

Cordova Community Medical Center

Community Health Needs Assessment and Key Informant Interview Findings

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TABLE OF CONTENTS

Introduction 2

Survey Findings 3

Key Informant interviews 10

Conclusions, Recommendations, and Acknowledgements 10

Establishing Health Priorities 22

Improving Population Health in Your Community..... 23

Population Health Critical Access Hospital Case Studies..... 26

APPENDIX A: Survey Instrument..... 28

APPENDIX B: Survey “Other” Comments..... 31

APPENDIX C: Key Informant Invitation and Questions 34

INTRODUCTION

Cordova Community Medical Center (CCMC) participated in community health needs assessment services, administrated by the National Rural Health Resource Center (The Center) of Duluth, Minnesota.

In the winter of 2016, The Center conferred with leaders from CCMC to discuss the objectives of a regional community health needs assessment. A mailed survey instrument was developed to assess the health care needs and preferences in the service area. The survey instrument was designed to be easily completed by respondents. Responses were electronically scanned to maximize accuracy. The survey was designed to assemble information from local residents regarding:

- Demographics of respondents
- Utilization and perception of local health services
- Perception of community health

Sampling

CCMC provided The Center with a list of inpatient hospital admissions. Five hundred fifteen residents were selected randomly from PrimeNet Data Source, a marketing organization. Although the survey samples were proportionately selected, actual surveys returned from the area varied. This may result in slightly less proportional results.

Survey Implementation

In November, 2016, the community health needs assessment, a cover letter with CCMC's letterhead and a postage paid reply envelope were mailed first class to 515 randomly selected residents in the targeted region (one zip code). A press release was sent to local newspapers prior to the survey distribution announcing that CCMC would conduct a community health needs assessment throughout the region, in cooperation with The Center.

One hundred twelve (112) of the mailed surveys were returned, providing a 24% response rate. Based on the sample size, surveyors are 95% confident that the responses are representative of the service area population, with a margin of error of 6.89. Note that 55 of the original 515 surveys sent were returned by the U.S. Postal Service as undeliverable.

This report includes comparisons to averages from The Center's overall community health needs assessment database (CHNA Database) where applicable. Please note, sample sizes are different for each community, but are comparable.

Recommendations are included for developing and implementing program plans to address key health issues identified by the community. A copy of the survey instrument is included at the end of the report (Appendix A).

Report Findings May be Used For:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community’s engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development

Survey Findings

The Center has been administering CHNAs in rural communities across America for over 25 years, which enables historical and comparative analysis if applicable. Comparative analysis from the CHNA Database is included when questions, field selections and methodology are standardized.

In the following tables and graphs, the question asked on the mailed survey is emboldened and the question number from the mailed survey is appropriately labeled as “Q4”.

Community Health

Q1: How would you rate the general health of our community? Based on The Center’s CHNA Database, 40% of respondents rate their community as “Healthy” and 42% as “Somewhat Healthy”. **(N=112)**

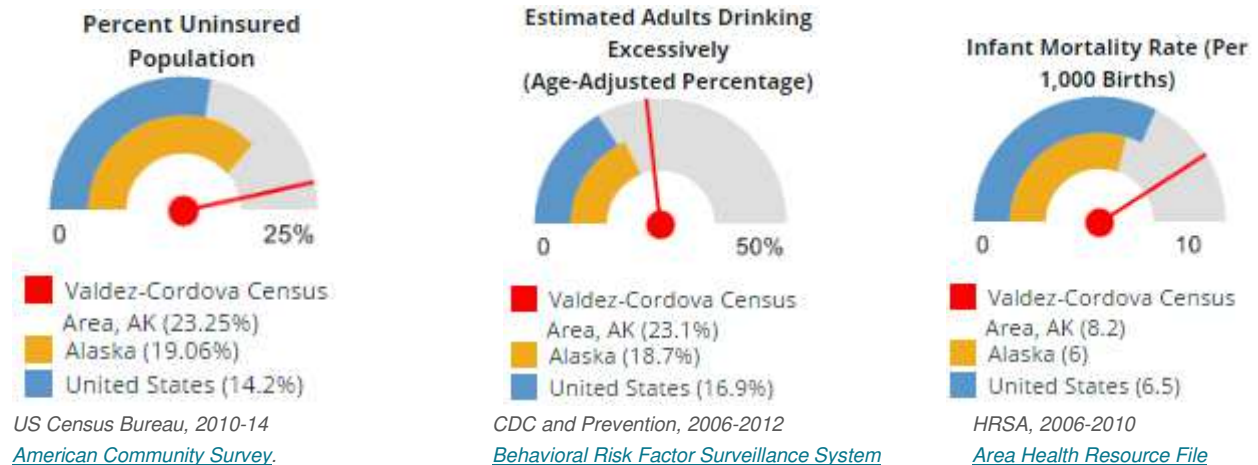
Perception of Community Health					
No Answer	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
5%	6%	29%	55%	4%	1%
n=6	n=7	n=32	n=62	n=4	n=1

Q2: What are the three most pressing health concerns in the community? Respondents were asked to select three that apply, so totals do not equal 100%. **(N=112)**

Health Concerns	n=	2016
Substance abuse	57	51%
Alcohol abuse	54	48%
Access to specialists	43	38%
Affordable health care	35	31%
Prenatal labor & delivery	29	26%
Prescription drug affordability	19	17%
Chronic disease management (diabetes, heart failure)	15	13%
Obesity	14	13%
Healthy lifestyles (exercise/nutrition)	13	12%
Cancer	12	11%
Geriatric care (seniors)	12	11%
Mental health services	11	10%
Heart disease/stroke	7	6%
Smoking	6	5%
Access to primary care	5	4%
End-of-life care	5	4%
Wellness/prevention services	5	4%
Other	5	4%
Ability to service different languages/cultures	4	4%
Dental services	4	4%
Asthma	1	1%
Reliable health information	1	1%

Your County's Top Health Concerns

Source: Accessed through [Community Commons](#)



Meeting Community Health Needs

Q5: What can Cordova Community Medical Center do to best meet the health needs of our community? This was an open ended question where respondents were able to write in any answer they wanted. The top answer topics are listed below. See the full list of answers in [Appendix B](#). (n=82)

- Staffing (25)
- Reduce Cost (15)
- Education (10)
- Specialist Care (10)
- Labor and delivery services (7)

Q3: What is the greatest health education need in our community?

