

# Community Health Needs Assessment Survey Report

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Norton Sound Health Corporation



**April 2024**

For additional information regarding the Norton Sound Health Corporation  
Community Health Needs Assessment, contact Quality Improvement at  
(907) 443-6414.

## EXECUTIVE SUMMARY

### **Norton Sound Regional Hospital**

As Chief Quality Officer at Norton Sound Health Corporation, I am excited to share the executive summary for our 2023-2024 Community Health Needs Assessment. This report is an essential tool that helps us understand the health needs of our community and guides our efforts in improving overall health outcomes.

As a brief history, Norton Sound Health Corporation was established in 1970 as a tribally owned and operated healthcare system serving the Bering Strait region. Our mission is to provide quality healthcare services that are culturally sensitive and responsive to the needs of our diverse population.

Our latest Community Health Needs Assessment executive summary includes key findings from surveys, focus groups, and interviews conducted with community members, healthcare providers, and other stakeholders. It also outlines priority areas for intervention based on identified health needs.

Our top priorities for the next two years include:

- Addressing chronic diseases such as diabetes and heart disease.
- Promoting mental health awareness and access to care.
- Improving maternal and child health outcomes.
- Improving identification and treatment of patients with dementia.
- Increasing access to preventative care services.

By focusing on these areas, we are confident in our ability to make significant progress in improving overall health in our community. We are dedicated to working hand in hand with local organizations, government agencies, and other partners to implement evidence-based interventions that will leave a lasting impact on the well-being of our residents.

I invite you to review the full report at your convenience. Your feedback is valuable to us as we continue striving towards excellence in providing quality healthcare services. I appreciate your support in helping us fulfill our mission of promoting healthier communities.

Sincerely,  
Megan Mackiernan, PA-C, DMSc

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## BACKGROUND INFORMATION

In 1969, the Alaska Federation of Natives (AFN) sought a demonstration project to give Alaska Natives greater power in health care decisions. Norton Sound was selected to develop a model for community-based health care services as an alternative to regional, hospital-based care. Norton Sound Health Corporation (NSHC) was incorporated on November 27, 1970. The first board had just three directors: William Takak of Shaktoolik, president; Winfred James of Gambell, treasurer; and Dorothy Isabell of Teller, secretary.

The first NSHC Board of Directors faced a formidable task: Bringing health care services to a remote area with limited resources. At the time, northwest Alaskans had little access to health care, and getting medical treatment often meant traveling long distances to regional hospitals. One of the first initiatives NSHC launched was the health aide program, established in 1971. While health aides continue to be the backbone of the NSHC organization today, more than 40 years later, NSHC's services have expanded to include clinic travel clerks, village-based counselors, patient benefit coordinators, dental health therapists, and nurse practitioners in all the villages served.

At its first meeting in November 1970, the NSHC Board of Directors established its highest goal: to provide a "comprehensive and quality inpatient facility in Nome." That year, NSHC opened its first office in the basement of Maynard-McDougall Memorial Hospital in Nome, with a budget of \$143,000. NSHC purchased the hospital six years later, and in 1978, Norton Sound Regional Hospital opened in Nome. It was quickly followed by Unalakleet's sub-regional health clinic, staffed by a physician assistant and community health aides serving four villages.

In 1975, NSHC became the first Native health corporation to become independent of AFN and contract directly with the Indian Health Service. The following year, the board assumed responsibility for regional environmental health services by assigning a federal Public Health Service sanitarian.

Over the years, NSHC's board focused on expanding patient care in the Bering Strait region of Alaska, adding basic services in 15 villages throughout the Norton Sound area and specialty clinics in Nome. In 2008, the Board of Directors opened The Patient Hostel, a 38-bed facility located on the east side of Nome and positioned close to where the new facility would be constructed someday.

Another milestone was reached in 2009 when NSHC received funding to complete a new hospital building in Nome. Construction began in October 2009 and was completed in 2012. The first patients were seen at the new Norton Sound Regional Hospital and Quyanna Care Center in March 2013.

In October 2014, NSHC went live with its new electronic medical record, "Cerner," completed the renovation of the Wales clinic and replaced the Shishmaref clinic. In 2015, NSHC initiated a village clinic improvement program, assumed oversight and

responsibility for nearly all village clinics, and hired housekeepers and maintenance workers to maintain the clinics in all the villages. The Nome outpatient clinic received an HRSA new access point grant and was integrated with the village's primary health care services for the first time.

In 2016, NSHC began an ambitious mission to replace and update aging clinic facilities throughout the region. In 2017, the National Committee on Quality Assurance recognized NSHC's Nome Primary Care Center as a Patient-Centered Medical Home. New clinics were completed in Gambell, Savoonga, and Shaktoolik villages. Village-based housing projects were also completed in Savoonga and Golovin.

In 2018, an MRI was added to the NSHC hospital to advance our diagnostic capabilities further, and a new health clinic for the village of Shaktoolik was opened.

In 2020, NSHC achieved its vision of completing the construction of a new health clinic for the remote village of Little Diomed.

In 2021, NSHC expects to open the long-awaited Wellness and Training Center, which will create the first sobering center in the region and add intensive outpatient mental health services to our comprehensive wrap-around services.

The COVID-19 pandemic saw Norton Sound Health Corporation face the challenge of the generations while minimizing morbidity and mortality. It supported communities in mitigation and suppression methods while retaining high-quality preventative, chronic, and emergency care.

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Our purpose, core values, and vision for the future are based on our commitment to providing the Native people of the Norton Sound region with the highest-quality health care possible.

#### Our Mission

- Providing quality health services and promoting wellness within our people and environment.

#### Our Core Values

- Integrity
- Cultural sensitivity and respect for traditional values
- Always learning and improving
- Compassion
- Teamwork
- Pride

#### Our Vision for the Future

- Excellence in Tribal Health: Our people thrive in mind, body, and spirit.

