“Whatever concerns the poor is always our affair.” The words of Mother Joseph of the Sacred Heart undoubtedly provided inspiration to the first Sisters of Providence who served Alaskans. Mother Joseph died in 1902, the same year the Sisters came to Alaska with a steadfast commitment to bring health care to the people of Nome during the gold rush. Ensuring care is available to all, especially the poor and vulnerable, continues today through the work of our caregivers.

Continuing this legacy is only possible thanks to the community partners who share our commitment. Organizations and individuals in each of the communities we serve collaborate with Providence to provide critical resources to people in need. This community support includes generous gifts from donors, the effort of many volunteers, and the work of our caregivers, all of whom care deeply about our responsibility to help those who need it most.

Addressing the needs of our community also involves a willingness to be open to new ideas to improve access to care. The Sisters of Providence included “responding to changing times” as part of their hopes and aspirations for the future of Providence ministries; exploring innovative solutions to help connect people with the resources they need is part of our calling and our promise.

The 2018 Community Benefit Report features articles covering a variety of topics, from community education for emergency response to helping the less fortunate get back on their feet with affordable housing. Although these stories only cover a few of our efforts to make a positive difference in the places we serve, they’re all linked by a common thread: partnering with the community to help our fellow Alaskans.

Thank you to all who continue to support the Providence Mission in Alaska. We are honored by your trust in our caregivers and faith in our efforts to create healthier communities. Thanks especially to our community partners — your commitment and dedication is integral to our shared success. Our combined efforts ensure that whatever concerns the poor will continue to be addressed, now and in the future.

PRESTON M. SIMMONS, DSC., FACHE
CHIEF EXECUTIVE
PROVIDENCE HEALTH & SERVICES ALASKA
OUR INSPIRED VISION DEPENDS ON INSPIRED COMMUNITY PARTNERS

Our vision of Health for a Better World starts with our commitment to understanding and serving the needs of the community, especially the poor and vulnerable. In 2018, driven by our Mission and together with our community-focused, innovative partners, Providence Health & Services Alaska invested more than $84 million in community benefit, building community conditions that promote and transform health and well-being.

We believe health is a human right. This belief undergirds our efforts to support comprehensive access to health and social services addressing the foundational gaps in care for the most poor and vulnerable members in our communities. With each investment we make and partnership we develop, we find ways to best address and prioritize our region’s most challenging needs as identified through our community health needs assessment. The process includes a review of public health data and interviews with key stakeholders and otherwise under-represented populations.

This past year, we focused on supporting community programs that addressed:

- Poverty, including homelessness and food insecurity;
- Utilization of preventive care;
- Access to affordable health care and services; and
- Education focused on healthy behaviors.

Ultimately, we want to address the root causes of these conditions and identify community-based solutions that transform the health of our communities. We are working to increase the number of people who have access to health care, connect individuals with resources, and address core issues such as food and housing instability, social isolation, education, and other factors that contribute to improved well-being.

Some of the inspiring ways our investments are working in our community include:

- Working with Catholic Social Services to help homeless families and individuals find homes;
- Ensuring hospice care is available in Seward and surrounding communities; and
- Helping refugees acclimate to life – and health care – in their new country.

We invite you to learn more about how we are working to meet community needs and help people live their healthiest lives and — if called — to get involved.

We are grateful for the opportunity to serve Alaskans, and we look forward to continued partnership as we seek to collectively achieve Health for a Better World.

GIVING TO OUR COMMUNITIES

| PROVIDENCE HEALTH & SERVICES ALASKA | $31.7M | $19.4M | $10M | $12.7M | $10.5M | $84.3M |
| Unfunded portion of government-sponsored medical care | Free and discounted care for patients in need | Community health, grants and donations | Education and research programs | Subsidized services | Total cost of care & services donated in 2018 |

2018 COMMUNITY BENEFIT SPENDING

UNFUNDED PORTION OF GOVERNMENT-SPONSORED MEDICAL CARE:
Difference between the cost of care and what is paid by state and federal government – does not include Medicare

