

**Summary of the Cordova Community
Health Needs Assessment and Community Benefit Plan**

Completion Date	<ul style="list-style-type: none"> ▪ September 2013
Service Area/Region	<ul style="list-style-type: none"> ▪ Cordova Community Medical Center (CCMC) serves the Cordova community in the Alaska Region
Sponsor	<ul style="list-style-type: none"> ▪ Theresa Carté, Administrator
Planning/Mission Team	<ul style="list-style-type: none"> ▪ Monica Anderson, Chief Mission Integration Officer, PHSA ▪ Nathan Johnson, Strategic Planning, PHSA
Workgroup Participants	<ul style="list-style-type: none"> ▪ See Attachment 1: CCMC and Community Advisory Group
Brief Description of How the Community Benefit Plan Was Developed	<ul style="list-style-type: none"> ▪ In early 2013 CCMC Cordova Community Medical Center (CCMC) initiated the process of conducting a community health needs assessment along with a coalition of experts and key community stakeholders that served as the CHNA Advisory Group (See attachment 1 below) ▪ Both primary and secondary data was collected. Over 300 health needs surveys were completed by community members. This survey information was combined with state and national data to help give a picture of the health status and needs in the Cordova Community. ▪ The Cordova Community Health Needs Assessment data was analyzed and reviewed by community members, agency leaders, public health representatives, providers, and community leaders (the advisory group). The group identified five top health issues based on impact, ability to affect and linkages to other community initiatives. ▪ CCMC leadership reviewed the top health needs, considered the community's advice and Advisory Group input, and evaluated previous commitments in order to develop a CHNA implementation plan that responds to community health needs.
Geographic Definition	<ul style="list-style-type: none"> ▪ The CHNA assessed the Cordova community. CCMC is the only hospital located in Cordova.
Targeted Subpopulations	<ul style="list-style-type: none"> ▪ The CHNA assessed the Cordova community. The assessment was designed to capture specific demographic information, barriers to care, basic needs, insurance status, health status and other risk factors that would identify and affect subpopulations of the greater Cordova community.

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Major Issues/Needs Identified Within the Community	Need Priorities	Need Description
	1. Attracting and Retaining Medical Providers	Cordova has suffered a pattern of physician turnover due to many factors including high cost of living, housing availability, being excluded from key decisions within their organizations and the unique lifestyle demands that come with living in a small isolated Alaskan city in a rainy and wintery climate. The inconsistency in providers has impacted the continuity and quality of care for community members over time. Patients feel poorly understood and disconnected when there is a different caregiver from one visit to the next. The inconsistency in care has negatively impacted patient trust in their care giver. This situation has lead to lower utilization of preventive care and people waiting to receive care when they can to travel Anchorage or other larger communities where they can have a consistent provider they can come to know and trust over time.
	2. Access to Specialty Care	Like many small rural communities, Cordova lacks many specialty and diagnostic services. As a result many are forced to travel to larger communities at great expense and family hardship to get the needed services. The economics of delivering health services to a small population sometimes make it unfeasible to maintain certain specialties and services locally, but ensuring the reasonable access to these services is important to the health and well being of the community.
	3. Affordability of Care	The affordability of health care was identified by the community as a significant barrier to receiving needed health care services. The impact of this barrier is compounded by the high cost of living in an isolated rural Alaskan community, the low rate of residents seeking preventive care and whether or not a community member has health insurance.
	4. Care Coordination Across Healthcare Providers	Despite Cordova’s small size the community identified fragmentation and lack of coordination of care across the continuum as a problem. Key stakeholders and health providers acknowledged that there is not a common understanding of the services and resources available from organization to organization within Cordova. The community has affirmed that there is a need for better information, education, coordination and patient navigation across the continuum of care in Cordova. Addressing this need will reduce barriers to care, improve the efficiency across the health system in Cordova and improve the quality of care and outcomes experienced by patients.
	5. Mental Health/ Substance Abuse	Poor mental health and the related issue of substance abuse were identified as problems in the Cordova community. The average number of poor mental health days reported for the previous 30 days was 3.5 compared to 2.3 nationally. Of particular concern for the community was: <ul style="list-style-type: none"> • The impact of poor mental health on Cordova’s youth, the risks of suicide and the lack of healthy youth activities • The impact of changing provider base and confidentiality concerns on people’s trust and willingness to seek treatment

