PROVIDENCE
Seward
Medical & Care Center

SEWARD

COMMUNITY NEEDS ASSESSMENT

2012

Approved and
Finalized 2/19/13

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About the Researcher

Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom action strategies. The firm was founded on the principle that community improvement, program success, and sustainability are closely tied to assessing needs and goals, and developing appropriate action plans.

The Community Needs Assessment Project is a prime example of a comprehensive evaluation of the needs of the community. Its goal is to stimulate dialogue about trends and to encourage informed strategies for shaping future policies and effective actions.

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From the Seward Health Advisory Council

To the residents of Seward,

This 2012 Seward Community Health Needs Assessment is provided by Providence Seward Medical and Care Center (PSMCC), Providence Health and Services Alaska (PHSA), and the Seward Health Council. We are committed to conducting a Community Health Needs Assessment every three years, the first of which was completed in 2008.

Information and insight generated from the 2008 assessment were used by PSMCC and community planning and resulted in a number of changes and initiatives including;

- Implementation of a sliding fee scale at PSMCC to improve access to care
- "Know your numbers" campaign to increase awareness of wellness and health risk reduction
- Patient centered medical home pilot project offering free primary care to 100 Seward residents
- The creation of "Seward Wellness for All"

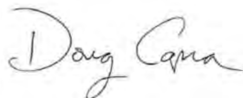
The 2012 CHNA survey was an overwhelming success. Participation went from just over 300 in 2008 to over 750 in 2012, nearly a quarter of Seward's total population. The Seward community health needs assessment steering committee was comprised of a wide variety of community members from PSMCC, Seward Wellness for All, the Prevention Coalition, the Seward Health Council, the City of Seward as well as other members from the community at large. The broad community input made the process an overwhelming success.

PHSA and the Seward Health Council are committed to the best possible healthcare for Seward.

We encourage you to take this opportunity to review the information in this assessment and to share it with others in the community

With the information from this needs assessment and the help of the community of Seward, we will continue to improve health and healthcare in Seward.

Sincerely,



Susan Humphrey-Barnett
Area Operations Administrator
Providence Health and Services Alaska

Doug Capra
Chair, Seward Health Council

2012 Seward Community Health Need Priorities

In 2012 Providence Seward Medical and Care Center (PSMCC) initiated the process of conducting a community health needs assessment along with a coalition of experts and representatives from the Seward Health Council, Prevention Coalition, Seward Wellness for All, the Community Health Center Board as well as members of the general community.

The purpose of the assessment was to identify the health needs in the Seward area. The assessment included the communities from the City of Seward through Moose pass.

Over 750 residents completed the health needs survey, more than double the response rate in 2008. This survey information was combined with state and national data to help establish a picture of the health status and needs in the Seward to Moose Pass community.

The coalition of community members, experts and organization representatives (see list below) met to review the assessment data. Collectively they identified the top four health needs priorities based on that information. The following were the top four health needs priorities identified.

Seward Health Need Priorities	Description
Preventive Care	More than one-third of the Seward community did not have an exam for preventive purposes in the last year. Incentivizing, improving access to, and increasing the understanding of the benefits of preventive care will help address the leading causes of death and other health conditions and risk factors identified in the assessment. It can also serve to help reduce the economic burden of healthcare in the community.
Overweight/Lack of Physical Activity	Roughly two-thirds of the Seward community is either over-weight or obese and 40% report engaging in physical activity 2 or fewer days a week. Overweight and obesity are directly related to 4 of the 5 leading causes of death in the community. Addressing the numerous contributors to overweight and under-activity has the potential to substantially improve the quality and length of life in the community.
Alcohol/Substance use	Nearly 25% of the community report binge drinking in the last 30 days and one out of five believe it is acceptable for adults to provide alcohol to underage youth in their home. Alcohol and substance abuse directly impacts the top 5 leading causes of death in the community. Raising awareness of the impacts of substance abuse, addressing the cultural acceptance of binge drinking and providing healthy alternatives for youth can have a substantial impact on the health of the community.
Lack of Access to Care	One in ten people reported being unable to receive needed care in the last 12 months with half of them citing lack of insurance as the reason. Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care which often leads to expensive emergency intervention.

Providence Health and Services Alaska and Providence Seward Medical and Care Center will use this information for strategic planning and community benefit planning. The health needs assessment will also be used to inform the work of other community organizations, including Seward Health and Wellness for All and help focus the community as a whole on these health needs priorities.

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Summary of the
Seward Community Health Needs Assessment
and Community Benefit Plan

Completion Date	▪ January 2013 (Board Approval 2/19/13)
Service Area/Region/Ministry	▪ Providence Seward Medical & Care Center (PSMCC) serves the Seward community in the Alaska Region
Sponsor	▪ Joseph Fong, Administrator
Planning/Mission Team	▪ Monica Anderson, Chief Mission Integration Officer ▪ Allison Fong, Director Strategic Planning ▪ Nathan Johnson, Strategic Planning
Workgroup Participants	▪ See attached Appendix I: Providence and Community Advisory Group
Brief Description of How the Community Benefit Plan Was Developed	▪ In early 2012 Providence Seward Medical and Care Center (PSMCC) initiated the process of conducting a community health needs assessment along with a coalition of experts and representatives from the Seward Health Advisory Council, Seward Prevention Coalition, Seward Wellness for All, the Community Health Center Board as well as members of the general community. ▪ Both primary and secondary data was collected. Over 750 health needs surveys were completed by community members. This survey information was combined with state and national data to help give a picture of the health status and needs in the Seward to Moose Pass community. Seward Community Health Needs Assessment data was analyzed and grouped into 13 areas. These were reviewed with a group of Seward community members, business leaders, public health representatives, providers, and community leaders (the work group). The group identified top four issues based on impact, ability to affect and linkages to other community initiatives. ▪ PSMCC leadership reviewed the top health needs, considered the community's advice, and evaluated previous community benefit investments in order to develop a community benefit plan that responds to community health needs.
Geographic Definition	▪ The CHNA assessed the communities of City of Seward through Moose Pass, Alaska. The total population of the area is approximately 5,020, with 74% Caucasian and 13% Alaska Native/American Indian. PSMCC is located in the City of Seward which is the nearest hospital to the communities of Seward through Moose Pass.
Targeted Subpopulations	▪ The CHNA assessed the broad Seward community. The assessment was designed to capture specific demographic information, barriers to care, basic needs, insurance status, health status and other risk factors that would identify and affect subpopulations of the Seward community.

Major Issues/Needs Identified Within the Community	▪ Preventive Care - More than one-third of the Seward community did not have an exam for preventive purposes in the last year. Incentivizing, improving access to, and increasing the understanding of the benefits of preventive care will help address the leading causes of death and other health conditions and risk factors identified in the assessment. It can also serve to help reduce the economic burden of healthcare in the community. ▪ Overweight/Lack of Physical Activity - Roughly two-thirds of the Seward community is either over-weight or obese and 40% report engaging in physical activity 2 or fewer days a week. Overweight and obesity are directly related to 4 of the 5 leading causes of death in the community. Addressing the numerous contributors to overweight and under-activity has the potential to substantially improve the quality and length of life in the community. ▪ Alcohol/Substance use - Nearly 25% of the community report binge drinking in the last 30 days and one out of five believe it is acceptable for adults to provide alcohol to underage youth in their home. Alcohol and substance abuse directly impacts the top 5 leading causes of death in the community. Raising awareness of the impacts of substance abuse, addressing the cultural acceptance of binge drinking and providing healthy alternatives for youth can have a substantial impact on the health of the community. ▪ Lack of Access to Care - One in ten people reported being unable to receive needed care in the last 12 months with half of them citing lack of insurance as the reason. Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care which often leads to expensive emergency intervention.

How Providence is Addressing the Major Issues/Needs (projects/programs – Implementation Strategy)	• **Preventive Care / Overweight / Lack of Physical Activity**
	  • Support and promote Seward Wellness for All's Wellness Project, which is geared toward improving participant health by decreasing cardiac risk factors. Providence's contribution includes:
	    • Free labs and health screenings as part of the program
	    • In-kind support of dietary staff time for nutrition classes and individual consultations
	    • In-kind administrative support for program management
	  • Continued support for City of Seward's employee program "Know your Numbers"
	  • Implement community-wide sliding-fee scale and on-demand lab testing program for increased accessibility to resources
	• **Alcohol/Substance use**
	  • Continued support of Seward Prevention Coalition's efforts to reduce underage drinking and drug abuse
	  • Seward Wellness for All's activities also support this effort
	• **Lack of Access to Care**
	  • Increase access through extended clinic hours and availability of walk-in appointments
	  • Improve internal efficiency to increase throughput and total available appointments
	  • Collaborating with CHC Board to pursue FQHC grant funding
	  • Sliding fee schedule was implemented in 2012 to reduce cost as a barrier to care
	  • Continue to provide charity care services; provided over $300,000 in 2012

Why Providence Selected These Projects/Programs/ collaborations	Partnership is our key strategy to achieve favorable outcomes. The City of Seward, Parks and Recreation, Seward Prevention Coalition, Seward Wellness for All are key groups already focused on addressing the priorities identified in the needs assessment.
How Others in the Community Are Addressing the Major	• **Seward Wellness for All** was formed in response to the 2008 needs assessment. Their primary focus is a wellness project aimed at increasing health through decreasing cardiac risk factors. Program includes:

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Issues/Needs	- Primarily - free gym memberships, access to the swimming pool, free labs and health screenings, dietary classes and consultations, incentive programs based on activities and improvement in biometrics - Other programs / partnerships - supporting efforts towards tobacco cessation, mouth guards and bike helmets for kids, water fluorination and free community-wide fitness classes - In 2013, the group will undergo strategic planning activities to look at future programs and long-term sustainability of the group • **Seward Prevention Coalition** is focused on the prevention of underage drinking and drug abuse. Needs assessment data was used to support and supplement their own survey and research data. Several town hall meetings were conducted and several ideas focused on positive role modeling (adults and peers) and increased access to positive, productive activities. High priority initiatives are in the process of being implemented.
Major Issues/Needs that Are Not Addressed by Providence or Others in the Community (include the reasons for not addressing these issues/needs)	**Mental Health:** Although mental illness has been identified as contributing factor by all groups in an individual's health and wellness, PSMCC will look to other community resources, such as SeaView, to see how we can partner and support existing or new programs. PSMCC is constructing a holding room to better support acute episodes but currently not involved in any preventive initiatives. Other organizations have the expertise and resources to address mental health issues.
Goals and Objectives of the Community Benefit Plan	• Improve internal processes for better access and availability of care • Collaborate and support community efforts towards prevention

Attachment I: Providence and Community Advisory Group

First Name	Last Name	Organization	Advisory Role
Scott	Allen	Qutekack Native Tribe	Community Group
Jessica	Arrigo	PSMCC	Providence
Patty	Beals	PSMCC	Providence
Chris	Bolton	PSMCC	Providence
Amy	Bukac	Medical Director, PSMCC	Providence
Keith	Campbell	Retired Hospital Administrator of Seward General	Community Group
Doug	Capra	Chair, Providence Seward Health Advisory Council	Health Council
Duane	Chase	PSMCC	Providence
Cindy	Clock	Chamber of Commerce	Community Group
Lois	Daubney	Public Health Nurse	Health Council
Cindy	Ecklund	Sea Life Center	Community Group
Kris	Erchinger	City of Seward	Health Council
Susan	Ernst	Rez Bodyworks	Community Group
Martha	Fleming	Kenai Peninsula Borough School District, Counselor	Community Group
Joseph	Fong	PSMCC	Providence
Emily	Gustafuson	Independent Living Center	Community Group
Michelle	Hensel	Physician, PSMCC	Providence
Ben	Herrington	SeaView Community Services	Community Group
Lynn	Hohl	Independent Living Center	Community Group
Stacey	Johnson	Apex Gym	Community Group
Mariah	Johnson	Qutekcak Native Tribe	Community Group
Tara	Jones	Sea Life Center	Community Group
Mellissa	Kompkoff	Independent Living Center	Community Group
Stacey	Lane	Community member	Community Group
Ron	Long	City of Seward; Assistant City Manager	Community Group
Cristan	McLain	PSMCC	Providence
Tina	Mclean	Physical Therapy	Community Group
Maya	Moriarty	Manager, Dental office	Community Group
Dana	Paperman	Seward Senior Center	Health Council
Dave	Paperman	AVTEC	Community Group
Lidia	Petersen	Progressive Chiropractic	Community Group
Tara	Riemer	Sea Life Center	Community Group
Blair	Rorabaugh	Minister Church of Nazarene	Health Council
Karen	Sefton	Y South Health Association	Community Group
Vanta	Shafer	Y South Health Association	Community Group
Jill	Simpson	SeaView Community Services	Community Group
Sarah	Spanos	Human Resources, City of Seward	Health Council
Karen	Sturdy	Seward Parks and Recreation	Community Group
Von	Terry	GCI	Health Council
Tom	Tougas	Local Business Leader	Health Council
Susie	Towsley	City of Seward; Executive Liaison	Community Group
Brent	Ursel	Glacier Medical	Community Group
Doreen	Valadez	Seward Police Department	Community Group
Trudy	Valenza	Chugachmiut Native Organization	Community Group
Lisa	Williams	Community member	Community Group
Craig	Williamson	SeaView Community Services	Health Council

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INTRODUCTION

Introduction

City of Seward, Alaska Providence Seward Medical and Care Center

The Providence Seward Medical and Care Center (PSMCC) opened in Seward in 1996. PSMCC is a 6 bed in-patient hospital that offers 24-hour emergency services to local residents and area visitors. The family medicine branch of PSMCC also provides a full range of health services to community members including pediatric, prenatal, women's health, and geriatric care. Patients have access to full laboratory services, diagnostic screens, and therapeutic care.

The PSMCC offers additional services to the community via the long-term care facility, Providence Seward Mountain Haven. Residents at Seward Mountain Haven have access to all the quality medical services of a typical nursing facility in the setting of a traditional home with a shared dining room and kitchen, private bedrooms and bathrooms.

The Providence Health System in Seward is also connected to Alaska's largest medical center, the Anchorage based Providence Alaska Medical Center. This association formalizes and facilitates referral patterns for Seward patients when they need more specialized care. PSMCC is associated with Providence Health and Services Alaska, the largest and most comprehensive health system in the state. This association gives PSMCC significant resources and expertise to draw on when serving the health needs of Seward residents.

Seward Community Needs Assessment Project Overview

This community health assessment provides a holistic view of the health issues faced by Seward residents. The assessment is based upon many different data sources including credible secondary data from federal, state, and local sources; and primary data from community, business, and health care provider surveys. The assessment may be used as a tool for concerned community members to not only better understand the future of the city, but also to make data-based decisions to improve the lives of Seward residents.

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- The goal of the 2012 Seward Community Needs Assessment is to continually improve the quality of health and health care for city residents by:
  - Providing accurate, reliable[1], and valid[2] information to community members and health care providers;
  - Raising public awareness of health needs, trends, emerging issues, and community challenges;
  - Giving community members the opportunity to share their personal experiences, insights, and opinions on health and health care in Seward;
  - Providing data for the hospital and the community to continue strategic planning efforts.

Data Legend

Symbol for a Seward Community Health Survey question

Symbol for a Seward Health Care Provider Survey question

Symbol for a Seward Business Survey question

[1] Reliable means the data used to provide information on the community would give the same outcomes if they were to be re-measured and re-analyzed.
[2] Valid means how truthfully the information represents what is really going on in the community.

DATA
SNAPSHOT

Demographics and Populations

- Approximately 2,700 people live in the city of Seward, with nearly 2,400 people living in the communities from Bear Creek to Moose Pass
- The majority of the population from Seward through Moose pass (74%) identified themselves as White, while 13% identified as Alaska Native/American Indian.
- According to 2010 U.S. Census data, there were more male (62%) than female (38%) residents in the city of Seward with the communities of Bear Creek through moose pass being 54% male and 46% female.
- The median age of residents of the city of Seward with Bear Creek and Moose pass having a median age of 41. and one-third of the population was over the age of 50 in 2010.

Economy

- More than 1 in 7 residents of Seward were living in poverty, according to 2006-2010 5 year Census estimates.
- 11% of Seward Community Health Survey respondents had gone without a basic need (health care, food, child care, or clothing) in the past 12 months. Most went without dental care and/or health care (54% and 53% respectively).
- 29% of households in Seward made less than $25,000 in the last 12 months while 26% of households made more than $100,000, according to 2006-2010 5 year Census estimates.
- The unemployment rate in the Kenai Peninsula Borough decreased from 9.0% in 2010 to 8.1% in 2012.

Housing

- There were a total of 1,124 housing units in the city of Seward in 2010, 66 more than in 2000. Of those, 17% were vacant, up from 13% in 2000.
- According to the Seward Community Health Survey, 63% of respondents spent more than a third of their total household take-home pay on housing costs.

Access to Health Care

- 87% of Seward Community Health Survey respondents had needed health care in the past 12 months in 2012 and, of those who needed it, 89% were able to receive it. The three most common reasons for seeking care were preventative care, chronic problems, and new problems.

- Of those who were unable to receive care, the number one response was due to lack of insurance coverage and/or they couldn't afford it (43%).
- There were nearly 870 residents of Seward enrolled in Medicaid in 2011, continuing a rising trend since 2008. Enrollment in Denali KidCare was at 62, down from a high of 134 in 2006.
- Thirteen health care providers who practice in the city of Seward were surveyed in 2012 regarding health care access and services in the area. They reported that the three most pressing barriers to residents' health care access were "affordability and insurance coverage," "access and transportation," and "knowledge of available services."

The Need to Leave Seward to Get Health Care

- 67% of Seward Community Health Survey respondents reported having to leave Seward to obtain the medical care they needed. Of those, the most frequent reason they cited for leaving was the need for a specialist.
- Health care providers in Seward reported most commonly referring patients to locations outside Seward for cardiology specialty care, mental health treatment, and women's health treatment.

Health Care Costs

- 14% of Seward Community Health Survey respondents reported paying more than 20% of their take-home pay on health care costs in the previous 12 months.
- 14% of Seward Community Health Survey respondents in 2012 did not have health insurance. Of those who did not have insurance, nearly 70% cited the high cost as a reason.

Satisfaction with Health Care

- 87% of Seward Community Health Survey respondents reported they were "very satisfied" or "somewhat satisfied" with the health care services in Seward.

Greatest Health Care Needs

- When asked what the two greatest health care needs in Seward were, Seward Community Health Survey respondents identified lower cost for patients (39%) and more specialists (27%).
- Health care providers and businesses each identified affordable care as the greatest health care need in Seward.

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Greatest Risks to Health Care System

- When asked about the greatest risks to the health care system in Seward, health care providers reported that it was: uninsured patients, difficulty with insurance claims/coverage, and not enough federal/state funding.

Health Status

- 54% of Seward Community Health Survey respondents reported that their physical health was "excellent" or "very good" while 11% said "fair" or "poor."

Preventative Care

- Nearly 65% of Seward Community Health Survey respondents had an annual exam for preventive purposes in the past year, up slightly from 61% in 2008.

Prenatal Care and Birth Outcomes

- 86% of pregnant women in the Kenai Peninsula Borough in 2009 received prenatal care in their first trimester, up slightly from previous years and greater than the state of Alaska overall (80%).
- The birth rate in the Kenai Peninsula Borough was 12.9 per 1,000 in 2009, nearly identical to past years and slightly lower than that of the state of Alaska. Of those births, 85% identified as White, 12% Alaska Native, and 3% other.
- 4% of births in the Kenai Peninsula Borough were low birth weight babies, lower than the state at 6% in 2009.
- 11% of all births in the Kenai Peninsula were to teen mothers, slightly higher than Alaska at 10% in 2009.
- A slightly higher percentage of Alaskan Native mothers were teens (16%), compared to White mothers (11%).
- 14% of mothers in the Kenai Peninsula Borough reported smoking cigarettes during their pregnancy in 2009 and 2% reported drinking alcohol.

Mental Health

- Within the last 12 months of taking the Seward Community Health Survey, 10% of respondents in 2012 said they needed mental health treatment. Of those who needed it, 43% were unable to receive it. The two most common reasons respondents cited for going without treatment were the lack of available services (42%) and concerns about confidentiality (32%).

- 14% of Seward Community Health Survey respondents reported feeling so sad or hopeless every day for two weeks or more that they stopped doing their usual activities.
- 5% of survey respondents said they had thought about committing suicide at some point in the past 12 months.

Dental Care

- 60% of Seward Community Health Survey respondents reported visiting the dentist within the last 6 months. Thirteen percent had not been to the dentist within the last 3 years.

Weight and Fitness

- 62% of Seward Community Health Survey respondents were overweight or obese in 2012, down from 65% in 2008.
- 60% of survey respondents engaged in physical activity for 30 minutes or more at least 3 times a week.

