

2021

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence Seward Medical Center

Seward, AK



To provide feedback on this CHNA or obtain a printed copy free of charge, please email Nathan Johnson at Nathan.Johnson@Providence.org



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EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Seward Medical Center (PSMC) to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, especially our neighbors who are most economically poor and vulnerable.

The 2021 CHNA was approved by Providence Alaska Region Board on November 16, 2021 and made publicly available by December 28, 2021.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, information was collected from the following sources: local community health survey responses, state and national public health data, qualitative data from stakeholder interviews, and hospital utilization data. Stakeholder interviews were conducted with representatives from organizations that serve people who have chronic conditions, are from diverse communities, have low incomes, and/or are medically underserved.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

The members of the Providence Seward Medical Center Health Advisory Council served as the CHNA advisory committee to inform and guide the CHNA process and to identify the top health priorities for the community based on the CHNA community health data. The CHNA advisory committee engaged in a facilitated process to identify the top health priorities. The process started with the findings of the key stakeholder interview qualitative analysis. These findings were used to frame the discussion of the top health issues facing the community. A review of the quantitative data (community-wide Health and Wellbeing Monitor survey and health care utilization data) was conducted to validate and enrich the discussion of the key stakeholder interview key findings. Through the facilitated discussion of the qualitative and quantitative data, the CHNA advisory group identified the priorities below.

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY:

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual's health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorder):

Behavioral health is foundational to quality of life, physical health, and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole.

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH:

Roughly thirty percent of factors affecting an individual's health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. 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 costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to preventive and acute care has an impact on individuals' ability to maintain good health.

PSMC will develop 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 2022-2024 CHIP will be approved and made publicly available no later than May 15, 2022.

Measuring Our Success: Results from the 2021 CHNA and 2022-2024 CHIP

This report evaluates the impact of the 2019-2021 CHIP; please see page 29 for additional information. The 2018 CHNA prioritized poor mental health and lack of access to mental health services, alcohol and substance misuse, and obesity. PSMC responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, written comments were solicited on the 2018 CHNA and 2019-2021 CHIP, which were made widely available to the public. No written comments were received on the 2018 CHNA and 2019-2021 CHIP.

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 continues its mission of service in Seward through Providence Seward Medical Center (PSMC) and Providence Seward Mountain Haven.

PSMC is a critical-access hospital with 6 licensed beds with roughly 50 employees. PSMC provides quality healthcare to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, and physical, speech, and occupational therapies.

Providence Seward Mountain Haven has 40 beds – four homes designed for 10 elders each – with about 95 employees. Seward Mountain Haven is part of the nationwide Green House Project, creating a new way of living in later years. In Green House homes, elders are actively involved in all facets of life, including cooking, planning menus and activities, picking furnishings and decor, and controlling their own schedules. Even direct caregivers offer a different kind of support, working in the home to build strong relationships while providing for elders’ health needs and personal care. Elders who live in Green House homes like Seward Mountain Haven experience a better quality of life and improved health.

Providence continues its Mission of service by providing Alaskans with healthcare offered nowhere else in the state. Providence Health and Services Alaska (PHSA) as a region serves the health needs of all people across the vast state of Alaska (population of over 730,000). PHSA has 16 ministries. The majority of facilities are located in the Anchorage area, but PHSA also has a presence in four other Alaska communities. Additionally, services are expanded to communities in Alaska and Oregon via connecting technologies (e.g., telestroke and eICU services).

In Anchorage, Providence Alaska Medical Center (PAMC) is a 401-bed acute-care hospital. 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.

Providence also has a 59-bed long-term acute care hospital in Anchorage, St. Elias Specialty Hospital. 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. Additionally, Providence’s service to the community is strengthened by a continuum of senior and community services ranging from primary care at Providence Medical Group Senior Care to long-term skilled nursing care at Providence Extended Care. PHSA 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.

Our Commitment to Community

Providence Health and Services Alaska (PHSA), including PSMCC, dedicates resources to improve the health and quality of life for the communities it serves, with special emphasis on the needs of the economically poor and vulnerable. During 2020, PHSA provided \$70 Million in Community Benefit¹ – which includes charity and subsidized care, community health services, education, and research – to respond to unmet needs and improve the health and well-being of those we serve in the Alaska region.

PHSA further demonstrates organizational commitment to the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) process through the allocation of staff time, financial resources, participation, and collaboration to address identified community need. The PSMCC hospital administrator is responsible for coordinating implementation Federal 501r requirements as well as providing the opportunity for community leaders, the PSMCC Health Advisory Council, the PHSA Region Community Ministry Board, internal hospital Executive Management Team members, physicians, and other staff to work together in planning and implementing the CHIP.

Figure 1. Providence Total Benefit to Our Communities in 2020

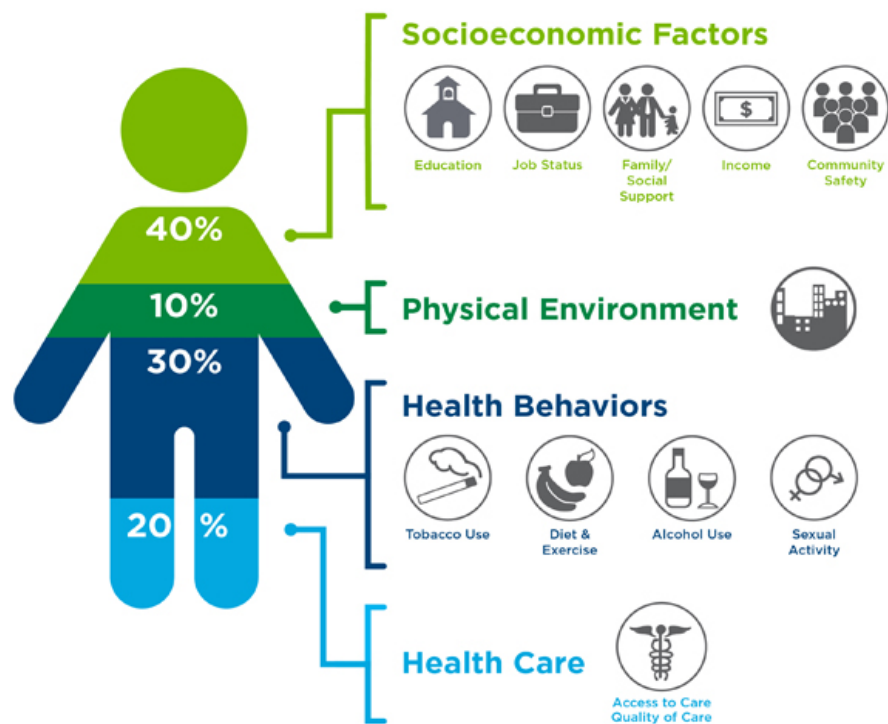


¹ Per federal reporting and guidelines from the Catholic Health Association.

Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see Figure 1²).

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

Figure 2. Factors contributing to overall health and well-being

² Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2013)

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as community strengths and assets (see Figure 2 for definition of terms³). Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive healthcare, and more.

Health Equity

A principle meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” (Braverman, et al., 2017)

Health Disparities

Preventable differences in the burden of disease or health outcomes as a result of systemic inequities.

Figure 3. Definitions of key terms

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:



Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



Quantitative Data

- Report data at the block group level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

³ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And what Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

OUR COMMUNITY

Hospital Service Area and Community Served

Seward is located on Resurrection Bay, a fjord of the Gulf of Alaska on the Kenai Peninsula. Seward is situated on Alaska’s southern coast and at the southern terminus of the Seward highway, which is the only road in or out of Seward. The greater Seward area includes not only the City of Seward (population about 2,700), but the communities of Bear Creek (population about 2,100), and Moose Pass (population about 220). Bear Creek is located just north of and adjacent to the City of Seward. Moose Pass is located 28 miles north of Seward and is a very small community that is largely reliant upon the services available in Seward.

PSMC is the only hospital in the Seward area. The service area of PSMC is defined as the greater Seward community, as described above. The service area was defined with input from the PSMC and Providence leadership teams, as well as the Seward CHNA Advisory Committee. Due to the remote location of these communities and local geography, PSMC only has one service area, rather than broader and high need service areas.

Community	ZIP Code
Seward/ Bear Creek	99664
Moose Pass	99613

The next nearest communities that offer services, including acute care hospital services, are the following:

- Soldotna, Alaska: 94 miles northwest
- Anchorage, Alaska: 125 miles north



Figure 4. Map of Alaska, Including Seward’s Location

Community Demographics

Table 1. Population of Seward, Bear Creek, and Moose Pass

Indicator	Seward	Bear Creek	Moose Pass
Total Population	2,717	2,129	228
Source: 2020 Decennial Census			

Secondary data sources do not support sufficient sample sizes to provide data at the community level for Seward, Bear Creek, and Moose Pass. Therefore, the following demographics are provided for the Kenai Peninsula Borough, as these three communities are within the borough. These data should be used with that understanding. It is for this reason that PSMC has conducted an extensive community survey to ensure accurate community level data were available to drive the CHNA and CHIP processes.

POPULATION AND AGE DEMOGRAPHICS

The Kenai Peninsula Borough has a population of 58,799 people, according to the 2020 Decennial Census. There are slightly more males (52%) than females (48%). Almost 60% of the population is between the ages of 20 and 64 years.

Table 2. Population and Age Demographics in the Kenai Peninsula Borough

Indicator	Kenai Peninsula Borough
Total population Source: 2020 Decennial Census	58,799
Population by Sex	
Male	52.1%
Female	47.9%
Population by Age Group	
Younger than 20 years	25.1%
20- 44 years	29.9%
45- 64 years	28.6%
65 years or older	15.0%

Source: 2019: ACS 5-Year Estimates

POPULATION BY RACE AND ETHNICITY

The population in the Kenai Peninsula Borough is primarily White (82.5%), although 7.8% identify as American Indian or Alaska Native. Four percent of the population identifies as Hispanic or Latino.

Table 3. Population by Race in the Kenai Peninsula Borough

Indicator	Kenai Peninsula Borough
White	82.5%
Black or African American	<1%
American Indian and Alaska Native	7.8%
Asian	1.6%
Native Hawaiian and Other Pacific Islander	<1%
Some other race	1.5%
Two or more races	5.7%

Source: 2019: ACS 5-Year Estimates

Table 4. Hispanic Population in the Kenai Peninsula Borough

Indicator	Kenai Peninsula Borough
Hispanic or Latino (of any race)	4.2%
Not Hispanic or Latino	95.8%

Source: 2019: ACS 5-Year Estimates

MEDIAN INCOME

Table 5. Median Income in the Kenai Peninsula Borough

Indicator	Kenai Peninsula Borough	Alaska
Median Income	\$66,064	\$75,463

Source: 2019: ACS 5-Year Estimates

The median income in the Kenai Peninsula Borough is \$66,064, which is over \$9,000 lower than the median income for the state of Alaska (\$75,463).

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. There are three types of HPSAs:

- Geographic HPSA: a shortage of providers for an entire group of people within a defined geographic area.
- Population HPSA: a shortage of providers for a specific group of people within a defined geographic area.
- Facility HPSA: These include correctional facilities, state/county mental hospitals, Federally Qualified Health Centers, Indian Health Facilities, IHS and Tribal Hospitals, and others.

More information can be found on the [HRSA website](#). The Kenai Peninsula Borough is designated as a mental health HSPA.

See Appendix 1 for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The CHNA process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital, not only were the health conditions of the population examined, but also socioeconomic factors, the physical environment, and health behaviors. Additionally, key stakeholders were invited to provide additional context to the quantitative data through qualitative data in the form of interviews. We sought input from community members through a community-based survey. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

There are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

Data was reviewed from the American Community Survey and local public health authorities. In addition, hospital utilization data was used to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. Secondary data sources do not support sufficient sample sizes to provide data at the community level for Seward, Bear Creek, and Moose Pass. Therefore, some demographics are provided for the Kenai Peninsula Borough, as these three communities are within the borough.

Other limitations include the following:

- As not all desired data were readily available, sometimes it was necessary to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not an accurate reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, data were disaggregated by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.

- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2018 CHNA and 2019-2021 CHIP reports, which were made widely available to the public via posting on the internet in December 2018 (CHNA) and May 2019 (CHIP), as well as through various channels with our community-based organization partners.

To date, no public comments have been received.

HEALTH INDICATORS

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across Seward. We were particularly interested in studying potentially avoidable Emergency Department visits and Prevention Quality Indicators. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given time period, which are identified based on an algorithm developed by Providence’s Population Health Care Management team based on NYU and Medi-Cal’s definitions.

The Prevention Quality Indicators (PQIs) are similar, although they are based on in-patient admissions. Both PQIs and AED use serve as proxies for inadequate access to or engagement in primary care. When possible, data are reviewed for total utilization, frequency of diagnosis, demographics, and payor to identify disparities.

AVOIDABLE EMERGENCY DEPARTMENT (AED) VISITS

Emergency department discharges for the year 2020 were coded as “avoidable” per the Providence definition for Providence Alaska Medical Center and nearby Providence hospitals. Avoidable Emergency Department (AED) visits are based on the primary diagnosis for a discharge and includes diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care.

Table 6. Avoidable Emergency Department Visits by Providence Alaska Hospitals, 2020

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Providence Seward Medical Center	1,082	437	1,519	28.8%
Providence Valdez Medical Center	716	273	989	27.6%
Providence Kodiak Island Medical Center	1,847	665	2,512	26.5%
Providence Alaska Medical Center	28,561	13,052	41,613	31.4%
Region Total	32,206	14,427	46,633	30.9%

Across the Providence Alaska service area, Providence Seward Medical Center had a below average percentage of potentially AED utilization in 2020.

The top diagnosis group for AED visits is for skin infections and the second is for substance use disorders.

Table 7. Avoidable Emergency Department Visits by Race at Providence Seward Medical Center

Facility and Patient Race	Non-AED Visits	AED Visit	Total ED Visits	AED %
PROVIDENCE SEWARD MED CENTER	1,082	437	1,519	28.77%
American Indian or Alaska Native	155	80	235	34.0%
Asian	*	*	*	*
Black Or African American	23	12	35	34.3%
Native Hawaiian Or Other Pacific Islander	*	*	*	*
Other	*	*	*	*
Patient Refused	*	*	*	*
Unknown	*	*	*	*
White Or Caucasian	817	321	1,138	28.2%
(Blank)	*	*	*	*

*Races with small sample sizes (any race with fewer than 10 counts in any of the three columns) were suppressed

Table 8. Avoidable Emergency Department Visits by ZIP Code at Providence Seward Medical Center

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
PROVIDENCE SEWARD MED CENTER	1,082	437	1,519	28.8%
99664	726	302	1,028	29.4%

*Due to small sample sizes, other ZIP Codes were excluded from the table

Table 9. Top 5 Diagnosis Groups for Avoidable Emergency Department Visits at Providence Alaska Medical Center

Top 5 Diagnosis Groups for AED Visits	Avoidable Visits	Percent of Total Avoidable Visits
PROVIDENCE SEWARD MED CENTER	437	-
Skin Infection	59	13.5%
Substance Use Disorders	47	10.8%
Nonspecific Back and Neck Pain	37	8.5%
Urinary Tract Infection	31	7.1%
Chronic Obstructive Pulmonary Disease	27	6.2%

PREVENTION QUALITY INDICATORS

Prevention Quality Indicators (PQIs) were developed by the Agency for Healthcare Research and Quality to measure potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs). ACSCs are conditions for which hospitalizations can potentially be avoided with better outpatient care and for which early intervention can prevent complications.

More info on PQIs can be found on the following link:

https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx

PQIs were calculated using inpatient admission data for the year 2020.

Providence Seward Medical Center had the highest average rate of PQIs in 2020, compared to other Providence hospitals in Alaska (136.36 per 1,000 inpatient visits). Each of the PQI composite scores (90, 91, and 92) were high in comparison to the other three hospitals.

The Prevention Quality Acute Composite rate for PSMC has decreased annually since 2018, while the Prevention Quality Chronic Composite has substantially increased annually since 2018. Overall, there has been a slight increase in the Prevention Quality Overall Composite rate since 2018.

PQI 90: Prevention Quality Overall Composite

PQI 90 Description: Prevention Quality Indicators (PQI) overall composite per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection.

PQI 90 Numerator: Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs:

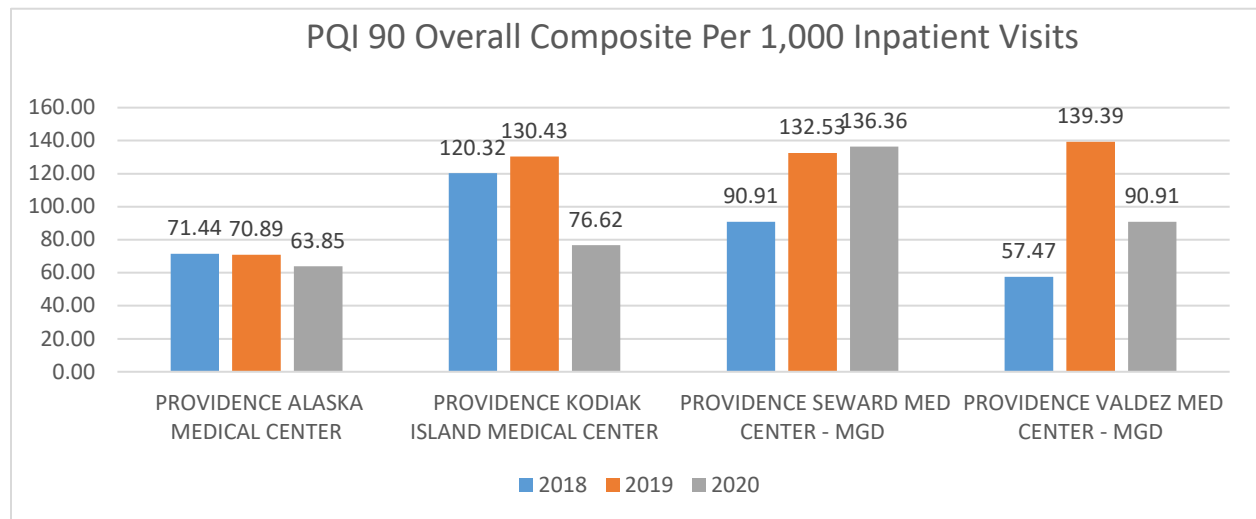
- PQI #1 Diabetes Short-Term Complications Admission Rate
- PQI #3 Diabetes Long-Term Complications Admission Rate
- PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #7 Hypertension Admission Rate
- PQI #8 Heart Failure Admission Rate
- PQI#11 Community-Acquired Pneumonia Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate

PQI 90 Denominator: Discharges, for patients ages 18 years and older, at a hospital.

Table 10. Prevention Quality Composite Rates for Providence Alaska Hospitals, 2018-2020

Hospital	PQI 90	2018	2019	2020
PROVIDENCE ALASKA MEDICAL CENTER	Numerator	985	961	805
PROVIDENCE ALASKA MEDICAL CENTER	Denominator	13,788	13,557	12,608
PROVIDENCE ALASKA MEDICAL CENTER	Rate per 1,000 Visits	71.44	70.89	63.85
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Numerator	61	63	39
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Denominator	507	483	509
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Rate per 1,000 Visits	120.32	130.43	76.62
PROVIDENCE SEWARD MED CENTER - MGD	Numerator	10	11	9
PROVIDENCE SEWARD MED CENTER - MGD	Denominator	110	83	66
PROVIDENCE SEWARD MED CENTER - MGD	Rate per 1,000 Visits	90.91	132.53	136.36
PROVIDENCE VALDEZ MED CENTER - MGD	Numerator	10	23	11
PROVIDENCE VALDEZ MED CENTER - MGD	Denominator	174	165	121
PROVIDENCE VALDEZ MED CENTER - MGD	Rate per 1,000 Visits	57.47	139.39	90.91

Figure 5. PQI 90 Overall Composite Per 1,000 Inpatient Visits, 2018-2020



PQI 91: Prevention Quality Acute Composite

PQI 91 Description: Prevention Quality Indicators (PQI) composite of acute conditions per 100,000 population, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: bacterial pneumonia or urinary tract infection.

PQI 91 Numerator: Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs:

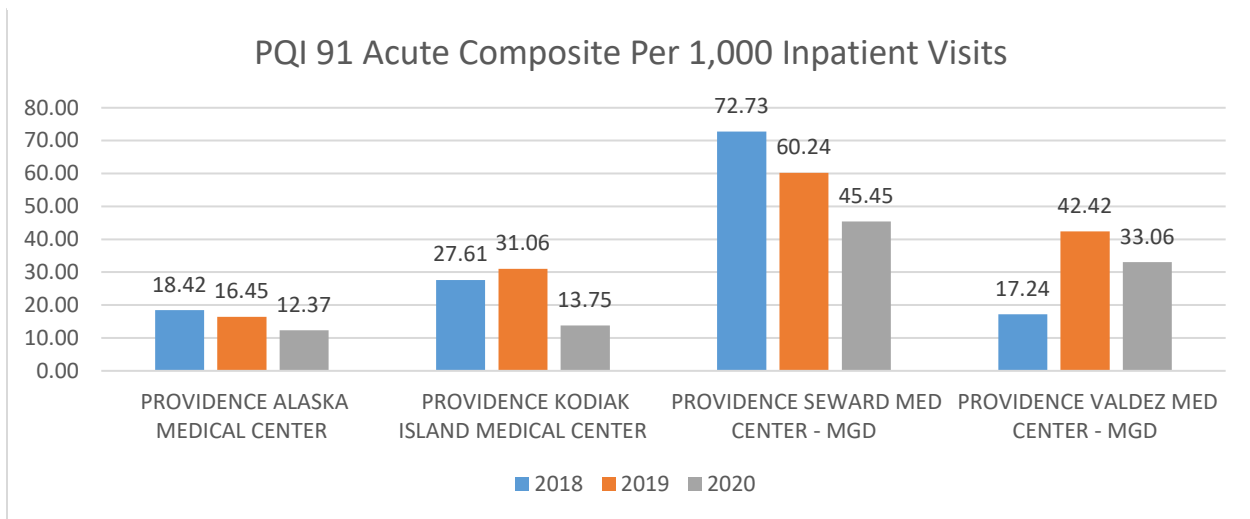
- PQI #11 Community-Acquired Pneumonia Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate

PQI 91 Denominator: Discharges, for patients ages 18 years and older, at a hospital.

Table 11. Prevention Quality Acute Composite Rates for Providence Alaska Hospitals, 2018-2020

Hospital	PQI 91	2018	2019	2020
PROVIDENCE ALASKA MEDICAL CENTER	Numerator	254	223	156
PROVIDENCE ALASKA MEDICAL CENTER	Denominator	13,788	13,557	12,608
PROVIDENCE ALASKA MEDICAL CENTER	Rate per 1,000 Visits	18.42	16.45	12.37
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Numerator	14	15	7
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Denominator	507	483	509
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Rate per 1,000 Visits	27.61	31.06	13.75
PROVIDENCE SEWARD MED CENTER - MGD	Numerator	8	5	3
PROVIDENCE SEWARD MED CENTER - MGD	Denominator	110	83	66
PROVIDENCE SEWARD MED CENTER - MGD	Rate per 1,000 Visits	72.73	60.24	45.45
PROVIDENCE VALDEZ MED CENTER - MGD	Numerator	3	7	4
PROVIDENCE VALDEZ MED CENTER - MGD	Denominator	174	165	121
PROVIDENCE VALDEZ MED CENTER - MGD	Rate per 1,000 Visits	17.24	42.42	33.06

Figure 6. PQI 91 Acute Composite Per 1,000 Inpatient Visits, 2018-2020



PQI 92: Prevention Quality Chronic Composite

PQI 92 Description: Prevention Quality Indicators (PQI) composite of chronic conditions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, or heart failure without a cardiac procedure.

PQI 92 Numerator: Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs:

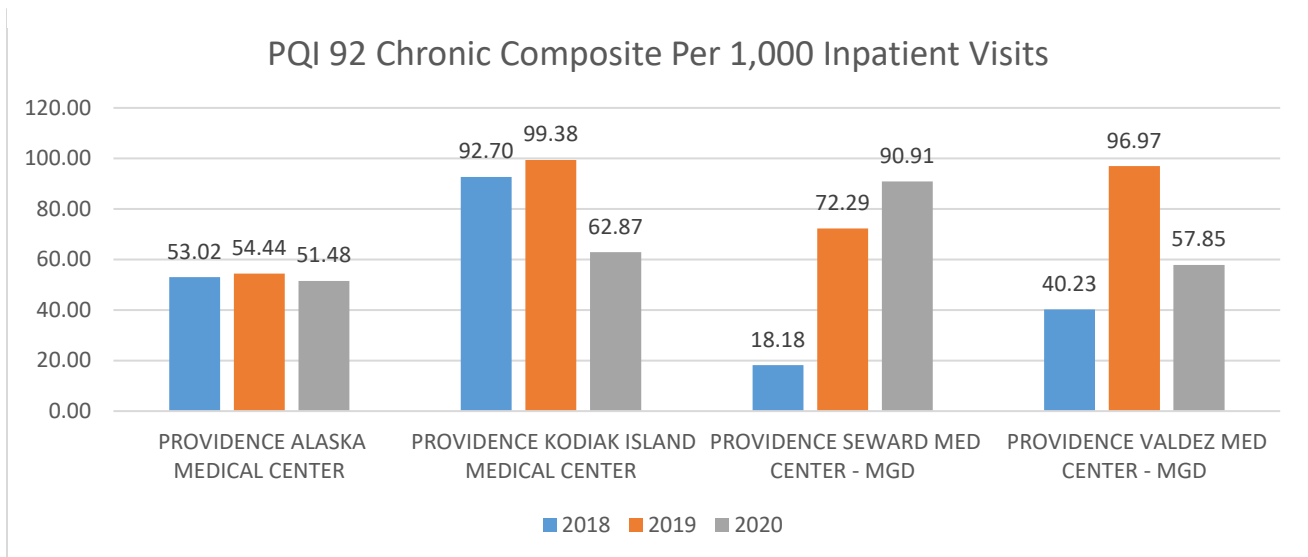
- PQI #1 Diabetes Short-Term Complications Admission Rate
- PQI #3 Diabetes Long-Term Complications Admission Rate
- PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #7 Hypertension Admission Rate
- PQI #8 Heart Failure Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate

PQI 92 Denominator: Discharges, for patients ages 18 years and older, at a hospital.

Table 12. Prevention Quality Chronic Composite Rates for Providence Alaska Hospitals, 2018-2020

Hospital	PQI 92	2018	2019	2020
PROVIDENCE ALASKA MEDICAL CENTER	Numerator	731	738	649
PROVIDENCE ALASKA MEDICAL CENTER	Denominator	13,788	13,557	12,608
PROVIDENCE ALASKA MEDICAL CENTER	Rate per 1,000 Visits	53.02	54.44	51.48
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Numerator	47	48	32
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Denominator	507	483	509
PROVIDENCE KODIAK ISLAND MEDICAL CENTER	Rate per 1,000 Visits	92.70	99.38	62.87
PROVIDENCE SEWARD MED CENTER - MGD	Numerator	2	6	6
PROVIDENCE SEWARD MED CENTER - MGD	Denominator	110	83	66
PROVIDENCE SEWARD MED CENTER - MGD	Rate per 1,000 Visits	18.18	72.29	90.91
PROVIDENCE VALDEZ MED CENTER - MGD	Numerator	7	16	7
PROVIDENCE VALDEZ MED CENTER - MGD	Denominator	174	165	121
PROVIDENCE VALDEZ MED CENTER - MGD	Rate per 1,000 Visits	40.23	96.97	57.85

Figure 7. PQI 92 Chronic Composite Per 1,000 Inpatient Visits, 2018-2020



COMMUNITY INPUT

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Seward Medical Center conducted 9 stakeholder interviews, including 11 participants. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 2.

Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, it is important to highlight and leverage the community strengths that already exist, including the following:

RELATIONSHIPS AND COMMUNITY INVOLVEMENT

Many stakeholders agreed that people in Seward are engaged in the community and want to help each other, noting people are generally “neighborly” and willing to volunteer their time. There are also strong relationships between organizations. To build upon this strength of relationships, stakeholders spoke about the importance of community organizations continuing to have conversations about community challenges and needs, particularly around how discrimination affects people’s well-being.

WILLINGNESS TO WORK TOGETHER

Stakeholders shared when there are gaps in services, people come together to meet the needs. There are many examples of collaboration between health-related partners, including coalitions, and a culture of supporting one another. For a community the size of Seward, there are a lot of resources dedicated to addressing needs. Stakeholders noted this willingness to collaborate is an important strength for meeting large community challenges, including poverty and access to care.

Community Needs

The following findings represent the **priority health-related needs**, based on community input:

Behavioral health challenges (includes both mental health and substance use disorders)

Most stakeholders spoke to addressing behavioral health challenges as a community need. They spoke to substance use disorders (SUD) and mental health challenges as connected to trauma, domestic violence, and child abuse, noting the importance of understanding how Adverse Childhood Experiences may contribute to behavioral health issues. Stakeholders shared people may not feel comfortable accessing behavioral health services in a small community due to privacy concerns and stigma. Stakeholders were particularly concerned about older adults, who may experience more isolation and transportation barriers to social opportunities, and young people who may be experiencing mental health crises or may be exposed to substances. Stakeholders shared a need for a local psychiatrist, as this level of care is only available through telehealth, and for more behavioral health services in the community, particularly for people in crisis. The COVID-19 pandemic has exacerbated mental health challenges, with more people experiencing stress, anxiety, and depression. Job loss and economic stress may have exacerbated substance use for some people. Remote therapy has been positive for some patients, but not for others who may not be able to engage successfully with technology.

Economic insecurity

Stakeholders identified economic insecurity as a community priority because of its connection to many other community needs. They shared having a living wage and economic security is related to being able to afford reliable transportation, which makes accessing care easier. It is also related to stable housing, food security, and nutrition. Families with low incomes may not be able to afford healthier, fresh foods. Affordable childcare is important for ensuring family's economic stability. Stakeholders spoke to limited opportunities for getting formal higher education within the community. Access to job training and apprenticeship programs can be challenging in a small community like Seward. Stakeholders shared the Alaska Native population may be disproportionately affected by economic insecurity. The COVID-19 pandemic has led to layoffs, particularly in the service and hospitality industries, which has contributed to stress and financial challenges for families.

Affordable childcare and preschools

Stakeholders described Seward as a “childcare desert” with no childcare centers. Stakeholders were concerned that without affordable childcare in the community, people cannot work, which affects being able to attract and retain staff. Without childcare some organizations, including health care, may not be able to hire staff that could help address other community needs. Affordable childcare and economic security go hand in hand.

Homelessness and lack of safe, affordable housing

Stakeholders shared Seward has limited resources to address homelessness, although the Homeless Coalition is working to address the issue. There are no shelters in Seward, meaning people have to get to Kenai or Anchorage for a shelter. People that cannot afford housing in the expensive summer months may camp until more affordable rentals become available. Stakeholders spoke to the high cost of housing in Seward, which can affect recruitment of professional staff. While there are some low-income apartments, there is a wait list. Vacation homes drive up the cost of housing and create additional competition in the market. Therefore, there are few rental options in the summer, which is really challenging for families and the workforce. Quality of housing can also be a concern.

Obesity and chronic conditions

Stakeholders identified obesity as an important community challenge to address. They encouraged thinking about the root causes of chronic disease and the factors that may contribute to poor health, including environmental factors. Stakeholders shared obesity and chronic conditions are connected to people's ability to buy and afford healthy foods. Families with low incomes may not be able to afford healthy foods. Stakeholders discussed a need for foot care for people with diabetes who may not be able to afford this service. Because of COVID-19, gyms were closed making exercise more challenging. People also delayed needed health care services, including preventive care and chronic disease management.

Access to health care services

Stakeholders spoke to a lack of certain specialists in the community, including Labor and Delivery care, and no home health program, which is particularly important for older adults and people living with disabilities. They shared a desire to bring medical services to the aging community and better co-locate services. This would help address one of the main barriers to care: transportation. Transportation to care within Seward can be challenging for people without their own car or who are unable to drive. Medical transport to larger hospitals can also be difficult. Cost of care, particularly for people who have high-deductible insurance or no insurance, prevents people from affording needed care. People with low incomes and Alaska Native populations maybe especially affected by these barriers to care. Stakeholders shared they have seen people delay health care services due to COVID-19, including dental care and chronic disease management. Telehealth services have improved access to care for some patients, particularly specialty care in other parts of the country. The pandemic also highlighted the importance of sharing resources and health education through a variety of channels, ensuring information is available in the newspaper and over the phone for people who cannot access information online or through social media.

Community Survey

Due to the limited data available for Seward through state and federal sources, Providence fielded a survey from June 7 through August 23, 2021. A total of 672 responses were received, including hand-administered and manually entered surveys. While technically a convenience sample, efforts were made to reach every resident in Seward via invitations through a range of community partners including blanket invitations via municipal services partners. The survey was well promoted through community, local government, and business channels.

The survey leveraged the questions from the Health and Well-being Monitor™ developed by the Providence Institute for a Healthier Community to more holistically assess community strengths and indicators of well-being. The report groups findings into six dimensions of well-being: connections and relationships; physical health; mental/emotional and spiritual health; security and basic needs; neighborhood and environment; and work, learning and growth.

See [Appendix 5: Community Health Survey](#)

Challenges in Obtaining Community Input

Due to the COVID-19 pandemic, stakeholder interviews were conducted virtually. While video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, due to many community organizations engaging in COVID-19 response, some organizations had limited capacity and were not able to participate in interviews. While efforts were made to distribute the survey through community partners, limited capacity, COVID-related closures, and survey fatigue may have affected distribution and willingness to participate.

See [Appendix 2: Community Input](#)

SIGNIFICANT HEALTH NEEDS

Prioritization Process and Criteria

As part of the CHNA, a CHNA advisory group was established to inform and guide the process and identify the top health priorities for the community based on CHNA community health data. The committee was comprised of local community leaders and health-related experts that represent the broad interests and demographics of the community. The CHNA advisory committee engaged in a facilitated process to identify the top health priorities. The process started with the findings of the key stakeholder interview qualitative analysis. These findings were used to frame the discussion of the top health issues facing the community. A review of the quantitative data (community-wide Health and Wellbeing Monitor survey and health care utilization data) was conducted to validate and enrich the discussion of the key stakeholder interview key findings. Through the facilitated discussion of the qualitative and quantitative data, the CHNA advisory group identified the priorities below.

The following criteria were considered in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- Providence service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need

2021 Priority Needs

The list below summarizes the significant health needs identified through the 2021 Community Health Needs Assessment process. Note that the needs were not prioritized relative to one another and are listed in no particular order:

PRIORITY A: BASIC NEEDS / ECONOMIC SECURITY:

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY B: BEHAVIORAL HEALTH (mental health and substance use disorder):

Behavioral health is foundational to quality of life, physical health and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-

medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole.

PRIORITY C: HEALTHY BEHAVIORS / PHYSICAL HEALTH:

Roughly thirty percent of the determinants of an individual’s health are due to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors combined making up the remaining seventy percent. 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 costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to preventive and acute care has an impact on individuals’ ability to maintain good health.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized healthcare delivery systems include the Kenai Public Health Center, Seward Community Health Center, Chugachmiut Health Services/North Star Clinic, Glacier Family Medicine Clinic, and Providence Seward Mountain Haven Long Term Care. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs, see Appendix 3.

[Appendix 3: Community Resources Available to Address Significant Health Needs](#)

EVALUATION OF 2019-2021 CHIP IMPACT

This report evaluates the impact of the 2019-2021 Community Health Improvement Plan (CHIP). The 2018 CHNA prioritized poor mental health and lack of access to mental health services; alcohol and substance misuse; obesity. PSMC responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 13. Outcomes from 2019-2021 CHIP

The COVID-19 pandemic has had a significant impact on Providence’s capacity over the past two years. Despite this, meaningful progress and efforts were made in addressing needs identified in the prior CHNA.

Priority Need	Focus	Program/Results/Outcomes
1. Poor Mental Health and Lack of Access to Mental Health Services	Mental Health and SUD Services	<ul style="list-style-type: none"> • PSMC continued to be a co-sponsor and co-convenor of the monthly Seward Clinical Collaborative, a community collaborative of physical and mental health providers that share information and seek shared solutions to community health related needs. • Providence continued to collaborate with and financially support Recover Alaska to increase awareness and substance misuse prevention efforts in the community, advocate for effective substance use related policy, and increase access to substance use disorder services. • PSMC collaborated with the State of Alaska Department of Behavioral Health to provide training to Providence staff and providers community-wide on the use of the Screening, Brief Intervention and Referral Tool (SBIRT). SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents, and injuries.
2. Alcohol and Substance Misuse		

3. Obesity/Chronic Conditions	<ul style="list-style-type: none"> • There was not significant action taken in this needs area due to the impacts of COVID-19 and limited staff.
4. Preventive Care	<ul style="list-style-type: none"> • Patients presenting at the Emergency Department were screened to determine if they had a primary care provider or primary care home. If they did not currently have a primary care home, they were educated on available primary care services in the community and directly connected with a primary care provider when possible.

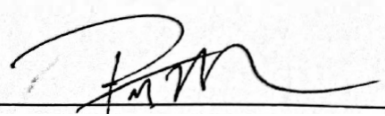
Addressing Identified Needs

The CHIP developed for the Seward service area will consider the prioritized health needs identified in this CHNA and outline strategies to address needs, considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how PSMC plans to address health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions PSMC intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between PSMC and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2022.

2021 CHNA GOVERNANCE APPROVAL

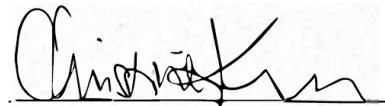
This Community Health Needs Assessment was adopted by the Providence Alaska Region Board⁴ of the hospital on November 16, 2021. The final report was made widely available by December 28, 2021.



11-16-2021

Preston M. Simmons, DSc, MHA, FACHE
Chief Executive, Alaska Providence St. Joseph Health

Date



11-16-2021

Christine Kramer, ANP
Chair, Providence Alaska Region Board, Providence Health and Services Alaska

Date



12-17-2021

Justin Crowe
Senior Vice President, Community Partnerships, Providence

Date

CHNA/CHIP Contact:

Nathan D. Johnson
Regional Director, Community Health Investment
3760 Piper Street
Nathan.Johnson@providence.org

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

⁴ See [Appendix 4: Process Governance and Oversight](#)

APPENDICES

Appendix 1: Quantitative Data

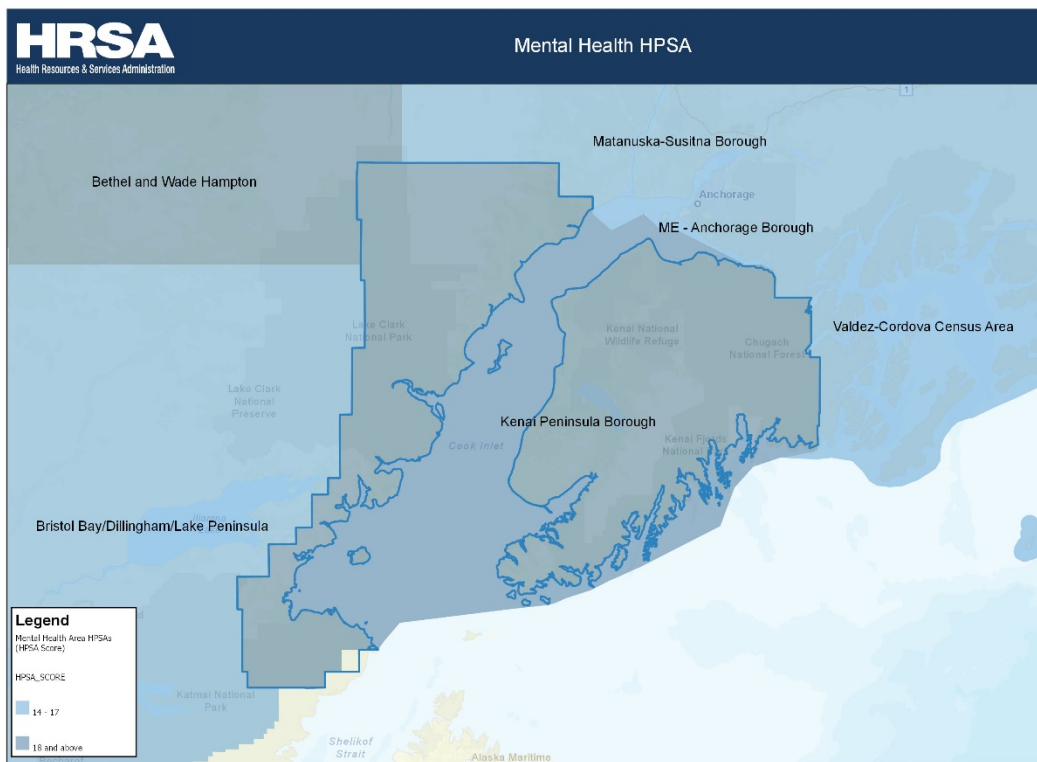
HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. There are three types of HPSAs:

- Geographic HPSA: a shortage of providers for an entire group of people within a defined geographic area.
- Population HPSA: a shortage of providers for a specific group of people within a defined geographic area.
- Facility HPSA: These include correctional facilities, state/county mental hospitals, Federally Qualified Health Centers, Indian Health Facilities, IHS and Tribal Hospitals, and others.

More information can be found on the [HRSA website](#). The Kenai Peninsula Borough is designated as a mental health HPSA. The map below depicts these shortage areas relative to PSMC's location.

Figure 8. Mental Health HPSA on the Kenai Peninsula



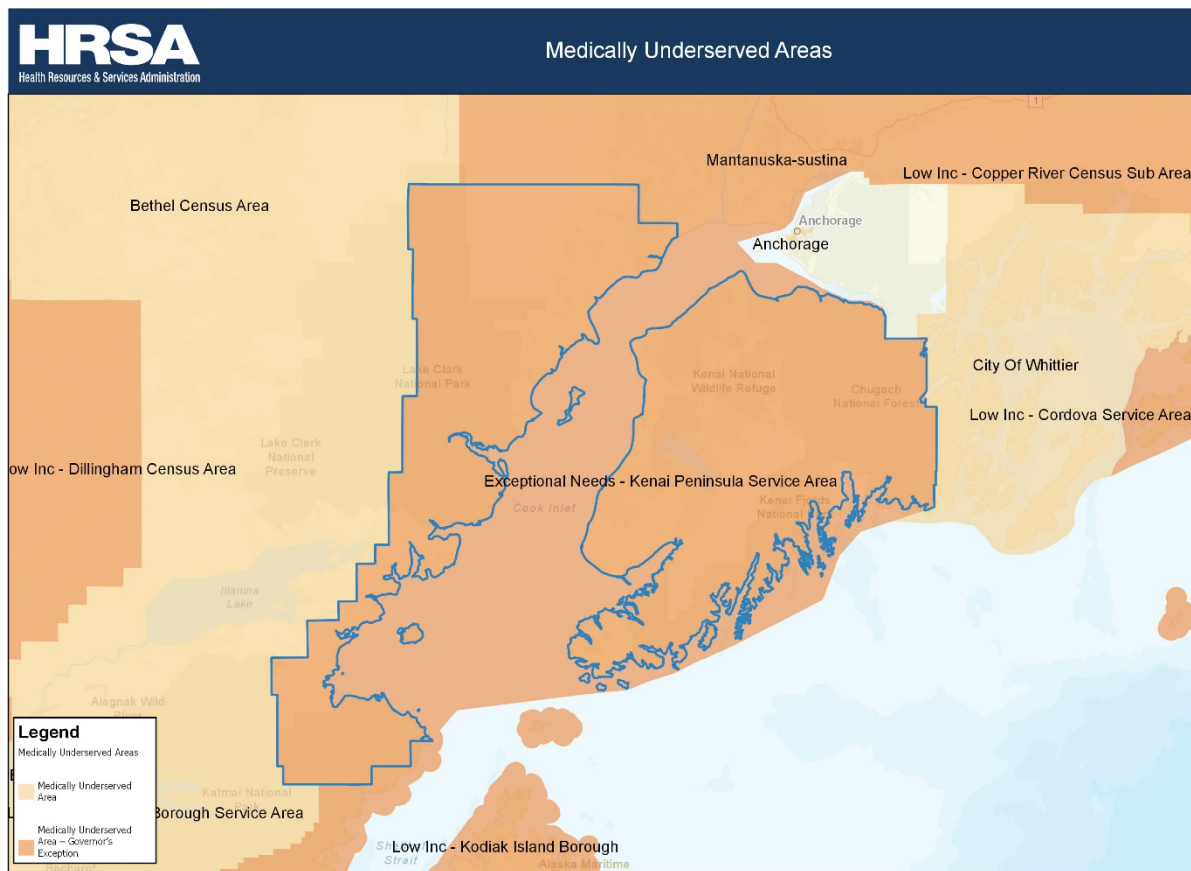
data.HRSA.gov

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 12/9/2021

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. The City of Seward is located within the Kenai Peninsula Service Area which is designated as a Medically Underserved Area of Exceptional Needs. The following map depicts the MUAs and MUPs on the Kenai Peninsula.

Figure 9. Medically Underserved Area on the Kenai Peninsula



data.HRSA.gov

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 12/9/2021

Appendix 2: Community Input

INTRODUCTION

Providence Seward Medical Center (PSMC) conducted 9 stakeholder interviews with people who are invested in the well-being of the community and have first-hand knowledge of community needs and strengths. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA. The goal of the interviews was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

METHODOLOGY

Selection

Representatives from PSMC conducted 9 stakeholder interviews with 11 participants in August 2021. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who are economically poor and vulnerable. PSMC aimed to engage stakeholders from social service agencies, healthcare, education, housing, and government, among others, to ensure a wide range of perspectives. Included in the interviews was a Public Health Nurse and Nurse Manager from Kenai Peninsula Public Health, State of Alaska.

Table_Apx 1. Key Community Stakeholder Participants

Organization	Name	Title	Sector
Dr. Michael P. Moriarty, P.C. (DBA Seward Family Dentistry)	Michael Moriarty, DDS	Dentist	Dental care
	Maya Moriarty	Office Manager	
Kenai Peninsula Borough School District	Yolanda Ifflander, RN	Registered Nurse, School Nurse	Education, school-based health
Alaska Department of Health and Social Services, Division of Public Health	Amanda McKinley, RN	Public Health Nurse 2	Public health, healthcare
	Leslie Felts, MSN, RN	Nurse Manager	
Providence Seward Medical Center	Robert Rang	Administrator	Healthcare
Providence Seward Medical Center	Amy Bukak, MD, MPH	Medical Director	Healthcare
SeaView Community Services	Tommy Glanton, LCSW	CEO - Elect	Mental health and substance use disorders

Seward Community Health Center	Craig Ambrosiani	Executive Director	Healthcare
Seward Prevention Coalition	Katie Cornwell	Executive Director	Community well-being, substance use disorders
Seward Senior Center	Dana Paperman	Executive Director	Aging services

Facilitation Guide

Providence developed a facilitation guide that was used across all hospitals completing their 2021 CHNAs (see [Stakeholder Interview Questions](#) for the full list of questions):

- The community served by the stakeholder’s organization
- The community strengths
- Prioritization of unmet health related needs in the community, including social determinants of health
- The COVID-19 pandemic’s effects on community needs
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations

Training

The facilitation guide provided instructions on how to conduct a stakeholder interview, including basic language on framing the purpose of the interview. Each facilitator participated in a training on how to successfully facilitate a stakeholder interview and was provided a list of questions to ask the stakeholder.

Data Collection

The facilitator conducted all interviews using the Microsoft Teams platforms and recorded the interviews with participants’ permission.

Analysis

Qualitative data analysis of stakeholder interviews was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller

pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded nine domains relating to the topics of the questions: 1) name, title, and organization of stakeholder; 2) population served by organization; 3) greatest community strength; 4) unmet health-related needs; 5) disproportionately affected population; 6) effects of COVID-19; 7) opportunities to leverage community strengths; 8) successful programs and initiatives; and 9) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as “other,” and similar codes were grouped together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code “food insecurity” can occur often with the code “economic insecurity.” Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

FINDINGS FROM STAKEHOLDER INTERVIEWS

Community Strengths

The interviewer asked stakeholders to share one of the strengths they see in the community and discuss how community strengths can be leveraged to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, it is important to highlight and leverage the community strengths that already exist. Stakeholders primarily spoke to two main strengths in the community:

Relationships and community involvement

Many stakeholders agreed that people in Seward are engaged in the community and want to help each other, noting people are generally “neighborly” and willing to volunteer their time. There are also strong relationships between organizations. To build upon this strength of relationships, stakeholders spoke about the importance of community organizations continuing to have conversations about community challenges and needs, particularly around how discrimination affects people’s well-being.

Willingness to work together

Stakeholders shared that, when there are gaps in services, people come together to meet the needs. There are many examples of collaboration between health-related partners, including coalitions, and a culture of supporting one another. For a community the size of Seward, there are many resources dedicated to addressing needs.

“Yes, I think like that our continued collaboration across sectors is really a huge strength to be able to address stuff. I guess that would be kind of our primary strength that I think is

most beneficial in moving forward, is ways that we can work together to make things happen.” – Community Stakeholder

Stakeholders noted this willingness to collaborate is an important strength for addressing large community challenges, including poverty and access to care.

Priority Unmet Health-Related Needs

Stakeholders were asked to identify their top five health-related needs in the community. Six needs were frequently prioritized and discussed. The effects of the COVID-19 pandemic are woven throughout the following sections on health-related needs.

Across the board, stakeholders were most concerned about the following health-related needs:

1. Behavioral health challenges (includes both mental health and substance use disorders)
2. Economic insecurity
3. Affordable childcare and preschools
4. Homelessness and lack of safe, affordable housing
5. Obesity and chronic conditions
6. Access to healthcare services

Behavioral health challenges (includes both mental health and substance use disorders)

Most stakeholders spoke to addressing behavioral health challenges as a community need. They spoke to substance use disorders (SUDs) and mental health challenges as connected to trauma, domestic violence, and child abuse, noting the importance of understanding how Adverse Childhood Experiences (ACEs) may contribute to behavioral health issues. When looking at the “whole picture” of behavioral health challenges, it is vital to consider the root causes of the issue and the connection to other needs.

Stakeholders shared the following challenges to addressing behavioral health needs:

- **Privacy concerns** in a small community: Because of the size of the community, people may not be comfortable accessing services at a location where they may see people they know.

“People just feel stigmatized. Some people feel stigmatized having to go [to a behavioral health care provider], or they happen to know someone there and they don't feel comfortable. I think that's a challenge, and it's again a challenge where it's hard to see how we navigate that.” – Community Stakeholder

- **Stigma:** Stigma related to substance use disorders may prevent people from feeling safe seeking support and treatment. Stakeholders shared the importance of reinforcing that substance use disorders are an illness, rather than a character flaw, and people deserve compassionate care.

“As a community, I think this is something we keep talking about. If our dialogue is one of, ‘if you use drugs, you're a bad person,’ then no one wants to come forward and say, ‘I need help.’ When I think about it, it's with that access to care piece. It's not that there's not care here. It's that there's stigma attached to that substance use disorder. People

aren't accessing the care because they don't want their neighbors to know.” – Community Stakeholder

Stakeholders were particularly concerned about the following populations:

- **Older adults:** This population may experience more isolation and transportation barriers to social opportunities. Stakeholders spoke to the importance of ensuring good quality of life, including social connection, for older adults.

“Having served in home health services, there are many elders out there who are isolated and quite lonely. They're not able to drive themselves to the senior center, so that to me is a huge problem.” – Community Stakeholder

- **Young people:** This population may be experiencing mental health crises or be exposed to substances through their peers. A lack of local pediatric psychiatrists means this age group must receive these services through telehealth.

“We have a lot of students that I'm seeing in middle school and especially high school who are experiencing their first mental health crises and we don't have anyone locally, so they have to wait to get this appointment [through telehealth] and whenever that psychiatrist is available.” – Community Stakeholder

Stakeholders shared a need for a local psychiatrist, as this level of care is only available through telehealth, and more behavioral health services in the community, particularly for people in crisis. People experiencing a behavioral health crisis may use the ED for their care.

“We do see a lot of folks that are in crisis mode come through our emergency room and probably more than I've seen in the past in other smaller communities. Yes, definitely a challenge there.” – Community Stakeholder

The COVID-19 pandemic has exacerbated mental health challenges, with more people experiencing stress, anxiety, and depression. Job loss and economic stress may have exacerbated substance use for some people. Stakeholders spoke to seeing an increase in individuals in the ED due to an overdose or needing detox services.

“Then people have been impacted economically as well, which I think has really exacerbated certainly substance use issues. When people haven't been working and they've been at home, and they're dealing with increased stress, we've certainly seen an increase in the number of individuals that are presenting with maybe overdose or needing detox issues at our emergency department.” – Community Stakeholder

Remote therapy has been positive for some patients, particularly those who are unable to access services due to geography and transportation challenge. But some patients are not able to engage successfully with services using technology.

Economic insecurity

Stakeholders identified economic insecurity as a community priority because of its connection to many other community needs. They shared that a living wage and economic security are related to being able to afford reliable transportation, which makes accessing care easier. Socioeconomic status can also be related to health literacy.

Economic security is related to stable housing, food security, and nutrition. Finding affordable housing in Seward can be difficult, which may prevent people, such as traveling nurses, from moving to the area for a job. Families with low incomes may not be able to afford healthier, fresh foods, opting for processed alternatives.

Affordable childcare is important for ensuring family's economic stability.

Stakeholders spoke to limited opportunities for getting formal higher education within the community. Access to job training and apprenticeship programs can be challenging in a small community like Seward.

“After high school, we have a nice AVTEC [Alaska Vocational Technical Center] program here, which brings in a lot of folks, but there's some limited opportunities for folks to get some formal education and be able to stay within the community at the same time.” – Community Stakeholder

Stakeholders shared the Alaska Native population may be disproportionately affected by economic insecurity.