Respondents feel the need for “Mental health/substance abuse education” and “Health screenings”. **(N=112)**

Health Education Needs	n=	2016
Mental health/substance abuse education	38	34%
Health screenings	23	21%
Healthy lifestyles education	16	14%
Disease specific information	12	11%
Obesity prevention	7	6%
No Answer	6	5%
Tobacco prevention & cessation	4	4%
Oral/dental health education	2	2%
Reproductive health education	2	2%
Other	2	2%

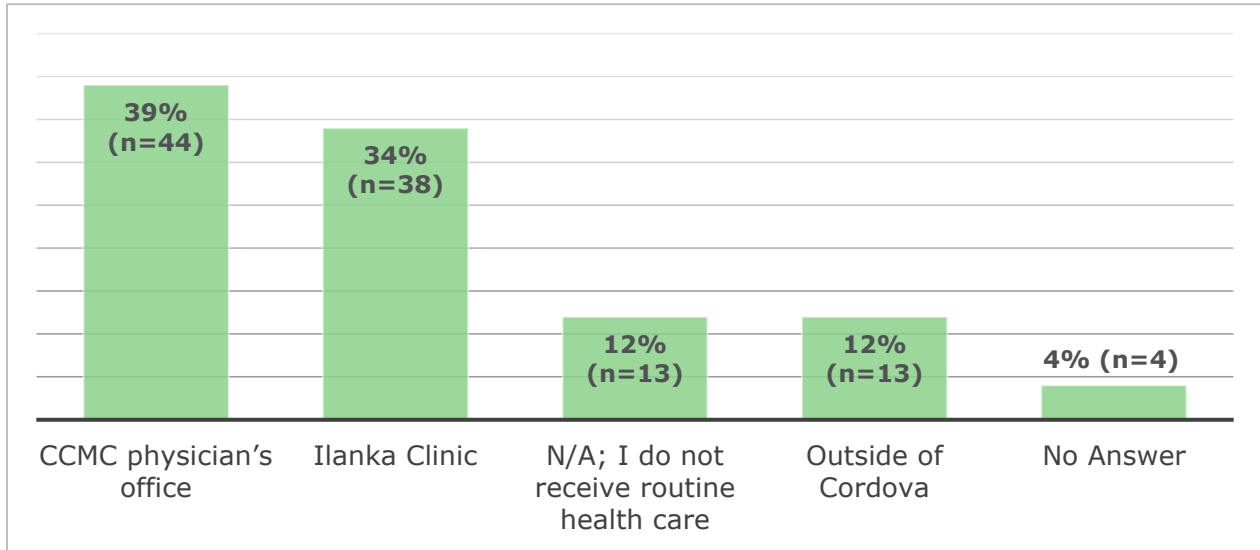
Q4: What is your preferred method to receive education on health issues

through Cordova Community Medical Center (CCMC)? Community classes are the most frequently cited mode for receiving health education, according to respondents. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=111)**

Preferred Method of Learning	n=	2016
Classes in the community	57	51%
Pamphlets or other printed materials	42	38%
CCMC website	32	29%
Facebook/social media	32	29%
Newspaper	28	25%
Radio	24	22%
GCI Scanner	18	16%
Other	2	2%

Routine Care

Q6: Where are you most likely to go for routine health care? The majority of respondents are most likely to go to a physician’s office for routine health care. **(N=112)**



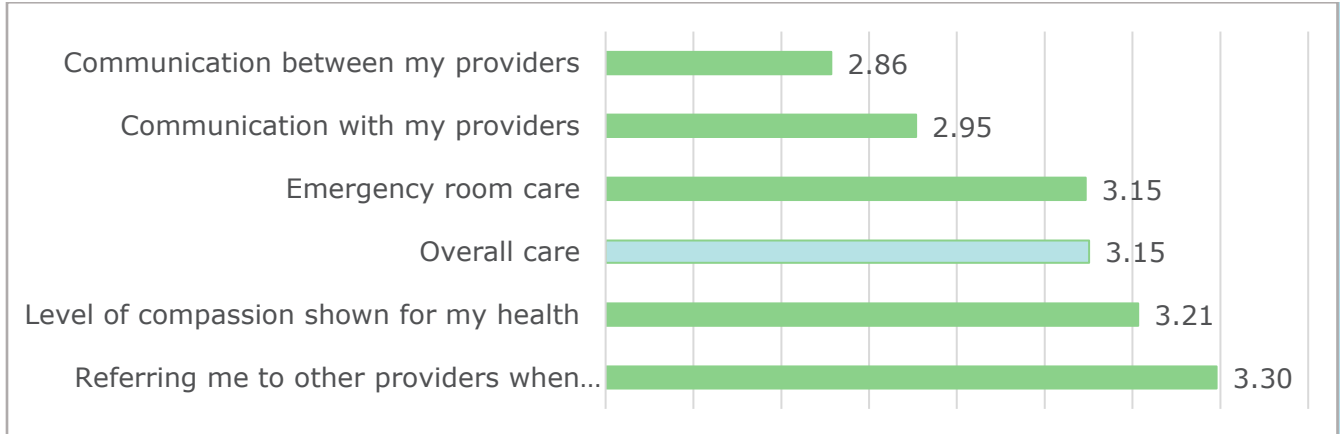
Reason for Selecting the Primary Care Provider

Q7: If you use primary care outside of CCMC, why? The top response, according to The Center’s CHNA Database, is “Closest to home”. Respondents were asked to select all that apply, so totals do not equal 100%. **(n=100)**

Reason for Selecting Provider	n=	2016
Prior relationship with other provider	34	34%
Other	22	22%
Cost of care	20	20%
N/A I always receive care at CCMC	19	19%
More privacy	18	18%
Quality of staff elsewhere	15	15%
Quality of equipment elsewhere	14	14%
Required by insurance plan	11	11%
Closest to home	4	4%
VA/Military requirement	4	4%
Closest to work	1	1%