## SCOPE OF THE STUDY

The 2023-2024 Norton Sound Health Corporation Community Health Needs Assessment aims to collect data on specific information regarding community perception of the Use of Healthcare Services, Awareness of Services, Community Health, and Health Insurance. Additionally, data were collected regarding the demographics of survey responders. The data are presented to Norton Sound Health Corporation's board of directors, administration, health care providers, and community in a helpful format.

## METHODOLOGY

A comprehensive survey was developed by the Quality Assurance/Performance Improvement Team "Aqutaq." The survey was loaded electronically into Microsoft Forms. It was distributed electronically via advertisement, QR code, email, public information, Facebook, community meetings, and other avenues. Postcards with a link to the survey were mailed to every regional box holder. Paper copies of the study were provided in many locations throughout the region and within the Nome hospital site. The survey was also distributed at various Health Fairs and Events held within the area.

Data collection began in 2023 and continued through March 2024 with a goal of at least 1000 responses. Unfortunately, survey responses were limited despite outreach efforts. The survey was also "bombed" by foreign internet responses at one point, requiring the study to be taken offline for a short period to remove invalid responses. The data was entered into a Microsoft Forms/ Microsoft Excel database and are presented in the Survey Results section of this report. At the time of survey closure, data was first prepared and shared with the NSHC Board of Directors in April 2024, and the final report is in process.

## Population Data

All Topics	Nome Census Area, Alaska	United States
<b>Population estimates, July 1, 2023, (V2023)</b>	<b>9,763</b>	<b>334,914,895</b>
<b>PEOPLE</b>		
<b>Population</b>		
<b>Population estimates, July 1, 2023, (V2023)</b>	<b>9,763</b>	<b>334,914,895</b>
Population Estimates, July 1, 2022, (V2022)	9,791	333,271,411
Population estimates base, April 1, 2020, (V2023)	10,050	331,464,948
Population estimates base, April 1, 2020, (V2022)	10,050	331,464,948
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023 (V2023)	-2.9%	1.0%
Population, percent change - April 1, 2020 (estimates base) to July 1, 2022 (V2022)	-2.6%	0.5%
Population, Census, April 1, 2020	10,046	331,449,281
Population, Census, April 1, 2010	9,492	308,745,538
<b>Age and Sex</b>		
Persons under 5 years, percent	8.9%	5.6%
Persons under 18 years, percent	33.7%	21.7%
Persons 65 years and over, percent	8.7%	17.3%
Female persons, percent	47.4%	50.4%
<b>Race and Hispanic Origin</b>		
White alone, percent	13.8%	75.5%
Black or African American alone, percent(a)	0.9%	13.6%
American Indian and Alaska Native alone, percent(a)	76.2%	1.3%
Asian alone, percent(a)	1.7%	6.3%
Native Hawaiian and Other Pacific Islander alone, percent(a)	0.2%	0.3%
Two or More Races, percent	7.2%	3.0%
Hispanic or Latino, percent(b)	2.2%	19.1%
White alone, not Hispanic or Latino, percent	12.9%	58.9%
<b>Population Characteristics</b>		
Veterans, 2018-2022	364	17,038,807
Foreign-born persons, percent, 2018-2022	1.6%	13.7%
<b>Housing</b>		
Housing units, July 1, 2022, (V2022)	4,108	143,786,655

Owner-occupied housing unit rate, 2018-2022	62.6%	64.8%
Median value of owner-occupied housing units, 2018-2022	\$181,300	\$281,900
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,669	\$1,828
Median selected monthly owner costs -without a mortgage, 2018-2022	\$509	\$584
Median gross rent, 2018-2022	\$1,349	\$1,268
Building permits, 2022	1	1,665,088
<b>Families &amp; Living Arrangements</b>		
Households, 2018-2022	2,786	125,736,353
Persons per household, 2018-2022	3.35	2.57
Living in the same house 1 year ago, percent of persons age 1 year+, 2018-2022	87.5%	86.9%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	26.0%	21.7%
<b>Computer and Internet Use</b>		
Households with a computer, percent, 2018-2022	94.9%	94.0%
Households with a broadband Internet subscription, percent, 2018-2022	82.8%	88.3%
<b>Education</b>		
High school graduate or higher, percent of persons age 25 years+, 2018-2022	88.2%	89.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	18.3%	34.3%
<b>Health</b>		
With a disability, under age 65 years, percent, 2018-2022	6.9%	8.9%
Persons without health insurance, under age 65 years, percent	16.4%	9.3%
<b>Economy</b>		
In the civilian labor force, the total percent of the population aged 16 years+, 2018-2022	65.0%	63.0%
In the civilian labor force, female percent of the population age 16 years+, 2018-2022	66.0%	58.5%
Total accommodation and food services sales, 2017 (\$1,000)(c)	16,333	938,237,077
Total health care and social assistance receipts/revenue, 2017 (\$1,000)(c)	<u>D</u>	2,527,903,275
Total transportation and warehousing receipts/revenue, 2017 (\$1,000)(c)	46,961	895,225,411
Total retail sales, 2017 (\$1,000)(c)	83,219	4,949,601,481
Total retail sales per capita, 2017(c)	\$8,290	\$15,224



<b>Transportation</b>		
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	5.8	26.7
<b>Income &amp; Poverty</b>		
Median household income (in 2022 dollars), 2018-2022	\$70,121	\$75,149
Per capita income in the past 12 months (in 2022 dollars), 2018-2022	\$28,678	\$41,261
Persons in poverty, percent	19.9%	11.5%

