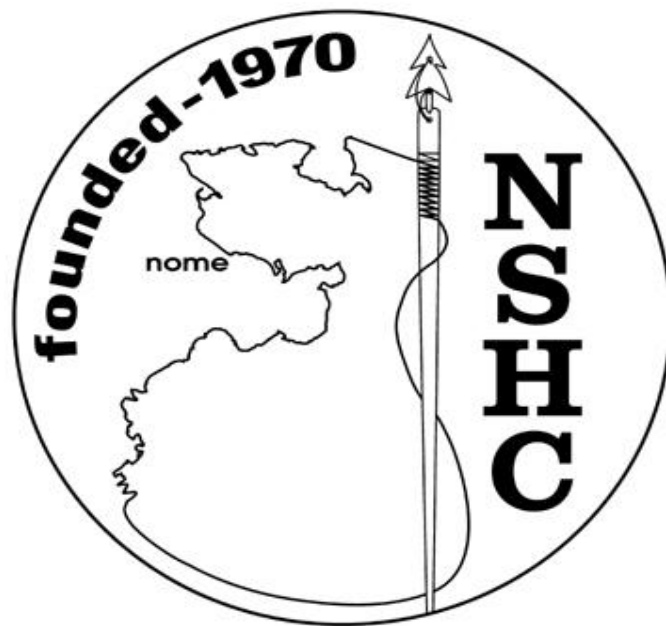


Community Health Needs Assessment Survey Results

Norton Sound Health Corporation



September 2016

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

EXECUTIVE SUMMARY

Norton Sound Regional Hospital

Norton Sound Health Corporation (NSHC) is a tribally owned and operated, independent, not-for-profit health care organization, founded in 1970 to meet the health care needs of the people of the Bering Strait region. NSHC is governed by a 23-member board of directors who represent all communities and areas of the Bering Strait region, a 44,000 square-mile section of northwestern Alaska.

Norton Sound Health Corporation puts the patient first. This principle applies equally at the new Norton Sound Regional Hospital and at the 15 village clinics managed by NSHC.

Every day, NSHC's approximately 700 employees – about 72% of them Alaska Native – demonstrate their commitment to our mission: providing quality health services and promoting wellness within our people and environment.

Ambitious work is underway at NSHC. After one full year of the new electronic health record implementation, NSHC now has the resources required to successfully adopt and initiate the patient-centered medical home model. Teams have been assembled to include providers in Nome and the villages as well as nurses and case managers. NSHC is expanding its wellness initiatives and all sixteen communities received a community health fair in FY2015. Pharmacy improvements have been made in all locations to include the purchase and implementation of PickPoint medication dispensing units in all village clinics and the opening of a new pharmacy at the Sub-Regional Clinic in Unalakleet.

The top capital priority in our 2016 legislative agenda is to build new clinics on St. Lawrence Island; construction for two new 5200 square foot clinics for the villages of Savoonga and Gambell will begin in summer 2016. Additionally, NSHC continues to finalize their design for the Wellness and Training Center, a vitally important project to help people free themselves of addiction and substance abuse through enhanced outpatient treatment housed in a building concept that will also offer a new home for Health Aide Training on the second level.

Also on our plate: new clinic staff housing in the villages and a robust village clinic maintenance improvement program. NSHC successfully completed a health professional and public safety housing building in the village of St. Michael, which will be used as a prototype for other villages. NSHC has assumed oversight for thirteen clinics that are owned by the Tribes to ensure maintenance and improvements are timely to increase compliance and prevent shut-downs.

Norton Sound Health Corporation is a model of how Indian Self-Determination is meant to work, with tribes taking responsibility for their own health and well-being.

In summary, NSHC received comprehensive feedback through paper surveys, in person health forums, and meetings with community leaders. It was evident from the survey feedback that the following improvements would make the largest impact:

- 1) Increase access to appointments for region population
- 2) Address substance abuse and treatment options
- 3) Improve cultural sensitivity and delivery of culturally-relevant care
- 4) Improve attitude

Additionally, the following needs were identified:

- Secure more permanent providers (doctors, mid-levels, and Health Aides)
- Access to an MRI Machine at the local level
- Affordable Housing
- Running water and sewer
- Tobacco Cessation
- Access to Healthy Foods
- Child Care

The following departments received the highest satisfaction ratings:

- Eye Clinic
- EMS/Medevac
- Tribal Healer
- Audiology
- WIC

Action plans have been created to address the areas for improvement and will be used for strategic planning efforts and reported out frequently to the NSHC Board of Directors.

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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 for development of a model for community-based health care services as an alternative to regional, hospital-based care. Norton Sound Health Corporation (NSHC) was incorporated 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.

That first NSHC Board of Directors faced a formidable task: Bring 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: 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. Six years later, NSHC purchased the hospital, 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 through assignment of 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 40 villages throughout the Norton Sound area as well as specialty clinics in Nome. Areas of specialty care include the Infant Learning Program, Rainbow Services for patients with developmental disabilities, the Injury Prevention Program, WIC, the "Waiting Place" home for expectant mothers and the Chronic Care Active Management and Prevention Program (CAMP), established to focus on lifestyle changes including diabetes prevention and smoking cessation.

The board's hard work has resulted in milestones such as the purchase and installation of a CT scanner and cancer treatment chair, both of which have reduced the need for NSHC patients to travel to Anchorage for treatment.

In 2008, the Board of Directors opened The Patient Hostel, a 38-bed facility that offers patients a quiet, comfortable place to stay while receiving treatment in Nome. In its first year of operation, more than 1,400 patients lodged at The Patient Hostel.

Another milestone was reached in 2009, when Indian Health Services awarded NSHC full 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” and completed the renovation for the Wales clinic and replaced the Shishmaref clinic. In 2015, NSHC initiated a village clinic improvement program and assumed oversight and responsibility for nearly all village clinics and hired housekeepers and maintenance workers to keep the clinics maintained in all the villages. NSHC is working to build new clinics in both Gambell and Savoonga in 2016 and continues to plan for its new Wellness and Training Center.

NORTON SOUND HEALTH CORPORATION: MISSION, VISION, AND VALUES

Our purpose, core values and vision for the future are built 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:

- We will ensure that all patients receive quality and respectful health care.
- We will educate our patients and communities to be proactive in caring for themselves and promoting wellness.
- We will listen to, honor, and respect our elders, preserve their right to speak, and ensure they receive the best care in gratitude for their leadership.
- We will increase wellness efforts to reduce addictive behaviors and to raise the quality of life among our people and communities.
- We will advocate that our environment (air, land and water) will be clean, and our water and waste disposal systems are safe and affordable, in order to ensure our subsistence way of life.
- We will assert and implement tribal self-governance to achieve our vision through effective leadership.
- We will hire and support our tribal members to deliver and manage our services.
- We will develop state of the art and efficient health care facilities throughout the region.
- We will be financially strong through aggressive, effective and efficient financial management.
- We will support and develop our youth to pursue higher education and health care careers to ensure there is future tribal leadership.

SCOPE OF THE STUDY

The purpose of the 2016 Norton Sound Health Corporation Community Health Needs Assessment is 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 in a format that can be useful to Norton Sound Health Corporation board of directors, administration, health care providers and community.

METHODOLOGY

A comprehensive survey was developed by the Quality Assurance/Performance Improvement Team "Aqutaq". The survey was loaded electronically into Google Forms. It was distributed electronically via advertisement, QR code, email, public information, Facebook, community meetings and other avenues. Paper copies of the form were also mailed to all box holders in the region as well as made available at all clinics and within the Nome hospital site. The survey was also distributed at various Health Forums held within the region.

As of September 16, 2016, we have received 1066 responses (approx. 37.6% of households in the region). The data was entered into a Google Forms/Sheets database and are presented in the Survey Results section of this report.

POPULATION DATA

People Quick Facts	Nome Census Area	Alaska
Population		
Population estimates, July 1, 2015	9846	738432
Population estimates, July 1, 2014	9817	736732
Population estimates base, April 1, 2010	9492	710249
Population estimates base, April 1, 2010, (V2014)	9492	710249
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015	3.7%	4.0%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2014	3.4%	3.7%
Population, Census, April 1, 2010	9492	710231
Age and Sex		
Persons under 5 years, percent, July 1, 2014	11.1%	7.4%
Persons under 5 years, percent, April 1, 2010	10.7%	7.6%
Persons under 18 years, percent, July 1, 2014	34.9%	25.3%
Persons under 18 years, percent, April 1, 2010	34.3%	26.4%
Persons 65 years and over, percent, July 1, 2014	7.3%	9.4%
Persons 65 years and over, percent, April 1, 2010	6.4%	7.7%
Female persons, percent, July 1, 2014	47.6%	47.4%
Female persons, percent, April 1, 2010	46.7%	48%
Race and Hispanic Origin		
White alone, percent, July 1, 2014 (a)	17.3%	66.9%
White alone, percent, April 1, 2010 (a)	16.4%	66.7%
Black or African American alone, percent, July 1, 2014 (a)	0.7%	3.9%
Black or African American alone, percent, April 1, 2010 (a)	0.3%	3.3%
American Indian and Alaska Native alone, percent, July 1, 2014 (a)	74.5%	14.8%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	75.8%	14.8%
Asian alone, percent, July 1, 2014 (a)	1.2%	6.1%
Asian alone, percent, April 1, 2010 (a)	1.0%	5.4%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2014 (a)	0.1%	1.3%
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	0.1%	1.0%
Two or More Races, percent, July 1, 2014	6.3%	7.1%
Two or More Races, percent, April 1, 2010	6.2%	7.3%
Hispanic or Latino, percent, July 1, 2014 (b)	2.0%	6.8%
Hispanic or Latino, percent, April 1, 2010 (b)	1.2%	5.5%
White alone, not Hispanic or Latino, percent, July 1, 2014	16.5%	61.9%
White alone, not Hispanic or Latino, percent, April 1, 2010	15.9%	64.1%
Population Characteristics		
Veterans, 2010-2014	573	70370
Foreign born persons, percent, 2010-2014	1.4%	7.1%

