

**Petersburg**  
MEDICAL CENTER

# Community Health Needs Assessment

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APRIL 2025 UPDATE TO THE PMC BOARD







# Assessment Requirements

FOR NON-PROFIT HOSPITALS

# Health Assessment Requirements

IRS regulations require –

- Every 3 years, a non-profit hospital must conduct a **community health needs assessment (CHNA)**, *and*
- Adopt an implementation strategy to meet the community health needs identified in the CHNA



*Section 501(r)(3)(B)*



# Health Assessment Requirements

The CHNA must –

- Include input from people who represent the broad interests of the community served by the hospital, including those with public health expertise, *and*
- Be made widely available to the public



*Section 501(r)(3)(B)*





# Hospital Board Role & Deliverables

This requirement is met if –

- Our hospital has conducted a CHNA in the current taxable year or either of the two immediately preceding taxable years, *and*
- **The Board** has adopted an implementation strategy to meet the identified needs on or before May 15th.



*Section 501(r)(3)(B)*





# 2025 Assessment Process

JUNE 2024 – APRIL 2025



# 2025 CHNA Process



## Partners

- Petersburg Public Health
- PMC Quality Monitoring
- PMC Community Wellness
- PMC Evaluation, Planning & Grants

## Components

- Collaborative Planning
- External (Health Surveillance) Data
- Internal (Patient, Utilization & Finance) Data
- Stakeholder Interviews
- Community Survey
- Collaborative Data Analysis
- Publication & Dissemination of Final Report

# 2025 CHNA: Stakeholder Interviews



## Methodology

- Identified potential participants with broad knowledge of the community, including public health
- \$20 in Chamber Bucks offered to those who participated in interviews during their personal time
- 6 CHNA team members interviewing
- Interviews recorded & transcribed, removing names & identifying details
- Interview transcripts reviewed by 1-2 readers & coded using SWOT framework



# 2025 CHNA: Stakeholder Interviews



## 19 Participants

- Parents & foster parents
- Community volunteers
- Business owners
- Non-profit staff
- Multi-generational households
- People with disabilities
- Have used housing assistance
- LGBTQ+ community members
- Young adult (ages 18-24)
- Elders / Seniors / older adults
- Indigenous people
- Caregivers of dependent / older adult
- People who have used food stamps / food pantry
- Deaf or limited hearing
- Union members
- Experience being unhoused
- Emergency Medical Services
- Educators
- People of color
- Government employees – Borough, Tribal, State, Federal
- People who are or have been uninsured
- Social workers
- Law enforcement
- Have had contact with the criminal justice system

# 2025 CHNA: Community Survey



## Methodology

- Drafted & tested by 6-person team
- Final test & review by 3 volunteers
- Translated into Spanish & Tagalog  
(*HUGE thank you to Melva & Ro!*)
- Provided in English online (Typeform)
- Paper copies in 3 languages provided at Public Health & PMC Clinic
- Open Jan 13 – Feb 9, 2025
- Outreach through social media, radio, newspaper, flyers, Project Connect...+
- Participants entered drawing for 3 gift certificates: \$250, \$100, and \$50
- Response data reviewed by single question & combined analysis



# 2025 CHNA: Community Survey



## 270 Survey Responses

- **98% live in Petersburg, 2% in Kupreanof, Wrangell, Point Agassiz, or Point Baker**
- **Compared w Census population estimates...**
  - Slightly more White & Alaska Native respondents than proportional
  - & Slightly more respondents age 65+
- **Employment**
  - 53% Full time or self-employed
  - 16% Part time or multiple jobs
  - 27% Retired
  - 3% Caring for family / health issue
- **Age Range**
  - ~2% each 18-24 and 80+ years
  - 32% age 25-44
  - 36% age 45-64
  - 28% age 65-79
- **# Living in Household**
  - 52% households of 1-2
  - 37% households of 3-4
  - 11% households of 5+
- **Household income aligned w Census median**
  - 50% of households \$79k+ / year
  - ~25% of households under \$50k / year