## BUSINESSES


<b>Businesses</b>		
Total employer establishments, 2021	174	8,148,606
Total employment, 2021	2,058	128,346,299
Total annual payroll, 2021 (\$1,000)	152,984	8,278,573,947
Total employment, percent change, 2020-2021	-6.2%	-4.3%
Total non-employer establishments, 2021	480	28,477,518
All employer firms, Reference year 2017	84	5,744,643
Men-owned employer firms, the Reference year 2017	22	3,480,438
Women-owned employer firms, Reference year 2017	<u>S</u>	1,134,549
Minority-owned employer firms, Reference year 2017	<u>S</u>	1,014,958
Nonminority-owned employer firms, Reference year 2017	38	4,371,152
Veteran-owned employer firms, Reference year 2017	<u>S</u>	351,237
Nonveteran-owned employer firms, Reference year 2017	47	4,968,606

## GEOGRAPHY

<b>Geography</b>		
Population per square mile, 2020	0.4	93.8
Population per square mile, 2010	0.4	87.4
Land area in square miles, 2020	22,969.46	3,533,038.28
Land area in square miles, 2010	22,961.76	3,531,905.43
FIPS Code	02180	1

[About datasets used in this table](#)**Value Notes**

Methodology differences may exist between data sources, so estimates from different sources are not comparable.

Some estimates presented here come from sample data and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in the TABLE view to learn about sampling errors.

The vintage year (e.g., V2023) refers to the final year of the series (2020 thru 2023). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the [2022 5-year ACS Comparison Guidance](#) page.

**Fact Notes**

- a) Includes persons reporting only one race
- b) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data
- c) Hispanics may be of any race, so are also included in applicable race categories

**Value Flags**

No or too few sample observations were available to compute an estimate or a ratio of medians cannot be calculated because one or both of the median forecasts fall in the lowest or upper interval of an open-ended distribution.

**F** Fewer than 25 firms

**D** Suppressed to avoid disclosure of confidential information

**N** Data for this geographic area cannot be displayed because the number of sample cases is too small.

**FN** Footnote on this item in place of data

**X** Not applicable

**S** Suppressed; does not meet publication standards

**NA** Not available

**Z** Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Non-employer Statistics, Economic Census, Survey of Business Owners, Building Permits.

**Source: US Department of Commerce. US Census Bureau**

<https://www.census.gov/quickfacts/fact/table/nomecensusareaalaska,US>

<http://quickfacts.census.gov/qfd/index.html>

**BEHAVIORAL RISK FACTOR DATA**

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**Alaska Behavioral Risk Factor Surveillance System**


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**2018 Nome Region**

<b>Risk Fact</b>	<b>Nome (%)</b>	<b>Alaska (%)</b>
Health Status: General Health Excellent/Very Good	41.7	51.3
Health Status: Poor physical health	18.0	16.4
Health Status: Frequent mental distress	18.8	11.3
Thoughts of Suicide in the past 12 months (2013)	5.0	4.2
Ever told had a depressive disorder	15.4	21.2
HTN: Ever told HTN (2017)	25.7	29.9
CVD: Ever told heart attack	3.7	4.4
CVD: Diagnosis of Angina or Coronary Heart Disease	1	2.8
COPD	4.6	5.3
Cancer: Any type	4.2	7.8
Weight Status: Severely Obese (BM>40)	10.3	7.8
Weight Status: Obese (BMI 30-39.9)	26.5	31.2
Weight Status: Overweight	28.1	35.1
Weight Status: Underweight	0.6	1.8
Seen a provider in the last 12 months	56.0	69.3
Access: No Health Care Coverage	6.1	9.1
Follow Subsistence Lifestyle (2017)	79.7	30.2
Rent Home	20.3	27.2
Believe that currently get enough physical activity (2015)	59.7	46.9
Activity Time: Adequate Aerobic Physical Activity (at least 150 minutes per week) (2017)	86.9	56.7
Activity Time: Adequate Aerobic Physical Activity (at least 300 minutes per week) (2017)	69.9	36.2
Received Food Assistance from Community Program(s) (2013)	14.7	7
Received Food Assistance from Government Program(s) (2013)	34.9	15.6
Less than 3 vegetables and 2 fruits per day	81.5	93.8
Sweetened carbonated beverages 1+ per day (2017)	27.5	13.2
Sweetened non-carbonated beverages 1+ per day (2017)	45.4	12.1
Cigarette Smoking: Current Smoker Everyday (2018)	30.3	17.1
Cigarette Smoking: Former Smoking (2018)	27.7	28.3
Cigarette Smoking: Never Smoked (2018)	42.1	54.6
Tobacco Use (not including e-cig) (2018)	63.4	25.2
Current Marijuana Use (2018)	44.6	17.3
Current Alcohol Use (2018)	34.9	58.6
Binge Drinking (2018)	13.4	16.4
Before age 18, lived with problem drinker/alcoholic/drugs/rx med (2015)	47.4	32.3
Seat Belt Use: always use a seatbelt (2018)	73.1	83.0

## COMMUNITY HEALTH NEEDS SURVEY RESULTS (as of 4/2/2024) (335 households reporting)

### Norton Sound Health Corporation

\*NOTE SOME TOTALS MAY NOT EQUAL 100% DUE TO ROUNDING AND ALLOWANCE FOR MULTIPLE RESPONSES PER ITEM. ALSO, THE NUMBER OF RESPONSES DIFFERS FOR EACH ITEM, ALLOWING FOR NON-RESPONDERS AND MULTIPLE RESPONSES TO SOME ITEMS.