The COVID-19 pandemic has led to layoffs, particularly in the service and hospitality industries, which has contributed to stress and financial challenges for families.

“Earlier with this pandemic too, a lot of the businesses were cutting back. We had a lot of folks that were getting laid off... like the restaurants and the hotels and stuff just because the business wasn't there and so that was adding to some of the challenges we were seeing in town with the lack of financial resources.” – Community Stakeholder

Affordable childcare and preschools

Stakeholders described Seward as a “childcare desert” with no childcare centers. Stakeholders were concerned that without affordable childcare in the community, people cannot work, which affects being able to attract and retain staff. Without childcare, some organizations, including healthcare organizations, may not be able to hire staff that could help address other community needs. Affordable childcare and economic security go hand in hand.

Homelessness/lack of safe, affordable housing

Stakeholders shared that Seward has limited resources to address homelessness, although a Homeless Coalition has formed to address the issue. There are no emergency shelters in Seward, meaning people must go to Kenai or Anchorage to reach a shelter. This is very challenging for community-based organizations that have few options to offer people seeking shelter. People who cannot afford housing

in the expensive summer months may camp until more affordable rentals become available. While there are some low-income apartments, there is a wait list, and few good options for people while they wait.

“There are low-income apartments that are available, however, always about a three month wait list, if not more. That’s where we can start working with someone through case management services and get them on a wait list and ultimately in housing, but what do you do for the next three months?”—Community Stakeholder

Stakeholders spoke to the high cost of housing in Seward, which can affect recruitment of professional staff.

“[Housing] is an ongoing problem, both with recruitment of professional staff, as well as making sure that we have housing appropriate during the summers when we have the influx of seasonal workers.” – Community Stakeholder

Vacation homes drive up the cost of housing and create additional competition in the market. Therefore, there are few rental options in the summer, which is challenging for families and the workforce. A rental may be available for the winter, but then the price may increase in the spring when there is an influx of people. This makes finding a year-long lease challenging. Finding good quality housing that is affordable can also be a concern.

“Then there are people who just have vacation homes here that they may or may not even rent out... It drives up the cost because there’s more competition in the market, and then just it’s not available.” – Community Stakeholder

Obesity and chronic conditions

Stakeholders identified obesity as an important community challenge to address. They encouraged thinking about the root causes of chronic disease and the factors that may contribute to poor health, including environmental factors.

Stakeholders shared obesity and chronic conditions are connected to people’s ability to buy and afford healthy foods. Families with low incomes may not be able to afford fresh, healthy foods and may opt for less expensive, processed options.

“Healthy foods are incredibly expensive here. It’s really easy for someone who’s having to make cuts and make decisions to say, ‘I’m going to eat macaroni and cheese as opposed to buying that fresh produce because I can get four times as much food for the same.’ So many of the clients that we work with that are on limited incomes are making those decisions.” – Community Stakeholder

Stakeholders discussed a need for foot care for people with diabetes who may not be able to afford this service.

Because of COVID-19, gyms were closed making exercise more challenging. People also delayed needed healthcare services, including preventive care and chronic disease management. They noted that chronic disease management may not have been as highly prioritized when focus shifted to addressing COVID-19.

Access to healthcare services

Stakeholders spoke to the following community needs to improve access to healthcare services:

- **Specialty care:** While stakeholders acknowledged increasing specialty care may not be feasible due to community size and demand, they did share certain specialties are lacking in the community, namely optometrists and OB-GYNs. They also shared there are no labor and delivery services in the community, meaning people must travel to Anchorage for delivery. Visiting providers help with some of this demand.
- **Home health care:** There is a gap in services for people who need supports in their homes, but do not yet qualify for long-term care. This is particularly important for older adults and people living with disabilities. Often, family members must fill this gap, or the person must leave the community to receive the care they need.
- **Patient navigators and co-located services:** Stakeholders spoke to a need to make accessing care easier and more “seamless” for the community, particularly the aging community. They suggested patient navigators, co-located services, and home-based care.

Stakeholders spoke to the following barriers to care:

- **Transportation:** Transportation was named as one of the main barriers to care. Getting to appointments can be especially challenging for people without their own cars or who are unable to drive. This may be especially true for some older adults with low incomes who cannot afford a taxi or are unable to drive. Medical transport to larger hospitals can also be difficult and often is weather dependent. While there is now ground transportation, it can take a minimum of six hours to get a patient transferred from Seward to Anchorage.

“A lot of seniors aren't accessing medical services due to lack of transportation... There's a big barrier of the affordability of transportation, the affordability of owning and operating your own vehicle... [for] this low-income community, as well as the physical barriers from aging and [being] unable to drive anymore.” – Community Stakeholder

- **Cost of care:** Particularly for people who have high-deductible insurance or no insurance, cost of care can be a barrier to accessing needed care. Even with a sliding fee scale, the cost may be prohibitive.

People with low incomes and Alaska Native populations maybe especially affected by these barriers to care. Native Alaskan populations that are served out of the Seward area may have difficulty accessing care, COVID-19 testing, and other services due to transportation barriers.

Stakeholders shared they have seen people delay healthcare services due to COVID-19, including dental care and chronic disease management.

Telehealth services have improved some patients' access to care, particularly specialty care in other parts of the country. In the past, patients may have had to travel out of the state to see some of these specialists.

“I would say on one hand [COVID-19] improved virtual [telehealth] visits a lot. I think for our community, that was huge. I think that's really helped increase access in some ways and hopefully, that'll continue.” – Community Stakeholder

The pandemic also highlighted the importance of sharing resources and health education through a variety of channels, ensuring information is available in the newspaper and over the phone for people who cannot access information online or through social media.

Community Stakeholder Identified Assets

Stakeholders were asked to identify one or two community initiatives or programs they believe are currently meeting community needs. Their responses are included in the following table:

Community Need	Program/Initiative
Access to healthcare services	Seward Area Hospice: This program was named as especially important for the community as it allows people to stay in the community close to family and friends. The hospice program provides compassionate end of life care.
	COVID-19 testing in the Kenai Peninsula Borough School District: Being able to complete COVID-19 testing on site at schools minimizes transportation barriers for families.
Food insecurity	Meals on Wheels: This program is particularly important for ensuring older adults have access to nutritious meals. The option for takeout meals at the Seward Senior Center allows residents to take their meals to go if they are uncomfortable eating in a congregate setting due to COVID-19.
Healthy lifestyle and well-being	Seward Community Bike Park: The bike park promotes healthy living and activities for children.
	Seward Prevention Coalition: Focuses on upstream interventions for youth and addresses substance use, ACEs, and the effects of trauma. Stakeholders named it as successful because it covers a broad range of topics and reaches many community members. The suicide prevention project was named as particularly important.
	Seward Bloom Home Visiting: Bloom uses the evidence-based curriculum from Parents as Teachers to support families and welcome new babies in the community.
Mental health and substance use disorders	SeaView Community Services: SeaView provides mental health services, including crisis services for people in the community. The Assertive Community Treatment services were named as especially successful, as they provide comprehensive, mobile health services for adults with a severe mental illness.
	Youth 360 Seward: A primary prevention program for the implementation of the Icelandic Prevention Model aimed at reducing teen substance use.

	<p>Sharps collection bins outside of PSMC and outside the Seward Harbor Master’s public restrooms. This gives people a safe disposal option for needles.</p>
--	---

Community Stakeholders: Opportunities to Work Together

Participants were asked, “What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?” Stakeholders shared the following suggestions:

- **Develop collaborations between community health centers and dentists:** Stakeholders shared the benefits of having community health centers (CHC) contract with a dental provider. In this relationship, the independent dental provider would provide dental services to a patient, while the patient is still that of the CHC. This process reduces the burden of paperwork for the provider and can be more affordable for the patient because they qualify for the sliding fee schedule with the CHC, which is not feasible for an independent dentist to do.
- **Continue to improve communication and relationships between organizations:** Stakeholders shared regular conversations and meetings to build relationships between organizations is crucial and should not only happen in times of crisis. They noted virtual meetings are easier for folks to join. Having these regular conversations is also important for understanding how organizations are working to address community needs. This will create opportunities for stakeholders to collaborate on already existing efforts, sharing talent and resources. Collaborating and sharing resources, instead of competing, is ultimately in the interest of the community.

“There's a little bit of sucking up our pride involved in remembering that there's the bigger picture in how we can play and influence the bigger picture as a whole, and not just necessarily like serving ourselves or our funding sources.” – Community Stakeholder

- **Invite businesses to collaborate on health initiatives:** Businesses may be important partners for engaging in cross-sector collaboration.

LIMITATIONS

While stakeholders were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder. Due to COVID-19, not all stakeholders invited to participate in interviews were available. Multiple interviewers may also affect the facilitation.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst’s unique identities and experiences.

STAKEHOLDER INTERVIEW QUESTIONS

1. How would you define the community that your organization serves?
2. While a Community Health Needs Assessment is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share the greatest strength you see in the community your organization services.
3. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health, such as housing, transportation, and access to care, just to name a few.
4. Using the table, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important). [see table below]
5. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
6. What suggestions do you have for how we can leverage community strengths to address these community needs?
7. Please identify one or two community health initiatives or programs you see currently meeting the needs of the community.
8. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
9. Is there anything else you would like to share?

Question 4: Using the table below, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important). Please note, these needs are listed in alphabetical order.

	Access to healthcare services		Few community-building events (e.g. arts and cultural events)
	Access to dental care		Food insecurity
	Access to safe, reliable, affordable transportation		Gun violence
	Affordable childcare and preschools		HIV/AIDS
	Aging problems		Homelessness/lack of safe, affordable housing
	Behavioral health challenges and access to care (includes both mental health and substance use disorder)		Job skills training
	Bullying in schools		Lack of community involvement and engagement
	Community violence; lack of feeling of safety		Obesity and chronic conditions
	Disability inclusion		Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
	Domestic violence, child abuse/neglect		Racism and discrimination
	Economic insecurity (lack of living wage jobs and unemployment)		Safe and accessible parks/recreation
	Environmental concerns (e.g. climate change, fires/smoke, pollution)		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

Appendix 3: Community Resources Available to Address Significant Health Needs

PSMC cannot address all significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 2. Community Resources Available to Address Significant Health Needs

Health-related Need	Organization or Program	Contact Information
Chiropractic	Progressive Chiropractic	11694 Seward Hwy, Seward, AK 99664 224-8680
	Seward Chiropractic Clinic	208 4 th Ave., Seward, AK 99664 224-5280
Dental Health Services	Chugachmiut Health Services Dental Program The dental clinic provides services to beneficiaries and their family members, and staff travel to our four remote villages to provide state-of-the-art dental care to residents.	201 Third Ave, Seward, AK 99664 907-224-4925 https://www.chugachmiut.org/health-social-services/clinics/seward/
	Dr. Moriarty Dental Clinic (Seward Family Dentistry)	400 4 th Ave, Seward, AK 99664 907-224-3071 https://sewardfamilydentistry.com/

<p>Medical and Behavioral Health Services</p>	<p>Chugachmiut Health Services/North Star Health Center This is the hub of Chugachmiut’s healthcare system in the region. Located in Seward, NSHC is dedicated to quality primary care with a focus on preventative patient education and screening. The clinic provides acute and chronic illness care, emergency care, illness prevention education, routine screening exams, well childcare and immunizations, prenatal care, and behavioral health.</p>	<p>201 Third Ave, Seward, AK 99664 907-224-3490 https://www.chugachmiut.org/health-social-services/clinics/seward/</p>
	<p>Glacier Family Medicine Clinic The clinic offers a full range of services for the family, including prenatal care, well child exams, immunizations, urgent care, specialty referral, and more.</p>	<p>11724 Seward Hwy, Suite D, Seward, AK 99664 907-224-8733 http://www.glacierfamilymedicine.com/</p>
	<p>Providence Seward Mountain Haven Long Term Care Services include Skilled Nursing Care, Intermediate Nursing Care, Physical, Speech and Occupational Therapies, Full Dietary Services including Certified Dietitians, Social Services, Activity Therapy, and Spiritual Services.</p>	<p>2203 Oak Street, Seward, AK 99664 907-224-2800 https://www.providence.org/locations/ak/seward-mountain-haven</p>
	<p>SeaView Community Services Services include Behavioral & Mental Health Counseling, Disability Services, Domestic Violence & Sexual Assault Program, Substance Abuse Recovery, Infant Learning Program, Public Assistance, Emergency Assistance, Prevention Programs.</p>	<p>302 Railway Avenue, Seward, AK 99664 907-224-5257 https://www.seaviewseward.org/</p>
	<p>Seward Community Health Center Services include Family medicine, urgent care, wellness visits, chronic disease management, minor office procedures, immunizations, labs, well childcare, prenatal perinatal and post-partum care, pediatrician, nutritional counseling, wound care, school, sport, CDL and FAA physicals, health education, care coordination, patient prescription assistant program, family health and planning. They do not discriminate based on ability to pay.</p>	<p>417 First Avenue, Seward, AK 99664 907-224-2273 https://www.sewardhealthcenter.org/</p>

	Kenai Public Health Center Public Health Nurse visits Seward twice a month. Provides a wide variety of health assessment, health promotion, and disease prevention services. Available to all Alaskans. No one is denied services due to an inability to pay.	630 Barnacle Way, Suite A, Kenai, AK 99611 907-335-3400 https://dhss.alaska.gov/dph/nursing/pages/kenai-public-health-center.aspx
Occupational and speech therapy	Providence Rehabilitation Services Providence offers outpatient physical therapy, occupational therapy, and speech therapy for patients of all ages.	2203 Oak Street, Seward, AK 99664 907-224-2800 https://www.providence.org/locations/ak/seward-medical-center/rehabilitation-services
Physical therapy	Advanced Physical Therapy	234 4 th Ave, Seward, AK, 99664 907-224-7848 https://www.aptak.com/
	Providence Rehabilitation Services Providence offers outpatient physical therapy, occupational therapy, and speech therapy for patients of all ages.	2203 Oak Street, Seward, AK 99664 907-224-2800 https://www.providence.org/locations/ak/seward-medical-center/rehabilitation-services
Alaska Native Services	Chugachmiut Health Services/ North Star Health Center	201 Third Ave, Seward, AK 99664 907-224-3490 https://www.chugachmiut.org/health-social-services/clinics/seward/
	Qutekcak Native Tribe Changing with the tides, in harmony with our people, land and heritage. Providing social services, elder and youth programs.	221 Third Avenue, Seward, AK 99664 907-224-3118 https://qutekcak.org/
Children’s Services	Office of Children’s Services Kenai, Alaska	907-283-3136
Crisis Intervention	Seward Crisis Line	907-224-3027
	Alaska Careline	877-266-HELP (4357)
	Seward Domestic Violence Crisis Line	907-362-1843
Food and Nutrition	Alaska Family Nutrition Program—Kenai/ Seward	601 Frontage Road, Suite 102, Kenai 907-283-4172 https://dhss.alaska.gov/dpa/Pages/nutri/default.aspx
	He Will Provide Food Pantry	2101 Seward Hwy, Seward, AK 99664 907-362-3033

Public Assistance	Qutekcaq Native Tribe Public Assistance Program	221 Third Ave, Seward, AK 99664 907-224-3118
	SeaView Community Services Public Assistance Program	302 Railway Avenue, Seward, AK 99664 907-224-5257 https://www.seaviewseward.org/
Recovery Support	Alcoholics Anonymous (AA)	907-224-3843 http://www.akenaipeninsula.org/
	Narcotics Anonymous (NA)	866-258-6329 https://akna.org/
Senior and Disability Services	Hope Community Services In Seward, Hope operates two assisted living homes and supports several other individuals in their own homes. The program is supported by an active Seward Community Resource Team who advocate and fundraise on behalf of their neighbors who experience disabilities.	PO Box 1933, Seward, AK 99664 907-260-9469 https://www.hopealaska.org/
	Independent Living Center An aging and disability resource center promoting choice, independence, and quality of life for persons and families living with disability.	201 Third Avenue, Seward, AK 99664 907-224-8711 http://www.peninsulailc.org/
	Seward Senior Center, including Meals on Wheels Serving the nutritional, transportation, recreational and social needs of Seward seniors since 1978. Ensuring honor, dignity, security and independence for the older Alaskan; assisting seniors in maintaining meaningful, quality lives.	336 Third Ave., Seward, AK 99664 907-224-5604 www. Sewardsenior.org

Appendix 4: Process Governance and Oversight

2021/2022 PROVIDENCE ALASKA REGION BOARD

Providence Health & Services Alaska

CHRISTINE (Potter) KRAMER, DNP, chair Anchorage, AK	JOE N. FAULHABER Fairbanks, AK
STEPHANIE KESLER, vice chair Anchorage, AK	SCOTT T. HABBERSTAD Anchorage, AK
DONNA LOGAN, secretary VP-Anchorage Operations McDowell Group Anchorage, AK	Kristen Solana-Walkinshaw, MD PAMC – Chief of Staff Family Medicine Residency Medical Director Anchorage, AK
PAMELA SHIRRELL, RN Valdez, AK	TANYA KIRK Anchorage, AK
LISA D.H. AQUINO, MHS Anchorage, AK	WALTER WILLIAMS, IV Anchorage, AK
SARAH BARTON Palmer, AK	STEVE SMITH, MD Providence Kodiak, Chief of Staff Kodiak, AK
PAT BRANSON Chair, PKIMC Advisory Board Kodiak, AK	SCOTT WELLMAN Anchorage, AK
MARTIN PARSONS Anchorage, AK	KAREN KING Anchorage, AK
KIM REITMEIER Anchorage, AK	
PRESTON SIMMONS, DSC, FACHE Ex officio member CEO, Providence Health & Services Alaska Anchorage, AK	

2021 PROVIDENCE SEWARD HEALTH ADVISORY COUNCIL AND CHNA ADVISORY COUNCIL

Name	Title	Organization	Sector
Doug Capra, Chair	Chair/ Community member	PSMCC Health Advisory Council and Providence Alaska Region Board	Community
Dana Paperman, Secretary	Executive Director	Seward Senior Center	Senior
Tom Tougas	Business Owner	Major Marine Tours, Hotel 360, Hertz Seward,	Business
Linda Lynch	Retired/ Volunteer	Seward Volunteer Ambulance Corps	Healthcare
Chris Sheehan	Executive Director	SeaView Community Services	Behavioral Health
Martha Fleming	Retired	Seward Public Schools	Education
Craig Ambrosiani (Ex Officio Member)	Executive Director	Seward Community Health Center	Healthcare
Janette Bower (Ex Officio Member)	City Manager	City of Seward	Government
Robert Rang (Ex Officio Member)	Hospital Administrator	Providence Seward Medical Center	Healthcare

Appendix 5: CHNA Community Health Survey

Welcome.

Congratulations on taking this next step on the journey to assess and enhance the health and well-being of the Seward community! Your Seward 2021 Health & Well-being Monitor™ provides a snapshot of your community's health and well-being – perceptions, satisfaction, and behaviors, related to Six Dimensions of Health™ that resonate with your community because they were affirmed by your community.

Having this survey data reveals health and well-being strengths, along with opportunities for improvement. Accompanying 2021 benchmarks for over 200,000 Seward adults throughout your report add context to your HWBM results.

Most importantly, the Providence Institute for a Healthier Community is honored to join you on your journey to better community health. It is our greatest hope that this report supports your efforts to set community health improvement priorities that enhance the overall health and well-being of your community.

At A Glance

Your Community Health & Well-being Monitor™ Report provides:

1. A snapshot of your community's overall health and well-being
2. Benchmark data to contextualize your results
3. Insights into focus areas for improvement
4. A way to monitor progress over time, with subsequent Health & Well-being Monitors.



A Letter From The Executive Director

On behalf of the entire Institute team, thank you for your commitment to the health and well-being of our communities. You join a broad array of organizations building this work together over more than a half-decade. This report, along with all the work of the Providence Institute for a Healthier Community, is organized around Six Dimensions of Health™ and well-being, based on foundational work of the institute in community-based participatory research in 2015, listening to and learning how communities define health and well-being.

The original research drew on insights from 130 community members from organizations as diverse as Familias Unidas, Native peoples, the NAACP, Minority Achievers Program alums, low-income housing residents, university students, YMCA members, faith leaders; street interviews; and conventional focus groups of different ages, income and geography. The question was simple: how do you define health and well-being? In that qualitative work, combined with literature review, 24 common attributes emerged. We tested the model in a regional January 2016 survey fielded by Elway Research, augmented by nationally validated questions. Factor analysis of those 24 attributes revealed natural groupings into Six Dimensions of Health™ faithful to the voice of the community.

Since 2016, over 10,000 people have participated in the institute's regional and Community Health & Well-being Monitor studies, yielding a growing body of research data including under-represented populations unlikely to be included in conventional research, along with innovations in community-based fielding techniques.

Your Seward 2021 survey

Your 2021 Health & Well-being Monitor relies on a comprehensive convenience sample of 672 residents of Seward (96%) and nearby communities (4%). This is the first such comprehensive, community-based study of well-being in Seward history. Our work has demonstrated that when communities review the survey together, the results can become a reliable barometer for planning and prioritizing. These results will serve as a baseline for more targeted community studies (including some underway currently) and future measures of change. In this round we have provided benchmark results based on a sample of Anchorage residents during the same time period (June 2021). We believe your data provide powerful insights for planning and prioritizing.

Our entire institute team thanks you for your commitment to community well-being. Now, let's get to your results.

In good health,

Scott Forslund
Providence Institute for a Healthier Community

How Your Results are Organized

Your results for Seward 2021 are organized into three parts:

1.Part I: Summary Results & Six Dimensions Roadmap

2.Part II: Key Findings

- Your Core4™ Well-being Index Score
- Your HWBM Composite Measure™ (the “Speedo”)
- “One More Thing”: Your Respondents’ Wishes for Health
- Your Cantril’s Ladder well-being score

3.Part III: Detailed Results

- Charts, graphs and highlights for each indicator, organized into Six Dimensions of Health
- Index to Results of your Tailored Questions (reported in the relevant Six Dimensions section.)

Appendices: Here you will find a summary of the Survey Methodology. Verbatims of open-ended questions available upon request.



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Things to Keep in Mind

- **It All Matters:** look at the data, but remember a start anywhere is a step towards better overall health and well-being.
- **Tune In to Heart & Soul:** what are your communities' interests, priorities, and values? They matter.
- **Start Small:** Is there an easy 'win'? Build confidence and self-efficacy - 'We Can Do This.'
- **Assess Resources:** Have enough people, time, money or other supports? Supports ensure your success.

The 'health' of each area influences, impacts, & contributes to other areas and overall well-being. Well-being is dynamic.



Six Dimensions of Health

Well-being is broad definition addressing many attributes—happiness, health, stability, purpose and meaning. Health is multi-dimensional. Your HWBM Report represents six dimensions of well-being that resonated with communities like yours. A spirit of learning, and growing in each of these dimensions is important if we are to feel fulfilled and whole as individuals and communities, both in the absence and presence of disease!



Relationships & Social Connections



Mental, Emotional & Spiritual Health



Neighborhood & Environment



Work, Learning & Growth



Security and Basic Needs



Physical Health



Isolation is fatal, according to psychiatrists Jacqueline Olds and Richard Schwartz. Their decades of research support the idea that a lack of relationships can cause multiple problems with physical, emotional, and spiritual health.

Summary Results and Six Dimensions of Health Roadmap



Seward, Alaska 2021 Dashboard

Key

Above Benchmark
At Benchmark
Below Benchmark

Your Engagement Results

SAMPLE FRAME: Seward, Alaska and environs | Adults 18+
SAMPLE SIZE: 672 phone, direct mail/online, hand administered
 • Seward 99664: 652 (96%); ~18% of 99664 population
 • Nearby communities: 20 (4%)
POPULATION: SEWARD 99664 TTL: ~4,900 | ADULTS 18+: 3,800

Core4 Well-being Index

1 metric, linked to Core4™ measures, with benchmarks
[See page 10](#)

7.20

Seward, Alaska
2021
"C"

7.31

Benchmark
Anchorage, AK 2021
"C"

CORE4™ Well-being Scores

Satisfaction Indicators
A catalyst for change
[See page 11](#)

7.6

Life
Satisfaction
Benchmark: 7.3

6.8

Physical Health
Satisfaction
Benchmark: 7.0

7.2

Mental Health
Satisfaction
Benchmark: 7.4

7.6

Overall Health
Satisfaction
Benchmark: 7.5

HWBM Composite™

The distribution of your community's well-being
[See page 12](#)

11%

Struggling
Benchmark: 13%

42%

Mixed
Benchmark: 33%

36%

Doing Well
Benchmark: 40%

11%

Flourishing
Benchmark: 14%

Your CAN-DO™ Scores

Capacity & Motivation to improve:
Individual and your community
[See page 14](#)

76%

Individual
Capacity
Benchmark: 69%

41%

Individual Low
Motivation
Benchmark: 46%

35%

Individual High
Motivation
Benchmark: 23%

30%

Community
Efficacy
Benchmark: 24%

Six Dimensions Of Health™

[See page 19](#)



Relationships & Social Connections



Mental, Emotional Spiritual



Neighborhood & Environment



Work, Learning & Growth



Security & Basic Needs



Physical Health

The Six Dimensions Roadmap

Key: Green: Above benchmark | Blue: At benchmark | Red: Below benchmark | Black: Tailored questions/no benchmark available

Work, Learning and Growth

Your work/job rating (6d)
Opps for learning/growth rating (6h)
Sense of purpose & meaning (7b)
Educational/training gap - living wage (9f)
Job insecurity/unemployed (9e)

Physical Health

Physical health satisfaction (4)
Physical health current state (6b)
Medical/health condition (18)
Poor physical health days/mo (11)
Debilitating health days/mo (13)
Behavior: days fruit & veggies (14a)
Behavior: days exercise >30 mins (14c)
Behavior: days sleep 7+ hrs (14d)

Neighborhood and Environment

Neighborhood quality rating (6a)
Behavior: days fruit & veggies (14a)
Behavior: days exercise >30 mins (14c)
Feel Safe in my Community (q7f) **T**
Community as a place to raise children (q7g) **T**
Community as a place to grow old (q7h) **T**

Mental, Emotional & Spiritual Health

Mental/emotional wellbeing satisfaction (5)
Emotional wellbeing rating (6e)
Religion/spirituality importance (7a)
Sense of purpose & meaning (7b)
Poor mental health days/month (12)
Debilitating health days/month (13)
Need Mental Health/Substance Misuse Tx (a106) **T**
Ability to get MH/Substance Misuse Tx (a107) **T**
Barriers to get MH/Substance Misuse Tx (a108) **T**
Suicidal Ideation (a109) **T**

Additional Tailored Questions (T)

Includes 8 questions (designated with a "T") in Six Dimensions sections plus the following 8 questions:

Covid-19 Personal Impacts (a2) **T**
Covid Vaccination Status (a3) **T**
Reasons to avoid Covid vaccine (a4) **T**
Binge Drinking (a104) **T**
Alcohol consumption vs. pre-Covid (a105) **T**
Smoking/Vaping (a112) **T**
Confidence Achieving Best Health (a110) **T**

Security & Basic Needs

Future financial security rating (7d)
Ability to meet basic needs (6f)
Behavior: frequency skip meal lack of \$ (14e)
Access to health care insurance (17)
Access to health care & info (6c)
healthcare visits past 12 mo (15)
TotalHEALTH 7 BASIS NEEDS PANEL
Food insecurity (9a)
Transpo lack/worries (9b)
Homeless/unstable housing (9c)
Trouble paying utility bills (9d)
Job loss/insecurity (9e)
Education/training gap - living wage (9f)
Intimate violence/unsafe at home (9g)

Relationships & Connections

Relationship rating (6g)
Sense of community belonging (7e)
Community efficacy (7c)
Getting together with friends (14f)
Talking with neighbors (14b)
Discrimination (8)
Help with Chores if Sick (a111) **T**

Key Findings

Core4™ Well-being Index Score

HWBM Composite Measure™

“One More Thing”: Respondents’ Wish for Health

Individual & Community Can-DO™

Cantril’s Ladder Score



Key Findings

Core4™ Well-being Index

HWBM Composite Measure

'One More Thing': Respondents' Wish for Health

Cantril's Ladder Score

» At A Glance

The Core4™ Index is linked to:

- Poor health days
- Eating fruits and vegetables
- Talking more with neighbors
- Exercising more regularly
- Getting a good night's sleep
- Getting together with family & friends
- Neighborhood health
- Physical health
- Access to medical care and health information
- Work or job ratings
- Mental & emotional well-being
- Ability to meet basic need
- Satisfaction with relationships
- Educations, learning and growth
- Faith and spirituality
- Purpose and meaning
- Ability to influence my community
- Financial security
- Community belonging

KEY FINDINGS

- The Seward 2021 Core4 Well-being Index Score was 7.20, or a low "C" (slightly below the Anchorage 2021 Benchmark).
- That said, health is not distributed evenly in this community and there are key opportunities in each of the Six Dimensions of Health. They are highlighted here, with details to follow, as well as recommendations of which priorities will have the greatest impact improving overall community well-being.