Rate Primary Care Services

Q9: Please rate the effectiveness of health care services at CCMC on a scale of 1-4. Non-numerical selections were eliminated and the sums of the average weighted scores were calculated. The total average weighted score was 3.15, indicating the overall effectiveness of services as "Good". **(N=112)**



Rate PC Services (N=159)	Average Weighted Score	No Answer	Excellent 4	Good 3	Fair 2	Poor 1	Not Applicable
Referring me to other providers when appropriate	3.30	12	26	38	7	4	25
Level of compassion shown for my health	3.21	9	19	48	15	4	17
Overall care	3.15	10	16	33	16	5	32
Emergency room care	3.15	7	39	36	14	3	13
Communication with my providers	2.95	8	34	26	9	2	33
Communication between my providers	2.86	9	31	47	13	2	10
Average weighted Score	3.15						

Greatest Specialty Need

Q10: What type of specialist would you like to have access to most in our community? Respondents would most like to have access to an Obstetrics/Gynecology specialist. This was also requested through key informant interviews. **(N=112)**

Requested Specialist	n=	2016
Obstetrics/Gynecology	24	21%
No Answer	15	13%
General surgery	12	11%
Cardiology	11	10%
Ear, nose & throat	11	10%
Chronic acute pain	8	7%
Orthopedics	7	6%
Other	5	4%
Dermatology	4	4%
Psychiatric services	4	4%
Endocrinology/diabetes	3	3%
Urology	3	3%
Ophthalmology	2	2%
Rheumatology	2	2%
Podiatry	1	1%

KEY INFORMANT INTERVIEWS

Introduction

The National Rural Health Resource Center (The Center) of Duluth, Minnesota was contracted by Cordova Community Medical Center to conduct key informant interviews to provide qualitative data on the strengths and needs of local health care services.

Key Informant Methodology

Seven key informant interviews were scheduled in November and December, 2016. Key informants were identified as individuals who provide leadership in the community. Invitations were mailed for the surveyor to call the key informant. Key informants received the list of questions attached ([Appendix C](#)) prior to the call. Each key informant session was approximately 30 minutes in length and included the same types of questions. The questions and discussions were led by Kami Norland and Sally Buck of The Center.

Key Informant Findings

1. Describe the overall health of this community.

Alcohol/Substance Misuse

- “There is a heroin epidemic here”
- Fair amount of drug and substance abuse – alcohol, smoking, meth and opioid use
- Alcoholism is an issue and we have a drug problem (heroin and crystal meth)
- Recreational use of marijuana
- Two classes of people in town; those who exercise and get outside and substance abusers

Health Concerns

- Not overly healthy – a lot smoking and obesity
- It’s not an overly active community
- It’s pretty good; I don’t go to the doctor often because I’m health conscious

Location/Population

- Good, but there are issues with living in a remote location
- There is a large transient population with specific health issues such as trauma, alcohol and drugs

- We're off the road, the only way in is by plane or boat and those that have severe health concerns move, so those that are healthy, stick around with the exception of some with more chronic diseases
- There is choice in providers with a female/male, 2 clinics, and a dentist and a behavioral health/cd services= great access to care given the size of the town
- Two communities in Cordova – Native village of Eyak and citizens of Cordova – served by both clinics
- Cordova is a fairly health town with a younger population that fishes, there are some older folks that have lived here for generations, there are also transients here where the population doubles in the summer
- The local grocery store sells organic food and there is a need/desire for these products

Overall Health Concerns

- Aging population
- Kidney and cardio vascular diseases
- Some people are able to do kidney dialysis at home which is nice

2. What is the greatest health need in the community?

Lack of Access to Specialty Services

- Having to travel away for care is really hard for the individual and their family member
- Having the entire health system of services available for the community
Cancer is highly prevalent but we can't meet the needs of these patients without their having to travel to Anchorage or Seattle, it would be nice to have oncology services available locally
- There is no specialty care available, especially OBGYN, no eye care, no surgeon
- "It would be much more convenient to birth babies locally as families have to leave for Anchorage one month ahead of their due date and find a place to live; which is expensive and challenging"
- Not having the ability to do more emergency medicine and surgery
- Having access to a surgeon would be really nice; we must travel to Anchorage for emergency surgeries such as an appendectomy or fractures
- No home health here which would be very beneficial
- Having the ability to do screenings; mammography, MRI, colonoscopies
- Reduce Medi-vac procedures
- Preventative care
- Emergency care

Health Education

- “General health is a need everywhere and we have these services, but we need to work on the addiction of opioid and illicit drugs- how do we combat these needs?”
- “We have mental health and substance use: sound alternatives; but how can these partnerships be fostered further to better help the needs of the community?”

3. What do you think CCMC could do to increase the health of the community? Where are the opportunities to collaborate?

Reduce Duplication of Services in Town

- “Collaborate with the other clinic as they see the majority of patients in town. CCMC might be a more viable option over the other clinic because of the hospital based care”
- “CCMC should be stronger and better for the community”
- “There is a lab at both clinics in town; the difference being that NVE accepts all patients and offers a sliding fee scale; so CCMC could focus on hospital services rather than primary care”
- Behavioral health offered at both sites. Maybe there is a way to collaborate on behavioral health for state funds (CCMC) and federal funds at NVE?
- “Merge primary care clinics to save funds? Although there are cultural impediments to overcome. Especially in the winter.
- There is an opportunity for both the clinics in town to collaborate but they will need to overcome past issues. Formerly they were co-located.