# Who PMC Serves & How

2025 COMMUNITY NEEDS HEALTH ASSESSMENT



From 2022-2024  
PMC served

4,598

individual patients, through

50,453

patient encounters



# In 2022-2024 PMC provided



**25,683**

Clinic appointments

**12,468**

Long Term Care days

**66,392**

Lab tests

**7,490**

Radiology procedures

**5,952**

Home Health patient visits

**1,446**

Behavioral Health appointments



In just 2023-2024  
PMC staff delivered

29,122

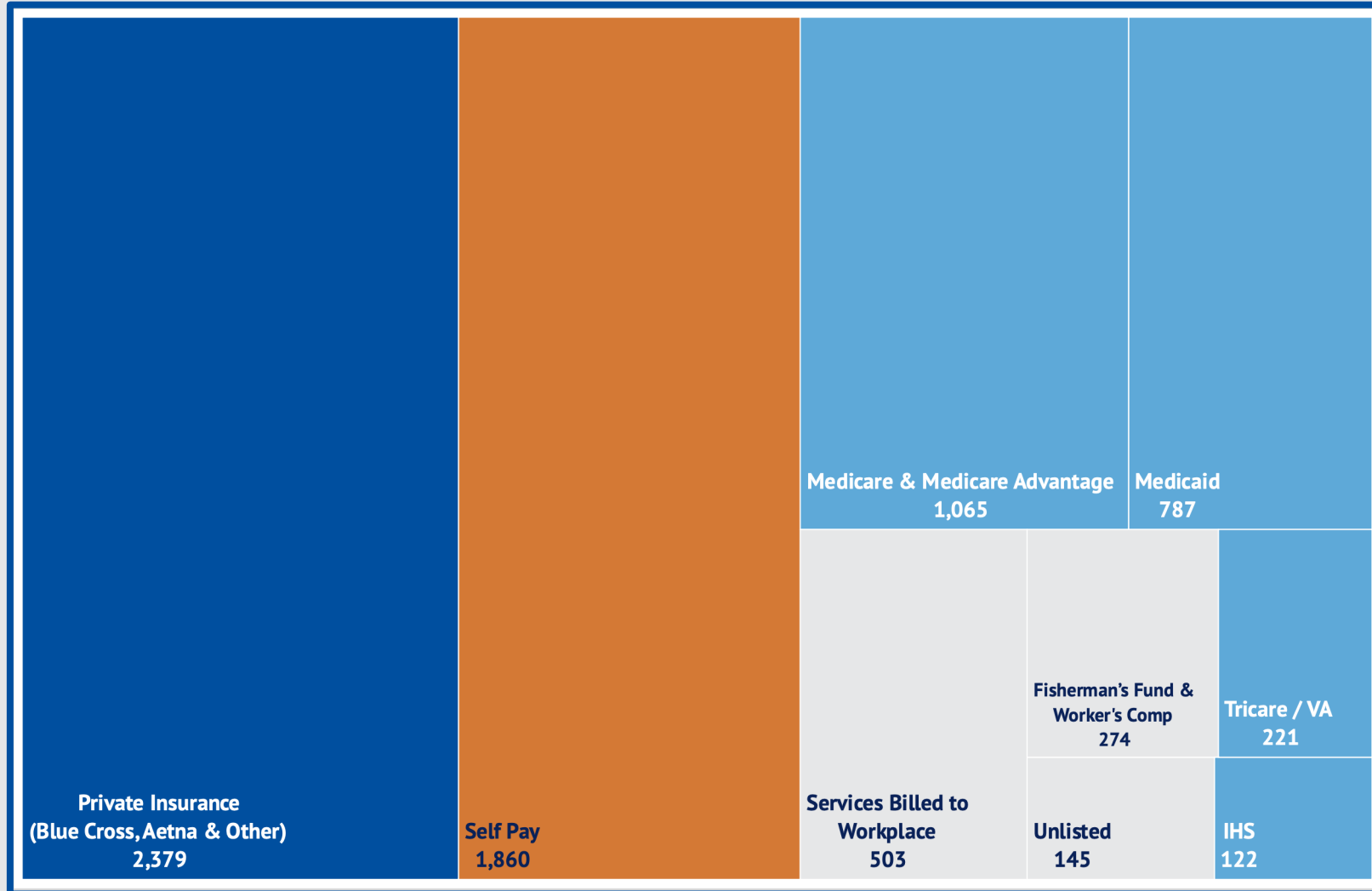
patient & guest meals

172,281

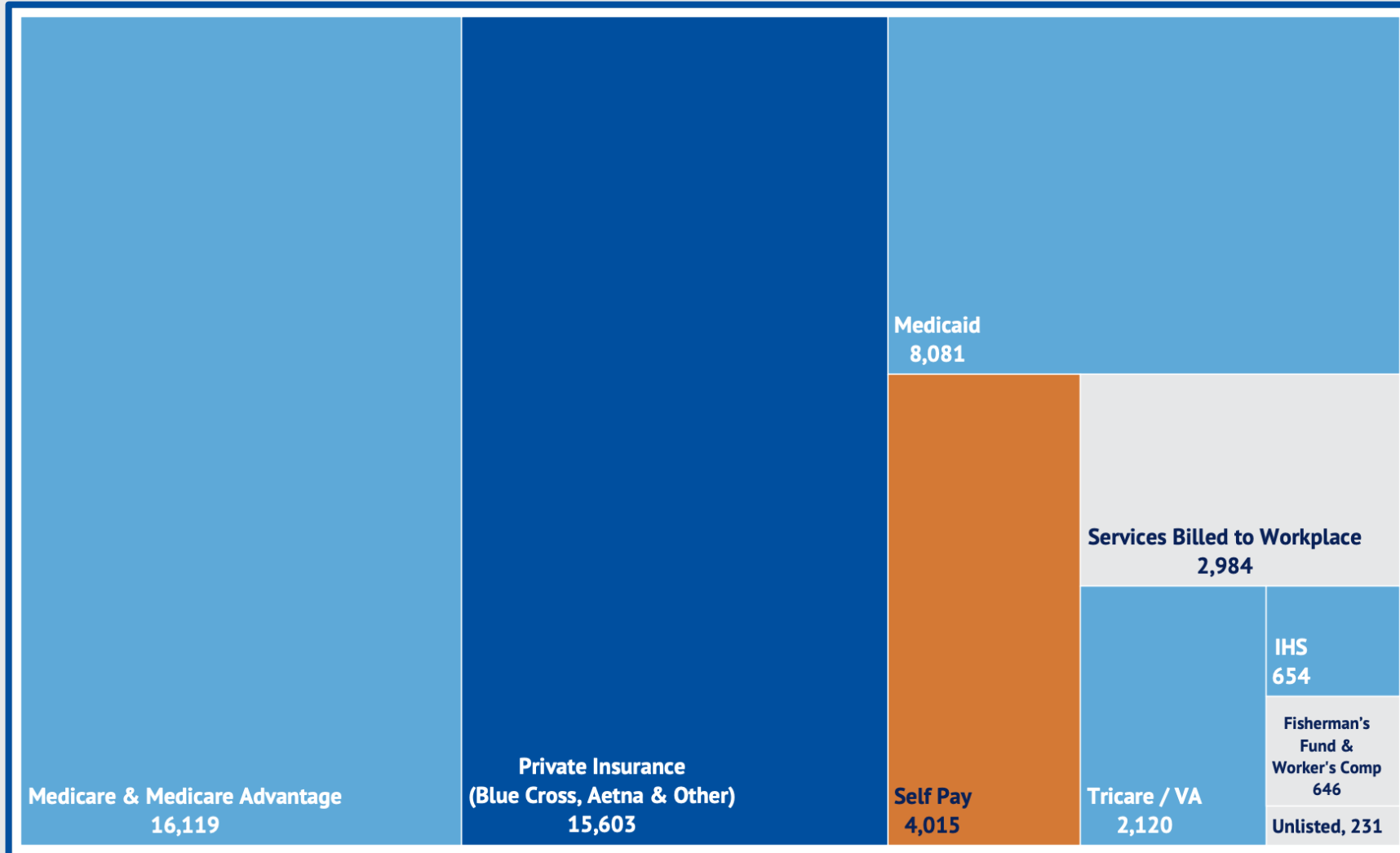
pounds of clean laundry



# Payment Source by # of Patients, 2022-2024



# Payment Source by # of Visits, 2022-2024

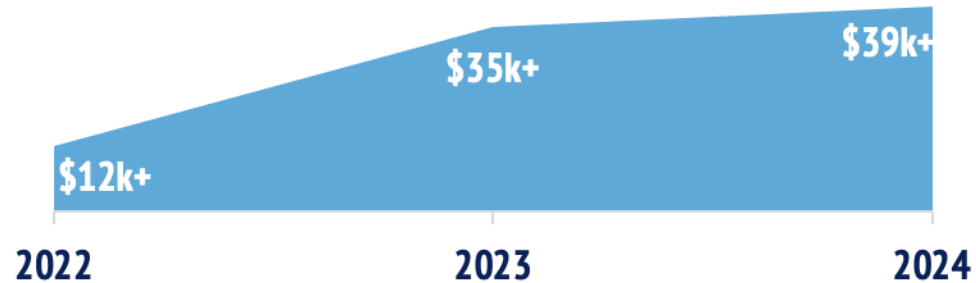




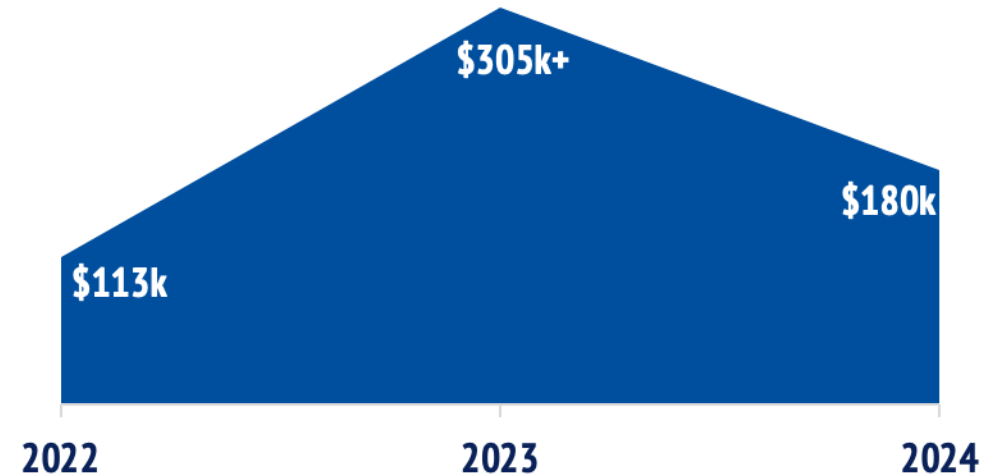
# Patient Financial Assistance, 2022-2024



