



**CCMC AUTHORITY BOARD OF DIRECTORS AGENDA
ZOOM MEETING OR TELECONFERENCE
December 29, 2022 at 6:00PM REGULAR MEETING**

AT CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

Board of Directors

Linnea Ronnegard	exp. 3/24
Ann Linville	exp. 3/25
Liz Senear	exp. 3/24
Kelsey Hayden	exp. 3/23
Chris Iannazzone	exp. 3/23

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

Roll Call – Linnea Ronnegard, Kelsey Hayden, Liz Senear, Ann Linville, and Chris Iannazzone.

Establishment of a Quorum

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

(Speaker must give name and agenda item)

1. Audience Comments
2. Guest Speaker

B. BOARD DEVELOPMENT - None

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES

1. November 15, 2022 Special Meeting Minutes

Pgs 1-2

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report
3. CFO Report

Pgs 3-4

Pgs 5-10

G. DISCUSSION ITEMS - None

H. ACTION ITEMS

1. Approval of the CCMC 2023 Budget
2. Finance Policy Manual Approval
3. Approval of 2022 DZA Audit Engagement letter
4. Approval of the CHNA Final Report

Pgs. 11-12

Pgs. 13-30

Pgs. 31-41

Pgs. 42-180

I. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker) Members of the public are given the opportunity to comment on matters which are within the subject matter authority of the Board and are appropriate for discussion in an open session.

J. BOARD MEMBERS COMMENTS

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

This Board of Directors meeting will be held via ZOOM:

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

For a full packet, go to www.cityofcordova.net/government/boards-commissions/health-services-board

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

Minutes
CCMC Authority – Board of Directors
Via ZOOM Meeting or Teleconference
November 15, 2022 at 12:05pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Linnea Ronnegard called the Board Meeting to order at 12:05pm.

Board members present: **Linnea Ronnegard, Ann Linville, Liz Senear and Chris Iannazzone.**

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Barb Jewell, Director of Community Programs; Denna Stavig, Director of Finance and Faith Wheeler-Jeppson, Executive Assistant to the CEO.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Comments ~ None

2. Guest Speaker ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/Senear S/Linville "I move to approve the Agenda."

Ronnegard – yea, Ann Linville – absent, Senear - yea, Iannazzone – yea, and Hayden - absent.

4 yeas, 0 nay, 1 absent; Motion passed.

E. APPROVAL OF MINUTES

M/Linville S/Senear "I move to approve the October 20, 2022 Meeting minutes."

Ronnegard - yea, Linville - yea, Senear – yea, Iannazzone – yea, and Hayden - absent.

4 yeas, 0 nay, 1 absent; Motion passed.

F. REPORTS OF OFFICERS and ADVISORS

1. Board Chair report – Nothing to report at this time.

2. CEO Quarterly Report – Dr. Sanders stated that her report is in the packet. Additional items to add is that over the last two weeks we've received notice from CMS that our cost-based reimbursement is in jeopardy because we're not meeting promoting interoperability which was meaningful use for our EMR. We were able to get a waiver for it for this year, and that is giving us an exemption. We have to get compliant as soon as we can. Last night we completed our Community Health Needs Assessment Strategic Partner meeting, and we'll be bringing the results of that to the Board next month.

3. CFO Report – No financials this time as we will be reviewing the proposed 2023 CCMC Budget.

G. DISCUSSION ITEMS

1. Review of the 2023 CCMC Budget

Denna stated that she has nine months of data forecasted out. For next year our best estimate is: a large increase in Long Term Care from adjusting our rates for next year so that resulted in an increase in the budgeted amount and also an increase in the contractual adjustment amount. Other than that, we're holding pretty steady on most things, we've been working on tightening up on the Charity Care, we may have been a little too generous on some of them previously. Again, we're hoping to get our wages up by having our staff be direct staff and not contracted staff.

H. ACTION ITEMS

1. Delineation of Privileges for William Harjes, DO

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Telemedicine Privileges for William Harjes, DO with Alaska Imaging as presented."

Ronnegard – yes, Linville - yea, Senear - yes, Iannazzone – yes, and Hayden - absent. 4 yeas, 0 nay, 1 absent; Motion passed.

2. Delineation of Privileges for Adam Woelk, MD

M/Linville S/Senear

"I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Adam Woelk, MD as presented."

Ronnegard – yes, Linville - absent, Senear - yes, Iannazzone – yes, and Hayden - absent.

4 yeas, 0 nay, 1 absent; Motion passed.

3. Delineation of Privileges for Brian Iutzi, MD

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the Delineation of Privileges for Brian Iutzi, MD as presented."

Linville - yea, Ronnegard – yes, Senear - yes, Iannazzone – yes, and Hayden - absent. 4 yeas, 0 nay, 1 absent; Motion passed.

I. AUDIENCE PARTICIPATION

J. BOARD MEMBERS COMMENTS

Ronnegard ~ Next Meeting date will be December 29th at 6pm. Thank you to staff, Dr. Sanders, and to Denna. I have to say that since Denna has been here the financials have been timely, this budget was really well explained. She is appreciated.

Linville ~ I second the budget work, and I appreciate the presentation it was easy to understand.

Senear ~ Sounds like a lot has happened and I will have some catching up to do when I'm back there next month.

Iannazzone ~ Ditto. Budget time never seems to be enjoyable so you guys are doing good. I appreciate it.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Senear S/Linville "I move to adjourn"

Linnea Ronnegard declared the meeting adjourned 12:30pm.

Prepared by: Faith Wheeler-Jeppson

CEO Report Board Meeting December 2022

2022 has been another year of challenge and although Covid-19 impacts are fading, we continue to feel its effect. These challenges include supporting a fatigued and undersized workforce; managing unprecedented financial pressures from supply costs, freight charges, and salary expectations; and overcoming an increase in public distrust and negative views of the healthcare system. Yet with all of this, CCMC has continued to press on, providing quality care and comfort to the patients and families of Cordova

As we look forward to the year ahead, we have many encouraging signs. Funding and support for rural hospitals has been a key topic on the national and state level. We were happy to see Governor Dunleavy supporting public health initiatives including recommending increases in Medicaid funding.

CCMC has completed our triennial community health needs assessment. We will use the information from this report, as well as the Alaska Department of Health guiding pillars which are 1) Healthy beginnings, (2) Improve access to healthcare, and (3) Healthy communities to help guide our strategic planning process.

LTC: This time of year, it is always fun to see staff and community help makes the holidays bright for our residents. Resident stockings were stuffed, community members have written cards and our LTC residents were treated to a special holiday.

ER/ Hospital/SWING: Volumes continue to fluctuate, with a small increase in acute visits from respiratory illness. We are working with our staff and the community to improve our behavioral health crisis response.

Outpatient services: No changes to clinic, behavioral health or rehab services. We continue to encourage the community to utilize the hospital services which enables CCMC to maintain operations.

Facility: We have finished up the HVAC automation project and will be moving that out of construction in progress. We are working with the engineer and architect to establish a design and a plan to remove the generators and the switch gear out of our mechanical room. Facility staff continue to work hard to keep the building running smooth and manage winter weather – we have a fantastic team caring for CCMC.

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	31	30	31	30	31	30	31	Cumulative	Monthly
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			Total	Average
Hosp Acute+SWB Avg. Census		29														
FY 2019	3.5	1.6	1.2	1.4	1.2	1.1	2.4	3.3	3.3	3.2	4.0	4.3				2.5
FY 2020	3.3	2.1	2.4	2.7	1.7	1.1	1.0	0.3	0.7	1.0	1.8	1.0				1.6
FY 2021	1.3	3.2	2.2	1.7	2.2	1.6	2.1	2.4	3.3	5.6	4.3	1.4				2.6
FY 2022	1.6	3.3	2.8	2.1	1.5	1.9	3.5	3.5	3.9	0.5	1.0	0.0				
Acute Admits																
FY 2019	6	0	2	4	2	1	3	6	4	2	3	3			36	3.0
FY 2020	2	0	1	3	0	2	7	5	4	1	6	2			33	2.8
FY 2021	2	6	4	1	8	7	4	4	4	3	1	2			46	3.8
FY 2022	6	1	2	3	5	7	8	4	3	4	3					4.2
Acute Patient Days																
FY 2019	33	0	6	12	7	4	13	10	12	3	10	11			121	10.1
FY 2020	4	0	4	14	4	4	17	9	8	3	36	6			109	9.1
FY 2021	4	13	8	2	17	11	9	14	15	18	13	2			126	10.5
FY 2022	15	11	7	10	8	10	21	9	12	7	5					
SWB Admits																
FY 2019	2	0	0	0	0	0	3	0	0	2	1	1			9	0.8
FY 2020	1	1	1	1	0	0	0	0	1	1	0	1			7	0.6
FY 2021	2	2	0	1	1	0	2	2	4	3	1	0			18	1.5
FY 2022	1	3	0	1	2	2	3	2	4	2	2					
SWB Patient Days																
FY 2019	75	44	31	30	31	30	61	93	86	95	109	121			806	67.2
FY 2020	99	61	70	67	49	30	14	0	13	29	19	24			475	39.6
FY 2021	37	77	60	49	50	36	55	60	85	155	117	40			821	68.4
FY 2022	34	81	79	54	37	48	89	101	104	7	24					59.8
CCMC LTC Admits																
FY 2019	2	0	1	0	0	0	0	0	0	0	1	0			4	0.3
FY 2020	0	1	0	0	1	0	2	0	0	0	3	0			7	0.6
FY 2021	0	0	0	0	0	0	2	0	0	0	1	1			4	0.3
FY 2022	0	0	0	0	0	1	0	0	0	0	0					
CCMC LTC Resident Days																
FY 2019	299	278	308	300	310	300	280	310	300	310	300	303			3,598	299.8
FY 2020	310	289	310	293	296	300	301	310	300	309	277	310			3,605	300.4
FY 2021	300	300	298	300	310	299	298	310	300	310	298	309			3,632	302.7
FY 2022	310	280	310	300	310	299	310	310	300	310	290					
CCMC LTC Avg. Census																
FY 2019	10	9	10	10	10	10	9	10	10	10	10	10				9.8
FY 2020	10	10	10	10	10	10	10	10	10	10	9	10				9.8
FY 2021	10	10	10	10	10	10	10	10	10	10	10	10				9.9
FY 2022	10	10	10	10	10	10	10	10	10	10	10					
ER Visits																
FY 2019	31	41	47	54	60	55	68	81	64	43	22	28			594	49.5
FY 2020	35	38	34	23	52	51	49	47	35	35	29	38			466	38.8
FY 2021	38	42	35	44	77	61	74	78	67	34	32	40			622	51.8
FY 2022	38	38	42	50	75	85	76	97	64	63	38					
PT Procedures																
FY 2019	443	423	438	440	381	358	305	352	294	295	321	311			4,361	363.4
FY 2020	404	409	314	218	285	279	201	242	322	363	320	338			3,695	307.9
FY 2021	327	494	646	372	352	444	471	337	413	602	493	310			5,261	438.4
FY 2022	275	459	551	394	307	352	396	384	360	201	274					
OT Procedures																
FY 2019	0	0	0	0	0	0	0	0	0	0	0	0			0	0.0
FY 2020	0	0	0	0	0	0	0	0	0	0	0	0			0	0.0
FY 2021	25	223	183	49	36	115	174	118	161	350	309	120			1,863	0.0
FY 2022	122	190	251	134	120	229	243	200	197	53	87					
Lab Tests																
FY 2019	330	356	255	361	423	244	404	473	378	310	392	406			4,332	361.0
FY 2020	277	295	233	355	657	1,441	2,229	1,895	1,319	1,084	1,263	1,165			12,213	1,017.8
FY 2021	885	1,010	1,004	805	682	637	1,261	1,115	853	605	614	549			10,020	835.0
FY 2022	825	576	671	902	958	699	610	822	594	585	499					
X-Ray Procedures																
FY 2019	46	48	83	0	0	98	94	79	77	59	59	46			689	57.4
FY 2020	46	49	55	42	52	62	62	58	63	44	47	39			619	51.6
FY 2021	48	50	49	64	64	70	79	86	88	68	53	72			791	65.9
FY 2022	82	63	64	94	60	82	69	93	51	72	58					
CT Procedures																
FY 2019	19	12	13	15	26	11	24	35	21	6	12	19			213	17.8
FY 2020	12	14	13	18	20	23	19	23	22	20	20	20			224	18.7
FY 2021	24	27	26	20	27	32	28	38	25	16	12	22			297	24.8
FY 2022	21	21	36	25	29	42	31	26	16	30	15					
CCMC Clinic Visits																
FY 2019	162	161	144	178	250	205	247	252	207	360	183	173			2,522	210.1
FY 2020	184	193	141	112	121	151	150	150	152	138	128	127			1,747	145.6
FY 2021	125	134	161	157	188	224	265	277	296	452	303	275			2,857	238.1
FY 2022	288	196	199	237	260	241	221	212	304	359	219					
Behavioral Hlth Visits																
FY 2019	62	98	69	60	89	86	82	94	101	148	112	108			1,109	92.4
FY 2020		138	138	124	113	126	98	104	102	115	123	116			1,297	117.9
FY 2021	85	62	65	74	90	96	60	97	50	35	63	76			853	71.1
FY 2022	84	74	83	79	82	67										

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 10 MONTHS ENDING 10/31/22

12/20/22 08:55 AM

	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	43,336	60,400	(17,063)	(28)	920,863	590,200	330,663	56
SWING BED	82,488	198,200	(115,711)	(58)	2,932,553	1,957,600	974,953	49
LONG TERM CARE	388,772	407,700	(18,927)	(4)	3,911,586	3,997,900	(86,313)	(2)
CLINIC	90,298	70,100	20,198	28	711,209	683,700	27,509	4
ANCILLARY DEPTS	184,098	285,900	(101,801)	(35)	2,167,438	2,793,000	(625,561)	(22)
EMERGENCY DEPART	194,506	202,100	(7,593)	(3)	2,277,946	1,999,400	278,546	13
BEHAVIORAL HEALT	27,280	21,400	5,880	27	192,224	207,600	(15,375)	(7)
RETAIL PHARMACY	89,702	116,600	(26,897)	(23)	1,128,501	1,135,800	(7,298)	(0)
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PATIENT SERVIC	1,100,483	1,362,400	(261,916)	(19)	14,242,321	13,365,200	877,121	6
DEDUCTIONS								
CHARITY	22,477	8,450	(14,027)	(166)	213,145	83,300	(129,845)	(155)
CONTRACTUAL ADJU	464,622	221,600	(243,022)	(109)	2,980,948	2,165,100	(815,848)	(37)
ADMINISTRATIVE A	2,785	33,700	30,914	91	367,625	333,200	(34,425)	(10)
BAD DEBT	(151,000)	8,500	159,500	1876	(170,000)	270,500	440,500	162
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DEDUCTIONS TOT	338,885	272,250	(66,635)	(24)	3,391,719	2,852,100	(539,619)	(18)
COST RECOVERIES								
GRANTS	790	27,300	(26,510)	(97)	626,976	643,700	(16,723)	(2)
IN-KIND CONTRIBU	0	15,600	(15,600)	(100)	466,506	153,800	312,706	203
OTHER REVENUE	9,116	25,000	(15,883)	(63)	184,246	250,000	(65,753)	(26)
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COST RECOVERIE	9,906	67,900	(57,993)	(85)	1,277,730	1,047,500	230,230	21
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TOTAL REVENUES	771,504	1,158,050	(386,545)	(33)	12,128,332	11,560,600	567,732	4
EXPENSES								
WAGES	421,512	528,900	107,387	20	4,427,716	5,196,100	768,383	14
TAXES & BENEFITS	297,116	233,900	(63,216)	(27)	2,603,872	2,291,600	(312,272)	(13)
PROFESSIONAL SER	210,297	93,900	(116,397)	(123)	1,714,467	916,100	(798,367)	(87)
SUPPLIES	146,400	130,200	(16,200)	(12)	1,449,475	1,270,600	(178,875)	(14)
MINOR EQUIPMENT	1,003	4,150	3,146	75	36,486	41,700	5,213	12
REPAIRS & MAINT	34,157	22,200	(11,957)	(53)	172,129	216,500	44,370	20
RENTS & LEASES	17,309	11,300	(6,009)	(53)	113,618	111,900	(1,718)	(1)
UTILITIES	21,690	41,950	20,259	48	476,212	411,100	(65,112)	(15)
TRAVEL & TRAININ	4,105	4,350	244	5	90,441	41,600	(48,841)	(117)
INSURANCES	17,604	19,150	1,545	8	164,416	187,400	22,983	12
RECRUIT & RELOCA	1,711	4,800	3,089	64	24,976	47,500	22,523	47
DEPRECIATION	56,592	55,100	(1,492)	(2)	531,834	540,600	8,765	1
OTHER EXPENSES	11,943	29,650	17,707	59	254,129	291,500	37,370	12
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TOTAL EXPENSES	1,241,444	1,179,550	(61,894)	(5)	12,059,777	11,564,200	(495,577)	(4)
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OPERATING INCO	(469,939)	(21,500)	(448,439)	(2085)	68,555	(3,600)	72,155	2004
NET INCOME	(469,939)	(21,500)	(448,439)	(2085)	68,555	(3,600)	72,155	2004
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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 10/31/22

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,160,910	886,361	1,274,548
NET ACCOUNT RECEIVABLE	2,514,953	1,619,290	895,663
THIRD PARTY RECEIVABLE	5,093	699,890	(694,796)
CLEARING ACCOUNTS	99,296	695,813	(596,516)
PREPAID EXPENSES	192,205	168,760	23,444
INVENTORY	597,068	440,358	156,710
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TOTAL CURRENT ASSETS	5,569,528	4,510,475	1,059,053
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	7,680,171	7,664,341	15,830
EQUIPMENT	9,611,914	9,023,105	588,808
CONSTRUCTION IN PROGRESS	949,393	1,110,685	(161,291)
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SUBTOTAL PP&E	18,363,489	17,920,141	443,347
LESS ACCUMULATED DEPRECIATION	(13,964,605)	(13,342,004)	(622,600)
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TOTAL PROPERTY & EQUIPMENT	4,398,884	4,578,137	(179,252)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(72,500)	(57,500)	(15,000)
PERS DEFERRED OUTFLOW	1,178,466	1,149,806	28,660
TOTAL OTHER ASSETS	1,255,966	1,242,306	13,660
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TOTAL ASSETS	11,224,379	10,330,919	893,460
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12/20/22 08:55 AM

CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 10/31/22

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	335,934	261,604	74,329
PAYROLL & RELATED LIABILITIES	756,956	770,689	(13,733)
INTEREST & OTHER PAYABLES	3,526	(18,624)	22,151
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	97,873	207,698	(109,825)
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TOTAL CURRENT LIABILITIES	6,660,749	6,687,827	(27,078)
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	6,825,636	6,428,846	396,790
TOTAL LONG TERM LIABILITIES	6,825,636	6,428,846	396,790
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	601,203	43,715	557,488
TOTAL DEFERRED INFLOWS	601,203	43,715	557,488
TOTAL LIABILITIES	14,087,588	13,160,388	927,199
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(2,950,277)	(6,891,073)	3,940,795
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	68,555	1,430,638	(1,362,082)
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TOTAL NET POSITION	(2,863,208)	(5,441,921)	2,578,712
TOTAL LIABILITIES & NET POSITION	11,224,379	7,718,466	3,505,912
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CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 11 MONTHS ENDING 11/30/22

12/20/22 01:58 PM

	----- S I N G L E -----				----- Y E A R T O -----			
	ACTUAL	BUDGET	\$ VARIANCE	% VAR	ACTUAL	BUDGET	\$ VARIANCE	% VAR
REVENUE								
ACUTE	50,708	58,300	(7,591)	(13)	971,571	648,500	323,071	49
SWING BED	168,857	194,200	(25,342)	(13)	3,101,410	2,151,800	949,610	44
LONG TERM CARE	385,304	394,500	(9,195)	(2)	4,296,890	4,392,400	(95,509)	(2)
CLINIC	67,000	67,200	(199)	(0)	778,209	750,900	27,309	3
ANCILLARY DEPTS	190,497	274,900	(84,402)	(30)	2,357,936	3,067,900	(709,963)	(23)
EMERGENCY DEPART	146,059	198,500	(52,440)	(26)	2,424,005	2,197,900	226,105	10
BEHAVIORAL HEALT	21,260	20,300	960	4	213,484	227,900	(14,415)	(6)
RETAIL PHARMACY	115,549	111,600	3,949	3	1,244,050	1,247,400	(3,349)	(0)
	-----	-----	-----		-----	-----	-----	
PATIENT SERVIC	1,145,237	1,319,500	(174,262)	(13)	15,387,559	14,684,700	702,859	4
DEDUCTIONS								
CHARITY	7,767	8,250	482	5	220,912	91,550	(129,362)	(141)
CONTRACTUAL ADJU	377,800	213,300	(164,500)	(77)	3,358,748	2,378,400	(980,348)	(41)
ADMINISTRATIVE A	(61)	33,100	33,161	100	367,563	366,300	(1,263)	(0)
BAD DEBT	168,000	8,500	(159,500)	(1876)	(2,000)	279,000	281,000	100
	-----	-----	-----		-----	-----	-----	
DEDUCTIONS TOT	553,506	263,150	(290,356)	(110)	3,945,225	3,115,250	(829,975)	(26)
COST RECOVERIES								
GRANTS	73,634	140,000	(66,365)	(47)	700,611	783,700	(83,088)	(10)
IN-KIND CONTRIBU	16,662	15,300	1,362	8	483,169	169,100	314,069	185
OTHER REVENUE	10,132	25,000	(14,867)	(59)	194,378	275,000	(80,621)	(29)
	-----	-----	-----		-----	-----	-----	
COST RECOVERIE	100,429	180,300	(79,870)	(44)	1,378,159	1,227,800	150,359	12
	-----	-----	-----		-----	-----	-----	
TOTAL REVENUES	692,161	1,236,650	(544,488)	(44)	12,820,493	12,797,250	23,243	0
EXPENSES								
WAGES	441,916	513,400	71,483	13	4,869,633	5,709,500	839,866	14
TAXES & BENEFITS	286,731	226,100	(60,631)	(26)	2,890,604	2,517,700	(372,904)	(14)
PROFESSIONAL SER	193,675	90,000	(103,675)	(115)	1,908,142	1,006,100	(902,042)	(89)
SUPPLIES	162,463	125,000	(37,463)	(29)	1,611,939	1,395,600	(216,339)	(15)
MINOR EQUIPMENT	577	4,150	3,572	86	37,064	45,850	8,785	19
REPAIRS & MAINT	7,304	21,300	13,995	65	179,433	237,800	58,366	24
RENTS & LEASES	14,271	11,100	(3,171)	(28)	127,889	123,000	(4,889)	(3)
UTILITIES	53,228	42,450	(10,778)	(25)	529,440	453,550	(75,890)	(16)
TRAVEL & TRAININ	4,984	4,050	(934)	(23)	95,426	45,650	(49,776)	(109)
INSURANCES	40,509	18,450	(22,059)	(119)	204,926	205,850	923	0
RECRUIT & RELOCA	360	4,700	4,339	92	25,336	52,200	26,863	51
DEPRECIATION	54,079	53,400	(679)	(1)	585,913	594,000	8,086	1
OTHER EXPENSES	24,050	28,850	4,799	16	278,180	320,350	42,169	13
	-----	-----	-----		-----	-----	-----	
TOTAL EXPENSES	1,284,155	1,142,950	(141,205)	(12)	13,343,932	12,707,150	(636,782)	(5)
	-----	-----	-----		-----	-----	-----	
OPERATING INCO	(591,994)	93,700	(685,694)	(731)	(523,438)	90,100	(613,538)	(680)
NET INCOME	(591,994)	93,700	(685,694)	(731)	(523,438)	90,100	(613,538)	(680)
	=====	=====	=====		=====	=====	=====	

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 11/30/22

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	2,186,268	1,531,565	654,702
NET ACCOUNT RECEIVABLE	2,042,080	1,750,530	291,550
THIRD PARTY RECEIVABLE	5,093	699,890	(694,796)
CLEARING ACCOUNTS	90,254	71,726	18,528
PREPAID EXPENSES	203,025	181,147	21,877
INVENTORY	551,303	463,304	87,998
	-----	-----	-----
TOTAL CURRENT ASSETS	5,078,026	4,698,164	379,861
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	7,682,537	7,664,341	18,196
EQUIPMENT	9,625,416	9,349,782	275,633
CONSTRUCTION IN PROGRESS	907,000	821,967	85,032
	-----	-----	-----
SUBTOTAL PP&E	18,336,965	17,958,101	378,863
LESS ACCUMULATED DEPRECIATION	(14,017,434)	(13,396,606)	(620,828)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,319,530	4,561,495	(241,964)
OTHER ASSETS			
GOODWILL - PHARMACY	150,000	150,000	
GOODWILL - PHARMACY	(73,750)	(58,750)	(15,000)
PERS DEFERRED OUTFLOW	1,178,466	1,149,806	28,660
TOTAL OTHER ASSETS	1,254,716	1,241,056	13,660
	-----	-----	-----
TOTAL ASSETS	10,652,273	10,500,716	151,557
	=====	=====	=====

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CORDOVA COMMUNITY MEDICAL CENTER
BALANCE SHEET
FOR THE MONTH ENDING: 11/30/22

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	285,699	311,301	(25,601)
PAYROLL & RELATED LIABILITIES	837,041	841,254	(4,212)
INTEREST & OTHER PAYABLES	3,458	1,024	2,434
LONG TERM DEBT - CITY	5,466,458	5,466,458	
OTHER CURRENT LONG TERM DEBT	87,978	198,162	(110,183)
	-----	-----	-----
TOTAL CURRENT LIABILITIES	6,680,636	6,818,200	(137,563)
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	6,825,636	6,428,846	396,790
TOTAL LONG TERM LIABILITIES	6,825,636	6,428,846	396,790
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	601,203	43,715	557,488
TOTAL DEFERRED INFLOWS	601,203	43,715	557,488
TOTAL LIABILITIES	14,107,475	13,290,761	816,714
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(2,950,277)	(6,891,073)	3,940,795
TEMPORARY RESTRICTED FUND BALANCE	18,513	18,513	
CURRENT YEAR NET INCOME	(523,438)	1,385,555	(1,908,993)
	-----	-----	-----
TOTAL NET POSITION	(3,455,202)	(5,487,004)	2,031,801
TOTAL LIABILITIES & NET POSITION	10,652,273	7,803,757	2,848,516
	=====	=====	=====



Memorandum

To: CCMC Authority Board of Directors

Subject: CCMC 2023 Budget

Date: 12/22/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the CCMC 2023 Budget as presented."

**CORDOVA COMMUNITY MEDICAL CENTER
YEAR 2023 BUDGET FOR BOARD REVIEW**

	2023 Budget	2022 FORECAST	2021 AUDITED
REVENUE			
Acute	\$ 1,217,000.00	\$ 1,170,000.00	\$ 696,033.00
Swing Bed	\$ 4,098,000.00	\$ 3,618,000.00	\$ 2,299,803.00
Long Term Care	\$ 6,051,000.00	\$ 4,694,000.00	\$ 4,819,481.00
Clinic	\$ 861,000.00	\$ 828,000.00	\$ 751,592.00
Ancillary Departments	\$ 2,752,000.00	\$ 2,621,000.00	\$ 2,699,092.00
Emergency Department	\$ 2,889,000.00	\$ 2,778,000.00	\$ 2,332,564.00
Behavioral Health	\$ 242,000.00	\$ 216,000.00	\$ 242,842.00
Retail Pharmacy	\$ 1,454,000.00	\$ 1,385,000.00	\$ 1,291,201.00
Grants	\$ 537,000.00	\$ 785,000.00	\$ 449,807.00
<i>Covid Grants</i>	<i>\$ -</i>	<i>\$ -</i>	<i>\$ 139,641.00</i>
<i>PPP Grant Income</i>	<i>\$ -</i>	<i>\$ -</i>	<i>\$ 1,154,520.00</i>
In-kind Contributions	\$ 220,000.00	\$ 516,000.00	\$ 896,751.00
Other Revenue	\$ 225,000.00	\$ 217,000.00	\$ 196,183.00
<i>PRF- Other Non Operating Revenue</i>	<i>\$ -</i>	<i>\$ -</i>	<i>\$ 3,144,490.00</i>
Total Gross Revenue	\$ 20,546,000.00	\$ 18,828,000.00	\$ 21,114,000.00
DEDUCTIONS FROM REVENUE			
Charity	\$ 200,000.00	\$ 250,000.00	\$ 76,554.00
Contractual Adjustments	\$ 4,280,000.00	\$ 3,280,200.00	\$ 1,765,100.00
Administrative Adjustments	\$ 450,000.00	\$ 486,000.00	\$ 403,263.00
Bad Debt	\$ 250,000.00	\$ 225,000.00	\$ 353,156.00
Total Deductions	\$ 5,180,000.00	\$ 4,241,200.00	\$ 2,598,073.00
Total Net Revenue	\$ 15,366,000.00	\$ 14,586,800.00	\$ 18,515,927.00
EXPENSES			
Wages	\$ 6,048,000.00	\$ 5,378,000.00	\$ 5,562,895.00
Taxes & Benefits	\$ 3,110,000.00	\$ 3,099,000.00	\$ 3,526,882.00
Professional Services	\$ 1,939,000.00	\$ 2,037,000.00	\$ 1,785,679.00
Supplies	\$ 1,919,000.00	\$ 1,747,000.00	\$ 1,595,956.00
Minor Equipment	\$ 49,000.00	\$ 47,000.00	\$ 33,173.00
Repairs and Maintenance	\$ 203,000.00	\$ 194,000.00	\$ 244,055.00
Rents and Leases	\$ 132,000.00	\$ 125,000.00	\$ 122,485.00
Utilities	\$ 636,000.00	\$ 606,000.00	\$ 520,978.00
Travel and Training	\$ 122,000.00	\$ 117,000.00	\$ 66,275.00
Insurances	\$ 212,000.00	\$ 198,000.00	\$ 194,653.00
Recruitment and Relocation	\$ 40,000.00	\$ 39,000.00	\$ 75,354.00
Depreciation and Amortization	\$ 596,000.00	\$ 634,000.00	\$ 572,263.00
Other Expenses	\$ 353,000.00	\$ 337,000.00	\$ 274,482.00
Total Expenses	\$ 15,359,000.00	\$ 14,558,000.00	\$ 14,575,130.00
Net Gain/(Loss)	\$ 7,000	\$ 28,800	\$ 3,940,797

One Time Capital Expenditures

Priority 1	340,000
Priority 2	200,000
Priority 3	450,000
Total	990,000



Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of the CHNA Final Report
Date: 12/22/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the CCMC Finance Policy Manual as presented."

Cordova Community Medical Center (CCMC) is a not-for-profit critical access hospitals whose mission is to provide quality health care and social services to all persons regardless of economic status with the understanding that the term health is an inclusive one that seeks to improve the quality of life of the whole community.

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POLICY ONE: GENERAL ACCOUNTING REQUIREMENTS

1.1 Establishing Financial Policies

Purpose: To define authority to set/modify policies and procedures and establish a responsibility structure to ensure appropriate oversight for policy changes.

Policy: All new financial policies and changes to any existing policies must be approved by CCMC's Hospital Authority Board.

Procedure:

1. All financial policies and procedures will be reviewed by the management at a minimum of every two years.
2. It is the responsibility of the Director of Finance to communicate the need for a new policy or changes to existing policies to the Hospital Administrator and the Hospital Authority Board.
3. It is the responsibility of the Director of Finance to communicate any significant or unusual changes in the financial position and condition of CCMC to the Hospital Administrator and the Hospital Authority Board.
4. The Director of Finance will oversee the process of developing recommendations for new policies and changes to existing policies.
5. All operating procedures within the finance and patient accounting departments will be established in accordance with applicable regulations of governing and administrative agencies, including, but not limited to Generally Accepted Accounting Principles (GAAP), Medicare Cost Principles, and Office of Management and Budget (OMB) Circulars A-110 and A-122.
6. The Director of Finance will review all suggested policy changes with the Administrator and when appropriate, the Hospital Authority Board.
7. The Hospital Authority Board will approve all necessary policies by majority vote.
8. It is the responsibility of the Director of Finance to implement and maintain operating procedures in accordance with approved policies.

1.2 Maintenance of Accounting Records

Purpose: To define the specific structure of the financial system.

Policy: CCMC will maintain a rational, appropriately structured financial system based on Generally Accepted Accounting Principles.

Procedure:

1. CCMC's fiscal year will run from January 1st to December 31st.
2. CCMC will maintain its accounting records according to the accrual basis of accounting.
3. An audit of CCMC's financial books and position will be conducted annually as soon as possible following the close of the fiscal year by an independent and qualified auditor. The audit will be conducted in accordance with the requirements of OMB Circular A-133. Upon completion of the audit, the accountant's audit report will be presented to the Hospital Authority Board for review and approval. The Director of Finance has final responsibility for the proper use and maintenance of the operational accounting system used for CCMC.

4. The general ledger (GL) and patient accounting system will be closed on a monthly basis. Revenue and expense accounts will be closed to the fund balance account annually at the close of the fiscal year.

1.3 Chart of Accounts

Purpose: To ensure the chart of accounts is properly maintained.

Policy: CCMC will maintain a chart of accounts which is designed to organize the finances of CCMC and to segregate expenditures, revenues, assets and liabilities in order to report the financial health of CCMC and to provide accurate cost reporting data.

Procedure:

1. The chart of accounts will be structured to facilitate data collection and completion of the Medicare and Medicaid cost reports.
2. All financial transactions will be designated by an account G/L code.
3. For ease of preparation of different reports, the chart of accounts will be designed to segregate each individual department and cost center.
4. The chart of accounts will be reviewed annually by the Director of Finance and Finance Staff.
5. Any changes to the chart of accounts must be approved by the Director of Finance and documented accordingly.
6. Accounts no longer needed will be inactivated as soon as that determination has been made and all use cases have been checked.

1.4 Cost Control and Fraud Prevention

Purpose: To control costs and prevent fraud.

Policy: The Hospital Administrator will minimize costs and spend funds responsibly.

Procedure:

1. Spending in excess of 10% of the overall approved annual operating budget must be authorized by the Hospital Authority Board. In addition, capital purchases in excess of \$25,000 require board approval.
2. The Director of Finance and Hospital Administrator are authorized to access federal grant funds in accordance with applicable federal requirements.
3. Excess cash funds, as determined by the Director of Finance and Hospital Administrator, may be invested into interest-bearing instruments with approval from the Hospital Authority Board. All dollars received from the Federal government must be placed into an interest-bearing account until used.
4. The Hospital Administrator has authority to enter into arms-length transactions for service, consulting/personnel, and other operational contracts on behalf of the organization. Any contract with a related party or with any potential for a conflict of interest must be authorized in advance by the Hospital Authority Board.
5. CCMC avoids contracting with employees or their families for services or projects not normally included in their job description such as construction projects or computer support. These projects are subjected to a competitive bidding process.
6. The Hospital Administrator will receive approval from the Hospital Authority Board prior to signing a contract for building or land purchases; initiating construction or

renovation projects; or obligating the organization for long-term lease arrangements (in excess of 3 years).

1.5 Bank Accounts

Purpose: To ensure proper asset management and minimize opportunity for abuse.

Policy: The opening or closing of bank accounts must be authorized in advance by the Hospital Authority Board.

Procedure:

1. CCMC will maintain a checking account for operations and payroll and an interest-bearing savings account.
2. Additional bank accounts will be opened and maintained for merchant account transactions as needed.
3. Cash transfers between accounts may only be made with the approval of the Director of Finance or Hospital Administrator.
4. Transfers must be documented indicating the purpose for the transfer and the accounts transferred from and to.
5. All open accounts will be reconciled on a monthly basis by the Finance Department and reviewed by the Director of Finance.

1.6 Financial Reports

Purpose: To ensure all parties responsible for managing CCMC have the information necessary to make informed decisions.

Policy: Financial data will be communicated to the Hospital Authority Board and Management Team in a timely manner.

Procedure:

1. The Hospital Administrator will determine the reporting requirements and timeframe for communicating to Management.
2. Financial reports, including, but not limited to the Balance Sheet and Income Statement, will be completed each month under the direction of the Director of Finance.
3. Appropriate patient accounting reports, including patient statistical reports, as defined by the Director of Finance and Hospital Administrator, will be maintained by the Director of Finance for use in monitoring operations.
4. The Director of Finance will ensure all federally mandated reports, including, but not limited to the Medicare and Medicaid cost report and Federal Single Audits are submitted by the appropriate deadline, or with appropriate extension requests in order to provide accurate information.
5. The Director of Finance and Finance Department will prepare a preliminary budget for review and comment by management before the close of the fiscal year. The Director of Finance will formulate the annual operating budgets based on incremental changes to the previous budget and historical financial data. The operating budget will be presented to the Hospital Authority Board annually for approval at least one month prior to the start of the related fiscal year.

1.7 Records Retention

Purpose: To protect the safety and integrity of records.

Policy: Records will be maintained and stored to ensure information is protected and accessible at all times.

Procedure:

1. Access to financial and patient accounting records will be controlled through the use of passwords and user access privileges for computerized records and physical measures for hard-copy records.
2. The computerized financial accounting systems will be backed up on a daily basis utilizing a cloud based back up.
3. All financial and patient accounting records will be held for the appropriate length of time in accordance with federal and legal requirements and in accordance with Admin Policy 102.