Enhance Collaborations

- Collaborate with public health
- Collaborate with employers
- Collaborate more with the mental health agency, family resource center and substance abuse program
- Collaborate more with Sound Alternatives
- Collaboration with others is needed

Outreach and Education

- Increase awareness of services through outreach and education, starting with longer organizations – city, electric, forestry, fish processing plant, etc. Encourage local utilization and promote staff capabilities
- Increase general education with the community – expand health fairs
- One of the doctors is doing monthly information programs in the evenings (diabetes for example) and this is really important and I’d like to see this expand and continue

- Create an approach to benefit the whole community and others that can benefit
- Be sure to provide services to the Philippine population; these seasonal employees are important too
- Education on services available; we've done this already but we need to keep doing this in different ways

Internal Processes

- Improve operations, improve energy efficiency, lease out space
- The hospital has a good facility and it is clean, but they have limited funds
- Community has concern about quality of care; reputation was poor past decade
- Need to improve the quality and promote the services
- "Having two full – time physicians living in the community is helpful, but I'm not sure if everyone knows about them yet?"
- We have 2 permanent physicians now which has really helped
- They're doing a good job; new providers are doing great; health fair is fun and a big deal; do the health fair in the fall too to be more accessible for other's schedules
- Have a nurse oversee tele-medicine services?
- Provide more skilled nursing, don't separate the nursing home

4. In your opinion, what are some of the strengths (availability, quality) of the health services offered at CCMC?

Staff and Leadership

- Physicians are a strength – family medicine. One was in military with emergency experience. Dedicated to improving care
- Staff are dedicated – four doctorate level beyond physicians, smart and talented
- Two doctors available – male and female for primary care not just emergency
- Staff seems to get along well
- Staff is friendly and new CEO is great, physicians are good
- CEO is now meeting with FQHC monthly, trying to rebuild cooperation
- Working on collaboration with NVE – new leadership in both organizations
- Two very new doctors; one male, one female to help treat people in their own comfort zone, very good paramedics and EMS services, close working relationship with staff
- Good people working here
- Staff are part of the community, so you're getting treated by a friendly person

- Nursing care is excellent and is a draw from other towns
- Services are good by physicians and nurses
- Quality of care is good
- Care at the hospital was good and responsive to needs

Services

- Radiology – x-ray, long term care facilities, certified lab, emergency room – admit or triage and Medi-Vac are all excellent
- 24-hour emergency services
- “It is good to have a CT scan for stroke care locally”
- Large facility, centrally located, good suite of services
- Good access to care where appointments are available
- Good coordination between hospital and pharmacy
- Triage quickly for life flight
- Communication with Anchorage hospital is effective, but paper work may be a day late which can put a snag in communication a bit, but diagnosis and lab communication is good; with EHR, care has improved
- “Behavioral health counseling is located at the clinic which is great”
- Hospital has laboratory and imaging
- “Hospital has decent lab, CT scan, x-ray services”
- Telehealth for behavioral health is helpful
- More available than any other services, appointments are easy to get day of, emergency care is open 24-7 is available; 10-15 minute wait for ER care
- “Quality of care for general care is excellent; specialty services are not always available, no baby deliveries, no surgeries, some specialty clinical services come in, but it’s hard to know when they come and to coordinate schedules to meet their availability”
- Billing timing is chaotic, won’t get bill until 3-8 months later sometimes, bills are accurate
- Billing process is much better now as it is more prompt now
- Lab tests and medical tests come through very well
- Convenience
- ER is good and they’ve been able to manage/stabilize complex trauma situations
- Clinic is not to the point of utilizing their EHR as advanced as the CHC in town
- Health fairs are great
- Sport physicals are great
- Senior lunches are wonderful
- Meals and wheels are great

5. In your opinion, what are some of the barriers of the health services available at CCMC?

Lack of Access to Services

- Don't have MRI and specialists
- "It's a two or three -day trip to see specialists or get diagnostics done and you have to take the ferry or jet flight; which can be challenging with weather issues"
- "Lack of an ICU"
- "I have a choice of care and CCMC is not my first choice, wouldn't go there myself due to the lack of specialty services and getting referred out anyways"
- Deliveries (OB) have to happen in Anchorage – issues – leave employment for a month before due date. Families are separated.
- "Pre-natal care and deliveries are provided outside Cordova which is expensive to set up household arrangements in Anchorage for a month"
- It's challenging to plan ahead to see a specialist either locally or in Anchorage, then it's also challenging to travel when you're not feeling well
- Lack of access to specialty services
- Imaging – CT scan and x-ray
- Lack of population to support all typical services available in health care and break even
- Low volume for services, maintaining staff and skills and quality with duplication of services
- Being geographically remote and off the road system. All transfers by air or ferry
- Not aware of CCMC using telehealth
- Might be perception of low quality and need for outreach
- Access to psychiatric services
- Inpatient psychiatric services are sent to anchorage
- Lack of access to psychiatric services via tele-med

Internal Processes

- "Departments don't seem to talk to each other; there is a lack of procedures and communications"
- "Long -term care patients not always monitored closely"
- Paperwork process is not streamlined at ED or registration
- "Seems like staff aren't happy with EHR. Staff turnover and locum tenens don't know procedures. Not friendly to NVE patients"
- "Food services aren't meeting patient requests and comes late for the long term care residents"
- "Continuity of providers and trust in service and quality"

- “Typically, no permanent nurses or physicians has challenged CCMC’s reputation which impacted quality of care; although they are working towards permanent staff and continuity of care”
- Confidentiality in small community for behavioral health
- Two clinics: the native clinic has split the community and my doctor got run out of town so I followed her; this hindered the community with access to the clinic due to its “good ol’ boys club” mentality
- “With past turnover, I’m less likely to establish a relationship with a CCMC provider now”
- With past turnover, less likely to establish with provider

Cost of Care

- Cost; low volume and scope for specialties and surgery
- Cost of connections – must have redundancy in broad band for internet – fiber and microwave radio backup (\$80,000/month)
- Issues with uncompensated care; Medicaid expansion – has actually caused bad debt to go up with high health deductibles.
- Medi-Vac is costly
- Economics – low volume and far from other specialists
- Finances are a barrier for some
- clinic has competition from IHS that can offer a sliding scale which is beneficial for the community, Clinic offers community benefit for some
- Financial situation is a closed market- small market to generate revenue, need to push swing beds

6. What new health care services would you like to see available locally?

- OB/GYN
- Pediatrician
- Birthing facilities and providers
- Delivery services
- Previously C-Sections were performed locally
- Operating Room put back together (currently a meeting space)
- “Don’t Medi-Vac all patients”
- Perhaps telemedicine
- Not aware of all that is available
- Physical therapy if not available
- Occupational health
- Health screenings if not available
- Ophthalmology
- Dermatology
- Expand primary care services
- Level 4 Trauma designation