Security & Basic Needs:

- 40% of residents do not feel secure about their financial futures
- 43% are lacking at least one key need area such as insecure food (10.4%), housing (21.3%), transportation (12.0%), job insecurity (18.6%), and unsafe personal relationships (5%).

Mental & Emotional Well-being

- On average, residents reported 6.6 days per month of poor mental health days, and 4.7 days of debilitating health days, unable to carry out their usual activities.
- 1 in 4 needed mental health services or substance use treatment, but nearly 6 in 10 reported they were unsuccessful securing services.
- 8% of residents -- an estimated 300 people -- seriously contemplated suicide in the past 12 months. 77% sought but were unsuccessful accessing mental health services.

Relationships & Social Connections

- 37% do not feel part of the community; 32% do not feel confident they can get help if they are ill. About 21% report active discrimination (however sample size is small).

Work, Learning & Growth

- 10% were unemployed, 19% job insecure, and 17% lack training necessary to maintain a living wage. Over 1 in 4 lack opportunities for learning and growth.

Physical Health

- Residents average nearly a week (5.9 days) per month of poor physical health days.
- 33% report medical conditions requiring special treatment, with 25% reporting difficulties accessing needed health care and health information.

Neighborhood & Environment

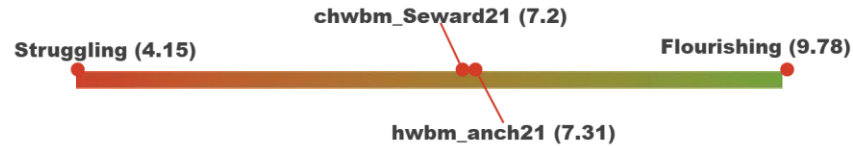
- Over half report they do safe in their community; however, 20% do not believe Seward is a good place to raise children; 37% feel it's not a good place to grow old.

Tailored Questions

- Covid-19 has had a significant impact on community health.
- 24% of respondents are drinking more, and 30% report binge drinking.

CORE4™ WELL-BEING INDEX SCORE

AVERAGES (0-10)



NOTE: For most key well-being measures we display your overall community average, along with the averages for residents who are "STRUGGLING" and "FLOURISHING" (see HWBM Composite Measure description on page 11).

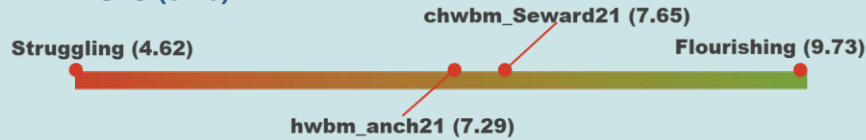
Key Findings

- Seward has a Core4 Well-being Index Score of 7.20 (a 'C').
 - Among 11% who are STRUGGLING, the score was 4.10 (F).
 - Among 14% who are FLOURISHING, the score was 9.72 (High A).
- **Benchmark comparison.** It was marginally below a 2021 benchmark score of 7.31 (for Anchorage).
 - In future, Seward will have its own past benchmarks for comparison in addition to the Anchorage regional measures.
- **Demographics.** Overall, your Core4 Well-being Index scores were higher among men, people over 65, retired, and incomes in the \$50-\$125K range.
- **Influences.** Your Core4 Well-being Index scores were most strongly correlated with:
 - Emotional well-being (.83)
 - Physical health rating (.80)
 - Sense of purpose and meaning (.63)
 - Security about financial future (.62)
 - Opportunities for learning and growth (.60)
 - Poor mental health days/month (-.60)
 - Number of poor mental health days / month (-.58)
 - Confidence in achieving optimum health (-.57)
 - Work or job rating (.55)
 - Relationships with other people (.54)
 - Current financial ability to meet basic needs (.53)
 - Sense of belonging and community connection (.53)
 - Access to healthcare and health info (.51)
- Overall well-being was weakly associated with health behaviors:
 - Days with 30+ minutes of walking/exercise (.32)
 - Frequency of eating fruits & veggies (.29)
 - Nights with 7+ sleep hours (.26)

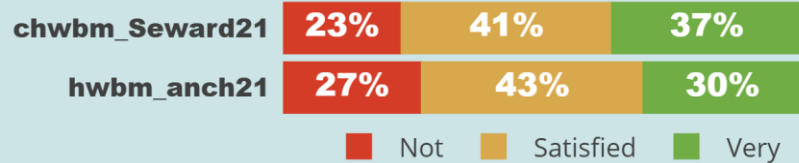
CORE4™ WELL-BEING COMPONENT SCORES

Thinking about your overall life, are you satisfied or dissatisfied with the way things are in your life these days? (2)

AVERAGES (0-10)

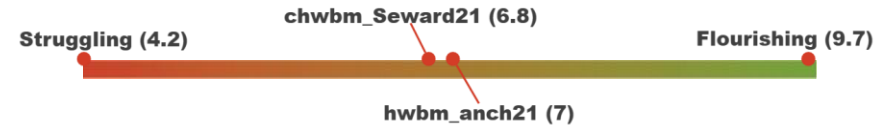


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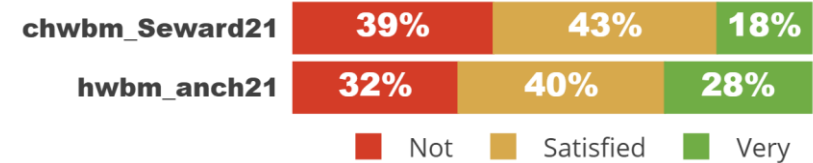


Thinking about your physical health, are you satisfied or dissatisfied with the current state of your physical health? (4)

AVERAGES (0-10)



DISTRIBUTION

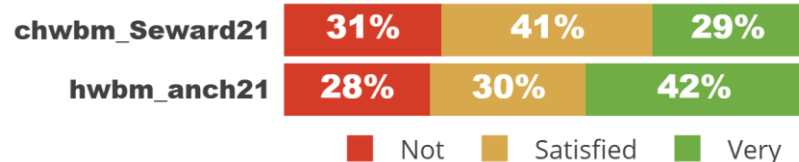


Thinking about your mental or emotional well-being, how satisfied or dissatisfied are you with the state of your mental or emotional well-being? (5)

AVERAGES (0-10)

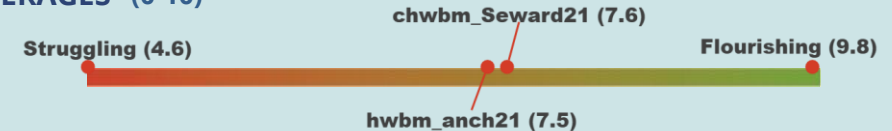


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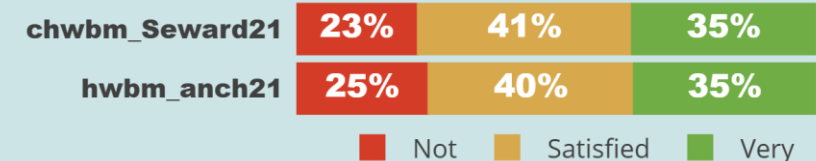


Taking everything into account, how satisfied are you with your overall well-being? (10)

AVERAGES (0-10)



DISTRIBUTION



HWBM Composite Measure™

The Core4™ Index Score provides a single measure of well-being based on four key aspects – overall life, physical, mental/emotional/spiritual, and overall well-being.

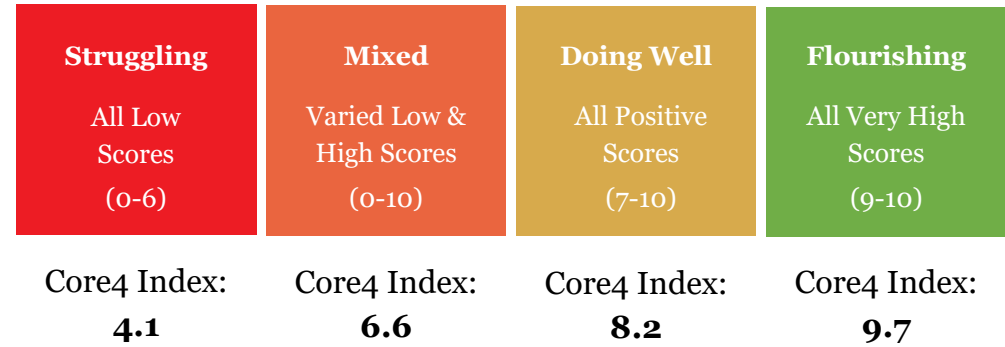
However, a calculated average does not tell the whole story. Six years of research with over 10,000 respondents has shown that many things must go well for well-being to flourish.

The HWBM Composite Measure™ is a picture of how each member of your community is doing across all four Core4 measures.

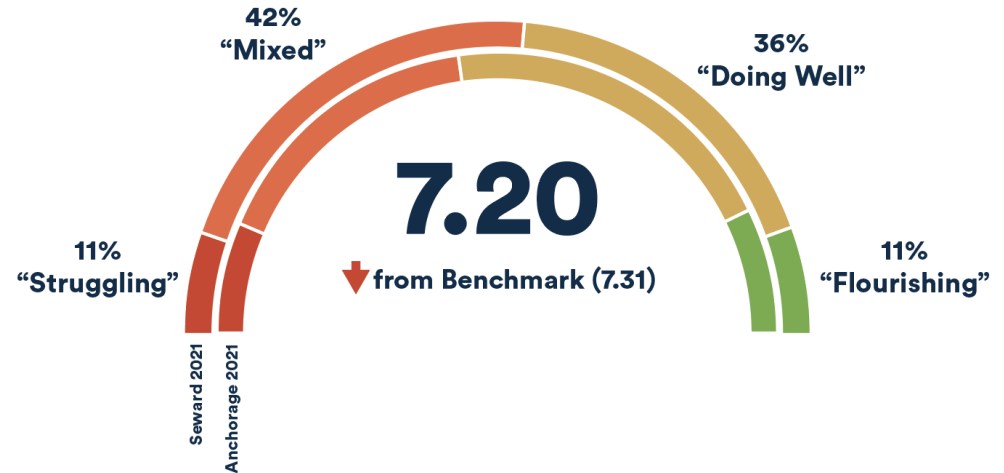
- People who are scoring highest (9-10) on all four are FLOURISHING
- Those whose scores are all positive (7-10) are DOING WELL.
- People with a mix of lower and higher scores (0-10) are MIXED.
- People whose scores are all low (0-6) are STRUGGLING.

Your community's Composite Measure is displayed on an arc (we call The Speedo), compared to a broader community benchmark – in this case, Anchorage, Alaska, in 2021.

The Composite Measure categories strongly link to the Core4 Index scores as the chart at upper right shows.



2021 Seward, AK Health & Well-Being Index Score



Individual & Community Level Can-Do™



Why It Matters

We are humans becoming—always on a journey. As life continually changes, our beliefs and what we think is important changes. In this continual ebb and flow, a sense of self-efficacy* can play a major role in how one approaches goals, tasks, and challenges, and either takes action or doesn't take action in cultivating well-being. Moving towards a greater sense of self-efficacy makes a difference in improving and, more importantly, sustaining overall well-being.

Your Can-Do™ score gives insights into your community's current CAPACITY to improve well-being and MOTIVATION to change. Capacity is the % of respondents who say they can be doing more to improve their health. Motivation is indexed by the percentage who say they can do "a little more" or "a lot more." You can compare your community profile to a larger community benchmark – and to your own baseline when you run a follow-up Monitor™ in the future.

INDIVIDUAL vs. COMMUNITY EFFICACY. We provide you with insights into your respondents' capacity to improve their INDIVIDUAL well-being, as well as your community's belief that it can influence well-being on a community-level.



What this Community Can Do

Create experiences for mastery using small achievable goals and cooperative learning strategies. Progress creates positive cycle of success. Reflect on accomplishments, and recognize strengths you already have to achieve new goals.

Highlight stories of people similar to your community who have succeeded and sustained their efforts. People learn by observing others, especially role models. Influential people make a difference—parents, leaders, teachers, etc. Hearing 'we can do it' strengthens our beliefs that we have what it takes.

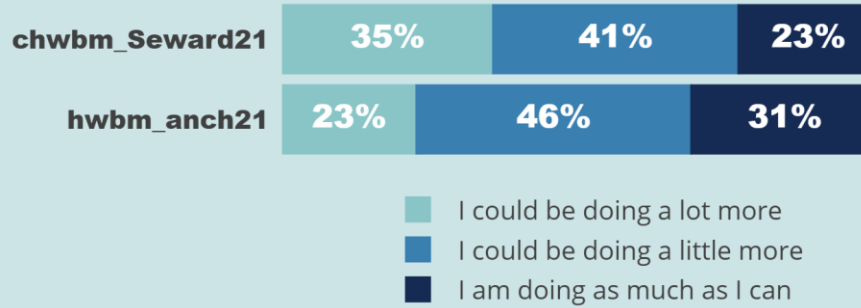
Create nurturing environments—emotions influence self-efficacy. Stress, anxiety, and depression have a 'negative' interpretation from society. Recognize emotions as normal and okay, while also working to address anxiety, depression and negative perceptions.

Create vision boards or other visual imagery, to influence self-efficacy through 'imagination experiences'.

**Self-efficacy beliefs determine how people feel, think, motivate themselves and behave -a sense of mastery over yourself, confidence to affect life's challenges, and abilities to control your environment. Self-efficacy has been linked to well-being and strengths processes, such as resilience, in past studies and is considered a basic human need.*

When it comes to maintaining or improving your health, which of these statements best describes you. I could be doing: (16)

DISTRIBUTION



Key Findings

- 76% say they can do more; 23% are doing all they can.
- 35% with high ratings are DOING WELL/FLOURISHING; 44% with low ratings are STRUGGLING/MIXED

Higher capacity to improve among:

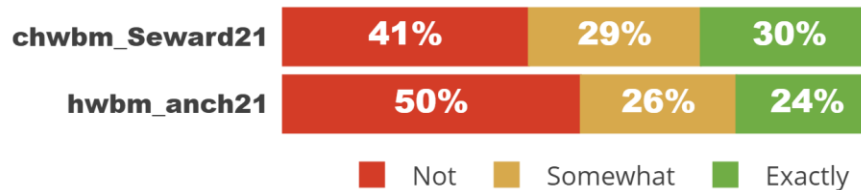
- Among males, students, those with education and training gaps, people in unsafe relationships,

Least capacity to improve among:

- People over age 65, unemployed & retired, HH income under \$75K, education < HS, singles living alone, people lacking basic needs (especially food insecure)

If I made up my mind to try, I could have a significant influence on decisions being made in my community (7c)

DISTRIBUTION



Key Findings

- Average rating: 6.9 vs. 6.2 benchmark Anchorage.
- 63% with high ratings are DOING WELL/FLOURISHING; 73% with low ratings are STRUGGLING/MIXED

High scores:

- Age over 75, retired,
- High ratings of relationships, job, physical & mental health, purpose & meaning, learning/growth opps, spirituality, cmtly influence & belonging, financial security, views Seward as good for children & elders

Low scores:

- Low ratings on neighborhood, healthcare access, job, mental/emotional wellbeing, basic needs, relationships, learning & growth opps, financially secure, cmtly belonging and influence, cmtly safety.

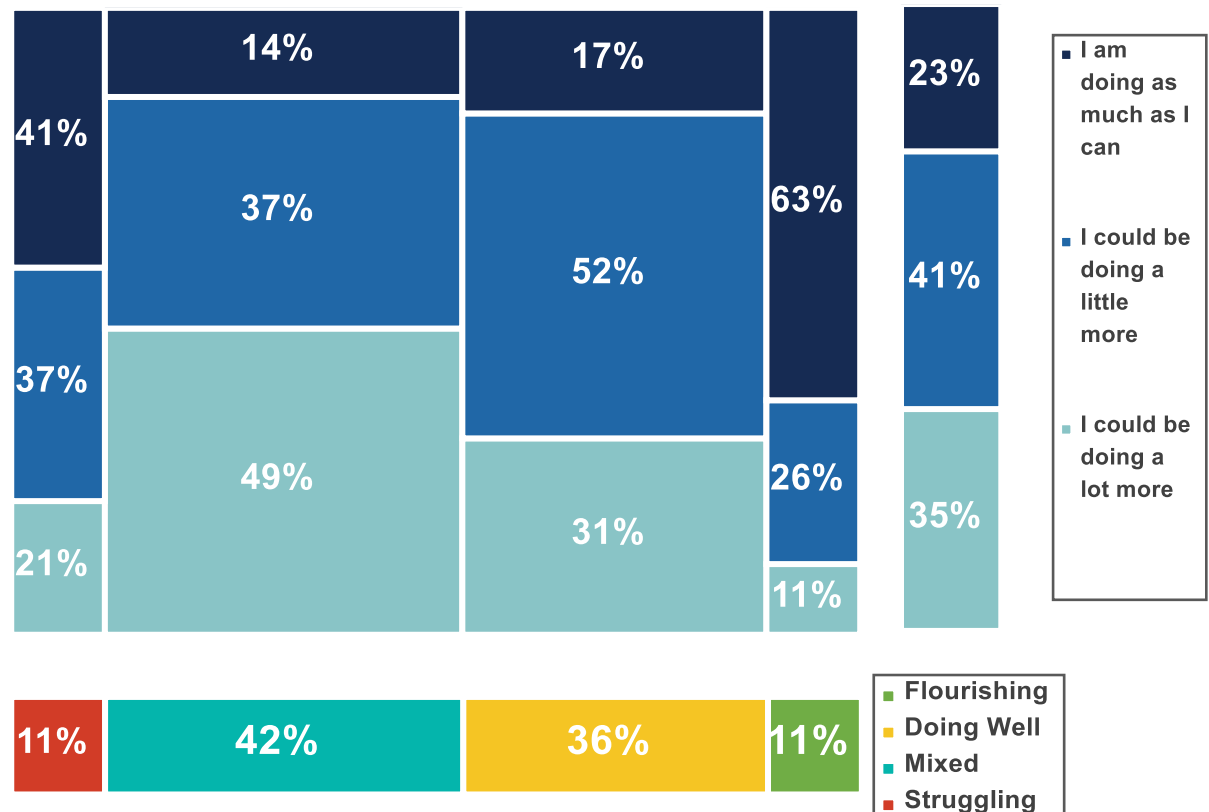
Can-Do™ By Well-being Level

The Can-Do Grid™ reveals a capacity and motivation of Seward community members to improve their health at every level of well-being, from STRUGGLING to FLOURISHING.



This grid presents a promising picture relative to the benchmark community. Seward residents report:

- Overall, high capacity to improve. Capacity is concentrated in MIXED segment, with higher risk among STRUGGLING who need improvement most. A brief profile of each segment follows.
- **FLOURISHING** segment is 67% over age 65, 64% retired, 48% single living alone, with high ratings on virtually every metric. Only 13% are mental health service seekers and 100% have secured them.
- **DOING WELL** is 73% employed full time, 63% HH income over \$75K, 69% households with children Only 8% are mental health service seekers and 75% have secured them.
- **MIXED** segment is characterized by middle age: 42% are age 45-65, 47% HH incomes \$50K-\$125K, 49% some college or more, 45% singles without children, 45% with food insecurity, transpo barriers or unsafe relationships, 51% rating physical health low. 30% are mental health service seekers (of whom 57% have not secured them).
- **STRUGGLING** segment is tapped out at a higher level; only 6 in 10 believe they are capable of doing more. This group is predominantly 38% aged 18-24 and 37% aged 35-44, 51% part-time or unemployed, 78% incomes under \$50K, HS or less education, 25% singles with children, 61% mental health service seekers (of whom 83% have not secured them).



Cantril's Ladder

The Cantril Self-Anchoring Scale, developed by pioneering social researcher Dr. Hadley Cantril in 1965, is a well validated and widely used measure of general well-being, including Gallup's World Poll of more than 150 countries, representing more than 98% of the world's population, and Gallup's in-depth daily poll of America's well-being (Gallup-Sharecare Well-Being Index; Harter & Gurley, 2008).

- The “Cantril’s Ladder” questions correlate with multiple indicators of well-being on this survey.
- Compared to the HWBM Core4™ Index, Cantril’s Ladder scores generally are not as strongly correlated with a range of health and well-being indicators.
- Inclusion of the Cantril’s results adds a comparative, independent measure to your results and serves to further validate the strength of the Health & Well-being Monitor Core4™ Well-being Index and survey.
- **Based on Gallup groupings, your residents are most likely to fall at the low margin of the “THRIVING” category.**

Further description of the Cantril’s Ladder Scale from Gallup follows here:

Analyses of data from different regions of the world make it clear that the general tendency is for respondents to provide more optimistic views of the next five years than the present. This is the case for respondents in most countries, with a few exceptions. Based on statistical studies of the ladder-present and ladder future scale and how each relates to other items and dimensions as outlined above, Gallup formed three distinct (and independent) groups, for summary purposes:

THRIVING: Well-being that is strong, consistent, and progressing. These respondents have positive views of their present life situation (7+) and have positive views of the next five years (8+). They report significantly fewer health problems, fewer sick days, less worry, stress, sadness, anger, and more happiness, enjoyment, interest, and respect.

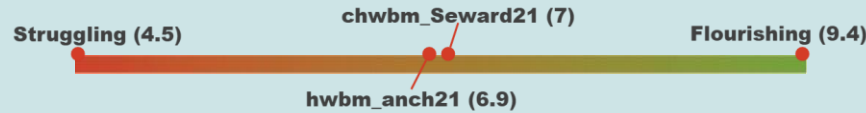
[NOTE: Because a score of 7 is typically below the average score for communities, in this analysis we break out THRIVING further, into THRIVING/LOW (7-8 ratings) and THRIVING/HIGH (9-10 ratings).]

STRUGGLING: Well-being that is moderate or inconsistent. These respondents have moderate views of their present life situation OR moderate OR negative views of their future. They are either struggling in the present, or expect to struggle in the future. They report more daily stress and worry about money than the “thriving” respondents, and more than double the amount of sick days. They are more likely to smoke, and are less likely to eat healthy.

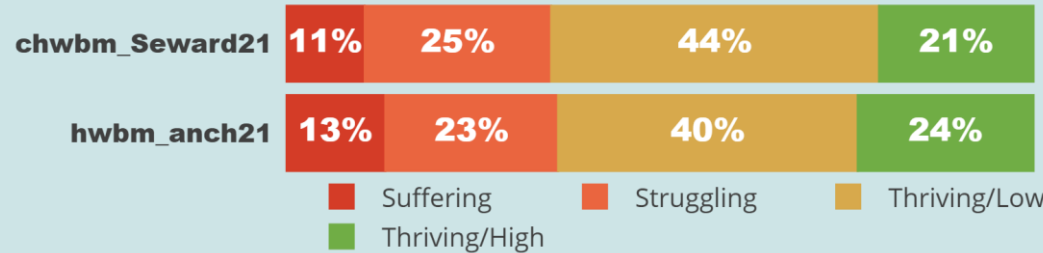
SUFFERING: Well-being that is at high risk. These respondents have poor ratings of their current life situation (4 and below) AND negative views of the next five years (4 and below). They are more likely to report lacking the basics of food and shelter, more likely to have physical pain, a lot of stress, worry, sadness, and anger. They have less access to health insurance and care, and more than double the disease burden, in comparison to “thriving” respondents.

Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. (C1)

AVERAGE (0-10)



DISTRIBUTION



Key Findings

Average score: 6.9.

- 87% with high ratings are DOING WELL/FLOURISHING; 99% with low ratings are STRUGGLING/MIXED

Higher scores:

- 71% over age 55, 41% retired
- 47% couples w/o children
- 10% Mental healthcare service seekers with 95% receiving them.
- High ratings on virtually every wellbeing metric.

Lower scores:

- 60% under age 44
- 37% unemployed (and 38% employed full time)
- 52% singles without children
- HH income under \$50K
- HS or less education
- 59% persons of color
- 72% needing but 68% unable to access mental health services
- Insecure or lacking basic needs including food, transpo, housing, job, personal safety.



Dimension 1

Relationships & Social Connections

Healthy relationships are vital to health. Strong family ties, friendships, and partnerships can increase our sense of security, self-esteem, and belonging and provide a buffer against stress, anxiety, and depression. Low social connection is linked to declines in physical health, healing and mental health.

Overall Scores



- **71% above benchmark**
- **0% at benchmark**
- **29% below benchmark**

What This Community Can Do

Advocate for the time and energy needed to build relationships, foster trust, civic engagement and support equity and fairness where people can share their interests, connect and empathize with one another.

KEY FINDINGS

Among 7 key indicators, Seward was above benchmark on 5 (71%).

- However, there are significant opportunities for improvement based on the gap in Seward between community-wide averages and those who are FLOURISHING.

HWBM Composite Indicators are strong guides for action:

- 57% to 76% of respondents with high Relationship ratings are DOING WELL/FLOURISHING
- 62% to 86% with low Relationship ratings are STRUGGLING

Indicators in this dimension are correlated with:

- Your Core4 Well-being Index scores, higher overall life satisfaction, and other indicators including mental/emotional health ratings, satisfaction with overall well-being, purpose and meaning, financial security, and community belonging.