1.8 Monthly Reconciliation

Purpose: To ensure that all transactions were processed properly.

Policy: A monthly reconciliation process should occur as part of the monthly closing procedures for all types of accounts (balance sheet and income statement).

Procedure:

1. The bank statements are reconciled on a monthly basis by someone other than the person making deposits. The reconciliation is then reviewed by the Director of Finance.
2. Credit card and any other billing statements are reconciled for accuracy each month.

1.9 Annual Independent Financial Audit

Purpose: To provide an objective independent examination of the financial statements to increase the value and credibility of the financial statements produced by management.

Policy: The Finance Department will compile data to assist in the preparation of an annual audit which will be conducted by an independent audit firm.

Procedure:

1. Each year an independent audit firm will be engaged to conduct an audit for CCMC.
2. The Finance Department prepares the monthly books and reviews them for accuracy on a regular basis.
3. All payroll taxes are cleared at the end of the year.
4. All bank statements are reconciled.
5. Accruals are set-up for accounts payable and payroll at year end and during the year at any grant or program end if they don't coincide with CCMC's fiscal year.
6. A detailed list of accounts payable and accounts receivable is ready upon auditor request.

7. The auditor is provided with a trial balance that is in balance.
8. A detailed list of all capital assets bought and sold during the fiscal year is available.
9. If CCMC has notes or loans payable, the auditor is provided with paperwork on all new loans and balances as of the end of the fiscal year for all existing loan obligations.
10. A bad debt estimate is prepared.
11. If any leases or contracts are in force, copies are prepared for the auditor's use.
12. Documentation for any significant facility renovations and/or improvements completed during the year is provided.
13. Copies of minutes from Hospital Authority Board meetings are available.
14. Checks, including voided checks are filed and maintained for 7 years.
15. Invoices are filed in alphabetic order by vendor and maintained for 7 years.

1.10 Maintenance of Pre-Numbered Checks

Purpose: To provide internal control of all checks.

Policy: Checks will be pre-numbered and stored in a secure location. All checks whether blank, issued or voided will be documented and maintained in order to assure adequate controls over access to disbursements.

Procedure:

1. Checks for accounts payable will be ordered with check numbers already printed on them.
2. When ordering a new supply of checks, a sufficient lead time should be allowed for printing and delivery to prevent running out.
3. When ordering replacement checks, all pertinent data, including the next check number is verified prior to order. Consecutive numbered checks are ordered when the existing supply is low.
4. Voided checks are processed in the system and filed in a voided check file.
5. All checks will be secured in such a manner that only authorized staff have access.

POLICY TWO: ASSET MANAGMENT

2.1 Fixed Assets

Purpose: To ensure an accurate and up-to-date valuation of CCMC assets.

Policy: Fixed (Capital) assets will be valued and depreciated properly.

Procedure:

1. All depreciable fixed assets will be depreciated over their estimated useful lives using the straight-line method, without regard to salvage value.
2. The valuation of equipment, whether purchased or fabricated, will be based on unit cost. The total unit cost will be determined by the sum of the cash disbursed (purchase price less applicable discounts plus applicable transportation, installation charges and parts necessary for the proper functioning of the item for each unit; and the net book value of any assets given in exchange.)
3. The determination of an asset's useful life will be based upon the current American Hospital Association Estimated Useful Lives of Depreciable Hospital Assets or other

- appropriate reference source as designated by the Director of Finance.
4. All new assets with an initial cost of \$5,000 or greater will be considered capital items and depreciated.
 5. Repair and maintenance expenses that total under \$20,000.00 will not be capitalized unless they significantly improve or change function, or will significantly prolong its life.
 6. Costs for projects not completed are tracked over the time needed to complete the job and then capitalized at the time the project is placed into use by CCMC. These items will be recorded as construction-in-progress on the financial statements.
 7. Land, certain land improvements, construction-in-progress, inexhaustible works of art, historical treasures and similar assets are not depreciated.
 8. A record of capital assets will be maintained on a continuous basis. The record will include purchase of new assets and retirement and/or disposal of existing assets.
 9. A physical inventory of capital assets will be conducted annually.
 10. Capital assets may only be disposed of (sold or salvaged) with prior approval from the Hospital Administrator. For all assets purchased with Federal dollars that have a net book value of \$5,000 or more, CCMC must obtain approval from the funder before disposing of the asset.
 11. A formal bid process is required for all equipment purchases greater than \$25,000.
 12. Purchase of any single item costing more than \$25,000, not previously approved through the budget, requires authorization by the Hospital Authority Board.

2.2 Physical Inventories

Purpose: To ensure that inventory is accounted for correctly and safeguard the organization's assets.

Policy: A physical inventory of equipment and pharmaceuticals will be conducted annually.

Procedure:

1. An inventory of CCMC's equipment will be conducted annually by site. This inventory will include assets and non-assets to prepare an estimated value for insurance purposes.
2. A physical inventory will be conducted of supplies in the following departments: Materials Management, Pharmacy, Retail Pharmacy, and Dietary. This is completed for the Medicare Cost reports as well as facility records.

POLICY THREE: PURCHASING

3.1 Purchasing Process

Purpose: To contain cost and prevent fraud.

Policy: CCMC's Director of Finance will provide proper oversight for the purchasing process. The Materials Manager will manage the purchasing processes. Purchasing policies and protocols must be adhered to at all times.

Procedures:

1. Preferred vendors for supplies and other common use items will be established periodically utilizing our current Group Purchasing Organization (GPO) and/or a contract

review process as necessary. The contract review process will consider quality, availability and reliability as well as price.

2. Established Purchasing Policies and Procedures will be followed.

3.2 Petty Cash

Purpose: To manage cash and prevent fraud.

Policy: A petty cash fund will be maintained by a designated staff member for the payment of miscellaneous expenses.

Procedure:

1. The petty cash fund is used for payment of miscellaneous expenses with a maximum amount of fund expenditures of \$300.
2. Petty Cash funds are reimbursed at the end of the month or whenever the fund's balance is depleted.
3. The approved reimbursement form and receipts are attached to check copies in the Accounts Payable files.
4. All petty cash disbursements must be approved by the Department Manager or designated staff in advance of incurring the expense.
5. The Department Manager or designated staff will prepare a monthly Petty Cash Log & Reimbursement Request Form detailing all disbursements and send to the Accounts Payable department for reimbursement.
6. The petty cash disbursements are accounted for in the general ledger. The expenses are approved by the designated department manager and coded to the appropriate expense accounts.
7. The Director of Finance reviews and approves the petty cash reimbursement request accordingly, and a check request is prepared to restore the fund to the approved balance.
8. The reimbursement check is drawn to the order of "CCMC Petty Cash."
9. The petty cash box is also used to make change when needed. A bank change order is completed when needed.
10. A surprise audit of the petty cash fund may be conducted at any time at the discretion of the Hospital Administrator or Director of Finance.

3.3 Credit Cards

Purpose: To contain cost and prevent fraud.

Policy: Obtaining a corporate credit card must be approved by the Hospital Administrator.

Procedure:

1. A company credit card will be used for the following situations:
 - a. To secure reservations and payment for lodging, and transportation for out-of-town work-related trips.
 - b. For meals, transportation or lodging related to recruitment/retention.
 - c. For payment of over-the-phone or internet purchases for materials that may not be able to wait for a check to be mailed.
 - d. To purchase supplies or materials in instances when a check is not available.

- e. For payment of approved online purchases when an open account with the vendor is not established.
 - f. For services such as language assistance, background checks, etc. that require payment with a credit card.
2. Justification for all credit card usage will be fully documented and must follow CCMC's standard purchasing policies.
3. Payment to the credit card account will be made after all charges and receipts have been reconciled with receipts, expense reports and/or purchase orders.

3.4 Reimbursement for Travel

Purpose: To contain costs and prevent abuse of the system.

Policy: Reimbursement for work-related travel expenses will be made when the completed form and receipts are received and approved for payment.

Procedure:

1. No first-class travel of any kind will be reimbursed.
2. All travel expenses financed with Federal dollars must follow OMB Circular A-122 guidelines.
3. Any employee desiring to travel outside Cordova for official business or for continuing education purposes will complete an Expense/Out of Area Travel Form.
4. When completing this form, include the destination, dates of travel, purpose of the travel and estimated costs.
5. The Supervisor/Department Manager will review the request in terms of appropriateness, cost versus benefit, workload demands, and available travel funds. For provider staff with a continuing education budget, these forms will be sent to the Hospital Administrator for review and approval. Availability of funds will be reviewed and determined prior to the approval by the Hospital Administrator or designee.
6. While on approved out of area travel, the employee will request and receive itemized receipts for airfare, lodging, meals, parking fees, and all other expenses for which reimbursement will be requested. Reimbursement will not exceed hotel and per diem costs up to standard GSA rates. Gratuity reimbursement for meals will not exceed 20% and should be written on the receipt. Alcoholic beverages and snacks do not qualify for reimbursement. Meals will only be reimbursed with an itemized receipt. If the meal is paid by credit card, an itemized bill should be requested. If more than one guest appears on the receipt, the employee must circle what he/she consumed.
7. Within two weeks of return, the employee will complete an expense form recording all final expenses related to the travel to include the date and expense incurred the amount and the purpose. The employee will attach the receipt for each expense recorded, add the total, and submit the completed and signed form to his/her Department Manager/Supervisor for review.
8. The Department Manager/Supervisor will review and certify the submitted form and receipts for appropriateness. The Manager will review the request for accuracy and compliance with policies and forward it to the Hospital Administrator, Director of Finance, or designee for authorization to reimburse.

POLICY FOUR: ACCOUNTS PAYABLE

4.1 Disbursements

Purpose: To contain costs and prevent fraud.

Policy: All disbursements for accounts payable require a written request accompanied by appropriate documentation and approval by the appropriate supervisor.

Procedure:

1. Individuals authorized to sign checks will be approved by the Hospital Authority Board. The Hospital Authority Board members and designated employees are authorized to sign checks.
2. All invoices are forwarded to Accounts Payable for processing with appropriate GL code and department approval. Any Purchase Order items will be processed through Materials Management and marked off against the applicable PO before being sent to Accounts Payable for processing.
3. Accounts Payable will be processed in a timely manner, as agreed upon by the Director of Finance and the Hospital Administrator. All efforts will be made to process payments in accordance with the terms required by the vendor.
4. Approved invoices will be entered into AP and processed in a timely manner.
5. Patient refunds are reviewed by Billing and the Director of Finance and then processed through the accounts payable system.
6. Payable reports can be run at any time upon request. Invoices/vendors to be paid are approved by the Director of Finance.
7. Checks will be cut for vendors selected for payment. All vendor backup invoices will be attached to a copy of the check and filed.
8. Approved check signers review and sign checks. Checks are scanned, copied, attached to the backup, and filed.

POLICY FIVE: CASH MANAGEMENT

5.1 Segregation of Duties

Purpose: To manage cash and prevent fraud.

Policy: CCMC maintains a segregation of duties to ensure that receipts received via the mail at the administrative offices are adequately safeguarded and properly deposited.

Procedure:

1. The Director of Finance is responsible for implementing and monitoring cash management protocols.
2. The mail is opened and sorted each day. Staff will segregate checks from other material, scan, and then forward the other material for distribution to the appropriate individual/department.
3. The designated staff member manually enters the cash and checks in a spreadsheet separated by payer type.
4. The designated staff member will prepare the deposit slip weekly. A separate staff member will run a calculator tape of each of the deposits and verify the totals balance to the spreadsheet and the deposit form.
5. All payments by individual patients are posted against the self-pay receivable and any

- insurance payment is posted against that particular insurance carrier's account.
6. All checks are scanned in and sorted by deposit type. The Billing Specialist will review the deposits, post the payments, and ensure that all postings match the deposit
 7. The deposit is taken to the bank by a designated staff member.

5.2 Recording of Revenues

Purpose: To manage cash and prevent fraud.

Policy: Controls are established to ensure that all receipts are properly recorded in the accounting records.

Procedure:

1. Medical encounters are generated in the Electronic Health Record (EHR) system and directly interfaced with the practice management billing system. All electronic encounters include the CPT/DPT and ICD codes.
 - a. Patient payments made in person may be accepted at the front desk.
2. Patient payments may be made by check, cash, or credit card.
3. All patient payments received will be posted to the billing system on the date of receipt.
4. Checks must be made payable to "Cordova Community Medical Center" or "CCMC" to be accepted. All checks must be endorsed.
5. Receipts will be issued as requested by the patient/guarantor.
6. All receipts will be identified with enough detail to help prepare the monthly financial reports. The Director of Finance will determine the categories used to identify receipts.
7. Each month, the journal entries for contract, and patient revenue are booked with the corresponding entries to the appropriate receivable accounts on the General Ledger (GL). All adjustments to patient accounts are also booked at this time.
8. Patient accounts are aged on a monthly basis.

5.3 Bank Deposits

Purpose: To manage cash and prevent fraud.

Policy: There should be a segregation of duties to ensure that receipts received at the centers are adequately safeguarded and properly deposited.

Procedure:

1. The Department Managers are responsible for implementing and monitoring cash management protocols as defined by the Director of Finance at the centers.
2. Credit card receipts will be reconciled every day to the credit card daily batch totals. The Billing Specialist will save the batch total to include with the end of day reconciliation. A credit card reconciliation/verification spreadsheet will be completed by the billing specialist and verified by the Director of Finance or designee.
3. Credit card deposits are made automatically by the vendor. When the monthly bank statement is issued, the Director of Finance or designee will reconcile the bank deposits with the credit card reconciliation/verification spreadsheet.
4. Bank deposits for cash and checks received will be made weekly. A receipt from the bank will be given at the time of each deposit.
5. A copy of the weekly deposit, the daily credit card reconciliation/verification spreadsheet, a copy of

the bank deposit ticket, and the bank deposit receipt, are scanned and saved by the Finance Department.

6. If there is a discrepancy with bank deposits and documentation, the finance staff member will notify the Director of Finance who will contact the Billing Specialist to verify the deposit amount and the amount posted to the account. Any needed corrections to the system and recorded payments will be made at this time.
7. In the unlikely event a weekly bank deposit cannot be made, the Director of Finance will be informed why the deposit cannot be made and when it will be made.

5.4 Security of Cash Drawers

Purpose: To prevent theft.

Policy: Cash is to be kept in a secure location at all times.

Procedure:

1. Cash may be placed in the front desk cash drawer.
2. The front desk cash drawer is to be locked any time the staff person performing the check-out/cashier function is away from the front desk, including lunch breaks.

5.5 Maintenance of Cash Drawers

Purpose: To manage cash and prevent fraud.

Policy: A cash drawer with a balance between \$50 and \$100 will be maintained at each front desk, depending on patient volume and size.

Procedure:

1. The center's cash drawer may only be used to make change for patient payments. The cash drawer is not a source of petty cash funds for the center.
2. Shortages and overages are to be reported to the Department Manager. The Department Manager is responsible for notifying the Director of Finance of any cash shortage or overage greater than \$20.00.
3. For a shortage a request should be submitted to resupply the funds. For an overage the amount should be deposited in a separate deposited indicating that it is an overage.

POLICY SIX: PATIENT ACCOUNTING

6.1 Patient Billing

Purpose: To specify a standard process for collecting patient payments and billing patients for services rendered.

Policy: CCMC will bill for all services rendered and make every effort to collect assuring that procedures do not present a barrier to care, and patient privacy and confidentiality are protected throughout the process.

Procedure:

1. Statements are generated on a monthly basis and mailed to patients with an account balance greater than five dollars.

6.2 Collections

Purpose: To maximize collection of patient revenues.

Policy: CCMC will make reasonable efforts to collect payment from patients for services rendered on outstanding balances.

Procedure:

1. CCMC sends monthly statements for all patient balances.
2. The first patient statement is sent the month following the date of service.
3. The second and subsequent patient statements are sent monthly until outstanding balances are at zero dollars.
4. Returned statements are processed by clerical staff as follows:
 - a. Verify if address has been updated since statement was generated.
 - b. Attempt to contact patient for updated address information.
 - c. Enter alert note on patient account for bad address.
 - d. Mark account to suspend statement until address is updated.

6.3 Maximize Reimbursement

Purpose: To maximize patient revenues.

Policy: CCMC will seek to maximize reimbursement through billing, charging and coding accurately.

Procedure:

1. CCMC participates in the Medicaid Program, the Medicare Program, other public assistance programs as applicable, and private third-party payers (hereinafter referred to as insurance) used by our patient population.
2. CCMC maintains electronic access to online or downloaded billing procedure manuals for payers frequently billed if available.
3. The Accounts Receivable (A/R) Department processes claims daily for Medicaid, Medicare and third-party payers and submits them to the contracted clearinghouse. A Claims Submission Detail report is prepared daily and maintained by the A/R Department.
4. A failed claim(s) production report is generated upon submission of claim(s) and worked by A/R. Failed claims by the contracted clearinghouse are worked as received by A/R.
5. Each month an outstanding insurance claims report by aging is generated by A/R. Claims over 60 days are reviewed and prioritized based on payer timely filing rules. Claims are worked to determine what action is needed.
6. Denied insurance claims are worked by A/R no more than thirty days after receipt.
7. Common denials are communicated to the responsible staff member by email, phone and site visits. Errors are sent to staff for correction by Department Managers or designee.
8. A/R will post insurance payments received within three business days of the date on the Administration Daily Funds Summary form. Balances remaining that are determined to be patient responsibility will be adjusted if the patient qualified for Sliding Fee Scale discount and this is not precluded by the insurance contract terms. The patient will receive a patient statement in the next monthly billing cycle.

6.4 Credit Balance

Purpose: To accurately reflect revenues and accounts receivable balances.

Policy: Patient credit balances are limited to a dollar maximum determined by the Director of Finance for all patients, except those covered by Medicare.

Procedure:

1. Accounts with a patient and/or insurance credit balance are reviewed by A/R.
2. Accounts with a Medicare credit balance are reported to Medicare on the CMS-838 within 30 days after the close of the calendar quarter for future recoupment.
3. A/R staff will provide a refund request and supporting documentation on which a credit balance is due to the Director of Finance for approval.
4. Upon approval, refund checks will be issued by the Accounts Payable department.

6.5 Fee Schedule

Purpose: To maximize revenues.

Policy: Fees, as established by the Hospital Administrator, and Director of Finance will be collected for all patient care services.

Procedure:

1. CCMC's fee schedule is reviewed annually and revised as needed. The Director of Finance reviews current charges in its market and ensures that charges are comparable to similar markets and in line with where they should be according to the Medicare Cost Report.
2. Upon approval, revised fees will be entered in chargemaster.

6.6 Collection from Patients

Purpose: To maximize revenues.

Policy: CCMC supports patient's responsibility to pay for services at the time of service.

Procedure:

1. At the time of the patient visit the staff will make every effort to collect the appropriate payment from the patient or work with the patient to enroll in the CCMC sliding fee scale or to establish a payment plan.
2. CCMC staff members discuss financial matters with patients in a way that ensures privacy.
3. For billing and collection purposes, the clerical staff obtains or verifies telephone, address and insurance information for each patient at each visit. The staff member collects co-pays and explains that payment for balances due, as applicable is expected.
4. If a patient expresses difficulty in paying the entire amount owed, the staff tries to obtain a partial payment.
5. If the patient states that they cannot pay the portion of the balance which is their responsibility, the appropriate staff person offers to arrange a payment plan.
6. If a patient does not have primary care insurance and cannot afford to pay the debt with the assistance of a payment plan, the appropriate staff member asks the patient if they have applied for

the CCMC sliding fee scale discount and directs the patient to the appropriate contact.

6.7 Write Off for All Insurances

Purpose: To ensure insurance accounts receivable balances are reasonable for financial reporting.

Policy: To write off any accounts receivable from insurance, which are deemed to be uncollectable.

Procedure:

1. All accounts which are designated insurance with balances over 365 days old will be brought to the Director of Finance and may be written off with approval during the month-end procedures.
2. A write-off summary report will be provided to the Director of Finance.

6.8 Payment Plan

Purpose: To specify use of payment plan for collection of payment for services.

Policy: CCMC will offer Payment Plans for collection of payment for services.

Payment Plan Guidelines

1. Patients may request payment plans or patient accounts may be proactively identified.
2. Patients who are showing good faith efforts to make account payments will not be required to establish a payment plan agreement.
3. Payment plans will have a monthly minimum payment amount of \$20.

Payment Plan Agreement

1. Once patients have requested a payment plan or have been selected for a payment plan, a billing team member will reach out to the responsible party.
2. The responsible party will be notified of current account balance and history of payments.
3. Staff will work with the responsible party to set up an agreed upon minimum payment of not less than \$20 per month. *Payments less than \$20 will not result in declined services.*
4. The payment plans will start the month following the agreement on the date chosen by the responsible party.
5. The original agreement will be retained by the billing department and a copy will be given to the responsible party if requested.
6. Payment plan agreements may be set up by phone, provided the proper paperwork is completed and signed off on.
7. Billing department staff will enter payment plan details into account notes and the payment plan spreadsheet.
8. Patients will continue to get a monthly statement while paying on a payment plan.

6.9 Misuse of Center Funds or Property

Purpose: To decrease opportunities for fraud and abuse.

Policy: Misuse of CCMC funds or property is reported immediately to the appropriate parties.

Procedure:

1. The Director of Finance and the Finance Department are primarily responsible for the ongoing implementation, oversight, review and enforcement of financial policies and procedures that promote integrity and ensure adequate internal controls within.
2. Each person or groups of persons employed by or contracted with CCMC and each member of the Hospital Authority Board has a professional and ethical responsibility to report any suspicion or knowledge of the misuse, misappropriation, or unauthorized use of CCMC funds or property. This includes but is not limited to inappropriate and/or illegal activity involving accounts payable, payroll, procurement, and/or travel.
3. Any suspected or known misuse should be reported to the Director of Finance or, in the event of the Director of Finance's absence, the Hospital Administrator. If the suspected or known misuse involves the Director of Finance, the activity should be reported directly to the Hospital Administrator.
4. If the suspected or known misuse involves the Hospital Administrator, the Director of Finance is empowered to report said misuse to the Chairperson of the Hospital Authority Board.
5. Depending upon the level of suspected misuse, the Director of Finance, Hospital Administrator, or Board Chair will conduct a thorough investigation of all known or suspected inappropriate and/or illegal activities and take action, as required or advised.

SECTION SEVEN: GRANTS MANAGEMENT

7.1 Monitoring and Reporting

Purpose: To ensure that CCMC is fulfilling our obligations in regard to the stewardship of federal, state, and private grant funds.

Policy: Each grant awarded to CCMC will have a program manager assigned to oversee grant activities.

Procedure:

1. Upon receipt of grant award notifications, a program manager will be assigned based on the grant type.
2. Grant award information will be distributed to the assigned program manager.
3. The program manager is responsible for implementing grant activities, comparing expenditures to budget and reporting requirements.



Memorandum

To: CCMC Authority Board of Directors
Subject: Dingus, Zarecor & Associates PLLC
Date: 12/19/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors authorizes Hannah Sanders, CEO to enter into an agreement with Dingus, Zarecor & Associates PLLC for the purpose of conducting the 2022 Financial Audit."



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

December 19, 2022

Health Services Board
and Dr. Hannah Sanders, CEO
Cordova Community Medical Center
602 Chase Ave.
Cordova, Alaska 99574

We are pleased to confirm our understanding of the services we are to provide Cordova Community Medical Center (the Hospital) for the year ending December 31, 2022.

Audit Scope and Objectives

We will audit the financial statements of the Hospital, which comprise the statement of net position as of December 31, 2022, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ending, and the disclosures.

Accounting standards generally accepted in the United States of America (GAAS) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the Hospital's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Hospital's RSI in accordance with GAAS. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- Management's Discussion and Analysis.
- Schedule of Proportionate Share of Net Pension Liability
- Schedule of the Hospital's Contributions – Defined Benefit Pension Plan
- Schedule of Proportionate Share of Net Other Postemployment Benefits Liability
- Schedule of the Hospital's Contributions – OPEB Plan

We have also been engaged to report on supplementary information other than RSI that accompanies the Hospital's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditors' report on the financial statements:

- Schedule of expenditures of federal awards.

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles (GAAP) and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements. The objective also includes reporting on —

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Auditors' Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of your accounting records, a determination of major programs in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves a fair presentation. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

With respect to cost reports that may be filed with a third party (such as federal and state regulatory agencies), the auditors have not been engaged to test in any way, or render any form of assurance on, the propriety or allowability of the specific costs to be claimed on, or charges to be reported in, a cost report. Management is responsible for the accuracy and propriety of all cost reports filed with Medicare, Medicaid, or other third parties.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provisions of laws and regulations that determine the reported amounts and disclosures on the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, including, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable amount of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures — Internal Control

We will obtain an understanding of the entity and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control.

Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures — Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Hospital's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with applicable federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the Hospital's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on the Hospital's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform

Other Services

We will also assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of the Hospital in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards.

The other services are limited to the financial statement, schedule of expenditures of federal awards, and related notes previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are responsible for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes), rules, and the provisions of contracts and grant agreements (including award agreements.) Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

Management is responsible for making all financial records and related information available to us and for the accuracy and completeness of that information, including information from outside of general and subsidiary ledgers. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as: records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts and grant agreements, that we report.

Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review at the beginning of audit fieldwork.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon OR make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal awards, and related notes and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Preparation of Cost Reports and Consulting

We will prepare the Hospital's Medicare cost report and Medicaid cost report for the year ending December 31, 2022.

We remind you that you have the final responsibility for the Medicare cost report and Medicaid cost report and, therefore, you should review them carefully before you sign and file them. We make no representation that our services will identify any or all opportunities to maximize reimbursement.

All of the information included in the cost reports is the representation of management. We direct your attention to the fact that management has the responsibility for the proper recording of the transactions in the books of account, for the safeguarding of assets, for the substantial accuracy of the cost reports, and for identifying and ensuring the Hospital complies with the laws and regulations applicable to its activities.

We will also provide Medicare and other reimbursement consulting services as requested throughout the year, including but not limited to review of Medicare rate settings and desk-review and audit adjustments. These services will be provided at our standard rates.

You are also responsible for management decisions and functions; for designating a senior management-level individual with suitable skill, knowledge, or experience to oversee the cost report preparation services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Conformance with Section 952 of Public Law 96-499

Section 952 of P.L. 96-499 requires access by the Secretary of Health and Human Services and the U.S. Comptroller General to the books and records of subcontractors of Medicare providers. Absent the allowability of such access, the provider's cost for such services would not be allowable for Medicare reimbursement purposes if the contract value over 12 months is \$10,000 or more. We would grant such access if this law is applicable to our services.

HIPAA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder ("HIPAA"), we shall enter into a HIPAA Business Associate Agreement ("BAA").

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the Hospital; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Dingus, Zarecor & Associates PLLC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the regulatory agency, cognizant or oversight agency for the audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Dingus, Zarecor & Associates PLLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by a regulatory agency. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit in approximately March 2023 and to issue our reports no later than June 2023. Shaun Johnson is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be as follows:

Audit	\$30,000
Preparation of Medicare cost report	\$10,000
Preparation of Medicaid cost report	\$4,000
Uniform Guidance Single Audit (if necessary)	\$7,500
State of Alaska Single Audit (if necessary)	\$7,500
State Grant Testing	\$2,500

Our fee for the Uniform Guidance Single Audit includes one major program to be audited. Each additional major program will increase our fee by \$3,500.

Out-of-pocket travel and shipping costs will be billed at our cost in addition to the above fees.

Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

In accordance with our firm policies, work may be suspended if your account becomes 60 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination.

The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

You have requested that we provide you with a copy of our most recent external peer review report and any subsequent reports received during the contract period. Accordingly, our 2019 peer review report accompanies this letter.

Reporting

We will issue a written report upon completion of our audit of the Hospital's financial statements. Our report will be addressed to management and those charged with governance of the Hospital. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express an opinion or withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to Cordova Community Medical Center and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please print and sign a copy and return to us.

DINGUS, ZARECOR & ASSOCIATES PLLC

A handwritten signature in black ink, appearing to read 'Shaun Johnson', written over a horizontal line.

Shaun Johnson, CPA
Owner

RESPONSE:

This letter correctly sets forth the understanding of Cordova Community Medical Center.

Management signature: _____

Title: _____

Date: _____

Governance signature:

Title:

Date:



Memorandum

To: CCMC Authority Board of Directors
Subject: Approval of the CHNA Final Report
Date: 12/22/2022

Suggested Motion: "I move that the CCMC Authority Board of Directors approve the Community Health Needs Assessment Final Report as presented."

2022 COMMUNITY HEALTH NEEDS ASSESSMENT

CORDOVA COMMUNITY MEDICAL CENTER
CORDOVA, ALASKA

NOVEMBER 2022



Cordova Community
MEDICAL CENTER

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LETTER FROM THE CEO

December 14, 2022

Dear Cordova Community Members:

On behalf of all involved in creating this 2022 Community Health Needs Assessment (CHNA), I invite you to review our report. The 2022 CHNA process identifies local health and medical needs and acts to provide guidance to Cordova Community Medical Center (CCMC) to direct future community health improvement projects. Presented in this report you will find the data from our community survey, demographic information and results from the meeting with community members that participated as strategic partners to develop future focus areas for CCMC. We also report on efforts regarding the focus areas identified in the 2019 CHNA.

As you review this 2022 CHNA document, please consider how, together, we can further improve the health and medical services our area needs. CCMC does not have adequate resources to solve all the problems identified. Some issues are beyond the mission of CCMC, and action is best suited for response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a process for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs. We invite you to review the CHNA documents, provide feedback and join us in creating a healthier community. We all live and work in this beautiful region together, and our collective efforts can improve the health of our community members.

Thank you,

Hannah Sanders, MD
Chief Executive Officer

ABOUT CORDOVA, ALASKA

The community of Cordova, Alaska is a remote, rural community located near the Copper River Delta on the eastern shore of Prince William Sound. Cordova has a population of approximately 2,600 and is served by two main health care providers. Cordova Community Medical Center (CCMC) is owned by the City of Cordova and governed by the Health Services Authority Board. The Ilanka Community Health Center is a Federally Qualified Health Clinic (FQHC) operated and governed by the Native Village of Eyak and the Ilanka Community Wellness Advisory Council.

ABOUT CORDOVA COMMUNITY MEDICAL CENTER (CCMC)

Cordova Community Medical Center is a publicly-owned Critical Access Hospital (CAH), offering medical services that include preventive, inpatient, outpatient, and long-term care. Hospital Services include emergency, laboratory, radiology, physical therapy, and swing-bed services. Senior services include meals, transportation and homemaker services.

Outpatient Clinic services include primary care, with quarterly specialist visits for orthopedics, pediatrics, optometry, podiatry and women's health services. CCMC also provides Community Behavioral Health, and Developmental Disability services. Behavioral Health services include assessment, individual, family and group therapy, community rehabilitation services, peer support, medication evaluation and management and referral. Developmental Disability services include respite and community based rehabilitative services focused on maintaining and improving activities of daily living and independent living skills. Short Term Shelter and Case management services are also offered through the Behavioral Health clinic.

CCMC'S MISSION, VISION, AND VALUES

OUR MISSION/PURPOSE (WHY WE'RE HERE.)

As a partner in our community, Cordova Community Medical Center provides personalized service to support the health and well-being of all people through their journeys in life. Healthy people create a healthy community.

OUR VISION (WHERE WE'RE GOING.)

CCMC is dedicated to the highest level of professional and ethical standards in our service to our community. Staff and Administration work in partnership with one another, visiting specialists and their staff, and other community providers, based on respect and the highest professional standards. Employees comply with all applicable federal and state laws and regulations in the course of carrying out CCMC's mission, act honestly, and with integrity at all times, provide the best possible care to all patients in a friendly, helpful, and courteous manner.

WE VALUE (HOW WE ACT.)

Stewardship – We accept and demonstrate responsibility in managing the resources entrusted to us.

Respect – We treat others as they want to be treated.

Compassion – We show caring and empathy for others in all our actions

Excellence – We strive to live up to our full potential in all activities, roles, and responsibilities.

Integrity – We act honorably according to the values, beliefs, and principles we hold.

AVAILABILITY TO THE PUBLIC

This report will be made available to the public on the CCMC website, www.cdvcmc.com. Paper copies may be obtained at no charge from administration by calling 907-424-8000 or contacting the hospital at the following address:

Cordova Community Medical Center, 602 Chase Ave, Cordova, AK 99574.

OVERVIEW OF PROCESS

The Affordable Care Act requires nonprofit hospitals to complete a community health needs assessment (CHNA) process every three years. While CHNAs are a recent requirement, community health assessments (CHAs) have long been used as a tool by hospitals, public health departments, and other social service agencies to identify key community health concerns. A CHNA is a systematic process involving the community to identify and analyze community health needs and assets, prioritize those needs, and then implement a plan to address significant unmet needs.¹ Upon completing the assessment, CCMC will develop implementation strategies to address the significant community health needs identified in the CHNA.

1 Catholic Health Association of the United States. (2015). Assessing and addressing community health needs. Retrieved from <https://www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs>

The following Community Health Needs Assessment (CHNA) Process graph outlines the process used to conduct the CHNA:



SOURCE: <http://www.healthycommunities.org/Resources/toolkit.shtml>

DATA COLLECTION METHODOLOGY

A multi-faceted approach was used to gather information about the health needs of the community and to develop priorities for health improvement. The process focused on gathering and analyzing secondary data as well as obtaining input from community members to identify and define significant health needs, issues, and concerns.

Both quantitative and qualitative methods were utilized to gather data.

SECONDARY DATA

The main secondary data source used to obtain data about both health trends and health disparities was County Health Rankings & Roadmaps. The secondary data captured is found in the appendices. Other secondary data sources included the US Census, Alaska Department of Labor, and the Journal of American Medicine Association report on global health burden among other sources.

Community SURVEY

A survey was distributed to the community electronically and in paper form over the summer of 2022 resulting in responses from 120 respondents. The results are included in the appendices.

REGULATORY REQUIREMENTS

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(r) of the Internal Revenue Code conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years.

The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial, or other barriers; commonly referred to as social determinants of health. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community.

This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

GAP ANALYSIS

Data was obtained from all required sources in completing the 2022 CHNA and identifying community health priorities. The assessment was designed to provide a comprehensive and broad picture of the health in the overall community served. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input. In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English. Efforts were made to obtain input regarding these specific populations through key stakeholder surveys.

EVALUATION OF 2019 CHNA IMPLEMENTATION STRATEGY

The prior community health needs assessment was completed in 2019, with implementation beginning in 2020. As we all know 2020 brought about significant change in healthcare and our focus areas. When you account for the public health emergency during this period, it is no surprise that 48% of responders to this years' survey identified a neutral response regarding if CCMC efforts to respond to the identified 5 priorities from the previous CHNA were a success. 43% of responders either agree or strongly agree that CCMC efforts to improve the 5 priority areas were successful and 9% disagreed with CCMC's success in these areas.

Although we were not able to follow our outlined implementation strategy secondary to response to the Covid-19 public health emergency, CCMC made significant improvements in many of our focus areas as outlined below.

2019 CHNA PRIORITY 1 OF 5: Mental Health and Substance Abuse

During this report period CCMC has continued to grow our three-branched response strategy to address substance abuse issues in our community. These branches include prevention, harm reduction and treatment.

Prevention: CCMC participates with the community coalition and participates in community prevention and education programs where applicable. We also give primary prevention counseling in our primary care clinic, sound alternatives behavioral health, and when applicable in the emergency room or hospital.

Harm Reduction: During this reporting period we have implemented a harm reduction strategy for opiate abuse by participating as a location for distribution site for Narcan and Fentanyl test strips. Community education on these test kits have been provided in

one-on-one settings, during city council work sessions and community roundtable events.

Treatment: CCMC continues to provide medication assisted substance abuse treatment including Vivitrol injections. In the primary care clinic, we provide physician monitored and medication assisted substance withdrawal/ detox treatment when medically indicated and safe in the outpatient setting. Sound Alternatives continues to provide outpatient substance use disorder treatment that includes counseling, skill building and added this year, Peer Support. CCMC also collaborated with Ilanka to start a group to support friends and family of those struggling with addictions.

During an acute emergency that requires alcohol or substance abuse withdrawal, emergency and hospital-based detox is available.

Mental health therapy services and case management services are provided through Sound Alternatives. Attempts to expand these services have been made during this period. CCMC added positions including a peer support specialist and a community case manager. Although we have struggled with finding individuals to fill all of the positions, the peer support specialist has been a big success. To improve access, we have expended our tele therapy options and have partnered with Mindcare for tele psychiatry services.

IMPROVED ACCESS TO MENTAL HEALTH/SUBSTANCE USE SERVICES	STRONGLY AGREE OR AGREE	UNDECIDED	DISAGREE OR STRONGLY DISAGREE
Community response	43.22%	48.31	8.48%

SOURCE: CCMC 2022 Key Stakeholder Survey, Question #19

2019 CHNA PRIORITY 2 OF 5: Access to Home Healthcare, HomeCare services, Elder Care

In the State of Alaska providing home care services requires a certificate of need. While this has remained a priority, we have not obtained a certificate of need. During this period CCMC did initiate several services to assist homebound individuals. First CCMC providers are able to do home visits for patients that are home or bed bound. Through a grant and collaboration with Mountain-Pacific Quality Health, CCMC was able to provide home BP monitoring for some patients. Additionally, CCMC provided home pulse oximeter devices for home monitoring oxygen measurement.