Housing	Nome Census Area	Alaska
Housing units, July 1, 2014, (V2014)	4045	308583
Housing units, April 1, 2010	4008	306967
Owner-occupied housing unit rate, 2010-2014	55.7%	63.3%
Median value of owner-occupied housing units, 2010-2014	\$132700	\$246300
Median selected monthly owner costs -with a mortgage, 2010-2014	\$1423	\$1843
Median selected monthly owner costs -without a mortgage, 2010-2014	\$488	\$555
Median gross rent, 2010-2014	\$1168	\$1131
Building permits, 2014	10	1518
Families and Living Arrangements		
Households, 2010-2014	2839	251678
Persons per household, 2010-2014	3.35	2.79
Living in same house 1 year ago, percent of persons age 1 year+, 2010-2014	83.2%	80.9%
Language other than English spoken at home, percent of persons age 5yrs+, 2010-2014	28.2%	16.2%
Education		
High school graduate or higher, percent of persons age 25 years+, 2010-2014	84.7%	91.8%
Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014	14.7%	27.7%
Health		
With a disability, under age 65 years, percent, 2010-2014	7.3%	8.0%
Persons without health insurance, under age 65 years, percent	29.2%	18.8%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2010-2014	65.0%	67.8%
In civilian labor force, female, percent of population age 16 years+, 2010-2014	65.8%	65.1%
Total accommodation and food services sales, 2012 (\$1,000)	14821	2221335
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	D	6375483
Total manufacturers' shipments, 2012 (\$1,000)	D	D
Total merchant wholesaler sales, 2012 (\$1,000)	D	5216303
Total retail sales, 2012 (\$1,000)	78672	10474275
Total retail sales per capita, 2012	7935	14320
Transportation		
Mean travel time to work (minutes), workers age 16 years+, 2010-2014	6.7	18.9
Income and Poverty		
Median household income (in 2014 dollars), 2010-2014	\$47579	\$71829
Per capita income in past 12 months (in 2014 dollars), 2010-2014	\$19651	\$33129
Persons in poverty, percent	26.1%	11.2%

Businesses Quick Facts	Nome Census Area	Alaska
Total employer establishments, 2013	167	20519(2)
Total employment, 2013	1910	266627(2)
Total annual payroll, 2013	92855	14601116(2)
Total employment, percent change, 2012-2013	-1.5%	3.3%
Total nonemployee establishments, 2013	572	52991
All firms, 2012	676	68032
Men-owned firms, 2012	380	35402
Women-owned firms, 2012	212	22141
Minority-owned firms, 2012	381	13688
Nonminority-owned firms, 2012	264	51147
Veteran-owned firms, 2012	61	7953
Nonveteran-owned firms, 2012	578	56091
Geography Quick Facts	Nome Census Area	Alaska
Population per square mile, 2010	0.4	1.2
Land area in square miles, 2010	22961.76	570640.95
FIPS Code	2180	2
<p>(1) Data may be subject to publication minimums that vary by industry and geography. (2) Includes data not distributed by county. (a) Includes persons reporting only one race (b) Hispanics may be of any race, so also are included in applicable race categories (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data D: Suppressed to avoid disclosure of confidential information F: Fewer than 25 firms FN: Footnote on this item in place of data NA: Not available S: Suppressed; does not meet publication standards X: Not applicable Z: Value greater than zero but less than half unit of measure shown</p> <p>Quick Facts 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, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.</p>		

Source: US Department of Commerce. US Census Bureau

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

BEHAVIORAL RISK FACTOR DATA

Alaska Behavioral Risk Factor Surveillance System

2014 Nome Region

Risk Factor	Nome (%)	Alaska (%)
Health Status: General Health Excellent/Very Good	42.6	53.2
Health Status: Poor physical health	17.9	14.8
Health Status: Frequent mental distress	10.1	11.3
Mean Number of Days of Poor Mental Health	2.4	2.9
Thoughts of Suicide in past 12 months	4.1	4.1
Ever told had depressive disorder	15.4	16.4
HTN: Ever told HTN	28.8	28.9
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: Obese	29.2	28.8
Weight Status: Overweight	38.5	36.8
Weight Status: Normal Weight	30.2	33.3
Weight Status: Underweight	2.1	1.2
Access: No Personal Health Care Provider	49.5	33.8
Access: No Health Care Coverage	12.5	18.2
HHS Poverty Guidelines: present	54.1	31.4
HHS Poverty Guidelines: absent	45.9	68.6
Leisure Exercise in Past 30 days: No	28.8	20.5
Activity Time: Adequate Aerobic Physical Activity (at least 150 minutes per week)	49.6	56.2
Activity Time: Adequate Aerobic Physical Activity (at least 300 minutes per week)	30.7	36.9
Received Food Assistance from Community Program(s)	14.7	7
Received Food Assistance from Government Program(s)	34.9	15.6
Food Security Scale: Low	12.8	6.9
Food Security Scale: Very Low	6.5	3.5
Adequate Fruit and Vegetable Consumption	11.9	20
Cigarette Smoking: Current Smoker	42	21.4
Cigarette Smoking: Former Smoking	25	26.9
Cigarette Smoking: Never Smoked	33	51.7
Tobacco Use	11	9.6
One or more types of Substance Abuse	17.2	15.4
Alcohol Consumption: Heavy/Binge Drinking Risk Factor	12.6	20
Had at least one drink alcohol in past 30 days	35.7	56.5
Before age 18, lived with problem drinker/alcoholic	30	29.3
Seat Belt Use: always use a seatbelt	59.4	83.5

COMMUNITY HEALTH NEEDS SURVEY RESULTS (as of 9/16/2016) (1066 households reporting)

Norton Sound Health Corporation

*NOTE SOME TOTALS MAY NOT EQUAL TO 100% DUE TO ROUNDING AND ALLOWANCE FOR MULTIPLE RESPONSES PER ITEM. ALSO NUMBER OF RESPONSES DIFFERS TO 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
Nome, Golovin, Diomedede	99762	492	46%
Brevig	99785	39	4%
Elim	99739	41	4%
Gambell	99742	47	4%
Koyuk	99753	9	1%
St. Michael	99659	37	3%
Savoonga	99769	19	2%
Shaktoolik	99771	26	2%
Shishmaref	99772	73	7%
Stebbins	99671	33	3%
Teller	99778	33	3%
Unalakleet	99684	52	5%
Wales	99783	34	3%
White Mountain	99784	35	3%
OTHER		19	2%
NO RESPONSE		78	7%
Total		1067	100%

2. What is your gender?

Response	Number	Percentage
Male	313	29.6%
Female	742	70.1%
Transgender	1	0.1%
Prefer not to answer	3	0.3%
Total	1059	100.0%

3. What is your age range?

Response	Number	Percentage
18-25	102	9.6%
26-35	230	21.7%
36-45	204	19.3%
46-55	191	18.0%
56-65	222	21.0%
66-75	89	8.4%
76-85	15	1.4%
85+	6	0.6%
Total	1059	100.0%

4. Are you an IHS beneficiary?

Response	Count	Percentages
Yes	686	67%
No	332	33%
Total	1018	100%

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

Number	Count	Percentage
1	132	13%
2	202	20%
3	186	18%
4	176	17%
5	98	10%
6	88	9%
7	49	5%
8	33	3%
9	25	2%
10+	31	3%
Total	1020	100%

6. How many children under the age of 18 live in your household?

Number	Count	Percentage
0	396	39%
1	199	20%
2	178	18%
3	91	9%
4	66	7%
5	50	5%
6	17	2%
7	6	1%
8+	3	0%
Total	396	39%

7. What is your employment status?

Response	Count	Percentage
Work full-time	588	56%
Work part-time	152	14%
Retired	93	9%
Student	4	0%
Disabled	24	2%
Unemployed and looking for employment	76	7%
Not currently seeking employment	28	3%
Unemployed and looking for employment	76	7%
Other	9	1%
Total	1050	100%

8. Do you access the internet in your community?

Response	Count	Percentages
Yes	893	86%
No	142	14%
Total	1035	100%

9. What is the best way for NSHC to communicate with you?

Rate the following methods between 1 through 5 with 1 being the best way to communicate with you.

