PeaceHealth Ketchikan Medical Center is a critical access hospital servicing rural, remote and predominantly native south-Southeast Alaska patient populations. PeaceHealth Medical Group: Prince of Wales, in partnership with the City of Craig, provides primary care services, opportunities for telemedicine, and space for visiting specialists to meet with patients.

**Major Medical Services**
- Behavioral Health Clinic
- Diagnostic Imaging
- Emergency Medicine
- General Surgery
- Gastroenterologist (GI) Services
- New Beginnings Birthing Center
- New Horizons Long Term Care Unit
- Orthopedic Surgery
- Outreach Clinics
- Pathology Services
- Laboratories
- Sleep Center
- Rehabilitation (PT/OT/ST)
- Respiratory Therapy
- Telehealth & Visiting Clinics
- Home Health Care Services
- Urology Services

**Facts & Figures** (July 2016 to June 2017)
- Total licensed hospital beds: 25
- Total long-term care beds: 29
- Average daily hospital census: 10
- Average length of stay: 3.65 days
- Employees: 450
- Active medical staff: 180
- Volunteers: 35
- Inpatient admissions: 1,032
- Births: 177
- Surgeries: 1,432
- Outpatient clinic visits: 41,074
- ED visits: 9,253

**Community Benefit**
- Charity Care: $1,061,000
- Unpaid Cost of State Programs: $1,689,000
- Total Community Benefit: $2,758,000

**PeaceHealth History**
In 1923, the Sisters of St. Joseph of Peace first opened the Little Flower Hospital in Ketchikan. The Sisters of St. Joseph of Peace, through their hospital services now known as PeaceHealth continue to operate the hospital with the same lease agreement approved by the city council in 1960. In 2010, PeaceHealth Medical Group: Prince of Wales was opened in partnership with the City of Craig.

**Geography & Economy**
Set at the southern entrance to Alaska’s famed Inside Passage—Ketchikan is located in the midst of the Tongass National Forest, a 17M-acre rainforest. Composed of a network of waterways and remote island communities, Ketchikan and the surrounding area are known for their salmon runs, stunning scenery, and rich Alaska Native culture.
Ketchikan Community Health Overview

Service Area Demographics
Approx. 20,000 residents. More than 65% of residents in the service area live in Ketchikan, which has an approx. population of 13,746.

- 48.4% adult females
- 51.6% adult males
- 6.0% under age 5
- 22.3% under age 18
- 11.4% adults 18-24
- 16.5% adults 25-34
- 15.0% adults 35-44
- 18.9% adults 45-54
- 21.1% adults 55-64
- 17.2% adults 65+
- 10.53% Veterans (approx. 1,305)

Race/Ethnicity +
- 50% Native Alaskan/PoW-Hyder
- 22% Native Alaskan/Ketchikan Gateway

Socioeconomics
PoW is overall a higher need area than Ketchikan Gateway

- 33% of all households are either in poverty or cannot afford basic household expenses (AK: 32%)
- 92.8% KG and 91.1% PoW adults have a high school diploma (AK: 92.3%)

- $61,712 KG and $46,387 PoW median household income (AK: $74,444)

- 11.5% KG and 15.6% PoW live below the Federal Poverty Level (AK: 9.9%)

Top Community Health Concerns
- Adult obesity and physical inactivity
- Behavioral health – Lack of behavioral health and substance abuse treatment options
- Care coordination for complex patients – High rate of uninsured people; under-utilization of ED, primary care and specialty services
- Maternal child health and childhood development – High rates of smoking and obesity in young adult populations

Major Health Problems/Gaps, Key Health Indicators & Strategies

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Major Health Problems/Gaps*</th>
<th>Key Health Indicators^</th>
<th>Prioritized Evidence-Based Strategies</th>
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</thead>
<tbody>
<tr>
<td>Healthy, Active Living</td>
<td>• Adult obesity and physical inactivity</td>
<td>Significant differences are found between KG residents in comparison to PoW residents. PoW residents have higher obesity rates and higher lifestyle disease rates.</td>
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<td>• Alcohol, tobacco, and drug use prevention in adults/teens; smoking cessation services</td>
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<td>• Community Health Worker program</td>
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<td>• Behavioral health and substance abuse treatment</td>
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<td>• Competitive pricing for healthy food</td>
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<td>• Opioid epidemic/lack of treatment options</td>
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<td>• Pain management</td>
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<td>• Childhood food insecurity, especially in Prince of Wales/Outer Ketchikan</td>
<td>Service area has higher rates of maternal smoking which impacts the health of mother and baby (when compared to the state). The service area also has higher rates of prenatal care in the 1st trimester and low rates of low birth rate (compared to the state).</td>
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<td>• Budget for PoW and KG Public Health has been reduced; particularly affects people aged 0-25 years</td>
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<td>• Prenatal and early childhood home visiting programs</td>
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<td>• Maternal smoking during pregnancy</td>
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<td>• Preschool programs with family support services</td>
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<td>Health Delivery Systems</td>
<td>• Chronic pain management</td>
<td>Data show that there are significant differences in access to care for residents of the service area (KG vs. PoW). There are racial/ethnic disparities in KG despite the availability of providers. Addressing these inequities is vital to the health of the community.</td>
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<td>• Funds for travel to specialty care</td>
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<td>• Medicaid access/enrollment</td>
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<td>• Access to primary care appointments</td>
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<td>• Integration of behavioral health and primary care</td>
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<tr>
<td></td>
<td>• Access to urgent care appointments</td>
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<td></td>
<td>• Improved immunization rates</td>
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<td></td>
<td>• Adult and teen behavioral health</td>
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<td>• Substance abuse treatment</td>
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<td>• Integration of behavioral health and primary care</td>
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<td></td>
<td>• Psychiatry coverage</td>
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<tr>
<td>Equity</td>
<td>• High poverty in Ketchikan and in Prince of Wales/Outer Ketchikan</td>
<td>There are vast differences in many measures of socioeconomic wellbeing between KG and PoW. KG has lower unemployment and lower income equality. The lower income inequality in KG is an important marker of community health resilience and should be maintained and strived for in PoW.</td>
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<td>• High unemployment and income</td>
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<td>• Health career recruitment for non-majority students</td>
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<td>• Care for older population</td>
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<td>• Patient financial incentives for preventative care</td>
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<td>• Senior housing</td>
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<td>• Care for migrant and homeless population</td>
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* Summarized from interviews with organizations throughout the county representing public health and minority health.
^ Based on primary data from Robert Wood Johnson’s 2016 County Health Rankings and other state sources.