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How CCMC is Addressing the Major Issues/Needs (projects/programs – Implementation Strategy)	Need Priorities	CCMC Implementation Plan to Address Identified Need
	1. Attracting and Retaining Medical Providers	<ul style="list-style-type: none"> ● Establish a comprehensive welcome package to send to candidates prior to visit in order to better inform them about the Cordova community and help ensure better fit for the hospital and the Cordova community. ● Establish a locum tenens program so that physician candidates may work a minimum of two weeks at CCMC prior to employment in order for the physician and CCMC to better assess fit and help increase physician retention once hired. ● Engage key community members to help introduce provider to community. ● Coordinate with leadership from NVE/Ilanka Clinic and other key health stakeholders in Cordova to collectively meet with and educate the candidates about health care environment and needs in Cordova to ensure candidates have a clear picture of the health system they would be working in.
	2. Access to Specialty Care	<ul style="list-style-type: none"> ● Identify most needed specialties in Cordova ● Identify Specialists in Anchorage to meet the needs identified through assessment ● Leverage Telehealth technologies at CCMC/Sound Alternatives/ICHC to provide Specialist follow-up visits and confidential, outside-Cordova therapy/counseling visits
	3. Affordability of Care	<ul style="list-style-type: none"> ● Identify Specialists in Anchorage to meet the needs identified through assessment (Also in priority 2) ● Leverage Telehealth technologies at CCMC/Sound Alternatives/ICHC to provide Specialist follow-up visits and confidential, outside-Cordova therapy/counseling visits (Also in priority 2) ● Continue Charity Care services for qualifying community members ● Utilize admissions and other entry points to provide information and refer uninsured Cordova residents to Insurance Exchange resources.
	4. Care Coordination Across Healthcare Providers	<ul style="list-style-type: none"> ● Collaborate with coalition of Cordova providers and other key stakeholders to establish a health resources guide/reference for providers and residents of Cordova ● Utilize the monthly provider meeting to increase communication and mutual understanding of available resources and services
5. Mental Health/Substance Abuse	<ul style="list-style-type: none"> ● Establish healthy youth activities in Cordova by <ul style="list-style-type: none"> ○ offering Cordova High School students job shadowing opportunities at the hospital ○ offering CPR/First Aid classes ○ Supporting CNA training ○ Providing Babysitting training/certification ○ Identifying trainers and creating process ● Help address concerns regarding confidentiality as a barrier to seeking mental health services (see Priority 1 – tele-health) 	

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<p>Why CCMC Selected These Projects/Programs/collaborations</p>	<p>Focusing on areas of core competency for CCMC and leveraging community assets through collaborative efforts is the most effective and sustainable way to address community problems. In addition to building on CCMC’s areas of strength, CCMC chose strategies that involve collaboration with other key community stakeholders to address needs identified in the Cordova needs assessment.</p>
<p>How Others in the Community Are Addressing the Major Issues/Needs</p>	<ul style="list-style-type: none"> • Native Village of Eyak / Ilanka Community Health Center (NVE/ICHC) continues to offer a sliding fee schedule to ensure that no financial barriers to care exist for those who meet certain financial eligibility criteria • NVE/ICHC has purchased ophthalmology equipment to offer those Specialty Services here in Cordova • Other providers have made a commitment to attend the Monthly Provider meeting regularly to address coordination of care • NVE/ICHC offers an annual Sobriety Event and an array of behavioral health services • Emergency Services, PHN, and NVE/ICHC expressed interest in collaborating on a Cordova health resources guide
<p>Major Issues/Needs that Are Not Addressed by CCMC or Others in the Community</p>	<p>CCMC’s implementation plan addresses, to varying degrees, all priorities identified by the Cordova CHNA advisory group and the CHNA.</p>
<p>Goals and Objectives of the Community Benefit Plan</p>	<ul style="list-style-type: none"> • Increased retention of CCMC providers (Time of Service) • Reduce the number of residents that have to leave Cordova for specialty care • Increase the percentage of people who have health insurance coverage in the Cordova service area to improve their access to care • Increase awareness of available services in Cordova so that people in Cordova are better informed of their health options and are able to obtain more timely and effective treatment • Healthcare providers in Cordova better informed about what else is available in Cordova (what others offer) so improved referrals to care for people in Cordova • Increased opportunities for young people to be involved in healthy activities as an alternative to substance use during idle time (i.e. health care and learning useful life skills) • Decrease percent of people reporting not being able to receive needed mental health services

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Attachment I: CCMC and Community Advisory Group

Cordova CHNA Advisory Group Member	Position/Organization
Barb Bunte	Public Health Nurse/State of Alaska
Faith Wheeler- Jeppson	Administrative Asst./CCMC
Don Moore/Randy Robertson	Interim City Manager/ City Manager/ City of Cordova
George Wintle	Chief of Police/City of Cordova
James Kacsh	Cordova Mayor (former Health Services Board Member)
Joanie Behrends	EMT/Cordova Volunteer Fire Dept.
Joel Azure	Executive Director/Native Village of Eyak (Ilanka Community Health Center)
Kari Collins	Director of Nursing/CCMC
Kelsey Appleton	Fishing Vessel Administrator/SERVS - Cordova Fishermen District United
Kristin Carpenter	Executive Director/Copper River Watershed Project
Nicole Songer	Executive Director/Cordova Family Resource Center
Ron Ray	Advanced Nurse Practitioner/Ilanka Health Clinic
Stephen Sundby	Director/Sound Alternatives
Theresa Carté	Hospital Administrator/CCMC
Tim James	Human Resources Coordinator/ CCMC
Tim Kelly	Chief Financial Officer/ CCMC