Number	Phone Call		Text Message		Letter in the Mail	
	Count	Percentage	Count	Percentage	Count	Percentage
1st (Best)	575	62%	218	29%	173	22%
2 nd	112	12%	250	33%	121	16%
3 rd	114	12%	109	14%	132	17%
4 th	43	5%	95	13%	209	27%
5 th	82	9%	87	11%	145	19%
Total	926	100%	759	100%	780	100%

Number	Email		Other Media	
	Count	Percentage	Count	Percentage
1st (Best)	289	37%	55	9%
2 nd	158	20%	49	8%
3 rd	192	25%	68	11%
4 th	60	8%	107	17%
5 th	77	10%	342	55%
Total	776	100%	621	100%

Section B: Tell us about your healthcare experience

1. Do you use Norton Sound Health Corporation facilities?

Response	Count	Percentages
Yes	1017	95%
No	49	5%
Total	1066	100%

2. If you answered “no” above, check any of the reasons below why you do not use NSHC.
(Percentage of 43 responses to this item)

Response	Count	Percentage
No appointment available in a timely manner	11	26%
Costs too much money	9	21%
Not treated with respect	4	9%
Do not like provider (MD, DO, PA, NP, Health Aide)	4	9%
Appointments do not fit my schedule	4	9%
Did not trust the provider	5	12%
Language barrier	0	0%
Unsure if service I need is available	6	14%
Provider is my co-worker/relative	0	0%
Too afraid or nervous	3	7%
My insurance would not cover	3	7%
Lack of privacy/confidentiality	9	21%

Section C: Tell us about your healthcare experience at NSHC

1. Why do you choose to use NSHC facilities? Check all that apply. (Percentage of 968 responses to this item)

Response	Count	Percentage
Cost of care	72	7.4%
Easy to get apt	6	0.6%
Emergency	251	25.9%
Great experience prior	72	7.4%
Has services I need	292	30.2%
Hospital/Clinic's Reputation for quality	41	4.2%
Needed Medication refilled	245	25.3%
Only clinic available	836	86.4%
Provider knows me by name	124	12.8%
Provider listens to me	103	10.6%
Recommended by family/friends	47	4.9%
Referred	55	5.7%
Required by my insurance	29	3.0%
Short waiting room time	87	9.0%
VA/Military Requirement	9	0.9%

2. 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?

Response	Count	Percentages
Yes	244	24%
No	773	76%
Total	1017	100%

3. If you answered “yes” above, what service were you not able to use:

Response	Count	Percentage
Nome Hospital	83	38.8%
Nome Clinic	62	29.0%
Village Clinic	63	29.4%
BHS Nome	9	4.2%
BHS Village	5	2.3%
Total	214	103.7%

4. If you selected “Village Clinic” above, in what village did you have a problem?

Village	Count	Percentage
Brevig Mission	1	2.3%
Elim	2	4.5%
Gambell	7	15.9%
Koyuk	1	2.3%
Saint Michael	1	2.3%
Savoonga	6	13.6%
Shaktoolik	2	4.5%
Shishmaref	15	34.1%
Stebbins	3	6.8%
Teller	2	4.5%
Unalakleet	4	9.1%
Total	44	100.0%

5. Check any of the reasons below that help explain why you were not seen.
(Percentage of 218 responses to this item)

Reason	Count	Percentage
Clinic is too far away	4	1.8%
Costs too much money	31	14.2%
Did not trust the provider	23	10.6%
Do not like provider (MD, DO, PA, NP, Health Aide)	22	10.1%
Had no one to watch kids	4	1.8%
Lack of privacy/confidentiality	22	10.1%
Language barrier	1	0.5%
My insurance would not cover	4	1.8%
No appointment available in a timely manner	124	56.9%
No appointments that fit my schedule	39	17.9%
No transportation	7	3.2%
Non-beneficiary issue	0	0.0%
Not treated with respect	29	13.3%
Other	3	1.4%
Provider is my co-worker/relative	7	3.2%
Provider issue	0	0.0%
Too afraid or nervous	10	4.6%
Unsure if service I need is available	8	3.7%

6. In the past 12 months, check all of the health care providers you or anyone living your home has seen: (Percentage of 973 responding to this item)

Provider	Count	Percentage
Allergy Specialist	18	1.85%
Audiologist (hearing)	192	19.73%
Behavioral Health	141	14.49%
Cardiologist (heart)	70	7.19%
Chiropractor	3	0.31%
Dentist/DHAT	543	55.81%
Dermatologist (skin)	61	6.27%
Diabetes Specialist	94	9.66%
Dietician	47	4.83%
Endoscopy	0	0.00%
ENT Specialist	141	14.49%
Eye Doctor	524	53.85%
General provider	716	73.59%
Health aide (CHA/CHAP)	425	43.68%
Infant Learning Program	30	3.08%
Neurologist (brain/nerve)	51	5.24%
Obstetrician/Gynecologist (female reproductive)	71	7.30%
Oncologist (cancer)	32	3.29%
Orthopedist (bone/joint)	53	5.45%
Pediatrician (children)	134	13.77%
Physical Therapist	153	15.72%
Podiatrist (feet)	14	1.44%
Pulmonologist (lung)	18	1.85%
Rheumatologist (arthritis)	46	4.73%
Social Worker	23	2.36%
Substance Abuse Counselor	12	1.23%
Surgeon	53	5.45%
Tobacco Counselor	14	1.44%
Tribal Healer	6	0.62%
Urologist (kidney/ bladder/ male reproductive)	34	3.49%

7. How long did you have to wait to see the specialist from the time you were referred or requested an appointment?

Column1	Count	Percentage
One month or less	385	51%
2 months	129	17%
3 months	80	11%
4 months	40	5%
5 months	87	12%
6 months or more	28	4%
Total	749	100%

8. Please rate the following services Norton Sound Health Corporation offers and tell where you used that service most:

Department	Excellent	Good	Fair	Poor	Nome	Village
Audiology	41%	40%	15%	4%	68%	32%
Behavioral Health	30%	34%	22%	14%	69%	31%
Billing Department	18%	29%	30%	23%	100%	n/a
CAMP Program	41%	38%	15%	6%	83%	17%
Dental Clinic	45%	35%	15%	5%	65%	35%
Emergency Department	29%	41%	24%	7%	100%	n/a
EMS-Medevac Team	56%	29%	11%	4%	63%	37%
Eye Care Clinic	42%	43%	12%	3%	76%	24%
Healthy Start	33%	43%	18%	5%	64%	36%
Independent Living Specialists/Rainbow Services	31%	38%	21%	10%	60%	40%
Infant Learning Program	36%	36%	21%	8%	64%	36%
Inpatient (Acute Care)	26%	46%	24%	3%	100%	n/a
Laboratory	34%	45%	17%	4%	85%	15%
Medical Records	26%	39%	27%	8%	100%	n/a
Nursing/Case Management	26%	37%	28%	9%	78%	22%
Outpatient Clinic	21%	49%	25%	5%	100%	n/a
Pharmacy	27%	39%	21%	14%	85%	15%
Physical Therapy	36%	42%	16%	6%	70%	30%
QCC (Quyanna Care Center)	38%	38%	17%	7%	100%	n/a
Respiratory Therapy	35%	41%	18%	6%	100%	n/a
SART Program (Sexual Assault Response Team)	37%	37%	22%	5%	100%	n/a
Tribal Healers	51%	32%	12%	6%	60%	40%
Village Clinic	31%	37%	22%	10%	n/a	100%
WIC Program	44%	36%	16%	3%	59%	41%

Percentage of total responses per item which varies by item. No response/not used/blank responses not included in calculations.

9. What additional health care services would you like to see made available?
(Percentage of 434 total responses to item. Top 14 concerns aggregated from free responses by keyword)

Suggestion	Number	Percentage
More Village Providers/Provider Visits	55	13%
More/Better services for Non-beneficiaries	35	8%
Permanent Specialty Providers	31	7%
MRI in Nome	21	5%
Permanent OB/GYN	20	5%
Alcohol/Drug Abuse Treatment Center	17	4%
Hospice/Elder Care Services	17	4%
Allergy clinic	12	3%
Surgery Services in Nome	11	3%
Cancer Center	9	2%
Increase Behavioral Health Services	9	2%
Acupuncture/Chiropractic/Alternative Medicine	8	2%
Provider Concern	8	2%
More Clinic Appointments	6	1%

Section D: Tell us about the health and barriers in your community

1. How well do you know about the health care services available in your community?
(Rating 1-5, 1=Very well, 5=Not well)

	Count	Percentage
Very Well	304	29%
2	190	18%
Well	387	37%
4	45	4%
Not Well	114	11%
Total	1040	100%

2. How do you learn about what health care services are available? Check all that apply.
(Percentage of 1024 responses to this item)

	Count	Percentage
Family and Friends	632	62%
Word of Mouth	520	51%
Flyer/Poster/Sign	346	34%
Health Fair	235	23%
NSHC Website	230	22%
Newspaper	195	19%
Radio	171	17%
Facebook	100	10%
Presentation	43	4%
Phone book- Yellow pages	25	2%
Nome Announce	18	2%
NSHC Employee	1	0%

3. What would improve your access to health care? Check all that apply. (Percentage of 938 responses. Top additional concerns aggregated from free response by keyword)

Suggestion	Count	Percentage
More Providers	452	48.19%
More Specialty Clinics	344	36.67%
MRI availability in Nome	300	31.98%
Longer hours at the clinics	203	21.64%
Home visits by health aides	157	16.74%
Transportation to the clinic or hospital	153	16.31%
Financial Support for Out of Region Services	145	15.46%
Home visits by Providers	144	15.35%
Prescription Delivery	138	14.71%
Assisted Living Center	123	13.11%
Insurance Coverage	110	11.73%
Personal Care Attendants	104	11.09%
End of Life care program (hospice)	103	10.98%
Telemedicine Availability	87	9.28%
Availability of Long-term Care (Nursing Home)	86	9.17%
Non-Beneficiary Support/Issues	15	1.60%