- Maybe population health – chronic disease management services
- Potentially more telehealth services
- “There’s a lot of pilots in the area, so I’d like to see more specialty clinic that could do aviation physicals more than once a year (every 3 months); plan this out and let people know ahead of time so they can plan with the FAA”
- Specialty clinic like internal medicine, endocrinologist, orthopedics, work with other clinics to network care
- Cancer- oncology services
- There’s services available, I just don’t need them at this time

7. Why might people leave Cordova for health care?

- OB not available
- Ultrasound and sonograms now available locally
- Orthopedics, urology, and other non-primary care services are not available
- NVE is offering eye care quarterly
- Only one dentist locally – many go to Anchorage.
- Perceived quality and availability of services
- Some Veterans leave for care at VA – Anchorage
- Perceived quality – bigger is better
- Confidentially
- Services not available such as specialists (2)
- Specialty care (maternity, delivery) services that are not offered
- Limited dental access and low perception of quality
- Personality conflict with a provider
- Second opinion
- “40% of people don’t get primary care locally according a previous study, so people are leaving for care to go shopping and receive specialty care in anchorage”
- You get more of a choice of health care if you go elsewhere
- Distrust
- People follow doctors when they leave town

8. What are some of the benefits of having health services available locally?

Convenience

- Peace of mind
- Safety net for commercial fishing industry
- Convenience
- No wait lines in the ER room
- You don’t have to travel

- You get to see your provider on a more regular basis
- It's easier to get in; no wait time
- Access to care is very good
- People are more apt to get care if care is available
- Don't have the expense of living away from home

Community Impact

- Provides stability for the community
- Allows for Coast Guard base to be there and other businesses
- Coast Guard here because of hospital and clinic
- "Get primary care locally, get triaged and Med-Vac. People are able to stay in the community who live here as there is an ED and primary care"
- Fishing industry is dangerous – important to have emergency services available locally
- Attracting and retaining employees to Cordova – ask about health services and schools. Health services are an asset
- Elderly and retirees are attracted to stay due to hospitals
- Immediate access for primary care and ED
- Geographic remoteness – sometimes limited by weather and CCMC provides services locally. (Ferry runs 4 days a week in winter 3-7 hours and 45-minute flight – two a day)

Access to Care

- Long term care services – stay in Cordova locally
- Access – know the doctor and staff
- Access to emergency care
- Work with both Providence and the other hospital in Anchorage
- People in Cordova are very outdoorsy and if you have an accident, you have access to an ER to help stabilize then refer back

Other Comments

- High fixed costs, so better utilization will help with sustainability
- Collaboration is important to share services and costs
- Increased outreach for marketing and utilization
- Lots of opportunities for health care, but we're limited with location and a small population
- "There are a lot of unknowns right now in the direction of healthcare from a federal standpoint given our new administration, so I'd like to assure that CCMC has a safe, strategic plan to navigate whatever comes about from federal regulation changes"
- "There is a lot of paper work involved in the new quality reporting requirements that take up a lot of time and can be burdensome to staff;

it would be great to find a way to streamline these reporting processes and requirements while still maintaining high quality care standards”

- Behavioral health was more involved in long term care folks previously, which was very nice; behavioral health assessments were provided in the ER; it would be nice to get nurses more trained on behavioral health issues
- “Getting other doctors credentialed here is a biggie”
- Collaborate a lot more with the native community: build the relationship back with them; the city and the hospital have been at odds with the tribe so the tribe doesn’t trust them now, so they need to build trust back
- One thing the hospital needs to do is have some greater sustainability with the CEO position; there have been 9 CEOs in 6.5 years so about the time the CEO gets to doing anything, the health services board/city council changes the CEO- which seems to be mainly due to political reasons; however despite the changes in CEO leadership as well as the CFO and DON positions, the quality of care appears to have remained consistent throughout each transition and overall, morale is positive amongst staff

CONCLUSIONS, RECOMMENDATIONS, AND ACKNOWLEDGEMENTS

Conclusions

Respondents rate the community as “somewhat healthy” with substance and alcohol abuse rated as a top health need. Education on mental health and substance abuse services through community classes was requested. Access to specialty care services, in particularly OB/GYN and birthing services was frequently identified from both the survey and key informant interviews. Respondents perceive the quality of care at CCMC as “good” and acknowledge that services and reputation are improving.

Recommendations

Noting the changes in health care reimbursement structures, hospitals will begin to be reimbursed based on the population’s health outcomes. This transformation is changing the definition of hospital volume from the number of procedures and interventions to the number of patients being seen in the service area. Capture a greater market share by expanding efforts towards individuals that are currently healthy and not currently utilizing local health services by engaging the community in prevention/wellness activities and health education. Providers and the board should also be educated on this transition as it is imperative for future sustainability and viability of each organization.

It is also recommended each facility increase efforts on role modeling wellness and expanding collaborative community partnerships to improve the overall coordination of care for patients. Reference the section below on “[Improving Population Health in Your Community](#)”, as cited below.

There is also an opportunity to improve customer processes and perception of quality care by implementing management frameworks such as Baldrige, the Balanced Scorecard, Lean and/or Studer methodologies. These frameworks evaluate and monitor the effectiveness and efficiencies of staff processes, manage ongoing performance improvement, and help create a positive work culture that can result in greater staff and patient satisfaction. Please contact The Center for more information and guidance on these services or go to www.ruralcenter.org for further details. Focus groups also indicated a high burnout rate of providers and so consider resiliency training for all staff to assist with retention and improve overall quality and morale.

Share results and communicate proposed strategies that address community needs as this will promote customer loyalty. It is advised to create a communications strategy for releasing the report findings. It is important to be clear on the intent of these communications (e.g., to share information or to stimulate action).

Acknowledgements

The Center would like to thank Mr. Scot Mitchell and Faith Wheeler-Jeppson for their contributions and work with developing and distributing the assessment and coordinating the key informant interviews.