CCMC began providing home delivery of meals for all seniors during the pandemic. Through the RIDE service we have continued to assist individuals with errands, transportation to appointments and grocery shopping. During the Covid-19 emergency response CCMC identified homebound individuals and provided Covid-19 vaccine in homes. This year we requested and received funding to expand the senior services grant to cover additional community and educational services to our seniors.

Access to Home Health Care/Elder care	STRONGLY AGREE OR AGREE	UNDECIDED	DISAGREE OR STRONGLY DISAGREE
Community Response	25.64%	60.68%	13.67%

SOURCE: CCMC 20122 Community Survey, Question# 19

2019 CHNA PRIORITY 3 OF 5: Affordability of Care/uninsured and underinsured populations

During this reporting period CCMC developed a sliding scale fee schedule and revised our charity care policy. The sliding scale and charity care applications are available to all individuals regardless of insurance status and are evaluated the same regardless of insurance status. To assist patients with understanding the program and applying for financial assistance we created a patient account specialist position that specifically helps patients navigate CCMC financial assistance programs, set up payment plans, and assist with Medicaid enrollment.

During the public health emergency, CCMC provided Covid-19 and influenza vaccine free of charge to all community members through federal and state vaccine programs.

Affordability/Un Insured/Under Insured	STRONGLY AGREE OR AGREE	UNDECIDED	DISAGREE OR STRONGLY DISAGREE
Community Response	27.12%	66.10%	6.78%

SOURCE: CCMC 2022 Community Survey, Question# 19

2019 CHNA PRIORITY 4 OF 5: **Accessibility of care**

Accessibility of services: During the reporting period CCMC added telehealth services with same day telehealth and in person appointments available to all patients. CCMC has increased specialist visits during this operational period with the addition of podiatry and orthopedics while continuing pediatric specialist visits.

Financial Accessibility: With the sliding scale and charity care all individuals have more affordable access to our care. For the Behavioral Health Department we have periodically had waitlists for services as we have had staff shortages in this department.

Social Determinants of Health: In 2021 we received the Healthy & Equitable communities grant whose primary purpose is to assist community members in accessing health care and services that impact social determinants of health. We have struggled to hire for the position but have been providing some of this support with existing staff.

We did not ask a a specific question regarding this priority in our survey because we ask about access in other questions

Question 2:

11.67% identified access to Primary care as a concern. This is slightly higher than in 2019 (10.53%)

Question #3

20.69% identified access to a family doctor as a barrier contributing to health challenges in Cordova, In 2019 27.78% of respondents identified this as a challenge.

2016 CHNA PRIORITY 5 OF 5: Prevention/nutrition/lifestyle

During the reporting period CCMC participated in frequent community education and information distribution regarding the Covid-19 pandemic. CCMC held multiple free community vaccination clinics to ensure that all individuals in Cordova had access to immunization preventative care. We continue to offer pediatric and flu vaccine clinics as well.

CCMC primary care clinic is listed as a Ladies First Provider with the Alaska Breast and Cervical Screening program for the un and underinsured. As part of the breast cancer prevention CCMC continues the partnership with providence to provide mammogram screening in Cordova twice a year.

During the reporting period our medical director, Dr. Paul Gloe, offered a weight loss education and support group. Participants in this group were able to lose weight. Many were able to improve health to the point of discontinuing medications for chronic illness. This group is again being offered to the community starting in November.

IncreasedPrevention, Nutrition, Lifestyle Education	STRONGLY AGREE OR AGREE	UNDECIDED	DISAGREE OR STRONGLY DISAGREE
Key Stakeholders	50.42%	43.70	5.88

SOURCE: CCMC 2019 Key Stakeholder Survey, Question# 17

DEMOGRAPHIC AND HEALTH PROFILE OF COMMUNITY SERVED

GEOGRAPHIC ASSESSMENT AREA DEFINED

Cordova is an isolated community accessible only by air for a majority of the year. The City of Cordova was used as the geographic defined service area for CCMC's CHNA and the CHNA focused on the needs of the greater Cordova community. An analysis of one year of data (November 1, 2021-November1, 2022) indicate that 92% of all visits are from the ZIP Code of Cordova. It is therefore reasonable to utilize the city of Cordova as the CHNA geographic area. While every effort was taken to gather detailed data for the Cordova community, it was necessary in certain areas to expand the definition of the service area to the Valdez-Cordova Census Area. This was done for the purpose of collecting census and County Health Rankings data that is only available for the Census Area.

CCMC's CHNA SERVICE AREA AT COUNTY LEVEL

Valdez-Cordova County

It is important to be aware ZIP Code and county boundaries do not always match. When ZIP Code level data was available and used, the following ZIP Codes in Valdez-Cordova are reflected.

CCMC'S CHNA SERVICE AREA AT ZIP CODE LEVEL	
ZIP CODE	CITY NAME
99566	Chitina
99573	Copper Center
99574	Cordova
99586	Gakona
99588	Glennallen
99677	Tatitlek
99686	Valdez
99693	Whittier

The service area includes medically underserved, low-income and minority populations. All patients were used to determine CCMC's CHNA geographic area.

DEMOGRAPHIC SNAPSHOT

The following tables provide a summary regarding the demographics of Cordova, Valdez, Alaska and the US. Data tables show total population of the community, as well as the breakout of the population between male and female, age distribution and race/ethnicity. Because Valdez-Cordova County has a higher percentage of veterans as compared to the state of Alaska and United States, a table with the statistics is included below. Also below are population density figures.

POPULATION 2020	CORDOVA		ALASKA	UNITED STATES
Male Population	1,383	53%	52.4%	49%
Female Population	1,226	47%	47.6%	50.5%
Total	2609	100%	100%	100%

POPULATION 2020	VALDEZ		ALASKA	UNITED STATES
Male Population	2092	52%	52.4%	49%
Female Population	1893	48%	47.6%	50.5%
Total	3985	100%	100%	100%

SOURCE: Us Census 2020. Alaska Dept of ILabor

Age	Cordova	Valdez	Alaska	US
0-4	7%	6.70%	6.60%	6%
5-9	6.40%	7.90%	7.10%	6.20%
10-14	5.90%	7.20%	7.20%	6.40%
15-19	5.70%	5.40%	6.30%	6.40%
20-24	2.90%	5%	6.20%	6.50%
25-29	7.80%	7.20%	7.30%	7.10%
30-34	8.30%	8.50%	7.80%	6.80%
35-39	6.50%	7.80%	7.40%	6.60%
40-44	4.60%	7.40%	6.10%	6.10%
45-49	5.20%	6%	5.60%	6%
50-54	7%	6.20%	5.80%	6.10%
55-59	7.20%	7.40%	6.60%	6.50%
60-64	9.30%	6.90%	6.40%	6.50%
65-69	6.80%	7.10%	5.20%	5.40%
70-74	3.70%	2.90%	3.50%	4.50%
75-79	2.40%	1.30%	2%	3.10%
80-84	1%	0.50%	1.10%	2%
85+	1.10%	0.30%	0.90%	1.80%

SOURCE: Alaska department of Labor

2022 POPULATION BY RACE/ETHNICITY					
	CORDOVA	VALDEZ	AK	UNITED STATES	
Amer. Ind. (Non-Hispanic)	9.2%	7.7%	18.8%	1.3%	
Asian (Non-Hispanic)	14.2%	2.5%	8%	6.1%	
Black (Non-Hispanic)	.4%	0.82%	4.9%	13.6%	
White (Non-Hispanic)	62.9%	75.6%	65.9%	75.8%	
Native Hawaiian/ Pacific Islander	.2%	.77%	2%	.3%	
Other (Non-Hispanic)	1.5%	2%	1.4%	2.9%	
Hispanic	4.3%	6.7%	6.7%	18.9 %	

SOURCE: Alaska department of Labor

PERCENTAGE OF CIVILIAN POPULATION 18 YEARS AND OVER THAT ARE VETERANS	
Cordova	13%
Alaska	11%
United States	6%

SOURCE: U.S. Census Bureau, -2021 American Community Survey Estimates

POPULATION DENSITY (PER SQUARE MILE OF LAND AREA)	
Valdez-Cordova Census Area	.3
Cordova	44
Alaska	1.3
United States	93.9

SOURCE: <https://www.census.gov/data/tables/time-series/dec/density-data-text.html>; <https://worldpopulationreview.com/us-cities/cordova-ak-population>

The Valdez-Cordova Census Area has one of the lowest population densities in the United States. With 34,239.88 land square area miles, the Valdez-Cordova Census Area is one of the top five largest counties by land area nationwide (including county-equivalents).

HEALTH STATUS AND SOCIAL DETERMINANTS OF HEALTH

Information from a variety of secondary sources was reviewed and analyzed to develop a comprehensive picture of the health status and social determinants of health (SDOH) of the residents of Valdez-Cordova County. Data for Valdez-Cordova County was compared to other counties in Alaska, the state of Alaska, and the United States when data or information was available. Some data was only available at the state level. SDOH are conditions in the places where people live, learn, work, and play and that affect a wide range of health risks and outcomes. SDOH include the social environment, physical environment, health services, and structural and societal factors. By applying what we know about SDOH, we can improve individual and population health.

In CCMC's 2022 key stakeholder survey, Access to Healthy Food, Cost (payment amount for healthcare services) and Access to healthcare services were identified as the greatest barriers that contribute to the health challenges of at-risk populations. These were the same top three as in 2019.

FACTORS OR BARRIERS (SOCIAL DETERMINANTS OF HEALTH) CONTRIBUTING TO THE HEALTH CHALLENGES OF AT-RISK POPULATIONS		RESPONSES
Access to Healthy Food	40.52%	47
Cost (payment amount for healthcare services)	65.52%	76
Access to healthcare services	36.21%	42
Social support from community, family or friends	31.90%	37
Poverty	24.41%	8
Limited health literacy	33.62%	39
Access to a family doctor	20.69%	24
Access to educational opportunities	12.07%	14
Limited English proficiency	7.76%	9
Crime and violence	7.76%	9
Distrust of government	18.10	21
Number of Respondents		116

Source: CCMC Key Stakeholder Survey, 2022, Question #3

COUNTY HEALTH RANKINGS & ROADMAPS

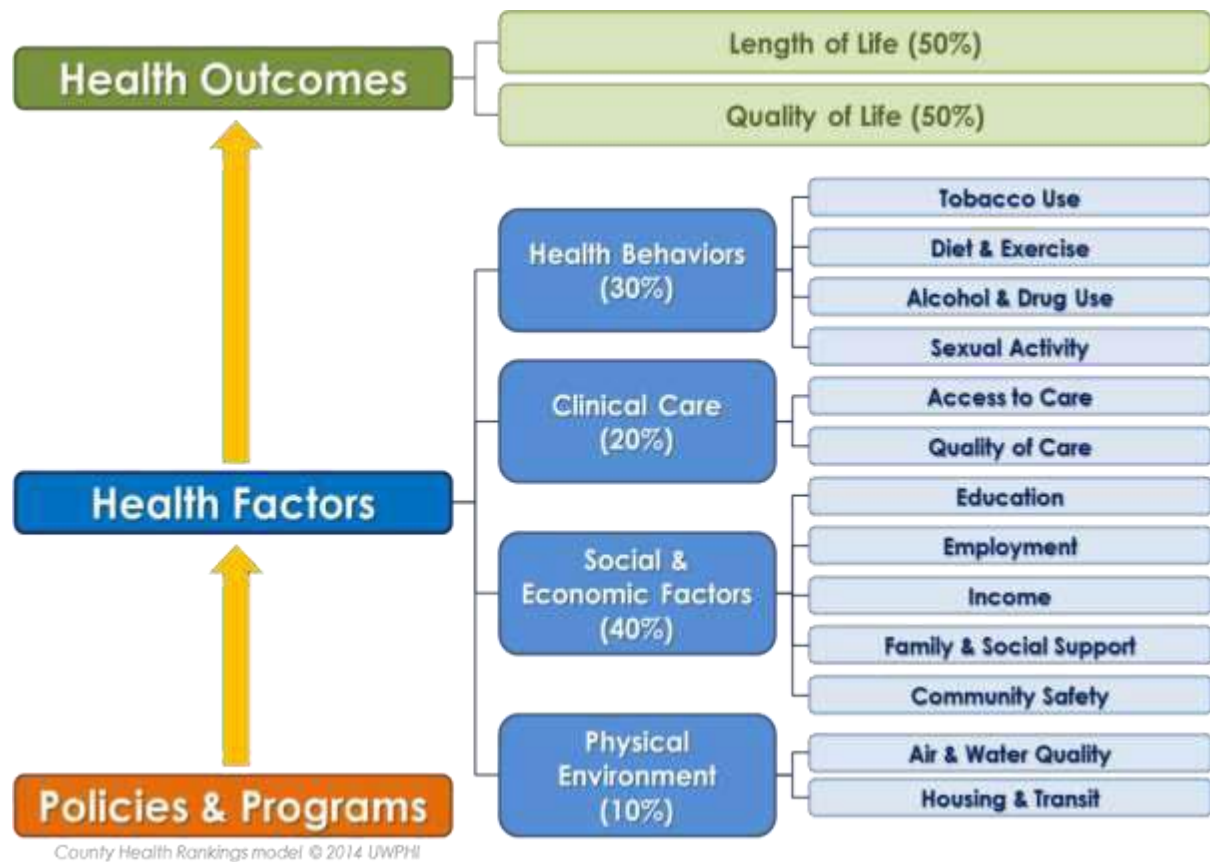
The County Health Rankings & Roadmaps Program is a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are determined by the following factors:

HEALTH OUTCOMES: “The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.”

HEALTH FACTORS: “The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.”²

² www.countyhealthrankings.org

The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play.



The table on the next page shows how Valdez-Cordova County ranks out of the 25 counties in Alaska. A ranking of one (1) represents the healthiest county. Overall, Valdez-Cordova County is ranked 6th in the state of Alaska (1st quartile), as compared to the other 25 counties in Alaska. In 2019 we ranked 3rd. A summary report of Health Rankings in Alaska is included in the Appendices.

	Valdez-Cordova County's rank out of 25 counties in Alaska	Valdez-Cordova County's Quartile in Alaska
Health Outcomes	5	1st
Length of Life	10	2nd
Quality of Life	2	1st
Health Factors	7	2nd
Health Behaviors	8	2nd
Clinical Care	11	2nd
Social & Economic Factors	6	1st
Physical Environment	16	3rd

Ranking quartiles: 1-6; 7-12; 13-19; 20-25

Source: www.countyhealthrankings.org; September 2022

	Valdez-Cordova (VC) County	Trend	Error Margin	Top U.S. Performers	Alaska
Health Outcomes					
Length of Life					
Premature Death	9,200	Same	6,800-11,500	5,600	8,300
Quality of Life					
Poor or Fair Health	16%		14-17%	15%	16%
Poor Physical Health Days	3.5		3.2-3.7	3.4	3.6
Poor Mental Health Days	4		3.7-4.2	4	3.9
Low Birthweight	4%		3-6%	6%	6%
Additional Health Outcomes (not included in overall ranking)					
COVID-19 age-adjusted mortality				43	36
Life expectancy	78		75.8-80.3	80.6	78.6
Premature age-adjusted mortality	3.9		320-460	290	360
Child mortality				40	60
Infant mortality				4	6
Frequent physical distress	13%		10-12%	10%	10%
Frequent mental distress	14%		12-14%	13%	12%
Diabetes prevalence	12%		7-8%	8%	7%
HIV prevalence				38	121

	Valdez-Cordova (VC) County	Trend	Error Margin	Top U.S. Performers	Alaska
Health Factors					
Health Behaviors					
Adult smoking	17%		15-19%	15%	17%
Adult obesity	31%		29-32%	30%	31%
Food environment index	7.6			8.8	7
Physical inactivity	20%		18-22%	23%	22%
Access to exercise opportunities	74%			86%	65%
Excessive drinking	23%		22-24%	15%	18%
Alcohol-impaired driving deaths	50%		36-62%	10%	37%
Sexually transmitted infections	423.8			161.8	854.9
Teen births	13		13-24	11	23
Additional Health Behaviors (not included in overall ranking)					
Food insecurity	11%			9%	12%
Limited access to healthy foods	10%			2%	8%
Drug overdose deaths				11	18
Motor vehicle crash deaths	25		14-42	9	10
Insufficient sleep	31%		30-32%	32%	33%

	Valdez-Cordova (VC) County	Trend	Error Margin	Top U.S. Performers	Alaska
Health Factors					
Clinical Care					
Uninsured	15%	Better	13-17%	6%	13%
Primary care physicians	770:01:00	Better		1,010:1	1,020:1
Dentists	2,340:1	Better		1,210:1	980:1
Mental health providers	420:1			250:1	160:1
Preventable hospital stays				2,233	2,509
Mammography screening				52%	36%
Flu vaccinations				55%	37%
Additional Clinical Care (not included in overall ranking)					
Uninsured adults	16%	Better	14-18%	7%	15%
Uninsured children	11%	Better	8-15%	3%	8%
Other primary care providers	930:1			580:1	600:1

Color Legend	
areas of strength =	
areas to explore =	

	Valdez-Cordova (VC) County	Trend	Error Margin	Top U.S. Performers	Alaska
Health Factors					
Social & Economic Factors					
High school completion	96%			94%	93%
Some college	65%			74%	65%
Unemployment	8.7%	Better		4.00%	7.80%
Children in poverty	10%			9%	12%
Income inequality	3.5			3.7	4.1
Children in single-parent households	19%			14%	20%
Social associations	16.3			18.1	11.5
Violent crime	316	Better		63	720
Injury deaths	143		107-187	61	100
Additional Social & Economic Factors (not included in overall ranking)					
High school graduation				96%	80%
Disconnected youth				4%	10%
Reading scores				3.3	
Math scores				3.4	
School segregation	0.2			0.02	25%
School funding adequacy	\$11,018				\$8,221
Median household income				\$75,100	\$80,000
Living wage	\$38.17				\$38.11
Children eligible for free or reduced price lunch	41%			32%	43%
Residential segregation - black/white				27	56
Residential segregation - non-white/white	13			16	42
Children cost burden				18%	20%
Childcare centers				1200%	400%
Homicides				2	8
Suicides				11	27
Firearm fatalities				8	24
Juvenile arrests	23				30

	Valdez-Cordova (VC) County	Trend	Error Margin	Top U.S. Performers	Alaska
Health Factors					
Physical Environment					
Air pollution - particulate matter				5.9	6.2
Drinking water violations	Yes				
Severe housing problems	14%		10-18%	9%	21%
Driving alone to work	67%			72%	68%
Long commute - driving alone	9%			16%	17%
Additional Physical Environment (not included in overall ranking)					
Traffic volume	9				259
Homeownership	74%			81%	65%
Severe housing cost burden	6%			7%	12%
Broadband access	83%			88%	87%

Color Legend	
areas of strength =	
areas to explore =	

COMMUNITY NEEDS INDEX

The Community Need Index (CNI) calculates a score using the following barriers to healthcare access and their associated indicators. Additional information about the Community Need Index is available (Appendix 2).

COMMUNITY NEED INDEX (CNI)	
Barriers to healthcare access	Indicator(s) of Underlying Causes of Health Disparity
Income	Percentage of households below poverty line, with head of household age 65 or more
	Percentage of families with children under 18 below poverty line
	Percentage of single female-headed families with children under 18 below poverty line
Cultural	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
Education	Percentage of population over 25 without a high school diploma
Insurance	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
Housing	Percentage of households renting their home

SOURCE: <http://cni.chw-interactive.org>; Community Need Index Methodology and Source Notes; 2019

A score of 1.0 indicates a ZIP Code with the least need, while a score of 5.0 represents a ZIP Code with the most need. Valdez-Cordova Census Area has a median CNI score of 3.4 which, according to the Community Need Index, is in the second highest need range. None of the CNI scores for the ZIP Codes in Valdez-Cordova Census Area are in the highest need range.

Source: <http://cni.dignityhealth.org>

CNI NEED SCALE	CNI SCORE	POPULATION	CITY/ZIP CODE
1 – 1.7 = Lowest Need	-	-	-
1.8 – 2.5 = 2nd Lowest Need	-	-	-
2.6 – 3.3 = Mid Need	3.2	1767	Copper Center 99573
3.4 – 4.1 = 2nd Highest Need	3.4	2127	Cordova 99574
	3.4	733	Glennallen 99588
	3.8	323	Gakona 99586
	3.8	4284	Valdez 99686
4.2 – 5 = Highest Need	-	-	-

SURVEY INPUT

COMMUNITY SURVEY

CCMC requested input from community members regarding the health needs of the area. The questions mirrored the survey from the last CHNA so as to provide some consistency in data. The questions posed and the responses from the 120 respondents are available in Appendix B. Also, responses were appropriately extracted from the survey and inserted into various sections of Appendix 1 titled "Health Outcomes and Health Factors" and the prioritization of health needs section that follows.

PRIORITIZATION OF HEALTH NEEDS

KEY STAKEHOLDER SURVEY INPUT REGARDING PRIORITIES

Community Survey Question 17 asked "*What can Cordova Community Medical Center do to best meet the health needs of this community?*"

We received 96 responses but 8 of these were either N/A or I don't know. The responses are listed in APPENDIX 3. Among the responses, there were some broad themes.

- 1) Request for consistent providers
- 2) Community education regarding services available
- 3) Increase availability of specialists
- 4) Increase and improve Mental health & Substance Use Disorder services
- 5) Whole person care
- 6) Collaboration
- 7) Improve access including reducing costs and help individuals obtain insurance

Below are the actions, strategies and comments mentioned in response to 2022 Community Survey Question 11, *"What would you like to see Cordova Community Medical Center, in cooperation with community partners, focus on over the next three years?"*

RECOMMENDED FOCUS FOR CCMC, IN COOPERATION WITH COMMUNITY PARTNERS, OVER THE NEXT THREE (3) YEARS	RESPONSES	
Help People Get Mental Health Care	52%	63
Help Adults and Teens to Stop Using Drugs (including Illegal Drugs, Opioids, Alcohol or Tobacco)	42.5%	51
Increase the Number of Specialists	39.17%	47
Help Support Caregivers (Grandparents Caring For Grandchildren, Families Caring For Older Adults, Families Caring For a Child or Adult With Special Needs/a Disability, Families Caring For a Child or Adult With Mental Illness)	33.33%	40
Help People Who Have a Chronic Disease (Diabetes, Heart Failure, Lung Disease, Cancer, Alzheimer's Disease, etc.) to Stay Healthy	30.83%	37
Help Stop Domestic Violence (including Child Abuse/Neglect and Elder Abuse/Neglect)	28.33%	34
Help People Access Elder Care	25%	30
Increase the Number of Family Doctors - or - increase the Number of Appointments	22.5%	27
Help People to Lose Weight and Eat Healthier Foods	21.67%	26
Help People Obtain Insurance	20%	24
Help Women Who Are Pregnant to Have a Healthy Baby	18.33%	22
Provide Education on Health-related Topics	18.33%	22
Help People Obtain Needed Medication	12.5%	15
Other	11.67	14
Help People Get to their Doctor Appointments (Transportation)	5.83%	7
Help Prevent Sexually Transmitted Diseases	5.83%	7
Help Reduce/Eliminate Teenage Pregnancy	5%	6

SOURCE: CCMC Community Survey, Question #11

For Other responses, please reference the survey documents in Appendix 3

Below are the responses and comments mentioned in response to Key Stakeholder Survey Question 12, *"If you think one of Cordova's health priorities should be education about health topics, on which topic would you recommend CCMC and its partners focus their resources?"*

SOURCE: CCMC 2022 Community Survey, Question #12

RECOMMENDED FOCUS IF HEALTH EDUCATION IS A PRIORITY	RESPONSES	
Mental Health and Substance Abuse	62.18%	74
Vaping	25.21%	30
Healthy Lifestyles	49.58%	59
Tobacco Use (not including vaping)	25.21%	30
Health Screenings	44.54%	53
Common Diseases	18.49%	22
How to maintain a Healthy Weight	32.77%	39
Oral & Dental health	32.77%	39
Reproductive health	25.21%	30
Other	3.36%	4
This is important but I don't think it should be a priority	18.49%	22

Below are the responses and comments mentioned in response to CHNA 2022 Community Survey Survey Question 13, *"If you think one of Cordova's health priorities should be chronic diseases, on which chronic disease would you recommend CCMC and its partners focus their resources?"*

RECOMMENDED FOCUS		RESPONSES	
IF CHRONIC DISEASE IS A PRIORITY			
Depression		66.67%	76
Diabetes		41.23%	47
Heart Disease		30.70%	35
Chronic mental illness		45.61%	52
COPD (Chronic Obstructive Lung Disease)		14.04%	16
Alzheimer's disease or dementia		36.84%	42
Cancer		31.58%	36
Chronic Kidney Disease		12.28%	14
Other		7.02%	8
Asthma		7.02%	8
Arthritis		11.40%	13
Osteoporosis		3.51	4
This is important, but I don't think it should be one of the priorities		14.04%	16

SOURCE: CCMC 2019 Key Stakeholder Survey, Question 13

Below are the responses to Community Survey Question 14, *"If you think one of Cordova's health priorities should be a reduction in the use of drugs, alcohol or tobacco, on what would you recommend CCMC and its community partners focus their resources?"*

RECOMMENDED FOCUS IF DRUGS, ALCOHOL, OR TOBACCO IS A PRIORITY	RESPONSES	
Alcohol use by youth and teens	63.56%	75
Adult alcohol abuse	64.41%	76
Opioid use	53.39%	63
Vaping by Teens	41.53%	49
Illegal drug use by adults	57.63%	68
Illegal drug use by youth and teens	75.2%	89
Tobacco use (not including vaping) by teens	40.68%	48
Vaping by adults	20.34%	24
Tobacco use (not including vaping) by adults	24.58%	29
Adult Marijuana Use	22.03%	26
Other	3.39%	4
This is important but I don't think it is a priority	7.63%	9

Source: 2022 Community Survey Question #14

Below are the responses and comments mentioned in response to Key Stakeholder Survey Question 15, "If you think one of Cordova's priorities should be access to elder care, on what would you recommend CCMC and its community partners focus their resources?"

RECOMMENDED FOCUS		RESPONSES
IF ACCESS TO ELDER CARE IS A PRIORITY		
Home Health Care	66.38%	77
Respite care	43.10%	50
Hospice	36.21%	42
Social Connections	43.97%	51
Food Services	35.34%	41
Other	8.62%	10
This is important, but I don't think it should be one of the priorities	16.38%	19

SOURCE: CCMC 2022 Community Survey, Question #15

PRIORITIZATION MEETING: 11/14/2022

A group of individuals that represented the interests of the community and/or had specific expertise regarding the health needs of vulnerable and underserved populations were asked to participate in identifying priority community health needs and services. The meeting was held at the Cordova City Center on 11/14/2022 to review the data collected and prioritize the health needs. Barb Jewell, MPA, Community Programs Director, facilitated the meeting. Local, County and state health data and responses to the key stakeholder responses were reviewed and used to identify priorities. The following list of people attended.

CCMC Representatives:

- Dr. Hannah Sanders, Chief Executive Officer
- Dr. Curtis Bejes, Medical Director
- Tim Hokansen, Pharmacist
- Key Stakeholders:
- Claire Geldhof, AK Public Health Nurse
- David Allison, Mayor of Cordova
- Susie Powell, Ilanka Behavioral Health Coordinator
- Kari Collins, Ilanka Health Administrator
- Kristin Carpenter, Exec Director Prince William Sound Economic Development District
- Andrew Goss, Cordova Chief of Police
- Fr. Michael Kim, St. Joseph's Catholic Church
- Alex Russin, School District Superintendent
- Helen Howarth, Cordova City manager
- Darrel Olsen, Chair, NVE tribal Council
- Roxanne Moore, Trident Seafoods

PRIORITIZATION CRITERIA

- **SIZE** = How significant is the scope of the health issue - number of people affected?
- **SERIOUSNESS** = How severe are the negative impacts of this issue on individuals, families, and the community?
- **ABILITY TO IMPACT** = What is the probability that the community could succeed in addressing this health issue? (Consider community resources, whether there are known interventions, community commitment, etc.)

PRIORITIZED HEALTH NEEDS

To prioritize the significant health needs and services of Cordova, the top three to five selections made by each meeting participant were submitted and then grouped together by like topic. The group discussed the outcome and determined that the topics with the highest number of selections were the top priorities. Vigorous discussion about the size of the problem and challenges with defining priorities took place (eg; If NVE is already pursuing dental services, how do we support that effort? Behavioral health is a huge area; how do we prioritize needs?). Below is the list of prioritized health needs, suggestions for meeting those needs and community partners who can assist in meeting the needs for Cordova that were generated by the meeting participants.

Priority #1 Behavioral Health/Mental Health/Substance Abuse

Prevention: suggested activities including

- Mentorship,
- Sponsoring school activities including helping w/travel costs & food,
- Bingo night,
- Indoor walking space for seniors,
- Sponsor gatherings/ support group specifically to address feeling blue and lonely
- Ensure people understand how to get access to resources, and information about when and how to engage with behavioral health systems in the community
- Section of health fair on activities available
- Recovery Month-September
- Support groups for folks dealing with elder care issues
- Mindfulness training, opportunities for mindfulness
- Mental Health Month-May

Partners CFRC, NVE, CSD Faith Community: Pastor's group, church bulletin, CFRC, CSD (red ribbon month, Mental health), Bionic, CDFU

Resources: Grants/ building use/funding for food for gathering

Substance Abuse: Suggested actions/activities:

- Change acceptance of use (Sept/Nov)
- Increase public service announcements and education to young people who get lump sums at end of season
- We have AA, do we need NA?
- Partnering with processors
- Change the culture of the docks?) Artwork on the dock
- Clothing drive for cannery workers to encourage them to engage and participate in the community in a positive way
- Public Health doing Naloxone distribution wall mounted(prevention):
- Improving communication and substance abuse education in spring (in prep for season): city could distribute info pre season; bunk house managers
- Language support-Interpreters

Partners: Businesses, school district, city, Faith Community: Pastor's group, church bulletin, CFRC, CSD (red ribbon month, Mental health), Bionic, CDFU

Crisis/Emergency Services: This was a larger topic than could be readily discussed in this group but strongly identified as a need in the community. Suggested actions:

- After Hours Crisis Team

Partners: community volunteers, police, hospital

Priority #2 Dental Services:

The group discussed NVE's plans for Dental clinic as current Dentist plans on retiring. NVE needs a location for dental clinic.

Partners: CCMC, Chamber and Economic Development District can help marketing/ recruiting.

Priority #3 Healthy Lifestyle/Health Literacy

Activities/Actions

- Section of health fair on activities available
- Having a place where people can find similar interests: some kind of forum:
- Make sure health fair has information on healthy lifestyle opportunities
- Meal club; meal prep ; cooking class -disease specific (cardiac diet/celiac disease/diabetes)
- YouTube videos partnering with School
- City as central location for info sharing, Salvation army,
- Community Garden (St. Michaels & Economic development)
- Cross country ski initiative-Skiku

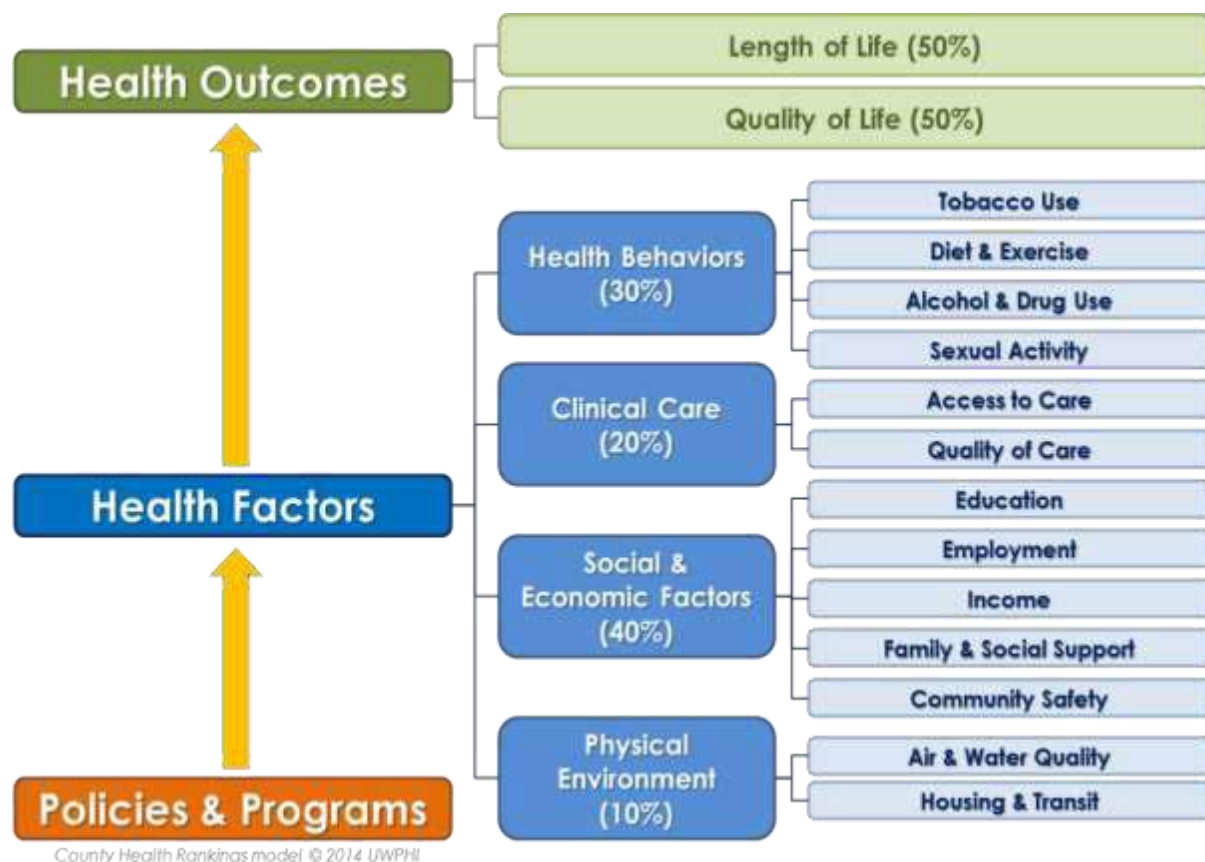
Partners: City, School District, Salvation Army. St Michaels, PWS Economic Development District, Skiku

NEXT STEPS

Over the next several months, the CCMC Board and Administration, in collaboration with community partners, will develop an implementation plan for each of the priority health needs. During the prioritization meeting, stakeholders provided suggestions for partners, strategies and resources to address identified priorities. These suggestions will be explored as tools for impacting these identified community needs. The implementation plan will be published in a separate report.

APPENDIX 1: HEALTH OUTCOMES AND HEALTH FACTORS

The information presented in this appendix follows the framework used by the County Health Rankings & Roadmaps program, a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The information presented in this appendix uses the framework depicted in the image below as a guideline, not a limitation. Hence, additional sections under healthy behaviors, clinical care, social and economic factors and physical environment may be found.



HEALTH OUTCOME: LENGTH OF LIFE

LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY

The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,142 US counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence, and recommended physical activity using novel small area estimation techniques and the most up-to-date county-level information

	LIFE EXPECTANCY 2019, ALASKA	ALASKA 'S LIFE EXPECTANCY RANK AS COMPARED TO OTHER STATES IN US	HEALTHY LIFE EXPECTANCY 2016, ALASKA STATE	ALASKA 'S HEALTHY LIFE EXPECTANCY RANK AS COMPARED TO OTHER STATES IN US
Both Male and Female	78.1	26	67.3	33
Female	81.0		68.5	34
Male	75.5		66.2	31

https://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Valdez-Cordova_Census_Area_Alaska.pdf

This study indicates that in Alaska Risk factors for disability and premature death include:

- Tobacco Use
- High Body Mass Index
- Drug Use
- High Fasting plasma Glucose
- Dietary Risks
- Alcohol Use
- High Blood Pressure
- Occupational Risks
- High LDL
- Kidney Disfunction

<https://www.healthdata.org/united-states-alaska>

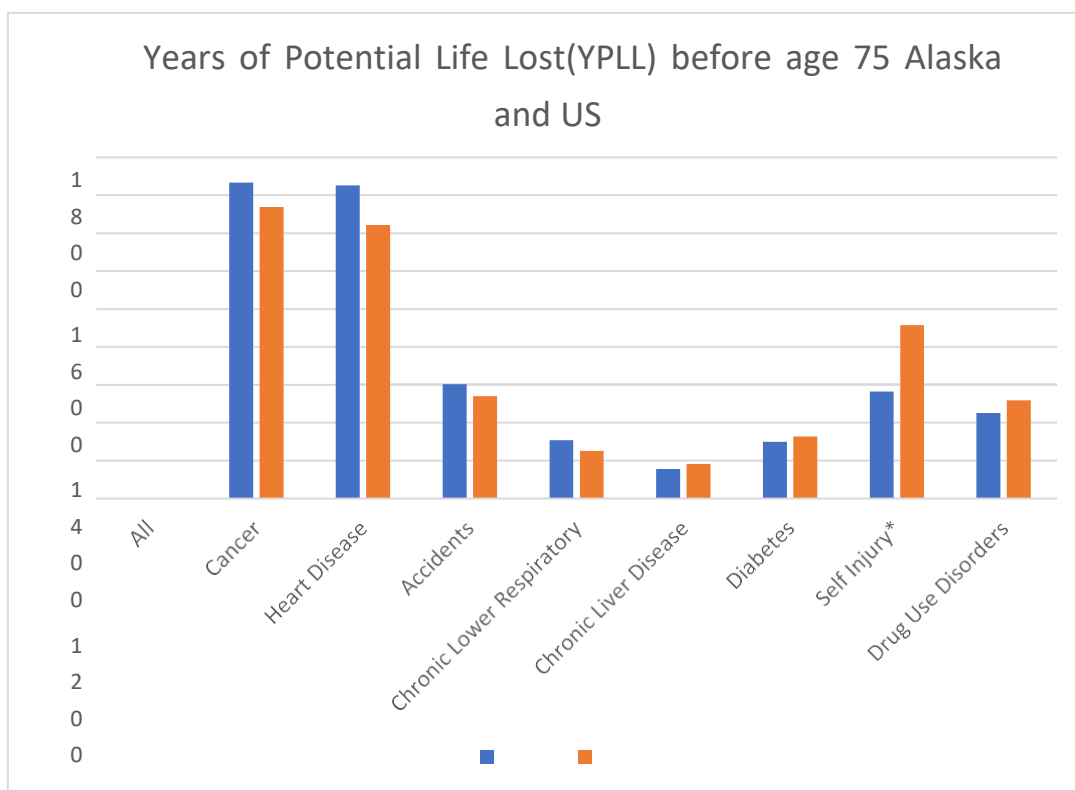
LEADING CAUSES OF DEATH

ALASKA LEADING CAUSES OF DEATH	DEATHS	DEATH RATE	STATE RANK	US RATE
Cancer	1043	143.7	20	244.1
Heart Disease	915	139.8	43	168.2
Accidents	464	65.5	20	57.6
Covid 19	NA	NA	NA	85
Stroke	212	34.2	34	38.8
Chronic Lower Respiratory Diseases	204	31	39	36.4
Suicide	204	27.5	2	13.8
Diabetes	174	24.8	20	21.5
Chronic Liver Disease	167	22.4	4	12.7
Alzheimer's Disease	111	26.8	37	32.4

<https://www.cdc.gov/nchs/pressroom/states/alaska/alaska.htm>

Because leading causes of death vary by age, mortality rates by underlying cause alone do not reflect the full social impact of premature death. Estimating years of potential life lost (YPLL) is a way of quantifying the cost of early death by measuring the number of years between age at death and a specific standard age. For instance, if the standard is set at 75 years, a death at age 21 results in 54 years of potential life lost.