4. Do you feel your community is: (Rate 1-5, 1=Very healthy, 4= Unhealthy)

	Count	Percentage
Very Healthy	40	4%
Healthy	768	73%
Somewhat Unhealthy	211	20%
Unhealthy	29	3%
Total	1048	100%

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

	Yes	No
Tobacco Abuse	48%	52%
Lack of healthy food available	46%	54%
Lack of Good Jobs	45%	55%
Lack of Quality Housing	43%	57%
Lack of Food due to expense	38%	62%
Lack of indoor exercise facilities	38%	62%
Lack of parks	38%	62%
Suicide	38%	62%
Alcohol Abuse	35%	65%
Obesity	34%	66%
Cancer	33%	67%
Lack of Quality Childcare	32%	68%
Chronic Disease	31%	69%
Lack of a sobering center	31%	69%
Diabetes	27%	73%
Drug Abuse	26%	74%
Lack of a homeless shelter	26%	74%
Lack of native food	26%	74%
Lack of running water/sewer	25%	75%
Domestic Violence	24%	76%
Heart Disease	24%	76%
Lack of quality schooling	23%	77%
Lack of Access to Healthcare	21%	79%
Lack of Strong Family Support	21%	79%
Lack of Access to medication	20%	80%
Sexually Transmitted Infection	19%	81%
Teen Pregnancy	18%	82%
Child Abuse	16%	84%
Lack of Safety	16%	84%
Stroke	15%	85%
Elder Abuse	12%	88%

6. Which community issues are the biggest in your community? (Percentage of 386 responses. Top concerns aggregated from free response by keyword)

	Count	Percentage
Alcohol abuse	179	41%
Drug Abuse	86	20%
Lack of running water/sewer	41	9%
Lack of sobering center	19	4%
Suicide	19	4%
Domestic Violence	16	4%
Homelessness	12	3%
Lack of jobs	12	3%
Tobacco abuse	11	3%
Cancer	10	2%
Lack of childcare	8	2%
Lack of housing	8	2%
Obesity	8	2%
Child abuse	6	1%
Cultural Issues	6	1%
Cost of living	4	1%
Lack of wellness activities/presentations/education	4	1%
Depression	3	1%
Teen Pregnancy	3	1%
Bullying	2	0%

Section E: Tell us about your health insurance coverage

1. What type of medical coverage do you have? (second table shows number of patients responding with multiple types of insurance)

	Count	Percentage
Indian Health Services	600	57%
Employer sponsored	569	54%
Medicaid	248	24%
Medicare	125	12%
Self-Paid	37	4%
VA/Military	30	3%
Health Savings Account	17	2%
None	33	3%

	Count	Percentage
One	497	0.475598086
Multiple	548	0.670746634
Total responses	1045	100%

2. How well do you think your insurance covers your health care costs?

Response	Count	Percentage
Excellent	254	25%
Good	276	27%
Average	197	20%
Fair	136	13%
Poor	87	9%
Total	1008	100%

3. If you do not have insurance, why not?

	Count	Percentage
Cannot afford coverage	91	56%
Choose not to have coverage	17	10%
Employer does not offer insurance	35	21%
other	20	12%
Total	163	100%

Section F: NSHC Communication/Improvement

1. What do you think are the most important changes NSHC can make to improve the health of our communities we serve? Below are the most frequent responses aggregated by similarity.

Concern	Approximate Prevalence
Village provider/Visits/CHA Issues	15.6%
Increase hours/appointments	11.3%
Improve communication	8.4%
More providers	7.0%
Provider Issues	7.0%
Attitude	6.4%
Drug/Alcohol treatment	5.6%
Non-Beneficiary issues	5.1%
Wait times	4.9%
Cultural issues/sensitivity	4.7%
Billing/HIM issues	4.5%
Lab issues	4.3%
Transportation issues	4.2%
Pharmacy issues	4.1%
Improve Patient Education	3.9%
Childcare for employees	2.9%
Elder Care/Hospice	2.9%
Employee health	2.7%
Tobacco	2.7%
Permanent Specialty Providers	2.4%
Improve training/education	2.2%
BHS issues/BHS Telehealth	2.1%
Dental issues	2.0%
ED Issues/EMS concerns	1.9%
MRI/New Equipment	1.6%
Cancer treatment/center	1.4%
Wellness/Health Fairs	1.4%
Board of Directors issues	1.3%
Facility improvements/Housing	1.3%
NSHC management/Admin issues	1.3%
Water/Sewage	1.3%
Confidentiality	0.7%
Tribal healers	0.4%

COMMUNITY MEETING INFORMATION

Community	Date of Community Meeting	Target Audience	Number of People	Location
Nome	January 24, 2015	Community	2	Airport Pizza (Restaurant)
Unalakleet	February 11, 2015	Community	40	Basketball Hall
Gambell	August 26, 2015	Traditional Council Community Meeting	5 25	IRA Building Community Building
Savoonga	August 27, 2015	Traditional Council Community Meeting	4 12	IRA Building IRA Building
Gambell	January 20, 2016	Pain Management Community Health Forum		
Golovin	January 21, 2016	Traditional Council & Community	12	IRA Building
Koyuk	January 21, 2016	Traditional Council	13	
Brevig Mission	March 25, 2016	Community	60	Community Building
Unalakleet	March 26, 2016	Grand Opening of Pharmacy at Clinic-Community		UNK Clinic
Nome	March 30, 2016	Focus Group- Organizations Community Event	12	NSHC
Diomedede	April 3, 2016	Community	2	IRA Building
Shaktoolik	April 15, 2016	Community	70	SKK School
Stebbins	May 18. 2016	Community	30	IRA Building
St. Michael	May	Community	Over 200	School Lunch room
Teller	July/August	TBA		
White Mountain	July/August	TBA		
Elim	June 23, 2016	Community	50	Elim City Basement
Wales	August	TBA		
Shishmaref	August	TBA		

APPENDIX I: COMMUNITY MEETING NOTES/RESPONSE

Nome, Alaska- Public Health Forum: Saturday, January 24, 2015 1:00-4:00 pm

A Public Health Forum was held on a Saturday at Airport Pizza in Nome. The following NSHC team members were present: Angie Gorn, President/CEO, Karen Walls, Chief Nursing Officer, John Kitchens, General Counsel, Jackie Kitchens, Utilization Review RN, Heather Bailey, Pharmacy Director, and Jeannie Yuman, Patient Advocate.

Advertising: The event was advertised in the Nome Nugget Newspaper, Nome Announce list-serve, and radio stations.

Community Participation: Two community members attended the event.

Feedback: A small round table discussion was held. One community member came to thank NSHC for the care delivered in the QCC Nursing Home to their loved one. This member of the public commended NSHC for the significant improvements made over past few years with care delivery and facility improvements.

Another member of the public came to inquire about a patient concern filed to receive more follow-up and information. The patient advocate was available to meet one-on-one with the consumer.

Unalakleet, Alaska- Public Health Forum: Thursday, February 11, 2015 7:00-8:30 pm

A Public Health Forum was held in Unalakleet, Alaska in the Covenant Church Basketball Hall. The following NSHC team members were present: Angie Gorn, President/CEO, Ashley Westbrook, Village Health Services Director, Kelly Keyes, Wellness Program Director, Jeannie Yuman, Patient Advocate, and Anne Ivanoff, Case Manager.

Advertising: The event was advertised in tandem with the Community Health Fair offered during the day; flyers were posted and local radio stations also broadcasted the event.

Community Participation: Forty (40) community members attended.

Feedback: The event mirrored a town hall meeting. The President/CEO facilitated the meeting with the Patient Advocate. NSHC shared recent accomplishments and operational activities and encouraged questions.

Summary of Meeting:**Compliments:**

- 1) Appreciate staffing expansion: physician, radiology staff, and clinic manager
- 2) Grateful for Diabetes Program and Case Managers. Two consumers indicated how pleased they were with the follow-up for patients and the care coordination provided.

Concerns:

- 1) Need to re-instate the Fetal Alcohol Syndrome Diagnostic Team (FASD) Team for the Bering Strait School District.
- 2) Retain providers in the villages and provide more health forum opportunities to hear from the community regarding their perspective on the performance of their local providers.
- 3) Develop travel policies so patients from Unalakleet can travel directly to ANMC instead of going to Nome hospital first.
- 4) Improve colonoscopy preparation process when patients travel to Nome the day before.
- 5) Open the Unalakleet Pharmacy and base a pharmacist in Nome.

Gambell, Alaska- Focus Group Meeting with Native Village of Gambell: Wednesday, August 26, 2016

NSHC staff traveled to Gambell to hold a focus group meeting with the IRA. A letter was sent to the IRA expressing NSHC's intention to meet to follow-up on the community members' concerns. Angie Gorn, President/CEO, Lucy Apatiki, VP of Community Health Services, Ashely Westbrook, VHS Director, and June Walunga, Board Representative from Native Village of Gambell attended. The President of the IRA, Eddie Ungott, called the meeting together and there were a total of six Traditional Council members present.

The purpose of the focus group meeting was to share the progress related to a community health care delivery action plan that NSHC developed to address the following objectives previously identified by the community leaders through a series of teleconferences and written correspondence. NSHC leadership also expressed the need for community support of the Health Aide clinic staff.