Tobacco, Alcohol, and Drug Use

- 18% of Seward Community Health Survey respondents in 2012 reported smoking cigarettes or using smokeless tobacco every day or some days.
- One-fourth of Seward Community Health Survey respondents had engaged in binge drinking in the past 30 days.
- 19% of Seward Community Health Survey respondents believed it was “very” or “somewhat acceptable” for adults to provide alcohol to underage individuals in their home.
- When asked if they had needed substance abuse treatment in the past 12 months, 2% of community respondents in 2012 said yes. Of those who needed it, 31% were unable to receive treatment.
- 48% of Seward Community Health Survey respondents believed recreational or non-medicinal use of marijuana to be “very” or “somewhat acceptable.” Twelve percent believed the same of prescription drugs.

Causes of Death

- Cancer and heart disease were the two leading causes of death in the Kenai Peninsula Borough from 2005 to 2009. The most common type of cancer was trachea, bronchus or lung cancer.
- There were 36 deaths due to suicide from 2007 to 2009.

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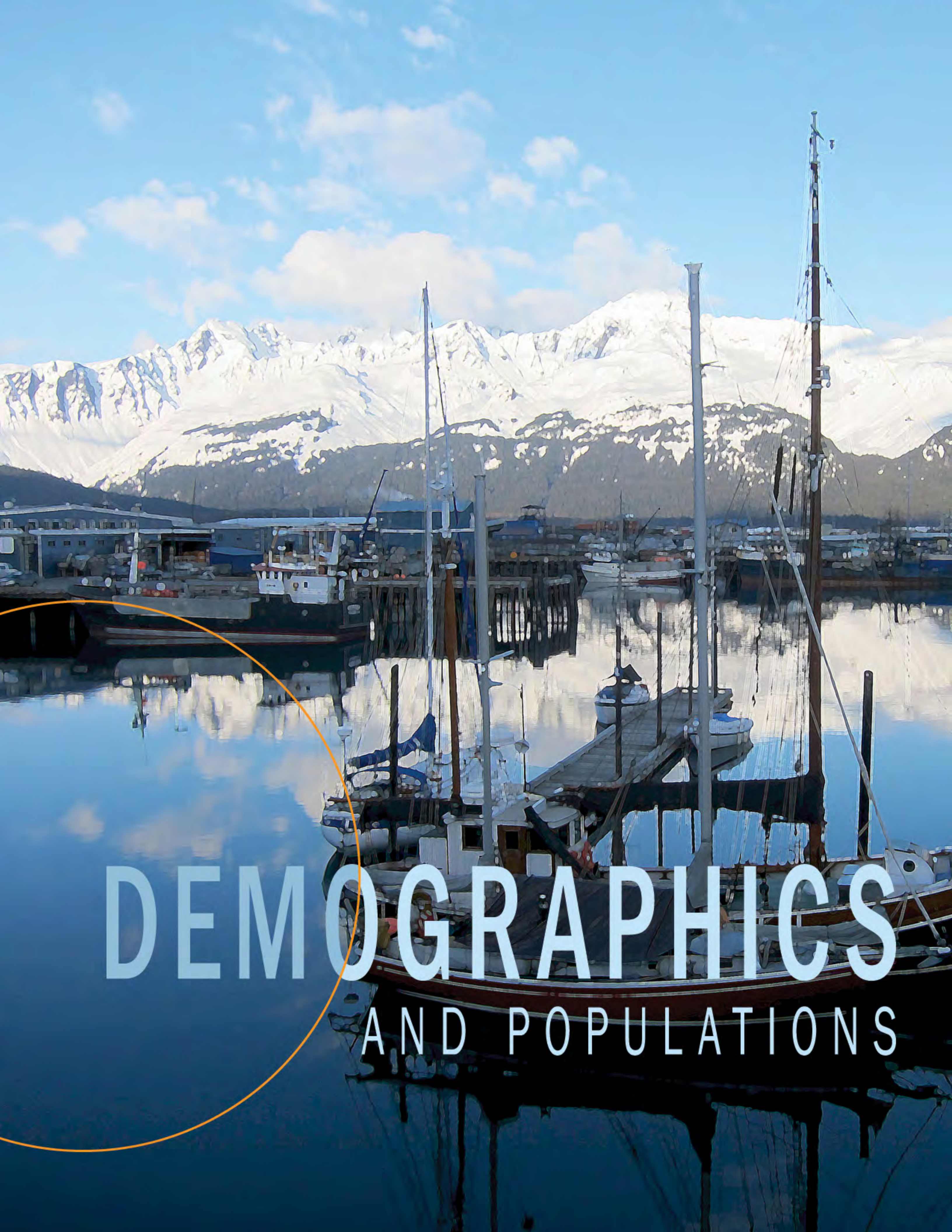
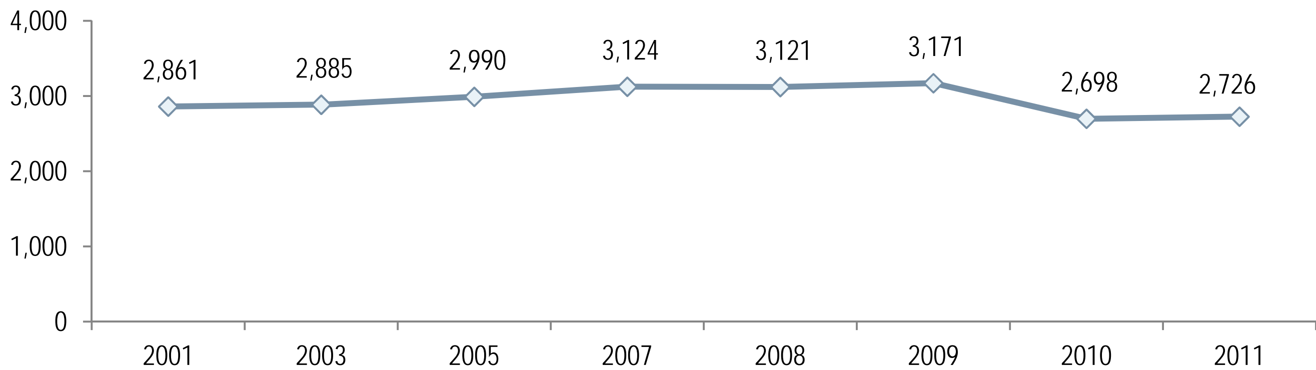

DEMOGRAPHICS
AND POPULATIONS

Population Estimates

Population changes, both actual and projected, help illustrate the changes that communities experience. Reasons for population growth or decline are numerous, although the economy often plays a large role in migration patterns. While this assessment reflects population information for the communities from Seward through Moose Pass, the only annual population trend information available is for the City of Seward. 2010 data is available for Seward through Moose pass following these trend charts.

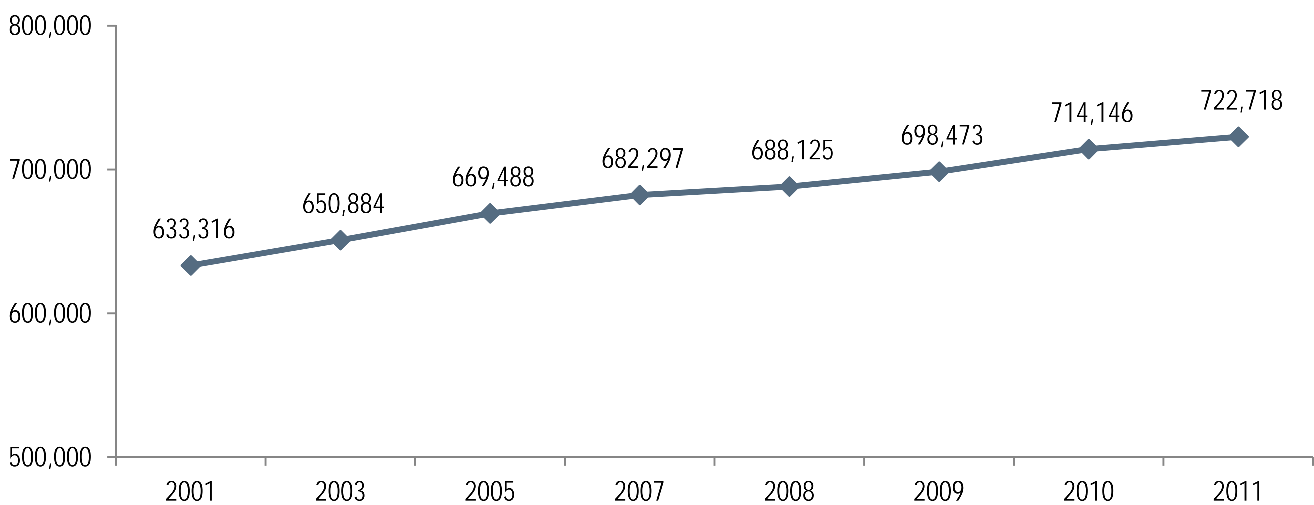
The city's population saw an increase from 2,861 in 2001 to 3,171 in 2009. In 2010, the City of Seward's population dropped by 15% to 2,698 and remained at a similar level in 2011. During this same time period, the state of Alaska population continued to increase.

Figure 1: **City of Seward Population Estimates**



Source: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Incorporated Places in Alaska, Retrieved 2012 from http://www.census.gov/popest/data/counties/totals/2009/CO-EST2009-01.html

Figure 2: **Alaska Population Estimates**



Source: U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Incorporated Places in Alaska, Retrieved 2012 from http://www.census.gov/popest/data/counties/totals/2009/CO-EST2009-01.html

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Population - Racial/Ethnic Distribution

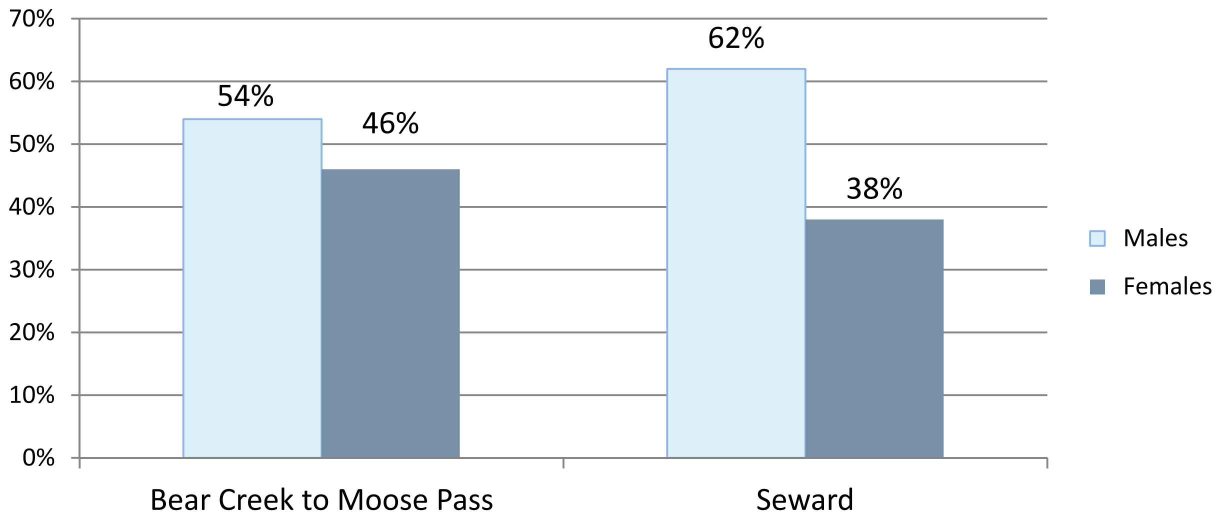
Figure 3: **Racial/Ethnic Distribution, 2010**

Race/Ethnicity	City of Seward (Pop. 2693)	Bear Creek Through Moose Pass (Pop. 2327)	Seward through Moose Pass COMBINED (Pop. 5020)	Alaska (Pop. 714,146)
White	66.9%	81.2%	73.6%	64.1%
Alaska Native/American Indian	16.3%	9.2%	13.0%	14.4%
Latino/Hispanic	3.6%	1.9%	2.9%	5.5%
Asian	2.3%	1.4%	1.9%	5.3%
Native Hawaiian /Other Pacific Islander	0.6%	0.3%	0.5%	1.0%
Black/African American	2.9%	0.7%	1.9%	3.1%
Other/Multi-race	7.3%	5.2%	6.3%	6.5%

Source: United States Census Bureau, 2010 Census, Profile of General Population and Housing Characteristics, Retrieved 2012 from factfinder2.census.gov/

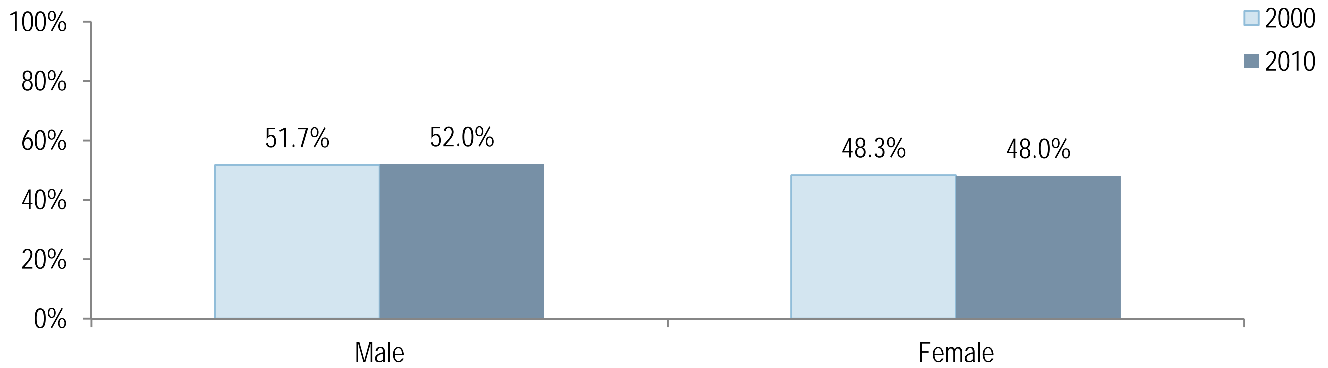
Population - Gender Distribution

Figure 4: **Gender Distribution**



Source: United States Census Bureau, 2000 and 2010 Census, Profile of General Population and Housing Characteristics, 2012.

Figure 5: **Alaska Gender Distribution**



Source: United States Census Bureau, 2000 and 2010 Census, Profile of General Population and Housing Characteristics, 2012.

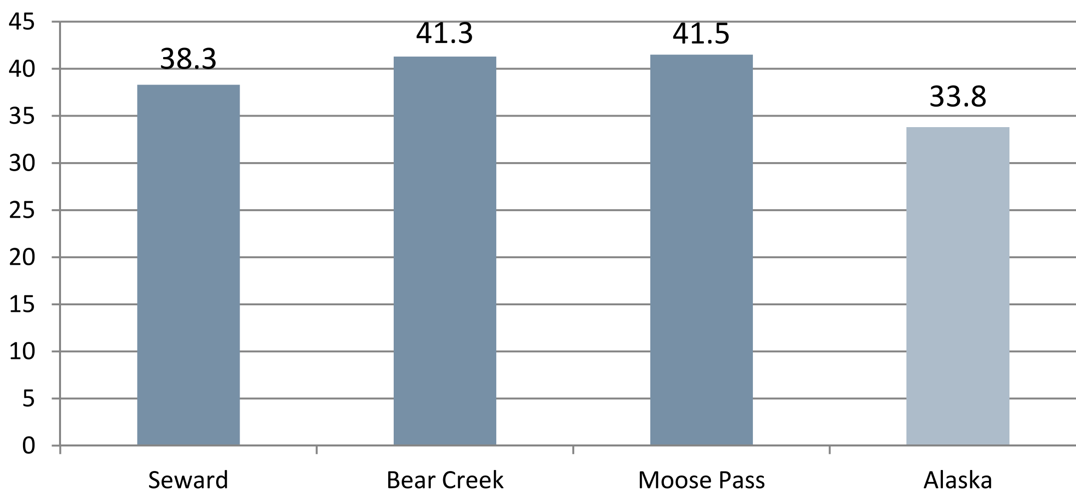
Population - Age Distribution

Figure 6: **Age Distribution, 2010**

Age Group	City of Seward	Bear Creek Through Moose Pass	COMBINED Seward through Moose Pass	Alaska
Birth – 4 years old	5.1%	6.1%	5.5%	7.6%
5 – 19 years old	13.1%	18.3%	15.6%	21.7%
20 – 29 years old	20.2%	10.9%	15.9%	15.5%
30 – 39 years old	14.3%	12.6%	13.5%	13.2%
40 – 49 years old	14.4%	16.9%	15.5%	14.3%
50 – 64 years old	23.5%	28.4%	25.7%	20.0%
65+ years old	9.5%	6.8%	8.2%	7.7%

Source: United States Census Bureau, 2010 Census, 2012.

Figure 7: **Median Age (Years)**



Source: United States Census Bureau, 2000 and 2010 Census, Profile of General Population and Housing Characteristics, 2012.

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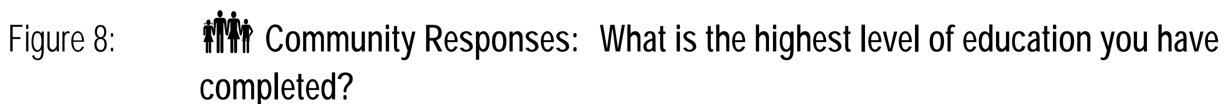
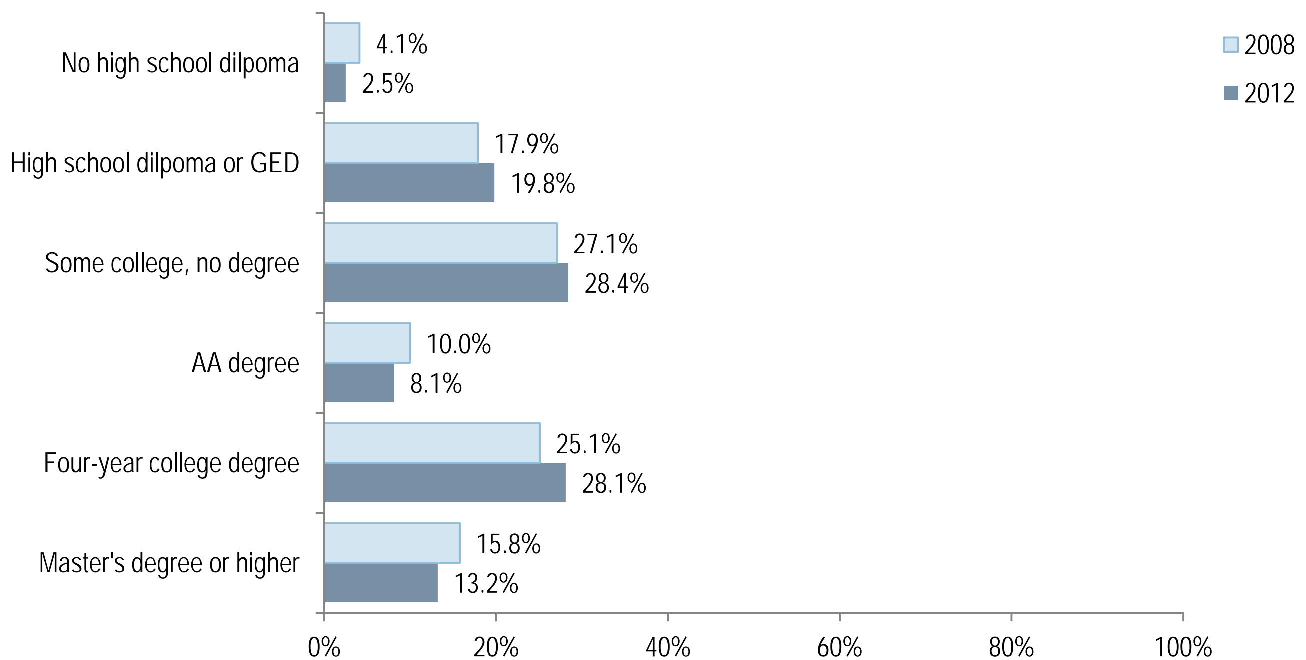
Educational Attainment

The relationship between educational attainment and health outcomes has been well documented. The National Poverty Center reports that people with more education have lower rates of illness for the most common acute and chronic diseases. In fact, people with a college education live longer compared to those without one.[3] Children's health is also related to educational attainment: children who are in poor health have a harder time focusing in class and miss more school days. They are more likely to fall behind in their studies, have lower test scores, and lower educational attainment.[4]

A self-administered survey of Seward residents ages 18 and older was conducted in May 2012. Overall, almost 750 surveys were collected at multiple sites, community agencies, and through an on-line version of the survey. Almost all Seward Community Health Survey respondents (98%) had at least a high school diploma in 2012. Twenty-eight percent (28%) of respondents had some college but no degree, 8% had a two-year college degree, 28% had a four-year college degree, and 13% had a master's degree or higher.





