represent the broad interests and demographics of the community.

2021 ANCHORAGE CHNA ADVISORY COUNCIL MEMBERS

Organization	POC/Org. Leader
Catholic Social Services	<ul style="list-style-type: none">• Lisa Aquino, CEO
United Way	<ul style="list-style-type: none">• Sue Brogan• Clark Halverson, CEO
Anchorage Neighborhood Health Center	<ul style="list-style-type: none">• Shannon Savage, Chief Coms/Dev Officer• Tammy Green, CEO
Anchorage Community Land Trust	<ul style="list-style-type: none">• Radhika Krishna Director of Operations• Kirk Rose, CEO
Anchorage Health Department	<ul style="list-style-type: none">• Nicole Lebo, Division Manager
Anchorage Literacy Program	<ul style="list-style-type: none">• Lori Pickett, CEO
Alaska Native Heritage Center	<ul style="list-style-type: none">• Emily Edenshaw, CEO
Providence Alaska	<ul style="list-style-type: none">• Nathan Johnson, Regional Director Community Health Investment

The CHNA advisory committee engaged in a facilitated process to identify the top health priorities. The process started with the findings of the key stakeholder interview qualitative analysis. These findings were used to frame the discussion of the top health issues facing the community. A review of the quantitative data (community-wide Health and Wellbeing Monitor survey and healthcare utilization data) was conducted to validate and enrich the discussion of the key stakeholder interview key findings. Through the facilitated discussion of the qualitative and quantitative data, the CHNA advisory group identified the priorities below.

The following criteria were considered in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- Providence service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need

The 2022-2024 Community Health Improvement Plan (CHIP) process was impacted 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 [2021 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. 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.

PAMC 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 PAMC in the CHIP.

Addressing the Needs of the Community: 2022- 2024 Key Community Benefit Initiatives and Evaluation Plan

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY

Long-Term Goal(s)/ Vision

A housing first community where all residents are housed and are able to meet their basic needs.

Table 2. Strategies and Strategy Measures for Addressing Basic Needs/Economic Security

Strategy	Population Served	Strategy Measure
1. Refugee and Immigrant Services Trainee (RAIS) Program collaboration with Catholic Social Services	Immigrant and Refugee	Trainees achieving employment
2. Refugee and Immigrant Job Fairs collaboration with Catholic Social Services	Immigrant and Refugee	Increase number of refugee and immigrant direct hires
3. Project SEARCH – ASD school business partnership internships for students with developmental disabilities.	students with developmental disabilities	Students achieving employment
4. Community Health Worker Program to address health disparities in underserved and BIPOC populations	IPOC, Low-Income, other marginalized individuals and populations	Reduction in health disparity as result of Hypertension and/or diabetes interventions
5. Build and operate 51 bed Permanent Supportive Housing facility	Homeless	Reduce homelessness Reduce ED visits
6. \$3M annual investment commitment to address homelessness	Homeless	Reduce homelessness

		Decrease returns to homelessness
7. Healthcare and Homelessness Pilot with Community Solutions and Institute for Healthcare Improvement	Homeless	Reduce homelessness Reduce ED visits
8. Homeless Respite Partnership – Providence, ARH, ANMC and CSS	Homeless	% Homeless respite patients successfully discharged to permanent housing Reduce ED visits
9. Daily Meal Service 365 days/year for Brother Francis Emergency Homeless Shelter guests	Homeless	Meals served

Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

- Anchorage School District
- Catholic Social Services
- Alaska Native Medical Center
- Alaska Regional Hospital
- Cook Inlet Housing Authority
- Weidner Apartment Homes
- Rasmuson Foundation
- Alaska Mental Health Trust
- Anchorage Coalition to End Homelessness

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorders)

Long-Term Goal(s)/ Vision

A community of wellness and early intervention where behavioral health supports and services are available to all who need them.

Table 3. Strategies and Strategy Measures for Addressing Behavioral Health

Strategy	Population Served	Strategy Measure
1. Chemical Dependency Services	Individuals with Substance Use Disorder	Access to SUD treatment services
2. Establish Crisis Stabilization Center – ‘no wrong door’ Crisis Now model	adults (ages 18+) experiencing acute behavioral health crisis	Reduce burden on API, APD, AFD, & EDs Meet community behavioral health crisis-care need for 18+ (est. 5K/yr)

3. Evidence based practice for SUD (Opioid Use Disorder) pathway training for all clinical depts. PAMC, St. Elias and Kodiak	Individuals with Opioid Use Disorder	Improved patient outcomes
4. Providence Family Medicine Center - Addiction Fellowship	Individuals with Substance Use Disorder	Increase access to and utilization of Medically Assisted Treatment for SUD
5. Establish Behavioral Health Integration in Schools Program - crisis services for youth (ASD, KISD, and Volunteers of America)	School age youth	Increase access to BH and crisis intervention services Improve school staff resilience and satisfaction
6. UW Bothell, Providence, and UAA Behavioral Health Certificate Program – train non-BH clinical staff for bedside competencies	Individuals with behavioral health needs	Improve patient outcomes through quality improvement of depression treatment suicide care and opioid treatment.
7. Behavioral Health Clinics in Anchorage and Matsu	Individuals with behavioral health needs	Access to BH services

Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

- Anchorage School District
- Volunteers of America
- UW Bothell
- University of Alaska

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Long-Term Goal(s)/ Vision

A community of wellness where all have access to the services they need, especially the most vulnerable and marginalized in our community.