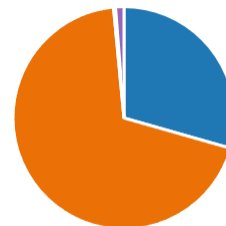
#### Section A: Please tell us about yourself

##### 1. What is your zip code?

Village	Zip Code	Number	Percentage
Brevig	99785	11	3.28%
Diomedede	99762-D	3	0.90%
Elim	99739	9	2.69%
Gambell	99742	13	4.97%
Golovin	99762-G	11	3.28%
Koyuk	99753	1	0.30%
Nome	99762	209	62.39%
Savoonga	99769	7	2.09%
Shaktoolik	99771	3	0.90%
Shishmaref	99772	9	2.69%
St. Michael	99659	6	1.79%
Stebbins	99671	2	0.60%
Teller	99778	2	0.60%
Unalakleet	99684	19	5.67%
Wales	99783	1	0.30%
White Mountain	99784	7	2.09%
Other Alaska	99000-99999	5	1.49%
Outside Alaska		14	4.18%
NO RESPONSE		3	0.90%
<b>Total</b>		<b>334</b>	<b>100%</b>

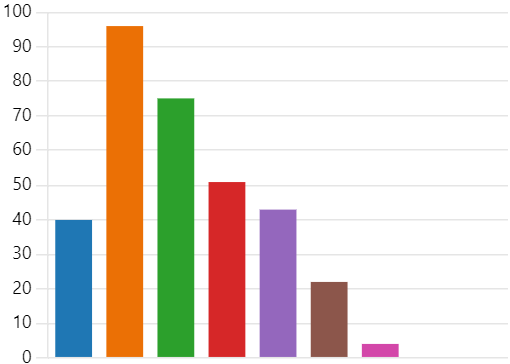
##### 2. What gender do you identify with?

● Male	97
● Female	228
● Transgender	1
● Other	0
● Prefer not to say	4



##### 3. What is your age range?

18-25	40
26-35	96
36-45	75
46-55	51
56-65	43
66-75	22
76-85	4
86+	0
Prefer not to answer	0



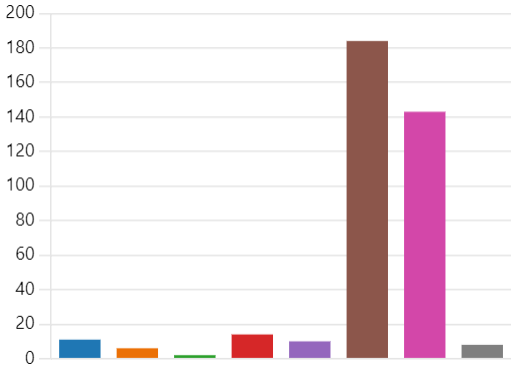
4. Do you identify as Hispanic or Latino?

Yes	28
No	303



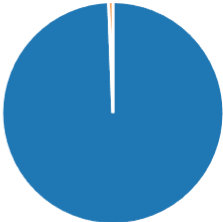
5. What racial group(s) do you identify with? [choose all that apply]

Asian	11
Native Hawaiian	6
Other Pacific Islander	2
Black/African American	14
American Indian	10
Alaska Native	184
White	143
Prefer Not to Answer	8

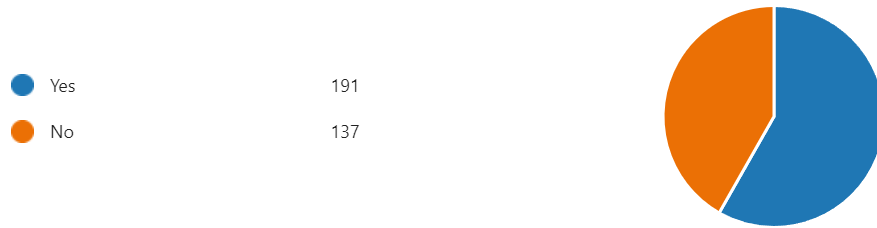


6. What language do you prefer for communication?

English	327
Other	2

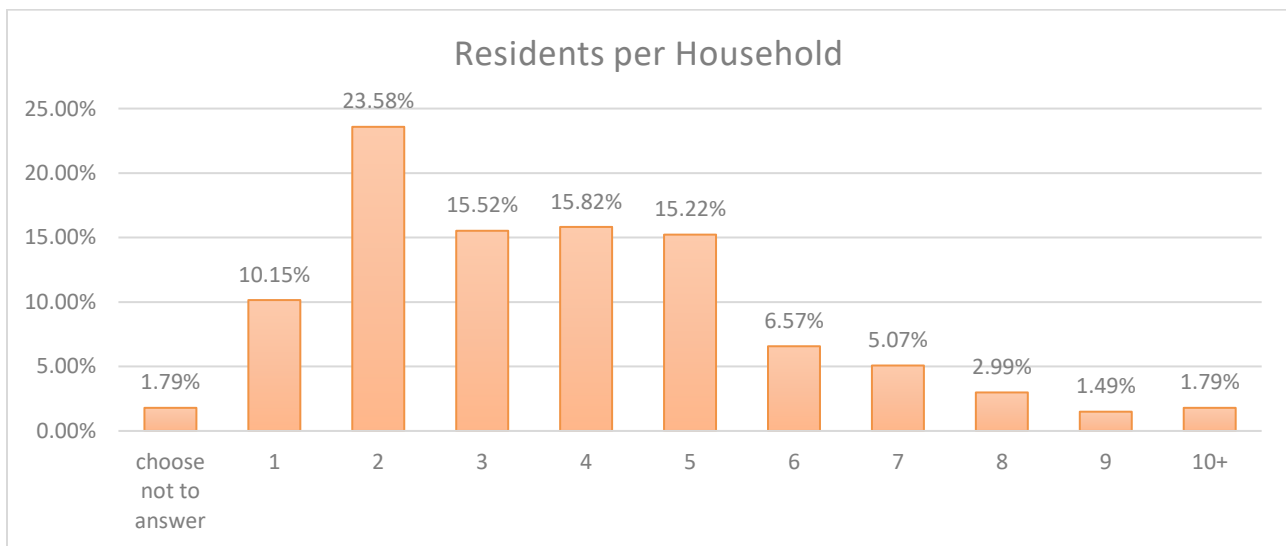


7. Are you an IHS beneficiary?



8. How many people, including yourself, live in your household?

Row Labels	Number of Responses	Percentage of Responses
choose not to answer	6	1.79%
1	34	10.15%
2	79	23.58%
3	52	15.52%
4	53	15.82%
5	51	15.22%
6	22	6.57%
7	17	5.07%
8	10	2.99%
9	5	1.49%
10+	6	1.79%
<b>Grand Total</b>	<b>335</b>	<b>100.00%</b>



