

2025 -
2027

COMMUNITY HEALTH IMPROVEMENT PLAN



Providence Alaska Medical Center and St. Elias Specialty Hospital

Anchorage, AK

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EXECUTIVE SUMMARY

Providence continues its Mission of service in the Municipality of Anchorage through Providence Alaska Medical Center (PAMC) and St. Elias Specialty Hospital. The following Community Health Improvement Plan (CHIP) outlines our strategic response to addressing the prioritized needs from the 2024 Community Health Needs Assessment (CHNA).

This is a joint Community Health Improvement Plan, including PAMC and St. Elias Specialty Hospital in response to a joint 2024 CHNA. The strategies included in this plan are representative of efforts taken by both hospitals to address the identified community needs.

Providence Alaska Medical Center is an acute care hospital, and St. Elias Specialty Hospital is a long-term acute care hospital located in Anchorage Alaska. The hospitals' service area is the entirety of the Municipality of Anchorage, including 290,000 people.

PAMC and St. Elias Specialty Hospital dedicate resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of people experiencing social inequities and health disparities. The Community Health Needs Assessment (CHNA) is an opportunity for PAMC and St. Elias Specialty Hospital to engage the community every three years with the goal of better understanding community strengths and needs. The results of the CHNA are used to guide and inform efforts to better address the needs of the community. Through a mixed-methods approach, using quantitative and qualitative data, the CHNA process relied on several sources of information: state and national public health data, qualitative data from interviews with community stakeholders, primary data from a community survey and hospital utilization data.

PAMC and St. Elias Specialty Hospital Community Health Improvement Plan Priorities

As a result of the findings of our [2024 CHNA](#) and through a prioritization process aligned with our Mission, resources and hospital strategic plan, PAMC and St. Elias Specialty Hospital will focus on the following areas for its 2025-2027 Community Benefit efforts:

PRIORITY 1: BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors, also known as social determinants of health, are just as important to an individual's health as genetics or certain health behaviors. Financial security is chief among the factors that impact an individual's health, wellbeing and longevity. Individuals that lack economic security experience an increased risk of food insecurity, homelessness, and inability to meet basic needs. These basic needs include education, job security, economic opportunity, transportation and availability of affordable childcare.

PRIORITY 2A: MENTAL HEALTH

Mental health is foundational to quality of life, physical health and the health of the community, and includes our emotional, psychological and social wellbeing. Individuals experiencing social inequities such as discrimination, cultural barriers, poverty, limited access to quality education and socio-economic opportunities often experience higher levels chronic stress, which can lead to a higher incidence of mental health challenges. Poor mental health has significant health and social impacts on the well-being of individuals and the community as a whole. The community conditions that support resilience, social connection, equity and justice, along with timely access to behavioral health care and services are fundamental to healthy individuals and a healthy community.

PRIORITY 2B: SUBSTANCE USE/MISUSE

Alcohol and substance misuse has significant health and social impacts both for individuals and the community. Substance misuse and mental health disorders such as depression and anxiety are closely linked. The challenges of substance use disorders (SUD) have compounding physical, mental and economic impacts on individuals, families and the greater community. Social, economic, racial and gender inequities along with cultural beliefs and social stigma are factors influencing the incidence of SUD in the community, as well as issues related to access to treatment.

PRIORITY 3: PHYSICAL HEALTH *(HEALTHY BEHAVIORS, CHRONIC CONDITIONS, AND OVERALL HEALTH)*

An individual's behaviors and lifestyle choices have a significant impact on their health along with socio-economic, environmental and healthcare-related factors. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep and stress management can prevent the onset of chronic diseases, reduce the need for healthcare services and substantially improve quality of life and longevity. Barriers to achieving physical health and wellbeing track with those of the other needs categories and include culture, language, social and economic inequities, transportation, education, systemic and historical issues related to trust in health systems.

PRIORITY 4: ACCESS TO HEALTH CARE *(PRIMARY, SPECIALTY, ACUTE, AND DENTAL CARE)*

Appropriate access to preventive and acute care has an impact on individuals' ability to maintain good health. Appropriate healthcare access means receiving the right care at the right time and in the right place or setting, with the aim of better health outcomes. Barriers to access include insufficient availability of primary, acute, specialty and dental care services, lack of ability to pay, as well as transportation challenges.