2008 N=291; 2012 N=729.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

[3] Cutler, D.M. & Lleras-Muney, A. (2007). Policy Brief #9: Education and Health. National Poverty Center. Retrieved July 24, 2011 from http://www.npc.umich.edu
[4] Basch, C. E. (2011), Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. Journal of School Health, 81: 593–598. doi: 10.1111/j.1746-1561.2011.00632.x

ECONOMY

Basic Needs

Low-income individuals and families often have to make tough choices each month, sometimes foregoing certain basic needs such as food, housing, child care, health care, or clothing. This can have short and long-term consequences for residents' health and well-being.

Eleven percent of Seward Community Health Survey respondents reported having gone without basic needs in the past 12 months, a small decrease from 2008 (13%). While the percentage of survey respondents going without health or dental care decreased from 2008 to 2012, they remained the two most common basic needs individuals lacked. Heat/fuel/utilities, choosing food they wanted, clothing, food, rent/housing, and child care each increased between 2008 and 2012.

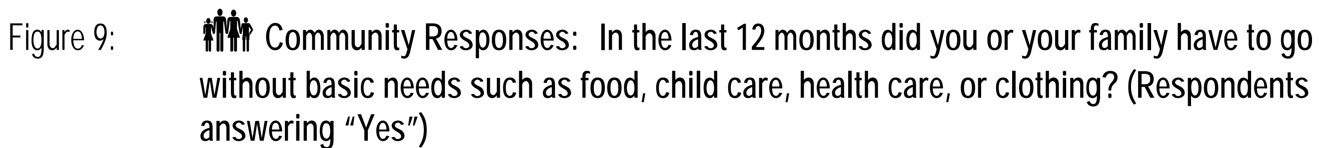
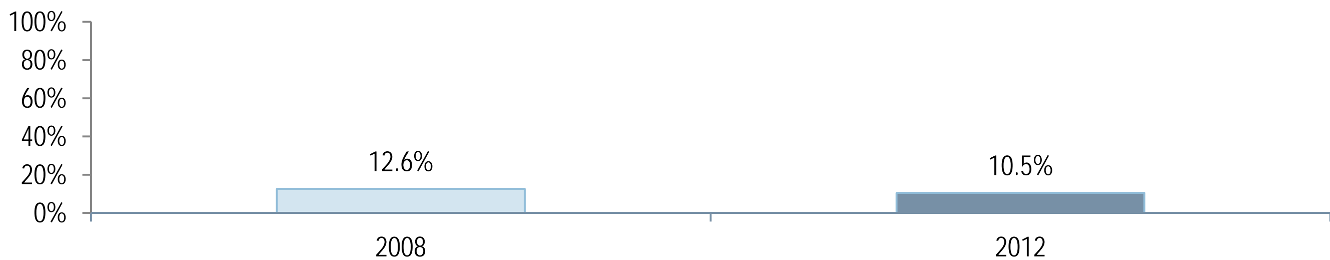


Figure 9: Community Responses: In the last 12 months did you or your family have to go without basic needs such as food, child care, health care, or clothing? (Respondents answering "Yes")



2008 N=301; 2012 N=741.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Figure 10: Community Responses: What did you go without?

Type of Basic Need	2008	2012
Dental care	60.5%	53.9%
Health care	60.5%	52.6%
Heat/fuel/utilities	23.7%	38.2%
Choosing food we wanted	21.1%	36.8%
Clothing	7.9%	32.9%
Food	21.1%	32.9%
Prescriptions	39.5%	18.4%
Rent/housing	10.5%	13.2%
Child care	2.6%	9.2%
Other	13.2%	9.2%

Multiple response question with 38 respondents offering 99 responses in 2008 and 76 respondents offering 226 responses in 2012.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.
Note: These response options were not mutually exclusive.

Housing

The physical condition of a home, the neighborhood in which it is located, and the cost of rent or mortgage are strongly associated with the health, well-being, educational achievement, and economic success of those who live inside.[5] A study by Children's Health Watch found that children of families that were behind on their mortgage/rent in the past year were more likely to be in poor health and have an increased risk of developmental delays than children whose families were stably housed.[6]

The U.S. Department of Housing and Urban Development's definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Individuals who spend more than 30% of their income on housing may have difficulty affording necessities such as food, clothing, transportation, and medical care.[7] Nearly 63% reported that one-third or more of their total household take-home pay (income after taxes) went to rent/housing costs in 2012. There were a total of 1,124 housing units in the city of Seward in 2010, 66 more than in 2000. Of those, 17% were vacant, up from 13% in 2000.

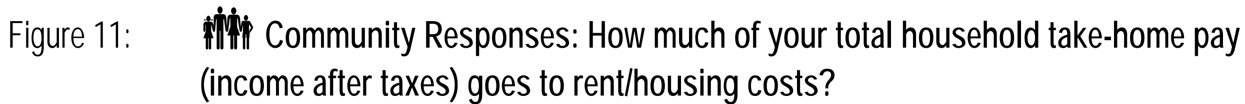
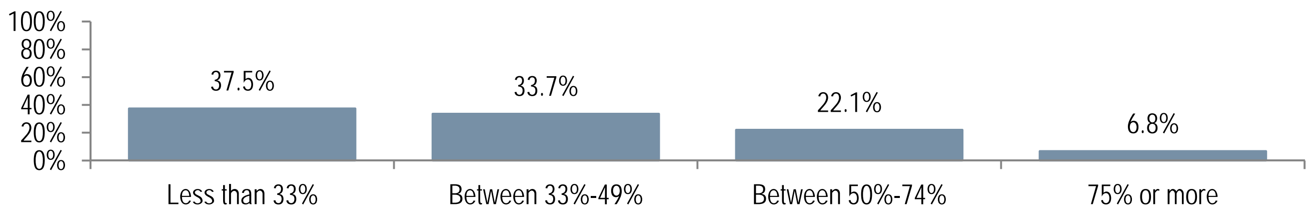


Figure 11: Community Responses: How much of your total household take-home pay (income after taxes) goes to rent/housing costs?



2012 N=707.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.
Note: Response options were modified in 2012, therefore data not comparable to 2008.

Figure 12: **Housing Units**

	City of Seward		Alaska	
Housing Occupancy	2000	2010	2000	2010
Occupied housing units	86.7%	82.6%	84.9%	84.1%
Vacant housing units	13.3%	17.4%	15.1%	15.9%
Total housing units	**1,058**	**1,124**	**260,978**	**306,967**

Source: United States Census Bureau, 2000 Census, 2007. United States Census Bureau, 2010 Census, 2012.

[5] Commission to Build a Healthier America. (2008). *Issue Brief 2: Housing and health.* Robertwood Johnson Foundation. Retrieved 2012 from http://www.rwjf.org
[6] Children's Health Watch. (2011). *Behind Closed Doors: The hidden health impacts of being behind on rent. Boston: Children's Health Watch.*
[7] U.S. Department of Housing and Urban Development. (2011). *Affordable housing*. Retrieved 10/12/11 from http://www.hud.gov/offices/cpd/affordablehousing/.

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Household Income

Household income is an indicator of the spending power of residents, including their ability to afford basic needs such as housing, food, and health care. Household income is also used to determine eligibility for many social services and community resources.

Federal Poverty Guidelines (more commonly known as Federal Poverty Levels) were developed in the 1960s and were based on three times the cost of a nutritionally adequate food plan, as determined by the Department of Agriculture at that time. Annual adjustments for inflation occur, based on changes in the Consumer Price Index, but the Federal Poverty Guidelines presupposes that the average family spends one-third of their income on food and does not consider other factors such as child care, transportation, and housing costs.

According to U.S. Census estimates, about 57% of the population in Seward reported an income less than $50,000, while 26% made $100,000 or more. It is estimated that 15% of the population in the city of Seward was living in poverty, more than in the state of Alaska overall (10%).

Figure 13: **Household Income In the Past 12 Months, City of Seward, 2006-2010 5-year Estimates**

Income Range	Percent
Less than $10,000	2.1%
$10,000 to $14,999	6.2%
$15,000 to $24,999	20.7%
$25,000 to $34,999	17.8%
$35,000 to $49,999	10.0%
$50,000 to $74,999	13.6%
$75,000 to $99,999	3.3%
$100,000 to $149,999	16.9%
$150,000 to $199,999	6.5%
$200,000 or more	3.0%

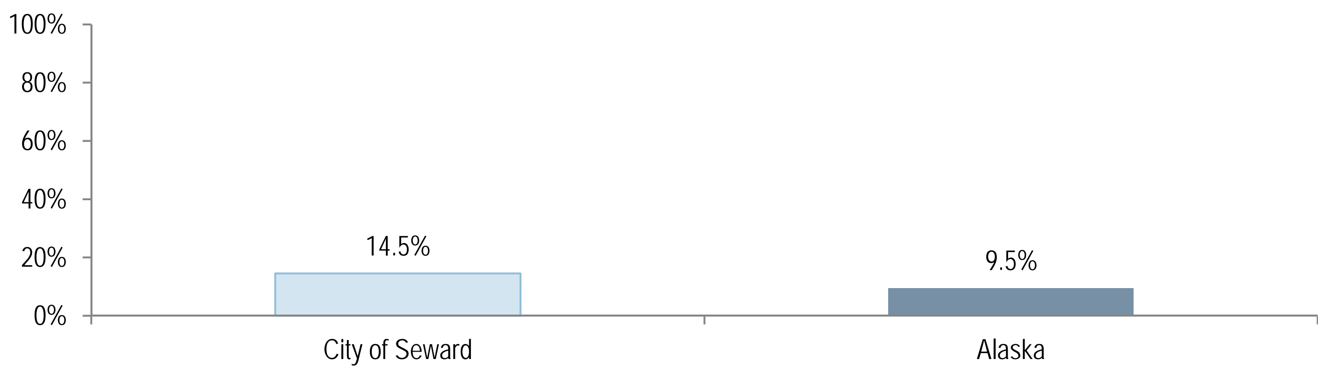
Source: U.S. Census Bureau, 2006-2010 American Community Survey.

Figure 14: **Federal Poverty Guidelines for Alaska, 2010**

Persons in Family/Household	Poverty Guidelines
1	$13,530
2	$18,210
3	$22,890
4	$27,570
5	$32,250
6	$36,930
7	$41,610
8	$46,290

Source: U.S. Department of Health & Human Services, 2010, Federal Poverty Guidelines.

Figure 15: **Poverty Status In the Last 12 Months, 2006-2010 5-year Estimates**



Source: United States Census Bureau, 2006-2011 American Community Survey.

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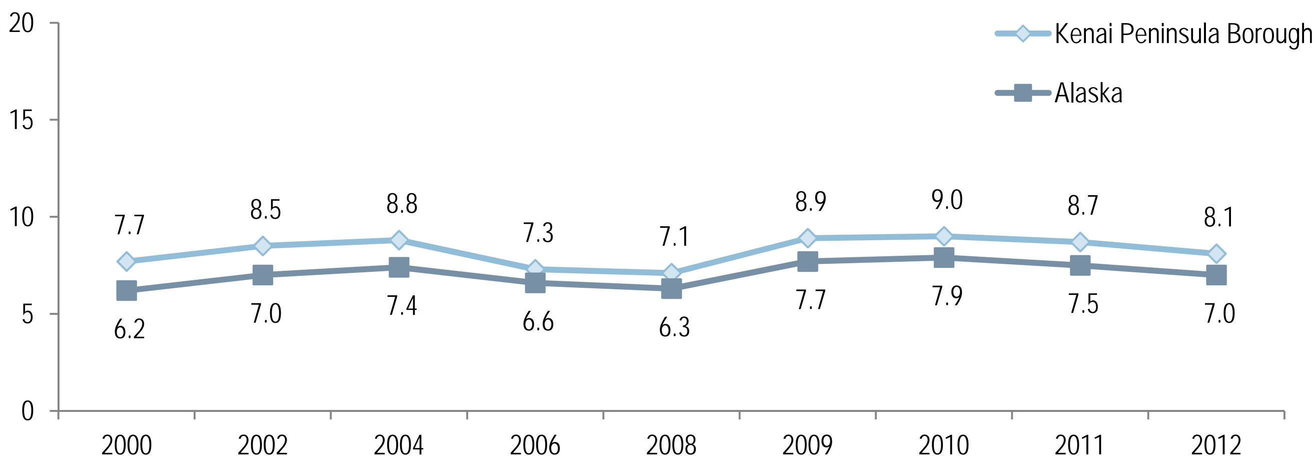
Unemployment

To encourage financial stability and improve community capital both socially and economically, people need an adequate supply of jobs that generate income sufficient to pay for basic needs. The unemployment rate shows whether or not a community is achieving this goal.

Unemployment data for the city of Seward were unavailable so the rate for the Kenai Peninsula Borough was used as a proxy. The unemployment rate in the Kenai Peninsula Borough has steadily decreased over the past two years from 9.0% in 2010 to 8.1% in 2012. Over the past decade, the unemployment rate for the Kenai Peninsula Borough has been consistently higher than the state of Alaska overall.

Figure 16: **Unemployment Rates**



Source: State of Alaska, Department of Labor and Workforce Development, Research & Analysis Section, 2012.
Note: Alaska data are seasonally-adjusted rates for May of each year; Kenai Peninsula Borough data are not seasonally-adjusted.

ACCESS TO HEALTH CARE

Health Care Access and Utilization

Having a usual source of health care helps people to get into the health care system and have timely use of health services to achieve the best health outcomes. However, over 40 million Americans do not have a specific source of ongoing care, especially racial and ethnic minorities and people of low socioeconomic status. Individuals without a usual source of care report more difficulties obtaining needed services, and receive fewer preventive health services.[8] When a person has a regular medical or health care home, he or she has a better chance at having good health.

Health care access for citizens of Seward was measured in the Seward Community Health Survey. The majority (89%) of survey respondents who reported needing health care in the last 12 months reported they were able to receive the care they needed in 2012. This was an increase from 73% in 2008. The most frequently reported health care needs were preventive care (23%) and treatment for chronic health problem (22%). About 1 in every 10 (9%) survey respondents reported using the emergency room as their primary source of health care in 2012, this was down slightly from 13% in 2008.

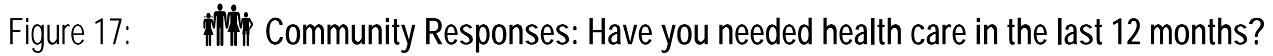
For those who reported they were unable to receive care, the most frequently cited reasons were "no insurance" (43%) and "services not available" (18%). These respondents reported going without preventive care (37%), annual exams (35%), or chronic disease management (27%).

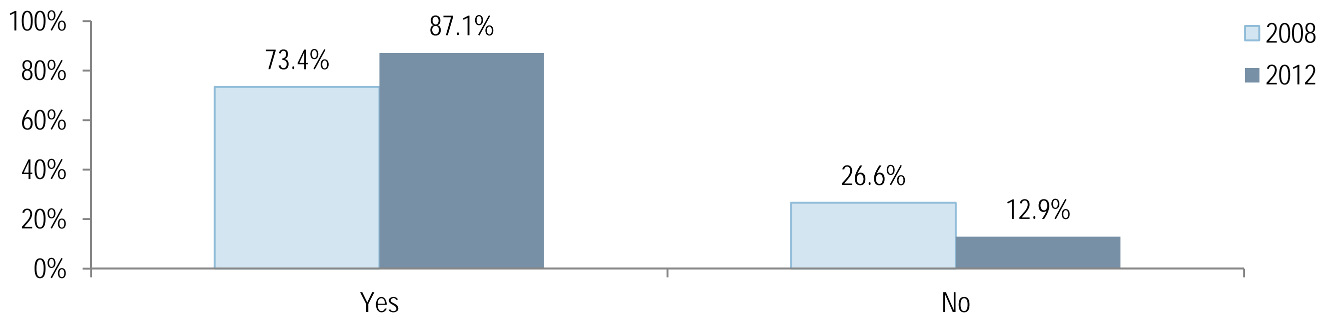
Sixty-eight percent of Seward Community Health Survey respondents reported having to leave Seward to obtain the medical care they needed. Of those, the most frequent reason they cited for leaving was the need for a specialist.

In 2012, 13 health care providers who practiced in the city of Seward were surveyed regarding health care access and services in the area. They reported that the most pressing barriers to residents' health care access were "affordability and insurance coverage," "access and transportation," and "knowledge of available services."

[8] United States Department of Health and Human Services, Agency for Healthcare Research and Quality. (2011). *National Healthcare Disparities and Quality Report*. Retrieved January 14, 2011.

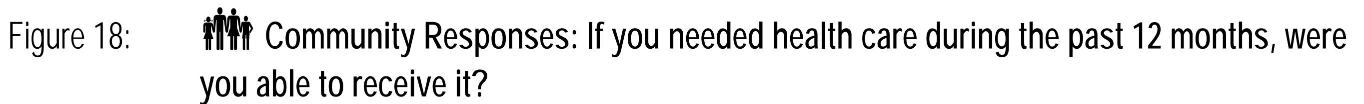
Figure 17:

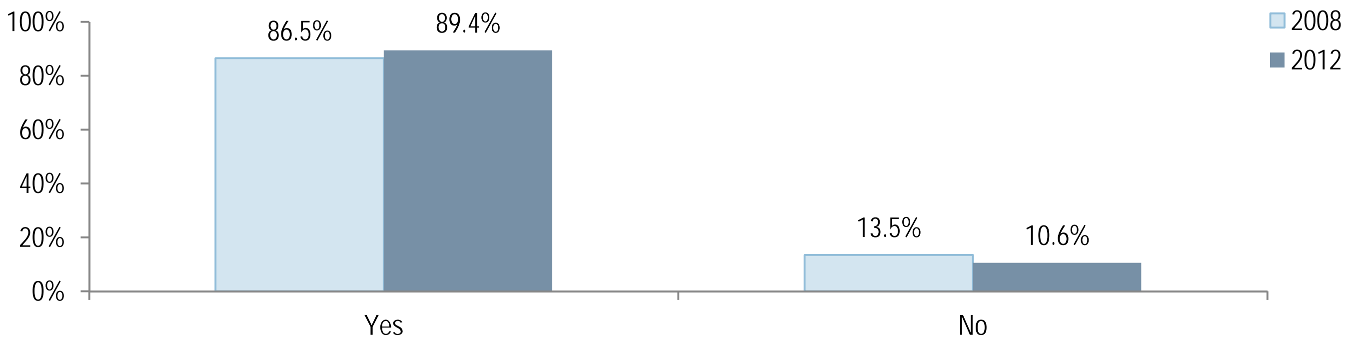




2008 N=304; 2012 N=654.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

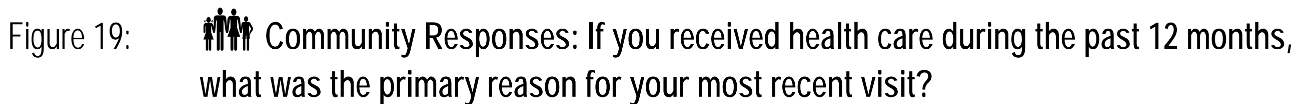
Figure 18:





2008 N=222; 2012 N=751.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Figure 19:



Response	2012
Preventive care	22.9%
Chronic (ongoing) problem	21.5%
Acute (new) problem	19.3%
Required physical/annual examination	16.5%
Emergency care	13.9%
Other	5.9%
Total respondents	**581**

Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: Survey question was not asked in 2008.

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Figure 20: Community Responses: If you did not receive health care during the past 12 months, why couldn't you?

Response	2012
No insurance/couldn't afford it	43.1%
Services not available	17.6%
Needed a specialist that was not available in Seward	13.7%
Couldn't afford copay	11.8%
Confidentiality issues	5.9%
Insurance wouldn't cover it	2.0%
Other	25.5%

Multiple response question with 51 respondents offering 61 responses.
Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: These response options were not mutually exclusive.
Note: Question was modified in 2012, therefore data not comparable to 2008.

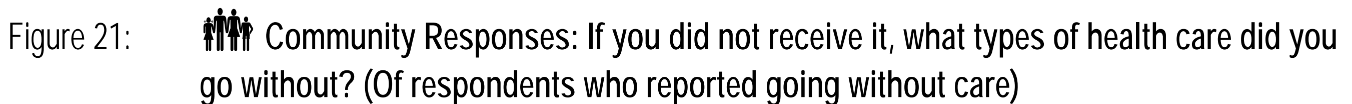


Figure 21: Community Responses: If you did not receive it, what types of health care did you go without? (Of respondents who reported going without care)

Response	2012
Basic care	36.7%
Preventive care/annual exams	34.7%
Chronic (ongoing) problems	26.5%
Acute (new) problems	22.4%
Prescription medications	14.3%
Specialist	10.2%
Other	18.4%

Multiple response question with 49 respondents offering 80 responses.
Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: These response options were not mutually exclusive.
Note: Question was modified in 2012, therefore data not comparable to 2008.