ESTABLISHING HEALTH PRIORITIES

Sufficient resources frequently are not available to address all the health concerns identified in a Community Health Needs Assessment. Identify issues to work on in the short to intermediate term (one to three years). Priorities should reflect the values and criteria agreed upon by the hospital board and community stakeholders, which should include public health.

Once priorities have been established, set aside time to develop, implement and monitor an action plan that assesses progress

Criteria that can be used to identify the most significant health priorities include:

- The magnitude of the health concern (the number of people or the percentage of population impacted)
- The severity of the problem (the degree to which health status is worse than the state or national norm)
- A high need among vulnerable populations

Criteria that can be used to evaluate which health issues should be prioritized include:

- The community's capacity to act on the issue, including any economic, social, cultural, or political considerations
- The likelihood or feasibility of having a measurable impact on the issue
- Community resources (programs, funding) already focused on an issue (to reduce duplication of effort and to maximize effectiveness of limited resources)
- Whether the issue is a root cause of other problems (thereby possibly affecting multiple issues)

Consider a comprehensive intervention plan that includes multiple strategies (educational, policy, environmental, programmatic); uses various settings for the implementation (hospital, schools, worksites); targets the community at large as well as subgroups; and addresses factors that contribute to the health priority. Be sure to document and monitor results over the next one to three years to assure that community needs identified within the assessment are being addressed. Maintain records of assessment processes and priorities for obtaining base line information and for pursuing ongoing process improvements. *(Adapted from materials by the Association for Community Health Improvement)*

If you don't help your community to thrive and grow, how will your organization thrive and grow?

IMPROVING POPULATION HEALTH IN YOUR COMMUNITY

The U.S. health care industry is undergoing profound change in financing and service delivery, as it shifts from a financial system that rewards “volume” to one that is based on “value”. Driven by the health marketplace itself, the new health industry goals are articulated in the Institute for Health Improvement’s Triple Aim: better population health, better health quality and lower health costs. Payers are increasingly factoring in population health outcomes into reimbursement formulas.

[Population Health Portal](#)

Navigate the journey towards improved population health by accessing a Critical Access Hospital Readiness Assessment, resources and educational modules that offer step-by-step instructions of common population health analytical procedures.

[Small Rural Hospital Transition Guides and Toolkit](#)

Informational guides developed by field experts and a toolkit developed by Rural Health Innovations that concentrates on best practices and strategies to support small rural hospital performance improvement and preparation for transitioning to value-based care and purchasing.

Critical Population Health Success Factors

The following section summarizes the 2014 "[Improving Population Health: A Guide for Critical Access Hospitals](#)", created by The Center and Stratis Health.

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Strategic Planning

- Incorporate population health approaches as part of ongoing strategic planning processes
- Engage multiple stakeholders and partners to coordinate strategies aimed at improving the population's health
- Prioritize – what are the one or two things that would make the biggest difference for the population you serve

Engagement

- Use the community health needs assessment (CHNA) process as an opportunity for community and patient engagement
- Articulate vision of hospital contributing to population health based on community conversations
- Engage all types of health care and social service providers to coordinate transitions of care and address underlying needs

Leadership

- Develop awareness and provide education on the critical role of population health in value-based reimbursement
- Shift hospital culture, processes, facilities and business models to include a focus on population health
- Lead the way and model behaviors. Participate in programs, be active in community outreach

Workforce

- Establish wellness programs for employees and role model these programs in the community
- Develop a workforce culture that is adaptable to change in redesigning care to address population health

- Embed a community focused mind-set across the organization so engagement, coordination and cooperation are expectations of staff interaction

Operations and Efficiency

- Maximize the efficiency of operational, clinical, and business processes under current payment structures
- Utilize health information technology (HIT) (such as electronic medical records, health information exchange and telemedicine) to support population health goals

Measurement, Feedback & Knowledge Management, Impact & Outcomes

- Identify measurable goals that reflect community needs
- Utilize data to monitor progress towards strategic goals on population health
- Publicly share goals, data and outcomes. Use it as an opportunity to engage partners and the community

POPULATION HEALTH CRITICAL ACCESS HOSPITAL CASE STUDIES

Leadership

Clearwater Valley Hospital in Idaho is utilizing a dyad management model which is a two-pronged approach to physician/hospital integration. This model places the organization's leadership under the management of qualified physician and non-physician teams aimed to incorporate the concept of value into health care decision-making where departments have been restructured to meet patient needs in both the inpatient and outpatient settings. This facility has received multiple awards for incorporating this management model. For more information:

<http://healthandwelfare.idaho.gov/Portals/0/Health/Rural%20Health/Orofino%20Case%20Study%20November%202011.pdf>

Strategic Planning

Essentia Health Fosston in Minnesota incorporated community health needs assessment findings to improve the health of the community toward retaining a quality and viable agricultural industry. For more information:

<http://www.ruralcenter.org/tasc/resources/applying-community-health-assessments-rural-hospital-strategy>

Partners, Patients, Community

The Community Connector Program was established by Tri County Rural Health Network in Helena, Arkansas which aims to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The return on investment was \$3 of every \$1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of \$2.619 million over three years. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/CommunityConnectors.pdf>

Workforce and Culture

Mason District Hospital in Illinois is implementing a three tiered approach to a worksite wellness program which includes a care coordination plan for employees with multiple chronic illnesses. After two years, the hospital has seen nearly \$360,000 in reduced employee health care costs and has started offering the program to local businesses which both improves health locally and provides an additional revenue stream for the program. For more information:

http://www.icaahn.org/files/White_Papers/ICAHN_PopHealthManagement_Print_FIN_AL.pdf (page 19)

Operations and Efficiency

Mercy Health Network in Iowa has adopted a Process Excellence tool modeled after Lean to improve operations, efficiency and patient safety. Each hospital in the network was assigned accountabilities, selected process improvements and helped educate the hospital board. After 18 months, process improvements results in a 51 percent decrease in patient falls and a 37 percent decrease in medical errors. For more information:

<http://cph.uiowa.edu/ruralhealthvalue/innovations/Profiles/MercyHealthNetwork.pdf>

Measurement, Feedback, & Knowledge Management, Impact & Outcomes

Marcum & Wallace Memorial Hospital in Hazard, Kentucky has adopted the Performance Excellence Blueprint as indicators for their system (Catholic Health Partnership) strategies. Leadership developed a dashboard to track program towards targets in each of the seven Performance Excellence Components. For more information:

<https://ruralcenter.org/tasc/resources/marcum-wallace-memorial-hospital-performance-excellence>

APPENDIX A: SURVEY INSTRUMENT



P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

October 26, 2016

Dear Resident:

Participate in our Community Health Needs Assessment survey for a chance to WIN one of the following items; an iPad Mini, \$200 Shoreside Petroleum Coupon, \$100 Copper River Fleece Gift Card, or one of two \$100 Wells Fargo Gift Cards.

