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**2022**

**COMMUNITY**

**HEALTH**

**NEEDS**

**ASSESSMENT**

**CORDOVA COMMUNITY MEDICAL CENTER**

**CORDOVA, ALASKA**

NOVEMBER 2022



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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](http://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.<sup>1</sup> 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 year's 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.

<b>IMPROVED ACCESS TO MENTAL HEALTH/SUBSTANCE USE SERVICES</b>	<b>STRONGLY AGREE OR AGREE</b>	<b>UNDECIDED</b>	<b>DISAGREE OR STRONGLY DISAGREE</b>
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.

<b>Affordability/Uninsured/Under Insured</b>	<b>STRONGLY AGREE OR AGREE</b>	<b>UNDECIDED</b>	<b>DISAGREE OR STRONGLY DISAGREE</b>
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.

Increased Prevention, 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:

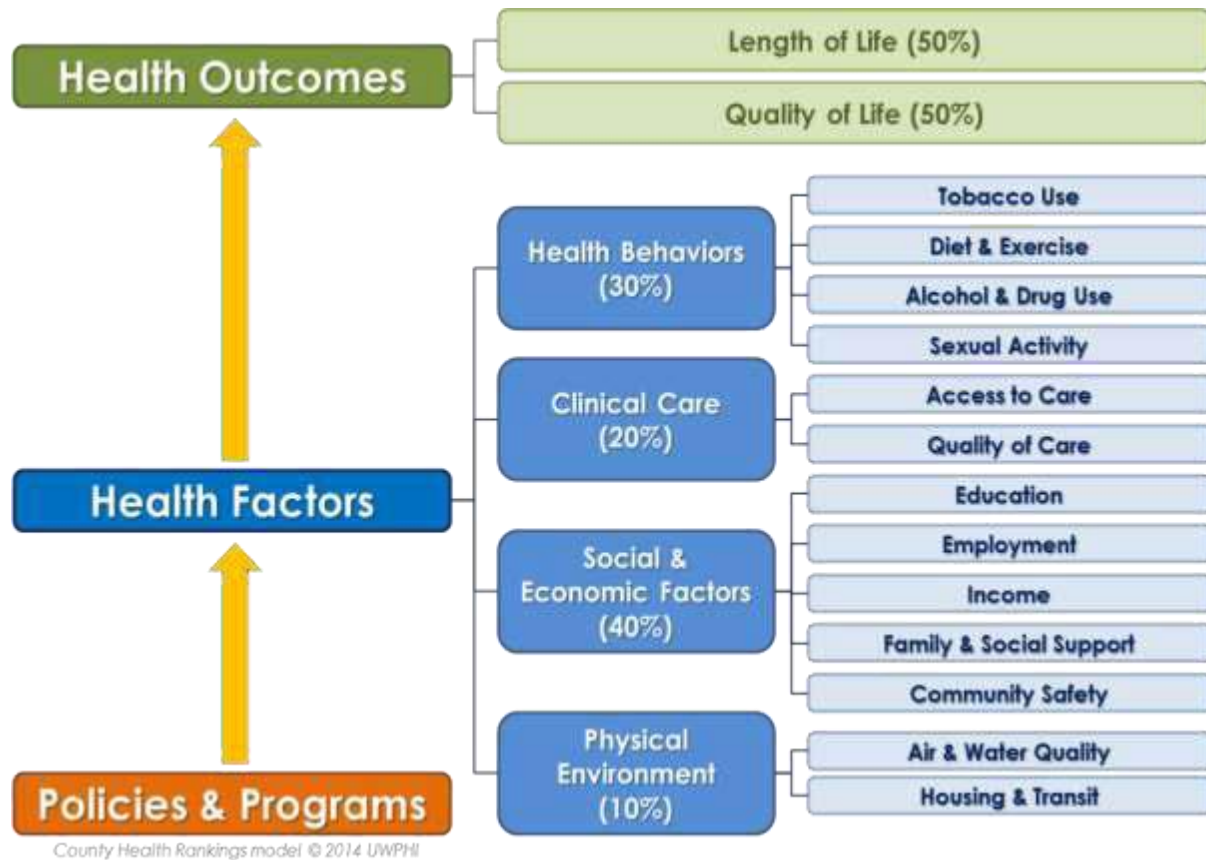
**HEALTH OUTCOMES:** “The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.”