Table 4. Strategies and Strategy Measures for Addressing Healthy Behaviors/Physical Health

Strategy	Population Served	Strategy Measure
1. Pediatric Subspecialty Clinics/Services (e.g. MFM, Neuro, Cystic Fibrosis, Infusion)	Youth experiencing complex medical conditions	Reduced number of children and families needing to travel outside AK for pediatric treatment
2. Alaska CARES program – Child Advocacy Center addressing child neglect and abuse	Youth who have experienced abuse and neglect	Access to wrap around services

3. Forensic Nursing Program – serving adults who have experienced sexual violence, neglect, or intentional psychological injury.	Adolescents and adults who have experienced physical or sexual violence and neglect	Access to sexual assault forensic services and referrals
4. Alaska Family Medicine Residency (AFMR) program (~36 Residents)	Broader population of Alaska	Address AK workforce need for primary care physicians
5. Injury Prevention Program (bike helmet, car seat, ice cleat and community education program)	Youth, Seniors, and Broader Population	Reduced ED visits
6. Senior Care Center	Seniors	Primary care access for seniors with Medicare
7. Palliative Care Program providing patients with relief from the symptoms, pain and stress of a serious and life-threatening illness	Individuals experiencing serious and life-threatening illness	Access to palliative services

Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

- South central Foundation (SCF)
- Office of Public Advocacy (GAL)
- Division of Juvenile Justice (DJJ)
- Standing Together Against Rape (STAR)
- Anchorage Police Department (APD)
- Office of Children’s Services (OCS)
- District Attorney Office
- Attorney General’s Office
- Municipality of Anchorage Prosecutor
- Alaska State Troopers (AST)
- Division of Corrections (DOC)
- Anchorage School District (ASD)
- CID OSI military law enforcement
- Federal Bureau of Investigation (FBI)

PRIORITY D: CULTURAL AND SOCIAL COMMUNITY WELLBEING

Long-Term Goal(s)/ Vision

A community of wellness, diversity, equity and inclusion.

Table 5. Strategies and Strategy Measures for Addressing Cultural and Social Community Wellbeing

Strategy	Population Served	Strategy Measure
1. Establish role of Chief Equity, Inclusion, and Diversity Officer	BIPOC, Low-Income, LGBTQ+, other marginalized individuals and populations	Decrease health disparities - culturally competent care Increase diversity/inclusion in Providence workforce/Board
2. Refugee and Immigrant Services Trainee (RAIS) Program collaboration with Catholic Social Services	Immigrant and Refugee	Trainees achieving employment
3. Refugee and Immigrant Job Fairs collaboration with Catholic Social Services	Immigrant and Refugee	Increase number of refugee and immigrant direct hires
4. Project SEARCH – ASD school business partnership internships for students with developmental disabilities.	students with developmental disabilities	Students achieving employment
5. Community Health Worker Program to address health disparities in underserved and BIPOC populations	BIPOC, Low-Income, other marginalized individuals and populations	Reduction in health disparity as result of Hypertension and/or diabetes interventions

Resource Commitment

Providence has committed funding, staffing, and equipment as needed to support the Community Health Improvement Plan

Key Community Partners

Anchorage School District
Anchorage Literacy Program
Catholic Social Services

2022- 2024 ANCHORAGE CHIP GOVERNANCE APPROVAL

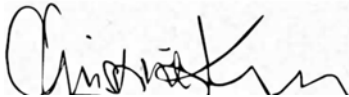
This Community Health Improvement Plan was adopted by the Providence Alaska Region Board on April 19, 2022. The final report was made widely available by May 15, 2022.