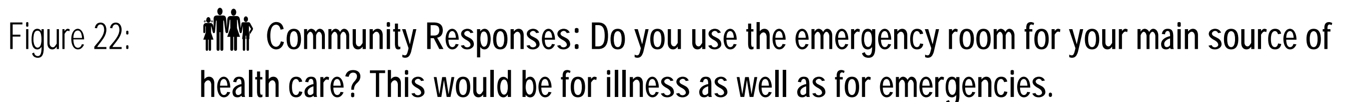
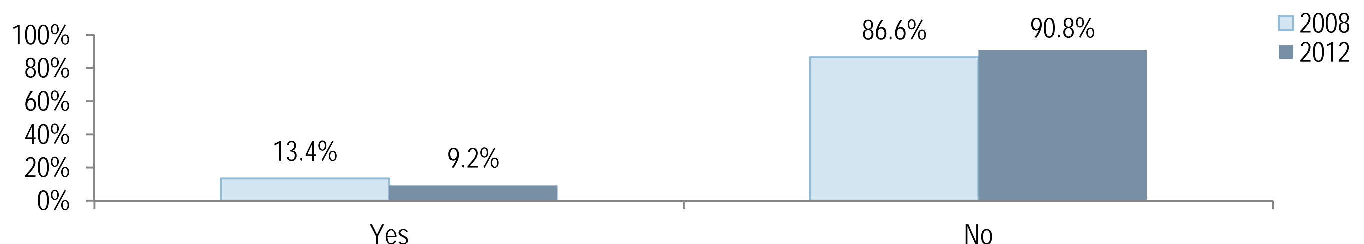
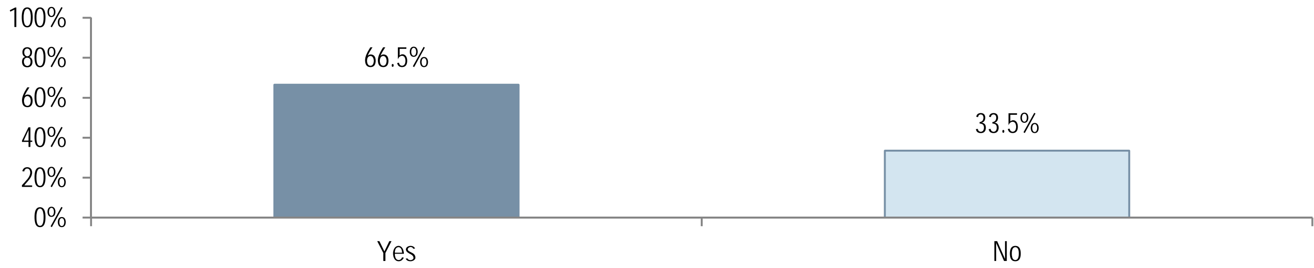


Figure 22: Community Responses: Do you use the emergency room for your main source of health care? This would be for illness as well as for emergencies.



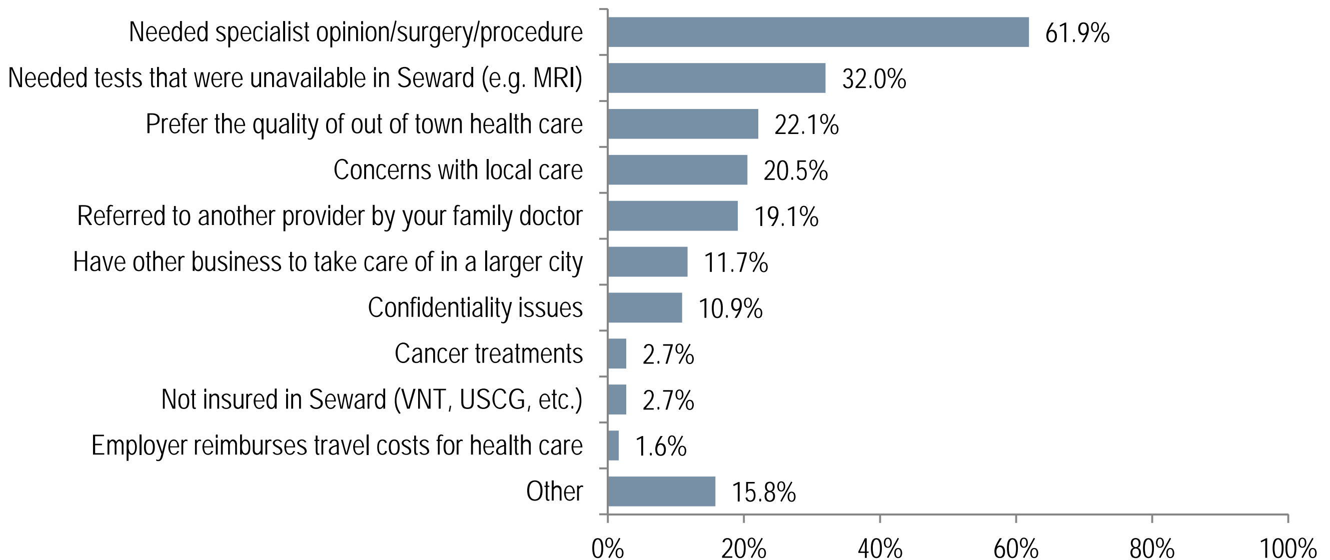
2008 N=292; 2012 N=740.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Figure 23: Community Responses: In the last 12 months, did you leave Seward to obtain health care elsewhere? (2012)



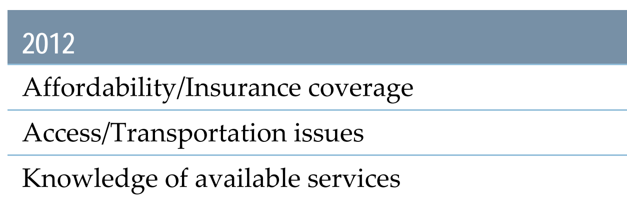
2012 N=753.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question was modified in 2012, therefore data not comparable to 2008.

Figure 24: Community Responses: If you left Seward to obtain health care elsewhere, was it because: (2012)



Multiple response question with 488 respondents offering 980 responses.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question was modified in 2012, therefore data not comparable to 2008.
Note: These response options were not mutually exclusive.

Figure 25: Health Care Provider Responses: Do you think any of the following are barriers to residents obtaining health care in Seward? (Top Responses)



2012
Affordability/Insurance coverage
Access/Transportation issues
Knowledge of available services

2012: Multiple response question with 13 respondents offering 58 responses.
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These response options were not mutually exclusive.

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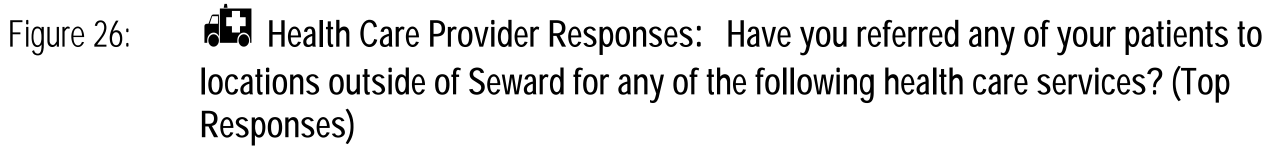


Figure 26: Health Care Provider Responses: Have you referred any of your patients to locations outside of Seward for any of the following health care services? (Top Responses)

2012
Cardiology specialty care
Mental health treatment
Women's health treatment
Oncology treatment
Orthopedic care
Eye care
Hearing aids
Other*:

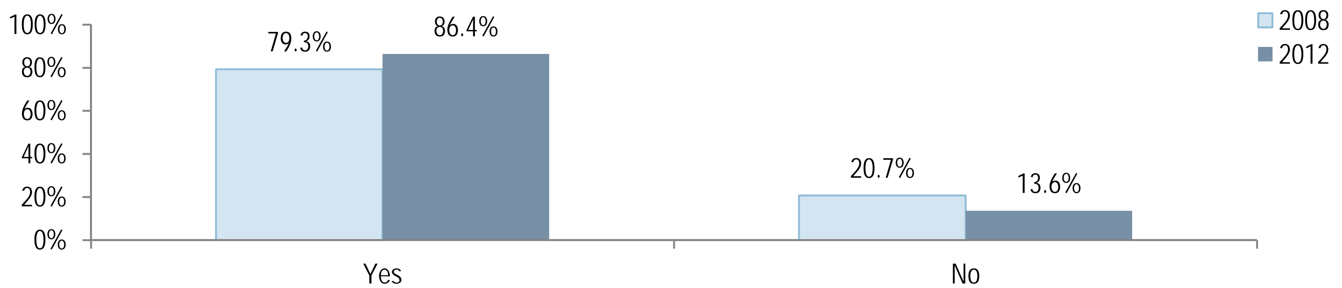
- Pulmonology
- Otolaryngology
- Endocrinology
- Urology
- Nephrology
- Vascular surgery
- General surgery
- Neurosurgery
- Rheumatology
- Gynecology
- Dermatology
- Gastroenterology
- Special needs services
- Oral health care
- Diagnostic/MRI/CT scan
- Dentures and root canals

**Respondents could list any number of additional referrals in the "other" category.*
2012: Multiple response question with 12 respondents offering 130 responses.
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These response options were not mutually exclusive.

Health Insurance

Lack of health insurance coverage is a significant barrier to accessing health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care, and experience more hospitalizations that could have been prevented. This means uninsured persons are less likely to receive medical care, more likely to have poor health, and are more likely to die prematurely.[9]

Eighty-seven percent of Seward Community Health Survey respondents had health insurance in 2012, an increase from 79% in 2008. Seventy-seven percent received their health insurance from their employer or their spouse's employer. Of respondents who did not have health insurance, the highest percentage said that it was due to the cost (69%) or that their employer did not offer coverage (26%). Fourteen percent of survey respondents reported that their dependent children did not have health insurance in 2012.



2008 N=299; 2012 N=747.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Response	2012
Your employer or spouse's employer	76.9%
State or federal program (such as Medicaid or KidCare)	10.1%
Private insurance you purchased on your own	7.1%
Other	5.9%
Total respondents	**631**

Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: This question was not asked in 2008.

[9] U.S. Department of Health and Human Services. (2011). *Healthy People 2020*. Retrieved January 4, 2011 from http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1.

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Figure 29: Community Responses: If you do not have health insurance, why?

Response	2012
Too expensive	69.4%
Employer doesn't offer health insurance	25.5%
Not eligible for employer health insurance	13.3%
Don't need or believe in health insurance	7.1%
Unable to find health insurance	3.1%
Other	17.3%

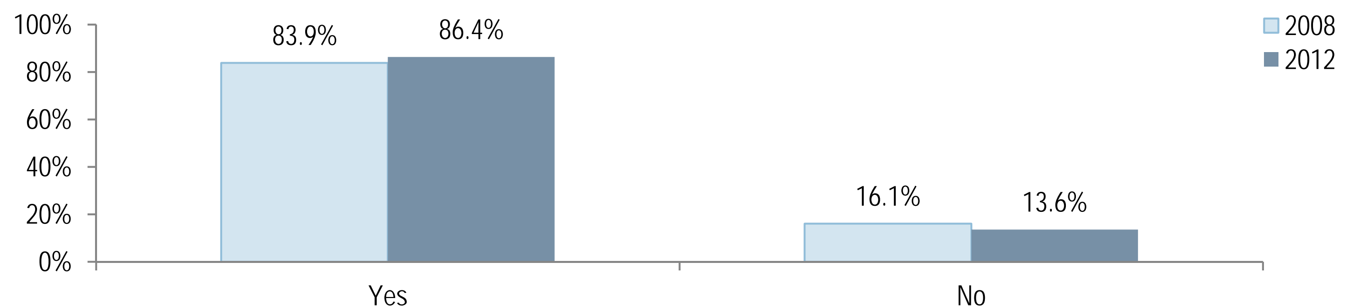
Multiple response question with 98 respondents offering 133 responses.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: This question was not asked in 2008.
Note: These response options were not mutually exclusive.

Figure 30: Community Responses: Does your health insurance cover or do you have additional coverage for: (Respondents answering "yes")

Response	2008	2012
Prescriptions	92.3%	88.1%
Treatment for substance abuse (alcohol/drugs, etc.)	46.9%	45.3%
Preventive care/annual exam	79.9%	84.8%
Long-term care (nursing home)	17.0%	21.2%
Dental care	81.3%	77.6%
Home health	25.8%	20.7%
Vision care	78.6%	73.2%

2008: Prescription N=234, Substance N=224, Preventative N=229, Long-term care N=224, Dental N=230, Home health N=225, Vision N=229.
2012: Prescription N=679, Substance N=658, Preventative N=672, Long-term care N=656, Dental N=671, Home health N=658, Vision N=667.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Figure 31: Community Responses: Do your dependent children have health insurance?



2008 N=124; 2012 N=352.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Employer-Based Health Care

Employer-based health insurance provides health care for 160 million Americans. However, due to the economic hard times of recent years and rapidly increasing health care costs, both the number of employers sponsoring coverage and the proportion of employees taking benefits when offered are dropping. According to 2011 data from the National Compensation Survey from the Bureau of Labor Statistics, 70% of all private industry workers had access to health care benefits through their employers. Of those, just 55% participated in an employee-sponsored health care plan. Among the lowest 10% of wage earners, only 20% had such access to employer-sponsored health care and only 11% of those participated.[10]

Ten members of the Seward business community were surveyed in 2012. Individuals were selected from a variety of organizations in Seward in an attempt to include businesses of differing types and sizes. At that time, all of the employers surveyed provided health insurance to their employees. The top services covered by their health plans included physical health, wellness/prevention, prescriptions, and mental health services. The services less often covered included dental health, health risk assessments, substance abuse, vision, and long-term care.

When provided with a list of potential health related services that businesses may need, health education was cited as the most beneficial. Health education is critical for changing behavior and promoting healthy living to reduce disease and improve quality of life. Employers were also interested in other wellness-related services including flu shots, health risk assessments, and physical therapy. Seward Business Survey respondents also made suggestions for how to reduce their workers' compensation incidences including safety training and education on outside safety during winter months.

[10] *National Compensation Survey: Employee Benefits in the United States, March 2011*: Private Industry, table 9, "Health care benefits: Access, participation, and take-up rates, private industry workers, National Compensation Survey, March 2011," http://www.bls.gov/ncs/ebs/benefits/2011/ownership/private/table05a.pdf.

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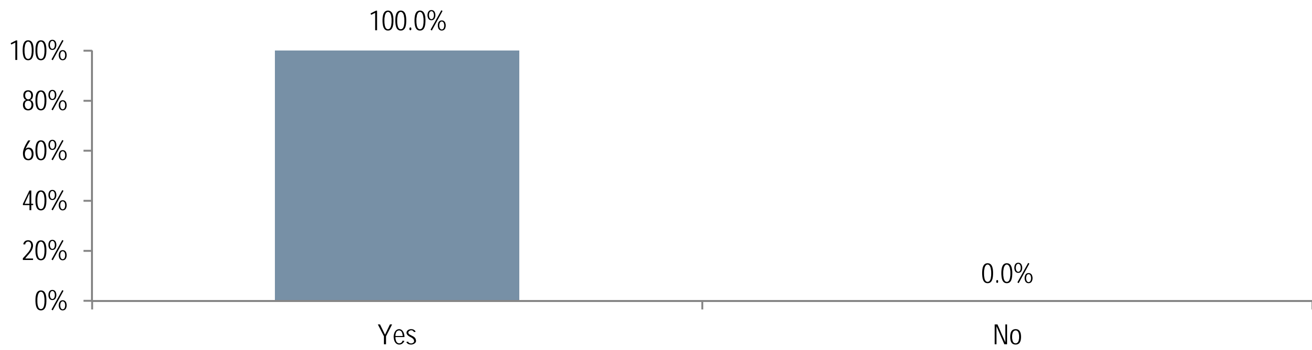
Figure 32: Business Responses: Do you provide a health plan for your employees? (2012)



2012 N =10
Source: Applied Survey Research, Seward Business Survey, 2012.

Figure 33: Business Responses: Who is your insurance carrier? (2012)

2012
Meritain (3 respondents)
Premera Blue Cross (3 respondents)
Federal Employee Health Benefits
Providence Health Plan
Other (2 respondents)

2012 N=10
Open-ended question with 10 respondents, those answering "yes" to providing a health plan for employees.
Source: Applied Survey Research, Seward Business Survey, 2012.

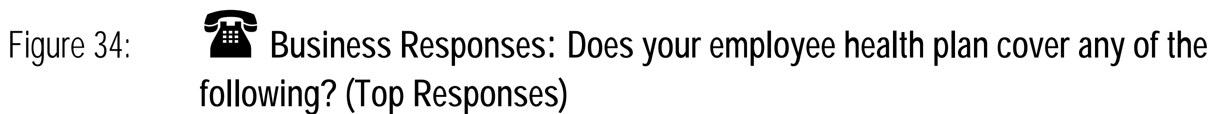


Figure 34: Business Responses: Does your employee health plan cover any of the following? (Top Responses)

2012
Physical health
Wellness/prevention
Prescriptions
Mental health

Multiple response question with 9 respondents offering 66 responses.
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These response options were not mutually exclusive.

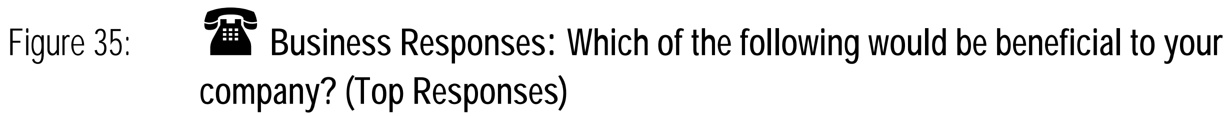


Figure 35: Business Responses: Which of the following would be beneficial to your company? (Top Responses)

2012
Health education
Flu shots
Physical therapy
Health risk assessments

Multiple response question with 9 respondents offering 51 responses.
Source: Applied Survey Research, Seward Business Survey, 2008 and 2012.
Note: These response options were not mutually exclusive.

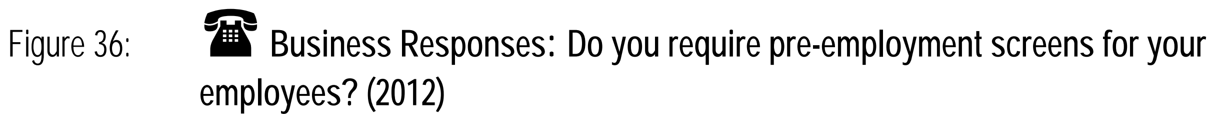
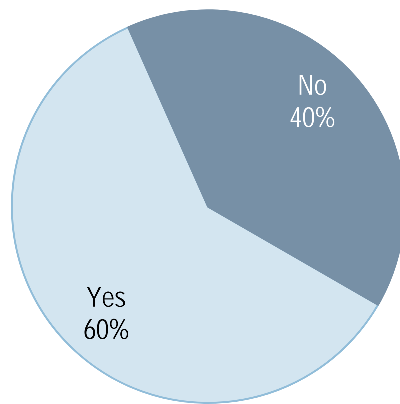


Figure 36: Business Responses: Do you require pre-employment screens for your employees? (2012)



2012 N=10
Source: Applied Survey Research, Seward Business Survey, 2012.

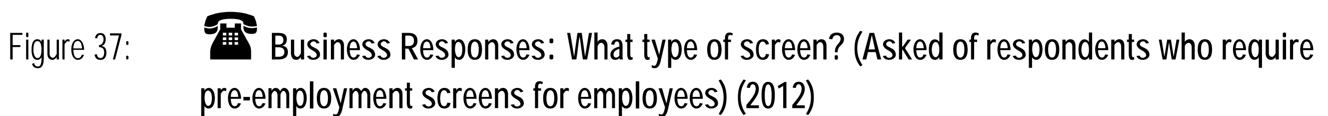
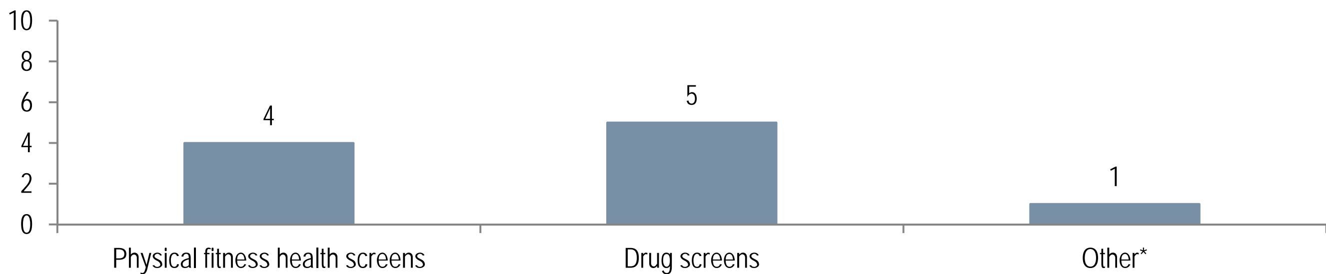


Figure 37: Business Responses: What type of screen? (Asked of respondents who require pre-employment screens for employees) (2012)



** "Other" response included: TB screen.*
Multiple response question with 6 respondents offering 10 responses.
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These response options were not mutually exclusive.