**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.”<sup>2</sup>

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<sup>2</sup> [www.countyhealthrankings.org](http://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 6<sup>th</sup> in the state of Alaska (1st quartile), as compared to the other 25 counties in Alaska. In 2019 we ranked 3<sup>rd</sup>. 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
<b>Health Outcomes</b>					
<b>Length of Life</b>					
Premature Death	9,200	Same	6,800-11,500	5,600	8,300
<b>Quality of Life</b>					
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%
<b>Additional Health Outcomes (not included in overall ranking)</b>					
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



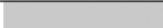
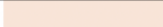
	Valdez-Cordova (VC) County	Trend	Error Margin	Top U.S. Performers	Alaska
<b>Health Factors</b>					
<b>Health Behaviors</b>					
Adult smoking	17%		15-19%	15%	17%
Adult obesity	31%		29-32%	30%	31%
Food environment index	7.6			8.8	7
Physical inactivity	20%		18-22%	23%	22%
Access to exercise opportunities	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
<b>Health Factors</b>					
<b>Clinical Care</b>					
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
<b>Health Factors</b>					
<b>Social &amp; Economic Factors</b>					
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
<b>Additional Social &amp; Economic Factors (not included in overall ranking)</b>					
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
<b>Health Factors</b>					
<b>Physical Environment</b>					
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
<b>Income</b>	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
<b>Cultural</b>	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
<b>Education</b>	Percentage of population over 25 without a high school diploma
<b>Insurance</b>	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
<b>Housing</b>	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*

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



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 IF CHRONIC DISEASE IS A PRIORITY	RESPONSES	
	Percentage	Count
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 IF ACCESS TO ELDER CARE IS A PRIORITY	RESPONSES	
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
- \_\_\_\_\_, 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