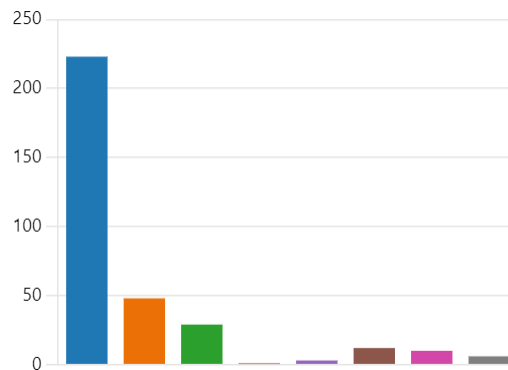
9. How many children under 18 live in your household?

Row Labels	Number of Responses	Percentage of Responses
(blank)	13	3.88%
0	136	40.60%
1	74	22.09%
2	42	12.54%

3	31	9.25%
4	24	7.16%
5	7	2.09%
6	7	2.09%
7	1	0.30%
<b>Grand Total</b>	<b>335</b>	<b>100.00%</b>

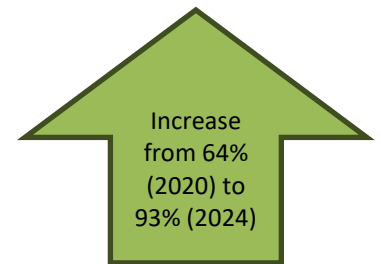
10. What is your employment status?

● Work full-time	223
● Work part-time	48
● Retired	29
● Student	1
● Disabled	3
● Unemployed and looking for e...	12
● Not currently seeking employ...	10
● Prefer not to say	6



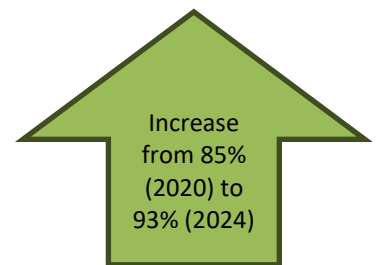
11. Do you access the internet in your home?

● Yes	308
● No	22

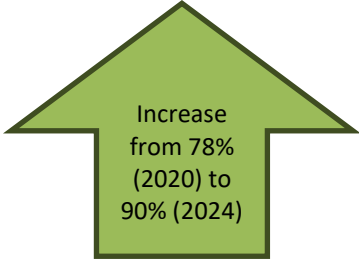
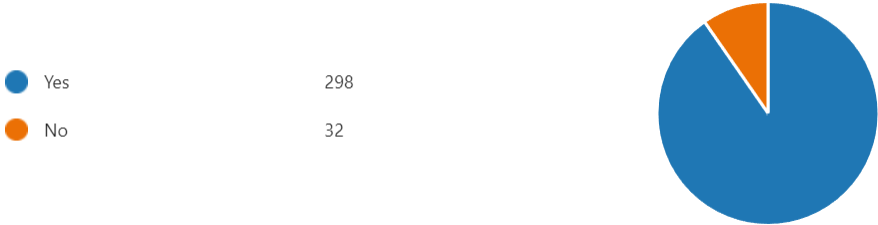


12. Do you have plumbed drinking water in your home?

● Yes	307
● No	23



13. Do you have plumbed septic/sewer in your home?



14. What is the best way for NSHC to communicate with you? (Preferential choice ranking, only first preference listed below)



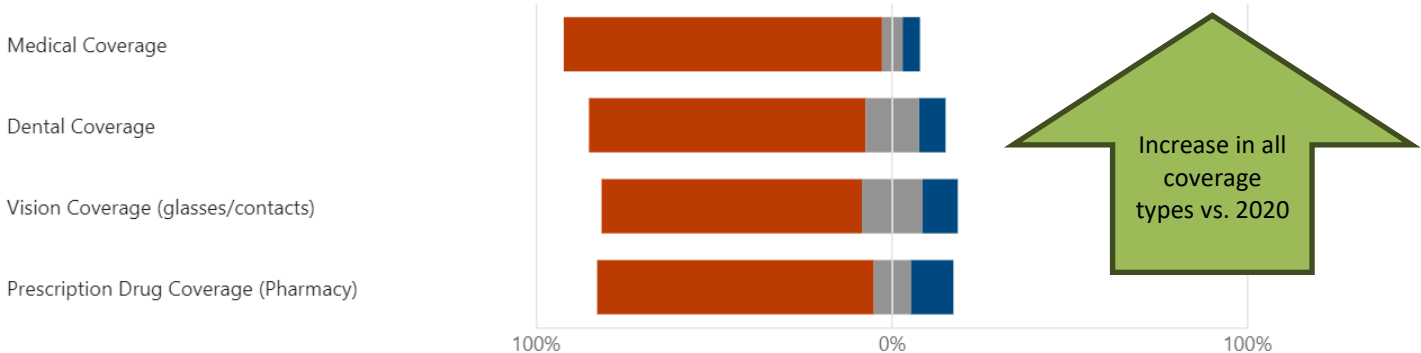
15. What type(s) of health care coverage do you have? (Multiple responses allowed).