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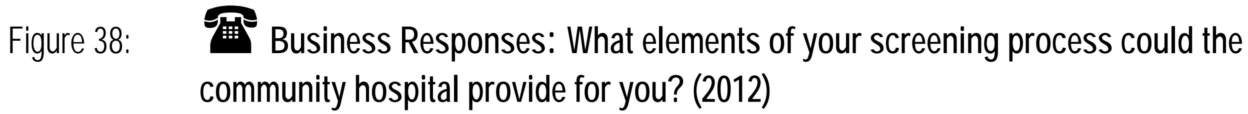


Figure 38: **Business Responses: What elements of your screening process could the community hospital provide for you? (2012)**

- Providence Seward Medical and Care Center provides the screenings (3 respondents)
- Help register for employment prescreening at the Seward level
- Screening is provided by contractors, in order to provide these services, the hospital would need to get approved as a contractor
- We do our own screenings

2012 N=6
Source: Applied Survey Research, Seward Business Survey, 2012.

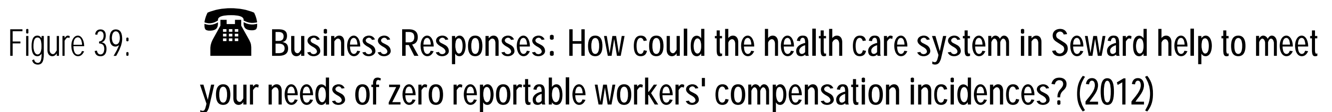


Figure 39: **Business Responses: How could the health care system in Seward help to meet your needs of zero reportable workers' compensation incidences? (2012)**

- Bring in and/or build a wellness program (2 respondents)
- Provide training and education
  - Seminars or education on safety outside and during the winter months such as how to prevent falls on the ice (3 respondents)
  - Workplace safety trainings (2 respondents)
  - Occupational injury prevention education
  - Information on healthy living
- Advertise and promote safety and health during the year
- Create a federally-qualified health center to provide coordination and continuum of care services
- Provide free screenings to give an overview of overall general health and identify any areas for extra prevention measures
- Conduct a theme based discussion with organizations and businesses to talk about how community health could help reduce on the job injuries
- There's a problem with competing economic interests leading to competition and lack of coordination. If the whole continuum of care was covered, could provide on-site occupational health services/trainings for occupational safety for other employers

2012 N=10
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These responses are not mutually exclusive.

Medicaid and Denali KidCare Enrollment

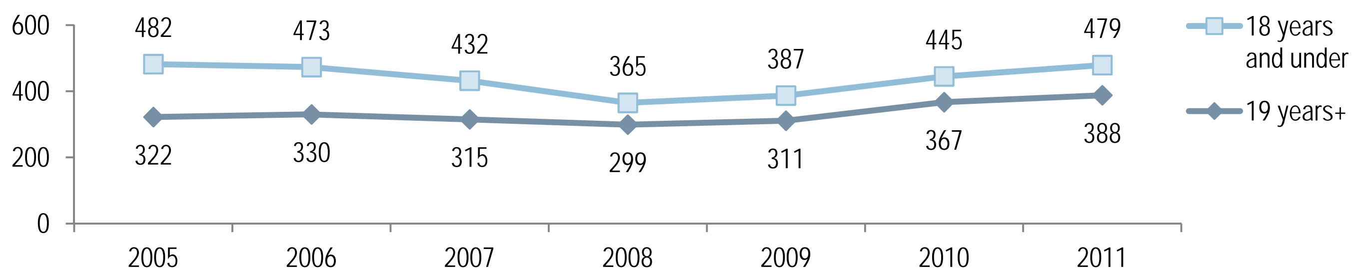
Medicaid, an entitlement program created by the federal government, is the primary public program for financing basic health and long-term care services for low-income Alaskans. The program focuses on coverage for low-income children, pregnant women, families, the elderly, the blind, and the permanently disabled. This ensures that health services are available for those who may not be able to afford them. Medicaid is the second largest state budget item in Alaska after public school funding.[11]

Enrollment in Medicaid in the city of Seward increased to 479 amongst individuals 18 years old and under, continuing an upward trend since 2008. Individuals 19 years old and over also increased in 2011, rising to 388 from a low of 299 in 2008. This may reflect increased eligibility due to a rise in the number of qualified low-income individuals or due to increased funding for programs so that more services can be offered.

Denali Kidcare provides health insurance coverage to children and teens through age 18. This makes it so that children and teens of both working and non-working families have health insurance so they can get preventive services and medical treatment when needed. It also covers pregnant women who meet income guidelines.

Enrollment in Denali Kidcare amongst individuals in the city of Seward was at 62 in 2011, a slight increase from 2010, but a dramatic decrease from its height of 134 in 2006. It is important to note however, that changes in enrollment numbers may be a result of changes in eligibility or program funding. Governor Sean Parnell of Alaska recently vetoed the $3 million funding to expand Denali KidCare. An estimated 1,300 children and 218 pregnant women will now be unable to receive coverage as a result of this veto, according to the state of Alaska.[12]

Figure 40: **Enrollment in Medicaid by Age, City of Seward**



Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.
Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

[11] State of Alaska Health and Social Services. (2011). *Medicaid and Alaska Natives.* Retrieved August 31, 2011 from http://www.hss.state.ak.us/commissioner/tribalhealth/medicaid.htm
[12] Cockerham, S. (June 9, 2010). Legislators reluctant to override governor's KidCare funds veto. Anchorage Daily News.

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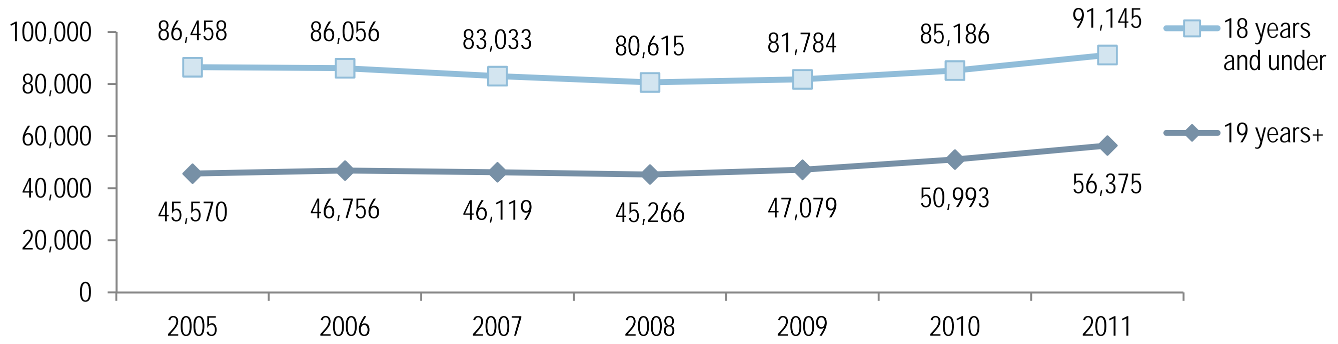
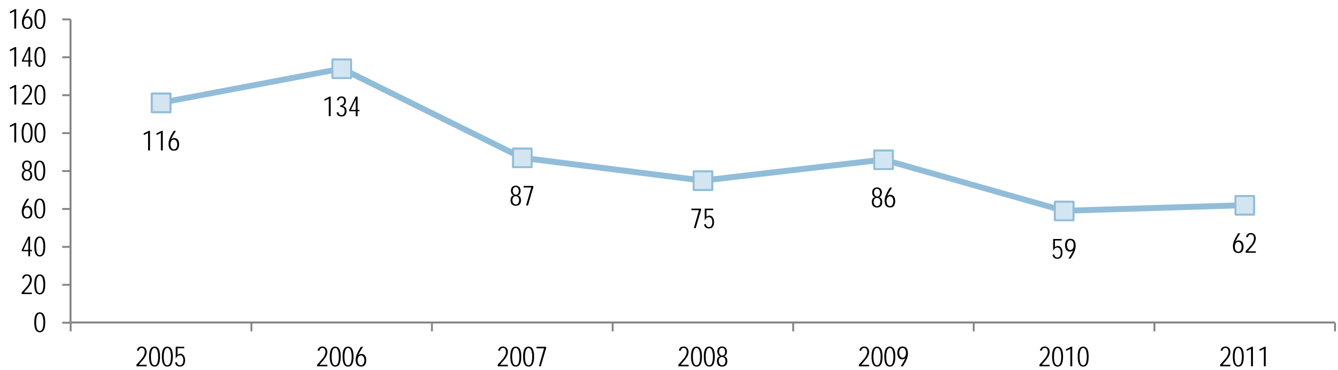
Figure 41: **Enrollment in Medicaid by Age, Alaska**



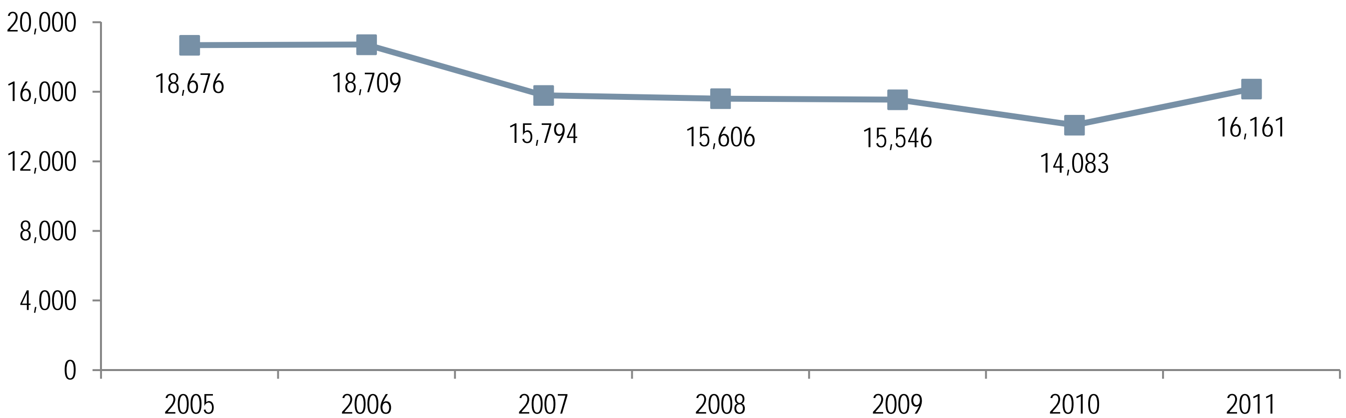
Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.
Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

Figure 42: **Enrollment in Denali KidCare, City of Seward**



Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.
Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

Figure 43: **Enrollment in Denali KidCare, Alaska**



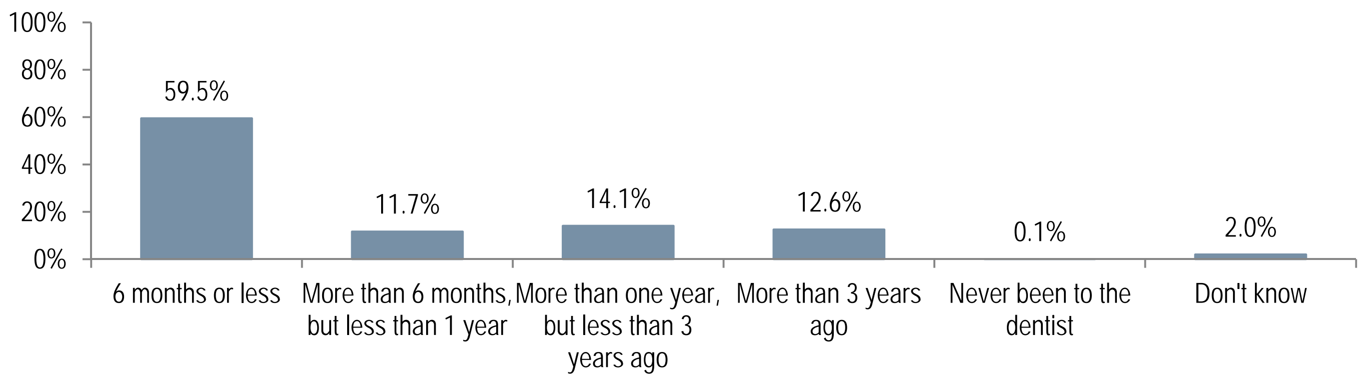
Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.
Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

Dental Insurance

Regular dental visits – at least once per year – are important for preventing, diagnosing, and treating oral diseases. Research shows that gum disease impacts overall health because the inflammation it causes is linked to other chronic conditions like diabetes, cardiovascular disease, and Alzheimer's disease.[13] Thus, having dental insurance is important in preventing these health risks by making it easier to get regular check-ups and cleanings.

More than two-thirds (71%) of Seward Community Health Survey respondents had visited a dentist, hygienist, or orthodontist within the past year, however, there were still 14% who had not seen the dentist in more than two years and 13% who had not seen a dentist in more than three years. In addition, 22% of survey respondents reported not having dental insurance for their dependent children in 2012.

Figure 44: Community Responses: How long has it been since you last visited a dentist, hygienist, or orthodontist?



2012 N=745.
Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: Response options were modified in 2012, therefore data not comparable to 2008.

[13] American Academy of Periodontology. (2011). *Gum Disease, Mouth-Body Connection*. Retrieved January 14, 2011 from http://www.perio.org/consumer/mbc.top2.htm

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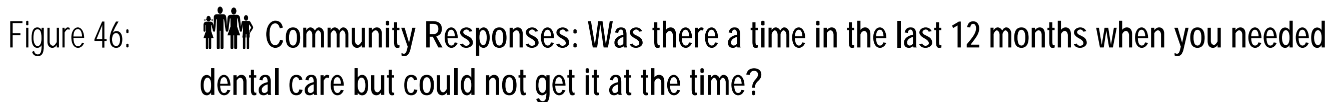
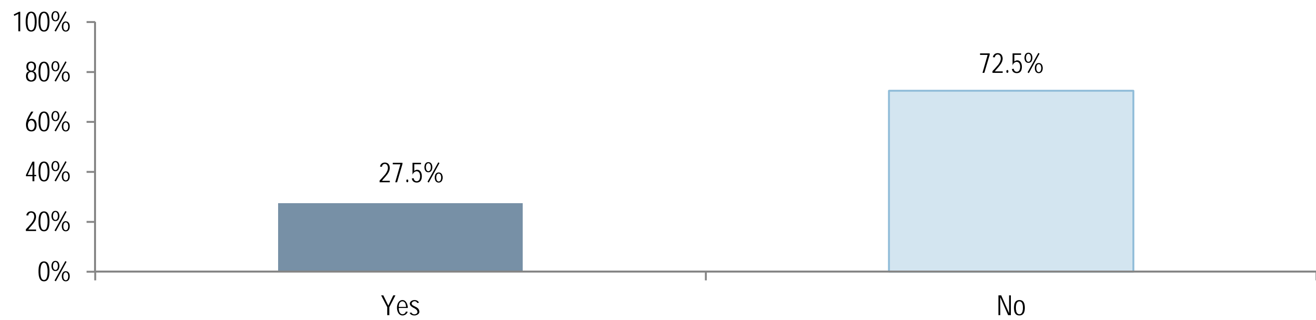
Response	2012
Went in on own for check-up, exam or cleaning	57.3%
Something was wrong, bothered/hurt me	17.3%
Was called in by the dentist for check-up, exam or cleaning	12.7%
Went for treatment of a condition that the dentist discovered at an earlier check-up or examination	6.8%
Other	4.0%
Don't know	1.8%
Total respondents	**722**

Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: This question was not asked in 2008.





2012 N =753
Source: Applied Survey Research, Seward Business Survey, 2012.

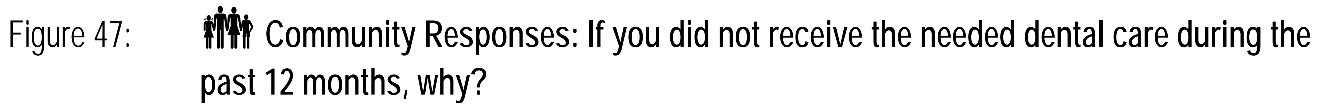
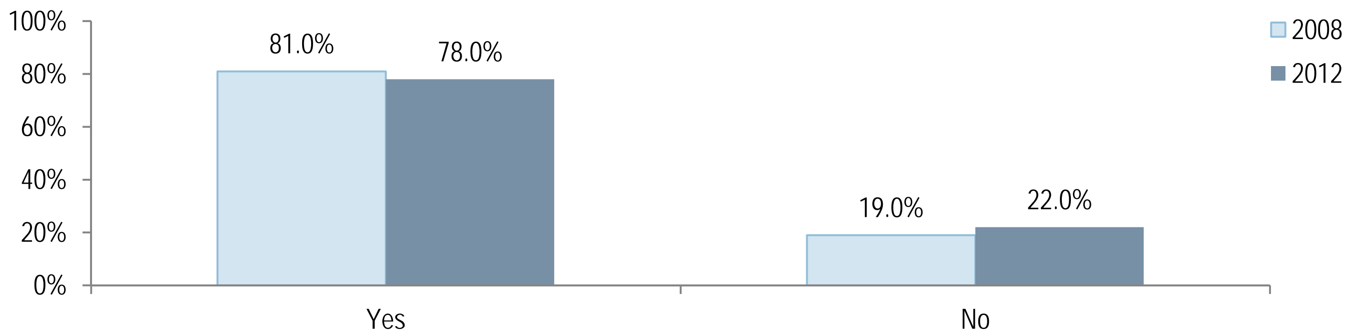


Figure 47: Community Responses: If you did not receive the needed dental care during the past 12 months, why?

Response	2012
Could not afford	62.4%
Not serious enough	17.1%
Difficulty getting appointment	11.8%
No dentist available	10.0%
Don't like/don't believe in dentists	4.7%
Did not know where to go	4.7%
No transportation	2.9%
Dentist did not accept Denali KidCare/Medicaid insurance	2.4%

2012: Multiple response question with 170 respondents offering 197 responses.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.
Note: These response options were not mutually exclusive.
Note: This question was not asked in 2008.

Figure 48: Community Responses: Do your dependent children have dental insurance?



2008 N=116; 2012 N=345.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

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Health Care Costs

The cost of health care in the United States continues to rise. It is estimated that in 2010, the U.S. spent $8,402 per person on health care. A study by the Kaiser Family Foundation found that half (50%) of Americans reported their family had gone without some form of medical care in the past 12 months because of cost. Families reported relying on home remedies and over-the-counter drugs rather than visiting a doctor (33%), skipping dental care (31%), and postponing getting health care they needed (28%).[14]

Fourteen percent of Seward Community Health Survey respondents used more than 20% of their take-home pay for medical costs. While 19% of respondents used between 11% and 20% of their take-home pay for health care costs, two-thirds (67%) used 10% or less of their take-home pay for health care costs.

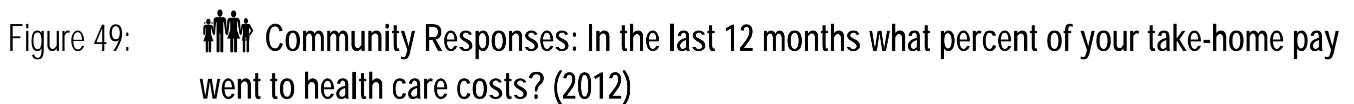
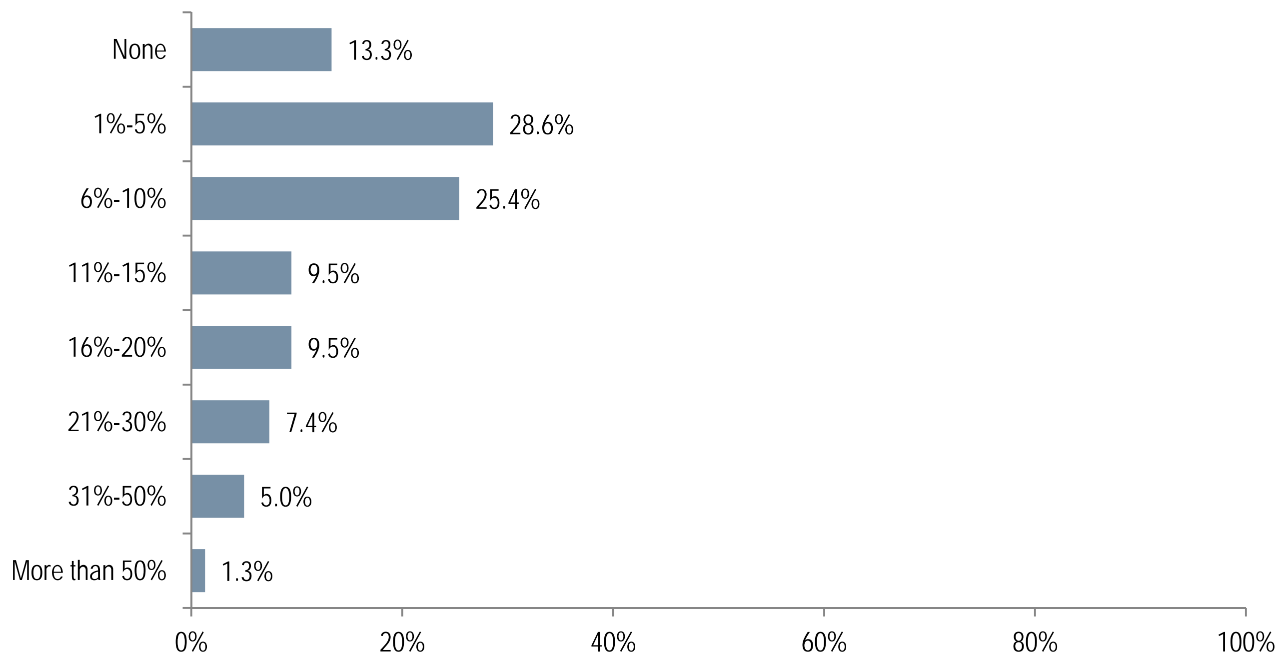


Figure 49: Community Responses: In the last 12 months what percent of your take-home pay went to health care costs? (2012)



2012 N=622.
Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: Survey question was not asked in 2008.

[14] Henry J. Kaiser Family Foundation. (May 2012). Health Care Costs: Key information on health care costs and their impact. Retrieved 2012 from http://www.kff.org

Health Care Information and Education

Patient access to health information and education is correlated with positive self-management and lifestyle changes in patients with chronic and preventable diseases.[15] Improved individual health behaviors produce positive changes that lead to greater community health as a whole.