PAMC and St. Elias Specialty Hospital have developed and adopted a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2025-2027 CHIP was approved by the Providence Alaska Region Board April 15, 2025, and made publicly available by May 15, 2025.

INTRODUCTION

Who We Are

Our Mission As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Vision Health for a Better World.

Our Values Compassion — Dignity — Justice — Excellence — Integrity

Providence Alaska Medical Center (PAMC) is a 401-bed acute-care hospital located in Anchorage, Alaska. PAMC is the state’s largest hospital, a nationally recognized trauma center, and the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children’s Hospital at Providence (the only one of its kind in Alaska), the state’s only Level III NICU, Heart and Cancer Centers, the state’s largest adult and pediatric Emergency Department, full diagnostic, rehabilitation, and surgical services, as well as both inpatient and outpatient mental health and substance use disorder services for adults and children.

St. Elias Specialty Hospital, also located in Anchorage, has 59 beds and is the only long-term acute care hospital in Alaska. The hospital provides customized, physician-driven services for patients requiring longer stays in an acute-care environment due to multiple or complex conditions.

Providence’s family practice residency program and primary care and specialty clinics serve the primary care, behavioral health, specialty and subspecialty needs of Anchorage and Alaska residents. Providence Alaska also partners to provide additional services through four joint ventures including: Providence Imaging Center, Imaging Associates, LifeMed Alaska (a medical transport/air ambulance service) and Creekside Surgery Center.

Providence Alaska manages three critical access hospitals located in the remote communities of Kodiak, Seward and Valdez, all co-located with skilled nursing facilities. Community mental health centers are operated in Kodiak and Valdez.

Our Commitment to Community

PAMC and St. Elias Specialty Hospital dedicate resources to improve the health and quality of life for the communities we serve. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities:

<https://www.providence.org/about/annual-report>.

Joint CHIP Report

This is a “joint CHIP report,” within the meaning of Treas. Reg. § 1.501(r)-3(b)(6)(v), by and for Providence including PAMC and St. Elias Specialty Hospital. These hospitals completed a joint 2024 CHNA report. A joint

approach to addressing the needs identified in the joint CHNA will be most effective given that the hospitals share a CHNA service area and community served, staffing, leadership teams, and resources. The strategies included in this plan are representative of efforts taken by both hospitals to address the identified community needs. The hospitals have a shared governance structure and share one Providence Alaska Region Board that adopts the CHIP for both hospitals.

Our Commitment to Community

Providence Alaska dedicates resources to improve the health and quality of life for the communities we serve. For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: <https://www.providence.org/about/annual-report>.

Health Equity and Social Determinants of Health

At Providence Swedish, we are committed to addressing the underlying and root causes of inequities and health disparities. We work to address not only the clinical factors that determine a person's length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based and leading practices.