Respondents with higher ratings share these attributes at higher levels:

- Ages 65+
- Higher ratings on physical / emotional health, job, access to care & basic needs, relationships, learning & growth, spirituality, purpose & meaning, financial secure
- Views of Seward as a safe community; good for children and elders

Respondents with lower ratings share these attributes at higher levels:

- Ages 18-34
- Seekers of mental health services; poorer access to health care
- Household incomes under \$50,000 per year
- Unemployed
- Higher basic needs (food, housing, education, unsafe relationships)
- Lower ratings on community safety

Key Driver Analysis of your data suggests 4 strategies* to increase overall Core4 Well-being Index scores:

- Strengthen personal relationships
- Foster a greater sense of community belonging
- Reduce presence of discrimination
- Increase confidence that someone is there to help when in need

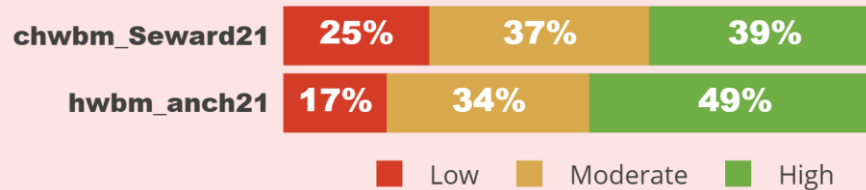
*Differences in these wellbeing factors explain 59% of the variation in your Core4 Well-being Index score. (R-squared: 0.5851.)

How satisfied are you with your relationships with other people? (6g)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.8 (strong)

- 72% with high ratings are DOING WELL/FLOURISHING; 86% with low ratings are STRUGGLING/MIXED

Higher scores:

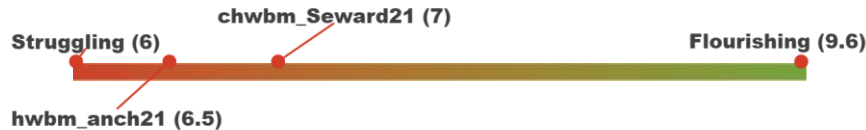
- 55% > age 55; retired, high ratings on virtually every metric

Lower scores:

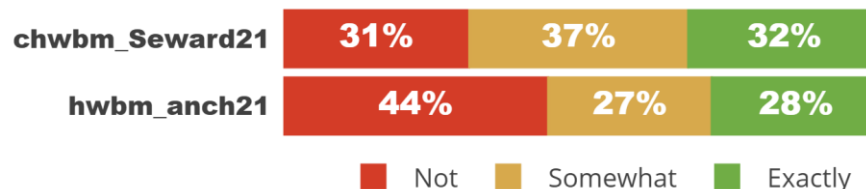
- 49% < age 34; 56% single (15% with children);
- at least 50% higher prevalence of need on 5 of 7 basic needs (food, housing, education, unsafe relationships)
- 30% are mental health service seekers but 70% haven't secured them.

I feel like I am part of a community / sense of belonging. (7e)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Avg score: 7.0

- 76% with high ratings are DOING WELL/FLOURISHING; 74% with low ratings are STRUGGLING/MIXED

Higher scores:

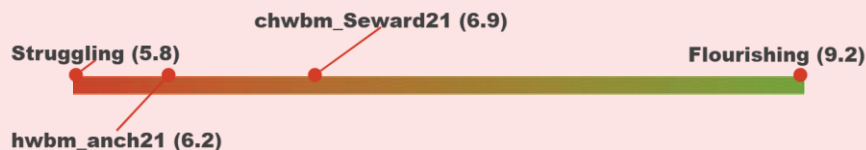
- Age 75+, retired, \$125-149K HH income, Education < HS,
- 91% access to mental health services
- High ratings for neighborhood, physical / emotional health, job, access to care & basic needs, relationships, learning & growth, spirituality, purpose & meaning, financial secure, cmtly safety

Lower scores:

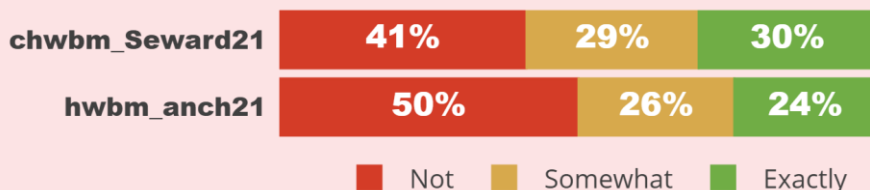
- 42% < age 34, 44% single w/o kids, HH income < \$25K, transpo & housing insecure, low ratings on neighborhood, care access, most other metrics

If I made up my mind to try, I could have a significant influence on decisions being made in my community. (7c)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

- Average score: 6.9
- 63% with high ratings are DOING WELL/FLOURISHING; 73% with low ratings are STRUGGLING/MIXED

Higher scores:

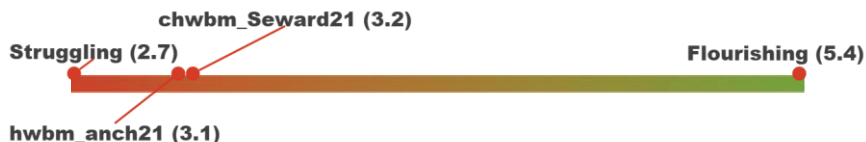
- Over age 65, retired,
- Higher ratings on physical & emotional health, job, relationships, learning & growth opps, spirituality purpose & growth, financial security, community belonging, view of Seward as a good place for children / elders.

Lower scores:

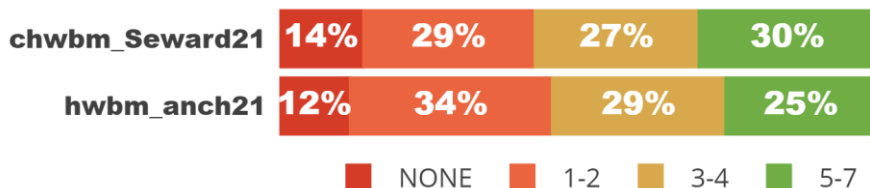
- Students, unsafe relationships, low ratings on neighborhood, access to care & basic needs, job, learning/growth, financial security, cmtly belonging & safety

In the last week, how many days did you: Get together with family and friends? (14f)

AVERAGES (Days/week)



DISTRIBUTION



Key Findings

Average: 3.1 days/week

- 57% with high 5-7 days are DOING WELL/FLOURISHING; 62% with 0 days are STRUGGLING/MIXED

Higher scores:

- Age 65+, retired, 32% <\$25K HH income, 19% transpo barriers, emotional wellbeing, spirituality, financial security, see Seward as good for elders

Lower scores:

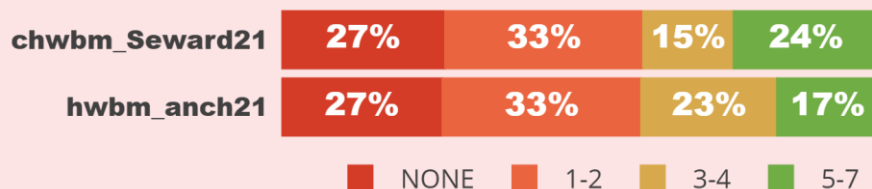
- 80% couples (48% with children).
- Low ratings on neighborhood, access to care, basic needs, relationships, purpose/meaning, cmtly belonging, cmtly safety and value to children/elders.

In the last week, how many days did you talk with your neighbors? (14b)

AVERAGES (Days/week)



DISTRIBUTION



Key Findings

Average: 2.5 days/week

- 60% with high ratings are DOING WELL/FLOURISHING; 66% with low ratings are STRUGGLING/MIXED

Higher scores :

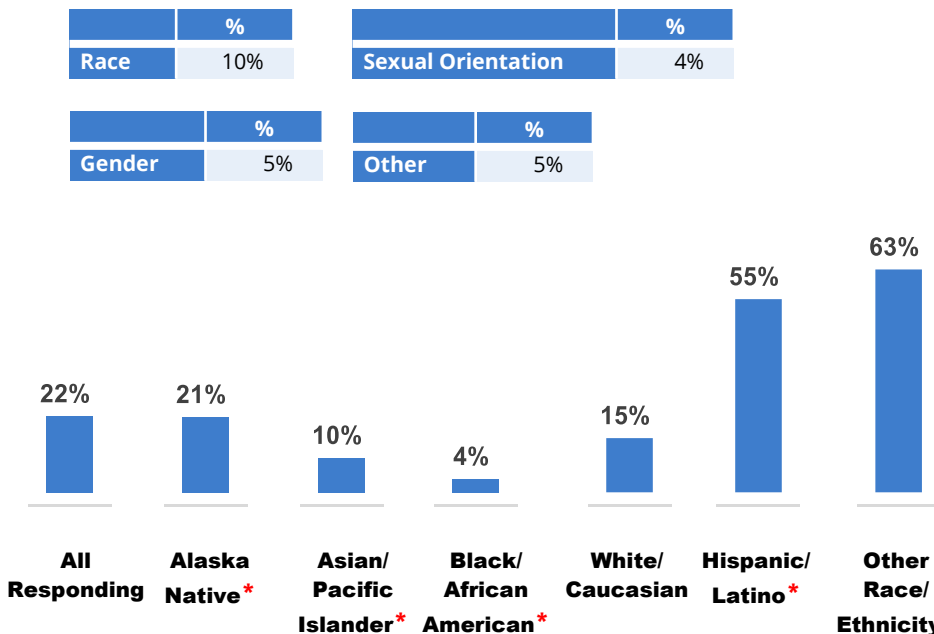
- Over age 65, jobless, retired, less than HS education, single living alone, higher rates of basic need gaps
- High ratings on physical health, cmtly influence, financial security, and views of Seward as a good place for elders.

Lower scores:

- HH income > \$150K, unsafe relationships, low ratings on physical health

During the past 12 months, have you personally experienced discrimination or been treated unfairly for any reason including your race, ethnic background, gender, or sexual orientation? (8a)

**NOTE: Sample size is very small. Statistic is not reliable.*



Key Findings

Average: 22% experienced discrimination

- 36% are DOING WELL/FLOURISHING; 64% are STRUGGLING/MIXED

Higher discrimination among:

- age 18-24 and 65+; part-time employees, 64% have HH income under \$50K; singles with children, 34% are mental health service seekers (of whom 31% did not secure care); insecure food, job, personal safety; low ratings on basic needs and community safety

Lower among:

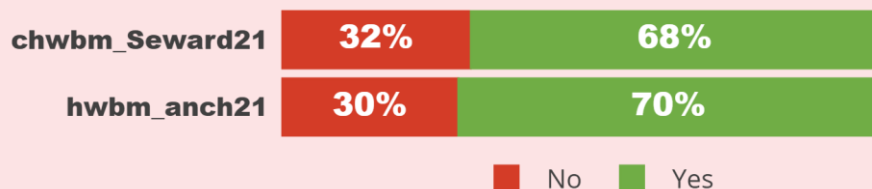
- Students, HH income > \$75K, couples with children,

If you were sick, could you easily find someone to help you with household chores? (a111)

AVERAGES

Not available for this question

DISTRIBUTION



Key Findings

- 68% report they can find help easily
- 55% who can find help are DOING WELL/FLOURISHING; 71% who cannot find help are STRUGGLING/MIXED

Able to find help:

- No patterns; distributed relatively evenly in the community

Unable to find help:

- 20% are jobless, 41% HH income <\$25K;
- 60% are single (11% with children, 46% living alone)
- 40% are mental health service seekers (of whom 64% have not secured them)
- High incidence of insecure basic needs: 21% food insecure, 23% transpo barriers, 36% housing insecure, 30% jobless or job insecure, 35% education/training gaps, 10% in unsafe personal relationships
- Low ratings on quality of relationships, community safety, and view of Seward as a good community for children



Dimension 2

Mental, Emotional & Spiritual Health

Recognizing your own and others' emotions and responding appropriately makes a difference. It is the ability to cultivate positive thoughts, practice self-compassion, express emotions and consciously choose your responses; including, engaging in support systems to help cope. A strong sense of spirituality provides important benefits to health. It is linked with a sense of meaning and purpose which offers a sense of direction, shapes goals, influences behavior, and provides comfort during life's challenges.

Overall Scores



- 20% above benchmark
- 10% at benchmark
- 70% below benchmark

What This Community Can Do

Facilitate warm connections with others and encourage opportunities to express gratitude, self-compassion, mindfulness. **Expand resources** to support healthy coping skills, recovery and resiliency.

KEY FINDINGS

On 10 key indicators, Anchorage was above or at benchmark on 3 (30%).

- HWBM Composite Indicators are strong guides for action:
- 44% to 74% with high ratings are DOING WELL/FLOURISHING
- 64% to 95% with low ratings are classified as STRUGGLING/MIXED

Indicators on this dimension are correlated with:

- Core4 Well-being Index scores; poor physical health days; quality of relationships; overall life satisfaction; overall well-being satisfaction; poor mental health days; debilitating health days; opportunities for learning & growth; physical health ratings; and community belonging.

Respondents with low ratings tend to share these attributes in higher proportions:

- Jobless,
- HH income <\$50K,
- <HS education, singles,
- Mental health service seekers often unable to get access
- Lacking housing/food/basic needs.
- Lower ratings on most key metrics.
- **1 in 4 residents needed mental health & substance misuse services. Nearly 6 in 10 didn't get them.**
- **8% of respondents - an estimated 300 adults--seriously contemplated suicide in the past 12 months.**

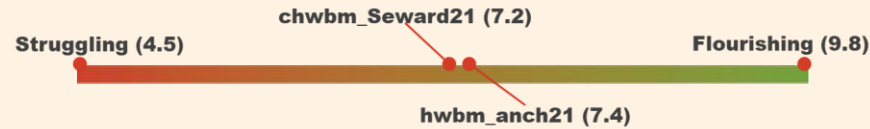
Key Driver Analysis of your data suggests 4* strategies to increase overall Core4 Well-being Index scores:

- Target & reduce causes of poor and debilitating health days
- Instill greater purpose and meaning
- Address barriers to mental health service access - especially privacy concerns and appointment access
- Suicide prevention

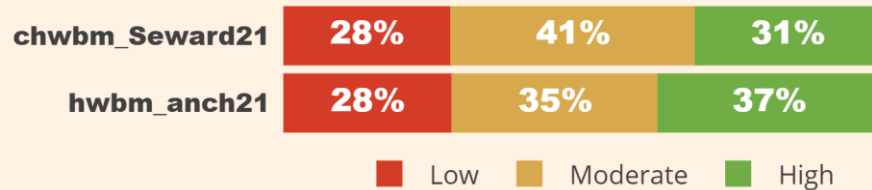
*Differences in these wellbeing factors explain 89% of the variation in your Core4 Well-being Index score. (R-squared value: .8939.)

Rate your emotional well-being. (6e)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.2

- 74% with high ratings are DOING WELL/FLOURISHING; 95% with low ratings are STRUGGLING/MIXED

Higher scores:

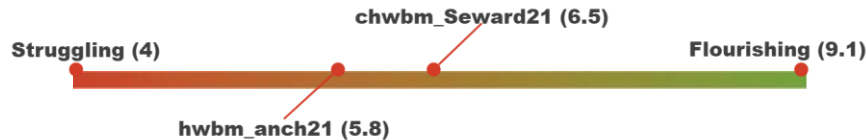
- >age 65, retired, HH income >\$150K
- Higher ratings on neighborhood, physical & mental health, job, financial security, relationships, learning/growth opps, spirituality, purpose, cmtty influence & belonging, view that Seward is safe / good for children & elders

Lower scores:

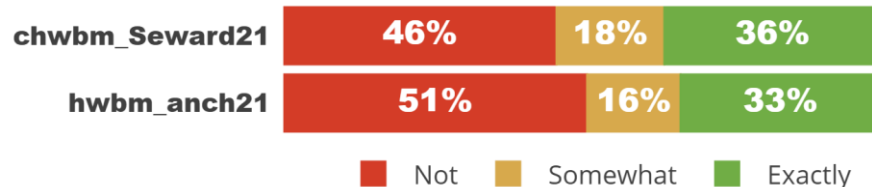
- Jobless, HH income <\$25K, <HS education, singles, 58% mental health service seekers (75% did not secure them); lacking housing/food/basic needs; low on most other key metrics.

Religion or spirituality is important to me. (7a)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Avg score: 6.5

- Over half of residents believe this is personally important.
- 56% with high ratings are DOING WELL/FLOURISHING; 65% with low ratings are STRUGGLING/MIXED

Higher scores:

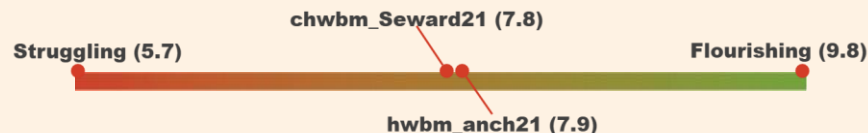
- Age 55+, students/retired,
- food & transpo insecurity,
- Higher ratings on neighborhood, physical health, access to care & basic needs, relationships, learning/growth, sense of purpose, sense of cmtty belonging

Lower scores:

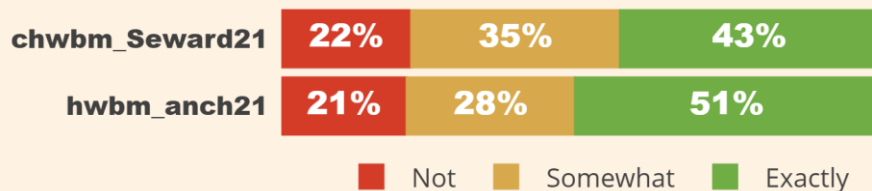
- Under age 45, singles with kids,
- Low ratings on sense of purpose & meaning

I have a sense of purpose and meaning in my life (7b)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.8

- 68% with high ratings are DOING WELL/FLOURISHING; 89% with low ratings are STRUGGLING/MIXED

High scores:

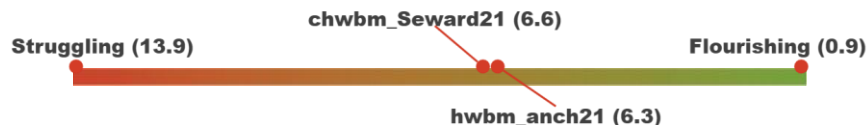
- Over age 65; retired, Higher ratings on work/job, emotional health, learning/growth, spirituality, cmtty belonging & efficacy, financial security

Lower scores:

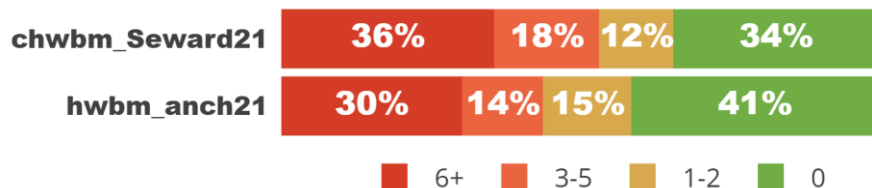
- Jobless, HH income <\$50K, Singles, access to care; 48% need mental health services (and 70% didn't receive them); insecure housing, job, unsafe relationships,
- Lower ratings on neighborhood, job, re-, relationships; care access, cmtty safety & desirability for children & elders.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (12)

AVERAGES (Days/month)



DISTRIBUTION



Key Findings

Average: 6.6 poor mental days/month

- 44% with 0 days are DOING WELL/FLOURISHING; 64% with 6+ days are STRUGGLING/MIXED

0 poor health days:

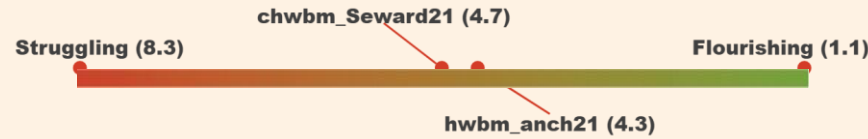
- Males, age 65+, students/retired,
- Good access to mental health svcs
- High ratings, most key metrics

6+ poor health days:

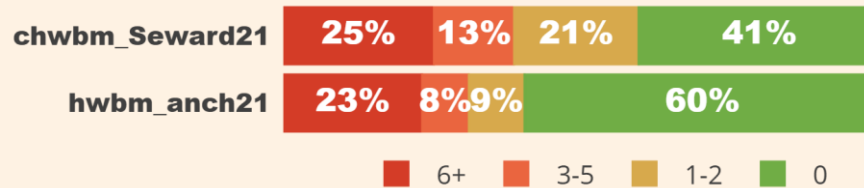
- Jobless, HH income <\$25K, Singles without children
- Insecure on 7 of 7 basic needs including food, housing, education, transportation, unsafe relationships
- 46% are mental health service seekers (ad 65% have not secured services)
- Lower rating of neighborhood, job

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (13)

AVERAGES (Days/month)



DISTRIBUTION



Key Findings

Average: 4.7 days/month (2 months/yr)

- 59% with 0 days are DOING WELL/FLOURISHING; 86% with 6+ days are STRUGGLING/MIXED

0 debilitating health days:

- Age 75+, retired, low (10%) mental health service seekers (81% received services);
- High ratings on physical health and healthcare access in general

6+ poor health days:

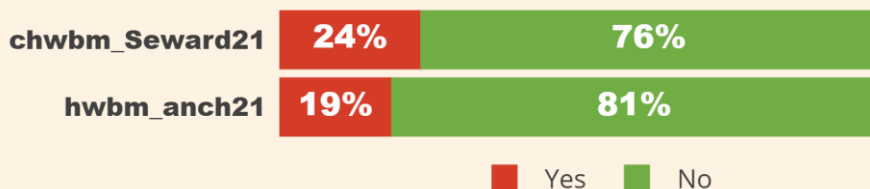
- Jobless, HH income <\$25K; singles with children
- high (50%) mental health service seekers (of whom 58% did not secure services)
- Insecure food, transpo, housing, job, education/training gaps, unsafe relationships
- Low ratings on healthcare access, mental/emotional wellbeing, access to basic needs, relationships, learning/growth opps, views of community safety and desirability for children

In the last 12 months, do you feel like you needed mental health services or substance use treatment? (a106)

AVERAGES

Not available for this question

DISTRIBUTION



Key Findings

Nearly 1 in 4 adults -- ~1,000 people -- needed mental health or substance misuse treatment.

- 56% who don't need services are DOING WELL/FLOURISHING; 82% needing services are STRUGGLING/MIXED

Among those who do not need services:

- No clear patterns/correlations

Among those needing services:

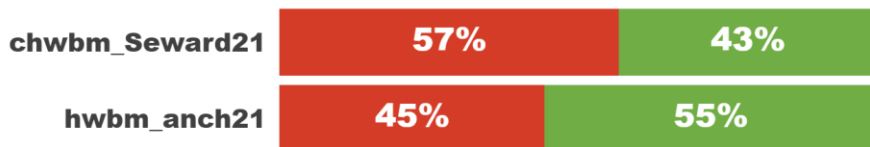
- Self-defined gender, jobless, HH income <\$50K, Singles living alone
- **57% unable to access needed services**
- Insecure finances, food & housing, transpo, job, education, unsafe relationships
- Lower ratings on basic needs, emotional wellbeing, learning/growth, sense of purpose & meaning

Were you able to get the services you need? (a107)

NOTE: This is among the 24% of Seward respondents who reported needing mental health services or substance misuse treatment.

AVERAGES

Not available for this question



Key Findings

Overall, nearly 14% of all Seward residents were unable to access the mental health services or substance misuse treatment they needed in the past 12 months.

- 57% who needed mental health/substance use services were unable to get them.
- 35% able to access services are DOING WELL/FLOURISHING, vs. 11% unable.
- 65% able to access services are STRUGGLING/MIXED, vs. 95% unable.

Ability to access needed services higher among:

- Age 75+, people who are employed
- People rating high on most well-being metrics

Inability to access services higher among:

- People of color

Why were you not able to get the services you needed? (a108)

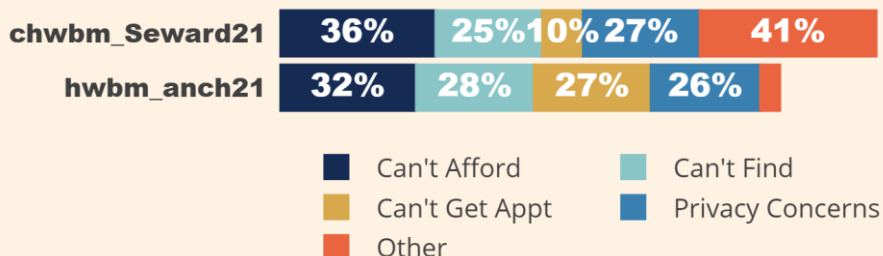
NOTE: This is among the 57% of Seward respondents (representing about 14% of Seward residents overall) who reported they were unable to access needed mental health services or substance abuse treatment.

Multiple answers permitted. Totals add to >100%

AVERAGES

Not available for this question

DISTRIBUTION



Key Findings

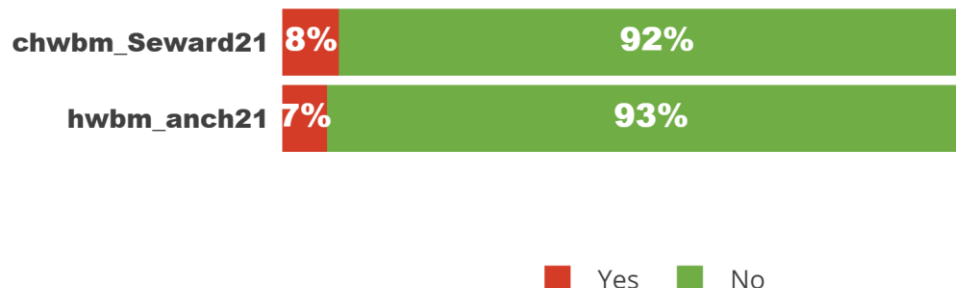
Nearly 1 in 4 adult residents needed mental health or substance abuse treatment.

- **Affordability** (36%) was a bigger barrier for men, less than fully employed, HH's with income under \$25K, HS or lower education, singles
- **Inability to find services** (25%) was a bigger barrier for men, people under age 35, and employed
- **Inability to get an appointment** (10%) was a bigger barrier for women, age <25, fully employed, HH incomes < \$50K,
- **Privacy concerns** (27%) were a bigger barrier for men, couples,

During the past 12 months, did you ever seriously consider attempting suicide? (a109)

AVERAGES

Not available for this question



Key Findings

8% of Seward adult residents -- an estimated 300 people -- seriously considered taking their own lives last year.

- 94% contemplating suicide (vs. 50% of those who did not) are STRUGGLING/MIXED

Among those who reported seriously considering suicide:

- 22% were female
- 17% were < age 18-24 and 50%, 45-54
- 58% were jobless
- 75% were singles without children
- 59% were food insecure, 75% job insecure, 75% housing insecure
- 91% reported they needed mental health services, and 77% of these were unable to secure needed services
- 50% did not feel part of the community



Dimension 3

Neighborhood & Environment

In important ways, your location defines your health. Safe, connected, walkable neighborhoods with access to nutritional food, good education for children, and human services make it easier to enjoy well-being. Being in nature not only makes you feel better emotionally, it contributes to your physical well-being. It soothes, restores and connects. People who live near parks and natural areas are more physically active, live longer, and these open spaces draw people together, enhancing social connections.