- 1) Increase Health Aide Retention by Reducing Burn Out at Gambell Clinic
- 2) Improve NSHC's accountability for medication management and processes to ensure patients are receiving medications timely.
- 3) Improve access to care for routine health aide appointments, preventive screenings, specialty clinics, physician visits, chronic care, and dental services at Gambell Clinic.
- 4) Improve effectiveness of pain management for patients with chronic pain by offering alternatives and programs.
- 5) Improve the quality of the health care environment in Gambell by building a replacement clinic through enhanced partnership between NSHC and Gambell Tribal leadership.

The action plan included specific activities identified as interventions to make progress.

Gambell, Alaska- Public Health Forum: Wednesday, August 26, 2015 7:00-8:30 pm

A Public Health Forum was held in Gambell at the community building. Angie Gorn, President/CEO, Lucy Apatiki, VP of Community Health Services, and Ashley Westbrook, Village Health Services Director led the event.

Advertising: The event was advertised in tandem with the Community Health Fair offered during the day; flyers were posted and radio stations broadcasted the message.

Community Participation: Eighteen (18) Community members attended.

Feedback: The President/CEO welcomed the community and shared progress related to the new clinics and recent accomplishment and activities at NSHC. Several participants asked questions about current programs and services. One of the main concerns was related to after-hour emergency care. Some community members vocalized concern related to a letter sent to all box holders regarding a flyer which described appropriate emergencies to seek after-hour care for in comparison to non-emergencies. Consumers wanted to better understand how and when to seek care. The clinic staff attended the event and was able to address questions.

Savoonga, Alaska- Focus Group Meeting with Native Village of Savoonga: Thursday, August 27, 2016

NSHC staff traveled to Savoonga to hold a focus group meeting with the IRA. Angie Gorn, President/CEO met with a small number of Traditional Council members to discuss the new clinic, potential for staff housing, and to respond to any concerns. The council members expressed concerns related to the number of community members diagnosed with cancer in their village over the past decade.

Savoonga, Alaska- Public Health Forum: Thursday, August 27, 2016 7:00-8:30 pm

A public health forum was held in Savoonga at the IRA building. Angie Gorn, President/CEO, Preston Rookok, Board Representative from Native Village of Savoonga, Elsie Pelowook, Dental Health Aide Therapist, Brianne Gologergen, Health Aide, and Danielle Reynolds, Health Aide attended on behalf of NSHC.

Advertising: The event was advertised in tandem with the Community Health Fair offered during the day; flyers were posted and local radio stations broadcasted the message. The local hand held radio was used to encourage members to attend as well.

Community Participation: Ten (10) community members attended.

Feedback: The President/CEO and Board Representative welcomed the community and shared progress related to the new clinics and recent accomplishment and activities at NSHC. Most of the feedback and discussion held was related to the diagnosis of cancer and what NSHC could do better. It was suggested that NSHC develop a strategy to review repeat visits to the clinic to make sure patients are being

referred to higher levels of care if needed. Another suggestion was made to develop a process to focus on families with a “family history of cancer” to ensure preventive exams are taking place.

Koyuk, Alaska- Focus Group Meeting with Koyuk Traditional Council, December 10, 2015 7:00- 10:00 pm

A focus group meeting was held with a team of NSHC personnel and the Koyuk IRA. Lucy Apatiki, VP of CHS, Lance Johnson, BHS Director, Ashley Westbrook, VHS Director, and Tom Okleasik, Strategic Planner Consultant, met with the Traditional Council as requested. The Council expressed concerns related to the staffing of the clinics, access to urgent care, Behavioral Health Services (counseling and wellness activities), and lack of patient transportation to and from the airport.

NSHC consulted with a strategic planner who met with the council prior to the collaborative meeting. An action plan was developed as a result of the meeting. The following objectives were identified as Areas for Improvement:

1. Our Self-Governance
2. Our Cultural Sensitivity
3. Our Communications
4. Our Health and Clinic Services
 - a. Clinic Systems & Programs
 - b. Behavioral Health Services
5. Our Employees, Supervision and Support
 - a. Hire & Development
 - b. Village & NSHC Workplace
 - c. Tribal Council Communications with Employees
6. Our Facilities and Equipment

A detailed action plan was developed and NSHC is making progress reports to the Council.

Gambell, Alaska- Focus Group Meeting/Pain Management, Wednesday, January 20, 2016

A focus group meeting was held in Gambell to increase community awareness about pain management and drug use. Shanna Theobald, MD, Phil Hofstetter, VP of Hospital Services, Lucy Apatiki, VP of CHS, and Ashley Westbrook, VHS Director, and Eva Menadelook and Maria Dexter, NSHC Tribal Healers led the meeting.

Golovin, Alaska- Focus Group Meeting & Community Health Forum, Thursday, January 21, 2016

A focus group meeting was held in Golovin with the Chinik Eskimo Community per the Traditional Council’s request. The NSHC Executive Committee in addition to the President/CEO, Public Relations Specialist, Lead Case Manager, Patient Advocate, and Village Clinic Improvement Program Technician, and patient benefit specialist attended as well.

The first part of the meeting was a focused meeting with the Traditional Council. The council expressed concerns related to the following:

- 1) Lack of communication about specialty clinic appointments from ANMC to patients in the Norton Sound Service unit.
- 2) Community requested a full-time Physician Assistant for their community.
- 3) Lack of housing for Health Aides; request NSHC help with renovating homes for staff.
- 4) Lack of covered patient transport to accommodate a stretcher for emergent travel.

A few additional community members came to the public health forum portion of the meeting. A concern was raised about the process used for advertising scholarships.

Koyuk, Alaska- Focus Group Meeting with Traditional Council, Thursday, January 21, 2016

A focus group meeting was held in Koyuk with the Native Village of Koyuk per the Traditional Council's request. The NSHC Executive Committee in addition to the President/CEO, Public Relations Specialist, Lead Case Manager, Patient Advocate, and Village Clinic Improvement Program Technician, and patient benefit specialist attended as well.

Community Participation: There were an estimated twelve (12) community members, including the council members present at the meeting.

The Council re-emphasized the following concerns:

- 1) Improve customer service at local clinic.
- 2) Accommodate walk-in patients.
- 3) Increase level of BHS activities in community.
- 4) Support for a patient transport van for community.

Brevig Mission, Alaska- Public Health Forum, Friday, March 26, 2016 7:00- 8:30 pm

A Public Health Forum was held in Brevig Mission at the community building. Angie Gorn, President/CEO, Lucy Apatiki, VP of CHS, Jeannie Yuman, Patient Advocate, and Emily Hughes, the Board Chair, attended.

Advertising: The event was advertised on the radio and with flyers that were posted in the community.

Community Participation: sixty (60) community members attended.

Feedback: The Board Chair welcomed the community to the event. The President/CEO shared progress related to recent accomplishment and activities at NSHC. NSHC encouraged community members to complete the Community Health Needs Assessment. The following concerns were raised:

- 1) Encourage NSHC providers to continue to work closely with Health Aides; community thankful for Dr. Oneill who is always available for Health Aides to call if concerned about a patient's status.
- 2) Expressed the need for Personal Care Attendant (PCA) program for elders.
- 3) Some members expressed challenges related to billing for medications and delays experienced.
- 4) One member raised a concern about the accessibility to Behavioral Health Services and the Psychiatrist in Nome; services were not accessible during an emergency and the crisis line was not helpful.
- 5) There was a request for a patient transport van to help with emergent and non-emergent travel; current transport vehicle purchased in the past is not in use.
- 6) Several community members expressed concerns about cancer and prevention programs.

Nome, Alaska -Focus Group Meeting with Organizational Representatives, Wednesday, March 30, 2016 3:00- 4:30 pm

Purpose of the Meeting: Facilitate community engagement and local involvement that shapes the future of health care delivery and fosters healthy communities.

- 1) Identify health care needs and services
- 2) Identify barriers to care or healthy living
- 3) Identify Solutions

Invitations: NSHC sent an invitation to as many Nome-based organizations as possible and asked for a representative to attend.

Community Attendance: Ten (10) community members attended. Tom Moran, City Manager, Sean Arnold, Nome Public Schools Superintendent, Doug Walrath, NACTEC Director, Tim Motis, Hansen Grocery Store Manager, Pananga Pungowiyi, Wellness Forum Committee Co-Chair, Sandy Martinson, AMCC Director, Tyler Rhodes, COO at NSEDC, Kenny Hughes, Chamber of Commerce and Nome Planning Commission Member, and two other community representatives.

NSHC Staff Attendance: Twenty-four (24) NSHC Staff attended. Angie Gorn, Phil Hofstetter, Kelly Bogart, Karen Walls, Kelly Keyes Zweifel, Christine Schultz, Lance Johnson, Lexie Stephens, Sherman Powell, Jeanie Yuman, John Kitchens, Karla Homelvig, David Head, Karen O'Neill, Heather Bailey, Megan Mackiernan, Richelle Fisher, Mary Anne Bornaschella, Mariam Aidroos, Ashley Frost, Sara Daly, Deanna Jackson, Tiffany Martinson.

Process: All participants were asked to write down at least three health care needs, barriers, and solutions. Members were then given time to discuss them, which was optional. Needs, barriers, and

solutions were categorized and shared with the entire group. Community members in attendance voted on their top five needs, barriers, and solutions to develop the summary priorities.