FREE AND DISCOUNTED CARE FOR PATIENTS IN NEED:
Financial assistance for those who are uninsured or underinsured or otherwise unable to pay for their health care

COMMUNITY HEALTH, GRANTS AND DONATIONS:
Free and discounted services, such as patient education, health screenings, immunizations and support groups as well as donations to community partners

EDUCATION AND RESEARCH PROGRAMS:
Subsidies for medical residency programs, nursing and other education, and medical research

SUBSIDIZED SERVICES:
Clinical and social services provided despite a financial loss because it meets an identified need that is not met elsewhere in the community

TAX STATUS BENEFIT

As a not-for-profit organization, Providence Health & Services Alaska received $39 million in federal, state and local tax exemptions in 2018 and provided $84 million back to the community. In addition, there are taxes from which we are not exempt and must pay in the normal course of operations, just as any business in the community would. These totaled $25 million in 2018 and included taxes on non-exempt properties and payroll taxes.

OUR CORE VALUES: COMPASSION | DIGNITY | JUSTICE | EXCELLENCE | INTEGRITY
Chris Lawton sits on the floor of a classroom and encourages his 8-year-old daughter Lorelai as she applies a tourniquet to his leg. The Providence Alaska Medical Center respiratory therapist is pretending to be a victim, and Lorelai is “stopping the bleed.”

“You are our ‘immediate responders,’ you are there before we can be,” Ralls says. “These skills are simple, and knowing when and how to use them makes a difference between life and death. You are the ones that will save lives.”

Lawton was one of 25 participants in the recent Stop the Bleed class, which teaches bleeding-control basics for traumatic injuries. Last year, Providence Health & Services Alaska helped fund the program, which is part of a nationwide effort to equip everyday citizens with life-saving skills.

The education stems from the 2012 shooting at Sandy Hook Elementary School in Newtown, Conn., after which the White House, the American College of Surgeons and several other leaders in trauma, convened the Hartford Consensus. Their goal was to improve survivability not only from man-made casualty events such as Sandy Hook, but also natural mass casualty events such as earthquakes or hurricanes.

“These skills are simple, and knowing when and how to use them makes a difference between life and death.”

In class, Krista Ralls, RN, Stop the Bleed instructor, reminds participants that it can take as few as three minutes for the human body to bleed out, and the average emergency medical responder time varies by region from minutes to hours. So every second is a precious life-saving opportunity.

She shares with them how gauze can be used to pack a wound and demonstrates the amount of direct pressure needed to actually stop bleeding. She explains how a tourniquet is used and when and where to place it.

“Put it up here,” he says, indicating a spot above his knee, where the flesh can be compressed against his pant leg. “That’s right, a little tighter.” She twists the windlass rod on the tourniquet.

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“You are our ‘immediate responders,’ you are there before we can be,” Ralls says. “These skills are simple, and knowing when and how to use them makes a difference between life and death. You are the ones that will save lives.”

After her presentation, Ralls invited participants to practice their newfound skills at stations spread around the classroom.

Chris Lawton brought his children to the Stop the Bleed class because he said the skills learned here could help them when they are out as a family camping and exploring Alaska.

“We live in Alaska, so we go out in the middle of nowhere all the time,” he said. “You never know when you might need to help, and this class is pretty easy for anyone.”

“This particular campaign is twofold,” Ralls says. “to educate the public and play a role in supplying them the equipment. Luckily, we have had financial support to make the program thrive and grow here in Alaska.”

The Stop the Bleed movement is growing nationwide. Thanks to the combined support of $40,000 from Providence Alaska Foundation, Children’s Miracle Network and Providence Alaska Medical Center, her group has taught more than 750 individuals Stop the Bleed skills and outfitted every Anchorage School District school with bleeding control kits.

A free Stop the Bleed class is offered 10 a.m.-noon the second Saturday of every month at Providence Alaska Medical Center. More information can be found at stopthebleed.org.
Brian Sharpe is on a tour with the manager of the apartment building he is considering as a new home. As they walk into the communal kitchen, a windowless room decorated with artificial leafy trees and edged by a row of soft couches and a large-screen television, Sharpe’s eyes go round.