When asked about where they got their health care information, 77% of Seward Community Health Survey respondents said they received it from their doctor and 57% got it from the Internet in 2012.

In regards to improving the health care systems in Seward, health care providers surveyed said that major medical equipment including a CT scanner, MRI equipment, and a portable ultrasound would be beneficial. In addition, they encouraged Seward to hold more health fairs and continue supporting staff that promote and provide education.

Figure 50: Community Responses: Where do you get information about health care?

Response	2012
Doctors/provider	76.6%
Internet	57.0%
Friends and family members (word of mouth)	36.8%
Work	16.8%
Television	13.6%
Inserts in the newspaper/magazines	10.4%
Radio	6.2%
Other	6.0%

Multiple response question with 728 respondents offering 1,627 responses in 2012.
Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: These response options were not mutually exclusive.
Note: This question was not asked in 2008.

[15] U.S. Department of Health and Human Services. (2008). America's Health Literacy: Why We Need Accessible Health Information. Retreived 2012 from www.health.gov

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Figure 51: Health Care Provider Responses: Is there any health care technology that would be beneficial in Seward? (2012)

- CT scanner (5 respondents)
- MRI equipment (3 respondents)
- Portable ultrasound (2 respondents)
- Electronic ICU (EICU)
- Safe psychological emergency department room
- Ground transport
- Colposcope
- Telemedicine

2012 N=11
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These responses are not mutually exclusive.

Figure 52: Health Care Provider Responses: Thinking about health care information and education, what do you think is effective? (2012)

- Health fairs (4 respondents)
- Written articles (3 respondents)
- Outreach programs (2 respondents) and wellness programs
- Promotion and education from staff
  - Good at promoting the health care services
  - Have a nutritionist who gives free dietary talks through the library
  - Done several educational campaigns such as suicide prevention in teenagers
  - Excellent nurses, dieticians, and health counselors who come and give education
- Involvement in the community
  - Public speaking in community
  - Programs that engage the community and are visible to the community
  - Being available at community events and being proactive and using the media. Also working with businesses to do preventative employee health programs
- The electronic medical record is good too, doesn't help with efficiency but in other ways, helps organize information a lot better

2012 N=12
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These responses are not mutually exclusive.

Figure 53: Health Care Provider Responses: Thinking about health care information and education, what needs improvement? (2012)

- Education
  - Provide more education on diabetes, hypertension, diet, and exercise
  - Need a diabetes educator
  - Need more education available locally. Need to set up an infrastructure for basic medical education
  - Need motivational classes to understand motivational techniques
  - Diet and exercise need to be addressed with every visit
- Media
  - More advertisements to address chemical dependency
  - Information whether in print media or posters letting people know what's available for addiction services, whether prescription or illicit drug addiction
  - Update information on program websites
  - Start the Q&A articles again that M.D.s, dentists, P.T.s. answer or have a Tip of the Day
- Community involvement in programs and coordination of calendars to make sure nothing is competing so community members can attend diabetes group
- Providers whether nurses, PAs, EMTs, or doctors, need to be out there in the community
- Better assistance for people with Medicaid/Medicare and long term care planning
- Need a boating safety training
- Coordination and communication across the electronic health systems of Alaska

2012 N=13
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These responses are not mutually exclusive.

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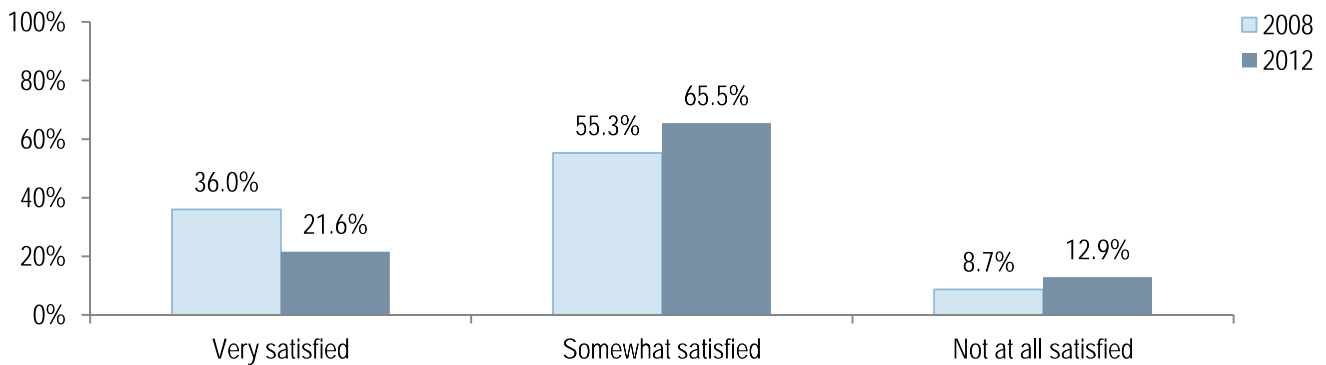
Health Care Satisfaction

Health care satisfaction may reflect the ability of residents to get care on time and affordably, how easy it is to get services, and the quality of care.

Eighty-seven percent of Seward Community Health Survey respondents reported they were "very satisfied" or "somewhat satisfied" with health care services in Seward in 2012, a small decrease from 91% in 2008. However, those who reported being "very satisfied" dropped to 22% in 2012, from 36% in 2008.

Figure 54: Community Responses: Overall, how satisfied are you with your health care services in Seward?



2008 N=275; 2012 N=730.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Providence Seward Medical and Care Center's Services and Strengths

Realizing the strengths and areas for improvement at the Providence Seward Medical and Care Center is important for both the community and health care providers in order to address concerns and continue to keep up and reinforce the areas that are doing well.

Business and provider survey respondents felt that the hospital's greatest strengths included the hospital staff, emergency room, and trauma center services. In addition to the quality of staff, care, and services, business and health care providers felt that the clinics/physical therapy programs were also an area of strength. Health care providers felt that the hospital was responsive, accessible, and friendly.

According to responses from businesses and health care providers, while the greatest strength of the Providence Seward Medical and Care Center was its staff, the greatest weakness identified by those same respondents was the turnover of that same staff.

Areas of improvement suggested by both health care providers and businesses included more longevity of doctors and shorter wait time for appointments with doctors. Business survey respondents also suggested a broader range of services such as specialty services, a continuum of care, and more information about their available services. Health care providers suggested that the hospital could be improved in the areas of organization and processes, including having protocols in place and making follow up calls.

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Figure 55: **Thinking about the hospital, what are the areas of greatest strength?**

Business Responses (2012):

- Emergency services and the ER (3 respondents)
- Physical therapy program (2 respondents)
- Clinics (2 respondents)
- Staff
    - Caliber of the doctors (2 respondents)
    - Dedication
    - The staffing levels and number of doctors
    - The nursing staff
- Facility
    - Excellent equipment
    - Good facility
- That the hospital is here
- Accessible
- Sliding fee scale implemented in the last year

2012 N=9
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These response options were not mutually exclusive

Health Care Provider Responses (2012):

- Physician staff (4 respondents)
- ER and trauma center (3 respondents)
- Responsive, Accessible, Friendly
    - The hospital is here (2 respondents)
    - Accessibility
    - Great customer service and submit reports in a timely manner
    - Compassion, in this small town they are friendly in non-hospital settings
    - Willingness to change and try new things
    - Xrays and ultrasounds are sent out really quickly
- Facility
    - Having a small facility is actually quite nice
    - Having an inpatient unit so people can stay in the community
    - We have a lot of nice equipment
- Local administration, city of Seward's support of the hospital
- The level of services offered given the size of the population
- Electronic health records will eventually help us serve patients

2012 N=13
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These response options were not mutually exclusive

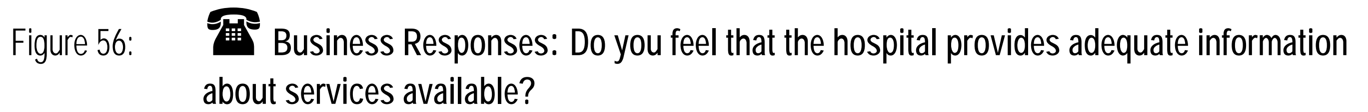
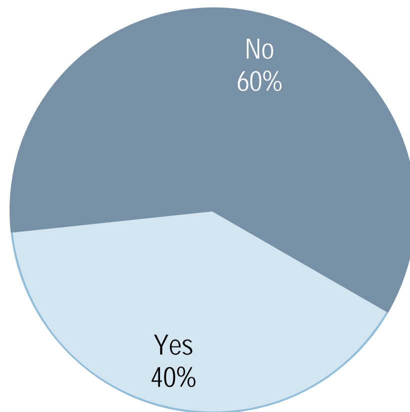


Figure 56: Business Responses: Do you feel that the hospital provides adequate information about services available?



2012 N=10.
Source: Applied Survey Research, Seward Business Survey, 2008 and 2012.

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Figure 57: **Thinking about the hospital, what are the areas that need the most improvement?**

Business Responses (2012):

- The lack of longevity of doctors (3 respondents)
- Appointments such as being able to get in with the doctor you want and not having to wait (2 respondents)
- Billing such as what is deemed preventative care and unbillable and what is billable (2 respondents)
- Broader range of local services
  - Need services for pregnant women (2 respondents)
  - More preventative care to the community
  - Need a continuum of care such as Integrated Behavioral Health, Home Health, Dental, and Hospice
  - More specialty clinics and procedures
  - General surgeons, for example for appendicitis and an anesthesiologist would alleviate expenses of transport
- Better understanding of health care reform and overall health care
- More up to date equipment

2012 N=12
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These response options were not mutually exclusive

Health Care Provider Responses (2012):

- Staff turnover (2 respondents)
- Organizational processes
  - Staffing (2 respondents)
  - Organization and efficiency in the clinic
  - Organization and streamlining of processes
  - Have good protocols for procedures in place
  - Follow up with phone calls after sending recall cards
- Support for staff to do their job
  - The best way we can be used is see patients and make medical decisions
  - Have people operate at their scope of practice comfortably and knowing their role really well
  - Clinic needs well-trained support staff to help us take care of patients
- Appointments
  - Improve appropriate scheduling
  - Availability of appointments
- Billing
- Lack of obstetrical care and delivery
- Need a safe room, or a psych room for acute patients that are transported to the state hospital in Anchorage
- People want consistency in seeing the same doctor
- Extended clinic hours
- Financial stability
- No big deficiencies

2012 N=13
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.

Note: These response options were not mutually exclusive

Seward Health Care System Risks and Areas for Improvement

It is important for the community and health care providers to address the risks and areas for improvement regarding the Seward Health Care System. This will encourage discussion on what positive changes can be made within the local health care system and what future action can be taken.

Health care provider survey respondents were asked about the greatest risks to the health care system in Seward. The top answer in 2012 was uninsured patients. Providers also expressed concerns over federal and state funding, infrastructure, and provider shortages.

Business survey respondents suggested that the hospital could be improved in the areas of: more timely appointments, services for pregnant women, and clear information about billing. Health care providers recommended that the hospital focus on staff turnover.

Businesses and health care provider survey respondents were asked to suggest what health care providers could do to improve health care in Seward. Both agreed that more flexible clinic hours were needed.

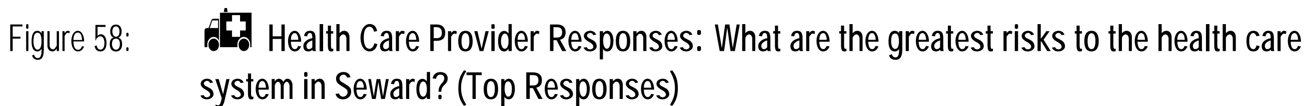

Figure 58: Health Care Provider Responses: What are the greatest risks to the health care system in Seward? (Top Responses)

2012
Uninsured patients
Difficulty with insurance claims/coverage
Not enough federal/state funding
Lack of appropriate health care infrastructure
Not enough nurses
Other: • Not enough well-trained nurses • Lack of clinic manager position • Lack of tech support • Funding • Costs • Stigma around mental health

Multiple response question with 12 respondents offering 70 responses.
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These response options were not mutually exclusive.

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Figure 59: **Is there anything that health providers could be doing differently to improve health care in Seward?**

Business Responses: (2012)

- Have more flexible clinic hours, for example, on nights and weekends (2 respondents
- Gather long-term commitments from doctors
- Follow up with those that had a visit and make sure they are doing well
- Have a more holistic approach to care
- Create a federally qualified health center which would put all the services under one umbrella and one level of administration
- Provide health care education for teens and young adults
- Yes, but can't think of anything
- Nothing (2 respondents)

2012 N=10
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These response options were not mutually exclusive

Health Care Provider Responses: (2012)

- Have more flexible clinic hours, for example, on nights and weekends
- Provide health care education
- Provide continuing education for the providers
- Restructure the clinic so support staff and nurses were operating at a higher standard of care and providers were doing more provider specific jobs and seeing more patients
- Improve scheduling
- More collaboration between the medical and dental side as there is a proven systemic link
- Provide group therapy sessions for diabetes, hypertension, and obesity
- Involvement of more doctors in community organizations and/or volunteerism
- Making appropriate use of technology and prudent use of diagnostic tests
- Prescribe generics drugs rather than brand name drugs. Educate patients about different resources available
- For preventive care, availability, and access to services
- More quality improvement in hospital that's more physician based
- Have specialists come to town so we can bounce things off of them and learn
- Yes, but can't think of anything (2 respondents)
- Nothing (3 respondents)

2011 N=13
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These response options were not mutually exclusive

HEALTH AND WELLBEING

Greatest Health Care Need

When Seward Community Health Survey respondents were asked what they considered to be the top two greatest health care needs in Seward in 2012, the most common responses were the need for lower costs for patients (39%), followed by more specialists/specialty care (27%), vision care (22%), and OBGYN/female health care (20%).[16] Business and health care provider respondents reported that the greatest needs were in the areas of affordable care.

Figure 60: Community Responses: What do you consider to be the top two greatest health care needs in Seward? (2012)

Response	2012
Lower costs for patients	39.1%
More specialists/specialty care	27.0%
Vision care	21.9%
OBGYN/female health care	20.3%
More doctors	17.3%
Diagnostic equipment (MRI, X-Ray)	15.5%
Pediatric care	12.9%
Dental care	12.7%
Elderly care/assisted living	9.0%
Mental health services/counseling	8.3%
Substance use rehab/counseling	7.2%
Long term care	5.3%
Other	11.8%

Multiple response question with 711 respondents offering 1,481 responses in 2012.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: These response options were not mutually exclusive.

[16] These responses were not mutually exclusive.

Figure 61: What do you consider to be the greatest health care need in Seward?

Business Responses: (2012)

- Affordable care (2 respondents)
- Programs for those without health insurance that includes preventative care
- General health care services
- Competent primary care services
- Services
  - Home health care, assisted living, dental, behavioral, vision service/optometrists in the community
  - Chronic illness such as cancer and having treatment locally
- Education
  - Substance abuse (for teens and young adults)
  - Health (taught in high schools)
  - Healthy lifestyles
- The needs in Seward are pretty well met

2012 N=10
Source: Applied Survey Research, Seward Business Survey, 2012.
Note: These response options were not mutually exclusive

Health Care Provider Responses: (2012)

- Affordable care (4 respondents)
- Available and accessible services
- Specialty care
- Awareness about depression
- Diabetes, obesity, and dietary education
- 24 hour ER and hospital
- Lifestyle changes
- Broader access to urgent care/same day appointments without having to go to the ER
- Obesity and infectious diseases
- Independent/assisted living for the elders
- Better access for chronic health problems
- Safe room for involuntarily committed patients

2012 N=13
Source: Applied Survey Research, Seward Health Care Provider Survey, 2012.
Note: These response options were not mutually exclusive

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Preventive Health Care

Regular and timely medical screenings are used to identify health conditions in their early stages when they can be most easily treated. Health screenings may also uncover potential risk factors for chronic diseases that can be easily reduced with simple lifestyle changes. Furthermore, preventive action can be taken to reduce the impact of chronic diseases and conditions or even cure symptoms which, in turn, improve an individual's quality of life as the person ages. In the United States, there is a great underuse of effective preventive care, resulting in loss of life, unnecessarily poor health, and inefficient use of health care dollars.[17]

The preventive practices Seward community respondents reported participating in included: receiving an annual exam with a physician (64%) and getting biometric screenings (59%) for health issues like cholesterol, blood glucose, or BMI in the past year. Of those who had biometric screenings, one-third reported making lifestyle changes based on the results, but 28% reported making no changes.

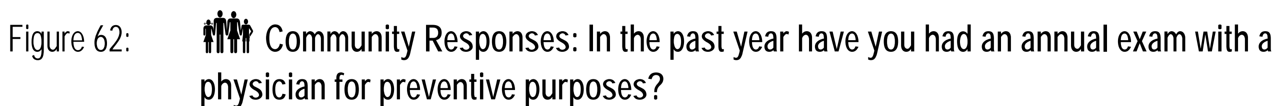
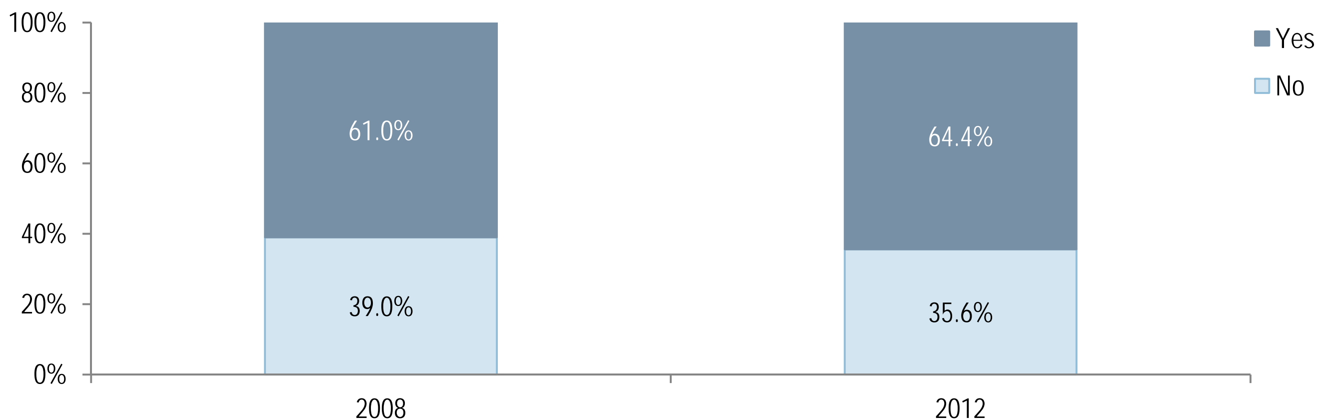


Figure 62: Community Responses: In the past year have you had an annual exam with a physician for preventive purposes?



2008 N=295; 2012 N=741.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

[17] Partnership for Prevention, Improving Health—Preventive Care. (2007). *A National Profile on Use, Disparities, and Health Benefits.* Retrieved January 4, 2011 from http://www.prevent.org/Reports-and-Articles/Preventive-Care.aspx.