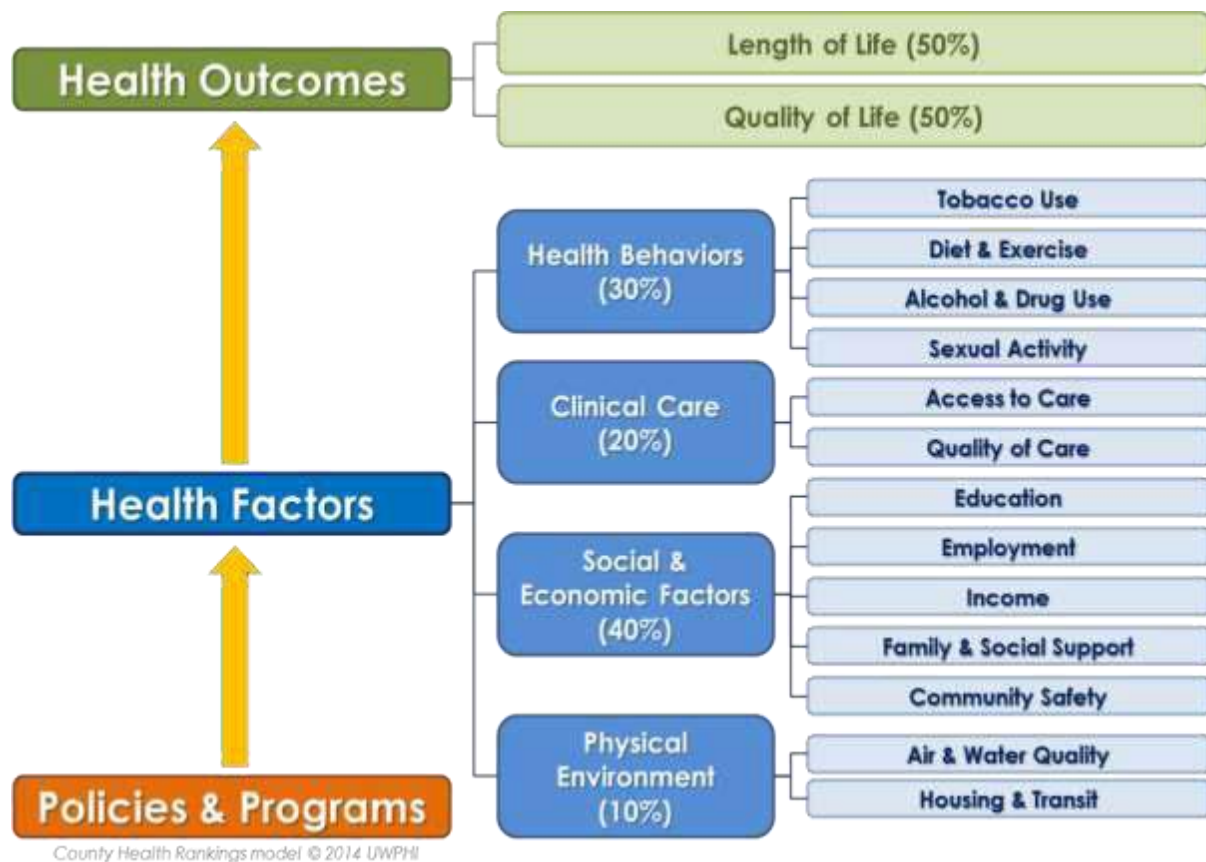
## NEXT STEPS

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](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>