“Oh my gosh, I could sit down here all day long,” he said. “I love kitchens.”

The room is large, sparsely outfitted with pots and pans and adorned with random, faded artwork. But it is cozy, dry and quiet – quite the opposite of the nights Sharpe has spent either in a shelter or on the streets.

Sharpe’s caseworker, Heather Lubinski, looks at him and says, “I thought you might like this.”

Heather and Brian have a long relationship that has brought trust and camaraderie. Heather, a Catholic Social Services case worker based in the Brother Francis Shelter, met Brian more than 20 years ago. Lubinski is one of 17 case managers under the Homeless Family Services umbrella and one of two whose job is funded by $525,000 from Providence Health & Services Alaska for direct assistance for homeless families and individuals as well as staff expenses. Her job is critical: To establish trust among her clients and help them see there is hope for a better future. The model calls for social and emotional support for those who are experiencing homelessness, both when they have no place to go and after they have found a home.

“Before touring the apartment, Sharpe and Lubinski stop at a phone store, where she helps him subscribe to a ‘lifeline’ phone, meant to text and take phone calls. With this simple device, Sharpe can start looking for a job.”

A windowless room decorated with artificial leafy trees and edged by a row of soft couches and a large-screen television, Sharpe’s eyes go round.

“You mean I can sleep here tonight?” he asks.

“Yes,” Heather replies, looking back at him, in that disbelieving.

“No,” Lubinski says. “Yes, we just have to fill out a few forms,” Heather reassures, and with that Sharpe’s cold nights on the streets and restless, sleepless nights at the shelter, are over. He seems stunned, too surprised to say much more.

“I can sleep here tonight?” he asks again, still disbelieving.

“Yes,” Heather replies, looking back at him, in that moment returning some of the dignity that he lost so long ago. 

**A DIFFERENT PATH**

**PROVIDENCE FUNDING HELPS CASE MANAGERS CONNECT WITH CLIENTS**

They move on to the apartment. Housing for those with no income is in great demand, so the choices are limited. They open the door to a dorm-style unit by the elevators. Brian takes a look around and silently nods. The room is no bigger than a walk-in closet with a small window overlooking a parking lot below.

Heather watches Sharpe’s reaction, and quietly lets him know that there is a larger unit available at a slightly higher price. But Sharpe nods his head.

When Scherbaum tells Sharpe that he can lie in the room, with keys in hand, just a few hours later, the room goes still, and Sharpe takes a moment.

“You mean I can sleep here tonight?” he asks.

“Yes, we just have to fill out a few forms,” Heather reassures, and with that Sharpe’s cold nights on the street and restless, sleepless nights at the shelter, are over. He seems stunned, too surprised to say much more.

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**A PLACE TO CALL HOME**

**PROVIDENCE HEALTH & SERVICES ALASKA**

Terry Holloway and Tiffany Hall share the story of their Day 1 to inspire others to begin the journey of recovering from alcohol addiction.

Terry Holloway’s Day 1 was Feb. 18, 2006. It’s been 13 years since she has used drugs or alcohol, and she says now she is living a more meaningful and productive life.

She is not alone. Across Alaska, and across the country, substance-free success stories are growing. Tiffany Hall, executive director of Recover Alaska, says that a movement is happening, and the signs are encouraging.

“We work to reduce excessive alcohol use across the state,” said Hall, whose Day 1 was Sept. 28, 2006. “We aren’t an abstinence-only group, we are not a provider of services, and we don’t run a treatment program. The main things we focus on are advocacy, improving social norms and access to care.”

Recover Alaska’s platform is a positive-culture framework – it celebrates the success stories of those like Holloway, who have discovered how full their lives can be without being under the influence. And they are on to something. The hashtag “#sobereous” is gaining momentum on social media. Alcohol-free bars have popped up across the country. Even restaurants are making changes. In a January article in Forbes magazine, the trend, it said, is growing: The percentage of alcohol-free drinks on restaurant menus increased by 13 percent from 2016 to 2017.
One of the things about alcohol is that it is so
so the need is really here."
Plus we’ve had referral and inquiries,” Foote said,
Our population is around 5,000 people, and we
and spread messages of hope resonated with
athletes – people from across the state and from
are a small community,” said Foote, who provides
services to the population from Lowell Point to
Moose Pass at Mile 36. Foote works one-on-one with the patients and families she serves. She said a needs assessment for hospice services showed that the program could potentially serve 12 to 15 clients a year, and already it has served 20.