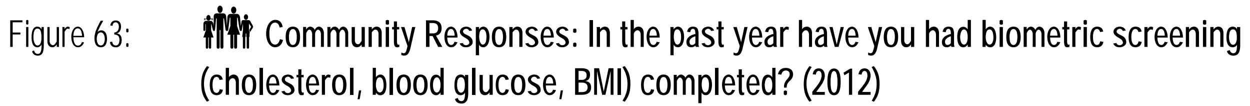
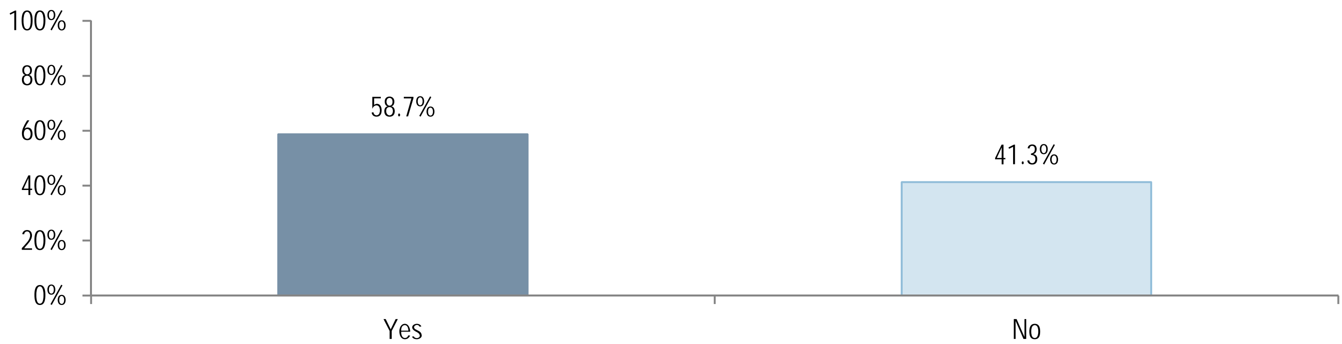


Figure 63: Community Responses: In the past year have you had biometric screening (cholesterol, blood glucose, BMI) completed? (2012)



2012 N=745.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Survey questions was not asked in 2008.

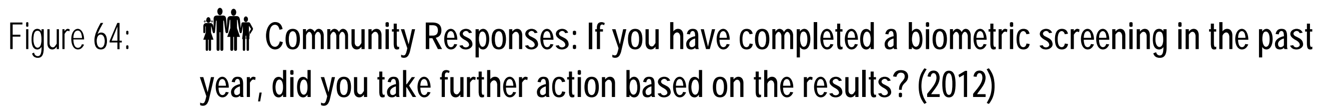


Figure 64: Community Responses: If you have completed a biometric screening in the past year, did you take further action based on the results? (2012)

Response	Percent
Make lifestyle changes (diet or physical activity)	33.6%
Compare new results to previous results	26.7%
Physician consultation	25.5%
Went on medication	14.3%
Online research	14.3%
None	28.3%
Other	4.1%

Multiple response question with 435 respondents offering 638 responses.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: These response options were not mutually exclusive.
Note: Survey questions was not asked in 2008.

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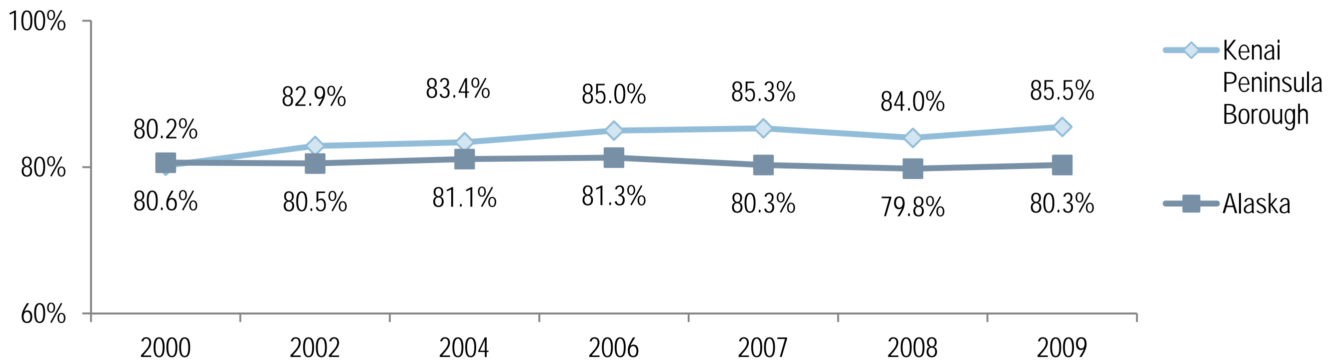
Prenatal Care

Prenatal care is comprehensive medical care provided for the mother before and during pregnancy. It includes screening and treatment for medical conditions, as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Prenatal care for women in communities is important because women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.[18]

Eighty-six percent of pregnant women in the Kenai Peninsula Borough received prenatal care in the first trimester in 2009. The percentage of women in the Kenai Peninsula Borough receiving prenatal care in the first trimester has increased since 2000, and has been consistently higher than in Alaska overall. The percentage of women in the Kenai Peninsula Borough receiving prenatal care in the first trimester did vary by ethnicity, with 80% of Alaskan Native women receiving care, compared to 87% of White women.

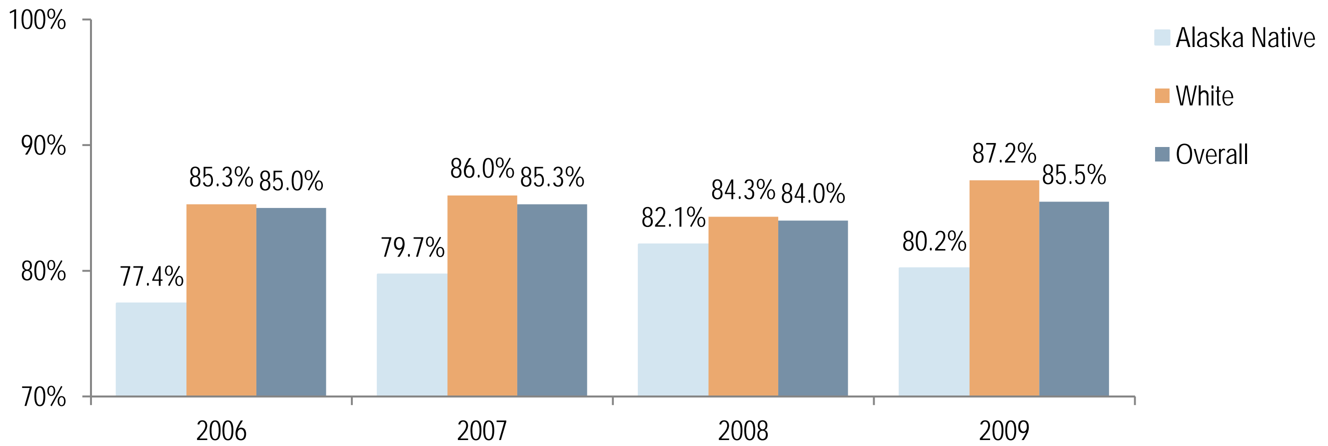
Figure 65: **Percentage of Women Receiving Prenatal Care in the First Trimester**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, Retrieved 2012 from www.hss.state.
Note: Data presented are the most recent available.

[18] U.S. Department of Health and Human Services, The National Women's Health Information Center, Office on Women's Health. (2011). *Prenatal Care FAQ's*. Retrieved January 4, 2011 from http://womenshealth.gov/faq/prenatal-care.cfm.

Figure 66: **Percentage of Women Receiving Prenatal Care in the First Trimester by Race, Kenai Peninsula Borough**



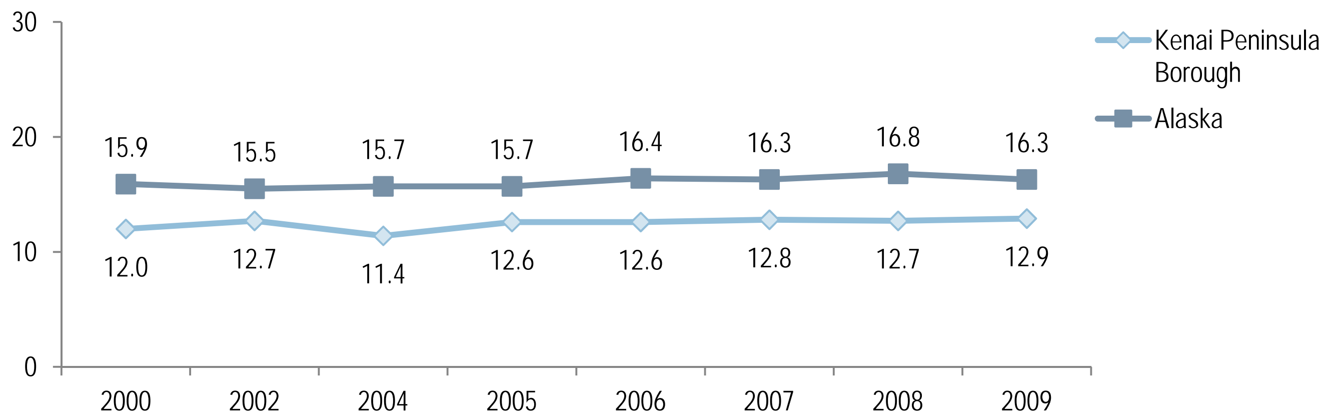
Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.
Note: Data presented are the most recent available.

Births

Births are an indication of population growth as well as a demand on a community's infrastructure, such as hospitals and schools. Therefore, it is imperative to understand birth trends so that communities may plan for and accommodate the needed services for future populations.

The Kenai Peninsula Borough had a birth rate of 12.9 per 1,000 women in 2009, similar to past years and lower than the state of Alaska overall. A majority (85%) of births were classified as White, while Alaskan Native births accounted for 12% of all births in the Kenai Peninsula Borough in 2009.

Figure 67: **Birth Rate per 1,000, All Ages**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2012.
Note: Data presented are the most recent available.

© Applied Survey Research, 2012

Figure 68: **Percentage of Births by Race, All Ages**

Race/Ethnicity	2000	2002	2004	2006	2007	2008	2009
Kenai Peninsula Borough							
White	88.8%	84.9%	85.2%	88.1%	86.2%	86.8%	85.4%
Alaska Native	7.7%	11.0%	12.0%	8.2%	10.5%	10.1%	11.7%
Other	3.5%	4.0%	2.7%	3.7%	3.3%	3.1%	2.9%
Alaska							
White	63.1%	63.0%	62.7%	61.7%	61.0%	61.7%	60.2%
Alaska Native	24.6%	24.1%	24.9%	24.5%	25.1%	25.3%	26.1%
Other	12.3%	12.8%	12.4%	13.7%	13.9%	13.0%	13.7%

Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2012.
Note: Data presented are the most recent available.

Birth Weight

Low birth weight is when an infant is born less than 5.5 pounds, compared to the average newborn which weighs about 7 pounds. The most common reason for low birth weight is premature birth. The mother's age, ethnicity, health, and whether or not the pregnancy is a multiple birth can also affect the baby's birth weight. Large percentages of babies born at low birth weight in a community may indicate a need for improving the health of pregnant mothers through prenatal care services and reducing environmental stressors.

Infants born at low birth weights are at greater risk for complications such as infections, breathing problems, neurological problems, and Sudden Infant Death Syndrome (SIDS).[19] Other studies have shown that low birth weight babies are also at a higher risk than babies with normal birth weights for developmental handicaps, such as learning disabilities and attention deficit disorders. Low birth weight babies also demonstrate higher rates of sub-average IQ (< 85) than their normal birth weight peers.[20] This affects the community's needs for developmental health and education support services.

Four percent of all births in the Kenai Peninsula Borough in 2009 were babies born at a low birth weight. Almost 5% of births to White mothers were at low birth weight, compared to Alaskan Natives at almost 4%.

[19] Community Health Network. (2011). *High-Risk Newborn— Low Birth weight*. Retrieved January 4, 2011 from http://www.ecommunity.com/health/index.aspx?pageid=P02382.
[20] Kessenich, M. (2003). *Developmental Outcomes of Premature, Low Birth Weight and Medically Fragile Infants*. Retrieved January 4, 2011 from http://www.medscape.com/viewarticle/461571.

Figure 69: Babies Born at Low Birth Weight (LBW) (<5.5 pounds), Kenai Peninsula Borough

Race/Ethnicity	2000	2002	2004	2006	2007	2008	2009
White							
Percent of low birth weight babies	**4.4%**	**5.3%**	**4.8%**	**6.2%**	**3.7%**	**3.8%**	**4.6%**
Total births (all ages)	529	546	497	571	574	585	590
Alaska Native							
Percent of low birth weight babies	**2.2%**	**4.2%**	**4.3%**	**7.5%**	**2.9%**	**8.8%**	**3.7%**
Total births (all ages)	46	71	70	53	70	68	81
All Races/Ethnicities							
Percent of low birth weight babies	**4.4%**	**5.8%**	**4.6%**	**6.0%**	**3.8%**	**4.3%**	**4.3%**
Total births (all ages)	596	643	583	648	666	674	691

Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2012.
Note: Overall category includes all babies born at low birth weight for Seward census area.
Note: Data presented are the most recent available.

Figure 70: Percentage of Babies Born at Low Birth Weight (<5.5 pounds), Alaska

Race/Ethnicity	2000	2002	2004	2006	2007	2008	2009
White							
Percent of low birth weight babies	4.8%	5.1%	5.5%	5.9%	5.7%	5.3%	5.2%
Alaska Native							
Percent of low birth weight babies	5.8%	5.9%	6.1%	5.0%	4.8%	6.6%	6.3%
All Races/Ethnicities							
Percent of low birth weight babies	5.6%	5.8%	6.0%	5.9%	5.7%	6.0%	5.9%

Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.
Note: Overall category includes all babies born at low birth weight for Alaska.
Note: Data presented are the most recent available.

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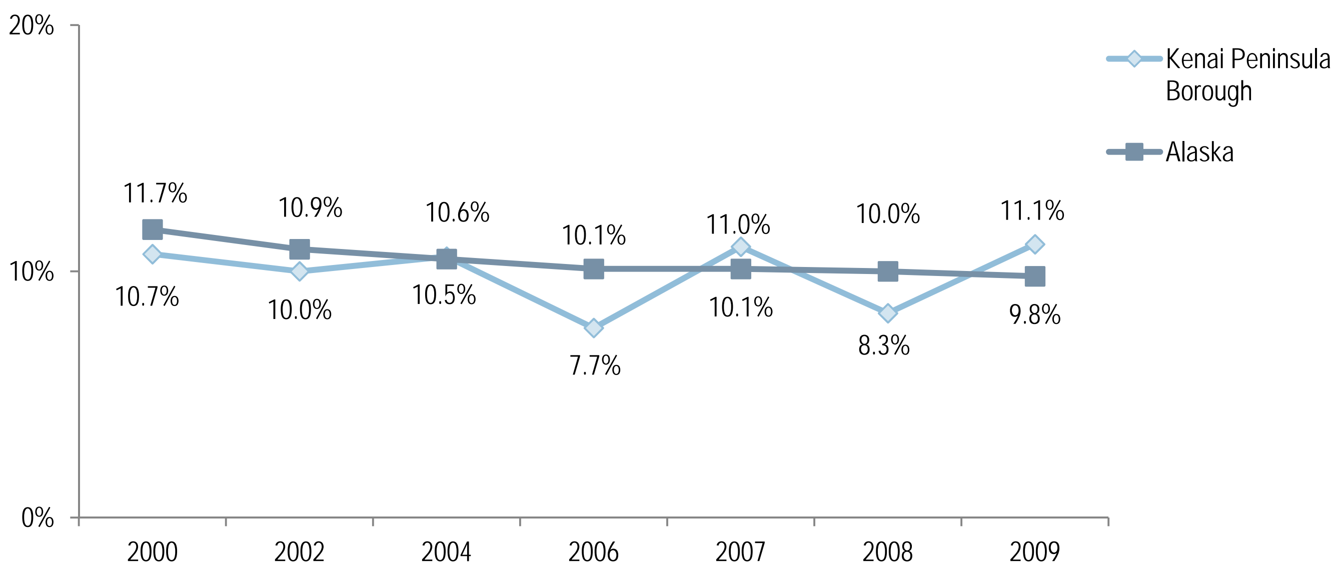
Teen Births

Teen parents and their children are often at greater risk for experiencing short- and long-term health and economic, social, and academic challenges compared to parents who have children later in life. Teen mothers, many of whom are single, often have more difficulty providing the economic and emotional support and nurturing that promote a child's emotional and social development.[21] Additionally, research from the National Campaign to Prevent Teen Pregnancy links teen pregnancy to premature births and low birth weight, and indicates that children born to teens are 50% more likely to repeat a grade, are less likely to complete high school, and perform lower on standardized tests than children of older mothers.[22]

Eleven percent of all births in the Kenai Peninsula Borough were to teen mothers in 2009. This was a higher percentage than the state average, where 10% of all births were to teen mothers. A slightly higher percentage of Alaskan Native mothers were teens (16%), compared to White mothers (11%).

Figure 71: **Percentage of Births to Teen Mothers Ages 19 and Under, Kenai Peninsula Borough and Alaska**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.
Note: Data presented are the most recent available.

[21] Klein, J.D., & the Committee on Adolescence. (2005). Adolescent pregnancy: Current trends and issues. Pediatrics, 116(1), 281-286.
[22] National Campaign to Prevent Teen and Unplanned Pregnancy. (2002). Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues. Retrieved 2004 from http://www.teenpregnancy.org.

Figure 72: **Births to Teen Mothers Ages 19 and Under, Kenai Peninsula Borough**

	2000	2002	2004	2006	2007	2008	2009
White							
Percent of teen births	**10.2%**	**9.7%**	**10.1%**	**7.2%**	**15.7%**	**8.0%**	**10.8%**
Total births (all ages)	529	546	497	571	574	585	590
Alaska Native							
Percent of teen births	**15.2%**	**12.7%**	**15.7%**	**13.2%**	**10.3%**	**11.8%**	**16.0%**
Total births (all ages)	46	71	70	53	70	68	81
All Races/Ethnicities							
Percent of teen births	**10.7%**	**10.0%**	**10.6%**	**7.7%**	**11.0%**	**8.3%**	**11.1%**
Total births (all ages)	596	643	583	648	666	674	691

Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2012.
Note: Caution should be used when interpreting results due to small n's.
Note: Data presented are the most recent available.

Mental Health

Mental health is commonly used in reference to mental illness; however, mental health is really a state of well-being. There is emerging evidence that positive mental health is associated with improved health outcomes.[23] Community mental health services are important for patients experiencing mental health issues and can lessen the impact of these issues on the individual and his or her community.

Ten percent of Seward Community Health Survey respondents reported needing mental health treatment in 2012, down slightly from 14% in 2008. Of those who needed treatment, 57% were able to receive it, a slight decrease from 60% in 2008. The two most common reasons respondents cited for going without treatment were the lack of available services (42%) and concerns about confidentiality (32%) in 2010.

Fourteen percent of survey respondents reported that they felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities in the past 12 months. Five percent reported they had had thoughts about committing suicide in the past 12 months.

[23] Centers for Disease Control. (2011). Mental Health Basics. Retrieved 2012 from http://www.cdc.gov/mentalhealth/basics.htm

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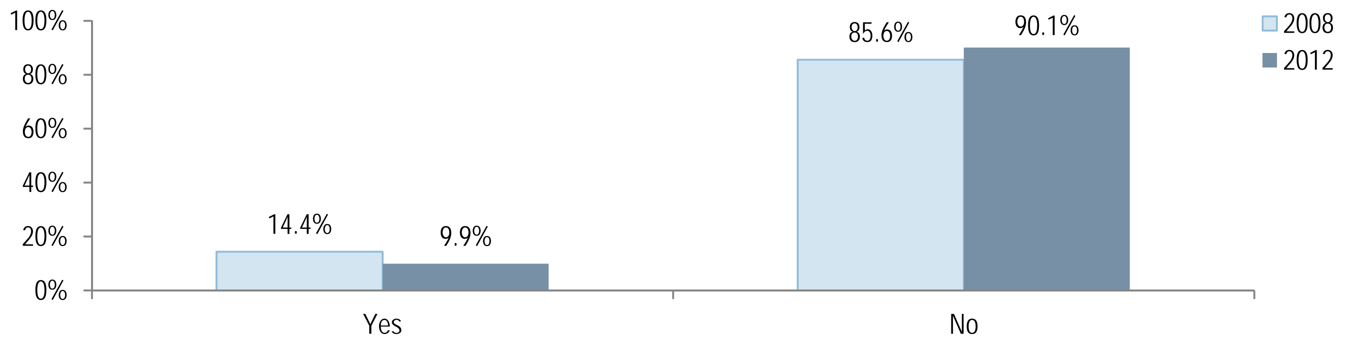
Figure 73: Community Responses: In the last 12 months, have you needed mental health treatment?