Financial Assistance Program

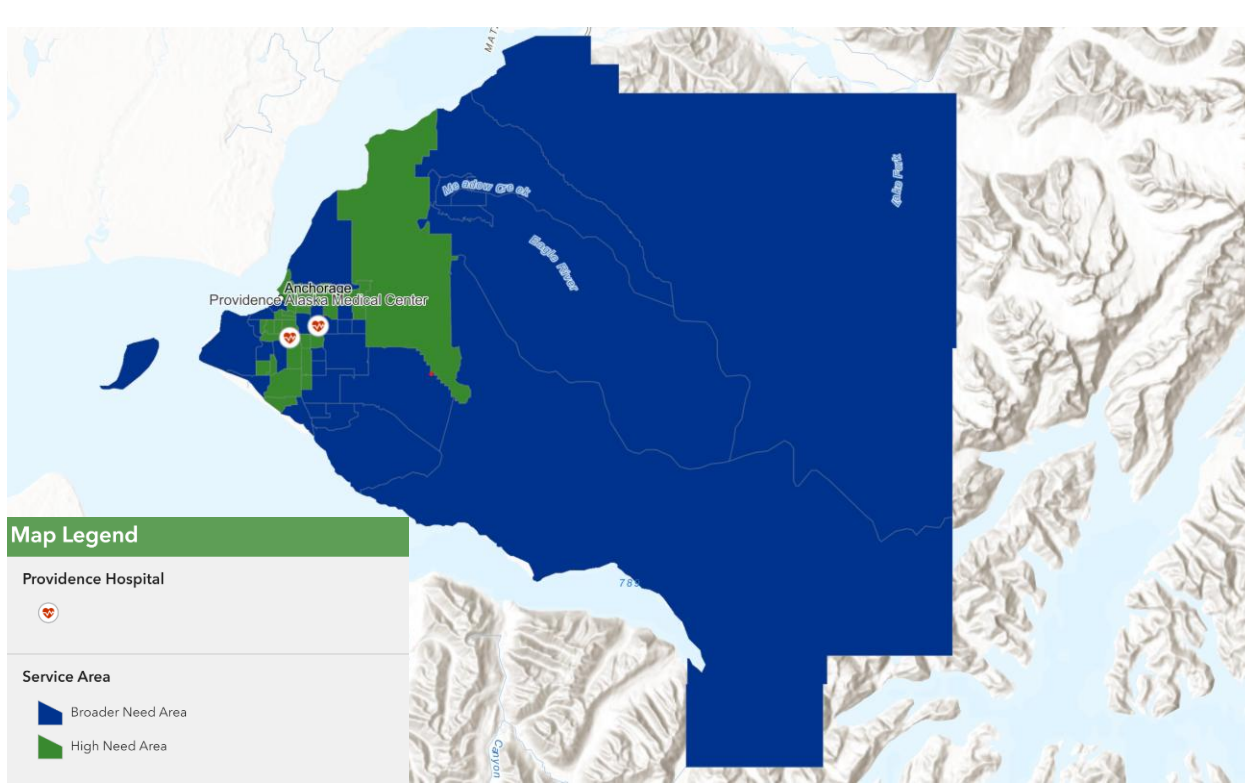
Our mission is to improve the health and well-being of each person we serve, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. Providence Swedish has a Financial Assistance Program (FAP) that provides free or discounted services to eligible patients.

OUR COMMUNITY

Description of Community Served

Based on the availability of data, geographic access to the facilities, and other hospitals in neighboring boroughs, the Municipality of Anchorage serves as the boundary for the hospital service area.

Figure 1. CHNA Service Area for PAMC and St. Elias Specialty Hospital—Municipality of Anchorage



The service area of Providence Alaska Medical Center (PAMC) and St. Elias Specialty Hospital is the Municipality of Anchorage, the largest community in the state of Alaska, where the majority of patients seeking services reside. As the largest and most comprehensive acute care hospital and health system in Alaska, PAMC, St. Elias, and Providence Health and Services Alaska see patients from the entire state of Alaska, although for the purposes of this CHNA, the hospital service area is the Municipality of Anchorage.

Anchorage is located in Southcentral Alaska along Cook Inlet. It is situated between Cook Inlet and Chugach State Park. Home to nearly half the state's residents, Anchorage has a population of nearly 300,000 people and includes the communities of Anchorage, Chugiak, Eagle River, Girdwood and Joint Base Elmendorf-Richardson. It is the hub of Alaska's infrastructure and business community. Based on available data, geographic access to facilities and primary care, and other hospitals in neighboring counties, Anchorage serves as the boundary for the hospital service area.

Social Vulnerability Index

Providence uses CDC's SVI to identify communities of higher need within our service areas. Census tracts that score higher than the median SVI score are classified as "high need" and are depicted in green. All other census tracts are labeled "broader need" and are shown in blue. For Anchorage Municipality, the median 2020 SVI score for census tracts is 0.35.

Community Demographics

The tables and graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a data hub that maps each CHNA indicator at the census tract level: [Anchorage 2024 CHNA Dashboard \(arcgis.com\)](#).