“Plus we’ve had referral and inquiries,” Foote said, “so the need is really here.”

In fact, the demand for hospice services is growing nationwide, as the life expectancy of the population increases. The United States Census Bureau in September 2018 stated that by 2050, 1 in every 5 residents in the United States will be of retirement age, outnumbering children for the first time in history – 78 million versus 76.7 million, respectively.

One of the things about alcohol is that it is so accepted and normalized,” Hall said. “People often ask why I’m not having a glass of wine with dinner, but no one ever asks why a person is having a glass of wine.

Recover Alaska tries to elevate the conversation, to change the narrative so that it’s not even an issue.

Recover Alaska’s work has not gone unnoticed. Its Day 1 video and radio series can be heard throughout the state, spreading the message that there is indeed life after drugs and alcohol. Even people from Alaska from all over the state share the story of their “Day 1,” when they decided to change their habits. Lawyers, doctors, mothers, athletes – people from across the state and from all professions are represented, all with their own stories to tell. The powerful two-minute clips can be seen on Recover Alaska’s website and are aired on TV and played on the radio.

Recover Alaska’s mission to help the vulnerable and spread messages of hope resonated with Providence Health & Services Alaska, which provided $100,000 to help the nonprofit do its work. That’s a sixth of the organization’s local funding. Hall said.

“It’s amazing to have Providence because they believe in our mission,” Hall said. “Without them, we could not do what we do.”

Holloway agreed to be part of the Day 1 series because she said her heart overflows when she sees others overcome substance misuse.

“When people have the light come on, I just love to see that,” said Holloway, who counsels those struggling with substance misuse. As a person who used to struggle with substances herself, she remembers how hard it is in the beginning, when the overriding challenge is a daily battle to simply not use.

“You get robotic – you just keep thinking about what you can’t do,” she said of the early days of recovery. “But when that light comes on and you see a genuine smile, it is so good, you realize what you can do. People realize they can actually start living now.”

Recover Alaska has received national attention for its positive approach to a healthier lifestyle. It also celebrates and respects the individual path that each person must take to find a healthy relationship with alcohol. But that doesn’t mean the group is blind to the scarring side effects of alcoholism in Alaska.

“We’re dying at a rate nearly three times as high as the national average, so it’s definitely a huge problem here,” Hall said.

“But with a positive approach we can give people hope.”

Each Day 1 video ends with this simple line – which pretty much sums up the work of Recover Alaska: “Recovery is a different path for everyone but it all starts with Day 1.”
On a snowy winter evening, Marie Claire Mukambuguje knocks on the door of a Congolese family, who arrived to Alaska five months earlier. The Nyirabashali family – grandmother, mother and daughter – are wearing bright colorful clothing typical of their country, but sport winter knit hats and snow boots to protect them from the cold to which they are so unfamiliar.

Also unfamiliar to them is the idea of brushing their teeth every day. And that's what Marie Claire is visiting. Her title is Peer Leader Navigator, and her job is to help refugees acclimate to life in their new country. Her passion is dental hygiene and she is showing the family how to prevent cavities in a sugar-laden western diet.

"In our country brushing teeth is nothing," said Marie Claire, one of the newest PLNs in the Anchorage Health Literacy Collaborative Peer Leader Navigator program. "When people arrive here and start drinking a lot of soda, they can get cavities in every tooth. They don't know what tooth decay is because in the Congo, we have grains and a lot of protein, but no sugar."

Linda Shepard, RN, helps coordinate the PLN training for the collaborative, which is possible in part by community benefit funds from Providence Health & Services Alaska; $20,000 in for the Peer Leader Navigator Program and $15,000 for health literacy and health education. The program began as a small effort more than six years ago to help those with language barriers navigate the American health system. A group of women were trained in how to access health information, community resources and share it with their respective language's communities. Countries such as Rwanda, Sudan, Mexico, Nepal and Venezuela, among others, are represented.