**PMC provided \$87,259 in  
Payment Plan Match Funds.**



**PMC provided \$597,745 in  
Direct Financial Assistance.**





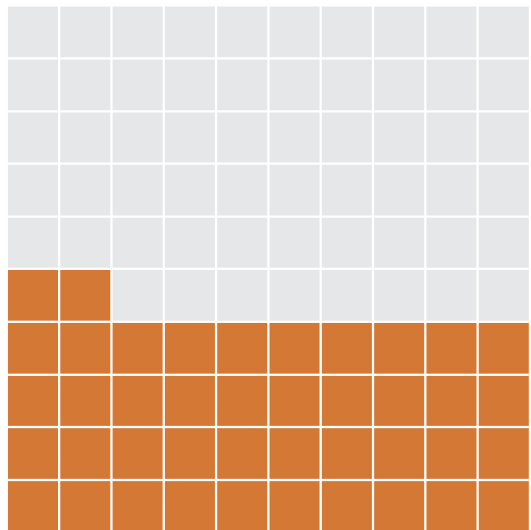
# Community Health Priorities

2025 COMMUNITY NEEDS HEALTH ASSESSMENT

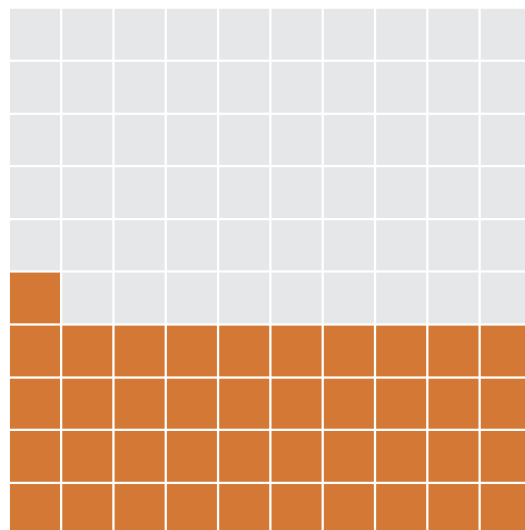
# What Makes a Healthy Community?



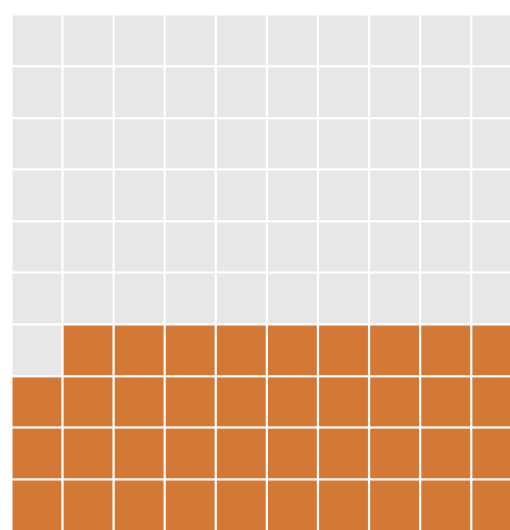
42% told us **access to health care services** is a top priority.



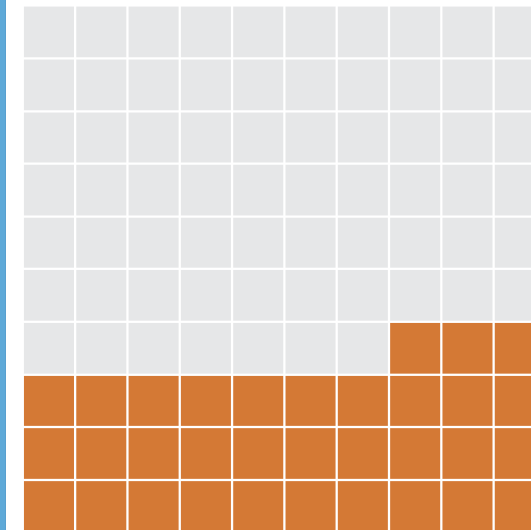
41% told us **good schools & childcare** are a top priority.



39% told us **good jobs & a strong economy** are a top priority.



33% told us **safe & affordable housing** is a top priority.