The graph below compares causes of death by YPLL before age 75 years per 100,000 population for the State of Alaska and the US.



**not in top ten causes for Alaska but significantly higher in Alaska than US*

https://cdn.jamanetwork.com/ama/content_public/journal/jama/936922/joi180029f6.png?Expires=2147483647&Signature=CPobJPRfxiMVVARALBheG99owokN-q9Jg2abVwW6tPdcc~JwEr8T0FalZyM3sf9Tj8tY1Qk1hE0cPNmZrn-A2oBmMqY7xWSD6e~Q9VCOQ2OY~hokRYjOTZY-0tZXbBb3oVYFFNd49RXQjINOS3aa6rfzw-dXCvINsVC8p3vG6EhiBMch4OUrEFC4563zi5nsXnP-dhlOKaKdnCQ7A3ePFq7m1jv~hpiEm59aReOuodR6gaoUic1xYNUrKULL-WwUoxXOn1Q31tTWbXji99a6rwPAEl64Q8wEZn4t0FQMG~MGA52~awsOqGiYDPG3MpudmHZ~AXA~WDPwINyNixEA_&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA

HEALTH FACTORS: HEALTH BEHAVIORS

TOBACCO

The tobacco figures for Valdez-Cordova County seen in the adjacent table continues to be unfavorably high as compared to the state of Alaska and the United States. Tobacco use in the state and in the US has dropped a small amount since 2018 while in the Valdez Cordova Census are it has grown slightly (.2%) Vaping has become a significant concern in the country and in Alaska. According to the State Department of Health and Human Services.

- Among Alaska adults, the prevalence of e-cigarette use grew significantly from less than 1% in 2010 to 7% in 2014 but since has dropped to 5% which is slightly lower than the US rate.
- In Alaska, the prevalence of e-cigarette use is higher among high school students, having grown from 18% on 2015 to 26% in 2019.

TOBACCO				
		VALDEZ- CORDOVA COUNTY	ALASKA	UNITED STATES
Percent Smoking Adults	Population Cigarettes	19.2%	18.5%	15.5%
Percent of population vaping		Unknown	5%	5.5%

Ibis.dhss.alaska.gov/indicator; Countyhealthrankings.org/app/Alaska/2018

Survey responses regarding tobacco use or vaping:

- In response to the survey question "What behaviors put adults over age 18 at risk in Cordova?" tobacco use ranked 5th on the list with 52.54% of respondents identifying it as a health risk factor, and 6th on the Question "What behaviors put youth and teens at risk?". Vaping ranked as a lower risk for both adults and youth. 41.53% (8th) of respondents thought vaping is was a risk for adults and 55.98% of respondents saw it as a risk for teens (Tied for 4th). Vaping was listed as much less of a concern than in the survey of 2019.

DIET & EXERCISE

The percent population with no leisure time physical activity is higher than the state of Alaska and slightly less than the United States.

PHYSICAL INACTIVITY			
	Valdez-Cordova County	Alaska	United States
Population with no Leisure Time Physical Activity	22%	19%	23%

BRFSS Alaska 2018, https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2021_AK.pdf

OBESITY			
	Valdez-Cordova County	Alaska	United States
Percent Adults with BMI > 30.0 (Obese)	34%	32%	30%

, [countyhealthrankings.org/app/alaska](https://www.countyhealthrankings.org/app/alaska)

FOOD ENVIRONMENT			
	Valdez-Cordova County	Alaska	United States
limited access to healthy food	15%	9%	6%
Food insecurity	11%	12%	11%
Food environment index	7.2	6.3	7.6

[Countyhealthrankings.org/app/Alaska2021](https://www.countyhealthrankings.org/app/Alaska2021); ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us;
<https://www.feedingamerica.org/research/map-the-meal-gap>

15% of individuals in the census area are low income and did not live near a grocery store.

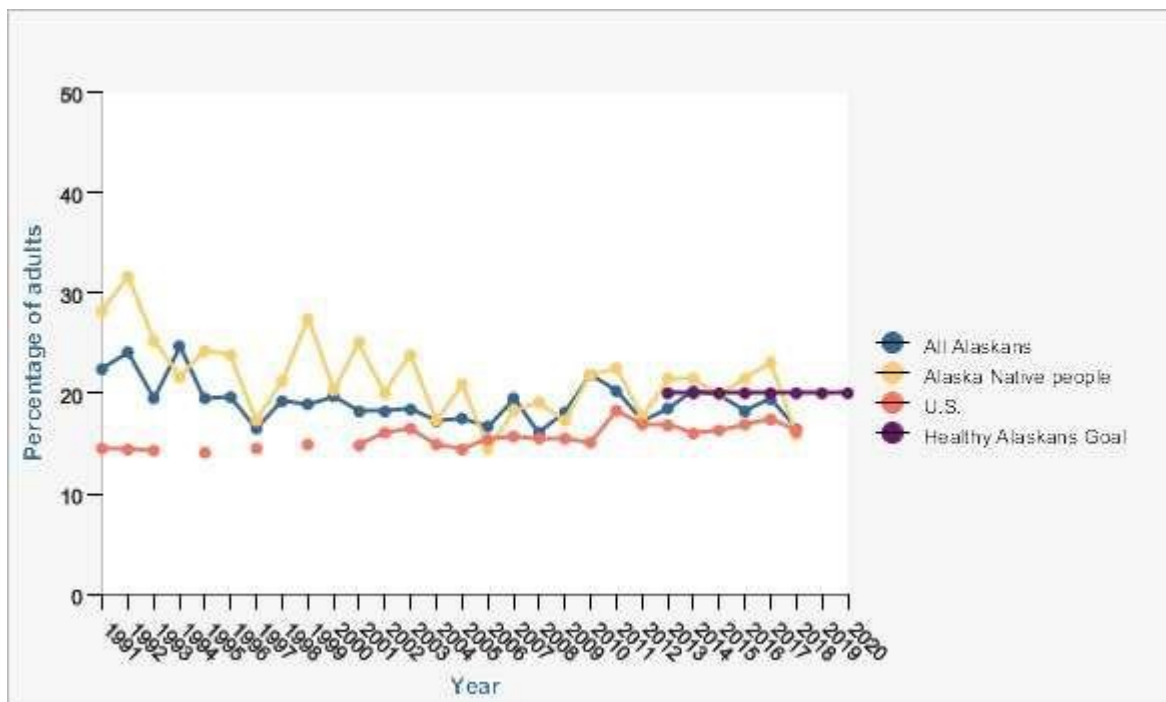
Valdez-Cordova Census Area, Alaska scored 7.2 out of a possible 10 on the food environment index, which includes access to healthy foods and food insecurity. The average value across the country was 7.6.

Stakeholder survey data indicates that 40.52% of those surveyed believe that access a lack of access to healthy food contributes to health challenges in Cordova. 52% of respondents believe obesity puts adults at risk and 42.11% believe obesity puts teens at risk. 63.16% report that unhealthy eating habits put both adults and youth at risk.

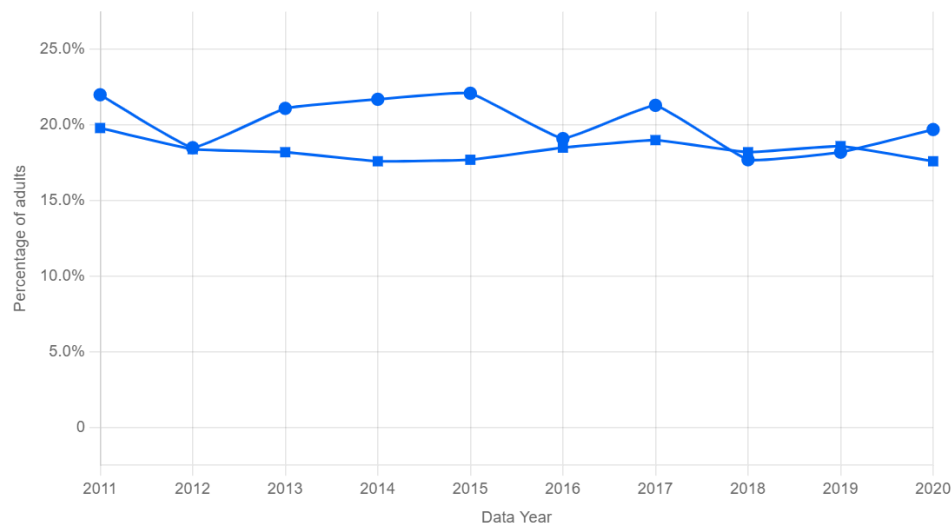
Source: CCMC 2019 Stakeholder survey questions 3, 7 & 8

ALCOHOL & DRUG USE

According to Alaska's 2018 BRFSS Alaska's rate of alcohol induced mortality was twice the national average. The 2017 rate for Alaska Native people was 6 times the national average. In 2017, there were 3,723 years of potential life lost due to alcohol-induced deaths, with 23.9 years lost prematurely for each death, on average. Excessive alcohol use can increase a person's risk of developing serious health problems such as brain and liver damage, heart disease, cancer, fetal damage in pregnant women, and early death. It is a risk factor for injuries, violence, unintended pregnancy, and motor vehicle crashes. Binge drinking and heavy drinking[‡] among Alaska adults are of particular concern." The Valdez-Cordova county rate of excessive drinking is 26% compared to a state average of 18% and a national average of 17.6%. (2021 Alaska County health rankings)



Source: Alaska Behavioral Risk Factor Surveillance System (BRFSS) via Alaska's 2018 State Health Assessment (SHA); cdc.gov/alcohol/fact-sheets/binge-drinking.htm



- Alaska
- United States

Percentage of adults who reported binge drinking (four or more [females] or five or more [males] drinks on one occasion in the past 30 days) or heavy drinking (eight or more [females] or 15 or more [males] drinks per week)

<https://www.america'shealthrankings.org/explore/annual/measure/ExcessDrink/state/AK>

Alcohol abuse was indicated to be the number one health concern of survey respondents. Alcohol use was identified by survey respondents as the number one behavior putting adults (90.68%) and youth (87.39%) at risk. Illegal drug use was the second highest concern among respondents.

Source: CCMC 2019 Stakeholder survey question #3

ALCOHOL CHARACTERISTICS			
	VC	AK	UNITED STATES
Estimated Adults Drinking Excessively (Crude Percentage)	26%	18%	17.6%

SUBSTANCE USE AND MENTAL HEALTH			
	Valdez Cordova County	Alaska	United States
Percent of adults Using Illicit Drugs	NA	13.65%	21.4%
Percent with Mental Health Disorders	NA	20.50%	19%

SOURCE:

DIABETES

Diabetes is a chronic disease that occurs when glucose (sugar) levels in the blood are above normal. If not carefully managed, diabetes can cause heart attack, stroke, blindness, and kidney damage.

The percentage of the population with Diagnosed Diabetes in Valdez-Cordova County is higher than both the state of Alaska and the United States. In 2019 it was slightly lower.

DIABETES (ADULT)			
	Valdez-Cordova County	Alaska	United States
Population with Diagnosed Diabetes	11%	8%	10%

Source: County; countyhealthrankings.org/app/Alaska; main.diabetes.org

HEALTH FACTORS: CLINICAL CARE

ACCESS TO CARE

People need equitable access to health care, including physical and behavioral health care services. Access depends on having health insurance coverage, a provider, and transportation to visit a provider. Cordova has a better ratio of both primary care physicians and Mental Health providers (1:590) than the county and the state. And yet access to care is identified as a significant concern by key stakeholders.

	Valdez Cordova	United States
Primary Care Physicians	830:1	1320:1
Mental Health Care Providers	480:1	380:1
Dental Health Care Facilities	2300:1	1400:1
	Alaska	United States
Primary Care Facilities	84	6890
Mental Health Care Facilities	75	5732
Dental Health Care Facilities	69	5035

Countryhealthraknings.org; ada.org;

Survey responses regarding access to care are captured below.

- 36.21% of respondents reported access to healthcare services care as a factor that contributes to health challenges in Cordova (CCMC 2022 Community Survey Question 3).
- 20.69% cited access to a primary care physician as a factor contributing to health challenges in Cordova (CCMC 2020 Community Survey Question 3).
- 28.33% of survey respondents cited lack of understanding of services available or how to access them as a reason people do not get medical care services. (CCMC 2022 Community Survey Question 4)
- 18.64% of respondents say they or someone they know travel outside of Cordova for primary care.

ACCESS TO CARE

Choice of Providers

Given the fact that the topic of healthcare services and design in Cordova has been a part of the community conversation for the past several years, and access is identified as a concern of Cordovans (increasing or maintaining) the following questions were asked in the 2022 CHNA community survey:

Question #9 "On a scale from 1-5, how much do you value having a choice of primary care providers (both CCMC and Illanka)?" Responses below

5-HIGHLY VALUE	4- VALUE	3-SOMEWHAT VALUE	2-SLIGHTLY VALUE	1-DO NOT VALUE	TOTAL
57.26%	27.35%	8.55%	1.71%	5.13%	
67	32	10	2	6	117

Question #10 "On a scale from 1-5, how much do you value having a choice of behavioral health providers (both CCMC and Illanka)?" Responses Below

5-HIGHLY VALUE	4- VALUE	3-SOMEWHAT VALUE	2-SLIGHTLY VALUE	1-DO NOT VALUE	TOTAL
52.54%	22.88%	15.25%	1.69%	7.63%	
62	27	18	2	9	118

INSURANCE COVERAGE

The percent of population uninsured in Valdez-Cordova County is lower than both the state of Alaska and the United States, as seen in the adjacent chart. In 2019, the percentage of uninsured was higher than both Alaska and the US

UNINSURED CORDOVA VALDEZ COUNTY			
	ALASKA	UNITED STATES	
Percent of Population Uninsured	15%	14%	10%

SOURCE: https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2021_AK.pdf

The Valdez-Cordova County figure associated with percent with public coverage (all or partial) is significantly lower than both the state of Alaska and the United States, as seen in the adjacent chart.

	VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
Percent with public coverage (all or partial)	27.5%%	37.6%	35.7%
Medicare coverage	8.2%*	14.2%	18.4%
Medicaid/means tested coverage	7.89%*	24.2%	18.9%
Military coverage	1.72%*	4.2%	3.5%%

SOURCE: <https://www.census.gov/library/publications/2022/demo/p60-8.htm>

<https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?>

Survey responses regarding insurance coverage:

- 55.83% of respondents indicated that cost was a factor that contributed to health care challenges in Cordova. (question #4)
- 37.50% of respondents said cost was a factor in individuals not getting the mental health care they need. (question #5)
- 20% of respondents said CCMC should, in collaboration with other partners, help people get health insurance. This ranked 10th out of 14 in the list of responses.

HEALTH FACTORS: SOCIAL AND ECONOMIC FACTORS

EDUCATION

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health.

POPULATION 25 YEARS AND OVER EDUCATIONAL ATTAINMENT			
	VALDEZ- CORDOVA COUNTY	ALASKA	UNITED STATES
Less than 9th grade	1.3%	2.2%	4.8%
9th to 12th grade, no diploma	2.8%	4.5%	5.9%
High school graduate (includes equivalency)	28%	27.9%	26.3%
Some college, no degree	26.5%	24.3%	19.3%
Associate's degree	8.7%	8.3%	8.8%
Bachelor's degree	23.1%	20.9%	21.2%
Graduate or professional degree	9.6%	11.9%	13.8%

SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates: : 2021 ACS 1 year estimate

ENGLISH PROFICIENCY (LINGUISTICALLY ISOLATED HOUSEHOLDS)

According to the U.S. Census Bureau, a linguistically isolated household (or "limited English- speaking household") is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English.

PERCENT LINGUISTICALLY ISOLATED POPULATION		
VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
8.3%	16%	21.3%

SOURCE: United States Census Bureau, American Community Survey. 2013-17.

EMPLOYMENT

The unemployment rate for Valdez-Cordova County is higher than the state of Alaska and slightly higher as compared to the United States as indicated in the adjacent chart.

UNEMPLOYMENT RATE		
VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
6.1%	4.4%	3.7%

SOURCE: United States Department of Labor, Bureau of Labor Statistics 2021

INCOME

Higher income and social status are linked to better health. The percentage of the population in Valdez-Cordova County receiving a wage or salary income is lower as compared to both the state of Alaska and the United States. Also, the median income figures and the percent population in poverty in Valdez-Cordova County are both lower as compared to both the state of Alaska and the United States.

MEDIAN AND PER CAPITA INCOME IN THE PAST 12 MONTHS (IN 2017 INFLATION-ADJUSTED DOLLARS)				
		VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
MEDIAN	FAMILY	\$79,867	\$77,845	\$69,717
PER CAPITA INCOME		\$62,267	\$39,509	\$38.332

SOURCE: U.S. Census Bureau, 20221 American Community Survey 1-Year Estimates; <https://datausa.io/profile/geo/valdez-cordova-census-area-ak>

The federal poverty definition consists of a series of thresholds based on family size and composition. In calendar year 2021, a family of two adults and two children fell in the "poverty" category if their annual income fell below \$27,450.

POVERTY POPULATION				
		VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
Percent	Population Under	8.1%	12.4%	16.9%
Age 18 in Poverty				
Percent	Population in	7.8%	10.5%	12.8%
Poverty				

SOURCE: United States Census Bureau, American Community Survey. 2021 1 year estimate

PERCENTAGE RECEIVING PUBLIC ASSISTANCE INCOME			
	VALDEZ- CORDOVA COUNTY	ALASKA	UNITED STATES
With public assistance income	4.3%	6.3%	2.56%
With cash public assistance or Food Stamps/ Supplemental Nutrition Assistance Program (SNAP)	9.1%	16.6%	12.6%
With Social Security income	23.1%	21.2%	30.56%
With Supplemental Social Security income	2.7%	4.5%	5.4%

SOURCE: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

PERCENT FREE/REDUCED PRICE LUNCH ELIGIBLE		
VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
43%	43%%	52%

SOURCE: <https://www.countyhealthrankings.org/app/alaska/2021/measure/factors/65/data>

SAFETY AND VIOLENCE

According to Alaska's 2018 State Health Assessment (SHA) report, "many people feel safe in their community, and Alaska experiences less violence than most other states (ranked 14th in the country). Aggravated assault, robbery, and rape are the most common serious violent crimes. Violent crime has been decreasing over time."

The violent crime rates in Valdez-Cordova County are much more attractive than those in both the state of Alaska and the United States.

VIOLENT CRIME RATE (PER 100,000 POP.)		
VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
316	720	386

<https://www.countyhealthrankings.org/explore-health-rankings2021>

HOUSING

The percentages associated with Valdez-Cordova County of owner and renter occupied housing units reflected in the adjacent table are more favorable as compared to the state of Alaska and the United States.

PERCENT OWNER-OCCUPIED AND RENTER-OCCUPIED HOUSING UNITS					
			VALDEZ-CORDOVA COUNTY	ALASKA	UNITED STATES
Owner units	occupied	housing	74.6%	64.3%	64%
Renter units	occupied	housing	25.4%	35.7%	36%

SOURCE: <https://data.rgj.com/american-community-survey/valdez-cordova-census-area-alaska/labor-statistics/unemployed-civilians/num/05000US02261/area/>

ACCESS TO PHYSICAL ACTIVITY

Key respondents did not cite access to physical activities as a factor in health challenges in Cordova although scores on the county health rankings indicate that the county scores low in this area. Access to healthy food (50.42%) was cited as a barrier to health and information about healthy lifestyles (31.58%) were identified in several responses about what CCMC should focus on in the survey and in the prioritization meeting.

RECREATION AND FITNESS FACILITY ACCESS ESTABLISHMENTS, RATE PER 100,000 POPULATION		
VC	ALASKA	UNITED STATES
100%	100%	84%

<https://www.countyhealthrankings.org/explore-health-rankings> 2021

According to the County Health Rankings and Roadmap, in Valdez-Cordova Census Area, Alaska, 100% of people lived close to a park or recreation facility.

APPENDIX 2: COMMUNITY NEEDS INDEX

In 2005 Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every ZIP Code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The CNI found a high correlation (95.5%) between hospitalization rates and CNI scores. Admission rates for the most highly needy communities, CNI of 5.0, are more than 60% higher than communities with the lowest need, CNI of 1.0.

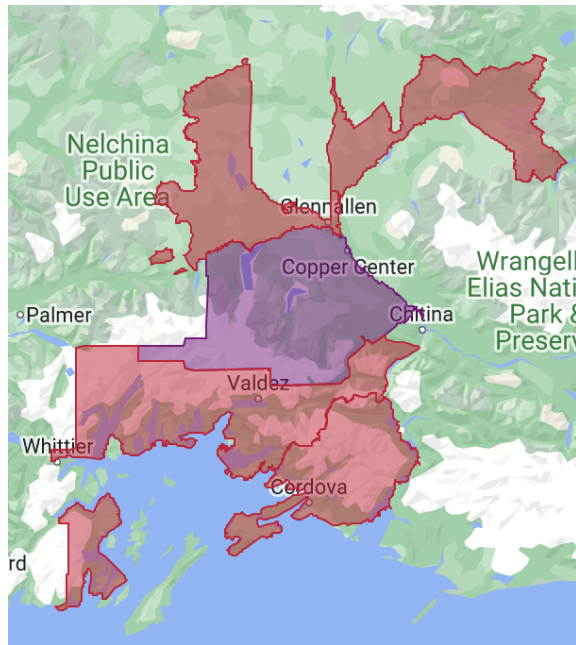
The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community. The five barriers are listed below along with the individual statistics that are analyzed for each barrier.

COMMUNITY NEED INDEX (CNI)	
Barriers to healthcare access	Indicator(s) of Underlying Causes of Health Disparity
Income	Percentage of households below poverty line, with head of household age 65 or more
	Percentage of families with children under 18 below poverty line
	Percentage of single female-headed families with children under 18 below poverty line
Cultural	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
Education	Percentage of population over 25 without a high school diploma
Insurance	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
Housing	Percentage of households renting their home

SOURCE: <http://cni.chw-interactive.org/>; Community Need Index Methodology and Source Notes; 2019

A score of 1.0 indicates a ZIP Code with the least need, while a score of 5.0 represents a ZIP Code with the most need. Valdez-Cordova (VC) County has both a CNI Score Median and Mode of 3.4.

According to the Community Need Index, Cordova Community Medical Center's community of Cordova is in the second highest level of need.



Community Need Index			
CNI Need Scale	CNI Score	Population	City
1 – 1.7 = Lowest	-	-	-
1.8 – 2.5 = 2nd Lowest	-	-	-
2.6 – 3.3 = Mid	3.2	1,767	Copper Center
3.4 – 4.1 = 2nd Highest	3.4	2,127	Cordova
	3.4	733	Glennallen
	3.8	323	Gakona
	3.8	4,284	Valdez
4.2 – 5 = Highest	-	-	-

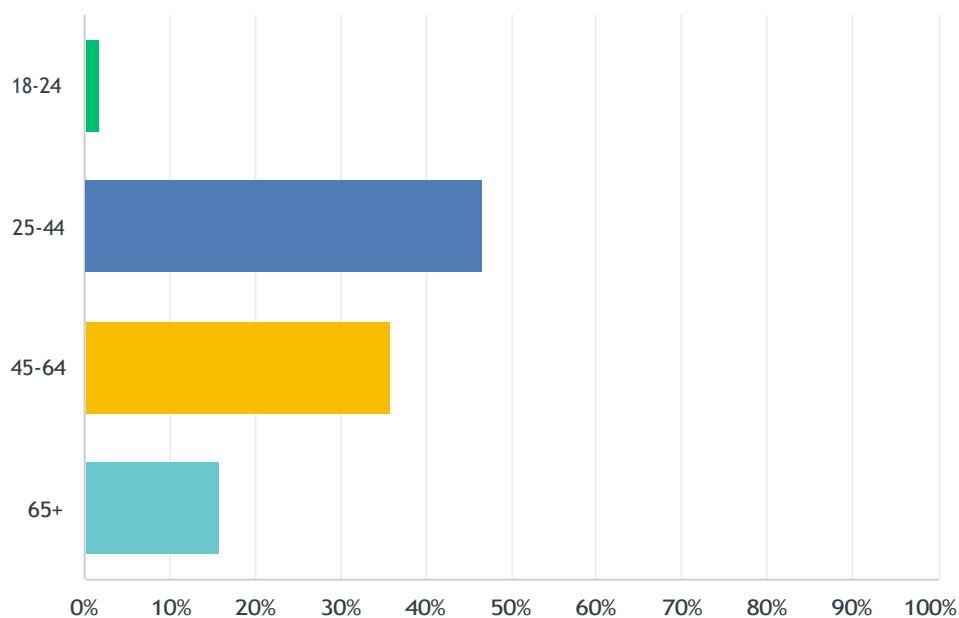
SOURCE: <http://cni.dignityhealth.org/>

APPENDIX 3: COMMUNITY SURVEY

Attached is a copy of the Cordova Community Medical Center CHNA Survey results

Q1 * Please tell us a little about yourself: Age

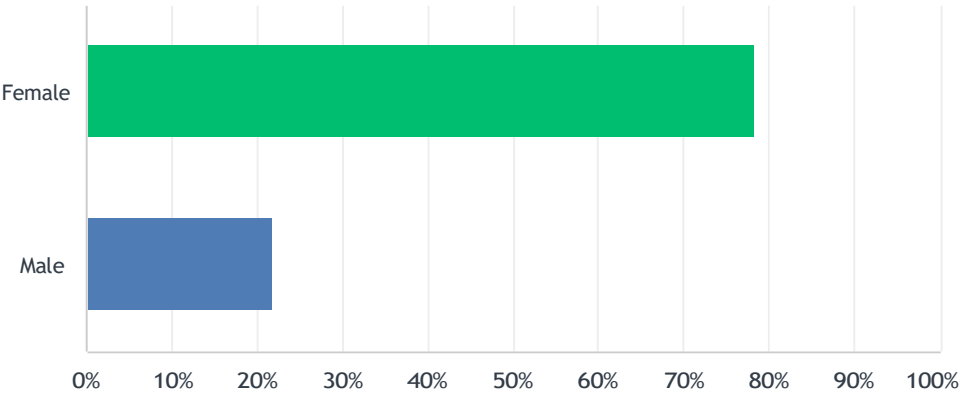
Answered: 120 Skipped: 0



ANSWER CHOICES	RESPONSES	
18-24	1.67%	2
25-44	46.67%	56
45-64	35.83%	43
65+	15.83%	19
Total Respondents: 120		

Q2 Gender

Answered: 119 Skipped: 1



ANSWER CHOICES	RESPONSES	
Female	78.15%	93
Male	21.85%	26
Total Respondents: 119		

Q3 Zip Code

Answered: 118 Skipped: 2

#	RESPONSES	DATE
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3	99574	10/28/2022 2:05 PM
4	99574	10/28/2022 1:57 PM
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6	99574	10/26/2022 11:05 AM
7	99574	8/12/2022 1:13 PM
8	99574	8/12/2022 12:11 AM
9	99574	8/11/2022 10:56 AM
10	99574	8/8/2022 7:21 PM
11	99574	8/8/2022 6:49 PM
12	99574	8/6/2022 7:08 PM
13	99574	8/5/2022 12:48 PM
14	99574	8/5/2022 12:51 AM
15	99574	8/4/2022 10:40 PM
16	99574	8/4/2022 4:06 PM
17	99574	8/4/2022 2:55 PM
18	99574	8/4/2022 2:07 PM
19	99574	8/4/2022 12:12 PM
20	99574	8/4/2022 11:57 AM
21	99574	8/4/2022 11:33 AM
22	99574	8/4/2022 10:32 AM
23	99574	8/4/2022 2:25 AM
24	99574	8/4/2022 1:53 AM
25	99574	8/4/2022 1:21 AM
26	99574	8/3/2022 11:43 PM
27	99574	8/3/2022 10:34 PM
28	99574	8/3/2022 10:30 PM
29	99574	8/3/2022 8:30 PM
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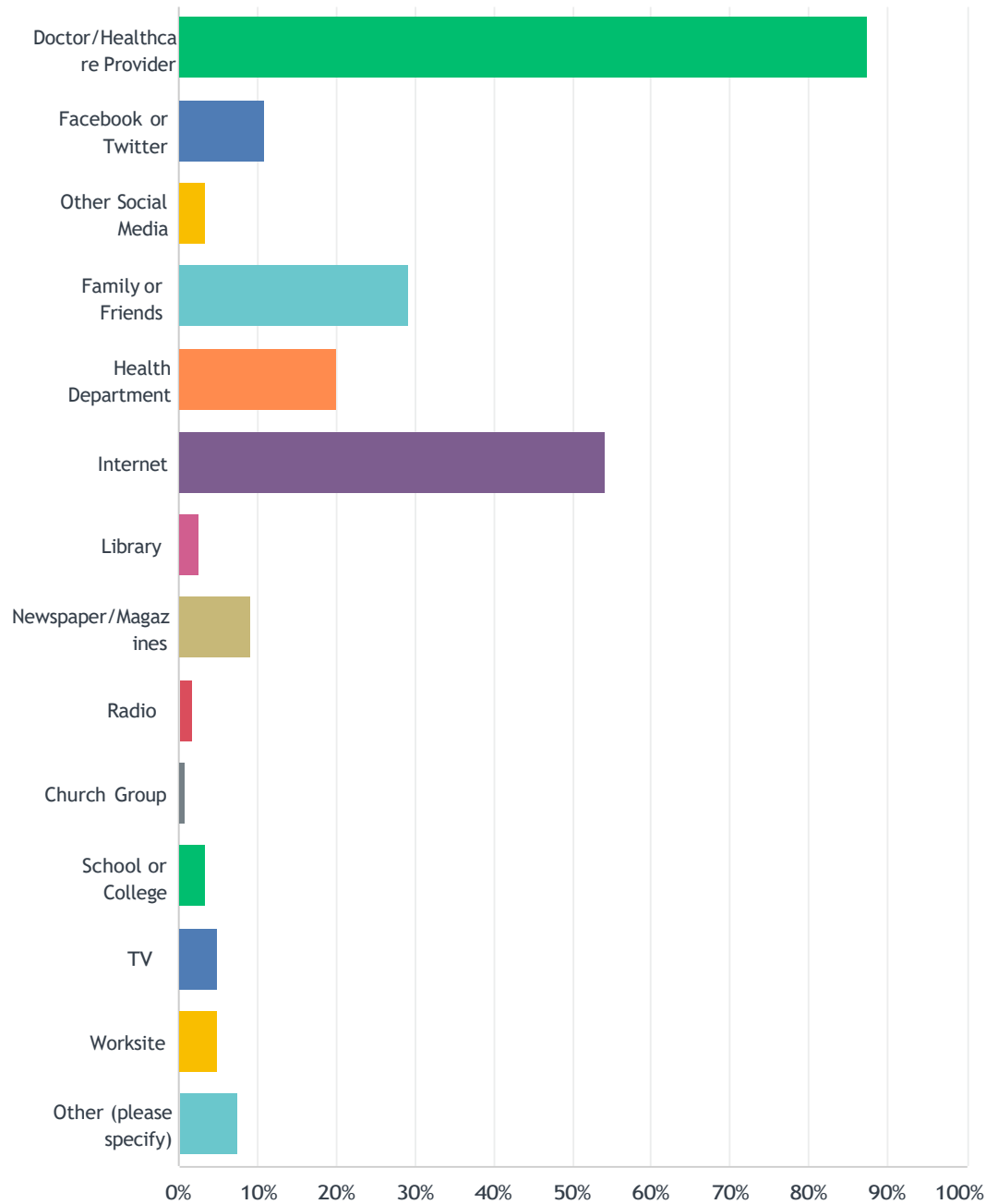
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41	99574	7/28/2022 3:25 PM
42	99574	7/28/2022 2:55 PM
43	99574	7/28/2022 12:27 PM
44	99574	7/28/2022 8:39 AM
45	99574	7/28/2022 3:39 AM
46	99574	7/27/2022 10:47 PM
47	99574	7/27/2022 9:30 PM
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50	99574	7/27/2022 6:48 PM
51	99574	7/23/2022 2:07 AM
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56	99574	7/20/2022 6:43 PM
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113	99574	6/17/2022 1:11 PM
114	99574	6/15/2022 8:51 PM
115	99574	6/15/2022 7:05 PM
116	99574	6/15/2022 5:50 PM
117	99574	6/15/2022 5:45 PM
118	99574	6/15/2022 5:35 PM

Q4 * Where do you get most of your health information? (Check all that apply.)

Answered: 120 Skipped: 0

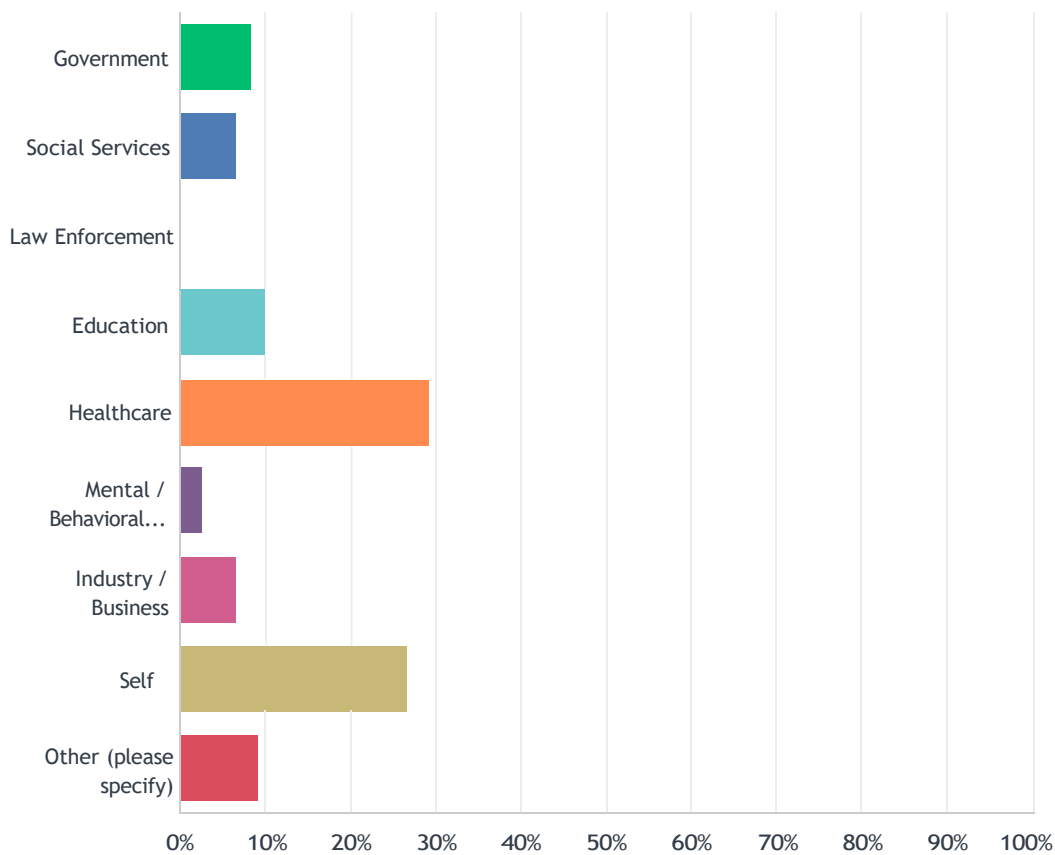


ANSWER CHOICES	RESPONSES	
Doctor/Healthcare Provider	87.50%	105
Facebook or Twitter	10.83%	13
Other Social Media	3.33%	4
Family or Friends	29.17%	35
Health Department	20.00%	24
Internet	54.17%	65
Library	2.50%	3
Newspaper/Magazines	9.17%	11
Radio	1.67%	2
Church Group	0.83%	1
School or College	3.33%	4
TV	5.00%	6
Worksite	5.00%	6
Other (please specify)	7.50%	9
Total Respondents: 120		

#	OTHER (PLEASE SPECIFY)	DATE
1	Merck manual on Health & Aging	10/28/2022 1:57 PM
2	Ayurveda	8/4/2022 4:06 PM
3	medical studies	8/3/2022 10:30 PM
4	YouTube	7/30/2022 5:24 PM
5	podcasts	7/29/2022 1:20 PM
6	Uptodate, Lexicomp	6/30/2022 2:43 PM
7	Insurance provider	6/24/2022 3:53 PM
8	Peer reviewed medical journals	6/23/2022 4:42 PM
9	NPR	6/17/2022 1:11 PM

Q5 Please tell us if you are associated with any of the organizations below.