Overall Scores



- 50% above benchmark
- 0% at benchmark
- 50% below benchmark



What This Community Can Do

Encourage stewardship of our natural environment in our homes, workplaces, communities, and society. As individuals, nurture time spent outdoors – connecting with the mystery of the larger world, bringing perceptive beauty and positive mood.

KEY FINDINGS

Seward was above benchmark on 3 of 6 indicators (50%).

HWBM Composite Indicators are strong guides for action:

- 56% to 64% with high ratings on these indicators are classified as **DOING WELL/FLOURISHING**
- 65% to 81% with low ratings (including homelessness worries) are classified as **STRUGGLING**

Indicators in this dimension are correlated with:

- Core4 Well-being Index; emotional health rating; opportunities for learning and growth; relationship ratings; physical health satisfaction; and debilitating health days

Respondents with low ratings share these attributes at higher levels:

- Age 18-24
- Jobless, HH income <\$50K
- Singles without children
- HS education or less
- Basic needs insecurity -- housing, food, transpo, unsafe relationships
- Mental health service seekers who did not secure needed services)
- Lower ratings on mental health, care access, learning/growth opps, community belonging & safety, desirability for children and elders

Key Driver Analysis of your data suggests 3 strategies* to increase overall Core4 Well-being Index scores:

- **Improve perceptions of Seward as a safe community overall, and for children and elders**
- **Invest in efforts to improve perceived neighborhood quality**
- **Exercise promotion and access to fresh fruits/vegetables**



ENVIRONMENT AND WELL-BEING. A healthy physical environment – with access to clean water and air - is crucial to good health and well-being.

Increasingly, the threat of global climate change may dwarf all other dimensions of health in the future – threatening our social and political stability, economies, food supply, the viability of life and civilization on earth as we know it.

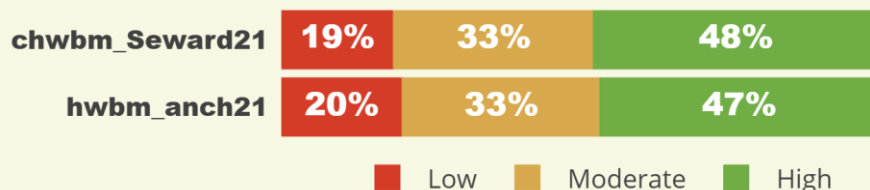
*Differences in these wellbeing factors explain 47% of the variation in your Core4 Well-being Index score. (R-squared value: .4671.)

Rate the neighborhood you live in. (6a)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 8.1 (strong)

- 56% with high ratings are DOING WELL/FLOURISHING; 78% with low ratings are STRUGGLING/MIXED

Higher scores:

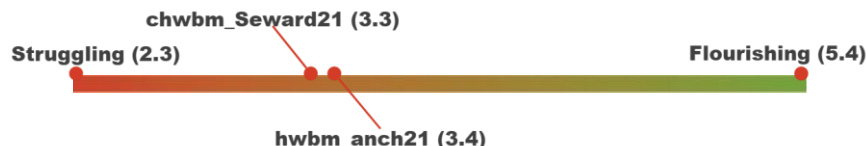
- Age 75+, retired, HH incomes over \$150K
- Higher ratings on physical and mental health, community belonging

Lower scores:

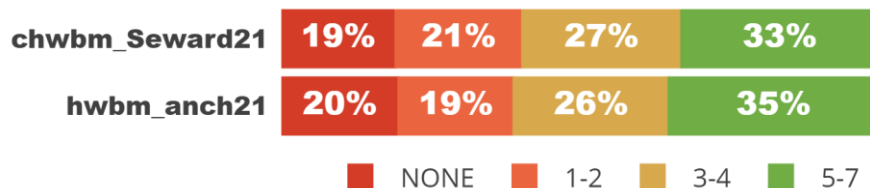
- Jobless, students,
- Singles without children,
- Financially insecure including food, transpo, housing, education/training gap, unsafe relationships
- 39% are Mental health service seekers (of whom 79% did not secure needed services)
- Lower ratings on job, mental health, care access, learning/growth opps, cmtly belonging, cmtly safety, quality for kids/elders

How many days do you eat 5 servings of fresh vegetables & fruit, past week? (14a)

AVERAGES (Days/week)



DISTRIBUTION



*CDC Recommendations:
Adults: 1.5-2 cup equivalents of fruits and 2-3 cup equivalents of vegetables per day.*

Key Findings

Average: 3.3 days/week

- FLOURISHING (average 5.4 days) are below CDC guidelines
- 60% with high 5-7 days are DOING WELL/FLOURISHING; 65% with 0 days are STRUGGLING/MIXED

5-7 days/week:

- 53% are > age 55+, 29% retired,
- High ratings on meeting basic needs, spirituality, sense of purpose, cmtly influence & belonging, views Seward is a good community for elders

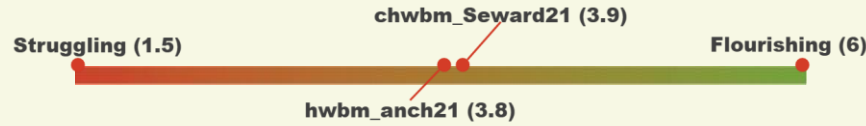
0 days/week:

- Students, HH income <\$50K,
- Low ratings on neighborhood, physical health

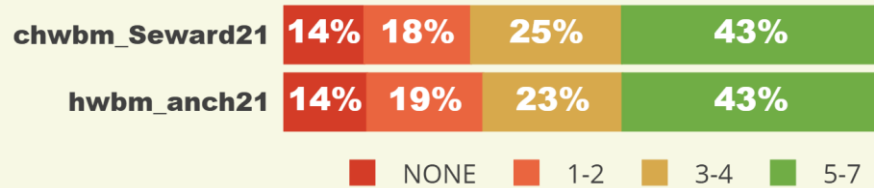
In the past week, how many days did you walk or exercise 30 minutes or more? (14c)

CDC recommendation: Adults 5+ days/week

AVERAGES (Days/week)



DISTRIBUTION



Key Findings

Average: 3.9 days/week

- FLOURISHING (average 6 days/wk) are meeting CDC guidelines of 5+ days
- 60% with high 5-7 days are DOING WELL/FLOURISHING; 76% with 0 days are STRUGGLING/MIXED

Higher scores:

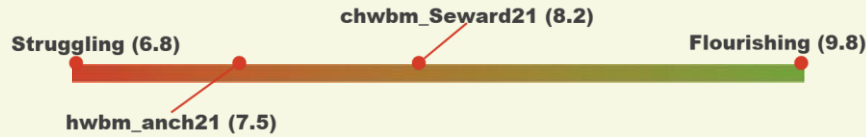
- Aged 75+; retired
- High ratings on physical health, healthcare access, views Seward as good community for elders

Lower scores:

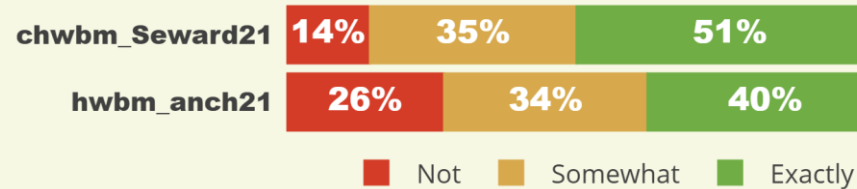
- Aged 18-24,
- Jobless, food insecure
- Lower ratings on physical health, relationships, community influence, cmtly safety

I feel safe in my community. (7f)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 8.2 (STRUGGLING nearly 7.0)

- Seward is predominantly viewed by residents as a safe community
- 63% with high ratings are DOING WELL/FLOURISHING; 81% with low ratings are STRUGGLING/MIXED

High scores:

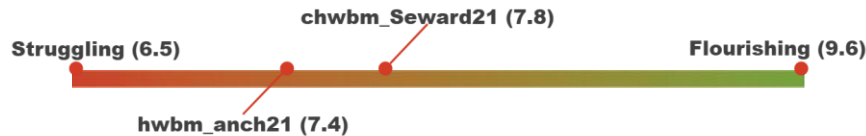
- Age 75+; Higher ratings on physical & mental health, job, relationships, learning/growth opps, sense of purpose, cmtly belonging, financial security, Seward a safe cmtly, good for children /elders

Lower scores:

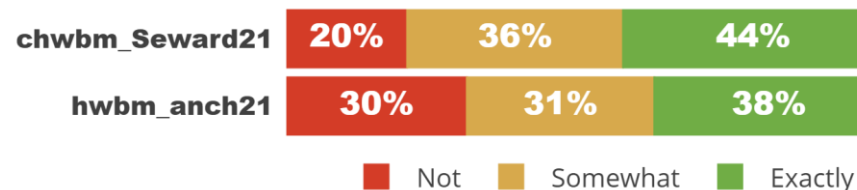
- Jobless, students, HH income < \$25K, singles without children,
- Financial security & basic needs--food, transo, housing, unsafe personal relationships

My community is a good place to raise children. (7g)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.8 (STRUGGLING 6.5)

- 64% with high ratings are DOING WELL/FLOURISHING; 68% with low ratings are STRUGGLING/MIXED

High scores:

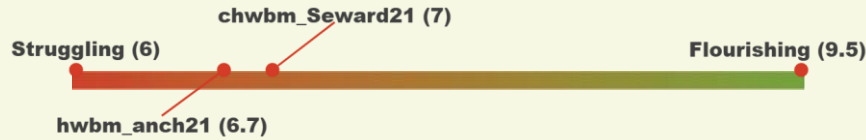
- Ages 55+, Higher ratings on physical / mental health, relationships, learning/growth opps, sense of purpose, cmtly influence & belonging, good for elders too

Lower scores:

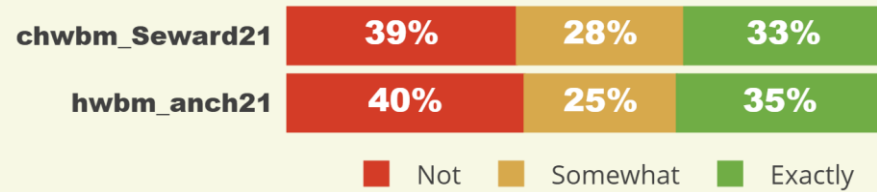
- Self-defined gender, age 18-24, jobless, singles without children
- Insecure transpo, housing, unsafe relationships,
- Lower ratings on neighborhood, care access, most key metrics

My community is a good place to grow old. (7h)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.0

- 64% with high ratings are DOING WELL/FLOURISHING; 65% with low ratings are STRUGGLING/MIXED

High scores:

- Age 75+, retired,
- High ratings on physical & mental/emotional health, healthcare access, job, relationships, spirituality, cmtly belonging & influence, financial security, cmtly safety, good place for children

Lower scores:

- Low ratings on neighborhood, healthcare access, job, cmtly belonging cmtly safety, good place for children



Dimension 4

Work, Learning & Growth

Employment, education and opportunities for personal growth are bedrocks of well-being.

Using available resources to develop and create opportunities that resonate with your unique gifts, skills, and talents contributes to meaning and purpose, and helps you remain active and involved throughout life.

Education is deeply connected with well-being. Opportunities for ongoing growth brings a sense of purpose and meaning. A work life or career consistent with your personal values, interests, beliefs and balances both work and can contribute greatly to all six dimensions of well-being.

Overall Scores



- **40% above benchmark**
- **40% at benchmark**
- **20% below benchmark**



What This Community Can Do

Facilitate equitable access to life-long learning at home, in schools, at work and community/society. Seek and offer education and growth opportunities in work and life. Boost confidence, purpose, skills and connect with others.

KEY FINDINGS

Seward was below benchmark on 4 of 5 indicators (80%).

- 10% were unemployed, 17% lacked needed training, and 19% were job insecure.

HWBM Composite Indicators are strong guides for action:

- 65% to 75% with high ratings on these indicators are DOING WELL/FLOURISHING
- 79% to 89% with low ratings are STRUGGLING/MIXED

Indicators in this dimension are correlated with:

- Core4 Well-being Index; emotional health rating; opportunities for learning and growth; relationship ratings; physical health satisfaction; and debilitating health days

Respondents with low ratings share these attributes at higher levels:

- HH income under \$50K/year
- Single, ages <45
- HS or less education
- BIPOC
- Jobless, financial insecurity
- Gaps in basic needs (food, transpo, housing, job, education/training, safe personal relationships)
- Low ratings on physical/mental health, access to care, relationships, learning & growth opportunities, purpose, community belonging & influence, community safety, desirability for children, elders
- Mental health service seekers who are challenged with access

Key Driver Analysis of your data suggests 3 strategies* to increase overall Core4 Well-being Index scores:

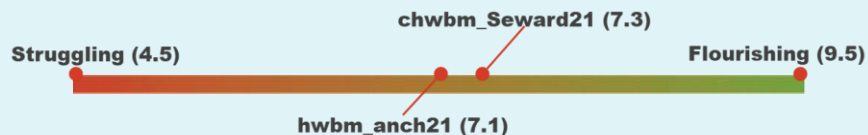
- Invest in efforts to improve job access, quality & conditions
- Improve opportunities for learning & growth in Seward
- Design & promote initiatives that connect to residents' sense of purpose & meaning

*Differences in these wellbeing factors explain 63% of the variation in your Core4 Well-being Index score. (R-squared value: .6326.)

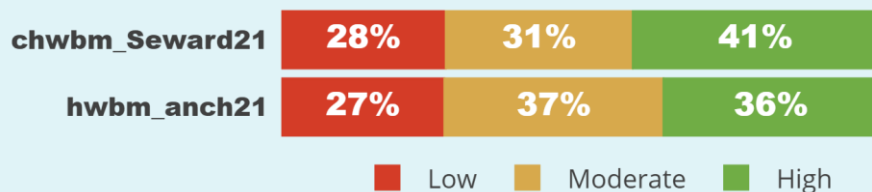


Rate your work or job (poor-excellent). (6d)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.3

- 65% with high ratings are DOING WELL/FLOURISHING; 81% with low ratings are STRUGGLING/MIXED

Higher scores:

- Age 75+, retired, single, low (14%) mental health seekers (88% received services)
- High ratings on care access, mental/emotional health, relationships, learning opps, purpose, cmtly belonging & influence & safety, good place for elders

Lower scores:

- Jobless, single, insecure transpo, housing, job, educ/training
- Low ratings on physical/mental health, access to care & basic needs, relationships, growth opps, purpose, cmtly belonging & influence, cmtly safety and place for children, elders

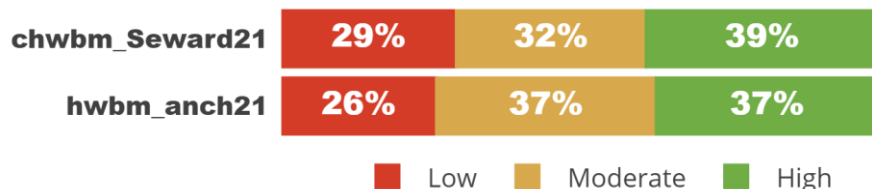


Rate your opportunities for learning and growth (poor-excellent). (6h)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.5

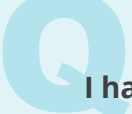
- 75% with high ratings are DOING WELL/FLOURISHING; 86% with low ratings are STRUGGLING/MIXED

Higher scores:

- Age 75+, students/retired, low (14%) mental health seekers w/ high (88%) access
- Higher ratings on phys/mental health & care access, job, financial security & basic needs, relationships, virtually all metrics.

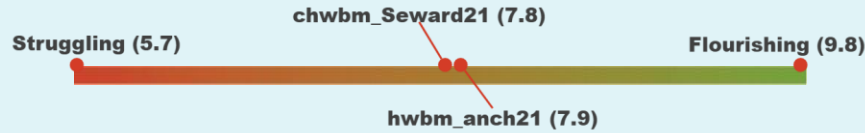
Lower scores:

- Women, Age 18-24, single with children, insecure housing, job, education/training, unsafe relationships, low access to care, cmtly safety, virtually all other key metrics.
- High (38%) mental health service seekers with low (27%) access

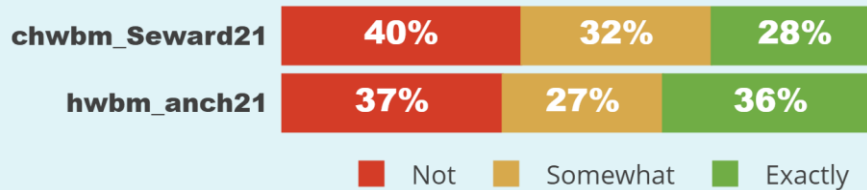


I have a sense of purpose and meaning in my life. (7b)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.8

- 68% with high ratings are DOING WELL/FLOURISHING; 89% with low ratings are STRUGGLING/MIXED

High scores:

- Over age 65; retired, Higher ratings on work/job, emotional health, learning/growth, spirituality, cmtty belonging & efficacy, financial security

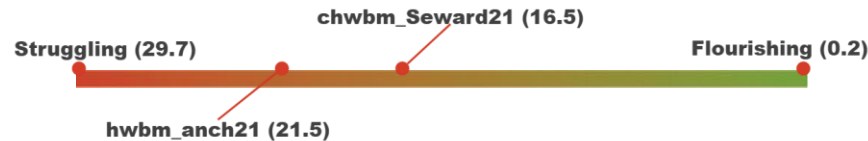
Lower scores:

- Jobless, HH income <\$50K, Singles, access to care; 48% need mental health services (and 70% didn't receive them); insecure housing, job, unsafe relationships,
- Lower ratings on neighborhood, job, re-, relationships; care access, cmtty safety & desirability for children & elders.

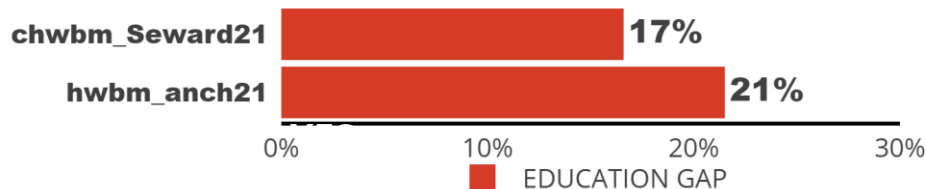


Do you need additional education or training to get the job and income you need? (9f)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 16.5% of residents (~600) are without training/education to be financially secure.
- 27% are not currently employed.
- Among this group, 21% are DOING WELL/FLOURISHING; 79% are STRUGGLING/MIXED

Higher among

- Gender self-defined
- 64% under age 35, part-time or unemployed, students, HH income <\$25K, HS education, 66% single (16% with children at home), BIPOC, high (58%) mental health service seekers (64% not receiving services),
- Insecure food, transpo, housing, job
- Low ratings on every key metric except views of Seward as good for kids, elders

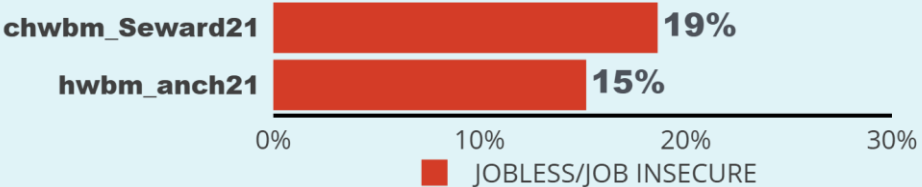


Are you without a stable job, or do you need help getting a better job? (9e)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 18.6% of residents (~700) are jobless or job insecure.
- 40% are not currently employed.
- Among this group, 17% are DOING WELL/FLOURISHING; 83% are STRUGGLING/MIXED

Higher among

- Men, gender self-defined,
- 71% under age 45, 26% part-time /40% unemployed, 78% HH income under \$50K, 74% HS education or less,
- High (56%) mental health service seekers (73% did not secure access)
- Insecure food, transpo, housing, education/training gap
- Low ratings on mental/emotional health, basic needs, growth opps, sense of purpose, financial security



Dimension 5

Security & Basic Needs

Having enough, and freedom from worry. We need enough money for food, rent or mortgage, health care, medical bills and basic expenses of daily living. Lack of access to basic needs and personal safety are linked at all stages of life to physical and mental illness, post-traumatic stress, shorter lifespans and poorer quality of life.

The experience of others affects you. 2019 Monitor™ research found that overall community well-being was measurably lower for ALL where rates of homelessness are higher. Research shows that ‘extras’ don’t really contribute to our well-being-unless it is for fun activities and friends, or expenses that match our values.

Overall Scores



- 23% above benchmark
- 23% at benchmark
- 54% below benchmark

KEY FINDINGS

Economic insecurity -- including food, housing, job -- affects over 4 in 10 Seward adults and has a significant impact on overall wellbeing.

Seward was at or above benchmark on 6 of 13 (54%) key indicators, including the "TotalHEALTH 7" set of basic needs.

- HWBM Composite Indicators are strong guides for action:
 - Up to 78% with high ratings on these indicators are DOING WELL/FLOURISHING
 - 76% to 99% with low ratings are classified as STRUGGLING

Indicators in this dimension are moderately correlated with:

- Core4 Well-being Index; emotional health rating; opportunities for learning and growth; relationship ratings; physical health satisfaction; and debilitating health days

Affected respondents share these attributes at higher levels:

- Ages 18-34; BIPOC; students; single with children at home
- HH income under \$25K/year; jobless, HS or less education
- Gaps in basic needs, especially reliable access to food, transportation, housing, ability to pay power/water bills, job, safe relationships
- Higher prevalence of mental health service seekers unable to secure access
- Low ratings on nearly all key well-being metrics.

Key Driver Analysis of your Security & Basic Needs data suggests 4 strategies* to increase overall Core4 Well-being Index scores:

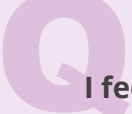
- Promote efforts to increase residents' financial security
- Improve access to health care and health information (beyond mental health services)
- Increase access to mental health services
- Improve access to basic needs -- see below.

Key Driver Analysis of your TotalHEALTH7 Basic Needs data suggests 3 strategies** to increase overall Core4 Well-being Index scores:

- Secure employment
- Safe relationships (domestic violence prevention & response)
- Reduce housing insecurity

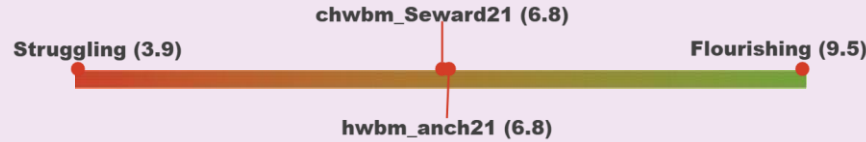
*Differences in these wellbeing factors explain 64% of the variation in your Core4 Well-being Index score. (R-squared value: .6415.)

**Differences in these wellbeing factors explain 33% of the variation in your Core4 Well-being Index score. (R-squared value: .3325.)

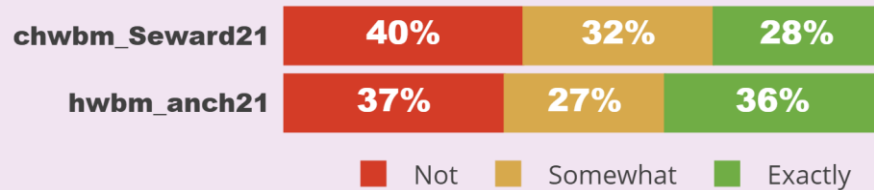


I feel secure about my financial future. (7d)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 6.8

- 78% with high ratings are DOING WELL/FLOURISHING; 80% with low ratings are STRUGGLING/MIXED
- High ratings on this measure are significantly below Anchorage

Higher scores:

- 68% > age55, 36% retired, 37% HH income >\$125K, 44% couples w/o kids at home, low (14%) mental health service seekers and high (75%) access
- Higher ratings on every key metric especially cmtly belonging

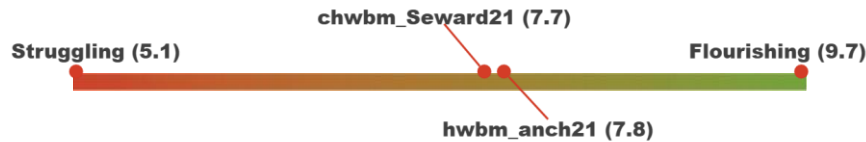
Lower scores:

- Age 18-24, students, single with children at home,
- 70% insecure in one or more of transpo, housing, job, unsafe relationships
- Low ratings on nearly all key metrics.

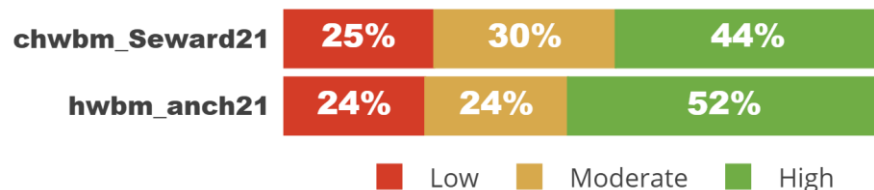


Your ability to meet your basic needs - like food, housing, transportation, safety. (6f)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.7 (generally a strength)

- 60% with high ratings are DOING WELL/FLOURISHING; 79% with low ratings are STRUGGLING/MIXED

Higher scores:

- Age 55+, retired, HH income >\$125K, BA+ education,
- low mental health seekers (13%) with high access (80%)
- High ratings on phys & mental health, access to care, cmtly belonging

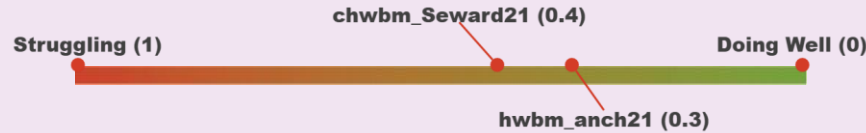
Lower scores:

- Jobless, HH income <\$25K, HS or less education, Single with children at home
- 41% mental health service seekers; 58% unable to secure.
- Insecure on all basic needs

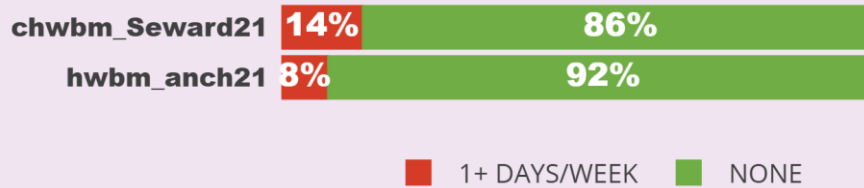


In the past week, how often did you go without a meal due to lack of money? (14e)

AVERAGES (Days per week)



DISTRIBUTION



Key Findings

Average: 14% (about 500 adults) skipped one or more meals in the past week for lack of money.

- Nearly twice the rate of Anchorage benchmark

Among those reporting 0 skipped meal days:

- No consistent patterns in the data

Among those reporting 5-7 skipped meal days:

- age 18-24,
- 21% Part time, 37% unemployed
- HH income under \$25K,
- 20% single with children, 49% living alone
- 54% seeking mental health services (68% did not secure them)
- 78% insecure on at least 1 basic need
- Insecure on every basic need
- Low ratings of mental health, purpose/meaning, cmty influence



The next questions are about health care insurance. (17)

AVERAGES

Not available for this question

DISTRIBUTION



Key Findings

Average: 11% (~400 adults) lack coverage.