"We used to call them Peer Language Navigators because it was about the language barrier," Shepard said. But that, it turned out, was not the real problem.

"In 2016, we realized that this really didn't have that much to do with the language," she said. "It has much more to do with the experience of migrating to the United States. So we changed the name to Peer Leader Navigator instead of Peer Language Navigator.

"That lived experience of coming into a country is what really connects them," she added.

In the Congo, dental hygiene consists of a small wooden pick that is used sporadically to remove seeds or other pieces of food stuck between one's teeth. If a toothache occurs, sufferers simply pack the sore spot with a particular type of leaf thought to help the pain.

But at the Nyirabashali home, Marie Claire explains that the western diet affects teeth quite differently, and that leaves will not solve their pains. Sugar contains acid that eats away at teeth, and if it is not removed regularly, she explained, tooth decay will occur.

"You have to remember that you have teeth and gums and a tongue, and you have to brush everything," she explains in their language, and then interprets in English.

Jean D’Amour and Daniel Faustin also are in attendance at the meeting. The two young men arrived in Alaska just a month prior and already look acclimated, silently scrolling through their smartphones as Marie Claire speaks. But they are also simultaneously listening. After Marie Claire explains that sugar also contributes to obesity, high blood pressure and diabetes, Jean wants to know if he can still drink soda if he works out every day, to offset the damage. Daniel perks up when Marie Claire talks about cleaning the "whole tooth, all five sides," and asks for clarification on the process.

"When they come to the U.S., they have to start over ..." Shepard said. "They are becoming leaders in their community. We planted the original seeds of the PLN program, but they have created the branches."

Today, the Peer Leader Navigator program is thriving, in part via the support of Providence. Shepard coordinated training for the sixth cohort of PLNs this past year, who are spreading health education across their respective communities.

"When they come to the U.S., they have to start over ..." Shepard said. "They are becoming leaders in their community. We planted the original seeds of the PLN program, but they have created the branches."

"When they come to the U.S., they have to start over ..." Shepard said. "They are becoming leaders in their community. We planted the original seeds of the PLN program, but they have created the branches."
We really pride ourselves that people would be dying on the streets without sheltering is so important,” Hawver says. “Sheltering is so important,” Hawver says. “People would be dying on the streets without food and shelter. Having a place to sleep can make a difference.”

Scott Hoy is the “do what needs to be done” guy at Kodiak’s Brother Francis Shelter. His main job includes cooking for the dozens of clients the shelter receives each day. But he also runs the night watch when needed, picks up donated food, cleans around the premises — pretty much anything that is asked of him.

After all, says Hoy, “It gives me a sense of purpose and a sense of pride. It just seems like the right thing to do.”

“We really pride ourselves that we don’t have any homeless families here,” Hawver says. “As the jobs have gone down, families are leaving town,” he said. “But those who stay, we are here to help.”

Hoy, who has been working at the shelter for nearly 10 years, said he is proud of his affiliation with an organization that makes a difference in the community. At one time, he was a beneficiary of the shelter’s services. Aimless and trying to figure out life, he moved to Kodiak in search of a job in the fishing industry. He had family in Kodiak, and he had experience in fishing, so the move seemed logical.

Once in Kodiak, Hoy got a job at a cannery, which provided a paycheck and lodging. But when business slowed and the cannery laid employees off at the end of the season, he had nowhere to go.

“I ended up hearing about the shelter, and I stayed there,” he said. “It helped me at a time when I needed help.”

From there, Hoy and Hawver got to know one another, and before long Hoy became a valued employee of the shelter. Now he is the go-to for anything that needs to be done.

“This shelter works hard for the community,” Hoy said. “We really pride ourselves that we don’t have any homeless families here, living in their car or in a tent or something. We don’t have people dying in the streets — not just because of the shelter, but also because of the homeless prevention program.”

Hawver agrees. He has worked at the shelter going on 30 years, and said the best way to stop homelessness is to make sure it never starts.