Response	Count
Indian Health Services (IHS)	133
Employer-Sponsored	184
Medicaid	80
Medicare	49
No coverage	12
VA/Military	8
Health Savings Account	11
Affordable Care Act (ACA) Plan	6
Self Insured	12
Other	10



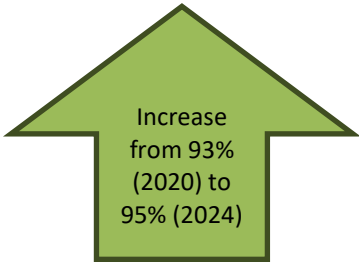
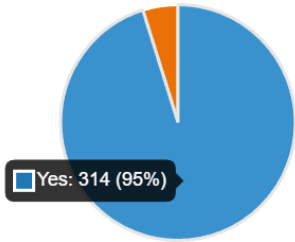
16. What types of coverage do you have?

Yes No Not Sure



Section B: Tell us about your healthcare experience

1. Have you used any Norton Sound Health Corporation facilities?



2. Why do you choose to use NSHC facilities? (multiple responses allowed)

Cost of Care	49
Recommended by family/friends	41
Only clinic available	258
Referred	23
Required by my insurance	24
Has services I need	95
VA/Military Requirement	7
Hospital/Clinic's Reputation for ...	19
Provider listens to me	26
Needed Medication Refilled	59
Emergency, no other choices	78
Provider knows me by name	30
Short waiting room time	28
Great experiences prior	31
n/a, I NEVER use NSHC facilities...	3
Other	13

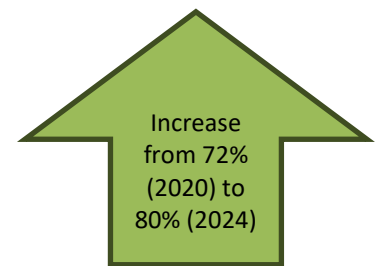
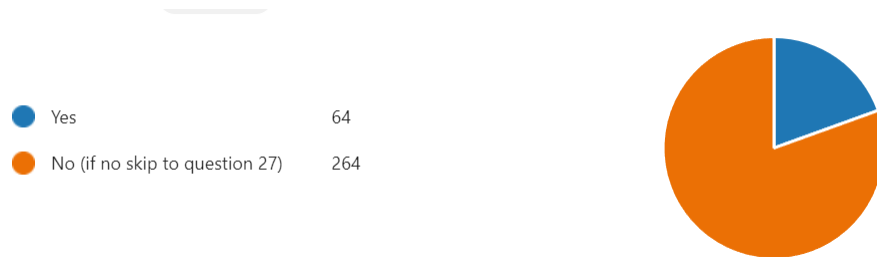


3. If you ever choose not to use NSHC facilities, why not? (multiple responses allowed)

Response	Count
The service I needed was unavailable	83
Lack of privacy/confidentiality	31
It costs too much money	34
No appointment available promptly	25
Did not trust the provider	27
Unsure if the service I need is available	23
Not treated with respect	29
Do not like the provider	17
Appointments do not fit my schedule	22
My insurance would not cover my care	12
Provider is my co-worker/relative	16
Other – free text response	28
Language Barrier	6
Too afraid/Nervous	12



4. In the past 12 months, was there a time when you or someone living in your home needed medical care from NSHC but were not seen?



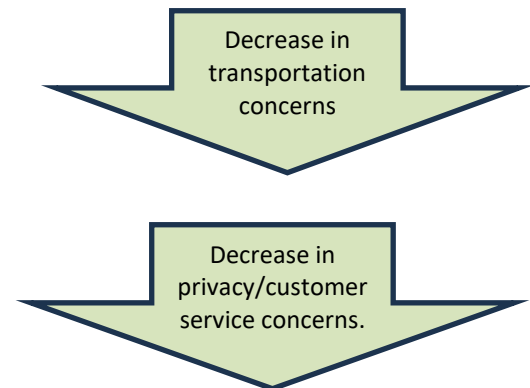
5. If there was a time you needed a specialist, from the time you were referred or requested an appointment, how long until your appointment?

Column1	Count	Percentage
1 month	69	38%
2 months	36	20%
3 months	31	17%
4 months	21	11%
5 months	13	7%
6 months or more	13	7%



6. Check any of the reasons below that help explain why you were not seen.  
(multiple responses allowed)

Reason	Count
The clinic is too far away	0
It costs too much money	7
Did not trust the provider	6
Do not like provider (MD, DO, PA, NP, Health Aide)	4
Had no one to watch the children	2
Lack of privacy/confidentiality	5
Language barrier	3
My insurance would not cover	2
No appointment available promptly	25
No appointments that fit my schedule	6
No transportation	1
Not treated with respect	5
Other	11
Provider is my co-worker/relative	3
Too afraid or nervous	2
Unsure if the service I need is available	5
The service I needed was unavailable	7



7. In the past 12 months, check all of the health care providers you or anyone living in your home has seen (multiple responses allowed)

Provider	Count
General practice provider (MD, DO, PA, NP)	205
Dentist/DHAT	132
Optometrist (Eye doctor)	94
Health Aide	75
Behavioral Health Clinician/Therapist	60
Physical Therapist	55
Pediatrician	53
Audiologist (hearing)	52
Tribal Healer	47
Obstetrician/Gynecologist (female reproductive specialist)	43
ENT Specialist (ear, nose, throat specialist)	32
Psychiatrist	31
Orthopedist (bone/joint specialist)	26
Cardiologist (heart specialist)	20
Neurologist (brain/nerve specialist)	19
Surgeon	19
Social Worker	18
Dietitian	15
Urologist (kidney/bladder/male reproductive specialist)	14
Chiropractor	14
Rheumatologist (arthritis specialist)	12
Allergy Specialist	12
Podiatrist (foot/ankle specialist)	11
Dermatologist (skin specialist)	10
Weight Loss Specialist (bariatrics)	10
Tobacco Counselor	9
Pulmonologist (lung specialist)	9
Diabetes Specialist	8
Infant Learning Program	8
Oncologist (cancer specialist)	7
Substance Abuse Counselor	7
Other (Free text)	10

8. Please rate the following services Norton Sound Health Corporation offers and tell where you used that service most: (2020 values in red, 2023/2024 values in black)