- 50% with coverage are FLOURISHING; 23% without coverage DOING WELL/FLOURISHING; 77% without coverage are STRUGGLING/MIXED

Among those with health insurance:

- No consistent patterns in the data

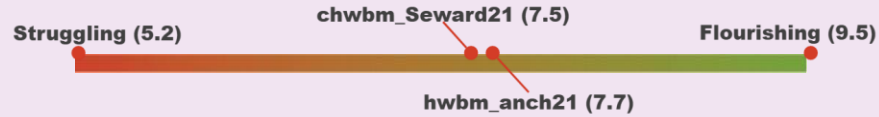
Among those without coverage, higher rates of:

- Females, Part-time or Unemployed, HH incomes <\$50K, 36% singles with children,
- Food, transpo, housing, job insecurity
- Lower healthcare access
- 43% needed mental health services and 83% did not secure them
- 85% insecure on 1+ basic needs
- Lower ratings on nearly all key metrics.

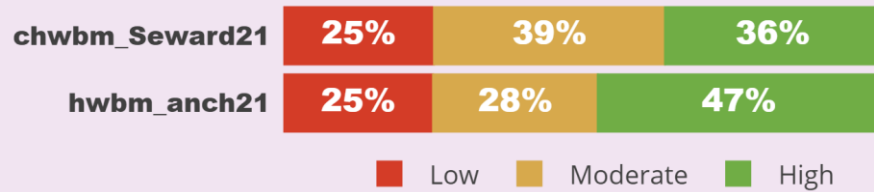


Rate your ability to get medical care & health info. (6c)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.5

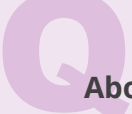
- While average score is not significantly lower than Anchorage benchmark, Seward residents rating high and moderate access are significantly lower than Anchorage
- 66% with high ratings are DOING WELL/FLOURISHING; 76% with low ratings are STRUGGLING/MIXED

Higher scores among:

- >age 65, retired,
- low (14%) mental health service seekers (of whom 95% secured services)
- Higher ratings on most key metrics.

Lower scores among:

- No strong demographic differences
- Higher housing insecurity, inability to pay power/water bills
- Lower ratings on virtually all key metrics.
- 41% mental health service seekers (of whom 75% didn't secure needed care)

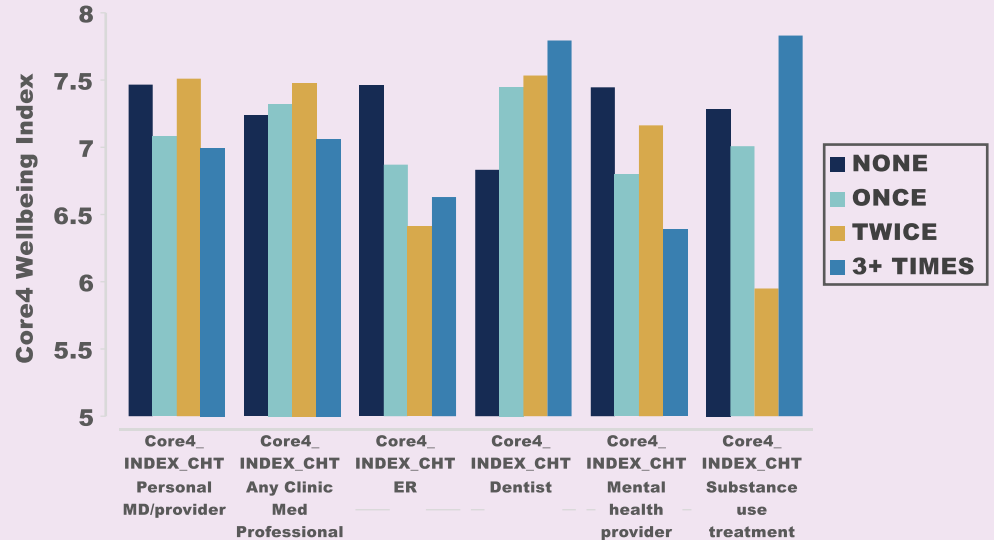
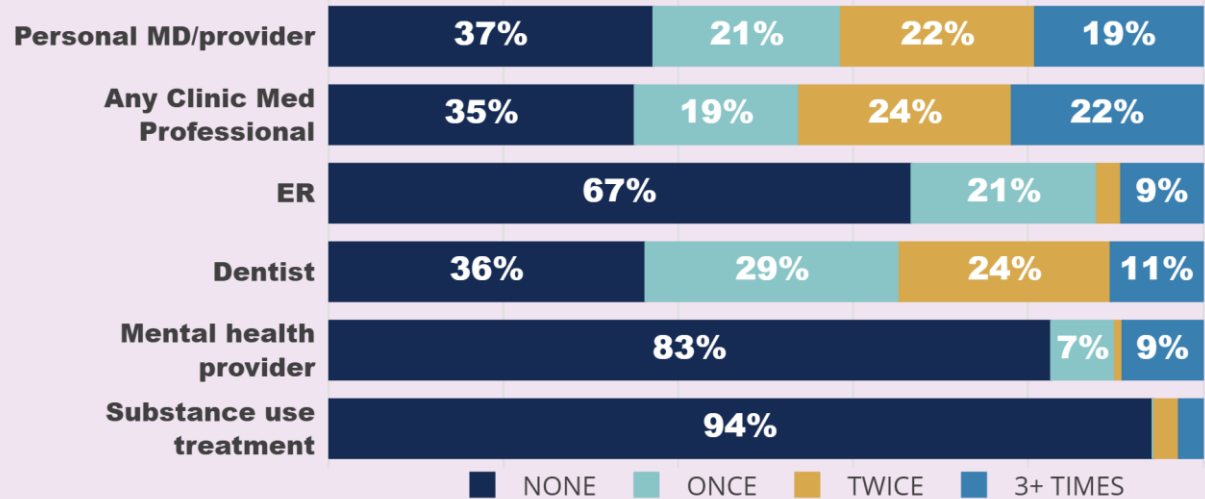


About how many times in the last year- if any - have you visited a healthcare professional? (15)

Key Findings

- Seward respondents averaged of 1.3 MD or other clinic visits, ,4 mental health visits
- Patterns of Core4 Wellbeing scores varied among differing rates of healthcare visits, with wellbeing falling as ER visits rose and wellbeing rising as dentists rose.

DISTRIBUTION

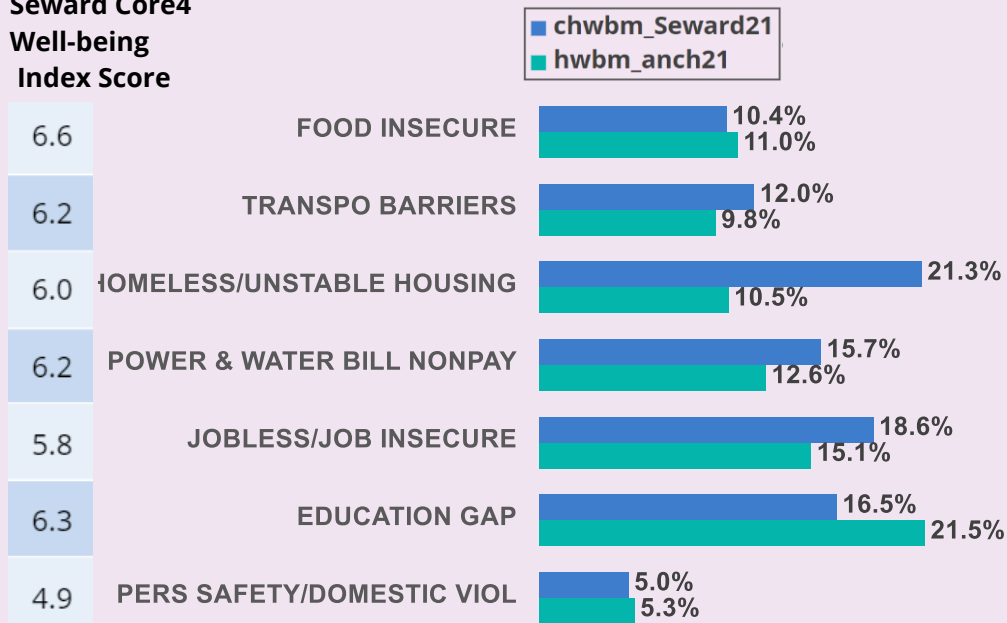


TotalHealth7™ Basic Needs Panel

TotalHEALTH7™ is a panel of questions tied to key security and basic needs issues.

- Over 4 in 10 Seward adults -- an estimated 1,600 residents -- currently experience or worry about one or more of these 7 basic needs.
- Among respondents with these basic need gaps, Core4 Well-being Index scores are 8% to 32% lower than the Seward average of 7.20 (a low "C"), as shown below.

Seward Core4
Well-being
Index Score



KEY FINDINGS

Seward was unfavorable to benchmark on 4 of 7 key basic needs indicators (57%).

- HWBM Composite Indicators are strong guides for action: Among those expressing needs aside from education/training, 76%-99.8% were STRUGGLING/MIXED, while only 0.2%-21% were DOING WELL/FLOURISHING.

43% of adult residents reported at least one unmet basic need:

- 10.4% food insecurity -- 6% favorable to benchmark
- 12.0% transportation barriers -- 22% unfavorable to benchmark
- 21.3% homeless/housing insecurity -- 103% unfavorable to benchmark
- 15.7% power/water bill insecurity -- 25% unfavorable to benchmark
- 18.6% joblessness/job insecurity -- 23% unfavorable to benchmark
- 16.5% training/education insecurity -- 23% favorable to benchmark
- 5.0% unsafe personal relationships -- 5% favorable to benchmark

Indicators in this dimension are correlated with:

- Core4 Index (.50); overall wellbeing satisfaction (.52), and moderately correlated with community belonging; opportunities for learning and growth; ability to get medical care and health information; relationships; mental-emotional health satisfaction; and sense of purpose & meaning.

Respondents with unmet needs share these attributes in higher proportions:

- Females and gender self-defined, Singles, all ages
- HH incomes <\$50K; HS or less education; Jobless, students, retired
- Mental health service seekers unable to access services
- Low ratings on mental/emotional health, basic needs, opportunities for learning and growth, sense of purpose & meaning, financial security, virtually every other key wellbeing metric.

Key Driver Analysis of your data suggests 3 strategies* to increase overall Core4 Well-being Index scores:

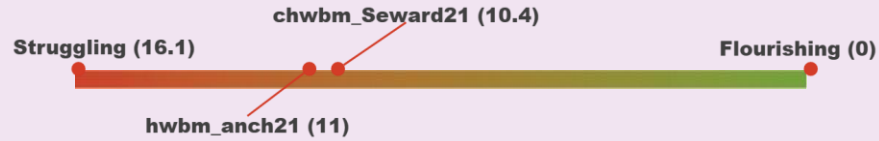
- Secure employment
- Safe relationships (domestic violence prevention & response)
- Reduce housing insecurity

*Differences in these wellbeing factors explain 33% of the variation in your Core4 Well-being Index score. (R-squared value: .3325)

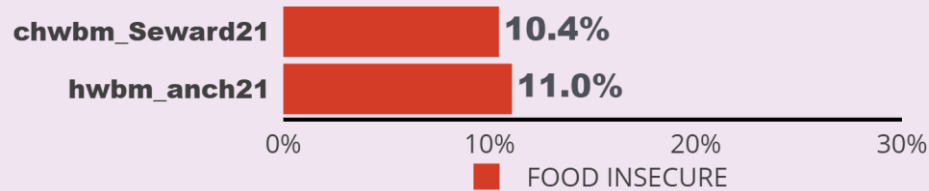


Are you worried that you or others in your home will not have enough food to eat? (9a)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 10% of residents (estimated 400 adults) are food insecure
- Among food insecure, 21% DOING WELL/FLOURISHING; 79% are STRUGGLING/MIXED

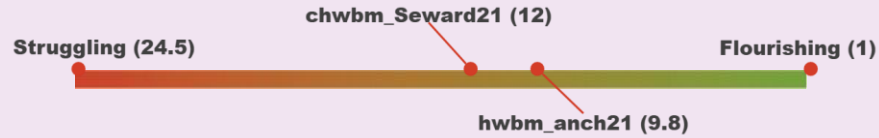
Higher among:

- Females and gender self-defined
- Age 45-54,
- Jobless and students
- HH incomes <\$25K
- HS or less education
- Singles (50% are singles living alone)
- Highly Insecure on all key basic needs except unsafe relationships
- 60% needed mental health services; 75% didn't receive them
- Lower ratings on every HWBM indicator

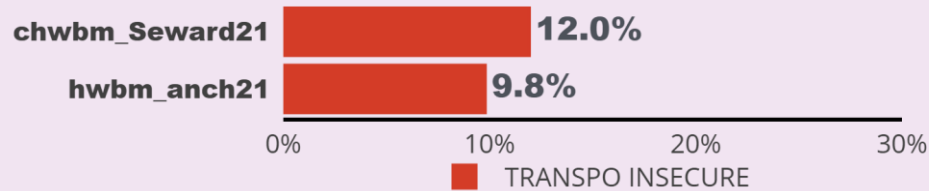


Are you worried about getting to work, school, groceries or appointments because you don't have a way to get there? (9b)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 12% of adult residents (estimated 500 adults) are transportation insecure
- Among them, 11% DOING WELL/FLOURISHING; 89% are STRUGGLING/MIXED

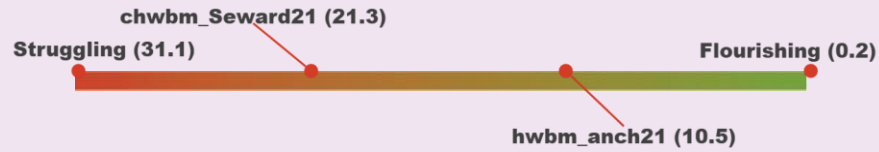
Higher among

- Females and gender self-defined
- Nearly half (46%) are 45-54 and 75+
- 43% unemployed, 24% retired
- 77% have HH incomes <\$25K
- 77% are single without children (58% living alone)
- 65% mental health svc seekers; 72% unable to get needed services
- Insecure on every TotalHEALTH7 basic need
- Lower ratings on most key metrics

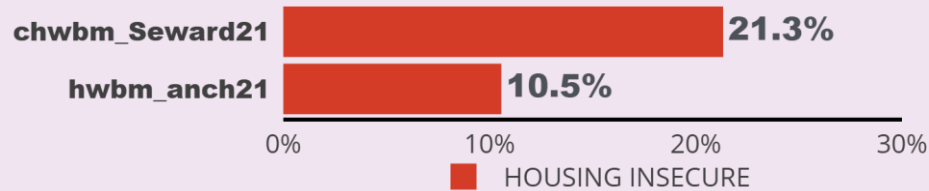


Are you living without stable housing, currently homeless or worried about losing your housing? (9c)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 21% of residents (estimated 800) are homeless or housing insecure
- This is over twice the Anchorage rate
- Among housing insecure, 16% DOING WELL/FLOURISHING; 84% are STRUGGLING/MIXED

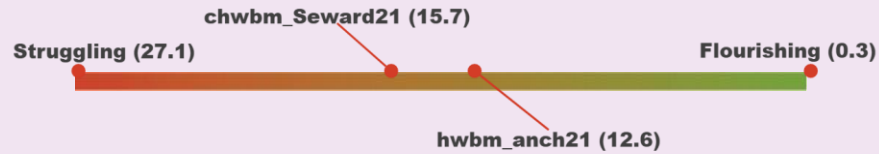
Higher among

- Females and gender self-defined
- < age 34,
- Jobless
- HH incomes <\$50K
- HS education or less
- 65% Single living alone or with other adults
- 58% are Mental health svc seekers; 65% unable to get needed services
- Highly correlated with all other TotalHealth7 basic need insecurities
- Lower ratings on every key metric.

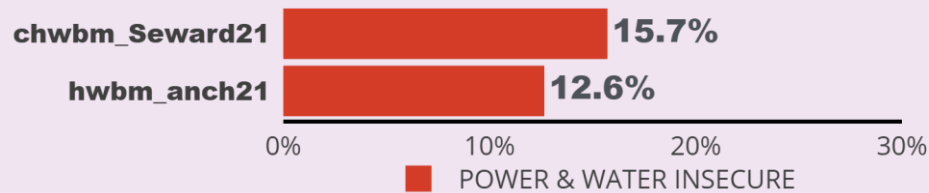


POWER & WATER: Are you worried about paying your water and/or power bills? (9d)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 16% of residents (estimated 600) are unable/worried about paying power & water bills
- Among this group, 17% are DOING WELL/FLOURISHING; 83% are STRUGGLING/MIXED

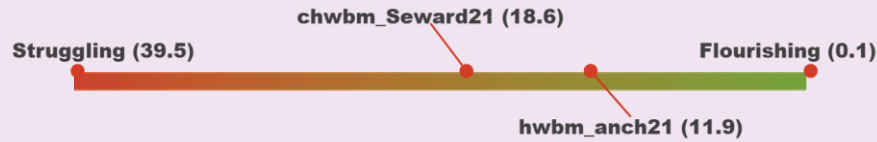
Higher among

- Females
- 35% age 45-54,
- 52% unemployed
- 64% HH incomes <\$50K
- 80% HS education or less
- 41% Single living alone (+15% living with other adults)
- 55% are Mental health svc seekers; 82% unable to get needed services
- Highly correlated with all other TotalHealth7 basic need insecurities, especially food and housing insecurity
- Lower ratings on most key metrics.

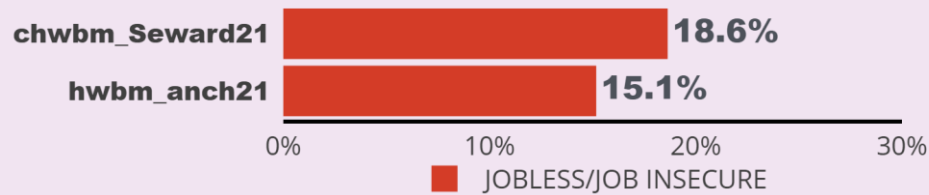


Are you without a stable job, or do you need help getting a better job? (9e)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 18.6% of residents (~700) are jobless or job insecure.
- 40% are not currently employed.
- Among this group, 17% are DOING WELL/FLOURISHING; 83% are STRUGGLING/MIXED

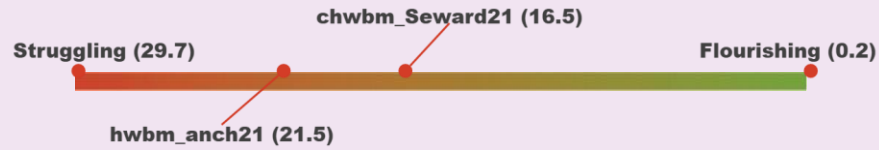
Higher among

- Men, gender self-defined,
- 71% under age 45, 26% part-time /40% unemployed, 78% HH income under \$50K, 74% HS education or less,
- High (56%) mental health service seekers (73% did not secure access)
- Insecure food, transpo, housing, education/training gap
- Low ratings on mental/emotional health, basic needs, growth opps, sense of purpose, financial security

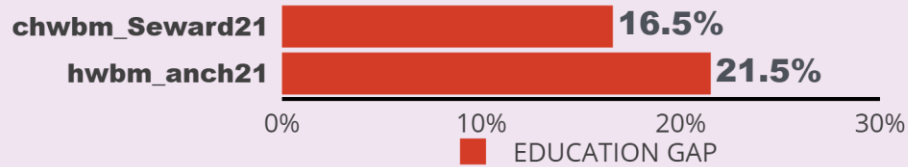


Do you need additional education or training to get the job and income you need? (9f)

AVERAGES (%)



DISTRIBUTION

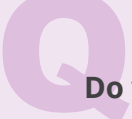


Key Findings

- 16.5% of residents (~600) are without training/education to be financially secure.
- 27% are not currently employed.
- Among this group, 21% are DOING WELL/FLOURISHING; 79% are STRUGGLING/MIXED

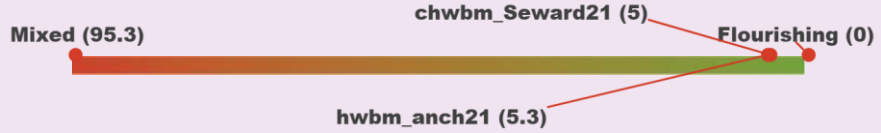
Higher among

- Gender self-defined
- 64% under age 35, part-time or unemployed, students, HH income <\$25K, HS education, 66% single (16% with children at home), BIPOC, high (58%) mental health service seekers (64% not receiving services),
- Insecure food, transpo, housing, job
- Low ratings on every key metric except views of Seward as good for kids, elders

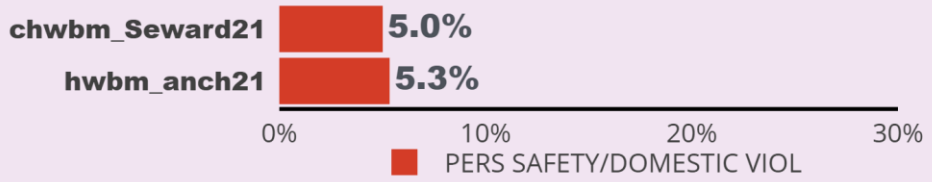


Do you ever feel unsafe in your relationship or at home? (9g)

AVERAGES (%)



DISTRIBUTION



Key Findings

- 5% of residents (estimated 200) report unsafe relationships at home.
- Among this group, 0.2% are DOING WELL/FLOURISHING; 99.8% are STRUGGLING/MIXED

Higher among

- Females and gender self-defined
- 59% aged 45-54 and 65-74
- 34% retired
- 67% HH incomes <\$50K; 32% over \$150-199K
- 61% some college
- 66% Single/living alone
- 35% are Mental health svc seekers; 42% unable to get needed services
- Correlated with transportation insecurity
- Lower ratings on virtually every HWBM indicator



Dimension 6

Physical Health

Physical health is both a state of being and a practice. Behaviors such as diet, exercise, sleep and stress have a profound effect on disease conditions and well-being. Physical health is also directly linked to hygiene routines, use of tobacco, alcohol and other drugs, the use of personal protective equipment, workplace safety and following safety guidelines, not taking unnecessary risks and the wise use of healthcare resources, including regular checkups and recommended screenings.

Overall Scores



- **88% above benchmark**
- **0% at benchmark**
- **12% below benchmark**

»» What This Community Can Do

Be a role model and self-care advocate. One of the most important things communities can do is to provide access to information, resources and built environments that support safety and health – helping individuals maintain an independent, productive and social life. And remember to “put on your own oxygen mask first.”

KEY FINDINGS

On 8 key indicators, Seward was above benchmark on 7 (88%).

- However, this is a low bar. Key indicators of physical health are below CDC guidelines.

HWBM Composite Indicators are strong guides for action:

- 52% to 86% with high ratings are DOING WELL/FLOURISHING
- 64% to 97% with low ratings are STRUGGLING/MIXED

Indicators in the Physical Health dimension are correlated with:

- Emotional well-being; poor mental health days; rating of current mental-emotional health

Respondents with low ratings share these attributes in higher proportions:

- 38% age 35-44; Couples with children at home
- Jobless, HH income <\$50K; less than HS education
- BIPOC residents
- Basic needs gaps, especially insecure food, transportation, housing, bills, job, unsafe personal relationships
- Mental health service seekers with difficulty accessing services
- Low ratings on neighborhood, physical/mental health, healthcare access, job, access to basic needs, relationships, learning & growth opportunities, financial security, desirability of Seward for children and elders, perceptions of community safety

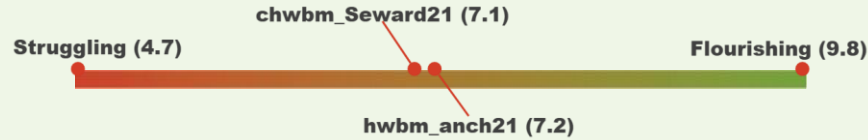
Key Driver Analysis of your data suggests 2 strategies* to increase overall Core4 Well-being Index scores:

- **Improve physical health as defined by residents**
- **Invest in actions that reduce the number of poor & debilitating physical health days by residents**

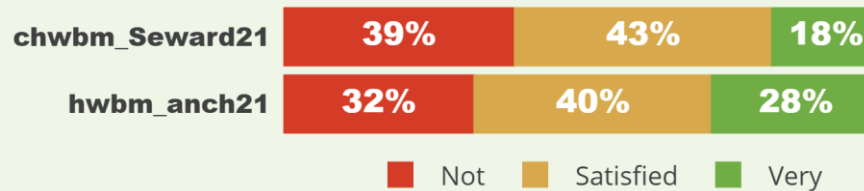
*Differences in these wellbeing factors explain 69% of the variation in your Core4 Well-being Index score. (R-squared value: .6857.)

Rate the current state of your physical health. (6b)

AVERAGES (0-10)



DISTRIBUTION



Key Findings

Average score: 7.1

- 86% with high ratings are DOING WELL/FLOURISHING; 97% with low ratings are STRUGGLING/MIXED

High scores (green):

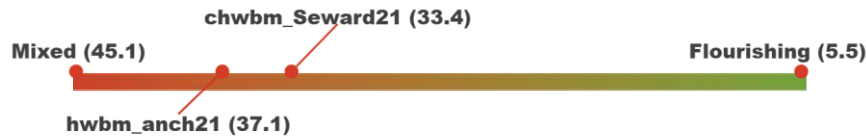
- 65% >age 55,
- Average rates (22%) of mental health serve seeking and high rates (83%) secured services
- Higher ratings on every key well-being metric.

Low scores (red):

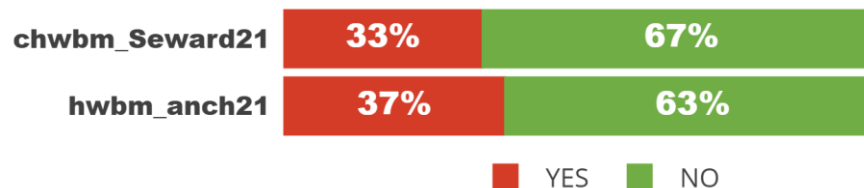
- 38% age 35-44
- 42% low healthcare access ratings, 44% low access to basic needs, 63% financially insecure

Do you have a medical or health condition that requires treatment or special care? (18)

AVERAGES (%)



DISTRIBUTION



Note that the overall rate of medical conditions in Seward is actually HIGHER than the % of STRUGGLING segment. The presence of a medical condition does not alone predict STRUGGLING wellbeing level.