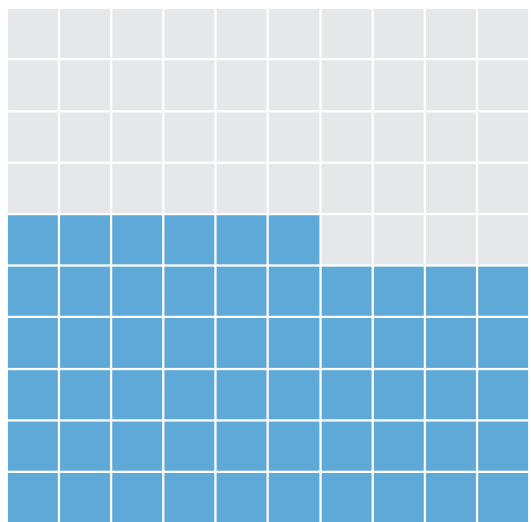


*\* Other top choices: Healthy behaviors and lifestyles (18%), Safe & thriving childhood (14%), Access to recreational activities (13%), Safe neighborhoods (13%), and Support for adults as they get older (12%)*

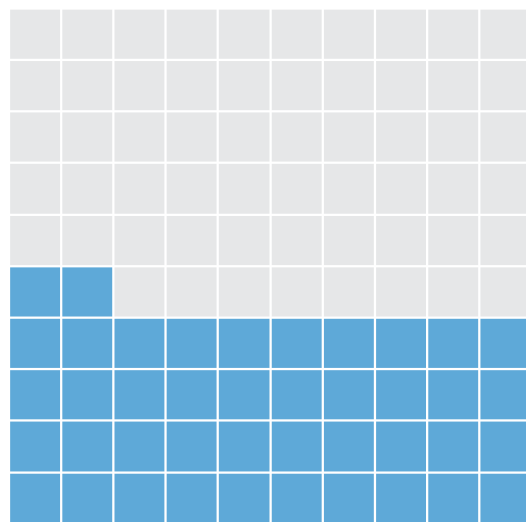
# What is Our Biggest Health Problem?



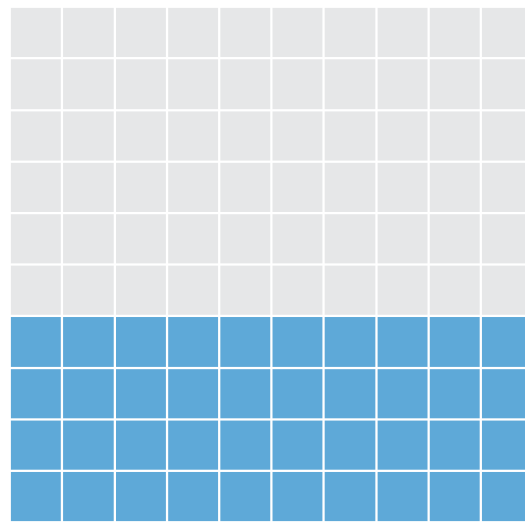
56% told us **substance use** is a top health problem.



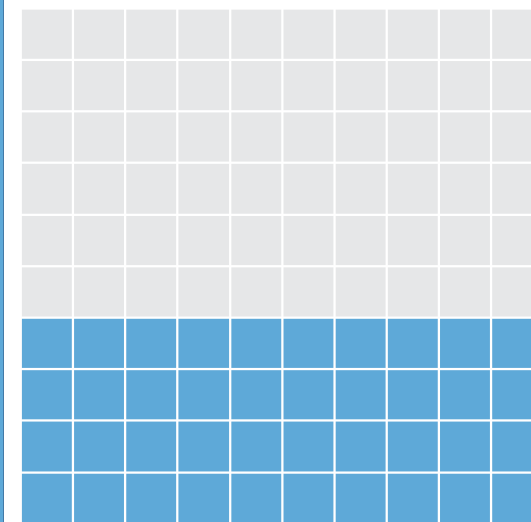
42% told us **lack of access to affordable housing** is a top health problem.



40% told us **cost / access to healthy, nutritious food** is a top health problem.



40% told us **mental health challenges** are a top health problem.