Top 5 Needs:

1. Detox/Treatment/Substance Abuse/Wellness Center/Program (10 Community Leaders votes, suggested by 19 Community Leaders or NSHC Staff).
2. Quality/affordable childcare facility (9 Community Leaders votes, suggested by 7 Community Leaders or NSHC Staff).
3. Increased Mental Health Services at AMCC/Seaside and for youth (5 Community Leaders votes, suggested by 2 Community Leaders or NSHC staff).
4. Easily accessible PCC/walk in clinic (4 Community Leaders votes, suggested by 2 Community Leaders or NSHC Staff).
5. Training for foster parents for the region (3 Community Leaders votes, suggested by 1 Community Leader or NSHC Staff).
 5. Mental Health First aid training/ staff training (3 Community Leaders votes, suggested by 1 Community Leader or NSHC Staff).
 5. Higher level/consistent care/medical treatment (3 Community Leaders votes, suggested by 1 Community Leader or NSHC Staff).

More Needs:

- Make an impact on Adverse Childhood Experiences (ACE's)
- Provide better services for youth and adults. Focus on 0-5 years old
- Bike/Walking paths
- Affordable and better access to produce and health foods (2 Community Leaders votes)
- School nurses or nurses visits to school
- Teen pregnancies and support for young moms
- Tobacco cessation/avoidance training/education and outreach with youth
- Hospice (2 Community Leaders votes)
- Funding for certified preschool teacher(s)
- Engagement opportunities for youth of health fairs and career exploration in villages
- More regional residents filling roles and jobs in regional health care system (2 Community Leaders votes)
- Marijuana education and prevention
- Local knowledge of medicine/wellness supported financially and embedded into health care system
- Trauma and informed care and awareness of true/local history so trauma informed care is relevant
- Healing space/facilitated discussions around oppression and historic/intergenerational trauma and colonization for both natives/nonnatives (2 Community Leaders votes)
- Uniform region wide referral process for those who need BHS services (suicide, threats, ideation) (2 Community Leaders votes)

- More sex education in the school and community (2 Community Leaders votes)
- Cultural “orientation” will have accountability to consumer base (who evaluates weather the care providers are culturally appropriate)
- An assisted living facility and home support program for elders and those with severe mental illness (suggested by 2 Community Leaders or NSHC Staff)
- Specialized physicians visiting Nome and better communication of when they are available
- Alcohol use prevention campaign (2 Community Leaders votes)
- Good for village/community members to know who their case manager is and which providers is assigned to their village
- Would be good for IHS beneficiaries to know what services aren’t covered under IHS
- Cultural competence when new hires are coming to our region it would be good for them to have history of our people socially and historically

Top 5 Barriers

1. Adequate and affordable housing (11 Community Leaders votes, suggested by 2 Community Leaders or NSHC Staff)
2. Widespread substance dependence (9 Community Leaders votes)
3. Out of network insurance and acceptance of other insurance (5 Community Leaders votes, suggested by 2 Community Leaders or NSHC Staff)
4. Staff turnover (4 Community Leaders votes)
5. Running water in all homes (3 Community Leaders votes)
5. Barrier crimes allowing access to low income housing (3 Community Leaders votes)
5. Lack of state grant/GF/other funding for rural areas (3 Community Leaders votes, suggested by 3 Community Leaders or NSHC Staff)

Other Barriers:

- Misconceptions about alcohol use in indigenous population leads to false assumptions/mistreating which causes hesitancy of consumers to seek treatment (2 Community Leaders votes)
- Lack of global understanding of rural health care needs at state and federal levels
- High cost of providing and maintain health care infrastructure in regional communities(2 Community Leaders votes)
- Resources: money, time, location (2 Community Leaders votes, suggested by 3 Community Leaders or NSHC Staff)
- Need specialists
- Appointments availability
- High cost of Emergency Room visits (2 Community Leaders votes)
- Referrals and non-follow ups

Top 5 Solutions

1. Partnerships/collaboration with NSHC and native corporations/schools/business/legal for meeting regional health related goals (14 Community Leaders votes, suggested by 7 Community Leaders or NSHC Staff)
2. Community education (prevention, training, awareness) (8 Community Leaders votes)
3. Regulatory re-write of housing restrictions (6 Community Leaders votes)
 3. Community calendar of visiting specialized health care providers (6 Community Leaders votes)
4. Broader Recruitment and Increased retention
 3. Community calendar of visiting specialized health care providers (4 Community Leaders votes, suggested by 2 Community Leaders or NSHC Staff)
 4. Mental health first aid training that can take place during the August in-service training with BSSD, NPS, NACTEC, and other staff (4 Community Leaders votes)

Other Solutions:

- Rec Center/ open gym for kids to play after school and on weekends all year
- More Physical Education and preventative classes in the schools (2 Community Leaders votes)
- Identify the biggest need and start with that
- Provider funding based on a per capita need, not a population basis
- Balance work and life
- Money
- People taking responsibility for health
- Use NSHC camp at Nuuk all summer for wellness activities (2 Community Leaders votes)
- Staff visits to the schools
- More community awareness and education on drugs in the community (3 Community Leaders votes, suggested by 2 Community Leaders or NSHC Staff)

Nome, Alaska- Public Health Forum, Wednesday, March 30, 2016 3:30- 6:00 pm

A Public Health Forum was held in Nome, Alaska at Norton Sound Regional Hospital. Angie Gorn, President/CEO, Phil Hofstetter, VP of Hospital Services, Dr. David Head, Chief of Staff, Sherman Powell, Compliance Officer, Karen Walls, Chief Nursing Officer, Mary Ann Bornaschella, Director of QCC, and John Kitchens, General Counsel were in attendance and available to speak to consumers. In addition, several departments set up tables and displays with educational information and patient benefit staff were available to screen patients for Medicaid and other third-party coverage.

Advertising: The event was advertised on the radio and on Nome-Announce (community-wide blog used for advertising).

Community Participation:

Feedback: There were no concerns raised during this Public Health Forum. Consumers visited the educational displays and participated in insurance coverage screening.

Little Diomedede, Alaska- Public Health Forum, Sunday, April 3, 2016 7:00- 8:30 pm

A Public Health Forum was scheduled to be held at the IRA Building and was going to be facilitated by Dr. Chris Miller, with Angie Gorn, President/CEO and Phil Hofstetter, VP of Hospital Services calling in remotely. No community members outside of the health aides and President of the IRA attended, so the meeting was used as a focus group meeting.

Advertising: The event was advertised on the radio and through flyers posted in the community. The event was planned on short-notice and was advertised for five days prior to.

Community Participation: The community health aides and the President of the IRA came to the meeting.

Feedback: The President of the IRA discussed Little Diomedede's progress toward their new clinic design and grant applications. Staffing of the clinic was also discussed in addition to air transportation concerns.

Shaktoolik, Alaska -Public Health Forum, Friday, April 15, 2016

A Public Health Forum was held in Shaktoolik. Angie Gorn, President/CEO, Matilda Hardy, Board Representative from Native Village of Shaktoolik, Jeannie Yuman, Patient Advocate, Darla Jemewouk, Patient Benefit Coordinator, and Reba Lean, Public Relations Specialist were the NSHC staff who led the event. The event was held at the school's multi-purpose room. The event was well attended and the board representative welcomed the community. NSHC shared recent activities and accomplishments with the community and the remaining time was used to answer questions.

Advertising: The event was advertised on the radio and through flyers posted around town. The clinic staff also posted the event on Facebook.

Community Participation: Seventy (70) community members attended.

Feedback/Concerns:

- 1) Community lacks a covered patient transport vehicle; personal vehicles are being used on a volunteer basis to help patients with emergent and non-emergent transport to the airport.
- 2) After-hour patient driver or taxi vouchers are needed for patients when they fly into Nome after-hours and need transport to the hospital; flights are delayed and patients feel stranded when they arrive to Bering Air or Ravn and need rides to Norton Sound Regional Hospital.
- 3) NSHC should try to collaborate with the two airlines to improve the transportation routes from villages to Nome; major delays experienced when traveling to and from Nome.
- 4) Medical Referrals have taken too long; four different community members expressed concerns related to referrals in the following areas:

1) ENT Clinic- one family indicated their child could not be referred to have tonsils out until strep throat was diagnosed six times.

2) MRI Referral- one consumer stated they waited too long for an MRI at ANMC; this member still has concerns about follow-up care they believe their child needs more promptly.

3) Anchorage referral- one consumer stated they saw the health aide and did not hear back for thirty days about a referral that was needed for higher level care at a hospital in Anchorage, outside of the Tribal Health System.

5) At least three consumers had questions about insurance coverage and Affordable Care Act. Consumers asked how they could be screened or re-screened and also asked if Tribal members were required to have health insurance.

Stebbins, Alaska -Public Health Forum, Wednesday, May 18, 2016

A Public Health Forum was held in Stebbins. Angie Gorn, President/CEO, Anna Nashoanak, Board Representative from Native Village of Stebbins, Lucy Apatiki, Vice President of Community Health Services, Marlene Katcheak, Assistant Village Health Services Director, Ward Walker, BHS Clinician, Balla Sobocienski, Executive Administrative Assistant, and Reba Lean, Public Relations Specialist were the NSHC team who led the event. The event was held at the Stebbins IRA Building. The event was well attended and the board representative welcomed the community. NSHC shared recent activities and accomplishments with the community and the remaining time was used to answer questions.