POPULATION AND AGE DEMOGRAPHICS

Total Population and Population Sex for Anchorage Municipality Service Area

Indicator	Anchorage Municipality	Broader Service Area	High Need Service Area
Total Population	290,674	154,713	135,961
Female Population	48.7% (141,530)	49.1% (75,903)	48.3% (65,627)
Male Population	51.3% (149,144)	50.9% (78,810)	51.7% (70,334)

Source: 2022 American Community Survey 5-Year Estimates

Population by Age Group for Anchorage Municipality Service Area

Indicator	Anchorage Municipality	Broader Service Area	High Need Service Area
Population Age Under 5	6.7% (19,434)	6.1% (9,459)	7.3% (9,975)
Population Age Under 18	23.9% (69,388)	23.1% (35,752)	24.7% (33,636)
Population Age 18 to 34	26.7% (77,738)	23.6% (36,486)	30.3% (41,252)
Population Age 35 to 54	25.6% (74,494)	26.9% (41,692)	24.1% (32,802)
Population Age 55 to 64	11.8% (34,286)	13.1% (20,290)	10.3% (13,996)
Population Age 65 and Over	12.0% (34,768)	13.2% (20,493)	10.5% (14,275)

Source: 2022 American Community Survey 5-Year Estimates

POPULATION BY RACE AND ETHNICITY

Population by Race for Anchorage Municipality Service Area

Indicator	Anchorage Municipality	Broader Service Area	High Need Service Area
Alaska Native/American Indian Population	7.4% (21,507)	5.2% (7,975)	10.0% (13,532)
Asian Population	9.8% (28,440)	7.3% (11,349)	12.6% (17,091)
Black Population	5.3% (15,469)	2.8% (4,313)	8.2% (11,156)
Other Race Population	2.9% (8,563)	0.8% (1,227)	5.4% (7,336)
Pacific Islander Population	2.7% (7,728)	2.2% (3,421)	3.2% (4,307)
Population of Two or More Races	12.7% (36,963)	12.7% (19,609)	12.8% (17,354)
White Population	59.2% (172,004)	69.0% (106,819)	47.9% (65,185)

Source. 2022 American Community Survey, 5-Year Estimates

Population by Ethnicity for Anchorage Municipality Service Area

Indicator	Anchorage Municipality	Broader Service Area	High Need Service Area
Hispanic Population	9.7% (28,162)	7.7% (11,923)	11.9% (16,239)

Source: 2022 American Community Survey 5-Year Estimates

SOCIOECONOMIC INDICATORS

Median Income in Anchorage Municipality Service Area

Indicator	Anchorage Municipality	Broader Service Area	High Need Service Area	Alaska
Median Household Income Data Source: 2022 American Community Survey 5-Year Estimates	\$95,731	\$124,083	\$75,091	\$86,370

The High Need Service Area has the lowest median household income at \$75,091, which is substantially lower than both the Broader Service Area (\$124,083) and Anchorage Municipality as a whole (\$95,731). However, it is still slightly higher than the median for Alaska overall (\$86,370).

Severe Housing Cost Burden for Anchorage Municipality Service Area

Indicator	Anchorage Municipality	Broader Service Area	High Need Service Area	Alaska
Percent of Households Experiencing Severe Housing Cost Burden Data Source: 2022 American Community Survey, 5-Year Estimates	12.5% (13,427 households)	10.4% (5,771 households)	15.9% (7,656 households)	11.3% (29,776 households)

Severe housing cost burden is defined as households spending 50% or more of their income on housing costs. The High Need Service Area has the highest percentage of households experiencing severe housing cost burden at 15.9%, compared to 12.5% in Anchorage Municipality, 10.4% in the Broader Service Area, and 11.3% statewide in Alaska. This indicates that households in the High Need Service Area face greater financial strain related to housing costs than households in other parts of Anchorage or Alaska as a whole.

Full demographic and socioeconomic information for the service area can be found in the [2024 CHNA](#) for PAMC and St. Elias Specialty Hospital.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS AND RESULTS

Summary of Community Needs Assessment Process and Results

Every three years, PAMC and St. Elias Specialty Hospital conduct a community health needs assessment for the Anchorage community. In 2025, PAMC and St. Elias Specialty Hospital formed a CHNA advisory group comprised of community leaders that represent the broad interests of the community to collaboratively identify community needs, assets and resources to improve health and wellbeing in Anchorage. The members identified, analyzed, and prioritized community health needs using quantitative and qualitative data. Quantitative data included secondary data, hospital utilization data, as well as the results of a communitywide survey fielded in 2025. Qualitative data was collected through key informant interviews with the following community members and leaders:

Organization	Name	Title	Sector
Alaska Literacy Program	Lori Pickett	Executive Director	Nonprofit Community Services
Alaska Native Heritage Center	Emily Edenshaw	President and CEO	Alaska Native Cultural Center
All Alaska Pediatric Partnership	Carmen Wenger	Director of Programs	Health Care
Anchorage Neighborhood Health Center	Lisa Aquino	CEO	Federally Qualified Health Center
Anchorage Health Department	Kimberly Rash	Acting Director	Local Public Health
Catholic Social Services	Robin Dempsey	CEO	Nonprofit Community Services
Providence Alaska Medical Center	Sarah Skeel	Chief Administrative Officer	Health Care
The Alaska Community Foundation	Alexandra Kim McKay	President and CEO	Philanthropy
United Way of Anchorage / AK 211	Sue A. Brogan	Chief Operating Officer	Nonprofit Community Services

Significant Community Health Needs Prioritized

As a result of the findings of the 2024 CHNA and through a prioritization process aligned with our Mission, resources, Providence Alaska Medical Center and St. Elias Specialty Hospital will focus on the following areas for its 2025-2027 Community Benefit efforts:

- Basic Needs / Economic Security
- Mental Health and Substance Use/Misuse
- Physical Health (healthy behaviors, chronic conditions, and overall health)
- Access To Health Care (Primary, specialty, acute, and dental care)

Needs Beyond the Hospitals' Service Program

Providence Alaska is committed to improving the health of the communities we serve and investing in spaces where we can have the greatest impact. By leveraging our expertise and core competencies as health care

providers, we can meaningfully contribute to high-impact solutions for expanded access to high-quality, equitable health care.

All health needs identified as part of 2025 CHNA touch on core social determinants of health and share commonalities. Given limited capacity, resources, and expertise, Providence will focus its efforts on the significant need areas outlined in this CHIP to maximize our impact.

For areas outside our immediate focus, we will continue to support community programs and initiatives that work to address social determinants of health and expand our capacity to reach those in need through collaboration, referrals, in-kind donations, and grant making.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The following strategies for addressing priority needs were developed by Providence Alaska leadership in partnership with the Community Health Investment team and subject matter experts in the identified needs areas. The resulting strategies and metrics were reviewed and approved by Providence Alaska leadership. They were intentionally selected with the understanding that some community health needs may evolve during the duration of the CHIP, and that subsequent implementation strategies may require adjustments based on resources and to best meet the needs of our communities. While Providence Alaska's response to community need must remain flexible to changing dynamics, our commitment to improving the health of our communities is unwavering.

Addressing the Needs of the Community: 2025- 2027 Key Community Benefit Initiatives and Evaluation Plan

COMMUNITY NEED ADDRESSED #1: BASIC NEEDS / ECONOMIC SECURITY

Table 1. Strategies and Strategy Measures for Addressing Basic Needs/Economic Security

	Goal	Strategy	Population Served	Measure	Baseline	2027 Target
A	Improve opportunities for financial security for refugee and immigrant communities	Provide 4-6 month employment and on-the-job training opportunities at Providence Alaska Medical Center through collaboration between Refugee and Immigrant Services Trainee (RAIS) Program and Catholic Social Services	Immigrant and refugee communities	Trainees achieving employment by end of trainee program	42% of RAIS trainees achieving employment by end of trainee program	60% of RAIS trainees achieving employment by end of trainee program
B	Improve employment and financial opportunities for youth with developmental disabilities	Provide 9-month internship opportunities at Providence Alaska Medical Center for Anchorage School District high school graduates with developmental disabilities, through the Project SEARCH Program	Graduating high school students with developmental disabilities	% students achieving employment by end of internship	70% of students achieving employment by end of internship	90% of students achieving employment by end of internship
C	Support safe discharge	Maintain 10-Bed Homeless Respite	Individuals experiencing homelessness	# Individuals served by homeless respite program annually	Approximately 135 individuals served	Continue to provide respite services for

	options for individuals experiencing homelessness to recover from significant physical injury or illness	Partnership between Providence , Alaska Regional Hospital, Alaska Native Medical Center, and Catholic Social Services	recovering from significant physical injury or illness		by homeless respite program	approximately 135 individuals to ensure ongoing access for those in need
D	Reduce food insecurity for those experiencing homelessness	Provide year-round daily meal service for Brother Francis Emergency Homeless Shelter guests	Individuals experiencing homelessness	# meals served at Br. Francis shelter annually	Approximately 35,000 meals served at Br. Francis shelter	Continue to provide approximately 35,000 meals at Br. Francis shelter

Resource Commitment

Providence will commit staff time, supplies and equipment, cash and in-kind donations to support these strategies.