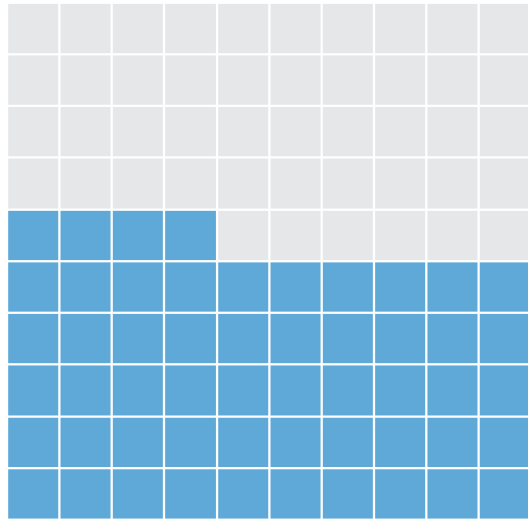
*\* Other top health problems: Chronic disease (24%), Health problems related to aging (19%), and Lack of access to health care (19%)*



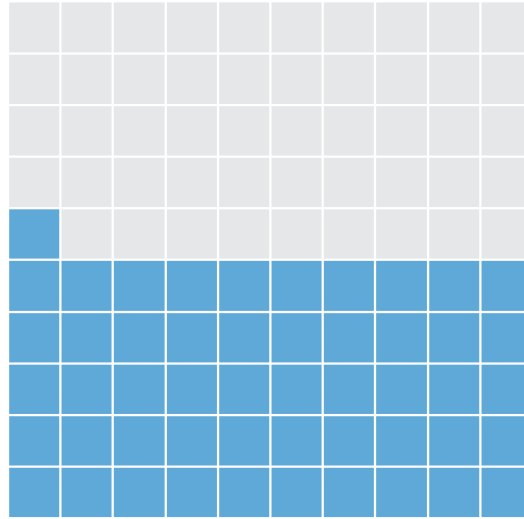
# What is Our Biggest Safety Problem?



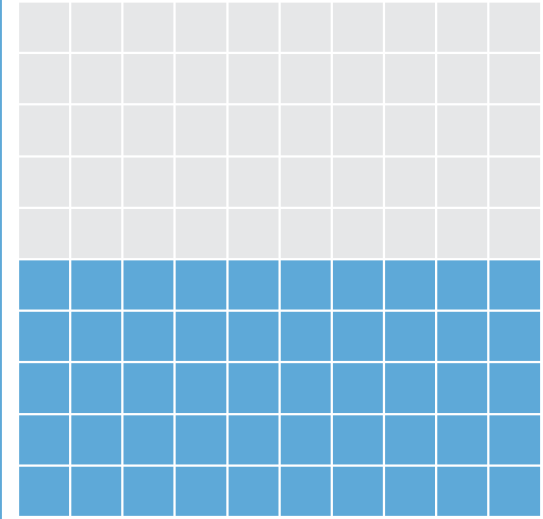
54% told us **misuse of alcohol** is a top safety problem.



51% told us **sale & use of illegal substances** is a top safety problem.



50% told us **misuse of prescription meds (opioids)** is a top safety problem.



*\* 83% of respondents chose at least one of these three options. Among 17 total choices, no other answer had more than 25% agreement*

# Health Priorities Shared by Our Community



## **PRIORITY 1**

**Rural Alaskans need and deserve comprehensive, high quality, modern healthcare where we live.**

## **PRIORITY 2**

**Our community needs support and information to effectively access the healthcare services we have.**

## **PRIORITY 3**

**Rising costs are impacting our community's capacity to get what we need to be healthy and thrive.**

## **PRIORITY 4**

**Behavioral health challenges – especially substance misuse – are our biggest shared health concern.**

## **PRIORITY 5**

**Rural Alaskans need and deserve equitable access to services in our own communities as we age.**

## Priority #1: Local Health Care

65%

said **yes**, there were times their families couldn't get health care locally in the last year

45%

said **yes**, there were times their families had to travel for an MRI



# Priority #1: Local Health Care



“Ultrasound and getting a colonoscopy.  
Have to go out of town and it is too  
expensive to do so.”

“The VA won't allow us to get  
medication in town.”

“We were in need of orthopedic services not  
available locally. However, telehealth made  
it an option not to travel.”

“We were medivaced to Anchorage  
for life saving surgery”

“While I was able to be seen for most of my  
basic needs while pregnant, I had to  
travel outside of the community to finish my  
pregnancy. The cost of traveling is a lot  
more now then ever, and I wish I had  
been home or closer to family during that  
time in my life.”



## Priority #2: Support Accessing Services

Among people who said they did not get all the services they needed last year...

- **36%** were over the income limit
- **14%** didn't know where to find what they needed
- **12%** were too embarrassed to apply
- **14%** don't think what they need exists here



## Priority #3: The Threat of Rising Costs

43%

said **yes**, their families had trouble affording what they needed in the last year

27%

said **no**, they were not able to get all social services needed



# Priority #3: The Threat of Rising Costs



Among just those whose families **needed supportive services** in the last year...

50%

Public insurance  
(Medicaid / Denali Kid Care)

25%

SNAP, WIC, or other food assistance  
through the State

26%

Utilities assistance

15%

Transportation assistance

23%

Local food pantry / community meals

14%

PMC income-based financial help



## Priority #4: Behavioral Health Services

**46%**

said **yes**, their families needed  
mental health services of some  
kind in the last year

**59%**

said **yes**, they were able to get  
the services they needed locally





# Priority #4: Behavioral Health Services



Among just those whose families **needed mental health services** in the last year...