NSHC distributed and received back several copies of the Community Health Needs Survey. NSHC awarded door prizes throughout the evening. The event started at 7:00 and ended at 9:30 pm.

Advertising: The event was advertised on the radio and through flyers posted around town. The event was also broadcasted community's handheld radio system.

Community Participation: Thirty (30) community members were in attendance.

Compliments:

1) **Tribal Healer Program-** The community expressed great appreciation for the services of the Tribal Healers and wanted to know the process for asking them to come more often. The community also indicated their intent write their own grant to identify a person to send to training.

2) **CAMP Department accolades-** one community member provided a personal testimony related to the good work of the new case management system at NSHC. The customer owner indicated that his care was coordinated well and his serious health condition was managed and treated, as it was nearly life threatening. He was proud of himself for taking self-care steps to help with improvement.

3) **Improvements related to Pharmacy Operations-** Consumers are impressed with the improvements observed in medication administration. They cited prescriptions are being received within two days of

order to their village as a result of the decentralization of pharmacy services to include a full-time pharmacist at the Unalakleet Sub-regional Clinic.

4) **Overall Satisfaction with the NSHC Health Care System**- The community expressed appreciation for the care received from NSHC. Some members have received care from other Tribal Health Service units and they indicated that “NSHC does a great job” and “we are lucky to have NSHC”.

5) **Stebbins Wellness Center and BHS Clinician Services**- The community expressed excitement about the new wellness center opening in Stebbins soon and the improvements made by the addition of Ward Walker, BHS Clinician, to their community.

6) **Health Aide Appreciation**- The community expressed sincere gratitude for their Health Aide Staff and to NSHC for the recent addition of the Health Aide Recognition Day/Holiday.

7) **Physician Assistant Appreciation**- The community is thankful for the longstanding service of Dave Davalos.

Feedback/Concerns:

1) **Insurance Coverage and Communication**- The community asked a lot of questions about Medicaid and Medicare coverage. Clarity was needed to reassure consumers that insurance is not required to receive medical care at the clinic. Consumers indicated that they are having a difficult time hearing if they were approved for Medicaid/Medicare.

2) **Dental Care**- At least three community members expressed concerns about dental care and the need for more. They asked if the visiting dental team could stay longer or make more visits. There were also questions about dental travel as it is not always covered, which further emphasized the need for more care provided locally if possible.

3) **After-hour Transportation from Nome Airport(s) to Norton Sound Region Hospital**- Patients indicated that the flight schedule from Stebbins often has them arriving to Nome after hours. Since it is after-hours, the Patient Driver is not available. The suggested solution was to provide taxi cab vouchers.

4) **Out-of-Region Travel Concerns**-The community expressed concerns about the lack of clarity related to out-of-region travel policies and coordination; there is a need to provide education related to the benefits available for patients and escorts while receiving services at ANMC. Specific concerns were related to: food stipends, hotels, transportation, and patient advocacy while in Anchorage.

5) **Access to Clinic Appointments**- Concerns were shared about the inability to get an appointment when needed and asked how the clinic managed no-shows to see if other patients could be accommodated. The staff present indicated that the current clinic is small and exam rooms are limited, but committed to designing a plan for improvement to try to see more patients.

St. Michael, Alaska- Community Celebration May 19, 2016

The NSHC Executive Committee and Staff hosted a Community Celebration in honor of 46 Years of Health Care and Prevention at the St. Michael School. The event commenced with a Ribbon-cutting of the new Health Professional and VPSO Housing unit and the doors opened at the gym at 6:15 pm. An estimated over 200 people were in attendance. The Health Needs Survey was distributed at the door and collected at the end of the event.

NSHC recognized past and existing staff and Board Members during the celebration. FY2015 Annual Reports were distributed.

Elim, Alaska -Public Health Forum, Thursday, June 23, 2016

A Public Health Forum was held in Elim. Emily Hughes, Board Chair, Frederick Murray, Board Representative from Native Village of Elim, Angie Gorn, President/CEO, Jeannie Yuman, Patient Advocate, Darla Jemewouk, Patient Benefits Coordinator, Crystal Ivanoff, CTC, Sonja Simpson, CHA, Jonelle Murray, Village-based Counselor, and Shane Sacchues Environmental Services/Maintenance Worker were present. The event was held at Elim City Basement. The event was well attended and the Board Chair and Board Representative welcomed the community. NSHC shared recent activities and accomplishments with the community and the remaining time was used to answer questions.

NSHC distributed and received back several copies of the Community Health Needs Survey. NSHC awarded door prizes throughout the evening. The event started at 7:00 and ended at 8:45 pm.

Advertising: The event was advertised on the radio and through flyers posted around town. The event was also broadcasted community's handheld radio system.

Community Participation: Fifty (50) community members were in attendance.

Compliments:

- 1) **Medication Delivery Improvements from NSHC Pharmacy-** Consumers noted that when medications are ordered through the NSHC Pharmacy, they are being received more timely than in the past.
- 2) **Health Aide Appreciation-** The community expressed sincere gratitude for their Health Aide Staff and encouraged NSHC to continue to identify ways to support and recognize them.
- 3) **Village Clinic Improvement Program-** The Traditional Council expressed appreciation to NSHC for taking over oversight and responsibility for the Village Clinic Operations.
- 4) **NSHC Hostel/Lodging Improvements-** Gratitude was expressed for the Patient Hostel Lodging improvements; all patients are eligible to stay at the Hostel and hotels will only be utilized due to no vacancy.

5) **Medicaid Travel Improvements**- Community members were pleased to hear that NSHC would be managing Medicaid Travel soon.

Feedback/Concerns:

1) **Resources & Assistance for Bed Bugs**- The community inquired about resources available through NSHC for Bed Bug Control and Prevention.

2) **Community Morgue**- The community indicated that their Morgue is located in the Fire Hall, but it is not the Morgue that NSHC delivered to them in the past. The equipment for the NSHC sponsored Morgue is sitting outside the clinic. The Traditional Council is interested in discussing how to relocate the Morgue.

3) **EMT Training**- A request for Community EMT Training was suggested as a method to train more first responders if help is needed for a trauma related event in the field.

4) **Medicaid Travel Concerns**-Consumers mentioned that Medicaid Travel is not flexible and some community members are unable to travel back home when they are denied travel. A concern was also noted about the money offered to support meals through Medicaid. It is not enough to eat for one day and there is very little selection.

5) **Challenges with Medication Delivery from Anchorage Pharmacy**- Two patients mentioned that they were dispensed medications from the Anchorage Pharmacy and had a difficult time retrieving the medications from the Nome pharmacy when the refill was necessary.

6) **Clinic Sled for Patient Transport**- It was noted that the Snowmachine sled is too heavy for the snowmachine to pull and is not feasible.

7) **Improve Customer Service**-It was noted that staff at the Nome hospital could improve the customer experience by informing patients and providing updates when appointments are running late. This information would keep patient informed. This would be appreciated even if appointments are running ten minutes late.

8) **Physician Assistant for Elim**- The Community asked for an update on the Physician Assistant and stressed the importance of having this available for their community as soon as possible.

9) **Relief Help for Village Employees**- It was mentioned that it is difficult for some village-based employees to take subsistence leave because they don't have coverage.

APPENDIX II: SURVEY INSTRUMENT



NORTON SOUND HEALTH CORPORATION

Community Health Needs Survey

Norton Sound Health Corporation (NSHC) cares about our patients and we strive to provide the best care possible. We care about what our patients think! We need to hear from you so we can plan for the future. Whether you are using NSHC facilities or an outside facility, we want to know how we can better serve our communities. Your voice can create change!

Instructions: Please complete the survey and return it in the enclosed postage paid envelope. **All responses are kept confidential.** If you have questions or need assistance, please contact Lexie Stephens at 907-443-4501.

Section A: Please tell us about yourself

10. What is your zip code? _____
11. What is your gender? Male Female Transgender
12. What is your age range?
 18-25 26-35 36-45 46-55 56-65 66-75 76-85 85+
13. Are you an IHS beneficiary? Yes No
14. How many people, including yourself, live in your household? _____
15. How many children under the age of 18 live in your household? _____
16. What is your employment status?
- | | | |
|---|---|---|
| <input type="checkbox"/> Work full-time | <input type="checkbox"/> Student | <input type="checkbox"/> Not currently seeking employment |
| <input type="checkbox"/> Work part-time | <input type="checkbox"/> Disabled | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed and looking | |
17. Do you access the internet in your community? Yes No
18. What is the best way for NSHC to communicate with you?
 Rate the following methods between 1 through 5 with 1 being the best way to communicate with you.

Phone Call	
Text Message	
Email	
Letter in mail	
Other media (Facebook, newspaper, radio)	

Section B: Tell us about your healthcare experience

3. Do you use Norton Sound Health Corporation facilities? Yes No
4. If you answered “no” above, check any of the reasons below why you do not use NSHC.
- No appointment available in a timely manner Did not trust the provider Too afraid or nervous
- Costs too much money Language barrier My insurance would not cover visit
- Not treated with respect Unsure if service is available Lack of privacy/confidentiality
- Do not like provider (MD/DO, PA, NP, Health aide) Provider is my co-worker/relative Other: _____
- Appointment do not fit my schedule

Skip to Section D, if you answered “No” above.