Key Community Partners

We partner with various community organizations and agencies to advance our community health improvement work. Partners include Alaska Native Medical Center; Alaska Primary Care Association; Alaska Regional Hospital; Anchorage Neighborhood Health Center; Anchorage School District; ARC of Anchorage; Brother Francis Emergency Homeless Shelter; Catholic Social Services; Governor's Council on Disabilities & Special Education; Primary Care Associates; Southcentral Foundation; State of Alaska Aging and Disability Resource Center; State of Alaska Department of Vocational Rehab.

COMMUNITY NEED ADDRESSED #2: BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE/MISUSE)

Table 2. Strategies and Strategy Measures for Addressing Behavioral Health

	Goal	Strategy	Population Served	Measure	Baseline	2027 Target
E	Improve maternal mental health from pregnancy through postpartum	Establish partnerships with community primary care and OBGYN care sites to establish referral pathways	Birthing parents facing behavioral health challenges during pregnancy and postpartum	# of partnering primary care and OBGYN care sites	Program established January 2025. Baseline metrics to be defined within first year of operation	Increase to partnering with 8 or more primary care and OBGYN care sites
F	Improve timeliness of treatment, experience, and outcomes for patients experiencing mental and	Increase neuropsychological evaluation capacity by adding caregivers in Anchorage Behavioral Health Clinic	Adults with behavioral health conditions requiring neuropsychological evaluation	# of full-time caregivers capable of conducting Neuropsychological evaluation	Program established January 2025. Baseline metrics to be defined within first year of operation	Increase full-time caregivers capable of conducting neuropsychological evaluations from 0 to 1-2,

	behavioral health care needs					and reach approximately 150-300 more patients annually
G	Support patient engagement in care and improve substance use disorder (SUD) treatment outcomes	Reduce wait times and patient disengagement by increasing same-day, walk-in medication treatment availability	Individuals with SUD	# hours per week dedicated to same-day, walk-in SUD medication appointment availability	0 hours per week dedicated to same-day, walk-in SUD medication appointment availability	Increase to 20 hours per week dedicated to same-day, walk-in SUD medication appointment availability
H	Increase access and reduce wait-times to SUD treatment assessment appointments	Increase the number of assessment appointments available weekly to reduce wait times for patients with SUD requiring assessment for treatment	Individuals with SUD	Time to assessment appointment from date of scheduling	6 weeks from date of scheduling to date of assessment appointment	3 weeks from date of scheduling to date of assessment appointment
I	Increase access to mental health therapy for child survivors of trauma and their families	Support survivor of child neglect and abuse and their families with wrap-around support services through the Providence Alaska CARES Child Advocacy Center	Children who have experienced abuse and neglect and their families	Patient visits per year	900 therapy visits per year (3-yr avg.)	1,000 therapy visits per year by 2027

Resource Commitment

Providence has committed funding, staffing, and equipment, as needed, to support these strategies.

Key Community Partners

We partner with various community organizations and agencies to advance our community health improvement work. Partners include Alaska Attorney General's Office; Alaska Children's Alliance; Alaska Division of Corrections; Alaska Division of Juvenile Justice; Alaska Office of Children's Services; Alaska Office of Public Advocacy; Alaska State Crime and Public Health Labs; Alaska State Troopers; Anchorage District Attorney Office; Anchorage Police Department; Anchorage School District; Child Welfare Academy Multi-Disciplinary Team; Federal Bureau of Investigation; Guardian Ad Litem; Military law enforcement; Municipality of Anchorage; Southcentral Foundation; Standing Together Against Rape.