	Excel lent	Good	Fair	Poor	Excelle nt	Good	Fair	Poor
Emergency Room	44%	43%	7%	5%	43%	36%	20%	4%
Inpatient (Acute Care)	17%	41%	36%	7%	34%	40%	20%	4%
QCC (Quyanna Care Center, Nursing Home)	32%	44%	20%	4%	33%	31%	30%	8%
Nome Primary Care	25%	53%	19%	3%	33%	45%	20%	4%
Village Clinic	32%	45%	21%	2%	35%	36%	20%	7%
Laboratory	33%	48%	18%	2%	31%	48%	10%	6%
Physical Therapy	33%	47%	17%	3%	47%	32%	20%	3%
Eye Care Clinic (Optometry)	42%	42%	12%	3%	42%	41%	20%	2%
Audiology	38%	47%	12%	2%	39%	37%	20%	5%
Dental	40%	43%	14%	4%	42%	36%	20%	6%
Behavioral Health	27%	44%	21%	7%	30%	34%	30%	11%
Case Management	23%	41%	24%	13%	32%	37%	30%	5%
CAMP Program	36%	39%	20%	4%	37%	35%	20%	6%
Tribal Healing	51%	37%	10%	3%	49%	31%	20%	5%
Infant Learning Program	35%	43%	19%	4%	31%	41%	20%	8%
Radiology/Diagnostic Imaging	40%	44%	13%	3%	46%	32%	20%	4%
EMS-Medevac Team	57%	32%	10%	0.42%	48%	27%	20%	6%
WIC Program	43%	41%	14%	2%	37%	36%	20%	8%
Environmental Health (OEH)	28%	46%	23%	4%	35%	37%	20%	7%
Respiratory Therapy	34%	52%	13%	1.8%	36%	26%	30%	6%
Medical Records/HIM	27%	45%	22%	5%	30%	40%	20%	7%
Billing Department	27%	38%	22%	12%	30%	38%	20%	10%
Human Resources Department	25%	37%	25%	13%	25%	37%	20%	19%
Patient Driver	39%	41%	14%	6%	38%	33%	20%	11%
Patient Advocate	34%	37%	20%	10%	37%	34%	20%	10%
Administration	30%	38%	22%	11%	32%	37%	20%	9%

## 10. Have you or anyone in your household been affected by these community issues:

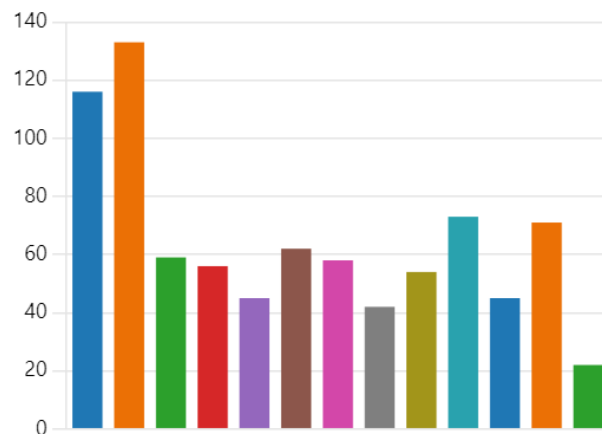
	2020 % Yes	2024 % Yes
Elder abuse	5.87%	6.2%
Child Abuse	7.39%	7.6%
Domestic Violence	17.54%	18.1%
Drug Abuse	17.87%	16.6%
Alcohol Abuse	29.63%	31.0%
Tobacco Use	44.82%	40.6%
Chronic Disease	22.83%	25.1%
Obesity	28.12%	34.4%
Heart Disease	19.98%	19.7%
Diabetes	22.05%	24.7%
Marijuana Use	-	26.9%
Vaping and e-cigarettes	-	23.6%
Stroke	13.74%	15.0%
Cancer	26.08%	18.9%
Teen Pregnancy	10.23%	13.7%
Sexually Transmitted Infections	17.16%	17.9%
Suicide	23.58%	26.6%
Lack of Access to Healthcare	19.41%	25.6%
Lack of Access to Medications	15.47%	23.9%
Lack of Quality childcare	19.41%	30.5%
Lack of Quality Schooling	14.67%	24.4%
Lack of Quality Housing	31.62%	40.3%
Lack of Strong Family Support	14.51%	26.6%
Lack of Safety	11.89%	16.2%
Lack of Good Jobs	34.26%	34.4%
Lack of Food due to expense	28.37%	35.8%
Lack of healthy food available	36.08%	46.8%
Lack of Native/Traditional foods	24.80%	32.2%
Lack of Indoor Exercise Facilities	37.66%	42.6%
Lack of Outdoor Recreational Spaces (parks, walking paths, etc)	24.85%	38.5%
Lack of Running Water/Sewer	22.20%	17.2%
Lack of Sobering Center	20.82%	25.7%
Lack of Homeless Shelter	19.11%	23.8%
Lack of Law Enforcement	30.87%	26.1%

11. What is the biggest issue facing your community? Summarized based on the first response of each survey.

Row Labels	What are the most significant issues in your community?	There are more issues with only one mention
housing	37	vaping
alcohol	29	tobacco
healthy options (food, sober activities, etc.)	17	teamwork
drugs	12	specialists
jobs	10	safety
water	9	pollution
law enforcement	9	mental health
homeless	9	marijuana
childcare	8	Internet
customer service	5	food cost
transportation	3	elder services
money	3	community
education	2	
compassion	2	

12. What would improve your access to care? (multiple responses allowed)

- More providers/health aides 116
- More specialty clinics 133
- End of life care program (hospice) 59
- Prescription delivery 56
- Home visits by providers/health ... 45
- Longer hours at the clinics 62
- Telemedicine availability 58
- Personal Care Attendants 42
- Transportation to the clinic or h... 54
- Assisted living center 73
- Availability in long-term care (N... 45
- Financial Support for out of regi... 71
- Other 22