Section C: Tell us about your healthcare experience at NSHC

10. What is the name of the clinic/hospital you use most often?

11. Why do you choose to use NSHC facilities? Check all that apply.

- Cost of Care VA/Military Requirement Provider knows me by name
- Recommended by family/friends Hospital/Clinic’s reputation for quality Easy to get an appointment
- Only clinic available Provider listens to me Short waiting room time
- Referred by my provider Need medication refilled Great experience prior
- Required by my insurance Emergency, no other choice Other: _____

Has services I need

12. 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? Yes No

13. If you answered “no” above, please skip to question #7. If you answered “yes” above, what service were you not able to use:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Nome Hospital | <input type="checkbox"/> BHS Nome |
| <input type="checkbox"/> Nome Clinic | <input type="checkbox"/> BHS Village |
| <input type="checkbox"/> Village Clinic | <input type="checkbox"/> Other: _____ |

14. If you selected “Village Clinic” above, in what village did you have a problem?

15. Check any of the reasons below that help explain why you were not seen.

- | | | |
|--|---|---|
| <input type="checkbox"/> No appointment available in a timely manner | <input type="checkbox"/> Did not trust the provider | <input type="checkbox"/> Too afraid or nervous |
| <input type="checkbox"/> Costs too much money | <input type="checkbox"/> Language barrier | <input type="checkbox"/> My insurance would not cover visit |
| <input type="checkbox"/> Not treated with respect | <input type="checkbox"/> Unsure if service is available | <input type="checkbox"/> Lack of privacy/confidentiality |
| <input type="checkbox"/> Do not like provider (MD/DO, PA, NP, Health aide) | <input type="checkbox"/> Provider is my co-worker/relative | <input type="checkbox"/> Had no one to watch kids |
| <input type="checkbox"/> Appointment do not fit my schedule | <input type="checkbox"/> No transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clinic is too far away | <input type="checkbox"/> No appointments that fit my Schedule | |

16. In the past 12 months, check all of the health care providers you or anyone living your home has seen:

- | | | |
|---|---|--|
| <input type="checkbox"/> General provider (MD/DO, PA, NP) | <input type="checkbox"/> Health aide (CHA/CHAP) | <input type="checkbox"/> Podiatrist (foot) |
| <input type="checkbox"/> Diabetes Specialist | <input type="checkbox"/> Rheumatologist (arthritis) | <input type="checkbox"/> Oncologist (cancer) |
| <input type="checkbox"/> Neurologist (brain/nerve) | <input type="checkbox"/> Dermatologist (skin) | <input type="checkbox"/> Allergy Specialist |
| <input type="checkbox"/> Pediatrician (child) | <input type="checkbox"/> Orthopedist (bone) | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Pulmonologist (lung) | <input type="checkbox"/> Audiologist (hearing) | <input type="checkbox"/> Infant Learning Program |

- Eye Doctor Physical Therapist Substance Abuse Counselor
 Dentist Social Worker Tobacco Counselor
 Behavior Health Urologist (kidney/male reproductive) Other: _____
 Cardiologist (heart)
 Surgeon Obstetrician/Gynecologist (woman reproductive) None
 ENT Specialist
(Ear, Nose, Throat)

17. How long did you have to wait to see the specialist from the time you were referred or requested an appointment?

- 1 month or less 6 weeks 2 months 3 months Longer than 6 months

18. Please rate the following services Norton Sound Health Corporation offers:

4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Used/Not Sure

Circle whether you received the service in Nome or in a village setting.

Emergency Room	4	3	2	1	N/A	Nome	Village
Inpatient (Acute Care)	4	3	2	1	N/A		
Outpatient Clinic	4	3	2	1	N/A		
Pharmacy	4	3	2	1	N/A	Nome	Village
Laboratory	4	3	2	1	N/A	Nome	Village
Behavioral Health	4	3	2	1	N/A	Nome	Village
Eye Care Clinic	4	3	2	1	N/A	Nome	Village
Dental Clinic	4	3	2	1	N/A	Nome	Village
Nursing case management	4	3	2	1	N/A	Nome	Village
Village Clinic	4	3	2	1	N/A		
CAMP Program	4	3	2	1	N/A	Nome	Village
Audiology	4	3	2	1	N/A	Nome	Village
Physical Therapy	4	3	2	1	N/A	Nome	Village
EMS- Medevac Team	4	3	2	1	N/A	Nome	Village
Tribal Healers	4	3	2	1	N/A	Nome	Village
Infant Learning Program	4	3	2	1	N/A	Nome	Village

10. Do you feel your community is:

- Very healthy Healthy Somewhat healthy Unhealthy

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

Physical, Mental, Sexual or Verbal Abuse of:

- | | | |
|-------------------|------------------------------|-----------------------------|
| Elders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Domestic Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drug Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol Abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tobacco Use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Chronic Diseases:

- | | | |
|---------------|------------------------------|-----------------------------|
| Obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart Disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stroke | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other Health Related Concerns:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Teen Pregnancy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexually Transmitted Infection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of Access to Healthcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of Access to medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Community Concerns:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| Suicide | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of quality childcare | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of quality schooling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of quality housing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of strong family support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of good jobs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Environmental, Diet & Nutrition:

- | | | |
|---|------------------------------|-----------------------------|
| Lack of food due to expense | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of healthy food available | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of native food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of indoor exercise facilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of parks, recreational activities,
walking trails | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of running water/sewer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of a sobering center | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lack of a homeless services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List any other issues affected your community:

Section E: Tell us about your health insurance coverage

4. What type of medical coverage do you have? Check all that apply.

- Employer sponsored
- Medicare
- Medicaid
- Health Savings Account
- Indian Health Services
- Self-paid
- VA/Military
- None
- Other: _____

5. How well do you think your insurance covers your health care costs?

- Excellent
- Good
- Fair
- Poor

6. If you have health insurance coverage, please skip this question. If you do not have insurance, why not?

- Cannot afford
- Choose not to have coverage
- Cannot get because of history
- Employer does not offer insurance
- Other: _____

Section F: NSHC Communication/Improvement

2. What do you think are the three most important changes NSHC can make to improve the health of our communities we serve?

- 1. _____
- 2. _____
- 3. _____

To enter the raffle for one of two Alaska Air 40,000 mile tickets, please provide your contact information below. This information will be used for the raffle only. Your answers to the survey will remain confidential.

Please return the survey in the enclosed **postage paid envelope**. Or, you may drop off your survey to your Village Clinic Travel Clerk (CTC) or to the Patient Advocate in Nome, anytime.
You will not be contacted about your responses. Thank you for your time!

APPENDIX III: SURVEY COVER LETTER

Cover Letter



PO Box 966
Nome, AK 99762
(907) 443-3206
(907) 443-2113 fax

**NORTON SOUND
HEALTH CORPORATION**

March 4, 2016,

Greetings to you and your family:

Norton Sound Health Corporation (NSHC) has developed a community survey that will be used to identify health needs in your community. The information collected will be used to guide the rural health efforts in your community that will lead to measurable improvements. NSHC is committed to you and your family's health and addressing any gaps in services.

You are invited to participate in the survey. We value your opinions and viewpoints and hope you will agree to participate. The survey is a little long, but the information collected is very important. Please take a few minutes to complete the enclosed survey. Your responses can be confidential if you prefer.

There is an opportunity to win one of two Alaska Airline tickets for 40,000 miles each! Write your name and a contact number on your completed survey and return it to NSHC. This will be your entry into a drawing to win one of the two tickets. The drawing will be on April 8, 2016.

If you have any questions regarding this survey, please call Lexie Stephens at (907) 443-4501 or email her at lstephens@nshcorp.org.

Sincerely,

Angie Gorn
President/CEO
Norton Sound Health Corporation
(907) 443-3286

APPENDIX IV: SURVEY ADVERTISEMENTS

Don't Forget to Fill Out the Community Health Needs Survey

NSHC would like to better understand where we can perform better. A Community Health Needs Survey is underway and will measure feedback regarding current services and resources, as well as gaps. NSHC would like the surveys returned by April 8, 2016, and while the surveys are designed to protect anonymity, there are incentives for participants who wish to share their name and complete the survey. Upon survey completion, participants may enter to win one of two Alaska Airline 40,000 mileage tickets. **Drawing will be held on April 8, 2016 at 5 p.m.**

You can find the survey here: <http://goo.gl/forms/I3WYPvo8K2>

Norton Sound Health Corporation is looking for your input!

A Community Health Needs Assessment will help NSHC identify the region's biggest concerns and improve health care for residents. We are providing surveys for Norton Sound residents to complete in order to accomplish this assessment. Please take a few moments to respond to our survey regarding the services you have experienced with NSHC and how your community's health can be improved.

If you complete the survey at the following link by **April 8th**, you will be entered to win one of two Alaska Airlines 40,000 mileage tickets!

<http://goo.gl/forms/I3WYPvo8K2>



We want your input!

Submit a Norton Sound Health Corporation Health Needs Survey between April 9-29, and you'll be eligible to win two round trip Alaska Airlines tickets!

Help us identify our health care needs, barriers, and solutions to serve you better.

Survey's received before April 9 were entered in an earlier drawing and will not be eligible for this drawing.



Find the survey at your local clinic or online at www.nortonsoundhealth.org