Answered: 120 Skipped: 0



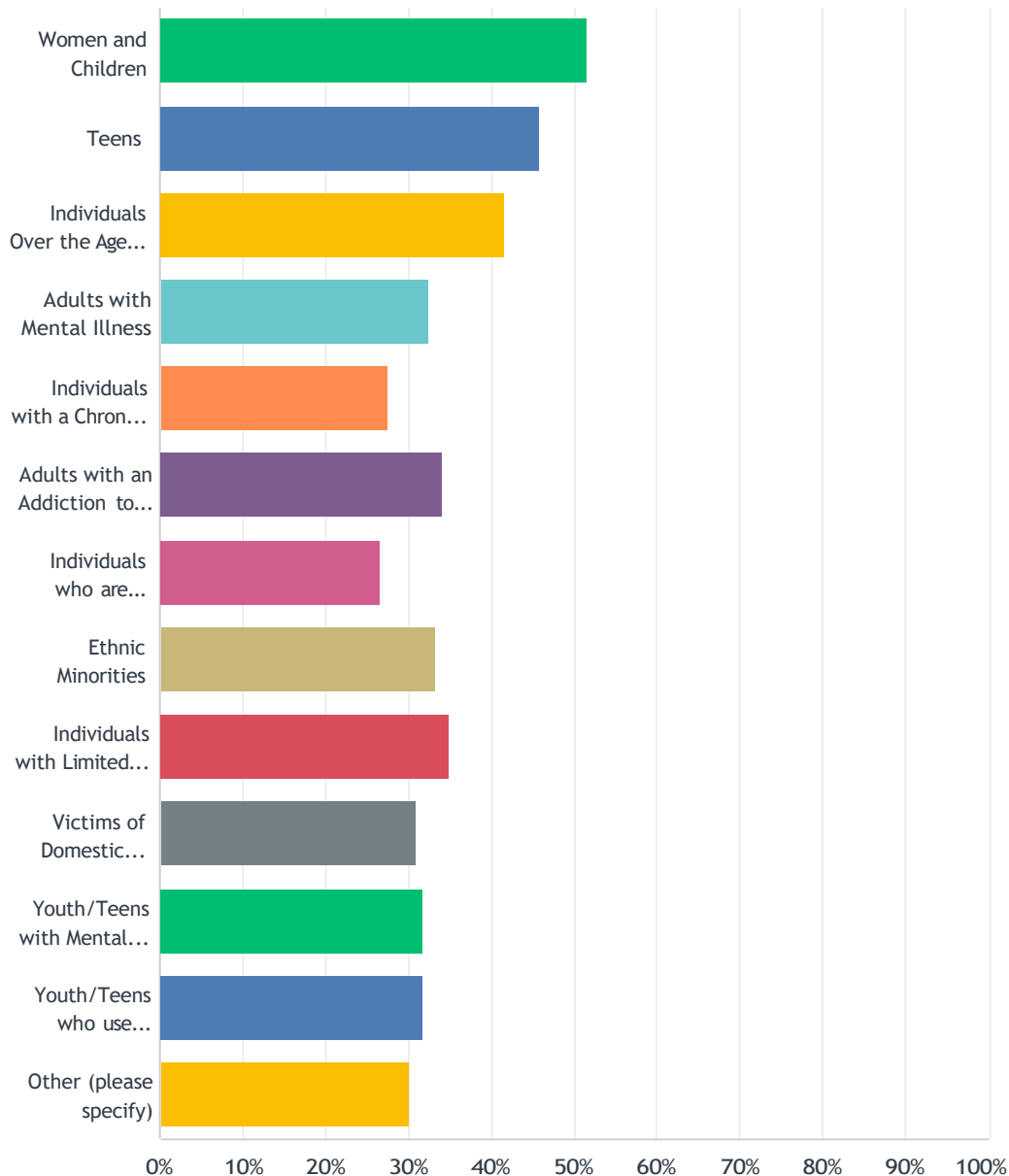
ANSWER CHOICES	RESPONSES	
Government	8.33%	10
Social Services	6.67%	8
Law Enforcement	0.00%	0
Education	10.83%	13
Healthcare	29.17%	35
Mental / Behavioral Health	2.50%	3
Industry / Business	6.67%	8
Self	26.67%	32
Other (please specify)	9.17%	11
TOTAL		120

#	OTHER (PLEASE SPECIFY)	DATE
1	volunteer librarian at elementary school library	10/28/2022 1:57 PM

2	non profit	8/11/2022 10:56 AM
3	Airlines	8/6/2022 7:08 PM
4	Cultural	8/4/2022 2:07 PM
5	na	8/3/2022 10:30 PM
6	natural resources	7/22/2022 8:53 PM
7	This question is very unclear—associated in what way? Employment, household,	7/6/2022 4:36 PM
8	None	6/26/2022 1:31 AM
9	Non-profit, science	6/24/2022 12:25 PM
10	None	6/23/2022 4:07 PM
11	Religious	6/23/2022 2:06 PM

Q6 If you are associated with an organization, please tell us if your organization provides services or programs to any of the populations listed below. Feel free to add any other populations you serve! (select all that apply)

Answered: 120 Skipped: 0



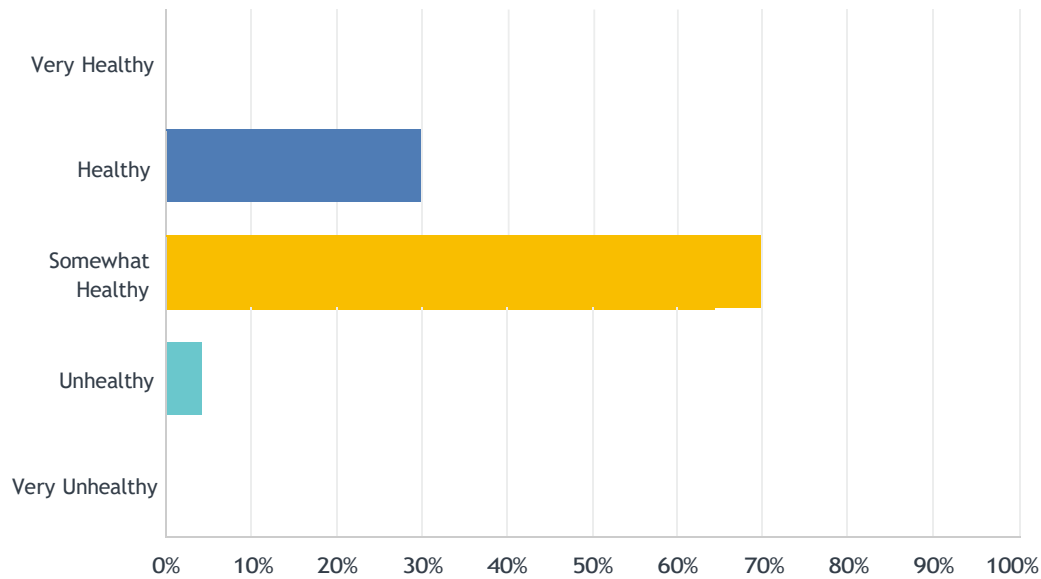
ANSWER CHOICES	RESPONSES	
Women and Children	51.67%	62
Teens	45.83%	55
Individuals Over the Age of 65	41.67%	50
Adults with Mental Illness	32.50%	39
Individuals with a Chronic Disease	27.50%	33
Adults with an Addiction to Alcohol, Tobacco, Marijuana, Illegal Drugs, and/or Misuse of Prescription Drugs	34.17%	41
Individuals who are Homeless	26.67%	32
Ethnic Minorities	33.33%	40
Individuals with Limited English Proficiency	35.00%	42
Victims of Domestic Violence, Child Abuse/Neglect and/or Elder Abuse/Neglect	30.83%	37
Youth/Teens with Mental Illness	31.67%	38
Youth/Teens who use Alcohol, Tobacco, and/or Illegal drugs	31.67%	38
Other (please specify)	30.00%	36
Total Respondents: 120		

#	OTHER (PLEASE SPECIFY)	DATE
1	none	10/28/2022 2:50 PM
2	none	10/28/2022 2:05 PM
3	volunteer at elementary school library	10/28/2022 1:57 PM
4	self	10/26/2022 11:13 AM
5	self	10/26/2022 11:05 AM
6	N/a	8/12/2022 12:11 AM
7	volunteer stewardship activities for all ages	8/11/2022 10:56 AM
8	NA	8/6/2022 7:08 PM
9	education for PK-6 youth	8/5/2022 12:48 PM
10	NA	8/4/2022 10:40 PM
11	N/a	8/4/2022 2:55 PM
12	Na	8/4/2022 2:25 AM
13	Self	8/4/2022 1:21 AM
14	na	8/3/2022 10:30 PM
15	N/A	7/30/2022 6:14 PM
16	none	7/30/2022 5:24 PM
17	N/A	7/29/2022 7:47 PM
18	Healthcare options through City-owned hospital	7/29/2022 2:26 PM
19	N/A	7/27/2022 9:12 PM
20	general population	7/22/2022 8:53 PM

21	None	7/20/2022 6:43 PM
22	Currently limited in program delivery	7/13/2022 3:55 PM
23	Again, not at all leaf on how to answer this. Associated how with an organization? Through volunteer service, through employment, through kids in school?	7/6/2022 4:36 PM
24	n/a	6/30/2022 12:21 PM
25	none	6/30/2022 10:24 AM
26	None	6/26/2022 1:31 AM
27	Healthy food options	6/25/2022 11:27 PM
28	Not associated with an organization	6/25/2022 12:11 PM
29	None	6/25/2022 1:51 AM
30	None	6/23/2022 10:43 PM
31	Na	6/23/2022 5:30 PM
32	None	6/23/2022 4:07 PM
33	Not associated with any organization	6/23/2022 3:31 PM
34	None	6/23/2022 3:13 PM
35	All ages Native Alaskans	6/23/2022 2:29 PM
36	grants to non-profits (some of the above services benefit)	6/21/2022 5:16 PM

Q7 Question #1 How would you rate the general health of the people in Cordova?

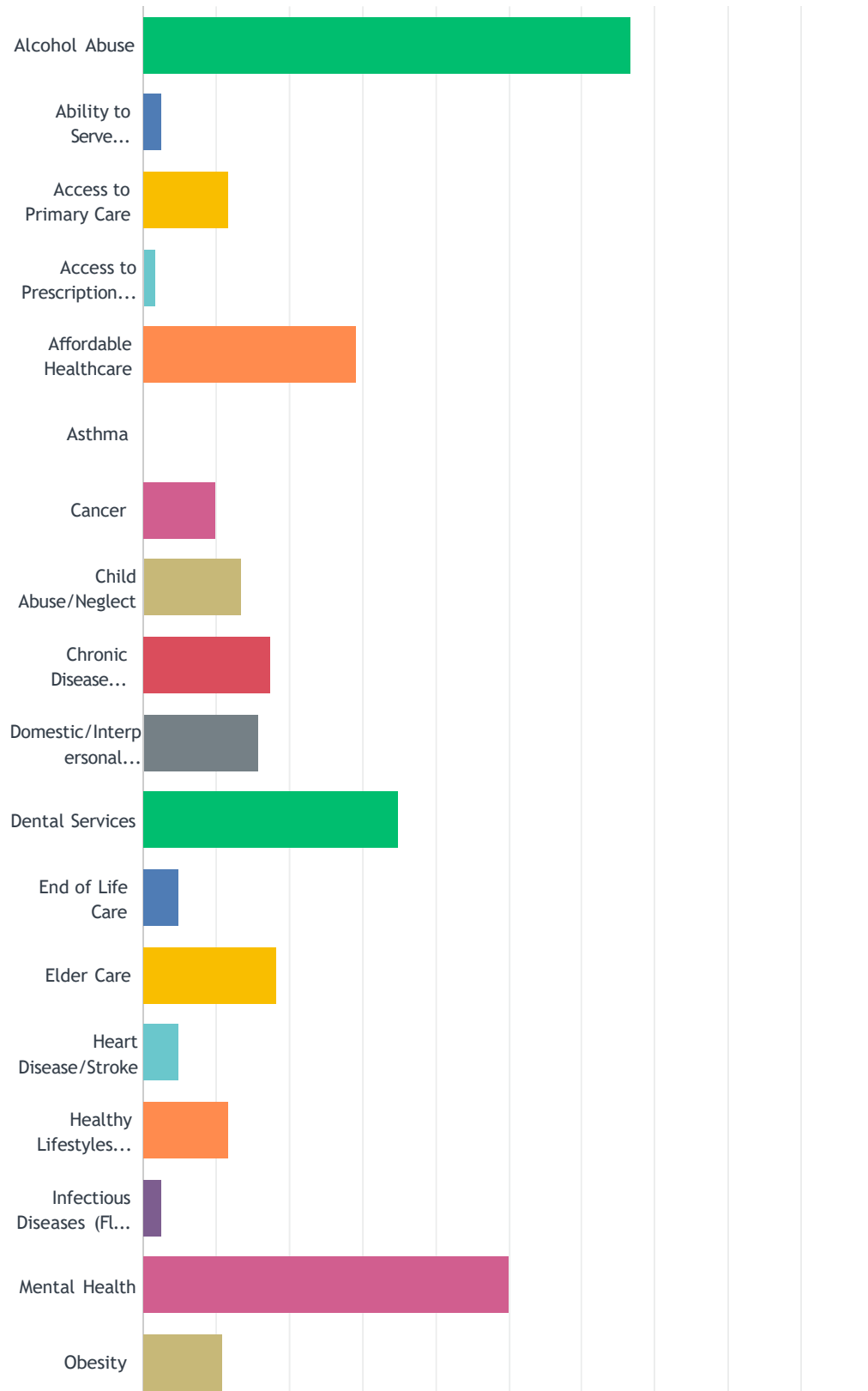
Answered: 118 Skipped: 2

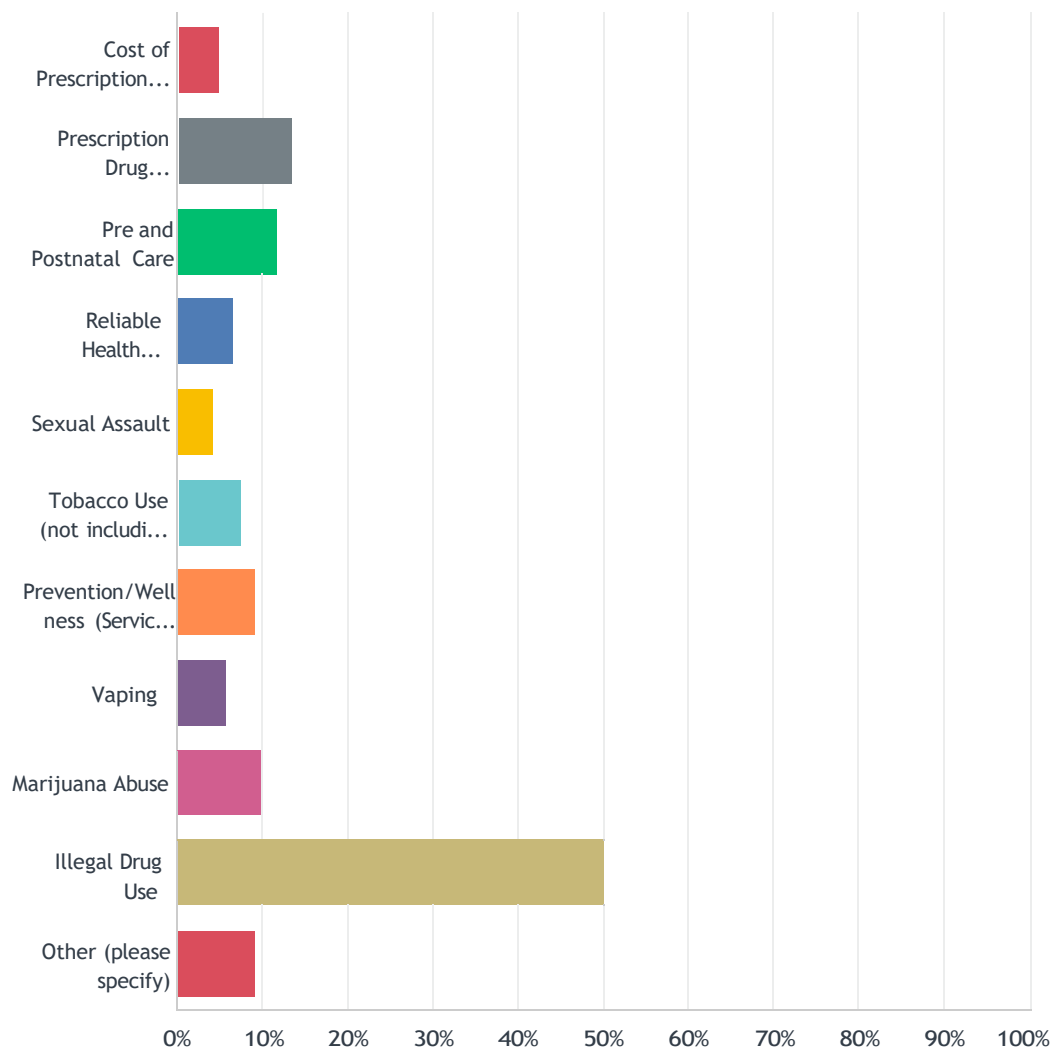


ANSWER CHOICES	RESPONSES	
Very Healthy	1.69%	2
Healthy	29.66%	35
Somewhat Healthy	64.41%	76
Unhealthy	4.24%	5
Very Unhealthy	0.00%	0
TOTAL		118

Q8 Question #2 Please indicate your top 3 to 5 biggest health concerns in Cordova.

Answered: 120 Skipped: 0





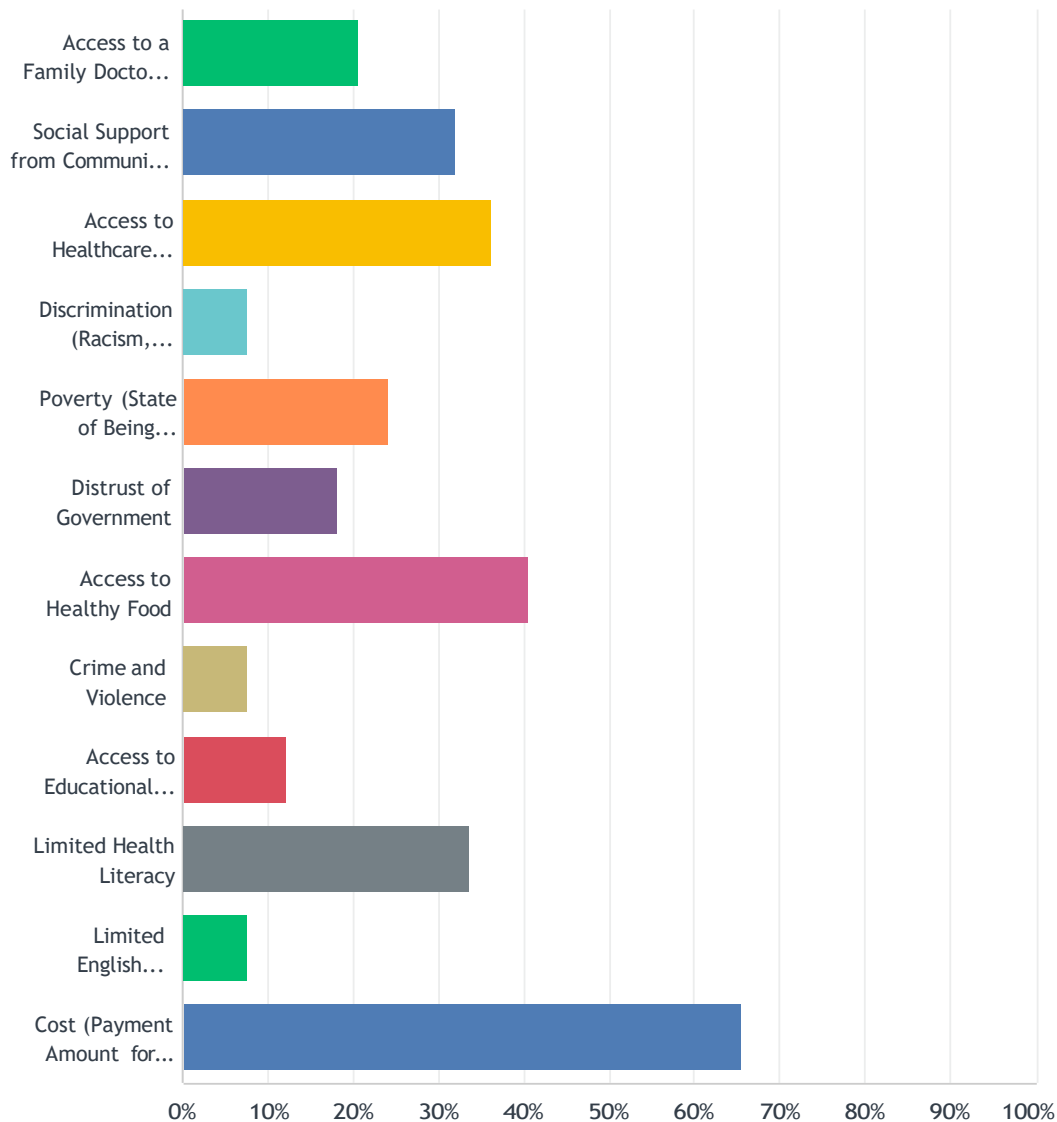
ANSWER CHOICES		RESPONSES	
Alcohol Abuse		66.67%	80
Ability to Serve Individuals Across a Wide Variety of Languages and Cultures		2.50%	3
Access to Primary Care		11.67%	14
Access to Prescription Medications		1.67%	2
Affordable Healthcare		29.17%	35
Asthma		0.00%	0
Cancer		10.00%	12
Child Abuse/Neglect		13.33%	16
Chronic Disease Management (such as Diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Autoimmune Diseases)		17.50%	21
Domestic/Interpersonal Violence		15.83%	19
Dental Services		35.00%	42
End of Life Care		5.00%	6
Elder Care		18.33%	22
Heart Disease/Stroke		5.00%	6
Healthy Lifestyles (Exercise and Nutrition)		11.67%	14
Infectious Diseases (Flu, TB, Measles etc.)		2.50%	3
Mental Health		50.00%	60
Obesity		10.83%	13
Cost of Prescription Medication		5.00%	6
Prescription Drug Misuse/Abuse		13.33%	16
Pre and Postnatal Care		11.67%	14
Reliable Health Information		6.67%	8
Sexual Assault		4.17%	5
Tobacco Use (not including Vaping)		7.50%	9
Prevention/Wellness (Services to Stay Healthy)		9.17%	11
Vaping		5.83%	7
Marijuana Abuse		10.00%	12
Illegal Drug Use		50.83%	61
Other (please specify)		9.17%	11
Total Respondents: 120			

#	OTHER (PLEASE SPECIFY)	DATE
1	expenses to go to Anchorage for care	10/28/2022 2:50 PM

2	I have no idea	10/28/2022 1:57 PM
3	Affordable housing	8/5/2022 12:48 PM
4	Maternity Services, also lack of female doctor in town	8/4/2022 2:55 PM
5	Childcare and family support is #1	8/1/2022 10:40 AM
6	Lack of Covid information	7/30/2022 6:14 PM
7	addictions	7/29/2022 1:20 PM
8	Assisted Living/Home Health Services/Durable Medical Goods	7/5/2022 4:32 PM
9	access to affordable housing	6/29/2022 6:41 PM
10	Adult permissive teen access/use of drugs/alcohol.	6/23/2022 1:53 PM
11	Concerns with lack of surgical availability and OB/GYN	6/20/2022 12:59 PM

Q9 Question #3 What factors or barriers do you believe contribute to the health challenges in Cordova?(select all that apply)

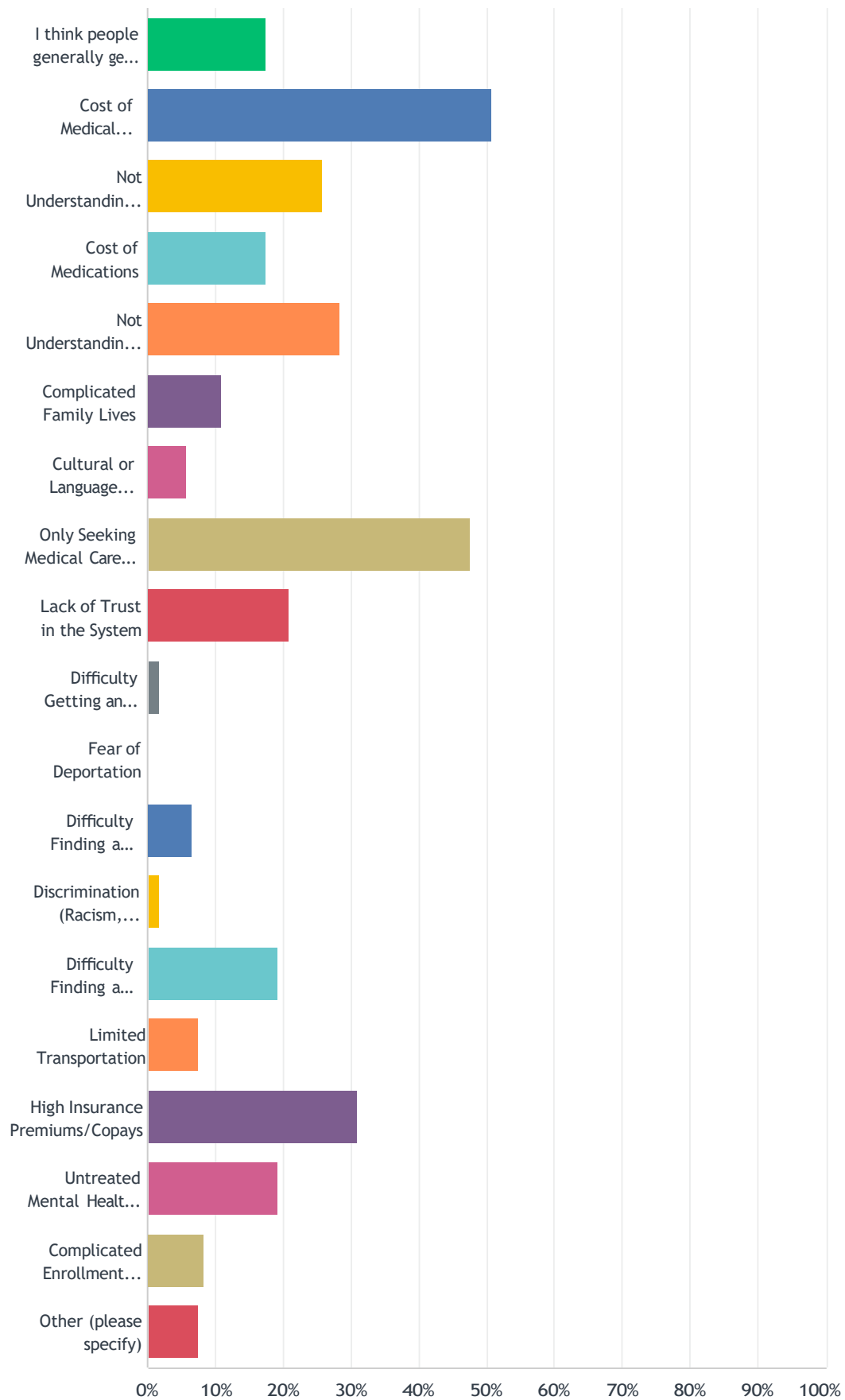
Answered: 116 Skipped: 4



ANSWER CHOICES	RESPONSES	
Access to a Family Doctor (Medical Home)	20.69%	24
Social Support from Community, Family, or Friends	31.90%	37
Access to Healthcare Services	36.21%	42
Discrimination (Racism, Sexism, etc.)	7.76%	9
Poverty (State of Being Extremely Financially Poor)	24.14%	28
Distrust of Government	18.10%	21
Access to Healthy Food	40.52%	47
Crime and Violence	7.76%	9
Access to Educational Opportunities	12.07%	14
Limited Health Literacy	33.62%	39
Limited English Proficiency	7.76%	9
Cost (Payment Amount for Healthcare Services)	65.52%	76
Total Respondents: 116		

Q10 Question #4 What are the top three (3) reasons you think people in Cordova do not get the medical services they need?

Answered: 120 Skipped: 0

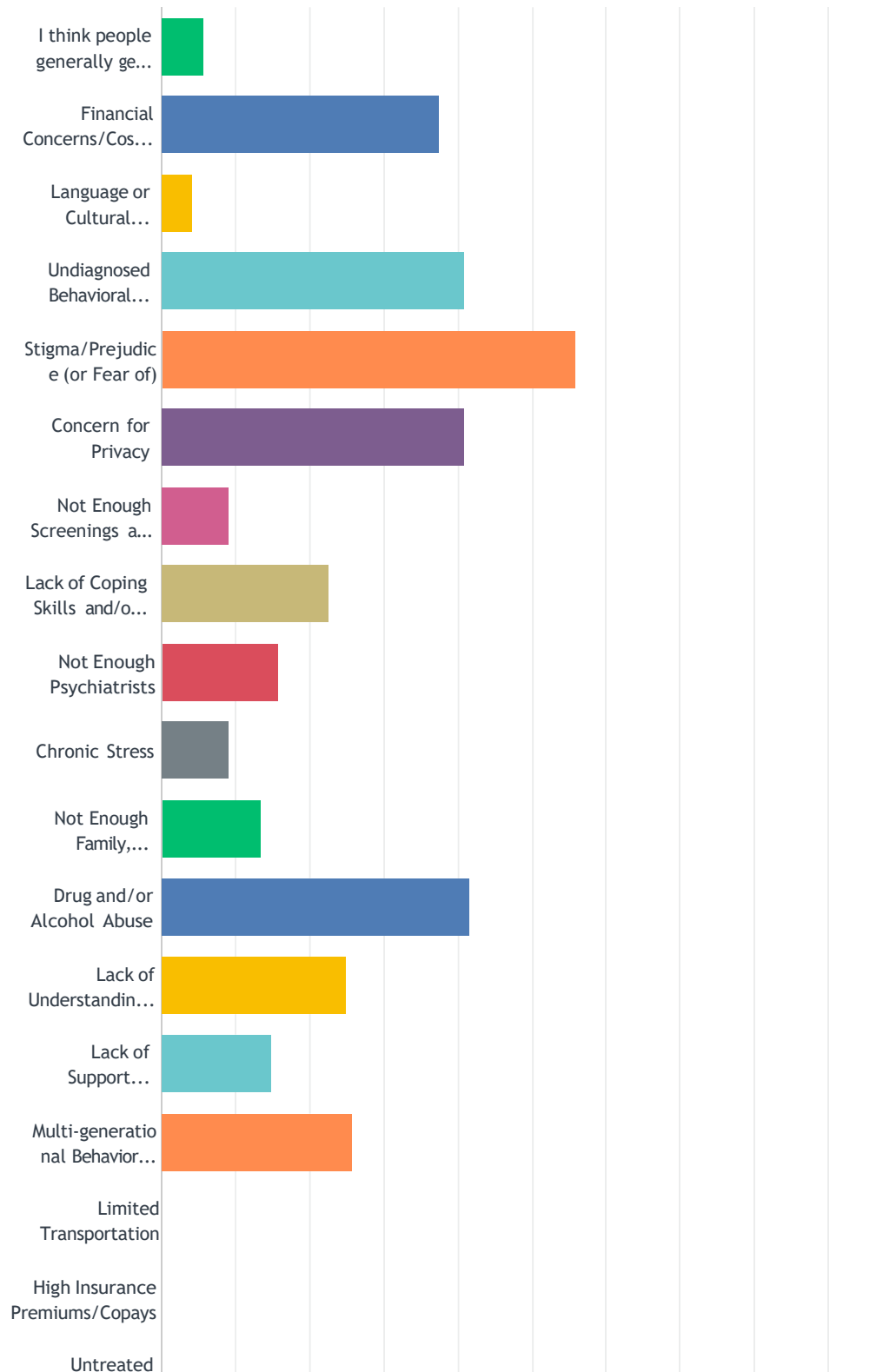


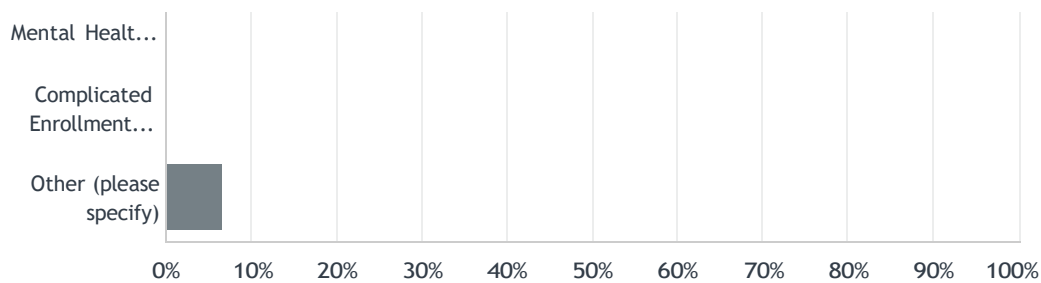
ANSWER CHOICES	RESPONSES	
I think people generally get the Medical Services they need	17.50%	21
Cost of Medical Services	50.83%	61
Not Understanding the Importance of Check-ups	25.83%	31
Cost of Medications	17.50%	21
Not Understanding what Services are Available or How to Access Them	28.33%	34
Complicated Family Lives	10.83%	13
Cultural or Language Barriers	5.83%	7
Only Seeking Medical Care When in Pain or Very Sick	47.50%	57
Lack of Trust in the System	20.83%	25
Difficulty Getting an Appointment When it is Needed	1.67%	2
Fear of Deportation	0.00%	0
Difficulty Finding a Doctor/Medical Provider (Finding a Medical Home)	6.67%	8
Discrimination (Racism, Sexism, etc.)	1.67%	2
Difficulty Finding a Specialist	19.17%	23
Limited Transportation	7.50%	9
High Insurance Premiums/Copays	30.83%	37
Untreated Mental Health Issues	19.17%	23
Complicated Enrollment Process for Health Insurance	8.33%	10
Other (please specify)	7.50%	9
Total Respondents: 120		

#	OTHER (PLEASE SPECIFY)	DATE
1	Lack of drug treatment/rehab center	8/5/2022 12:48 PM
2	Lack of continuity in care	8/4/2022 11:33 AM
3	being dismissed when something is actually wrong and being told repeatedly nothing is.	8/3/2022 10:30 PM
4	Lack of retention and continuity of medical professionals is problematic, in my opinion.	8/1/2022 10:40 AM
5	Consistency of medical providers, too much turnover	7/27/2022 10:47 PM
6	Specialized services like colonoscopies and breast exams require expensive and time-consuming travel to Anchorage or the scheduling of the mobile mammography van for a limited duration in town.	7/22/2022 8:53 PM
7	Bad life choices	6/24/2022 12:48 AM
8	Confidentiality a big issue	6/23/2022 4:21 PM
9	Apathy	6/23/2022 1:53 PM

Q11 Question #5 What are the top three (3) reasons you think people in Cordova do not get the behavioral health (substance abuse/mental health) services they need?