“As the jobs have gone down, families are leaving town,” he said. “It helped me at a time when I needed help.”

Hawver to let him know what’s available. Hoy drives over to the canneries and picks up boxes of seafood ready for donation.

“We just have a small chest freezer and a walk-in downstairs,” Hawver said. “If people are having trouble paying their rent, or putting heat in their house, they are also having trouble buying protein. This takes one less burden off of them.”

Hawver said the donation program was not part of the shelter’s original mission but it has filled a valuable gap.

SeaShare is a national cooperative that shares surplus seafood with those in need. Scott Hoy helps manage the donations that come into the Kodiak Brother Francis Shelter and are given to those who need a good source of protein.

WHERE WE SERVE

Providence Health & Services Alaska continues a tradition of caring started by the Sisters of Providence more than 117 years ago during the Nome Gold Rush. Today the care and services Providence delivers spans from birth to end of life, to care for the whole person. Our comprehensive scope of services includes acute care, physician clinics, long-term and assisted living, palliative and hospice care, and home health. Our ministries are in Anchorage, Eagle River, Kodiak, Palmer, Seward and Valdez.
When Shelby Gudgell graduated high school and left Valdez for college, she knew she wanted to one day be a nurse. But once in college in Oregon, she felt far removed from family and other support systems she had back in Alaska.

That’s how she came to be a nursing student at University of Alaska Anchorage’s School of Nursing program, which in Valdez operates in conjunction with Prince William Sound College. She is one of five students in a cohort taught in her hometown.

“Because I am an Alaska resident, my tuition is a lot cheaper than pursuing a nursing program in another state,” said Gudgell, 22. “PWSC gives me the opportunity to stay in a town I know and love, have a small class size, work in the local hospital, and have a supportive professor.”

Encouraging aspiring nurses is what Providence Health & Services Alaska had in mind when it chose to provide funding for the state university’s nursing program, particularly the programs operated out of smaller communities. In 2018, Providence helped fund the program in such small communities as Kotzebue, Bethel and Valdez, funding advanced training tools, high-quality instruction and access to large-hospital rounds in Fairbanks and Anchorage.

Kelly Mitchell is the lead instructor for the nursing students in Valdez. Her job includes overseeing the current cohort, as well as teaching anatomy and physiology, microbiology and medical terminology.

“I’m in a unique position here because I cover anesthesia at Providence, and I also teach the nursing students,” said Mitchell, who has taught since 2013. “It’s kind of a cool thing to see that — to start with them from the very beginning and have them pass their boards and then they are working at the hospital.”

For Gudgell, the decision to continue her nursing career locally has given her unanticipated advantages.

“I never imagined that I would end up back in Alaska, especially my hometown, to finish my schooling,” she said. “However, I am so glad that I did. If I had chosen to go to school in a larger community (like Valdez) with a smaller staff-to-patient ratio, I know bigger hospitals can be a safe and healthy environment, too.”

Because the community is so small, the staff at Providence Valdez has gotten to know the five nursing students well, Gudgell said. She doesn’t feel like yet another pair of scrubs when staff members know each other’s names and often those of their family members.

“The hospital is very welcoming of us during our clinical hours, and invites us to engage in extra learning opportunities for health care professionals,” Gudgell said. “Both PWSC and Providence Valdez have contributed to our studies and careers by offering scholarships, medical equipment for our lab, and nursing simulations.”

That personalized care up front has helped create well-rounded and loyal employees, Mitchell stressed.

“Nursing students who went to nursing school here in Valdez tend to stay here longer than if we hired a RN from another community or the Lower 48,” Mitchell said.

Mitchell said he also has found that the locally trained nurses have a “larger footprint” than RNs from other areas.

“Most RNs specialize in a particular area — pediatrics, emergency room, etc.,” he said. “The Valdez RNs cover the emergency room, trauma, obstetrical, acute care, psychiatric, long term care, pediatrics and even ICU nursing — whatever comes through the door.”

Mitchell said outreach campuses are located throughout the state, and Providence’s support of locally accessible education is paramount to providing more stable, high-quality health care for patients.

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