82%

Counseling / therapy

10%

Inpatient hospitalization

45%

Medication for  
mental health condition

10%

Recovery support services  
/ peer support

13%

Crisis-related care

8%

Treatment for substance use

## Priority #5: Elder Resources & Support

81%

said Petersburg is a somewhat to very healthy place to grow older

75%

of those who needed help getting or planning for Long-Term Care last year got what they needed locally



# Priority #5: Elder Resources & Support



But among only those who  
said Petersburg is an **unhealthy or  
very unhealthy** place to grow older

**88%**

were ages 65 or older



# **Recommended Strategies to Address Health Priorities**

2025 COMMUNITY NEEDS HEALTH ASSESSMENT

# Proposed PMC Strategies to Address Health Priorities



## **STRATEGY 1**

**Increase availability of comprehensive healthcare services for our rural community.**

## **STRATEGY 2**

**Reduce barriers our community faces in accessing existing healthcare services.**

## **STRATEGY 3**

**Reduce the impact of rising costs on our community's access to health-related needs.**

## **STRATEGY 4**

**Support increased community behavioral health capacity and access to behavioral health services.**

## **STRATEGY 5**

**Address and advocate for the health needs of our increasing Elder / older adult population.**



# Proposed PMC Strategies to Address Health Priorities



STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
<b>STRATEGY 1: Increase availability of comprehensive healthcare services for our rural community.</b>					
	<b>a. Establish</b> New Hospital & LTC Facility  <b>b. Increase availability</b> of local screenings & diagnostic services  <b>c. Increase availability</b> of specialty clinics  <b>d. Integrate</b> telehealth (TH) partnerships in care  <b>e. Bridge gaps</b> in perinatal care to support flourishing newborns & families in Petersburg  <b>f. Establish</b> career pathways to recruit & develop new providers	<b>a(1)</b> Seek funding to complete construction  <b>b(1)</b> Establish local MRI services <b>b(2)</b> Establish consistent colonoscopy clinic provider  <b>c(1)</b> # clinic types/# clinics held  <b>d(1)</b> # TH services PMC provides <b>d(2)</b> Establish TH navigation & referral resources  <b>e(1)</b> Seek funding for perinatal / early childhood supports <b>e(2)</b> Well child visit rate  <b>f(1)</b> # & type of training opportunities provided	<b>Lead</b>	<ul style="list-style-type: none"> <li>• Petersburg Public Health</li> <li>• Petersburg Borough</li> <li>• Petersburg Indian Association (PIA)</li> <li>• Petersburg School District (PSD)</li> <li>• Birthing facilities</li> <li>• Alaska Infant Learning Program</li> <li>• All-Alaska Pediatric Partnership (A2P2)</li> <li>• Alaska Legislature</li> <li>• Congressional Delegation</li> <li>• UAA, UW, etc.</li> <li>• Alaska Hospital &amp; Healthcare Association (AHHA)</li> <li>• Partnering providers</li> </ul>	<b>Years 1-3</b>

# Proposed PMC Strategies to Address Health Priorities



STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
<b>STRATEGY 2: Reduce barriers our community faces in accessing existing healthcare services.</b>					
	<p><b>a. Increase</b> awareness of services</p> <p><b>b. Assess</b> payer source barriers &amp; opportunities to reduce these</p> <p><b>c. Assess</b> physical barriers to health services related to mobility</p> <p><b>d. Monitor</b> patient perception of confidentiality &amp; quality of care</p> <p><b>e. Provide</b> income-based financial assistance for healthcare costs</p>	<p><b>a(1)</b> Availability of patient navigation, discharge planning, case management &amp; outreach <b>a(2)</b> Reach of public messaging</p> <p><b>b(1)</b> Establish partnerships to reduce payer source barriers</p> <p><b>c(1)</b> Partner to conduct mobility access assessment</p> <p><b>d(1)</b> Establish anonymous feedback Continuous Quality Management (CQM) mechanism</p> <p><b>e(1)</b> Total annual \$ provided</p>	<b>Lead</b>	<ul style="list-style-type: none"> <li>• Petersburg Public Health</li> <li>• Petersburg Borough</li> <li>• Petersburg Indian Association (PIA)</li> <li>• Supporting Health Awareness, Resiliency &amp; Education (SHARE) Coalition</li> <li>• KFSK (Local Radio)</li> <li>• Petersburg Pilot</li> <li>• Southeast Alaska Independent Living (SAIL)</li> </ul>	<b>Years 1-3</b>