Answered: 120 Skipped: 0





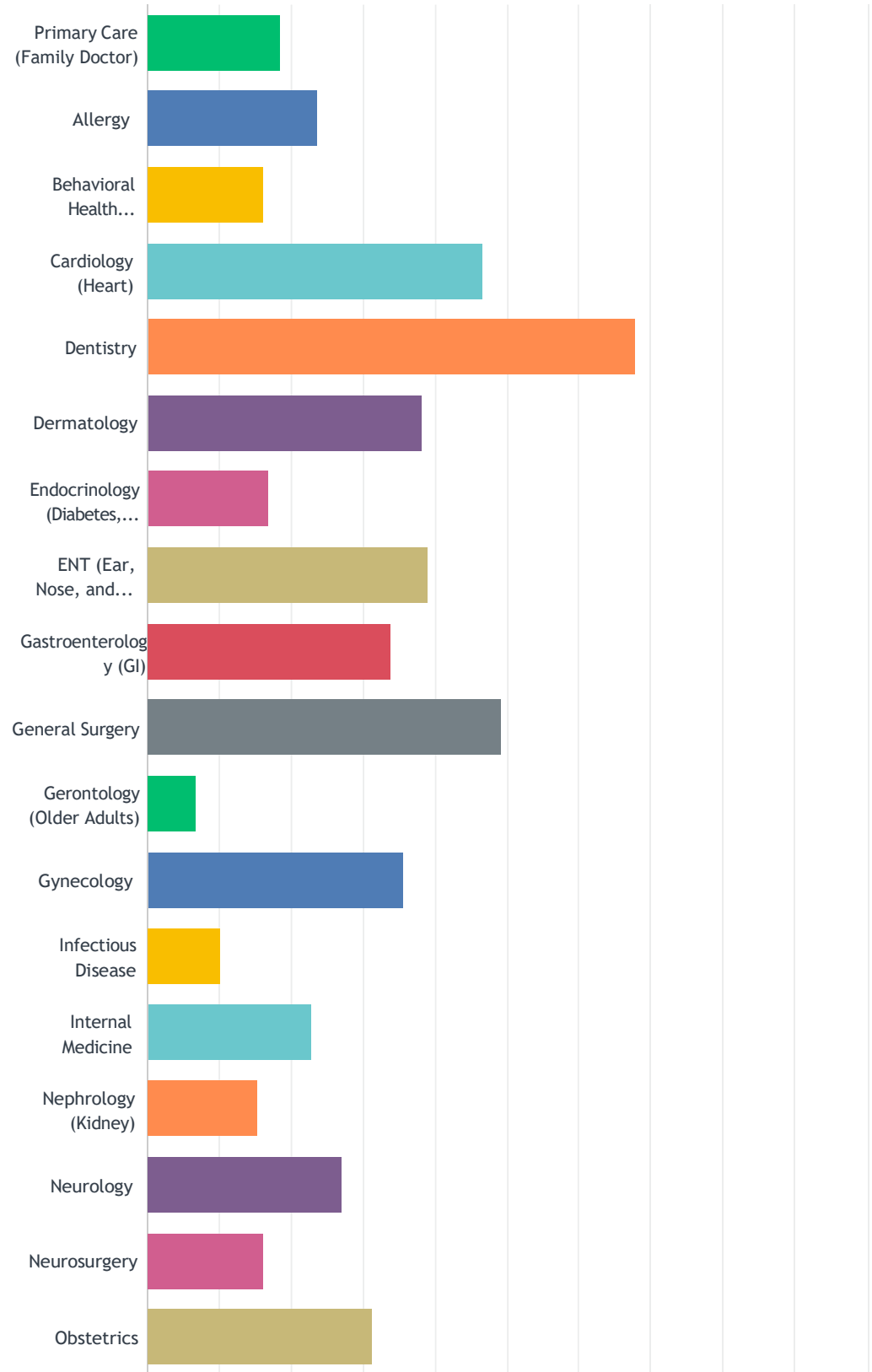
ANSWER CHOICES	RESPONSES	
I think people generally get the Behavioral Health Services they need	5.83%	7
Financial Concerns/Cost of Behavioral Healthcare	37.50%	45
Language or Cultural Barriers	4.17%	5
Undiagnosed Behavioral Health Issues	40.83%	49
Stigma/Prejudice (or Fear of)	55.83%	67
Concern for Privacy	40.83%	49
Not Enough Screenings and Referrals for Mental Health	9.17%	11
Lack of Coping Skills and/or Problem-solving Strategies	22.50%	27
Not Enough Psychiatrists	15.83%	19
Chronic Stress	9.17%	11
Not Enough Family, Individual, or Group Therapy Providers	13.33%	16
Drug and/or Alcohol Abuse	41.67%	50
Lack of Understanding of Behavioral Health Disorders	25.00%	30
Lack of Support (Community, Family, Friends)	15.00%	18
Multi-generational Behavioral Health Issues	25.83%	31
Limited Transportation	0.00%	0
High Insurance Premiums/Copays	0.00%	0
Untreated Mental Health Issues	0.00%	0
Complicated Enrollment Process for Health Insurance	0.00%	0
Other (please specify)	6.67%	8
Total Respondents: 120		

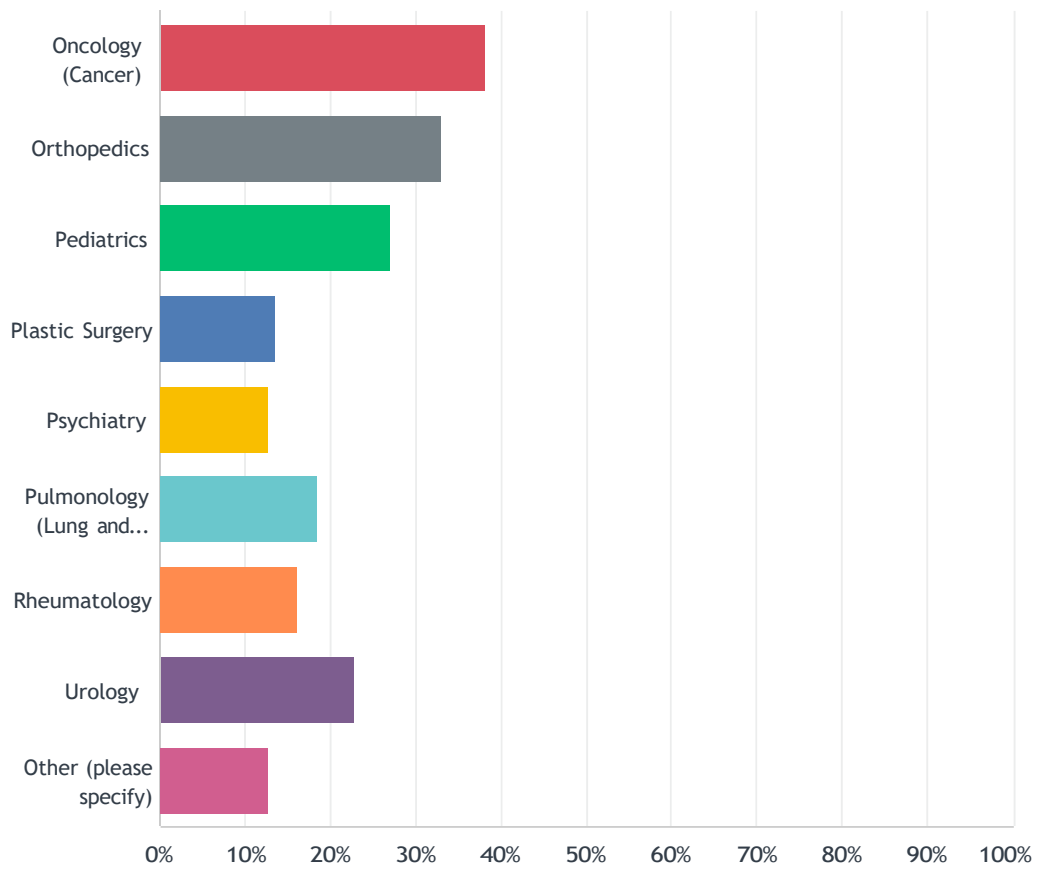
#	OTHER (PLEASE SPECIFY)	DATE
1	Like the book "I am not sick I don't need help"	10/28/2022 1:57 PM
2	NA	10/26/2022 11:13 AM
3	don't think they have a problem	8/11/2022 10:56 AM
4	Literally all of these are major barriers in Cordova	8/4/2022 2:55 PM

5	lack of knowledge on accessing BH/MH services	7/28/2022 3:25 PM
6	They are prolly embarrass that's y they are not going?	6/23/2022 8:04 PM
7	Unless it has changed, a big packet of forms had to be completed before getting an appointment to deal with depression - that was a full stop. It was all I could do to make an appointment and then to be handed a stack of papers to complete before the appointment added made it too overwhelming to continue.	6/23/2022 4:07 PM
8	Fear of speaking up about themselves	6/21/2022 7:42 PM

Q12 Question #6 What doctors/providers do you, your family, or others you know travel outside of Cordova to see? (select all that apply)

Answered: 118 Skipped: 2





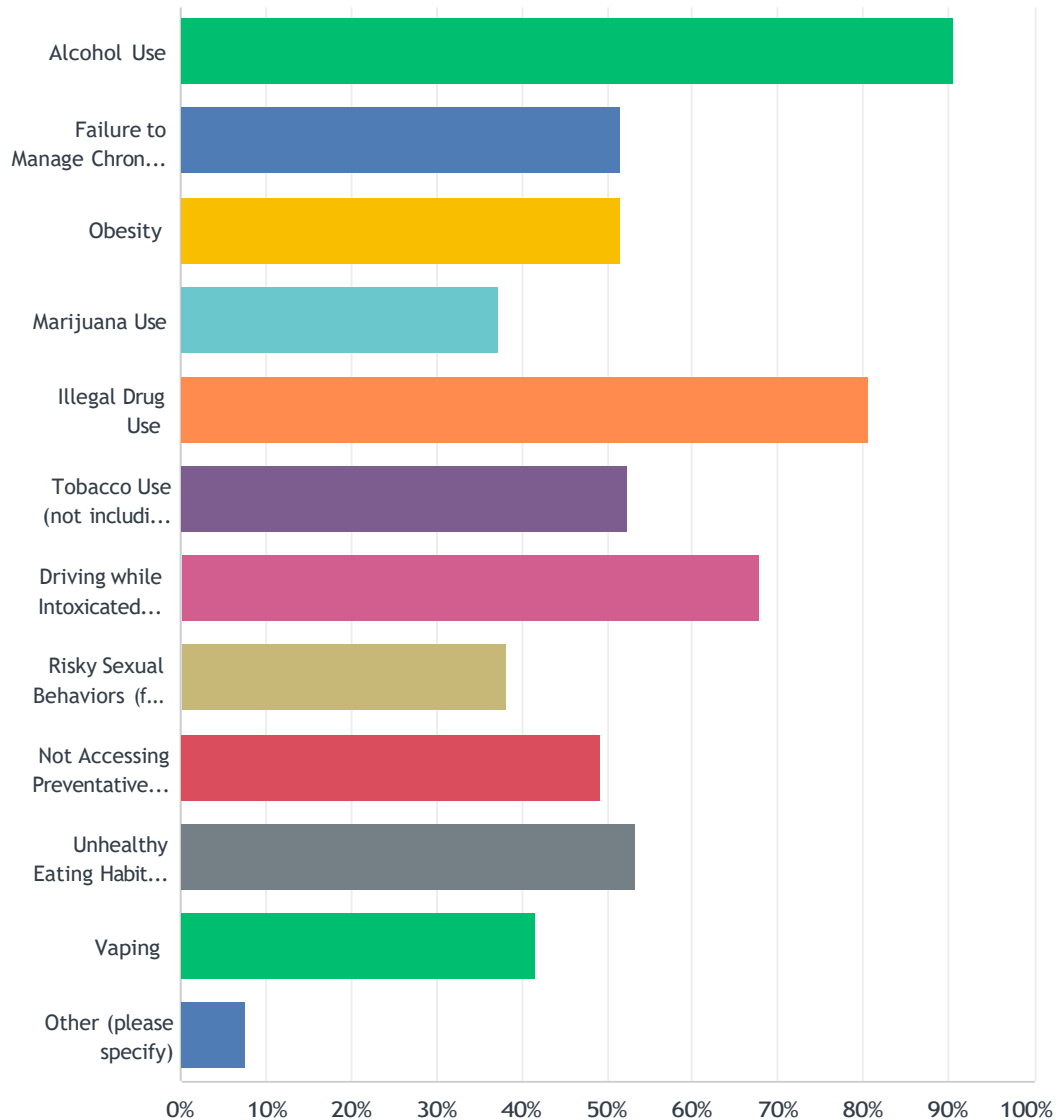
ANSWER CHOICES	RESPONSES	
Primary Care (Family Doctor)	18.64%	22
Allergy	23.73%	28
Behavioral Health Providers, including Mental Health Therapists and Counselors	16.10%	19
Cardiology (Heart)	46.61%	55
Dentistry	67.80%	80
Dermatology	38.14%	45
Endocrinology (Diabetes, Thyroid)	16.95%	20
ENT (Ear, Nose, and Throat)	38.98%	46
Gastroenterology (GI)	33.90%	40
General Surgery	49.15%	58
Gerontology (Older Adults)	6.78%	8
Gynecology	35.59%	42
Infectious Disease	10.17%	12
Internal Medicine	22.88%	27
Nephrology (Kidney)	15.25%	18
Neurology	27.12%	32
Neurosurgery	16.10%	19
Obstetrics	31.36%	37
Oncology (Cancer)	38.14%	45
Orthopedics	33.05%	39
Pediatrics	27.12%	32
Plastic Surgery	13.56%	16
Psychiatry	12.71%	15
Pulmonology (Lung and Respiratory)	18.64%	22
Rheumatology	16.10%	19
Urology	22.88%	27
Other (please specify)	12.71%	15
Total Respondents: 118		

#	OTHER (PLEASE SPECIFY)	DATE
1	knees and back	10/28/2022 2:50 PM
2	none at this time	8/12/2022 1:13 PM
3	Natural Health	8/8/2022 6:49 PM
4	None currently	8/6/2022 7:08 PM

5	Vision	8/5/2022 12:48 PM
6	None	8/4/2022 11:57 AM
7	Maternity	8/3/2022 8:30 PM
8	Chiropractic	8/1/2022 10:40 AM
9	radiology/mammogram	7/28/2022 3:25 PM
10	Anything that requires an MRI	7/27/2022 6:48 PM
11	Cancer treatments	6/24/2022 12:16 AM
12	Orthodontist	6/23/2022 4:07 PM
13	I don't travel outside Cordova for medical care	6/23/2022 3:31 PM
14	Hypnosis	6/23/2022 2:27 PM
15	it would be beneficial to have basic medicine here in Cordova for people not have to travel	6/21/2022 7:42 PM

Q13 Question #7 What behaviors put adults (over age 18) in Cordova at risk?(select all that apply)

Answered: 118 Skipped: 2

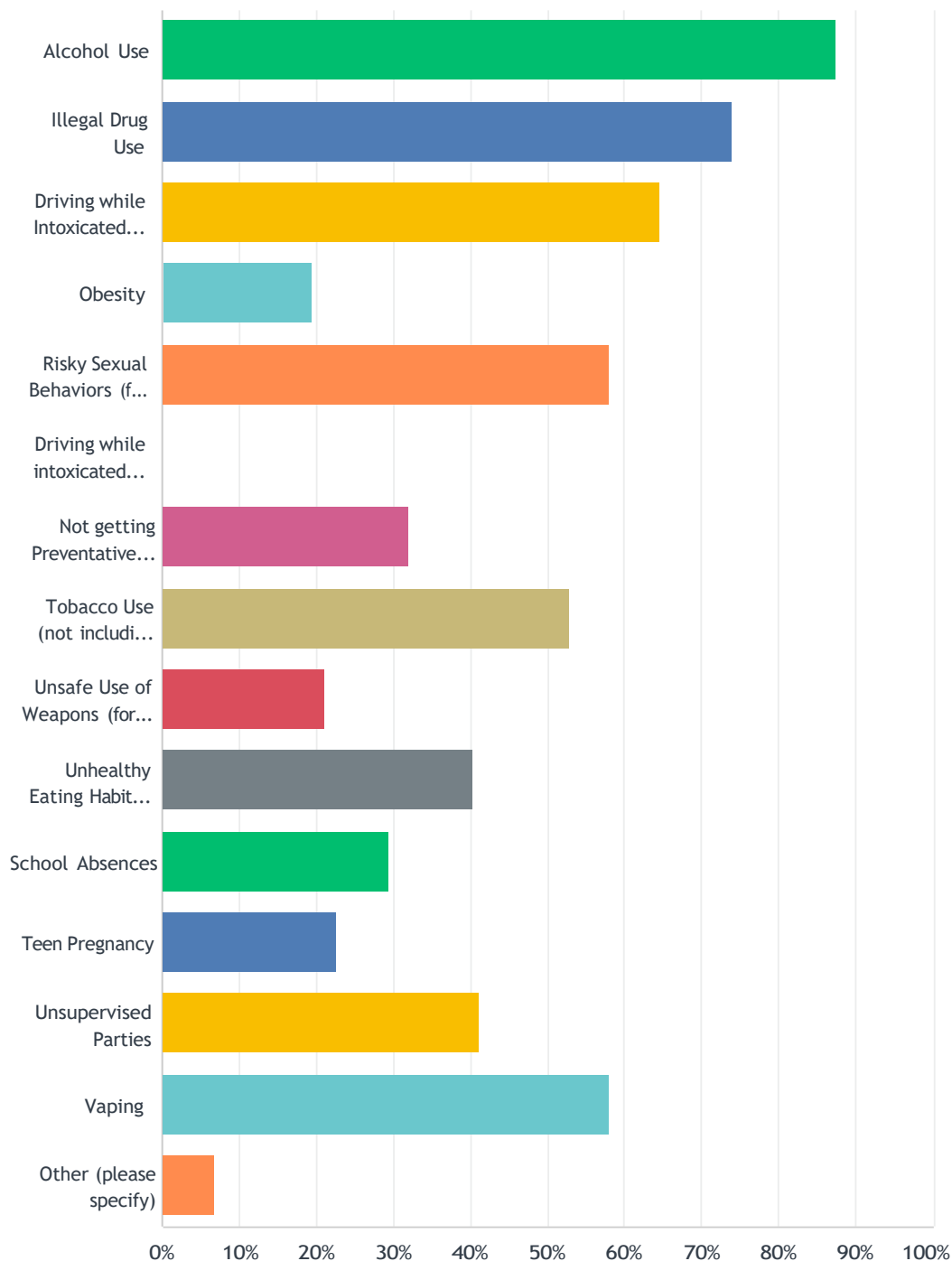


ANSWER CHOICES	RESPONSES	
Alcohol Use	90.68%	107
Failure to Manage Chronic Disease(s) (such as Diabetes or Heart Disease)	51.69%	61
Obesity	51.69%	61
Marijuana Use	37.29%	44
Illegal Drug Use	80.51%	95
Tobacco Use (not including Vaping)	52.54%	62
Driving while Intoxicated (Drugs or Alcohol)	67.80%	80
Risky Sexual Behaviors (for example, not using a Condom)	38.14%	45
Not Accessing Preventative Care including Regular Doctor Visit and Immunizations	49.15%	58
Unhealthy Eating Habits (not eating Healthy Foods)	53.39%	63
Vaping	41.53%	49
Other (please specify)	7.63%	9
Total Respondents: 118		

#	OTHER (PLEASE SPECIFY)	DATE
1	lack of self care	10/28/2022 2:45 PM
2	I have no clue. I could say all of them but....	10/28/2022 1:57 PM
3	No Idea	10/26/2022 11:13 AM
4	Laced drugs. Over prescription of drugs	8/8/2022 6:49 PM
5	Food	8/4/2022 4:06 PM
6	Obesity is not a behavior. It can be caused by behaviors, but the state of being obese is not a behavior.	8/4/2022 2:55 PM
7	all of the above	7/28/2022 3:25 PM
8	Depression	7/27/2022 6:48 PM
9	lack of exercise	6/29/2022 6:41 PM

Q14 Question #8 What behaviors put youth and teens (under age 18) in Cordova at risk?(select all that apply)

Answered: 119 Skipped: 1

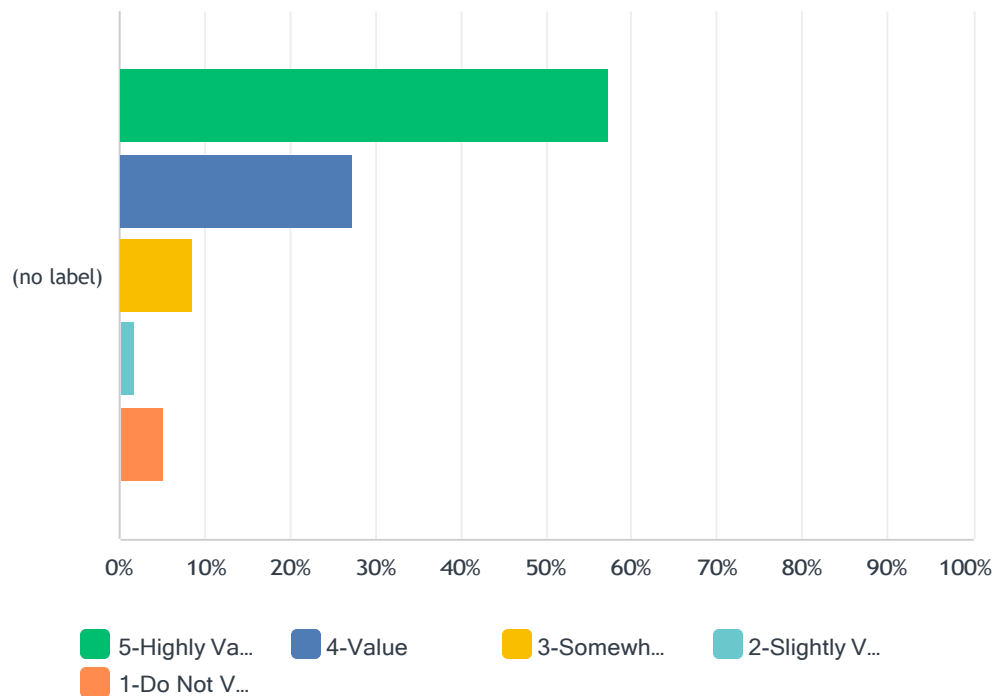


ANSWER CHOICES	RESPONSES	
Alcohol Use	87.39%	104
Illegal Drug Use	73.95%	88
Driving while Intoxicated (Drugs or Alcohol)	64.71%	77
Obesity	19.33%	23
Risky Sexual Behaviors (for example, not using a Condom)	57.98%	69
Driving while intoxicated (drugs or alcohol)	0.00%	0
Not getting Preventative Care (including Regular Doctor Visits, Immunizations, etc.)	31.93%	38
Tobacco Use (not including Vaping)	52.94%	63
Unsafe Use of Weapons (for example, Guns)	21.01%	25
Unhealthy Eating Habits (not eating Healthy Food)	40.34%	48
School Absences	29.41%	35
Teen Pregnancy	22.69%	27
Unsupervised Parties	41.18%	49
Vaping	57.98%	69
Other (please specify)	6.72%	8
Total Respondents: 119		

#	OTHER (PLEASE SPECIFY)	DATE
1	They all would but to what extent here I have no idea.	10/28/2022 1:57 PM
2	No Idea	10/26/2022 11:13 AM
3	Laced drugs	8/8/2022 6:49 PM
4	Lack of organized sports	8/1/2022 10:40 AM
5	Do not	7/27/2022 7:08 PM
6	Depression. Not enough organized sports	7/27/2022 6:48 PM
7	limited access to preschool	7/5/2022 4:32 PM
8	lack of parental oversight	6/15/2022 5:50 PM

Q15 Question #9 On a Scale of 1-5, how much do you value having a choice of primary care providers (both CCMC and Ilanka)?

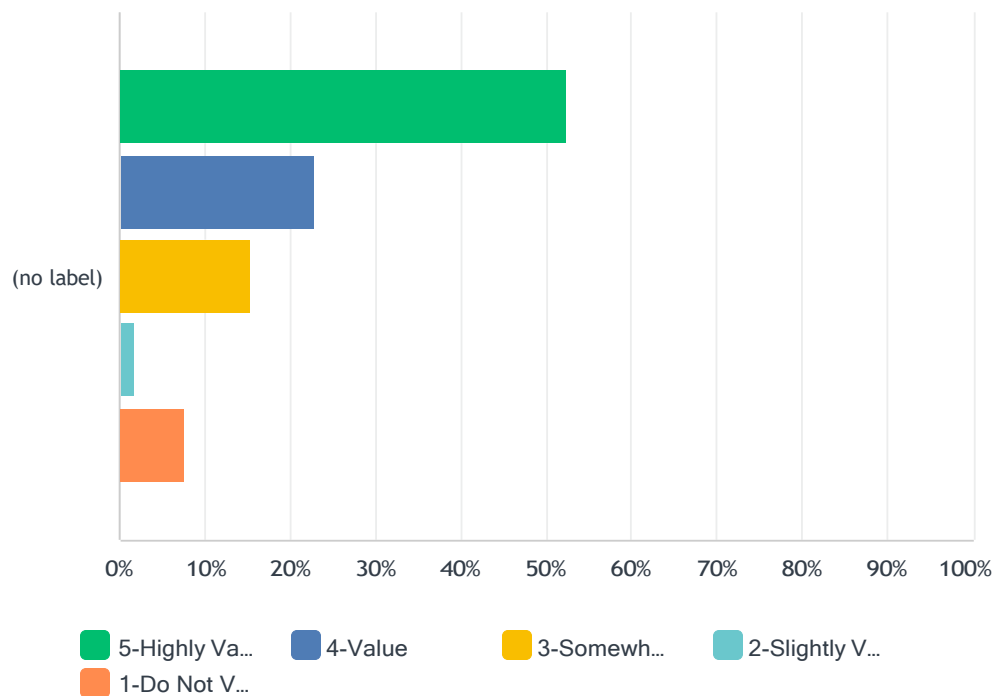
Answered: 117 Skipped: 3



	5-HIGHLY VALUE	4- VALUE	3-SOMEWHAT VALUE	2-SLIGHTLY VALUE	1-DO NOT VALUE	TOTAL	WEIGHTED AVERAGE
(no label)	57.26% 67	27.35% 32	8.55% 10	1.71% 2	5.13% 6	117	0.00

Q16 Question #10 On a Scale of 1-5, how much do you value having a choice of Behavioral Health Care (Mental Health and Substance Use Disorder) Providers (both CCMC and Ilanka)?

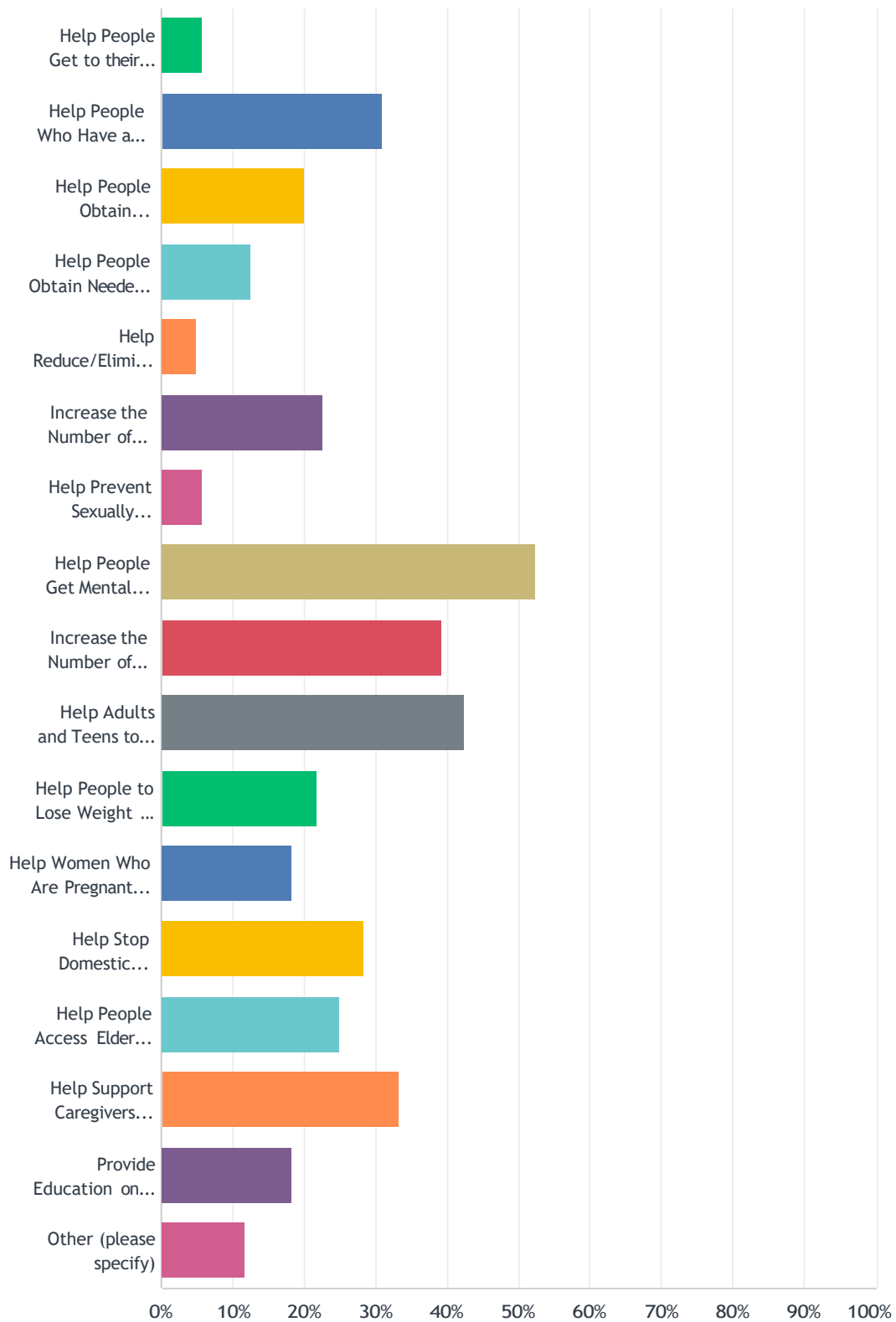
Answered: 118 Skipped: 2



	5-HIGHLY VALUE	4- VALUE	3-SOMEWHAT VALUE	2-SLIGHTLY VALUE	1-DO NOT VALUE	TOTAL	WEIGHTED AVERAGE
(no label)	52.54% 62	22.88% 27	15.25% 18	1.69% 2	7.63% 9	118	0.00

Q17 Question #11 What would you like to see Cordova Community Medical Center, in cooperation with community partners, focus on over the next three (3) years?(pick up to 3)

Answered: 120 Skipped: 0

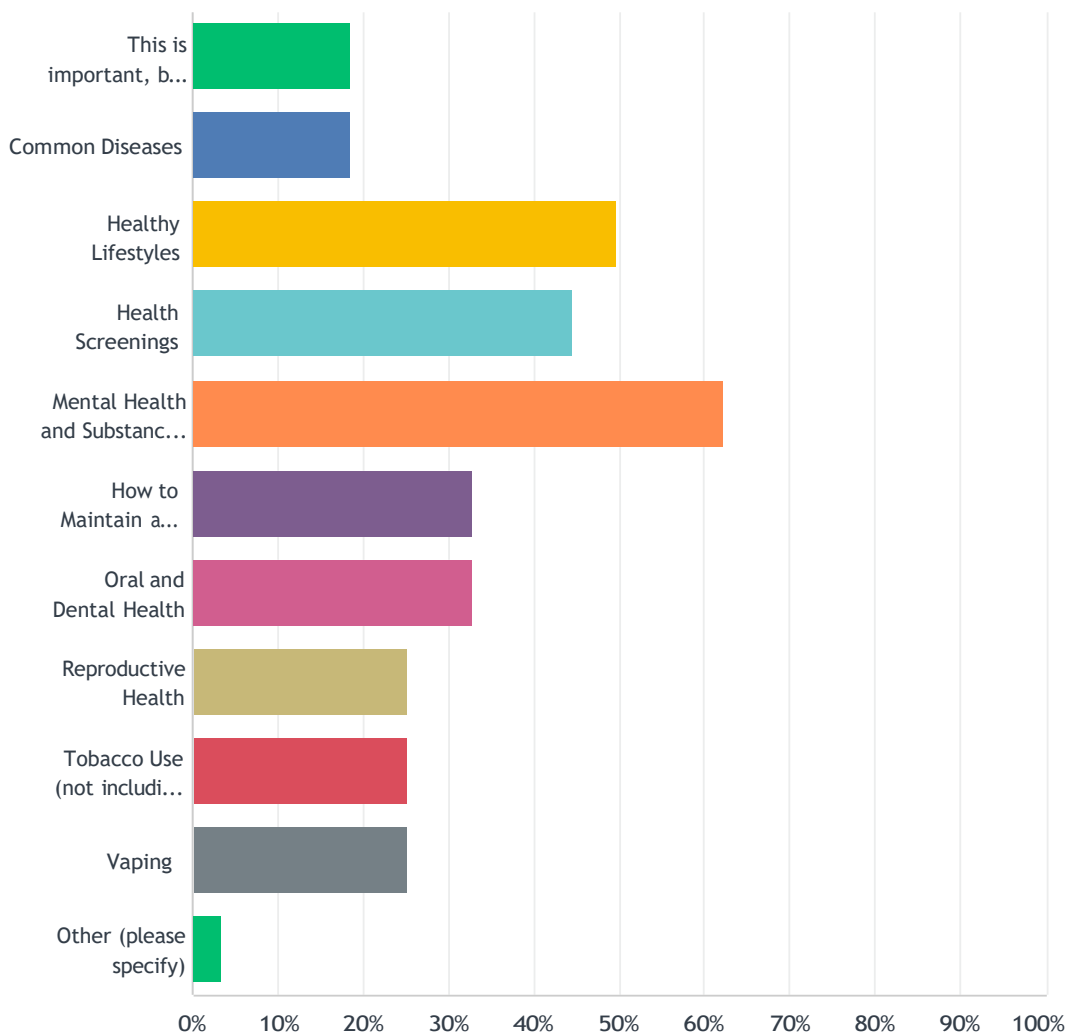


ANSWER CHOICES	RESPONSES	
Help People Get to their Doctor Appointments (Transportation)	5.83%	7
Help People Who Have a Chronic Disease (Diabetes, Heart Failure, Lung Disease, Cancer, Alzheimer's Disease, etc.) to Stay Healthy	30.83%	37
Help People Obtain Insurance	20.00%	24
Help People Obtain Needed Medication	12.50%	15
Help Reduce/Eliminate Teenage Pregnancy	5.00%	6
Increase the Number of Family Doctors - or - increase the Number of Appointments	22.50%	27
Help Prevent Sexually Transmitted Diseases	5.83%	7
Help People Get Mental Health Care	52.50%	63
Increase the Number of Specialists	39.17%	47
Help Adults and Teens to Stop Using Drugs (including Illegal Drugs, Opioids, Alcohol or Tobacco)	42.50%	51
Help People to Lose Weight and Eat Healthier Foods	21.67%	26
Help Women Who Are Pregnant to Have a Healthy Baby	18.33%	22
Help Stop Domestic Violence (including Child Abuse/Neglect and Elder Abuse/Neglect)	28.33%	34
Help People Access Elder Care	25.00%	30
Help Support Caregivers (Grandparents Caring For Grandchildren, Families Caring For Older Adults, Families Caring For a Child or Adult With Special Needs/a Disability, Families Caring For a Child or Adult With Mental Illness)	33.33%	40
Provide Education on Health-related Topics	18.33%	22
Other (please specify)	11.67%	14
Total Respondents: 120		

#	OTHER (PLEASE SPECIFY)	DATE
1	help people with travelling expenses	10/28/2022 2:50 PM
2	get an alternative dentist who is ethical & not criminal	10/28/2022 2:45 PM
3	?	10/26/2022 11:13 AM
4	abortions	10/26/2022 11:05 AM
5	Childcare	8/4/2022 12:12 PM
6	Pharmacy open on weekend	8/4/2022 10:32 AM
7	LGBTQ care and mental health services	7/30/2022 5:24 PM
8	better manage finances	7/29/2022 1:20 PM
9	work to improveaffordable access to skilled living & long ter, care services as well as personal care attendants.	7/28/2022 3:25 PM
10	Kidney dialysis	7/28/2022 12:27 PM
11	Take advantage of our physicians' training in things like colonoscopies by getting them the tools they need to provide such services here rather than needing to go to ANC	7/22/2022 8:53 PM
12	increase community physical activity optiona	7/13/2022 3:55 PM
13	Work together with other health care providers in town- Planks, Chiropractor, acupuncture	6/24/2022 3:53 PM

Q18 Question #12 If you think one of Cordova's health priorities should be education about health topics, on what would you recommend CCMC and community partners focus their resources?(select all that apply)