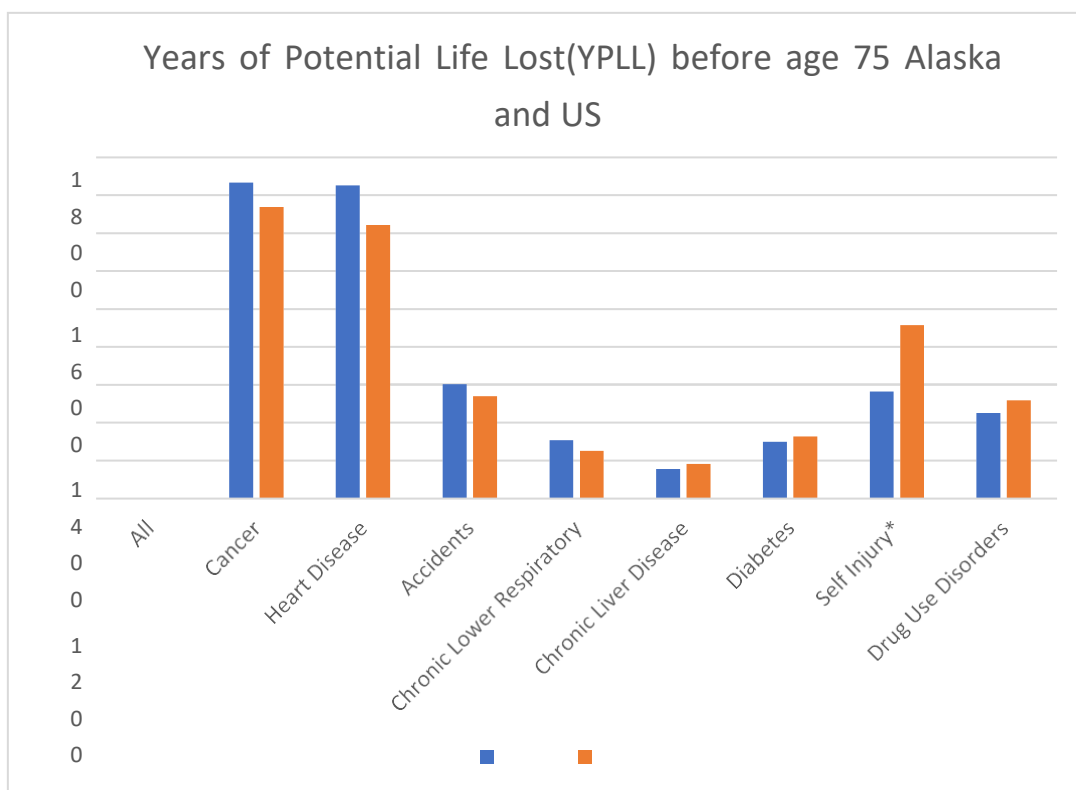
**LEADING CAUSES OF DEATH**

<b>ALASKA LEADING CAUSES OF DEATH</b>	<b>DEATHS</b>	<b>DEATH RATE</b>	<b>STATE RANK</b>	<b>US RATE</b>
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=CPobJPRfxiMVARALBheG99owokN-q9Jg2abVwW6tPdcc~JwEr8T0FalZyM3sf9Tj8tY1Ok1hE0cPNmZrn-A2oBmMqY7xWSD6e~Q9VCOQ2OY~hokRYiQOTZY-0tZXbBb3oVYFFNd49RXQjNOS3aa6rfzw-dXCvINsVC8p3vG6EhiBMch4OUrEFC4563zi5nsXnP-dhIQKaKdnCQ7A3ePFq7m1iv~hpiEm59aReOuodR6gaoUic1xYNUrKULL-WwUoxXOn1Q31tTWbXj99a6rwPAE164Q8wEzn4t0FQMG~MGA52~awsOqGiYDPG3MpuoDmHZ~AXA~WDPwINyNiXEA\\_&Key-Pair-Id=APKAIE5G5CRDK6RD3PGA](https://cdn.jamanetwork.com/ama/content_public/journal/jama/936922/joi180029f6.png?Expires=2147483647&Signature=CPobJPRfxiMVARALBheG99owokN-q9Jg2abVwW6tPdcc~JwEr8T0FalZyM3sf9Tj8tY1Ok1hE0cPNmZrn-A2oBmMqY7xWSD6e~Q9VCOQ2OY~hokRYiQOTZY-0tZXbBb3oVYFFNd49RXQjNOS3aa6rfzw-dXCvINsVC8p3vG6EhiBMch4OUrEFC4563zi5nsXnP-dhIQKaKdnCQ7A3ePFq7m1iv~hpiEm59aReOuodR6gaoUic1xYNUrKULL-WwUoxXOn1Q31tTWbXj99a6rwPAE164Q8wEzn4t0FQMG~MGA52~awsOqGiYDPG3MpuoDmHZ~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 vaping	of population	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 6<sup>th</sup> 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](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://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.

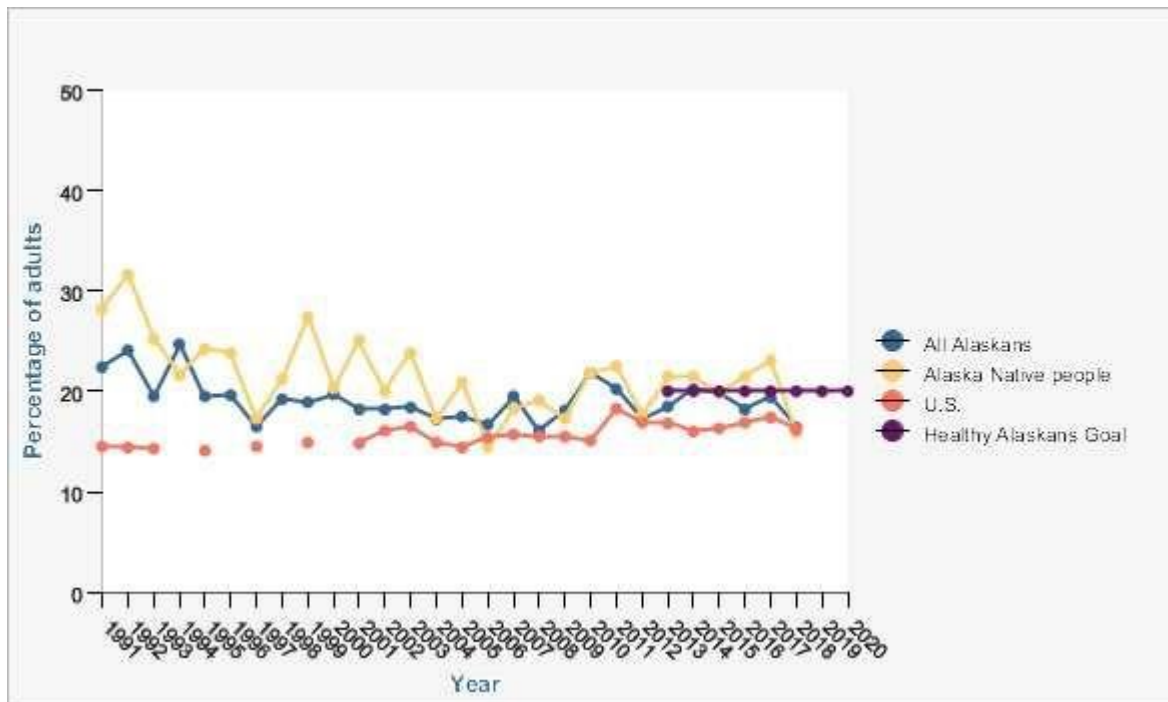
Valdez-Cordova Census Area, Alaska scored 7.2 out of a possible 10 on the food environment index, which includes access to healthy foods and food insecurity. The average value across the country was 7.6.

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.