CCMC is partnering with the National Rural Health Resource Center to administer a community health needs assessment survey. The purpose of the survey is to obtain information from a wide range of participants to assist in planning our programs, services, and facilities to best serve our community. **Your help is critical in determining health priorities and future needs.**

Your name has been randomly selected as a resident who lives in the CCMC service area. The survey covers topics such as: use of health care services, awareness of services, community health, health insurance and demographics. We know your time is valuable so we have made an effort to keep the survey to about 15 minutes.

You are probably aware of many challenges rural citizens face related to health care, such as access to services and affordability. By completing the enclosed survey, you can help guide CCMC in developing comprehensive and affordable health care services to our area residents.

- 1. Due date to return survey and ONE raffle ticket: 12/09/2016**
- 2. Return your completed survey in the envelope provided - no stamp needed**
- 3. Keep the other raffle ticket for when we announce the five winners on our Cordova Community Medical Center Facebook page the week of 12/16/2016**

The winning raffle ticket numbers for the gifts will be announced in the Cordova Community Medical Center Facebook page the week of 12/16/2016. CCMC is offering you this chance to win these gifts as a thank you for completing the enclosed survey.

All survey responses will go to the National Rural Health Resource Center in Duluth, Minnesota, the organization that is assisting with this project. If you have any questions about the survey, please call Bridget Hart at 218-216-7039. We believe, with your help, we can continue to improve health care services in our region.

Thank you for your assistance. We appreciate your time.

Sincerely,

Scot Mitchell, FACHE
Chief Executive Officer

~ Healthy People Create a Healthy Community ~

1. How would you rate the general health of our community?

- Very healthy Healthy Somewhat healthy Unhealthy Very unhealthy

2. What are the **three** most pressing health concerns in the community? (**Select 3 that apply**)

- | | |
|--|---|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Heart disease/stroke |
| <input type="radio"/> Ability to service different languages/cultures | <input type="radio"/> Healthy lifestyles (exercise/nutrition) |
| <input type="radio"/> Access to primary care | <input type="radio"/> Mental health services |
| <input type="radio"/> Access to specialists | <input type="radio"/> Obesity |
| <input type="radio"/> Affordable health care | <input type="radio"/> Prescription drug affordability |
| <input type="radio"/> Asthma | <input type="radio"/> Prenatal labor & delivery |
| <input type="radio"/> Cancer | <input type="radio"/> Reliable health information |
| <input type="radio"/> Chronic disease management (diabetes, heart failure) | <input type="radio"/> Substance abuse |
| <input type="radio"/> End-of-life care | <input type="radio"/> Smoking |
| <input type="radio"/> Dental services | <input type="radio"/> Wellness/prevention services |
| <input type="radio"/> Geriatric care (seniors) | <input type="radio"/> Other _____ |

3. What is the greatest health education need in our community? (**Select only ONE**)

- | | |
|---|--|
| <input type="radio"/> Disease specific information | <input type="radio"/> Oral/dental health education |
| <input type="radio"/> Healthy lifestyles education | <input type="radio"/> Reproductive health education |
| <input type="radio"/> Health screenings | <input type="radio"/> Tobacco prevention & cessation |
| <input type="radio"/> Mental health/substance abuse education | <input type="radio"/> Translated health information |
| <input type="radio"/> Obesity prevention | <input type="radio"/> Other _____ |

4. What is your preferred method to receive education on health issues through Cordova Community Medical Center (CCMC)? (**Select all that apply**)

- | | |
|--|-----------------------------------|
| <input type="radio"/> Classes in the community | <input type="radio"/> GCI Scanner |
| <input type="radio"/> CCMC website | <input type="radio"/> Newspaper |
| <input type="radio"/> Facebook/social media | <input type="radio"/> Radio |
| <input type="radio"/> Pamphlets or other printed materials | <input type="radio"/> Other _____ |

5. What can Cordova Community Medical Center do to best meet the health needs of our community?



6. Where are you **MOST** likely to go for routine health care? (Select only ONE)

- CCMC emergency room
- CCMC physician's office
- Ilanka Clinic
- N/A; I do not receive routine health care
- Public health department
- Outside of Cordova: _____

7. If you use primary care *outside* of CCMC, why? (Select all that apply)

- N/A I always receive care at CCMC
- Prior relationship with other provider
- Required by insurance plan
- More privacy
- Cost of care
- Closest to home
- Closest to work
- Quality of equipment elsewhere
- Quality of staff elsewhere
- VA/Military requirement
- Other _____

8. Which CCMC services have you used in the past three years? (Select all that apply)

- Emergency room
- Swing beds
- Inpatient stay
- Laboratory tests
- Observation
- Occupational therapy
- Clinic
- Physical therapy
- Radiology
- Nursing home
- Sound alternatives
- Other _____

9. Please rate the effectiveness of health care services at CCMC on a scale of 1-4.

	4- Excellent	3- Good	2- Fair	1- Poor	NA- Not Applicable
Emergency room care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Communication with my providers	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Communication between my providers	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Level of compassion shown for my health	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Referring me to other providers when appropriate	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA
Overall care	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> NA

10. What type of specialist would you like to have access to **MOST** in our community? (Select only ONE)

- Cardiology
- Chronic acute pain
- Dermatology
- Ear, nose & throat
- Endocrinology/diabetes
- General surgery
- Nephrology
- Obstetrics/Gynecology
- Orthopedics
- Ophthalmology
- Podiatry
- Psychiatric services
- Urology
- Rheumatology
- Other _____