Answered: 119 Skipped: 1

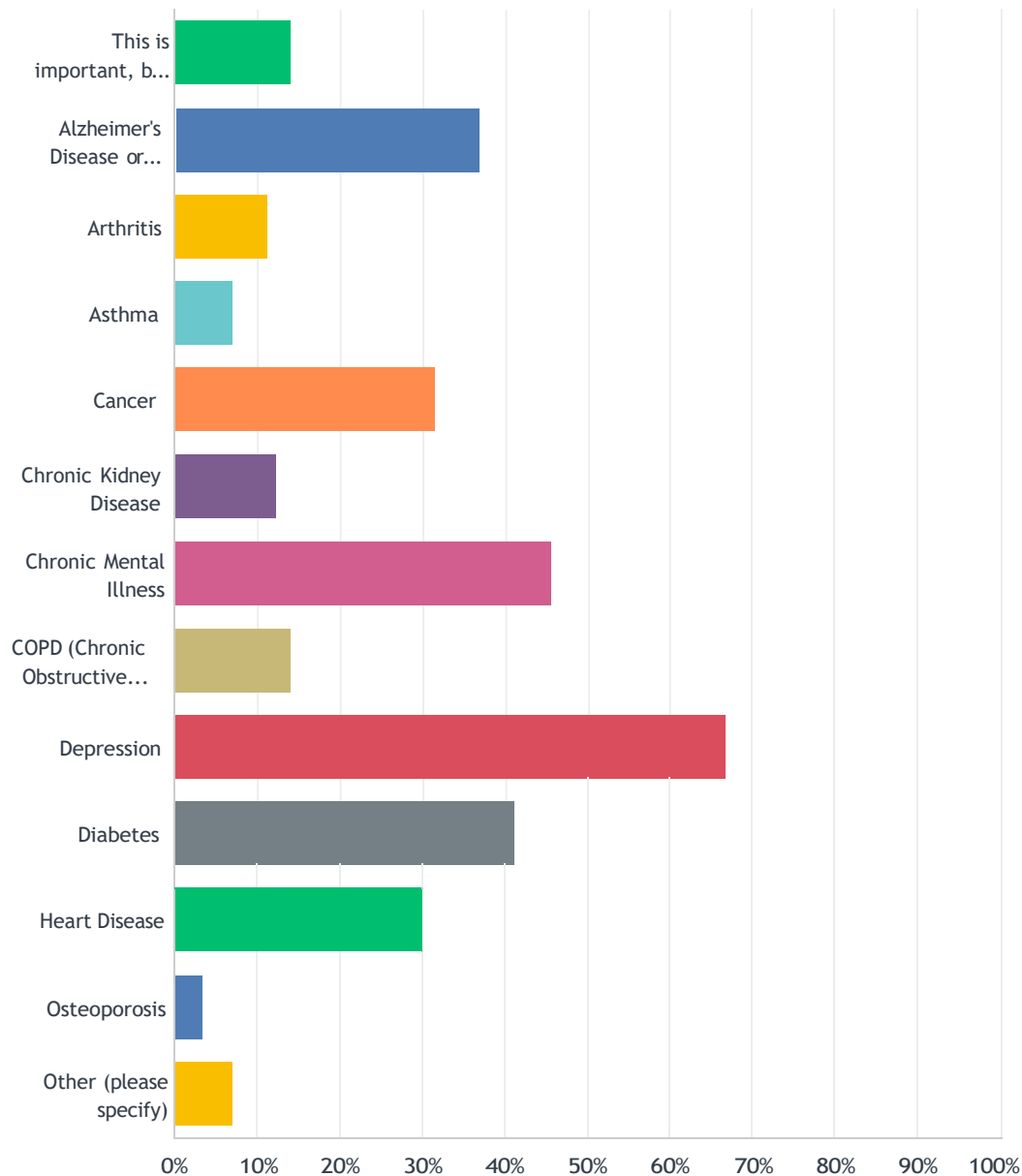


ANSWER CHOICES	RESPONSES	
This is important, but I don't think it should be a priority.	18.49%	22
Common Diseases	18.49%	22
Healthy Lifestyles	49.58%	59
Health Screenings	44.54%	53
Mental Health and Substance Use	62.18%	74
How to Maintain a Healthy Weight	32.77%	39
Oral and Dental Health	32.77%	39
Reproductive Health	25.21%	30
Tobacco Use (not including Vaping)	25.21%	30
Vaping	25.21%	30
Other (please specify)	3.36%	4
Total Respondents: 119		

#	OTHER (PLEASE SPECIFY)	DATE
1	?	10/26/2022 11:13 AM
2	Childcare and healthy relationships. Child abuse leads to illness, so lowering the chance of abuse is our best preventative medicine	8/8/2022 6:49 PM
3	these are all important to educate on - I think variety is important	7/29/2022 1:20 PM
4	When dealing with healthy weight, I would like information about the healthy at every size philosophy, is it bunk or not? I think focusing on dieting is not healthy and seems to backfire.	6/23/2022 4:07 PM

Q19 Question #13 If you think one of Cordova's health priorities should be chronic diseases, on which chronic disease would you recommend CCMC and its community partners focus their resources?(select all that apply)

Answered: 114 Skipped: 6

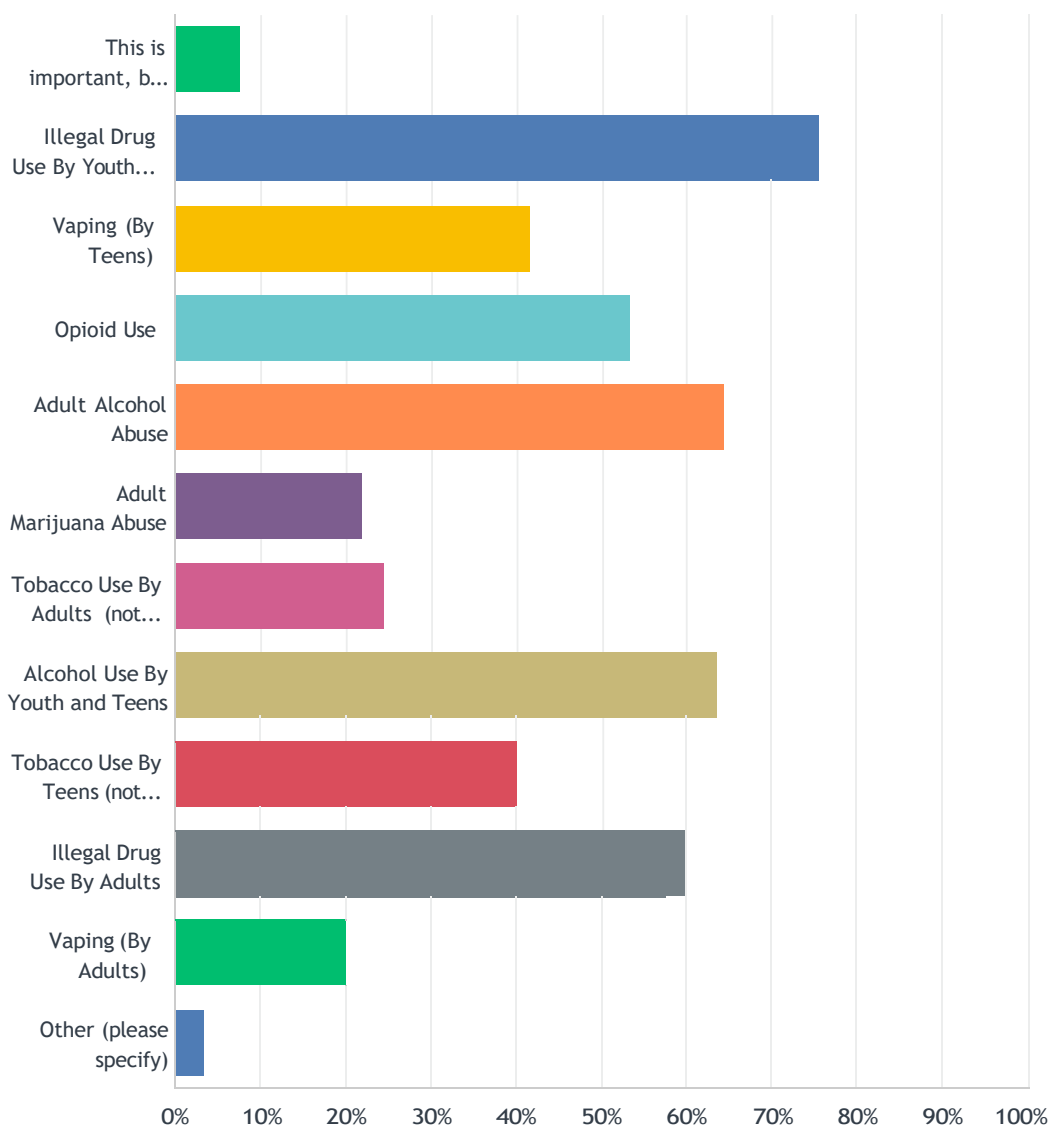


ANSWER CHOICES	RESPONSES	
This is important, but I don't think it should be a priority.	14.04%	16
Alzheimer's Disease or Dementia	36.84%	42
Arthritis	11.40%	13
Asthma	7.02%	8
Cancer	31.58%	36
Chronic Kidney Disease	12.28%	14
Chronic Mental Illness	45.61%	52
COPD (Chronic Obstructive Lung Disease)	14.04%	16
Depression	66.67%	76
Diabetes	41.23%	47
Heart Disease	30.70%	35
Osteoporosis	3.51%	4
Other (please specify)	7.02%	8
Total Respondents: 114		

#	OTHER (PLEASE SPECIFY)	DATE
1	walking paths with benches	10/28/2022 2:45 PM
2	?	10/26/2022 11:13 AM
3	Drug abuse	8/8/2022 6:49 PM
4	Metabolic disorders, PMDD, PCOS management — these would be helpful in assisting those who struggle with weight and/or obesity. Rather than referring to obesity as a behavior.	8/4/2022 2:55 PM
5	Autism	8/4/2022 2:25 AM
6	Alcoholism	7/30/2022 6:14 PM
7	Don't feel qualified to rank these diseases.	7/6/2022 4:36 PM
8	affordable screenings so folks can get help they need when diagnosed with a chronic condition	6/24/2022 12:16 AM

Q20 Question #14 If you think one of Cordova's health priorities should be a reduction in the use of drugs, alcohol or tobacco, on what would you recommend CCMC and its community partners focus their resources?
(select all that apply)

Answered: 118 Skipped: 2

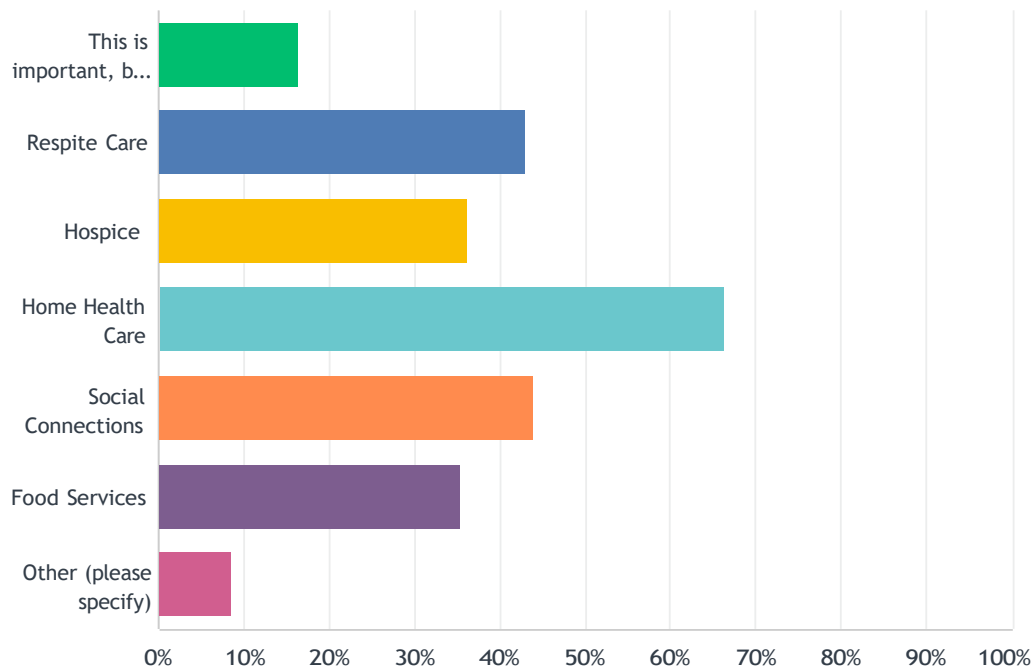


ANSWER CHOICES	RESPONSES	
This is important, but I don't think it should be a priority.	7.63%	9
Illegal Drug Use By Youth and Teens	75.42%	89
Vaping (By Teens)	41.53%	49
Opioid Use	53.39%	63
Adult Alcohol Abuse	64.41%	76
Adult Marijuana Abuse	22.03%	26
Tobacco Use By Adults (not including Vaping)	24.58%	29
Alcohol Use By Youth and Teens	63.56%	75
Tobacco Use By Teens (not including Vaping)	40.68%	48
Illegal Drug Use By Adults	57.63%	68
Vaping (By Adults)	20.34%	24
Other (please specify)	3.39%	4
Total Respondents: 118		

#	OTHER (PLEASE SPECIFY)	DATE
1	?	10/26/2022 11:13 AM
2	all -- I think we need to focus on educating and encouraging abstaining from these activities	7/29/2022 1:20 PM
3	Marjuiana effects on children in household	7/29/2022 11:06 AM
4	Prescription Drugs	6/15/2022 5:45 PM

Q21 Question #15 If you think one of Cordova's priorities should be access to elder care, on what would you recommend CCMC and its community partners focus their resources?(select all that apply)

Answered: 116 Skipped: 4



ANSWER CHOICES	RESPONSES	
This is important, but I don't think it should be a priority	16.38%	19
Respite Care	43.10%	50
Hospice	36.21%	42
Home Health Care	66.38%	77
Social Connections	43.97%	51
Food Services	35.34%	41
Other (please specify)	8.62%	10
Total Respondents: 116		

#	OTHER (PLEASE SPECIFY)	DATE
1	whatever is needed	10/26/2022 11:13 AM
2	Trained person to check if they are able to take of themselves and their financials. Look for obstacles that may cause falls or other dangers. Connect them to community resources.	7/30/2022 5:24 PM
3	see above answer # 11 comment	7/28/2022 3:25 PM
4	Assisted living	7/27/2022 6:48 PM

5	physical activity	7/13/2022 3:55 PM
6	Support for elder caregivers	6/26/2022 1:14 PM
7	Affordable assisted living facility	6/24/2022 12:16 AM
8	I think Cordova does a great job of this	6/23/2022 5:30 PM
9	It made me click the first box but I didn't want to	6/23/2022 4:07 PM
10	assisting living	6/21/2022 7:42 PM

Q22 Question #16 What strategies or programs have been successful in addressing the health challenges of the people in Cordova?

Answered: 95 Skipped: 25

#	RESPONSES	DATE
1	no answer	10/28/2022 2:50 PM
2	walk then sit benches	10/28/2022 2:45 PM
3	Health Fair, importing specialists	10/28/2022 2:05 PM
4	No answer	10/28/2022 1:57 PM
5	?	10/26/2022 11:13 AM
6	I haven't spent much time here in last 20 years so can't say.	10/26/2022 11:05 AM
7	.	8/12/2022 1:13 PM
8	.	8/12/2022 12:11 AM
9	healthy activities (bay to bay event) to encourage healthy lifestyles. Love the projects for long term residents-brightens their day, and the youth/community members engaged in doing it learn they can make the difference in someone's life.	8/11/2022 10:56 AM
10	I'm not familiar with any	8/10/2022 7:44 AM
11	Sound Alternatives SUD, SMI, GMI, and case management. Sound Alternatives housing program, and all outreach done by Sound Alternatives- Including prevention and education. Peer support services, collaboration with CFRC & Ilanka. The CCMC facebook page.	8/8/2022 7:21 PM
12	Free lunch for kids in the summer.	8/8/2022 6:49 PM
13	The Heath Fair and providing free labs	8/6/2022 7:08 PM
14	I don't know	8/5/2022 12:48 PM
15	Girls on the run Jr/sr high sports When Bidarki had after school basketball and floor hockey for kids ages 3rd-6th grade Salmon run Womens health fair Fish for elders	8/5/2022 12:51 AM
16	Health fairs with reduced fee services. NEEDS LOT OF REMINDERS AND NOTICES POSTED ONLINE AND PUBLIC PLACES	8/4/2022 10:40 PM
17	Not sure	8/4/2022 4:06 PM
18	n/a	8/4/2022 2:55 PM
19	Social media is the cheapest and easiest and most effective way to get information out. Once a week, or a couple times a month, make a simple and catchy flier with a little bit of info on it. Maybe it's about a service you offer. Or symptoms of a physical/mental illness. Or what to do if you don't have access to insurance (can't pay for insurance or prescription medication) but need medical care. And please advertise when you have specialists coming to town with plenty of notice, including pediatric care! Utilize social media more. Add this task into somebody's job description so they can focus on finding something once a week or twice a month to advertise.	8/4/2022 2:07 PM
20	n/a	8/4/2022 12:12 PM
21	Unsure	8/4/2022 11:57 AM
22	Health Fair testing	8/4/2022 11:33 AM
23	Health fair	8/4/2022 10:32 AM
24	Health fair	8/4/2022 2:25 AM

25	AA	8/4/2022 1:53 AM
26	Not sure	8/4/2022 1:21 AM
27	Health fair	8/3/2022 11:43 PM
28	I think the health fair is hugely successful	8/3/2022 10:34 PM
29	na	8/3/2022 10:30 PM
30	Sound Alternatives behavior health programs. Having very capable and knowledgeable primary care providers.	8/3/2022 8:30 PM
31	I'm not sure	8/3/2022 3:52 PM
32	Boys/Girls on the run, other creative approaches towards childhood activities.	8/1/2022 10:40 AM
33	I don't think most programs Cordova has tried have been very successful.	7/30/2022 11:28 PM
34	AA, NA, and OA meetings.....	7/30/2022 6:22 PM
35	AA, OA and NA meetings Elder programs. Not familiar with other local programs.	7/30/2022 6:14 PM
36	Mental health and substance abuse	7/30/2022 5:24 PM
37	Your open for business.	7/29/2022 7:47 PM
38	Informative community outreach	7/29/2022 2:26 PM
39	I'm not sure	7/29/2022 1:20 PM
40	Dr Gloe weight lost group	7/29/2022 11:06 AM
41	The Ride	7/28/2022 3:36 PM
42	Annual health fair, healthy lifestyle groups, education and challenges/competitions	7/28/2022 3:25 PM
43	the Kick the 19 seemed like it was well received and had good participation.	7/28/2022 2:55 PM
44	Swimming/gym passes, preventative	7/28/2022 12:27 PM
45	Unknown	7/28/2022 8:39 AM
46	Access to multiple doctors and nurses. Timely appointments and referrals. Caring and capable staff. Activities for long term care patients. Expanding behavioral health services.	7/28/2022 3:39 AM
47	Collaboration between all medical facilities and local resources	7/27/2022 10:47 PM
48	Not Sure	7/27/2022 9:30 PM
49	Unknown!	7/27/2022 9:12 PM
50	I have been a seasonal worker for the last several years in Cordova and have only noticed the Covid reduction campaigns as that took obvious priority.	7/27/2022 7:08 PM
51	Community input	7/27/2022 6:48 PM
52	N/A	7/23/2022 2:07 AM
53	Talks given by professionals	7/22/2022 8:53 PM
54	na	7/22/2022 9:03 AM
55	Specialty appointments	7/21/2022 7:09 PM
56	.	7/21/2022 6:58 PM
57	Don't know	7/20/2022 6:43 PM
58	Unknown	7/13/2022 3:55 PM
59	Lose 9 lbs in 9 weeks program	7/6/2022 10:58 PM
60	Having regular providers. Stability with Laura Henneker is great. Recruit more medical students for residencies in rural community medicine.	7/6/2022 4:36 PM

61	The Ride	7/5/2022 4:32 PM
62	educating and providing the people of Cordova about proper and good healthcare information	7/5/2022 2:54 AM
63	Providing meals to elderly, providing counseling for teens with drug abuse issues	6/30/2022 1:24 PM
64	doc talk	6/30/2022 12:21 PM
65	Behavioral health clinicians at both CCMC and Ilanka	6/30/2022 11:21 AM
66	Having a community medical clinic and helpful providers and staff	6/29/2022 9:36 PM
67	Teamwork by the community	6/29/2022 7:44 PM
68	Offering low cost Health Fair Labs	6/29/2022 7:16 PM
69	THE RIDE, MEALS FOR SENIORS	6/29/2022 6:45 PM
70	Health Fair	6/26/2022 1:14 PM
71	I don't know	6/26/2022 1:31 AM
72	Behavioral health counselor	6/25/2022 11:27 PM
73	Bringing in specialists	6/25/2022 11:18 PM
74	Group sessions to brainstorm ideas to reach further within the community	6/25/2022 7:09 PM
75	I do not have a feel for this without seeing some statistics.....	6/25/2022 12:11 PM
76	I don't know	6/25/2022 1:51 AM
77	Collaboratively working together with community partners for the greater good	6/24/2022 7:01 AM
78	Health fair	6/24/2022 12:16 AM
79	Having a counselor that works with young children is a fabulous program.	6/23/2022 10:14 PM
80	The health fair!	6/23/2022 6:25 PM
81	Health fair, community partnerships, community activities	6/23/2022 5:30 PM
82	Free foods for children in school	6/23/2022 5:23 PM
83	Mental health	6/23/2022 4:10 PM
84	Bringing in specialists like the foot doctor	6/23/2022 4:07 PM
85	Don't know	6/23/2022 3:31 PM
86	AA	6/23/2022 2:17 PM
87	Question and Answer sessions. Increased visibility. Booths to connect information to people needing programs/services	6/23/2022 2:06 PM
88	Dr. Gray appearances, behavior health services, steps challenge, KICK THE 19, out of town specialists pediatrics, vision and audiologists	6/21/2022 7:42 PM
89	Health Fair was wonderful - access to annual blood work at an affordable price.	6/21/2022 5:16 PM
90	Senior lunch program, substance use disorder programs,	6/20/2022 2:05 PM
91	Weight class this past Winter/Spring	6/20/2022 1:58 PM
92	Unsure at this point	6/20/2022 12:59 PM
93	Bringing in specialists to the community. I recently saw the podiatrist and she solved my issues in one brief visit. I was elated that it did not involve a trip to Anchorage and I was able to do this in my own community.	6/17/2022 1:11 PM
94	Doc Talks were helpful	6/15/2022 5:50 PM
95	Annual Health Fair and Dr Gloe Weight weekly meetings	6/15/2022 5:45 PM

Q23 Question #17 What can Cordova Community Medical Center do to best meet the health needs of this community?

Answered: 96 Skipped: 24

#	RESPONSES	DATE
1	no answer	10/28/2022 2:50 PM
2	provide benches on existing streets, fine smokers & litterers	10/28/2022 2:45 PM
3	Bring in more specialists	10/28/2022 2:05 PM
4	no answer	10/28/2022 1:57 PM
5	Seems good po me	10/26/2022 11:13 AM
6	access to all	10/26/2022 11:05 AM
7	.	8/12/2022 1:13 PM
8	Hire more doctors with more specialties, like pediatrics. Also, Cordova really needs a new dentist.	8/12/2022 12:11 AM
9	maintain consistent doctors.	8/11/2022 10:56 AM
10	I'm not sure	8/10/2022 7:44 AM
11	More outreach. More general health education seminars/events. Drug/alcohol abuse prevention & education. Being more involved in city counsel meetings and speaking on behalf of all people struggling with trauma, mental health or addiction issues	8/8/2022 7:21 PM
12	Work hard to retain providers so people can keep the same doctor for a long time	8/8/2022 6:49 PM
13	Continue with health fair, continuing providing information to the community on what's available	8/6/2022 7:08 PM
14	Advertise broadly what services are available (flyers, radio, Facebook, scanner, etc.)	8/5/2022 12:48 PM
15	Support a community garden Support sports for kids Help Salvation Army with healthier food choices in their food boxes	8/5/2022 12:51 AM
16	Collaboration with other services. Quarterly visits from specialists. Make it possible to deliver babies in the hospital. Increase staff training, specifically confidentiality in small community settings.	8/4/2022 10:40 PM
17	Offer more hollistic care and support	8/4/2022 4:06 PM
18	Keep consistent providers/address retention - it's really difficult to change PCP every few years.	8/4/2022 2:55 PM
19	Keep asking what we need. Have a revolving "suggestion box". Maybe it's a link that somebody can submit a suggestion or a physical box easily accessible to visitors where they can suggest an addition or change to care. Those basic surveys on paper on how our care is is often overlooked or not completed. And stay in communication with Ilanka and see if there is anything you can offer that Ilanka isn't. Or something you can coop on.	8/4/2022 2:07 PM
20	Listen to community needs, opioid crisis especially.	8/4/2022 12:12 PM
21	Outreach and public education	8/4/2022 11:57 AM
22	Better advertisement/communication of what programs and services are available.	8/4/2022 11:33 AM
23	Have a pharmacy open on weekends	8/4/2022 10:32 AM
24	More Rotating specialists	8/4/2022 2:25 AM
25	Be vocal, present online with social media.	8/4/2022 1:53 AM

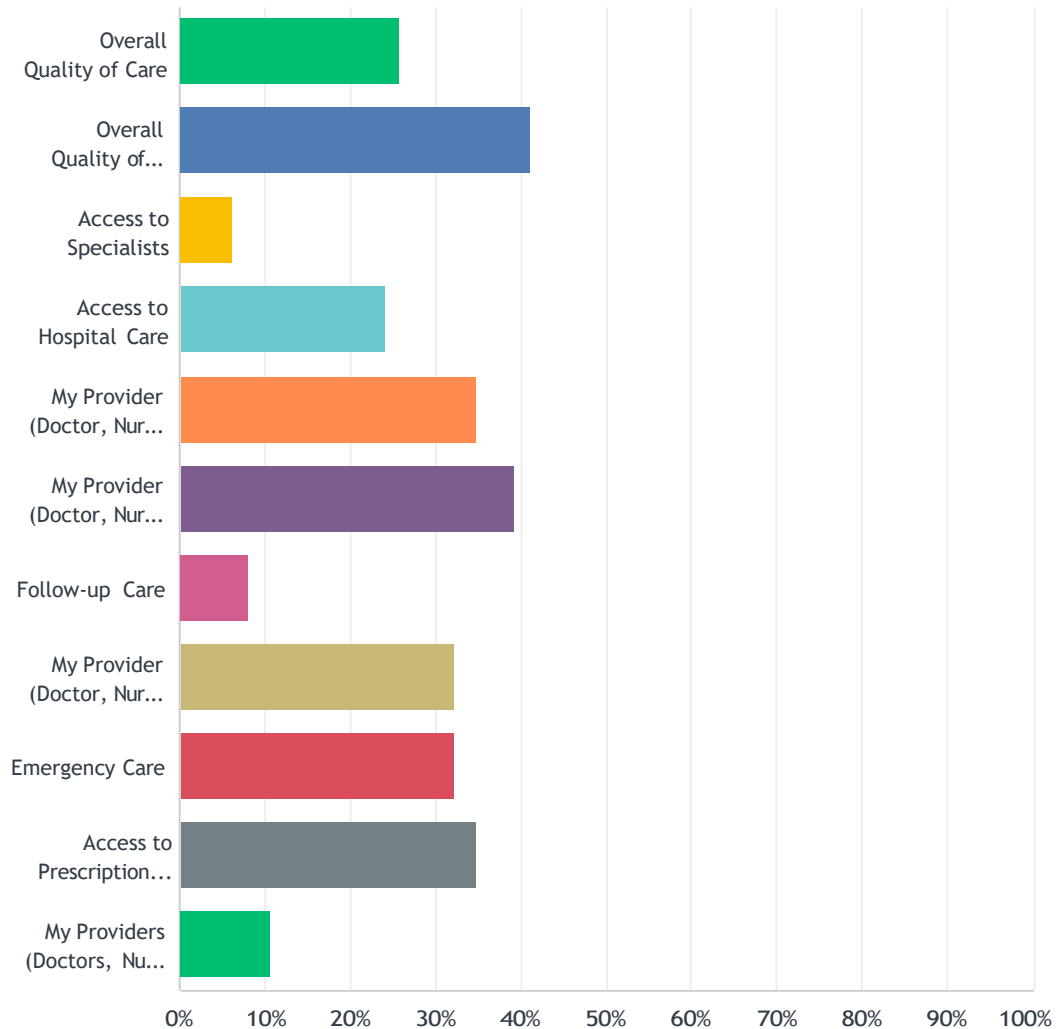
26	Not sure	8/4/2022 1:21 AM
27	More community outreach programs that focus on our youth	8/3/2022 11:43 PM
28	Coordinate healthcare and a tribal model	8/3/2022 10:34 PM
29	be more vocal in the community	8/3/2022 10:30 PM
30	Free clinic days to encourage uninsured individuals to come in for an initial check-up. By doing so , they are more likely to gain access to helpful resources which will make them better equipped to be more proactive in their healthcare as well as the chance to catch underlying issues before they get worse. It's getting them to make that initial appointment.	8/3/2022 8:30 PM
31	Address culturally enforced unhealthy behavior	8/3/2022 3:52 PM
32	Support for families and caregivers	8/1/2022 10:40 AM
33	Advertise the sliding scale available to cut costs.	7/30/2022 11:28 PM
34	Manage the cost of long-term care to increase elders staying in Cordova. Also, more widely disseminated information on Covid status in the community to better protect those of us with pre-existing conditionins.	7/30/2022 6:22 PM
35	Cordovans are fortunate to have such quality medical care. Our main concern is the lack of current Covid-19 information.	7/30/2022 6:14 PM
36	We need a site that has a tally of communicable disease such as Covid and Monkeypox that are circulating in the community so I can decide what my risk is.	7/30/2022 5:24 PM
37	Keep the lights on stay open! I hope that CCMC does not merge with NVE.	7/29/2022 7:47 PM
38	Providing more options and less cost for such options	7/29/2022 2:26 PM
39	Work with health partners to make health care more effective and more expansive in Cordova	7/29/2022 1:20 PM
40	Healthier lunch program	7/29/2022 11:06 AM
41	Keep doing what you are doing presently	7/28/2022 3:36 PM
42	Reduce the price of Long term care, provide a better home-like setting for elders in the community.	7/28/2022 3:25 PM
43	The best way to meet the needs of community members is to reduce duplicated services between CCMC and Ilanka; funneling those resources into maximizing the availability of specialty providers.	7/28/2022 2:55 PM
44	Provide free gym and pool passes	7/28/2022 12:27 PM
45	Merge with Ilanka	7/28/2022 8:39 AM
46	Advocate for a senior center. Address drug and alcohol use in teens.	7/28/2022 3:39 AM
47	Invest in new technology and equipment	7/27/2022 10:47 PM
48	meeting more needs so we do not have to travel to Anchorage	7/27/2022 9:30 PM
49	Hire Specialists!	7/27/2022 9:12 PM
50	From word of mouth, I believe more has to be done to teach healthy sexual behavior. Easier access to and education about sexual protection is necessary.	7/27/2022 7:08 PM
51	Add an mri machine, an orthopedic doctor, a psychiatrist , and an obgyn	7/27/2022 6:48 PM
52	To provide a physical examination and encourage people have it.	7/23/2022 2:07 AM
53	Get info on screening and health issues to community	7/22/2022 8:53 PM
54	provide cancer treatment	7/22/2022 9:03 AM
55	Specialty visits, dental health	7/21/2022 7:09 PM
56	.	7/21/2022 6:58 PM
57	Stay open with qualified staff!	7/20/2022 6:43 PM

58	partner with community organizaitons	7/13/2022 3:55 PM
59	n/a	7/6/2022 10:58 PM
60	Recruit providers who want to live here (which I know is a challenge).	7/6/2022 4:36 PM
61	Improve cost of services	7/5/2022 4:32 PM
62	By providing more doctors and specialist	7/5/2022 2:54 AM
63	More counselors for mental health and drug/alcohol abuse in adults and teens	6/30/2022 1:24 PM
64	n/a	6/30/2022 12:21 PM
65	Have follow up services for those coming in with mental health issues, alcohol abuse, homelessness, etc.	6/30/2022 11:21 AM
66	Focus on what is needed most for the community , by having more services and programs that our community needs	6/29/2022 9:36 PM
67	Continue offering affordable, accessible, quality care to the community.	6/29/2022 7:44 PM
68	MENTAL HEALTH PROVIDERS EXPANSION, PERMANENT PRIMARY CARE, BETTER EDUCATIONAL MATERIALS SUCH AS HIRED POSITIONS FOR COMM OUTREACH	6/29/2022 6:45 PM
69	More in person community outreach	6/26/2022 1:14 PM
70	Maintain quality physicians.	6/26/2022 1:31 AM
71	Offer delivery and surgery	6/25/2022 11:27 PM
72	Provide caring, whole care for all	6/25/2022 11:18 PM
73	Listen not just with your ears but eyes. Observe not what you see but deeper to see the holes that our community needs. Minister to not just individuals but families because by reaching families you'll be able to reach the individuals. Focus on strengthening the community by each person and allowing them to be the outreach for the community.	6/25/2022 7:09 PM
74	I think that you do a good job. It is hard to get public participation into focus groups about health issues.	6/25/2022 12:11 PM
75	I don't know	6/25/2022 1:51 AM
76	Consistency and reliability is important. That goes for the staff, billing, and services provided.	6/24/2022 12:25 PM
77	Continue to provide wide range of services to include elder care/nursing home care, continue to find ways to lower rates and have access to t Rx drug programs for low income people	6/24/2022 7:01 AM
78	Keep getting good doctors!	6/24/2022 12:16 AM
79	Focus on helping those who are addicted to substances.	6/23/2022 10:14 PM
80	Offer more opportunities for health screening, such as the health fair.	6/23/2022 6:25 PM
81	Keep trying to hire permanent employees to the best of their ability. Keep dialogue open and flowing regarding drug and alcohol abuse	6/23/2022 5:30 PM
82	Have more community doctors in town	6/23/2022 5:23 PM
83	More care givers	6/23/2022 4:10 PM
84	I'm not sure	6/23/2022 4:07 PM
85	More specialist, like an OB doc so woman can have their babies in Cordova. A doc with geriatric knowledge and a good pediatrician	6/23/2022 3:31 PM
86	We need more specialists on staff. Our family avoids getting the care we need bc of cost of travel to see specialists.	6/23/2022 2:29 PM
87	Childbirth in Cordova for low risk moms.	6/23/2022 2:17 PM
88	Help access insurance. Facilitate enrollment and destigmatize mental health/ addiction counseling.	6/23/2022 2:06 PM

89	obtain traveler dental hygienists, chronic disease specialists.	6/21/2022 7:42 PM
90	Offer training for local people to become health care providers - people who are already invested in this community and will in the end be less expensive than itinerant providers.	6/21/2022 5:16 PM
91	Unknown	6/20/2022 1:58 PM
92	Create more opportunities for expansion of services to reduce trips to Anchorage for basic cares	6/20/2022 12:59 PM
93	Continue to keep long term primary care physicians. It is a blessing to be able to see the same primary care physician. Continue to bring in specialists.	6/17/2022 1:11 PM
94	Continue to focus on the health of our community	6/15/2022 5:50 PM
95	Case managers.	6/15/2022 5:45 PM
96	more interactive education	6/15/2022 5:35 PM

Q24 Question #18 I think the biggest strengths of healthcare in Cordova are:(pick up to 3)

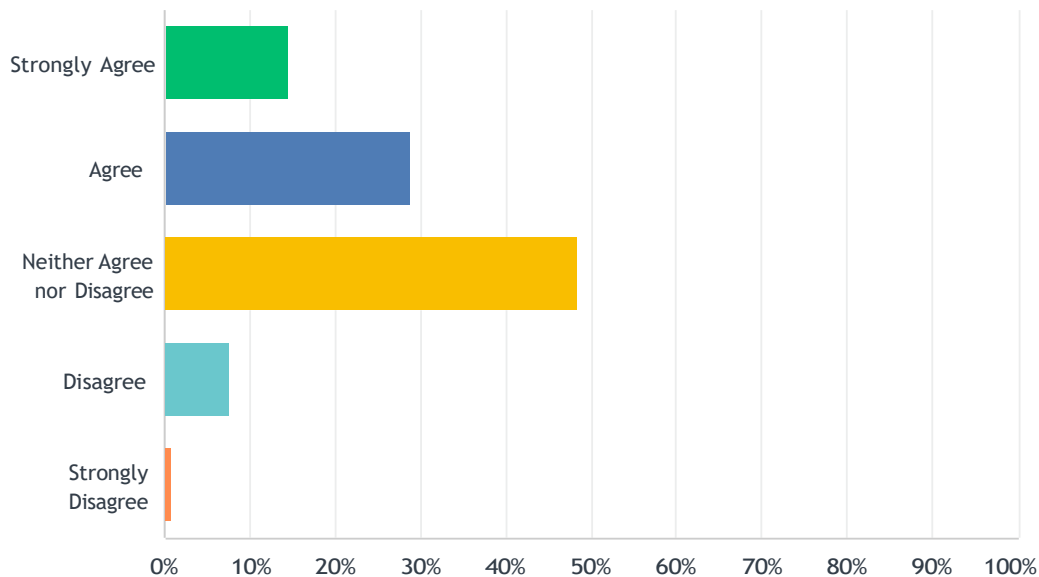
Answered: 112 Skipped: 8



ANSWER CHOICES	RESPONSES	
Overall Quality of Care	25.89%	29
Overall Quality of Providers (Doctors, Nurse Practitioners and/or Physician Assistants) and Staff	41.07%	46
Access to Specialists	6.25%	7
Access to Hospital Care	24.11%	27
My Provider (Doctor, Nurse Practitioner and/or Physician Assistant) Makes Referrals to Other Doctors When Needed	34.82%	39
My Provider (Doctor, Nurse Practitioner and/or Physician Assistant) Includes Me in Decisions About My Health	39.29%	44
Follow-up Care	8.04%	9
My Provider (Doctor, Nurse Practitioner and/or Physician Assistant) Cares About Me	32.14%	36
Emergency Care	32.14%	36
Access to Prescription Medications	34.82%	39
My Providers (Doctors, Nurse Practitioners and/or Physician Assistants) Work Together to Plan My Care	10.71%	12
Total Respondents: 112		

Q25 Question #19 Three years ago, Cordova Community Medical Center conducted a Community Health Needs Assessment and identified the five priorities below.---Mental Health and Substance Abuse---Home Health Care/Home Care Services/Elder Care---Affordability of Care/Uninsured and Underinsured Populations---Accessibility of Care---Prevention/Nutrition/LifestyleIn the following questions, please provide feedback on the success of their efforts relating to each of those priorities:In the past 3 years, CCMC improved access to and services for Mental Health and Substance Abuse