4/21/2022

Preston M. Simmons, DSc, MHA, FACHE
Chief Executive, Alaska Providence St. Joseph Health

Date



4/21/2022

Christine Kramer, ANP
Chair, Providence Alaska Region Board
Providence Health and Services Alaska

Date



4/28/2022

Justin Crowe
Senior Vice President, Community Partnerships
Providence

Date

CHNA/CHIP Contact:

Nathan D. Johnson Regional Director, Community Health Investment
Providence St. Joseph Health—Alaska Region
3760 Piper Street Anchorage, AK 99508
Nathan.Johnson@Providence.org

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

2022 Anchorage Community Health Improvement Plan (CHIP)

CHNA Strategies / Areas of Focus (Linked with identified needs)	Outcome Measure	Basic Needs - Economic Security	Behavioral Health (Mental Health/ Substance use)	Healthy Behaviors - Physical Health	Cultural- Social Wellbeing
1. Refugee and Immigrant Services Trainee (RAIS) Program collaboration with Catholic Social Services	<ul style="list-style-type: none"> • Trainees achieving employment 	X			X
2. Refugee and Immigrant Job Fairs collaboration with Catholic Social Services	<ul style="list-style-type: none"> • Increase number of refugee and immigrant direct hires 	X			X
3. Project SEARCH – ASD school business partnership internships for students with developmental disabilities.	<ul style="list-style-type: none"> • Students achieving employment 	X			X
4. Community Health Worker Program to address health disparities in underserved and BIPOC populations	<ul style="list-style-type: none"> • Reduction in health disparity as result of Hypertension and/or diabetes interventions 	X	X	X	X
5. Establish role of Chief Equity, Inclusion, and Diversity Officer	<ul style="list-style-type: none"> • Decrease health disparities - culturally competent care • Increase diversity/inclusion in Providence workforce/Board 	X	X	X	X
6. Build and operate 51 bed Permanent Supportive Housing facility (Homelessness)	<ul style="list-style-type: none"> • Reduce homelessness • Reduce ED visits 	X	X	X	X
7. \$3M annual investment commitment to address homelessness	<ul style="list-style-type: none"> • Reduce homelessness • Decrease returns to homelessness 	X	X	X	X
8. Healthcare and Homelessness Pilot with Community Solutions and Institute for Healthcare Improvement	<ul style="list-style-type: none"> • Reduce homelessness • Reduce ED visits 	X	X	X	
9. Homeless Respite Partnership – Providence, ARH, ANMC and CSS	<ul style="list-style-type: none"> • % homeless respite patients successfully discharged to permanent housing • Reduce ED visits 	X	X	X	
10. Daily Meal Service 365 days/year to Brother Francis Emergency Homeless Shelter	<ul style="list-style-type: none"> • Meals served 	X		X	
11. Chemical Dependency Services	<ul style="list-style-type: none"> • Access to SUD treatment services 		X	X	
12. Establish Crisis Stabilization Center – ‘no wrong door’ Crisis Now model	<ul style="list-style-type: none"> • Reduce burden on API, APD, AFD, & EDs • Meet community behavioral health crisis-care need for 18+ (est. 5K/yr) 		X		

13. Evidence based practice for SUD (Opioid Use Disorder) pathway training for all clinical depts. PAMC, St. Elias and Kodiak	<ul style="list-style-type: none"> Improved patient outcomes 		X		
14. Providence Family Medicine Center - Addiction Fellowship	<ul style="list-style-type: none"> Increase access to and utilization of Medically Assisted Treatment for SUD 		X		
15. Establish Behavioral Health Integration in Schools Program - crisis services for youth (ASD, KISD, and Volunteers of America)	<ul style="list-style-type: none"> Increase access to BH and crisis intervention services Improve school staff resilience and satisfaction 		X		
16. UW Bothell, Providence, and UAA Behavioral Health Certificate Program – train non-BH clinical staff for bedside competencies	<ul style="list-style-type: none"> Improve patient outcomes through quality improvement of depression treatment suicide care and opioid treatment. 		X		
17. Pediatric Subspecialty Clinics/Services (e.g. MFM, Neuro, Cystic Fibrosis, Infusion)	<ul style="list-style-type: none"> Reduced number of children and families needing to travel outside AK for pediatric treatment 	X		X	
18. Behavioral Health Clinics in Anchorage and Matsu	<ul style="list-style-type: none"> Access to BH services 		X		
19. Alaska CARES program – Child Advocacy Center addressing child neglect and abuse	<ul style="list-style-type: none"> Access to wrap around services 	X	X	X	X
20. Forensic Nursing Program – serving adults who have experienced sexual violence, neglect, or intentional psychological injury.	<ul style="list-style-type: none"> Access to sexual assault forensic services and referrals 	X	X	X	X
21. Alaska Family Medicine Residency (AFMR) program (~36 Residents)	<ul style="list-style-type: none"> Address AK workforce need for primary care physicians 			X	
22. Injury Prevention Program (bike helmet, car seat, ice cleat and community education program)	<ul style="list-style-type: none"> Reduced ED visits 			X	
23. Senior Care Center	<ul style="list-style-type: none"> Primary care access for seniors with Medicare 			X	

24. Palliative Care Program providing patients with relief from the symptoms, pain and stress of a serious and life-threatening illness	<ul style="list-style-type: none"> • Access to palliative services 		X	X	
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