Please return in the postage paid envelope enclosed with this survey or mail to:
National Rural Health Resource Center, 525 S. Lake Avenue, Suite 320, Duluth MN 55802

THANK YOU VERY MUCH FOR YOUR TIME



APPENDIX B

Community Health Needs Assessment “Other” Survey comments

2. What are the **three** most pressing health concerns in the community?

- Drugs (2)
- Advanced emergency care
- In-network providers
- NIHL hearing loss

3. What is the greatest health education need in our community?

- Substance abuse
- Drug rehab
- Hearing loss prevention

4. What is your preferred method to receive education on health issues through Cordova Community Medical Center (CCMC)?

- Word of mouth
- Support groups
- Doc Talk at CCMC
- Health fair
- Email

5. What can Cordova Community Medical Center do to best meet the health needs of our community?

(N = 82)

- Staffing (25)
 - Consistent staff (8)
 - Keep staff long-term (3), too much turnover
 - Hire doctors that will stick around (4)
 - Keep more doctors in staff (2)
 - Keep doctors long enough for folks to have an established relationship with a doctor they know and trust. (2)
 - Better doctors (2)
 - Hire local employees (2) to show support of local community
 - Try to maintain continuity of care (2)
- Cost (15)
 - Be cost effective/Reduce costs (7)
 - Affordable health care (3)
 - Lower cost by being in-network provider (2)
 - Timely billing
 - Sliding fee scale or payment plan that allows long period repayment

- Become a preferred provider for federal employee health insurance plans (federal BCBS). This will lower costs for tests and encourage local use rather than travel to Anchorage.
- Education (10)
 - More educational meetings with lots of publicity so people with that particular interest or problem know it's being presented (2)
 - Once a month community meetings to educate on healthy lifestyle (2)
 - More promotion of mammogram / prostate screenings, too often hear about it after it's open
 - Reproductive health education
 - Continue to inform citizens
 - Education
 - Community outreach programs
 - Teach healthy eating practices and stay away from processed foods
- Specialist Care (10)
 - On-site specialist physician services (2)
 - Bring specialists in monthly
 - Networking to get more specialty care to come service Cordova
 - Having specialist available in person or by phone 24/7
 - Offer hearing services and affordable hearing equipment
 - Create easy access to behavioral/mental health services (2)
 - Substance abuse treatment program
 - Offer more drug rehab to the kids in need and continue the pediatrics care for the young ones
- Labor and delivery services (7)
- Good job (7)
 - Keep up the good work (3)
 - They are doing pretty great (3)
 - Fantastic with CAT scan
- Equipment (6)
 - Upgrade health care utilities/equipment (4)
 - Get more equipment for health emergencies
 - Keep the ER stocked so you don't have to run around and find supplies
- ER (4)
 - Provide ER (2)
 - Ensure good ER treatment
 - Keep ER open, close the CCMC clinic. We already have a clinic in town. There's no need for two clinics costing this city more money. Keep Ilanka CHC open.
- Quality (3)
 - More professional, confidential services
 - Follow-up communication of tests and labs

- Remember that visits to the hospital can cost [patients] several hundred dollars per hour, and for that kind of money people should be treated with the utmost respect and given good service.
 - Join with Ilanka (2)
 - Continue senior care and lunch program
 - Downsize facility to save money to keep doors open
 - Surveys like this one, questionnaires after visits
 - Remain open. Provide primary medical or mental health care
 - Open on Saturdays in the summer for fishing season
 - Local treatment, fewer medivacs
 - Remove City Council members from oversight roles
- 6.** Where are you **MOST** likely to go for routine health care?
- ANC (2)
 - Anchorage (3)
- 7.** If you use primary care *outside* of CCMC, why?
- Specialist care not available (7)
 - Availability (3)
 - Alaskan native beneficiary (3)
 - IHS (2)
 - Consistency of staff presence (2)
 - Too much turnover
 - Natural health clinic
 - Personal preference
 - Established provider/patient relationship
 - ANMC
 - Doctors tend to move to other areas – hard to develop a relationship
- 8.** Which CCMC services have you used in the past three years?
- None (4)
 - New to community
 - Health fair
 - Infusion
 - All for family not for myself
- 10.** What type of specialist would you like to have access to **MOST** in our community?
- Pediatrics (3)
 - Not sure
 - Public health nurse
 - [selected OB/GYN] Having babies in Cordova would be very popular, and save one month of waiting in Anchorage with hotel/food/no work for families

APPENDIX C: KEY INFORMANT INVITATION AND QUESTIONS

November 14, 2016

Greetings [Name]

Please accept this invitation to participate in a key informant interview conducted by the National Rural Health Resource Center on behalf of Cordova Community Medical Center (CCMC). The purpose of this one-on-one interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

You have been identified as a leader in the Cordova community and we would like to hear from you about your perspectives on the health of the community. Whether you or a family member are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in a 15-30 minute one-on-one phone interview with [Sally/Kami] during **one** of the following timeframes:

- X
- X
- X

Your help is very much appreciated in this effort. **Please confirm** your willingness to participate by contacting Bridget Hart at bhart@ruralcenter.org or 1-800-997-6685, Ext. 239 to set up a time that works best for your schedule.

No identifiable information will be disclosed and individual responses will be kept confidential.

We look forward to your participation. Thank you for your time.

Sincerely,



Kami Norland, Community Program Manager
National Rural Health Resource Center

Key Informant Questions

The questions below are the types of questions that will be asked during the key informant interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed and the results will assist the health care organization with future care and planning.

Describe the overall health of this community.

What is the greatest health need in the community?

What do you think the Hospital could do to increase the health of the community? Where are the opportunities to collaborate?

In your opinion, what are some of the strengths (availability, quality) of the health services offered at CCMC?

In your opinion, what are some of the barriers of the health services available at CCMC?

What new health care services would you like to see available locally?

Why might people leave the community for health care?

What are some of the benefits of having health services available locally?