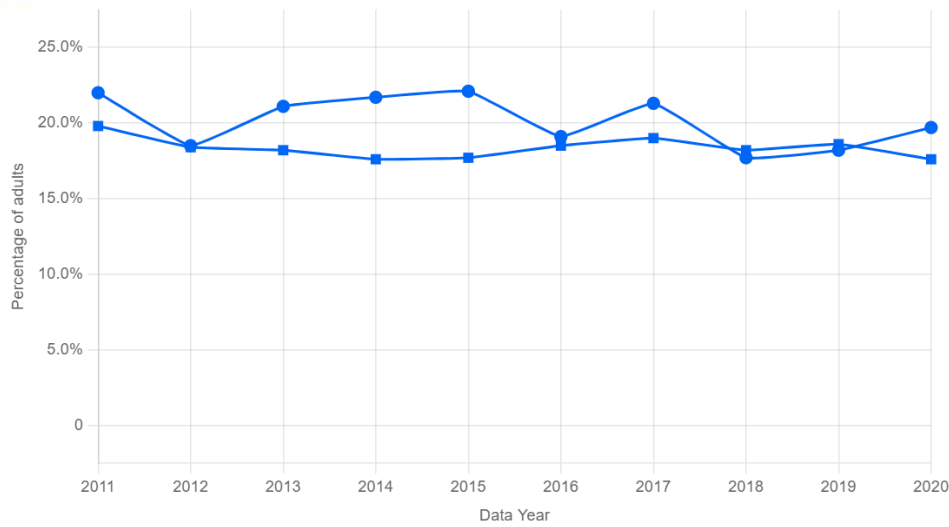
Source: CCMC 2019 Stakeholder survey questions 3, 7 & 8

## 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<sup>‡</sup> 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](https://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.americashealthrankings.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%

[https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?:](https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?)

<https://www.americashealthrankings.org/explore/annual/measure/ExcessDrink/state/ALL>

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: <https://mhanational.org/issues/2022/mental-health-america-adult-data>: [https://www.samhsa.gov/data/sites/default/files/2021-10/2020\\_NSDUH\\_Highlights.pdf](https://www.samhsa.gov/data/sites/default/files/2021-10/2020_NSDUH_Highlights.pdf)

## **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](http://countyhealthrankings.org/app/Alaska); [main.diabetes.org](http://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](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 10<sup>th</sup> 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 INCOME	FAMILY	\$79,867	\$77,845	\$69,717
PER CAPITA INCOME		\$62,267	\$39,509	\$38.332

SOURCE: U.S. Census Bureau, 2021 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 Age 18 in Poverty		8.1%	12.4%	16.9%
Percent Population in Poverty		7.8%	10.5%	12.8%

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	occupied housing units	74.6%	64.3%	64%
Renter	occupied housing units	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.

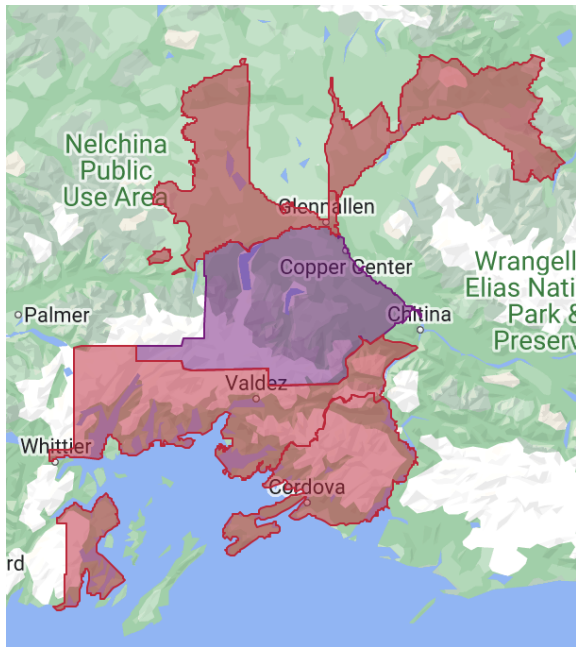
The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community. The five barriers are listed below along with the individual statistics that are analyzed for each barrier.

COMMUNITY NEED INDEX (CNI)	
Barriers to healthcare access	Indicator(s) of Underlying Causes of Health Disparity
<b>Income</b>	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
<b>Cultural</b>	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
<b>Education</b>	Percentage of population over 25 without a high school diploma
<b>Insurance</b>	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
<b>Housing</b>	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

**APPENDIX 4 : County Health Rankings 2021 State  
Level Data**