# Proposed PMC Strategies to Address Health Priorities



STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
<b>STRATEGY 3: Reduce the impact of rising costs on our community's access to health-related needs.</b>					
	<p><b>a. Support</b> local access initiatives to reduce food insecurity</p> <p><b>b. Support</b> local initiatives to increase affordable housing</p> <p><b>c. Support</b> local access to affordable childcare</p> <p><b>d. Support</b> local access to healthy recreation</p>	<p><b>a(1)</b> # &amp; type of local food access projects supported</p> <p><b>b(1)</b> Hospital participation in Borough Housing Task Force if re-established</p> <p><b>c(1)</b> # children/families served by PMC youth programs</p> <p><b>d(1)</b> # recreation events / programs provided</p>	<b>Partner</b>	<ul style="list-style-type: none"> <li>• Petersburg Public Health</li> <li>• Petersburg Borough</li> <li>• Petersburg Indian Association (PIA)</li> <li>• Supporting Health Awareness, Resiliency &amp; Education (SHARE) Coalition</li> <li>• Humanity in Progress (HIP)</li> <li>• Petersburg School District</li> <li>• Faith-based meal programs</li> <li>• SNAP/WIC</li> <li>• Parks &amp; Recreation</li> <li>• Childcare providers</li> </ul>	<b>Years 1-3</b>

# Proposed PMC Strategies to Address Health Priorities



STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
<b>STRATEGY 4: Support increased community behavioral health (BH) capacity and access to behavioral health services.</b>					
	<p><b>a. Support</b> increased local access to substance use disorder prevention, treatment &amp; recovery</p> <p><b>b. Support</b> increased local services for suicide prevention &amp; response</p> <p><b>c. Support</b> increased local availability of crisis management</p> <p><b>d. Support</b> increased community knowledge and reduced stigma regarding BH conditions</p> <p><b>e. Support</b> increased community access to healthy social activities</p>	<p><b>a(1)</b> Establish additional BH service partnerships / evidence-based practices as a component of integrated care</p> <p><b>a(2)</b> Establish linkages to recovery community resources</p> <p><b>b(1)</b> # &amp; audience of prevention trainings / activities conducted</p> <p><b>c(1)</b> Partner to assess crisis management opportunities</p> <p><b>d(1)</b> # &amp; audience of trainings / resources provided (eg MAT, overdose, stigma science, etc.)</p> <p><b>e(1)</b> # &amp; type of social activities supported / populations served (eg youth, families, adults, etc.)</p>	<b>Partner</b>	<ul style="list-style-type: none"> <li>• Public Health</li> <li>• PIA</li> <li>• SHARE Coalition</li> <li>• AA/NA</li> <li>• PSD</li> <li>• Petersburg Police Department</li> <li>• Volunteer Fire Department &amp; EMS</li> <li>• Working Against Violence for Everyone (WAVE)</li> <li>• Local Emergency Planning Committee</li> <li>• SEARHC Mountainside</li> <li>• True North Counseling</li> <li>• Other local &amp; regional providers</li> <li>• Regional prevention &amp; wellness coalitions</li> </ul>	<b>Years 1-3</b>

# Proposed PMC Strategies to Address Health Priorities



STRATEGIES	INITIATIVES	SUCCESS MEASURES	ROLE	POTENTIAL PARTNERS	TIMEFRAME
<b>STRATEGY 5: Address and advocate for the health needs of our increasing Elder / older adult population.</b>					
	<p><b>a. Establish</b> services to meet the needs of older and disabled adults and their caregivers</p> <p><b>b. Assess</b> barriers to services for older and disabled Alaskans in rural communities &amp; identify opportunities to reduce these</p> <p><b>c. Assess</b> opportunities to expand services for our rural community</p>	<p><b>a(1)</b> # &amp; type of services provided / # served  <b>a(2)</b> # regional partnerships to improve continuum of care</p> <p><b>b(1)</b> Partner to conduct assessment of barriers  <b>b(2)</b> Partner in advocacy on State &amp; federal policies impacting rural populations</p> <p><b>c(1)</b> Partner to conduct assessment of service gaps (eg hospice, assisted living, etc.)  <b>c(2)</b> Conduct service feasibility &amp; funding assessment</p>	<b>Lead</b>	<ul style="list-style-type: none"> <li>• Petersburg Public Health</li> <li>• PIA</li> <li>• SHARE Coalition</li> <li>• Mountainview Manor</li> <li>• SAIL</li> <li>• SEARHC</li> <li>• AHHA</li> <li>• State Senior &amp; Disability Services</li> <li>• US Administration for Community Living</li> </ul>	<b>Years 1-3</b>

# Questions for PMC's Board

- Are there any items on the proposed strategies list you would like to **change**?
- Are there any items on the proposed strategies list you would like to **remove**?
- Are you comfortable **approving** these strategies?





**Petersburg**  
MEDICAL CENTER

# Thank you!

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FULL ASSESSMENT REPORT TO BE RELEASED IN MAY