Key Findings

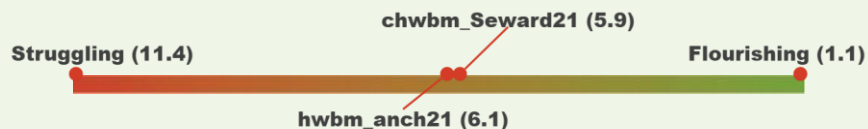
- 33% of residents (estimated 78,000 adults) have medical conditions
- 64% of STRUGGLING/MIXED have medical conditions
- 52% without medical conditions are DOING WELL/ FLOURISHING

"YES" (red) is higher among:

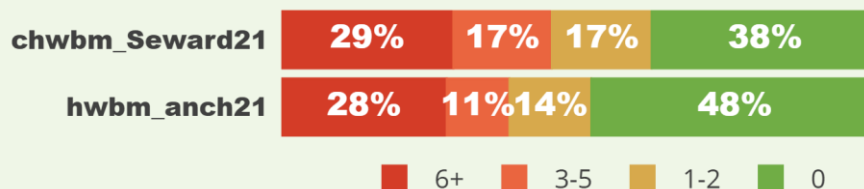
- Females, jobless, HH incomes under \$50K,
- less than HS education
- Persons of color
- Highly correlated with insecure food, transpo, housing, bills, job, unsafe personal relationships
- Medical conditions are distributed evenly among key wellbeing metrics

Poor physical health days/month: Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (11)

AVERAGES (Days/month)



DISTRIBUTION



Key Findings

Average: 5.9 days/month (>2 months/year)

- 66% with 0 days are DOING WELL/FLOURISHING; 83% with 6+ days are STRUGGLING/MIXED

0 poor health days:

- Males, high ratings on physical health

6+ poor health days:

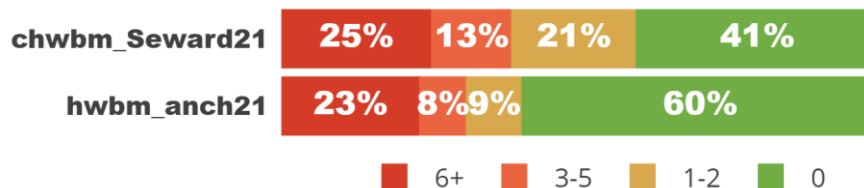
- 56% are 35-54
- 34% jobless
- 40% HH incomes < \$25K
- 45% mental health service seekers; 70% did not receive services
- Linked to food, transpo, housing, job insecurity
- Low ratings on neighborhood, physical/mental health, job, access to basic needs, perceptions of community safety

Debilitating health days/month: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (13)

AVERAGES (Days/month)



DISTRIBUTION



Key Findings

Average: 4.7 days/month (2 months/yr)

- Seward significantly higher 1-5 poor health days per month, and significantly lower than Anchorage on 0 poor health days.
- 59% with 0 days are DOING WELL/FLOURISHING; 86% with 6+ days are STRUGGLING/MIXED

0 debilitating health days:

- See detail on p. 27

6+ poor health days:

- See detail on p. 27

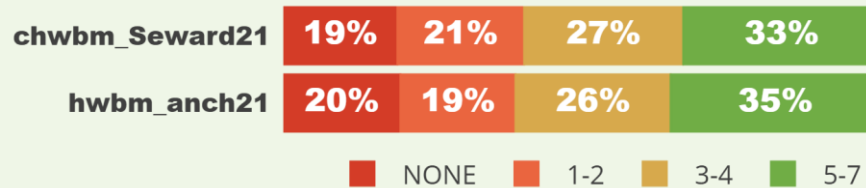
In the last week, how many days did you eat 5 servings of fresh vegetables & fruit? (14a)

CDC Recommendations:
Adults: 1.5-2 cup equivalents of fruits and 2-3 cup equivalents of vegetables per day.

AVERAGES (Days)



DISTRIBUTION



Key Findings

Average: 3.3 days/week

- FLOURISHING (average 5.4 days) are below CDC guidelines
- 60% with high 5-7 days are DOING WELL/FLOURISHING; 65% with 0 days are STRUGGLING/MIXED

5-7 days/week:

- 53% are > age 55+, 29% retired,
- High ratings on meeting basic needs, spirituality, sense of purpose, cmtly influence & belonging, views Seward is a good community for elders

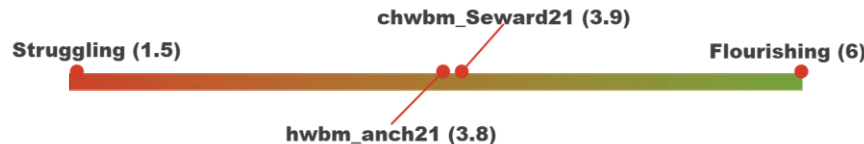
0 days/week:

- Students, HH income <\$50K,
- Low ratings on neighborhood, physical health

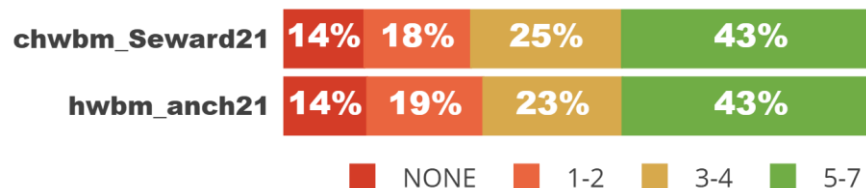
How many days in the past week did you walk or exercise 30 minutes or more? (14c)

CDC recommendation:
Adults 5+ days/week

AVERAGES (Days)



DISTRIBUTION



Key Findings

Average: 3.9 days/week

- FLOURISHING (average 6 days/wk) are meeting CDC guidelines of 5+ days
- 60% with high 5-7 days are DOING WELL/FLOURISHING; 76% with 0 days are STRUGGLING/MIXED

Higher scores:

- Aged 75+; retired
- High ratings on physical health, healthcare access, views Seward as good community for elders

Lower scores:

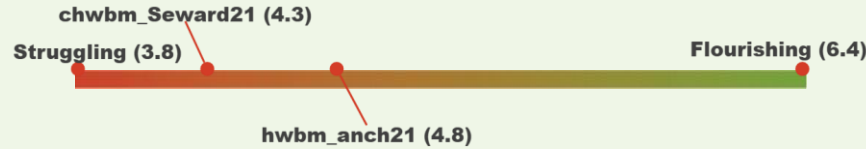
- Aged 18-24,
- Jobless, food insecure
- Lower ratings on physical health, relationships, community influence, cmtly safety



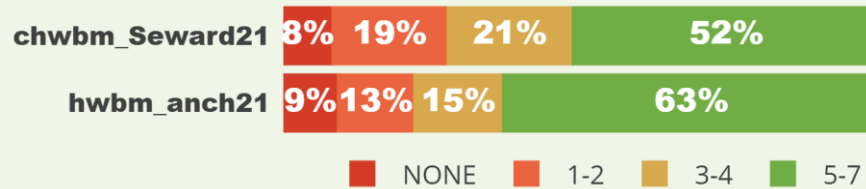
In the last week, how many days did you sleep at least 7 hours? (14d)

CDC Recommendations:
7+ hours every night

AVERAGES (Days/week)



DISTRIBUTION



Key Findings

Average: 4.3 days/week

- Only half of Seward adults get CDC recommended nightly sleep compared to nearly two-thirds of Anchorage adults.
- The 11% of Seward adults in the FLOURISHING segment fall below CDC guidelines
- 58% with high 5-7 days are DOING WELL/FLOURISHING; 73% with 0 days are STRUGGLING/MIXED

Higher scores (5-7 days):

- Males, jobless, less than HS education.
- No other consistent patterns; good sleep distributed evenly in population

Lower scores (0 days):

- Women, gender self described
- Age 35-44,
- HH incomes \$50-75K and \$150-199K
- 55% are couples with children at home
- Nearly three times more prevalent among BIPOC residents
- Five times more prevalent among residents reporting unsafe personal relationships
- Lower ratings on physical health, work/job, relationships, learning & growth opps, spirituality, financial security, desirability of Seward for children and elders

Tailored Questions

INDEX TO TAILORED QUESTIONS

The Health & Well-being Monitor is designed to incorporate a comprehensive set of well-being indicators, along with tailored questions that are relevant at the local level.

This survey includes 15 tailored questions -- 8 incorporated into their most relevant Dimensions of Health section, and 7 on the following pages.

See this section

- Covid-19 Personal Impacts (a2) **T**
- Covid Vaccination Status (a3) **T**
- Reasons to avoid Covid vaccine (a4) **T**
- Binge Drinking (a104) **T**
- Alcohol consumption vs. pre-Covid (a105) **T**
- Smoking/Vaping (a112) **T**
- Confidence Achieving Best Health (a110) **T**

Mental, Emotional & Spiritual Health section

- Need for Mental Health/Substance Use Tx (a106) **T**
- Ability to get MH/Substance Use Tx (a107) **T**
- Barriers to get MH/Substance Use Tx (a108) **T**
- Suicidal Ideation (a109) **T**

Security & Basic Needs section

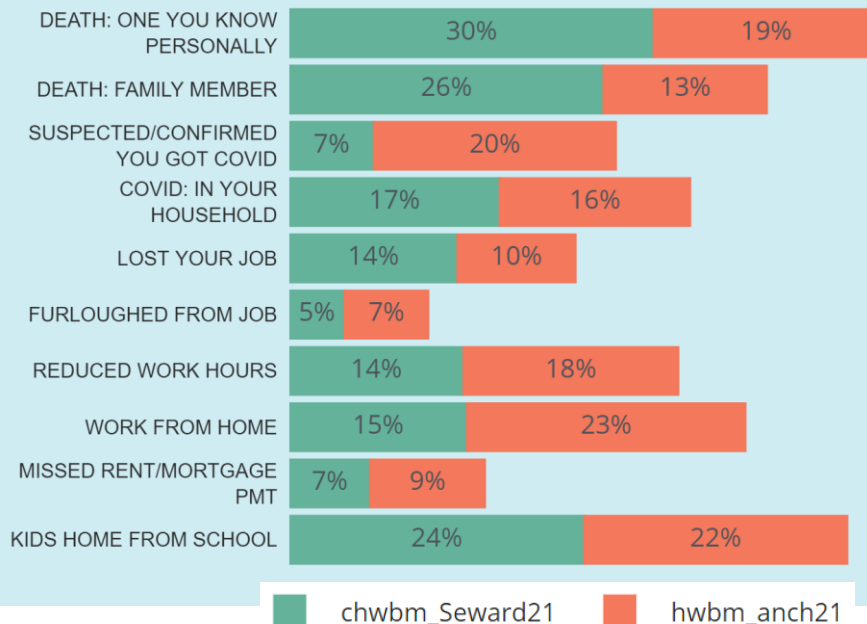
- Help with Chores if Sick (a111) **T**

Neighborhood & Environment section

- Feel Safe in my Community (q7f) **T**
- Community as a place to raise children (q7g) **T**
- Community as a place to grow old (q7h) **T**

These next questions are about the Coronavirus pandemic. Which of the following have you personally experienced since the beginning of the outbreak? (a2)

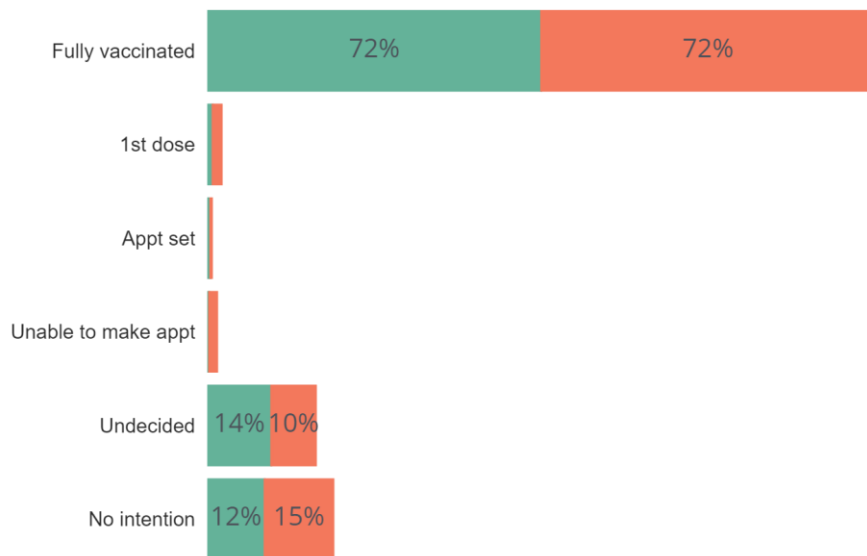
DISTRIBUTION



Key Findings

- Personal impacts of Covid-19 have had a measurable impact on overall wellbeing of Seward adults.
- 49% of respondents experienced at least one of the listed impacts at left
- Core4 Wellbeing Index score fell 9 points to 6.3 (a "D") for the 17% of Seward adults with covid in their households
- The 14% with job impacts reduced wellbeing an average of 9 points, to 6.3 (a "D")
- Greatest impact was from economic damage: among the 7% who missed a rent or mortgage payment due to Covid-19 related effects, measured wellbeing fell to 5.0 (an F).

When it comes to coronavirus vaccination, which of these best describes you: (a3)



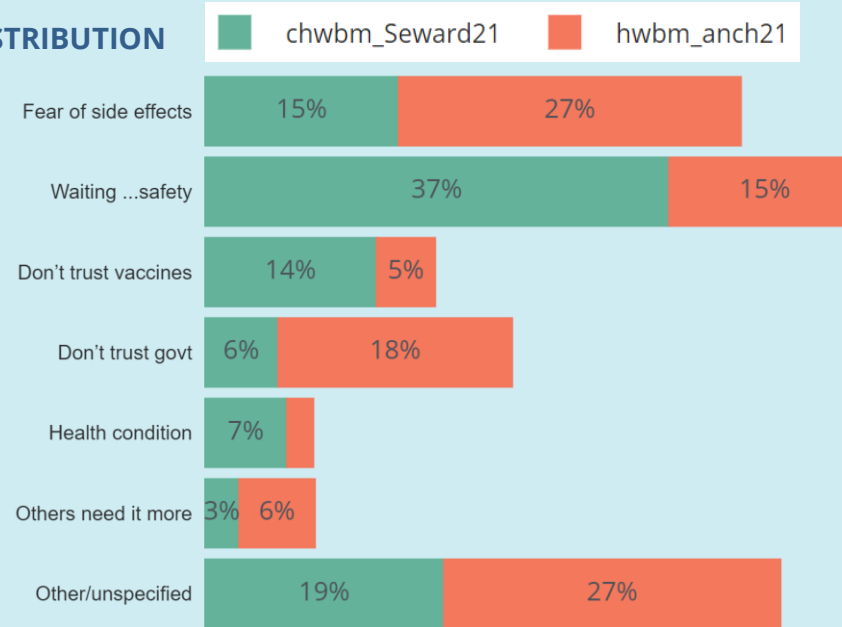
Key Findings

- 72% of respondents are vaccinated
- Vaccinated are evenly distributed in terms of wellbeing levels.
- Those choosing not to be vaccinated are more likely to be:
 - Age 35-54 (61% of total)
 - Part-time workers or jobless (63% of non-vaccinated, vs 21% of Seward population)
 - Did not finish high school (26% of non-vaccinated, vs. 8% of population)
 - Single with children at home (18% of non-vaccinated vs. 5% of population)
- Food insecure, transportation barriers
- Additional analysis on request



What is the main reason you will not or may not get vaccinated? (a4)

DISTRIBUTION

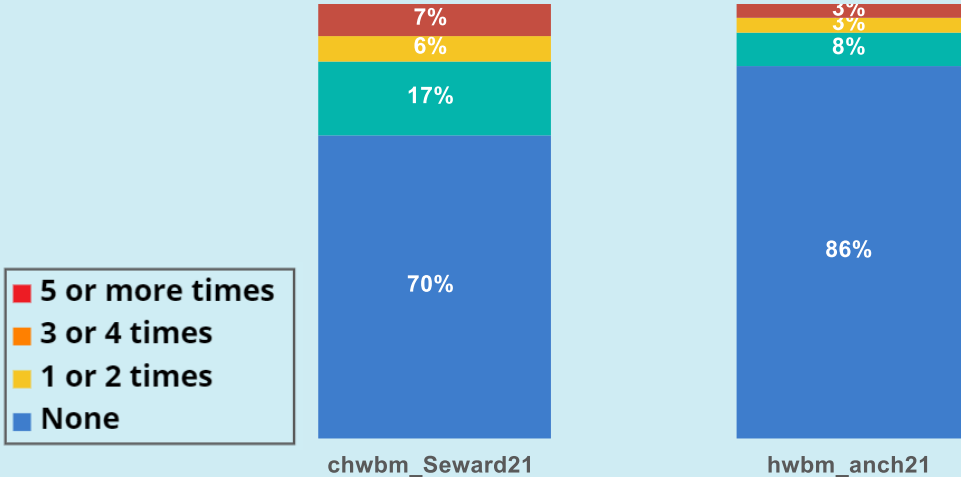


Key Findings

- Among the 26% of Seward adults undecided or deciding not to be vaccinated, over half (52%) cite concerns about safety or side effects.
- 7% cite a health condition.
- 6% cite mistrust of government.
- Of interest, fear of side effects among Seward adults was much higher among those who had medical conditions, with 23% citing fear of side effects among those with medical conditions, vs. only 15% worried about side effects among those without medical conditions.
- Bycontrast, only 14% of those with medical conditions said they were waiting for more evidence of safety, compared to 36 of those without medical conditions.
- These results are quite different from the Anchorage community, whose fears of safety or side effects differed little between those who do and do not have medical conditions.
- More detailed analysis available on request

During the past 30 days, about how often did you have 5 or more drinks containing any kind of alcohol within a two-hour period? (a104)

(This is the CDC definition of binge drinking.)



Key Findings

Overall, 30% of Seward respondents report they binge drink at least once during the past month.

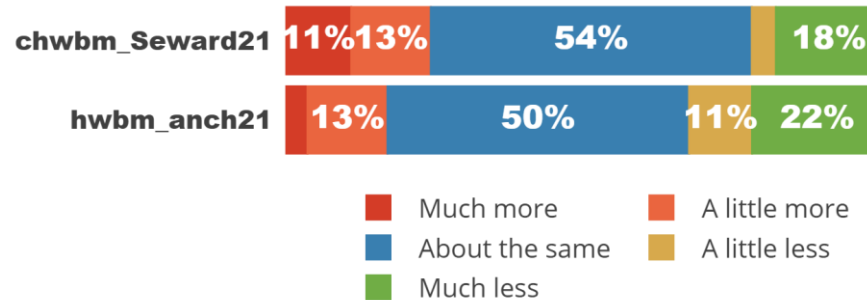
- Binge drinkers are twice as likely to be STRUGGLING
- 59% binge drinking 5+ /month are STRUGGLING/MIXED
- Very strongly correlated with Core4 Well-being Index
- CDC/BRFSS reports 17.8% of Anchorage residents binge drinking 1+ times in past 30 days in 2015 (the most recent published data).

A profile of Seward adults who binge drink 1+ times/month

- 47% aged 25-34
- 35% have children at home
- 27% report needing mental health services but only 4 in 10 received them
- 18% are homeless or housing insecure; 33% are job insecure (and 12% unemployed)
- 58% reported at least one of the following basic needs gaps: food, transportation, housing, ability to pay water/power bills, job insecurity, training/education gap.

Compared to before COVID-19, are you consuming more or less alcohol this year? (a105)

DISTRIBUTION



Key Findings

24% (900 adults) were drinking more; 30% less
Profile of 13% Drinking More (& 11% Drinking Much More)

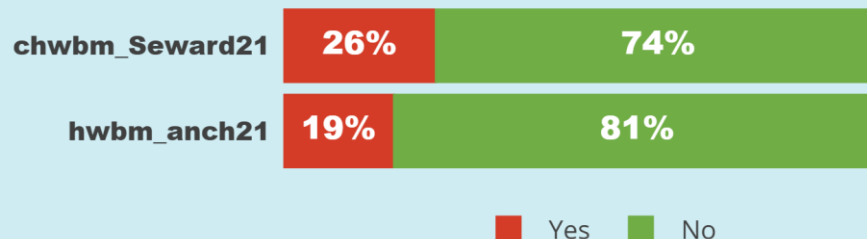
- Males (Females); AGE 25-44 (18-34)
- Part time / unemployed (part time)
- \$25-50K HH income (<\$25K- \$149K)
- Less than HS education (HS education)
- Couples w/o children, 8% singles with children (25% singles with children)
- 35% Mental service Seekers (82% non seekers)
- 83% didn't secure MH services (26%)
- Insecure job (Insecure job, education gap)

Ratings:

- Drinking **More**: No strong differences
- Drinking **Much More**: Lower ratings on relationships, financial security, community safety

Do you smoke tobacco products, e-cigarettes or use smokeless tobacco? (a112)

DISTRIBUTION



Key Findings

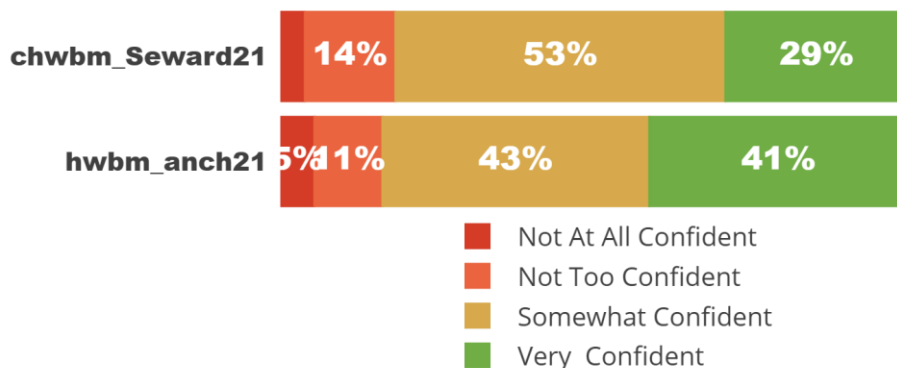
- 26% (~1,000 adults) smoked/vaped/chewed.**
- Spread evenly across wellbeing levels
 - Smokers had marginally lower measured Core4 well-being levels

Profile of smokers disproportionately represented compared the overall population:

- Over age 75
- Jobless
- HH income <\$50K
- Less than HS education
- 46% mental health service seekers
- 55% were insecure about one or more of these basic needs: food, transportation, housing, job, ability to pay power/water bills

How confident are you that you can achieve or maintain the level of health that is best for you? (a110)

DISTRIBUTION



Key Findings

82% of respondents --the vast majority of Seward -- were "somewhat" or "very confident."

There were virtually no patterns in the data for the top two tiers...these groups are evenly distributed throughout the community.

As a diagnostic or differentiator, the "Not too confident and Not at all confident" segment is linked to measures of financial security, lacking basic needs, safety and sense of purpose.

Appendix





APPENDIX A: Seward 2021 Health & Well-being Monitor™ survey methods and data

The primary purpose of this study was to provide insights for the Seward Health Advisory Council overseeing the work of the Providence Seward Medical Center 2021 Community Health Needs Assessment. The results of this and other research will be used to set priorities for a three-year Community Health Improvement Plan. The survey of Seward residents was conducted online from June 7 through August 23, 2021.

DATA COLLECTION. We used community-based participatory research methods to promote and field the study. Technically this is a convenience sample; however, efforts were made to reach every resident in Seward via invitations through a range of community partners including blanket invitations via municipal services partners. The survey was well promoted through community, local government and business channels.

SURVEY RESPONSES. A total of 672 responses were received including hand-administered and manually entered surveys.

BENCHMARK RESULTS. To date, more than 10,000 people have taken the PIHC Health & Wellbeing Monitor. A hallmark of the HWBM™ is providing our clients with the most recent available community-wide benchmarks for comparison. Results of the 2021 Anchorage Health & Well-being Monitor, a regional probability survey of the Anchorage adult population (~220,000) using mobile phone, text, direct mail and online promotion, are included here for Seward comparison. The Anchorage survey sample size was 604.

DATASET USED TO DEVELOP THIS REPORT. Data were weighted based on age, gender, income and education as per the most current American Communities Survey augmented by other data sources.



APPENDIX A: Seward 2021 Demographic Profile

*Weighted counts fitted to compare target (n=672) vs. benchmark sample (n=604)

*Primary pop weighting source: <https://worldpopulationreview.com/us-cities/seward-ak-population>

Your Engagement Results

SAMPLE FRAME: Seward, Alaska and environs | Adults 18+

SAMPLE SIZE: 672 phone, direct mail/online, hand administered

- Seward 99664: 652 (96%); ~18% of 99664 population
- Nearby communities: 20 (4%)

POPULATION: SEWARD 99664 TTL: ~4,900 | ADULTS 18+: 3,800

	%	Count	Weighted Count
Male	60%	170	767
Female	37%	475	473
Self-describe	3%	20	38
NET	100%	665	1,278

q28 GENDER SUMMARY

	%	Count	Weighted Count
Did not finish High School	8%	12	102
High School Diploma / GED	42%	89	538
Vocational / Technical School	9%	64	116
Some College (Including A.A.)	24%	164	307
Bachelor's Degree	14%	192	180
Graduate School	3%	147	38
NET	100%	668	1,281

q22 EDUC SUMMARY

	%	Count	Weighted Count	Weighted Sample Size
Couple+Child(ren)	87%	183	377	435
Single+Child(ren)	13%	37	59	435
NET	100%	220	435	435

q23_3 HH TYPE 2 HH with Kids SUMMARY

	%	Count	Weighted Count
18-24	10%	36	129
25-34	19%	129	241
35-44	19%	144	241
45-54	18%	117	234
55-64	16%	133	199
65-74	11%	80	139
75+	7%	27	94
NET	100%	666	1,277

q21 AGE SUMMARY

	%	Count	Weighted Count
Employed Full Time	62%	435	789
Employed Part Time	10%	68	126
Not Currently Employed	11%	40	140
Student	2%	7	23
Retired	15%	113	196
NET	100%	663	1,274

q24 EMP STAT SUMMARY

	%	Count	Weighted Count
0	18%	15	77
1	41%	84	178
2	25%	79	109
3	15%	29	64
4	0%	6	2
5	0%	3	1
6	1%	4	5
7	0%	0	0
NET	100%	220	435

q231: # children <18 SUMMARY

	%	Count	Weighted Count
<\$25K	24%	94	308
\$25-\$49K	13%	115	161
\$50-\$74K	16%	112	203
\$75-\$124K	26%	207	327
\$125-\$149K	8%	47	103
\$150-\$199K	5%	31	68
\$200K+	9%	35	111
NET	100%	641	1,280

q27_INC SUMMARY

	%	Count	Weighted Count
American Indian, Eskimo, or Alaska Native	13%	53	166
Asian or Pacific Islander	8%	20	102
Black or African American	2%	4	27
White or Caucasian	59%	571	754
Hispanic or Latino	9%	25	115
Other	6%	26	78
NET	96%	660	1,237

q25: X- What is your race or ethnicity SUMMARY

	%	Count	Weighted Count
Couple+Child(ren)	30% ▲	183	377 ▲
Couple/No Child	29% ▲	265	366 ▲
Single + Child(ren)	5% ▼	37	59 ▼
Single, Living Alone	26%	119	331
Single+Other Adults	11% ▼	62	145 ▼
NET	100% ▲	666	1,277 ▲

q23 HH TYPE SUMMARY

Thank You

For more information, contact:

Providence Institute for a Healthier Community

916 Pacific Avenue

Ste. S1-016

Everett, WA 98201

Phone: 425-261-3344

Email: pihc@providence.org



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