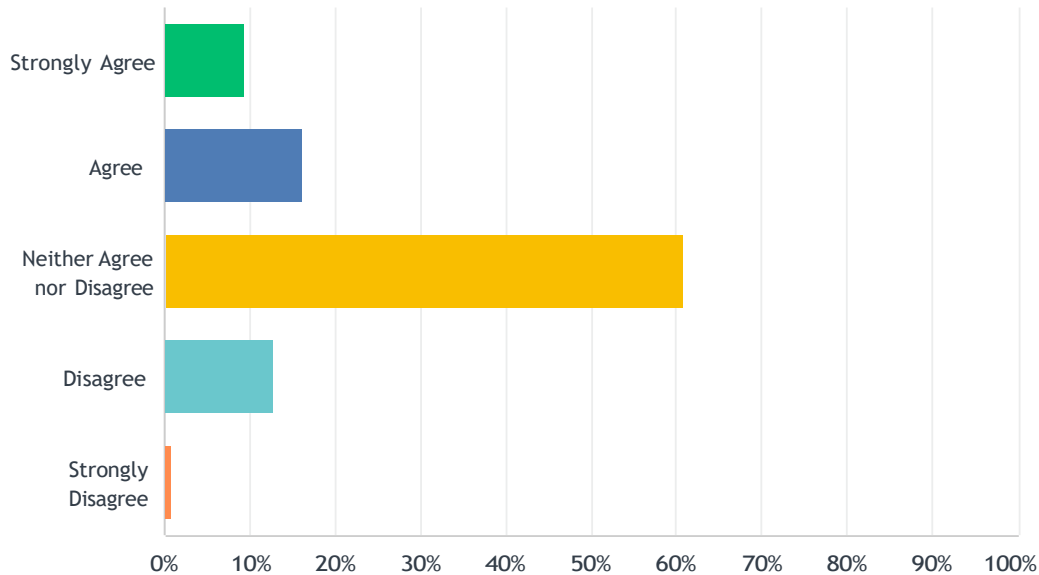
Answered: 118 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly Agree	14.41%	17
Agree	28.81%	34
Neither Agree nor Disagree	48.31%	57
Disagree	7.63%	9
Strongly Disagree	0.85%	1
TOTAL		118

Q26 In the past 3 years, CCMC improved access to services for Home Health Care and Elder Care

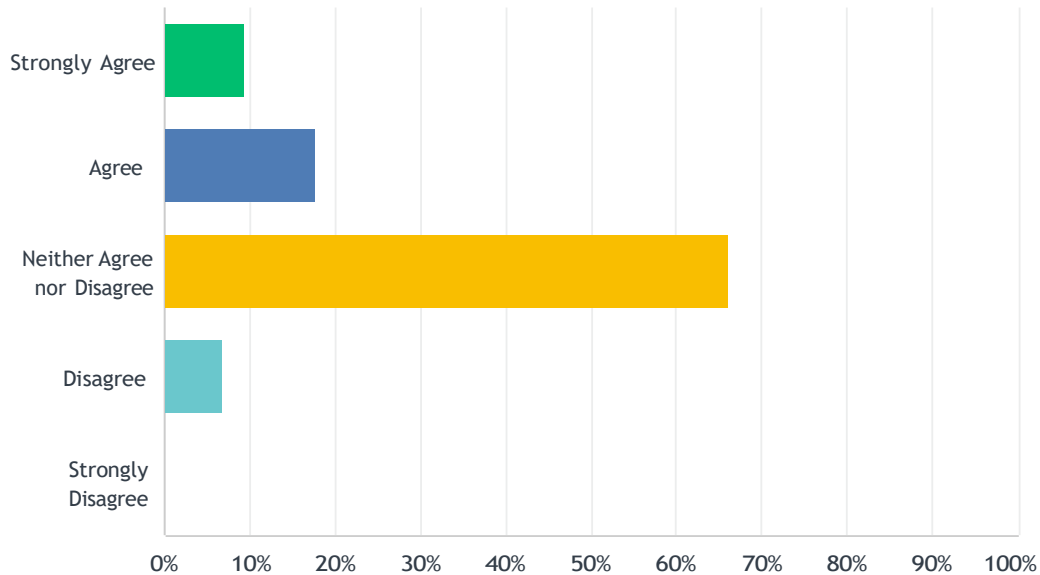
Answered: 117 Skipped: 3



ANSWER CHOICES	RESPONSES	
Strongly Agree	9.40%	11
Agree	16.24%	19
Neither Agree nor Disagree	60.68%	71
Disagree	12.82%	15
Strongly Disagree	0.85%	1
TOTAL		117

Q27 In the past 3 years, CCMC improved the affordability of care especially for Uninsured and Underinsured Populations

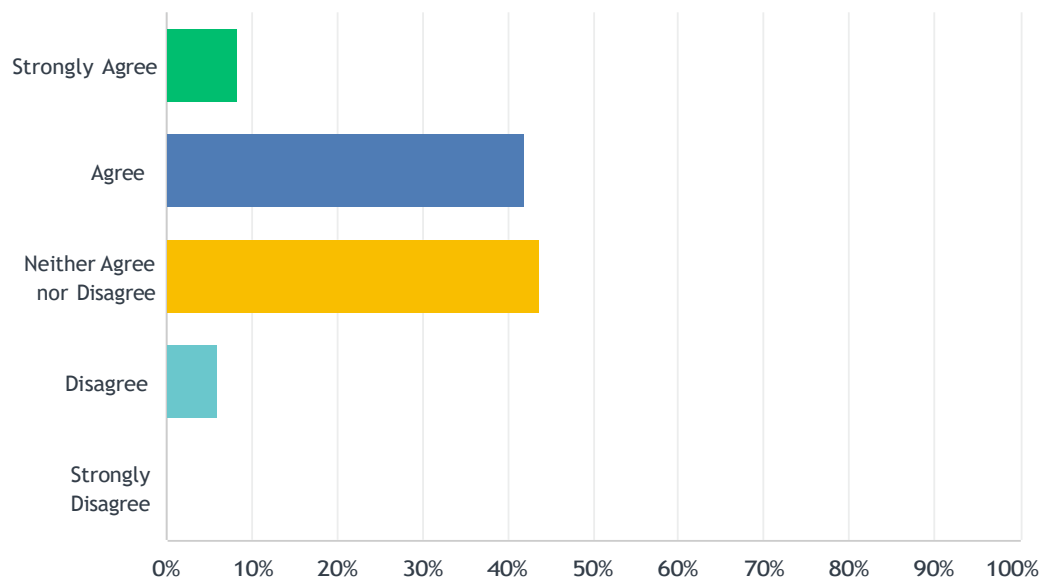
Answered: 118 Skipped: 2



ANSWER CHOICES	RESPONSES	
Strongly Agree	9.32%	11
Agree	17.80%	21
Neither Agree nor Disagree	66.10%	78
Disagree	6.78%	8
Strongly Disagree	0.00%	0
TOTAL		118

Q28 In the past 3 years, CCMC provided education, information, and services related to Prevention of Illness and Disease, Nutrition, and Healthy Lifestyle

Answered: 119 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly Agree	8.40%	10
Agree	42.02%	50
Neither Agree nor Disagree	43.70%	52
Disagree	5.88%	7
Strongly Disagree	0.00%	0
TOTAL		119

Q29 Please offer comments on any topic(s) you feel were not sufficiently addressed in the questions above, as well as any suggestions you have for continuing our efforts at improving access to, and the quality of, healthcare in our community.

Answered: 50 Skipped: 70

#	RESPONSES	DATE
1	please get in house dentistry	10/28/2022 2:45 PM
2	Please shorten this survey	10/28/2022 2:05 PM
3	Only use when needed with no problem	10/26/2022 11:13 AM
4	No comment	8/10/2022 7:44 AM
5	I'm happy to see more providers sticking around Cordova. This is really important. I would like to see that continue	8/8/2022 6:49 PM
6	Nothing	8/6/2022 7:08 PM
7	I don't really know if the above areas have improved as none of them directly affect me, so I rated my agree/disagreement based on my perceptions of improvement.	8/5/2022 12:48 PM
8	I don't know what CCMC does with the programs listed above.	8/5/2022 12:51 AM
9	I do not see much outreach from CCMC	8/4/2022 10:40 PM
10	Family and young adult health	8/4/2022 4:06 PM
11	I'm not sure about those last questions because I go to Ilanka. I don't know what CCMC has improved on. But for somebody who doesn't frequent CCMC, I can say that I don't see any sort of information of improvements on the above listed areas.	8/4/2022 2:07 PM
12	None at this time	8/4/2022 11:57 AM
13	I feel that it's important to have pharmacy access on the weekend. While using Teladoc is more popular and you can get the basics on the weekends you should be able to grab prescriptions as well.	8/4/2022 10:32 AM
14	No comments	8/3/2022 11:43 PM
15	I still feel that the best opportunity for the community is coordinated health care under a tribal model. I think the pandemic was a perfect can sample of healthcare providers working together to knock it out of the park for the community	8/3/2022 10:34 PM
16	I think surveys are a good way to get feedback.	8/3/2022 8:30 PM
17	We need to directly address the party and substance abuse culture that is completely engrained within Cordova and the fishing lifestyle. Things like drunk driving are completely normalized among the youth, and it is a culture issue, not an issue of the substances themselves	8/3/2022 3:52 PM
18	Lack of options relating to childcare, family/parental support was glaring.	8/1/2022 10:40 AM
19	Covid information needs to be stepped up.	7/30/2022 6:22 PM
20	As an older person with pre-existing health conditions, I would appreciate more up-to-date local Covid -19 information so we may better protect ourselves.	7/30/2022 6:14 PM
21	i would like to see continuation of the site that had the tally of communicable disease such as Covid and Monkeypox that are circulating in the community so people can decide what their risk is and take precautions.	7/30/2022 5:24 PM

22	None available.	7/29/2022 2:26 PM
23	i think we really need help with respite care and home health care options	7/29/2022 1:20 PM
24	Hate to loose Dr. gloe	7/29/2022 11:06 AM
25	N/A	7/28/2022 3:36 PM
26	Questions 9 & 10 are fairly leading, as it would be very unusual for anyone to not "value" having a "choice". It would, however, be good to gauge the communities thoughts on combining Primary & BH services. 5 - Very Optimistic 4-Optimistic 3-Neutral 2-Concerned 1-Very Concerned Then provide an option to describe why they feel that way.	7/28/2022 2:55 PM
27	Need kidney dialysis in Cordova	7/28/2022 12:27 PM
28	We need more local doctors. We will continue to choose other healthcare providers in town until CCMC gets good long term, local doctors that will live here and spend their money and resources here.	7/28/2022 8:39 AM
29	N/A	7/28/2022 3:39 AM
30	Continue offering more behavioral health and substance abuse programs	7/27/2022 10:47 PM
31	I often find the PAs step out of their field and do not refer to a specialist quick enough. My family has had multiple scares of being told something is wrong with one of us only to see a specialist and discover nothing alarming.	7/27/2022 6:48 PM
32	N/A	7/23/2022 2:07 AM
33	None thanks	7/20/2022 6:43 PM
34	n/a	7/6/2022 10:58 PM
35	i think we have a good quality of healthcare in our community	7/5/2022 2:54 AM
36	By adding more wellness programs to staff and people in the community	6/29/2022 9:36 PM
37	All topic were addressed. Continue rendering quality health care to community.	6/29/2022 7:44 PM
38	I am not aware of the above services in Cordova only because I must not have. needed them.	6/26/2022 1:14 PM
39	None	6/25/2022 11:27 PM
40	I don't know	6/25/2022 1:51 AM
41	One important aspect of healthcare is reproductive health care. Can women in Cordova access mifepristone and misoprostol locally without travelling to Anchorage? I also want to emphasize the the barrier of cost for medical services, even for people with health insurance. High deductibles (mine is \$5,500 just for me!) and high co-pays (mine is \$55 for medical office visits and \$110 for mental health visits) lead people to put off medical visits or get stuck with huge bills for services.	6/24/2022 12:25 PM
42	I think Covid affected the ability to serve especially with no health fair. No one to blame, just the way it happened.	6/24/2022 12:16 AM
43	None	6/23/2022 6:25 PM
44	People in cordova give importance to those doctor and nurses and to all the stuff who worked hard to give the best service	6/23/2022 5:23 PM
45	None	6/23/2022 4:10 PM
46	Thank you	6/23/2022 4:07 PM
47	Keep up trying to improve medical care in Cordova. It's not an easy thing to tackle but keep at it. Thank you all for caring.	6/23/2022 3:31 PM
48	Home health care; aware of needed staff and licensing	6/21/2022 7:42 PM
49	N/A	6/20/2022 1:58 PM
50	Continue to use social media. Even if we don't necessarily like it, it is effective. That is how I found this survey.	6/17/2022 1:11 PM

Q30 May we contact you for additional information, or with questions about your responses? If yes, what is the best way to reach you? If you provide your contact information, your name will be added to a drawing for prizes including gift cards to local businesses. Thank you for your feedback!

Answered: 68 Skipped: 52

ANSWER CHOICES	RESPONSES	
Phone Number (home)	47.06%	32
Phone Number (cell)	55.88%	38
Phone Number (work)	14.71%	10
Email Address	83.82%	57

#	PHONE NUMBER (HOME)	DATE
1	907-424-7721	10/26/2022 11:13 AM
2	907-429-3029	8/11/2022 10:56 AM
3	9073014100	8/10/2022 7:44 AM
4	9072808400	8/8/2022 6:49 PM
5	907-253-5274	8/6/2022 7:08 PM
6	907-424-5141	8/5/2022 12:48 PM
7	9072534075	8/4/2022 10:32 AM
8	907-424-8100	8/4/2022 1:53 AM
9	907-917-8652	8/3/2022 11:43 PM
10	9083460055	8/3/2022 3:52 PM
11	9074243330	8/1/2022 10:40 AM
12	907 424 7294	7/30/2022 11:28 PM
13	907-424-5455	7/30/2022 6:14 PM
14	907-424-3180	7/30/2022 5:24 PM
15	907-424-8695	7/29/2022 7:47 PM
16	9072533982	7/29/2022 11:06 AM
17	907-831-6504	7/27/2022 9:12 PM
18	907-424-3637	7/23/2022 2:07 AM
19	907 424-7466	7/20/2022 6:43 PM
20	9074243801	7/6/2022 10:58 PM
21	907-424-5135	7/6/2022 4:36 PM
22	9076718078	6/30/2022 9:18 AM
23	9074243489	6/26/2022 1:14 PM
24	9074247830	6/25/2022 11:27 PM

25	5412599668	6/25/2022 7:09 PM
26	9074247347	6/24/2022 11:44 AM
27	9074245272	6/24/2022 12:16 AM
28	4255303096	6/23/2022 6:25 PM
29	4253207886	6/23/2022 4:42 PM
30	907 424 7066	6/23/2022 4:10 PM
31	907 424 3218	6/23/2022 4:07 PM
32	9074243759	6/17/2022 1:11 PM
#	PHONE NUMBER (CELL)	DATE
1	253-5111	10/28/2022 2:05 PM
2	4151568179	10/26/2022 11:05 AM
3	907-429-3029	8/11/2022 10:56 AM
4	9073014100	8/10/2022 7:44 AM
5	907-519-5494	8/8/2022 7:21 PM
6	9072808400	8/8/2022 6:49 PM
7	9072535026	8/3/2022 10:34 PM
8	9072538748	8/3/2022 8:30 PM
9	9073460055	8/3/2022 3:52 PM
10	9074298999	8/1/2022 10:40 AM
11	907 429 5294	7/30/2022 11:28 PM
12	907-429-8327	7/30/2022 6:22 PM
13	9074342206	7/28/2022 3:39 AM
14	9074297527	7/27/2022 10:47 PM
15	9083300361	7/27/2022 7:08 PM
16	907-429-5800	7/20/2022 6:43 PM
17	9073427636	7/6/2022 10:58 PM
18	831-566-2362	6/30/2022 1:24 PM
19	9256403801	6/30/2022 11:21 AM
20	5802840472	6/29/2022 6:52 PM
21	(907)429-3439	6/26/2022 1:14 PM
22	9072533730	6/25/2022 11:27 PM
23	605-695-2268	6/24/2022 12:25 PM
24	9074407347	6/24/2022 11:44 AM
25	9074295273	6/24/2022 12:16 AM
26	540-333-1935	6/23/2022 10:14 PM
27	9072305021	6/23/2022 8:04 PM
28	429-5357	6/23/2022 5:30 PM
29	9074298502	6/23/2022 5:23 PM

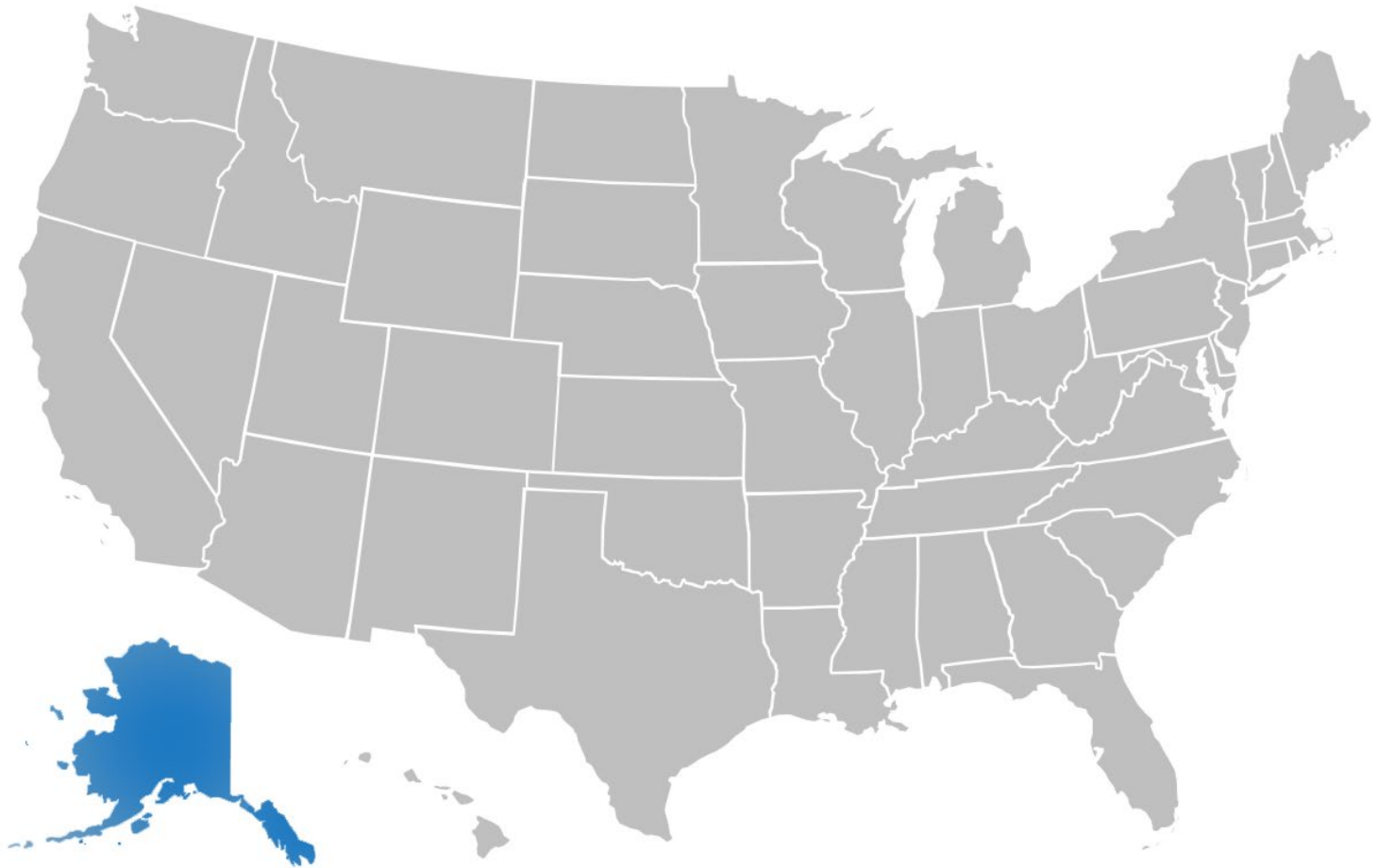
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31	3044063801	6/23/2022 4:13 PM
32	907 253 3015	6/23/2022 4:10 PM
33	907 429 3219	6/23/2022 4:07 PM
34	9078311719	6/23/2022 3:31 PM
35	907-429-4834	6/23/2022 2:17 PM
36	9078855153	6/21/2022 12:22 PM
37	8143127343	6/20/2022 12:59 PM
38	907.253.5756	6/15/2022 5:45 PM
#	PHONE NUMBER (WORK)	DATE
1	907-253-4735	8/11/2022 10:56 AM
2	9073014100	8/10/2022 7:44 AM
3	n/a	7/30/2022 11:28 PM
4	907 424 6274	7/13/2022 3:55 PM
5	9074248236	7/6/2022 10:58 PM
6	9074248233	6/29/2022 6:52 PM
7	9074248276	6/29/2022 6:45 PM
8	9074245674	6/24/2022 7:01 AM
9	4253207886	6/23/2022 4:42 PM
10	9074248259	6/21/2022 7:42 PM
#	EMAIL ADDRESS	DATE
1	hoover907@yahoo.com	8/12/2022 1:13 PM
2	katealexander11@hotmail.com	8/11/2022 10:56 AM
3	Jdsbbq@hotmail.com	8/10/2022 7:44 AM
4	907cdvb@gmail.com	8/8/2022 7:21 PM
5	geb907@gmail.com	8/8/2022 6:49 PM
6	Kingschambercdv@gmail.com	8/6/2022 7:08 PM
7	alaskiejulie@gmail.com	8/5/2022 12:48 PM
8	Sunyoung.an7845@gmail.com	8/4/2022 11:57 AM
9	Karanoelle@hotmail.com	8/4/2022 10:32 AM
10	Voyageable@aol.com	8/4/2022 1:53 AM
11	Llabrock@gmail.com	8/3/2022 11:43 PM
12	claykoplin@gmail.com	8/3/2022 10:34 PM
13	lian_vivian@hotmail.com	8/3/2022 8:30 PM
14	Esteskeegan@gmail.com	8/3/2022 3:52 PM
15	tommysheridan@ymail.com	8/1/2022 10:40 AM
16	sharding@ctcak.net	7/30/2022 11:28 PM
17	alaskanpt@yahoo.com	7/30/2022 6:22 PM

18	Tealadyalaska@gmail.com	7/30/2022 6:14 PM
19	shiella.hanak@gmail.com	7/29/2022 2:26 PM
20	Altana_o@yahoo.com	7/29/2022 11:06 AM
21	sockeyedog@gmail.com	7/28/2022 12:27 PM
22	jessicasmyke@gmail.com	7/28/2022 3:39 AM
23	907moneyshot@gmail.com	7/27/2022 10:47 PM
24	apps2626@sbcglobal.net	7/27/2022 9:30 PM
25	alaskaplatt@yahoo.com	7/27/2022 9:12 PM
26	stevenbrigham0@gmail.com	7/27/2022 7:08 PM
27	nbird5800@gmail.com	7/20/2022 6:43 PM
28	dchisholm@cityofcordova.net	7/13/2022 3:55 PM
29	bjacob@cdvcmc.com	7/6/2022 10:58 PM
30	Kristinwithak73@gmail.com	7/6/2022 4:36 PM
31	vnsa95060@gmail.com	6/30/2022 1:24 PM
32	dmrossi22@gmail.com	6/30/2022 11:21 AM
33	msubido@cdvcmc.com	6/29/2022 7:44 PM
34	mkincaid@cdvcmc.com	6/29/2022 6:52 PM
35	Cordovagardens3@gmail.com	6/26/2022 1:14 PM
36	bwild907@yahoo.com	6/25/2022 11:27 PM
37	ranae2282@icloud.com	6/25/2022 7:09 PM
38	cdvhanson@gmail.com	6/24/2022 3:53 PM
39	annelschaef@gmail.com	6/24/2022 12:25 PM
40	branshawamber@hotmail.com	6/24/2022 11:44 AM
41	Nrsonger@yahoo.com	6/24/2022 7:01 AM
42	rcollins@ctcak.net	6/24/2022 12:16 AM
43	Mrs.Pearson98@gmail.com	6/23/2022 10:14 PM
44	ilyngasmen@outlook.com	6/23/2022 8:04 PM
45	Cmbabic@gmail.com	6/23/2022 6:25 PM
46	Kelseyrae@ctcak.net	6/23/2022 5:30 PM
47	sissychristi@gmail.com	6/23/2022 4:42 PM
48	4trumblee@gmail.com	6/23/2022 4:21 PM
49	Purplemommasue@gmail.com	6/23/2022 4:10 PM
50	mollymulvaney@gmail.com	6/23/2022 4:07 PM
51	p.j.roberts59@gmail.com	6/23/2022 3:31 PM
52	Myra99574@gmail.com	6/23/2022 2:27 PM
53	siebenmorgen@hotmail.com	6/23/2022 2:17 PM
54	mflores@cdvcmc.com	6/21/2022 7:42 PM
55	ymasolini@cdvcmc.com	6/21/2022 12:22 PM

56	brennan2227@gmail.com	6/20/2022 12:59 PM
57	crhs59@gmail.com	6/17/2022 1:11 PM

APPENDIX 4 : County Health Rankings 2021 State Level Data

Alaska



2021 County Health Rankings for Alaska: Measures and National/State Results

Measure	Description	US	AK	AK Minimum	AK Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	8,000	5,300	20,500
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	16%	12%	42%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.7	4.1	3.4	8.3
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.1	3.7	3.5	6.7
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	6%	4%	7%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	17%	19%	16%	45%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² .	30%	32%	23%	52%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	6.4	1.6	8.3
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	19%	17%	33%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	100%	100%	100%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	19%	18%	15%	22%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	38%	0%	100%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	539.9	832.5	156.2	3,264.0
Teen births*	Number of births per 1,000 female population ages 15-19.	21	25	11	84
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	14%	11%	26%
Primary care physicians	Ratio of population to primary care physicians.	1,320:1	1,070:1	1,590:0	350:1
Dentists	Ratio of population to dentists.	1,400:1	980:1	2,150:0	700:1
Mental health providers	Ratio of population to mental health providers.	380:1	200:1	840:0	40:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,236	2,693	1,161	6,041
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	35%	4%	39%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	36%	4%	46%
SOCIAL & ECONOMIC FACTORS					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	88%	93%	79%	98%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	65%	21%	76%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.7%	6.1%	2.8%	19.3%
Children in poverty*	Percentage of people under age 18 in poverty.	17%	13%	5%	36%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	4.2	2.6	6.0
Children in single-parent households	Percentage of children that live in a household headed by single parent.	26%	21%	6%	33%
Social associations	Number of membership associations per 10,000 population.	9.3	11.3	0.0	17.3
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	720	0	1,007
Injury deaths*	Number of deaths due to injury per 100,000 population.	72	97	49	271
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.2	6.5	5.7	13.9
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	18%	20%	11%	69%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	69%	6%	76%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	16%	0%	42%

* Indicates subgroup data by race and ethnicity is available

2021 County Health Rankings: Disaggregated State-Level Racial/Ethnic Data

Measure	Overall	AIAN	Asian	Black	Hispanic	White
HEALTH OUTCOMES						
Premature death*	8,000	17,500	4,500	8,400	4,800	6,200
Life expectancy	79	69.8	87.4	78.6	84.7	80.7
Premature age-adjusted mortality	350	690	200	400	210	300
Child mortality	70	130	50	60	40	40
Infant mortality	6	11	6	5	3	4
Low birthweight*	6%	6%	7%	9%	6%	5%
HEALTH FACTORS						
HEALTH BEHAVIORS						
Drug overdose deaths	18	28	---	24	8	17
Motor vehicle crash deaths	10	17	5	7	4	10
Teen births*	25	45	28	22	25	16
CLINICAL CARE						
Preventable hospital stays*	2,693	5,155	2,488	3,634	1,595	2,256
Mammography screening*	35%	30%	27%	35%	31%	37%
Flu vaccinations*	36%	25%	43%	27%	31%	38%
SOCIAL & ECONOMIC FACTORS						
Reading scores [^]	---	N/A	---	---	---	---
Math scores ⁺	---	N/A	---	---	---	---
Children in poverty* [‡]	13%	30%	20%	20%	14%	8%
Median household income	\$77,200	\$50,000	\$73,000	\$62,200	\$69,500	\$85,800
Injury deaths*	97	203	35	79	50	83
Homicides	8	18	6	21	8	5
Suicides	27	54	10	12	10	23
Firearm fatalities	24	39	11	34	16	21
PHYSICAL ENVIRONMENT						
Driving alone to work*	69%	47%	61%	62%	69%	72%

* Ranked measure

[^] Data not available for AK, AZ, LA, MD, NM, NY, VT

⁺ Data not available for AK, AZ, LA, MD, NY, VT, VA

[‡] Overall county level values of children in poverty are obtained from one-year modeled estimates from the Small Area Income and Poverty Estimates (SAIPE) Program. Because SAIPE does not provide estimates by racial and ethnic groups, data from the 5-year American Community Survey (ACS) was used to quantify children living in poverty by racial and ethnic groups.

N/A indicates data not available for this race/ethnicity.

--- Data not reported due to NCHS suppression rules (A missing value is reported for counties with fewer than 20 deaths or 10 births.)

2021 County Health Rankings: Ranked Measure Sources and Years of Data

Measure		Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2017-2019
Quality of Life	Poor or fair health	10%	Behavioral Risk Factor Surveillance System	2018
	Poor physical health days	10%	Behavioral Risk Factor Surveillance System	2018
	Poor mental health days	10%	Behavioral Risk Factor Surveillance System	2018
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2013-2019
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking	10%	Behavioral Risk Factor Surveillance System	2018
Diet and Exercise	Adult obesity	5%	United States Diabetes Surveillance System	2017
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
	Physical inactivity	2%	United States Diabetes Surveillance System	2017
	Access to exercise opportunities	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	2.5%	Behavioral Risk Factor Surveillance System	2018
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2015-2019
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2013-2019
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2018
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2018
	Dentists	1%	Area Health Resource File/National Provider Identification file	2019
	Mental health providers	1%	CMS, National Provider Identification	2020
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2018
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2018
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2018
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	5%	American Community Survey, 5-year estimates	2015-2019
	Some college	5%	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	10%	Bureau of Labor Statistics	2019
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2019
	Income inequality	2.5%	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2015-2019
	Social associations	2.5%	County Business Patterns	2018
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2015-2019
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2016
	Drinking water violations	2.5%	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2015-2019

*Indicates subgroup data by race and ethnicity is available

2021 County Health Rankings: Additional Measure Sources and Years of Data

Measure		Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Life expectancy*	National Center for Health Statistics - Mortality Files	2017-2019
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2017-2019
	Child mortality*	National Center for Health Statistics - Mortality Files	2016-2019
	Infant mortality*	National Center for Health Statistics - Mortality Files	2013-2019
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2018
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2018
	Diabetes prevalence	United States Diabetes Surveillance System	2017
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2018
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2017-2019
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2013-2019
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2018
	Uninsured children	Small Area Health Insurance Estimates	2018
	Other primary care providers	CMS, National Provider Identification	2020
SOCIAL & ECONOMIC FACTORS			
Education	High school graduation	EDFacts	2017-2018
	Disconnected youth	American Community Survey, 5-year estimates	2015-2019
	Reading scores* ⁺	Stanford Education Data Archive	2018
	Math scores* ⁺	Stanford Education Data Archive	2018
Income	Median household income*	Small Area Income and Poverty Estimates	2019
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2018-2019
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2015-2019
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2015-2019
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2013-2019
	Suicides*	National Center for Health Statistics - Mortality Files	2015-2019
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2015-2019
	Juvenile arrests ⁺	Easy Access to State and County Juvenile Court Case Counts	2018
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2015-2019
	Severe housing cost burden	American Community Survey, 5-year estimates	2015-2019
	Broadband access	American Community Survey, 5-year estimates	2015-2019

*Indicates subgroup data by race and ethnicity is available

⁺ Not available in all states

See additional contextual demographic information and measures online at www.countyhealthrankings.org

2021 County Health Rankings for the 25 Ranked Boroughs in Alaska

Borough	Health Outcomes	Health Factors	Borough	Health Outcomes	Health Factors	Borough	Health Outcomes	Health Factors
Aleutians East	NR	NR	Juneau	4	1	Petersburg	13	9
Aleutians West	16	12	Kenai Peninsula	7	13	Prince of Wales-Hyder	18	18
Anchorage	9	4	Ketchikan Gateway	10	10	Sitka	2	2
Bethel	23	24	Kodiak Island	1	7	Skagway	NR	NR
Bristol Bay	NR	NR	Kusilvak	25	25	Southeast Fairbanks	3	14
Denali	12	5	Lake and Peninsula	19	20	Valdez-Cordova	5	8
Dillingham	21	19	Matanuska-Susitna	8	11	Wrangell	14	15
Fairbanks North Star	6	3	Nome	22	22	Yakutat	NR	NR
Haines	11	6	North Slope	17	16	Yukon-Koyukuk	20	21
Hoonah-Angoon	15	17	Northwest Arctic	24	23			

For more information on how these ranks are calculated visit www.countyhealthrankings.org



Stay Up-To-Date with County Health Rankings & Roadmaps

For the latest updates on Rankings, What Works for Health, Action Learning Guides, and more visit www.countyhealthrankings.org.

You can see what we are featuring on our webinar series, what communities are doing to improve health, and how you can get involved!

Talk to a Team Member:

Have questions about your data? Need help finding an evidence-informed strategy? Looking for more information on how to start taking action? CHR&R team members are available to help you navigate the many resources we have available to support you on your journey to create healthy, equitable communities.

To contact us, please go to www.countyhealthrankings.org/contact-us. We're here to help!

Technical Notes

How are race and ethnicity categories defined?

Race and ethnicity are different forms of identity but are sometimes categorized in non-exclusive ways. Race is a form of identity constructed by our society to give meaning to different groupings of observable physical traits. An individual may identify with more than one race group. Ethnicity is used to group individuals according to shared cultural elements. Racial and ethnic categorizations relate to health because our society sorts groups of individuals based on perceived identities. These categorizations have meaning because of social and political factors, including systems of power such as racism. Examining the variation among racial and ethnic groupings in health factors and outcomes is key to understanding and addressing historical and current context that underlie these differences.

Data sources differ in methods for defining and grouping race and ethnicity categories. To incorporate as much information as possible in our summaries, County Health Rankings & Roadmaps (CHR&R) race/ethnicity categories vary by data source. With a few exceptions, CHR&R adheres to the following nomenclature originally defined by [The Office of Management and Budget \(OMB\)](#):

American Indian & Alaska Native (AIAN): includes people who identify as American Indian or Alaska Native and do not identify as Hispanic.

Asian: includes people who identify as Asian or Pacific Islander and do not identify as Hispanic.

Black: includes people who identify as Black or African American and do not identify as Hispanic.

Hispanic: includes people who identify as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin.

White: includes people who identify as White and do not identify as Hispanic.

Note:

- Racial and ethnic categorization masks variation within groups.
- Individuals may identify with multiple races, indicating that none of the offered categories reflect their identity; these individuals are not included in our summaries.
- OMB categories have limitations and have changed over time, reflecting the importance of attending to contemporary racialization as a principle for examining approaches to measurement.
- For some data sources, race categories other than White also include people who identify as Hispanic.

Learn More:

The above definitions apply to all measures using data from the [National Center for Health Statistics](#) (see Ranked & Additional Measure Sources and Years of Data tables on pages 4 & 5). For this data source, all race/ethnicity categories are exclusive so that each individual fits into only one category.

Other data sources offer slight nuances of the race/ethnicity categories listed above. [The American Community Survey](#) (ACS) only provides an exclusive race and ethnicity category for people who identify as non-Hispanic White. An individual who identifies as Hispanic and as Black would be included in both the Hispanic *and* Black race/ethnicity categories. Another difference with ACS data is the separate race categories for people who identify as Asian and people who identify as Hawaiian & Other Pacific Islander. For measures of Children in Poverty and Driving Alone to Work, CHR&R reports a combined estimate for the Asian & Other Pacific Islander categories, while for Median Household Income we only report the Asian race category.

Measures using data from the [Center for Medicare and Medicaid Services](#) (Mammography, Preventable Hospital Stays, Flu Vaccinations) follows the ACS categories with the exception of having a combined Asian/Pacific Islander category. For this data source, race and ethnicity are not self-reported.

The [Stanford Education Data Archive](#) used for the Reading and Math Scores measures follow the [National Center for Education Statistics](#) (NCES) definitions of Asian or Pacific Islander, American Indian & Alaska Native, non-Hispanic Black, non-Hispanic White, and Hispanic.



How do we rank counties?

To calculate the ranks, we first standardize each of the measures using z-scores. Z-scores allow us to combine multiple measures because the measures are now on the same scale. The ranks are then calculated based on weighted sums of the measure z-scores within each state to create an aggregate z-score. The county with the best aggregate z-score (healthiest) gets a rank of #1 for that state. To see more detailed information on rank calculation please visit our methods in **Explore Health Rankings** on our website: www.countyhealthrankings.org.

January 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Happy New Year! 	2 All CCMC Offices CLOSED	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 Board of Directors Meeting 6PM	27	28
29	30	31				

February 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14 Valentines Day 	15	16	17	18
19	20 CLOSED PRESIDENTS DAY 	21	22	23 Board of Directors Meeting 6pm	24	25
26	27	28				