### Provider Call Line

13. Have you ever used the NSHC Provider/Nurse Call Line, and based on your experience, how would you rate it? (1 – Excellent, 5 - poor)

- Yes, I have used the Nurse/Provi... 161
- No - but I've heard of it 134
- No - Never heard of it 31

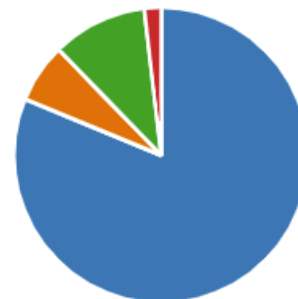


Row Labels	Count of ID
<b>Yes, I have used the Nurse/Provider Call Line</b>	
1 - Excellent	35
2	43
3	36
4	20
5 - Poor	26
<b>Grand Total</b>	<b>160</b>

## COVID-19 Response:

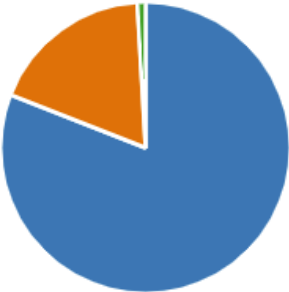
14. Did you receive a COVID-19 Vaccine at an NSHC facility or vaccination site (i.e., the Nome Airport)?

- Yes 264
- No, I was not vaccinated for CO... 21
- No, but I was vaccinated for CO... 34
- Other 6



15. Did you receive a COVID-19 test at an NSHC facility or testing site (i.e., the Nome Airport)?

Yes	263
No	59
Other	3



16. How would you describe the care you and your household received during the COVID-19 pandemic?

Excellent	127
Good	98
Fair	62
Poor	18
N/A	22



17. What did we do well when caring for you and your household during the COVID-19 Pandemic?





18. What are the three (3) most essential changes NSHC can make to improve the health of the communities we serve?

Patient Concern	Count
<b>more permanent full-time providers</b>	15
Housing	12
access to specialty care	11
substance use treatment inpatient/outpatient	10
change/stop triage line	8
improve BHS/hire more BHS	8
more providers	8
access to care	7
customer service	7
healthy options	7
cost of care	6
prevention	6
Patient Privacy	5
health education	4
access to dental	3
Board member concerns	3
Child Care	3
equity	3
more health aids	3
pharmacy support	3
preventative care	3
running water	3
travel support	3

\*summarized based on the first response on the survey with 3 more mentions

# Performance Improvement Goals

## NSHC 2024 Quality Focus Goals:

**Immunizations-** Assess for due vaccinations at every patient visit.

- Increase the number of children who are fully vaccinated by 2 years.
- Increase the number of adults with up-to-date vaccinations including FLU, RSV and COVID-19.

**Breast and Cervical Cancer Screening:** Ensure patients are offered indicated cancer screening and prevention at each visit.

- Increase the number of appropriate patients receiving Breast and Cervical Cancer screening.
- Increase the number of HPV vaccines given to all eligible patients.

**Depression, SDOH, and SOGI Screeners:** Improve the number of patients routinely offered indicated psychosocial screenings.

- Educate all staff on **Social Determinants Of Health (SDOH) & Sexual Orientation and Gender Identity (SOGI)** screening.
- Increase the number of patients screened for Depression, SDOH, and Sexual Orientation & Gender Identity.

**Heart Disease/Blood Pressure Control** (including Healthy Diet and Exercise Education),

- Increase patient education on healthy diet/exercise in primary care.
- Increase the rate of patients with IVD & CAD receiving appropriate anti-cholesterol and antiplatelet therapy.
- Increase the % of patients with Hypertension at goal blood pressure.

### **Dementia Screening**

- Increase screening for dementia.
- Improve staff education on providing dementia screenings.

### **Increasing Accessibility**

- Decrease the number of access concerns across NSHC clinics and programs.
- Utilize patient feedback to improve patient-centered access to care.

# Patient Safety Goals:

## 1- Identify Patients Correctly:

- Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to ensure each patient gets the correct medicine and treatment.

## 2- Improve staff communication:

- Get essential test results to the right staff person on time.

## 3- Use medicines safely:

- Before a procedure, label medicines that are not labeled, such as medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the drugs they need to take. Tell the patient it is essential to bring their up-to-date list of medicines every time they visit a doctor.

## 4- Use alarms safely:

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## 5- Prevent infection:

- Follow the hand-cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization and set goals for improving hand-cleaning.

## 6- Identify patient safety risks:

- Reduce the risk of suicide.

## 7- Improve health care equity:

- Improving healthcare equity is a quality and patient safety priority. For example, healthcare disparities in the patient population are identified, and a written plan describes ways to improve healthcare equity.

## 8- Prevent mistakes in surgery:

- Ensure that the correct surgery is performed on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to ensure a mistake is not being made.

\* Adapted from: *The Joint Commission: 2024 Hospital National Patient Safety Goals* [hap-npsg-simple-2024-v2.pdf](#)  
([jointcommission.org](#))

## Quyanna Care Center Quality Focus Areas:

### 1- Prevent Pressure and Skin Injuries

- Use evidence-based methods to prevent pressure-related and other skin injuries

### 2- Medication Safety

- Monitor high-risk medications (psychotropic, pain, & antimicrobial) to minimum necessary & effective dosage and duration

### 3- Documentation

- Work with all care team members to ensure all residents' periodic documentation is current and complete.

### 4- Prevent Falls

- Use a multi-disciplinary approach to reduce falls with injury.

### 5- Infection Prevention

- Use the hand-cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

*\*Adapted from The Joint Commission: 2024 Home Care National Patient Safety Goals [ome-npsg-simple-2024-v2.pdf](#) ([jointcommission.org](#))*