COMMUNITY NEED ADDRESSED #3: COMMUNITY NEED ADDRESSED #3: PHYSICAL HEALTH

Table 3. Strategies and Strategy Measures for Addressing Healthy Behaviors / Physical Health (inclusive of prevention, utilization and access)

	Goal	Strategy	Population Served	Measure	Baseline	2027 Target
J	Expand palliative services for patients with a life-limiting illness	Explore opportunities to maintain and increase palliative care capacity across the care continuum and through workforce development	Individuals with a life-limiting illness	# patients receiving ambulatory and/or inpatient palliative services	967 inpatient and 646 ambulatory patients receiving ambulatory and/or inpatient palliative services	Increase to 1,000+ inpatient and 800+ ambulatory receiving ambulatory and/or inpatient palliative services
K	Reduce traumatic injury in the community, especially amongst low-income and vulnerable populations	Maintain community Injury Prevention Program to provide education and injury prevention equipment to low-income and vulnerable populations (e.g. bike helmets, reflective gear, car seats, ice cleats, etc.)	Low-income, vulnerable, and broader community	American College of Surgeon's (ACS) level II Trauma Center Designation Criteria for Community Injury Prevention Programs ¹	Meets Criteria	Meet or exceed ACS level II Trauma Center Designation Criteria for Community Injury Prevention Programs
L	Support access to primary care in rural Alaska	Help address clinical care workforce shortage and grow pipeline of primary care physicians by retaining and preparing family medicine physicians to practice through a 3-year Alaska Family Medicine Residency (AFMR) program	Broader community	# physicians completing family practice residency	36 physicians completing family practice residency	Maintain pipeline of 36 physicians completing family practice residency
M	Support access to palliative care and addiction medicine services	Help address clinical care workforce shortage and grow pipeline of palliative and addiction care physicians by providing fellowships at Alaska Family Medicine Center	Individuals living with a serious illness and Individuals with SUD	# Physicians completing palliative and addiction care fellowship	2-4 physicians completing palliative and addiction care fellowship	Maintain pipeline of 2-4 physicians completing Palliative and addiction care fellowship

¹ American College of Surgeons accredited trauma centers must have an injury prevention program that:

1. Has a designated injury prevention professional
2. Prioritizes injury prevention work based on trends identified in the trauma registry and local epidemiological data
3. Implements at least two activities over the course of the verification cycle with specific objectives and deliverables that address separate major causes of injury in the community
4. Demonstrates evidence of partnerships with community organizations to support their injury prevention efforts

N	Improve treatment outcomes for adult and adolescent survivors of sexual assault and domestic violence	Increase follow-up visits and services through the Forensic Nursing Program	Adolescents and adults who have experienced physical or sexual violence, neglect and psychological injury	% of patients seen for follow-up visits	40% of patients seen for follow-up visits	Increase to 60% of patients seen for follow-up visits
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Resource Commitment

Providence will commit staff time, supplies and equipment, cash and in-kind donations to support these strategies.

Key Community Partners

We partner with various community organizations and agencies to advance our community health improvement work. Partners include Alaska Attorney General’s Office; Alaska Children’s Alliance; Alaska Division of Corrections; Alaska Division of Juvenile Justice; Alaska Office of Children’s Services; Alaska Office of Public Advocacy; Alaska State Crime and Public Health Labs; Alaska State Troopers; Anchorage District Attorney Office; Anchorage Police Department; Anchorage School District; Catholic Social Services; Child Welfare Academy Multi-Disciplinary Team; Federal Bureau of Investigation; Guardian Ad Litem; Joint Base Elmendorf Richardson; Military law enforcement; Municipality of Anchorage; Southcentral Foundation; Standing Together Against Rape.

2025- 2027 ANCHORAGE CHIP GOVERNANCE APPROVAL

This Community Health Improvement Plan was adopted by the Providence Alaska Region Board on April 15, 2025. The final report was made widely available by May 15, 2025.

DocuSigned by:

Ella Goss

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Ella Goss, MSSN, RN
Alaska Region Chief Executive

Date

DocuSigned by:

Scott Wellmann

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04/15/25

Scott Wellman, MD
Chair, Providence Alaska Region Board

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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Improvement Plans please email CHI@providence.org.