2008 N=298; 2012 N=749.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.
Note: Survey question was not asked in 2008.

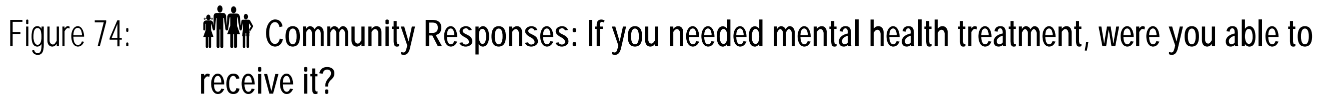
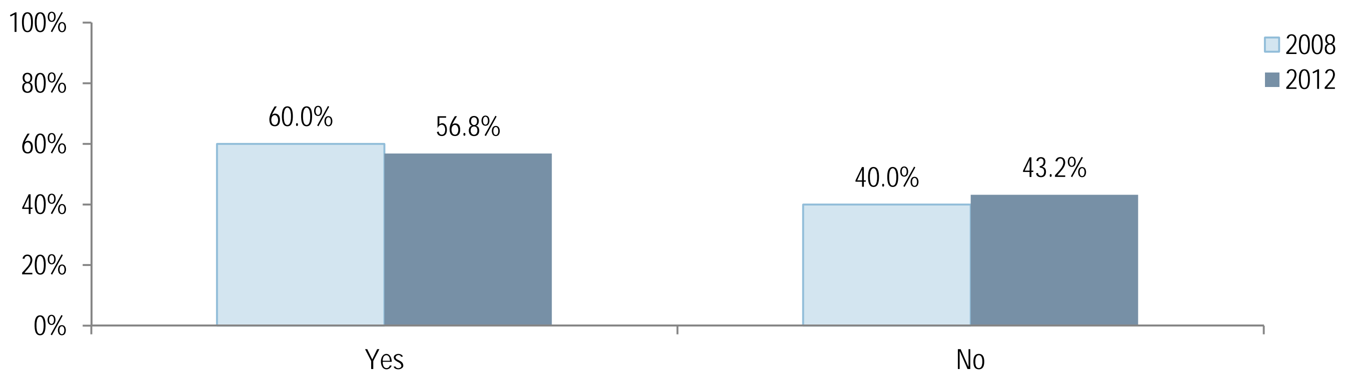
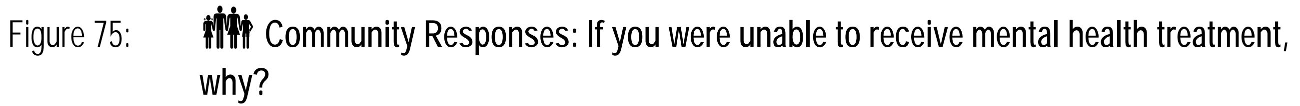


Figure 74: Community Responses: If you needed mental health treatment, were you able to receive it?

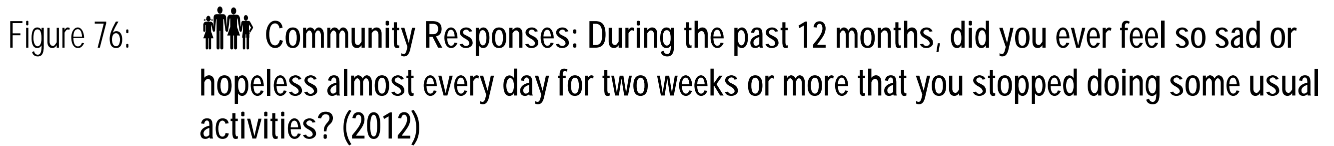


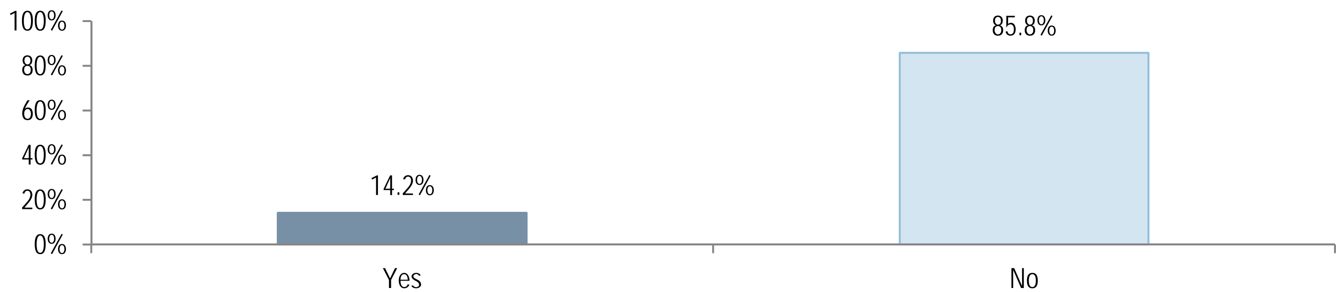
2008 N=40; 2012 N=74.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.
Note: Survey question was not asked in 2008.



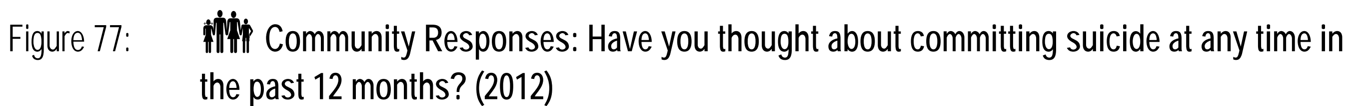
Response	2012
No insurance/couldn't afford it	15.8%
Insurance wouldn't cover it	10.5%
Confidentiality issues	31.6%
Couldn't afford copay	5.3%
Didn't know where to go	26.3%
Services not available	42.1%
Other	10.5 %

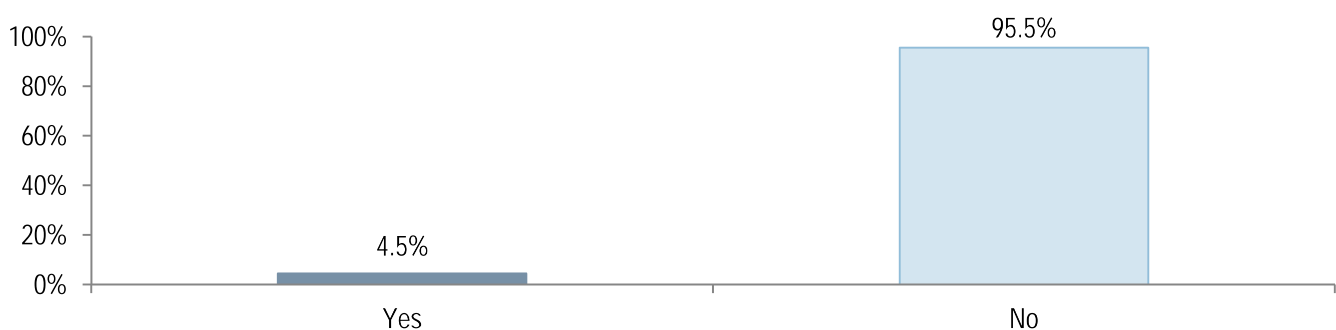
Multiple response question with 19 respondents offering 27 responses in 2012.
Source: Applied Survey Research, Seward Community Health Survey, 2012.
Note: These response options were not mutually exclusive.
Note: Caution should be used when interpreting data due to small n's.





2012 N=739.
Source: Applied Survey Research, Seward Community Health Survey, 2012.





2012 N=736.
Source: Applied Survey Research, Seward Community Health Survey, 2012.

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In-Home Support Services

In-home support services (IHSS) allow seniors and people with disabilities to live independently in their own homes rather than going into nursing homes or long-term care facilities. IHSS makes it easier for family support systems to remain close by, helps individuals stay where they are most comfortable and on their own, and improves their quality of life. These services are beneficial physically, emotionally, and financially to seniors and people with disabilities. In addition, IHSS such as hospice have also proven to be more cost-effective than alternative forms of care like hospitalization or treatment in intensive care units.[24]

In the past year, 5% of Seward Community Health Survey respondents needed in-home support services, (such as in-home health care provided by licensed personnel, respite care, or hospice end of life care). Of those who needed in-home support services in the past 12 months, nearly 40% reported they were unable to receive the services they needed. The most common reason cited by respondents was because they were "not available," (82%).

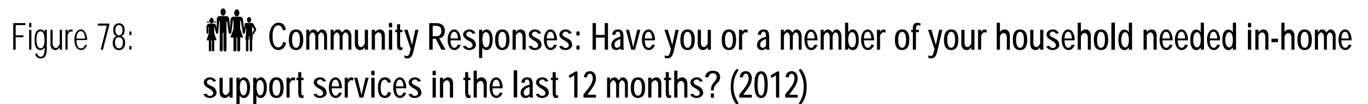
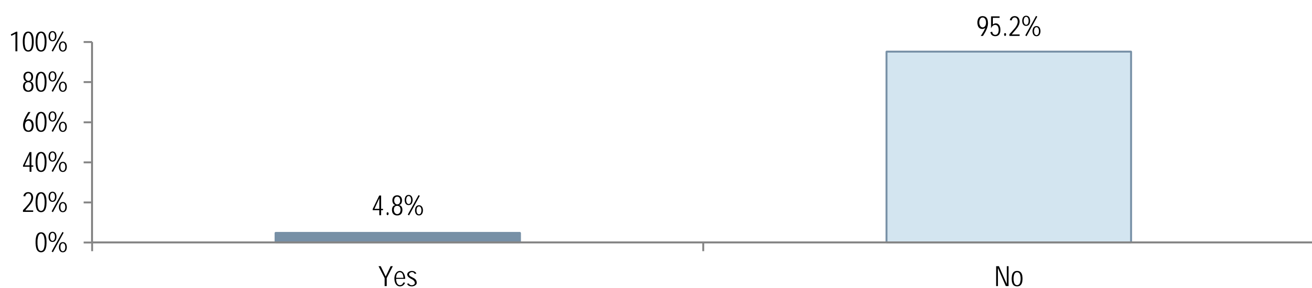


Figure 78: Community Responses: Have you or a member of your household needed in-home support services in the last 12 months? (2012)



2012 N=736.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Survey question was not asked in 2008.

[24] National Hospice and Palliative Care Organization. (2002). *Delivering Quality Care and Cost-Effectiveness at the End of Life*. Retrieved July 2011 from http://www.nhpco.org/files/public/delivering_quality_care.pdf.

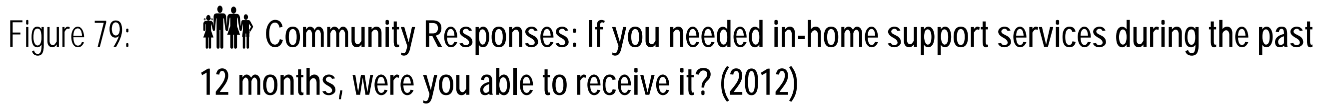
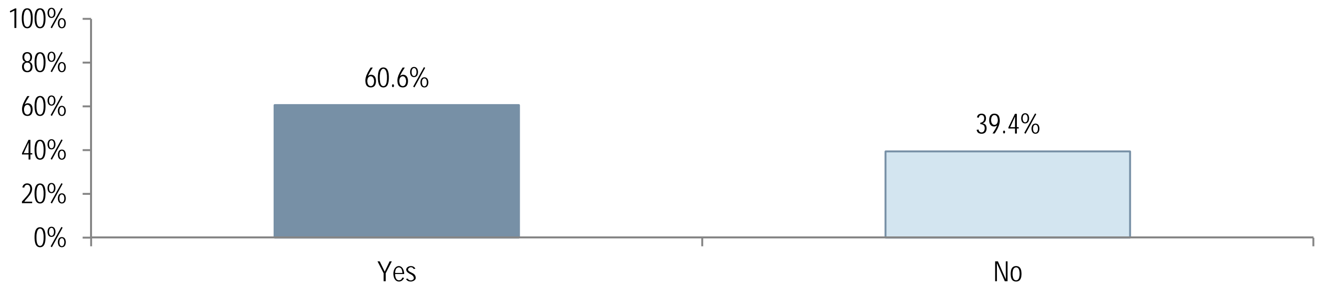


Figure 79: Community Responses: If you needed in-home support services during the past 12 months, were you able to receive it? (2012)



2012 N=33.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Survey question was not asked in 2008.

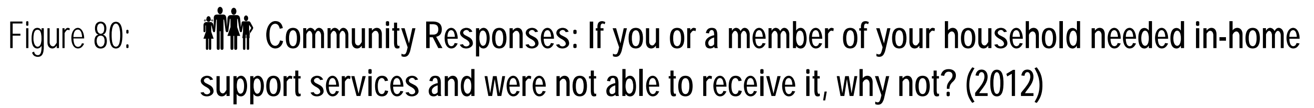
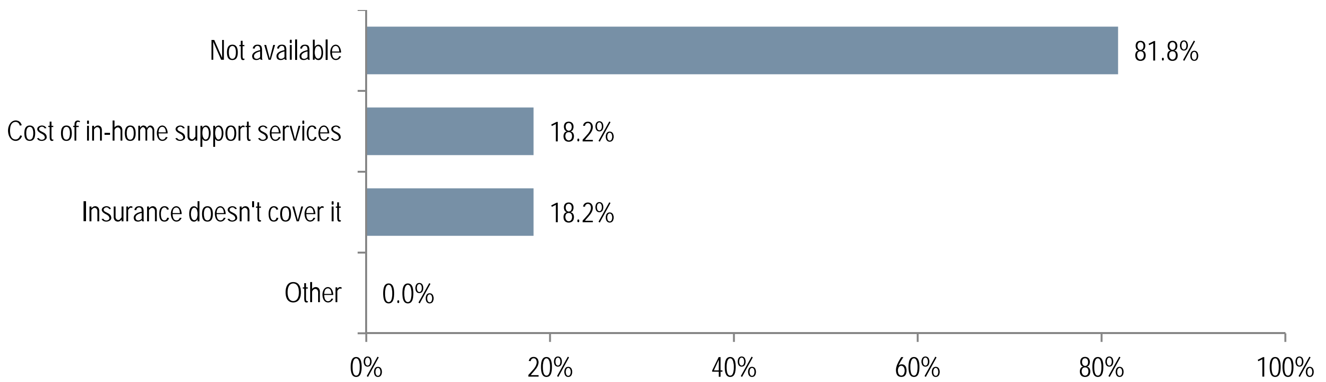


Figure 80: Community Responses: If you or a member of your household needed in-home support services and were not able to receive it, why not? (2012)



Multiple response question with 11 respondents offering 13 responses in 2012.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Survey question was not asked in 2008.
Note: Caution should be used when interpreting data due to small n's.

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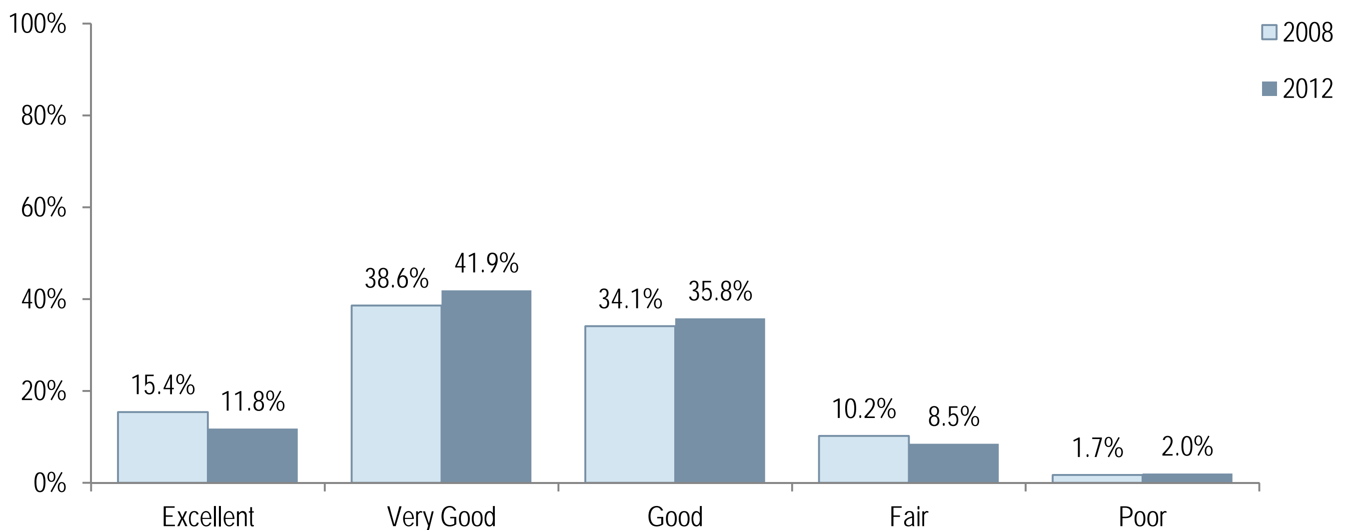
Physical Health and Activity

According to the Centers for Disease Control and Prevention (CDC), regular physical activity largely reduces the risk of coronary heart disease -the nation's leading cause of death- and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight, makes bones healthy, strengthens muscles and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is linked with fewer hospitalizations, physician visits, and prescribed medications. The CDC recommends 30 minutes of moderate-intensity physical activity five or more times a week for adults and 60 minutes or more each day for children.[25]

According to the Seward Community Health Survey, slightly more than half (54%) of respondents stated their physical health was “excellent” or “very good,” 36% said “good,” and 11% said “fair” or “poor.”

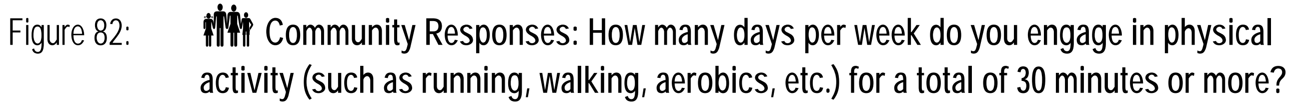
Sixty percent of Seward Community Health Survey respondents reported engaging in physical activity 3 or more days a week, while 12% reported not engaging in physical activity at all. One-third of survey respondents reported making a permanent lifestyle change related to better health in the past year.

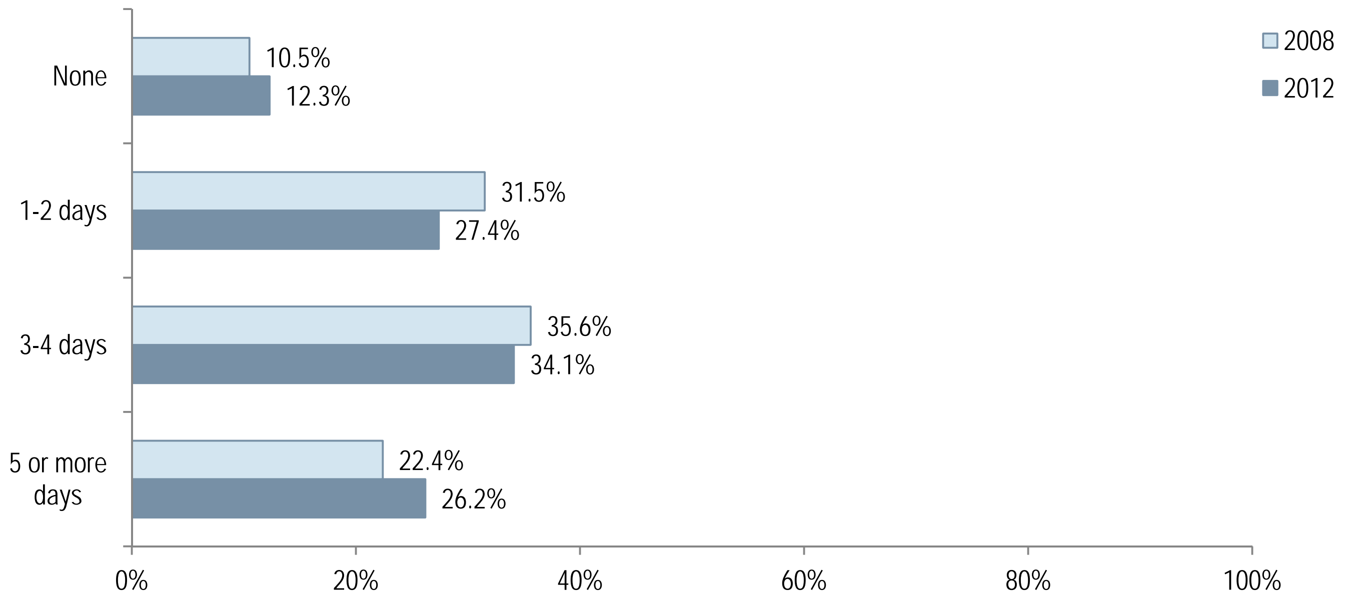
Figure 81: Community Responses: Would you say that, in general, your physical health is:



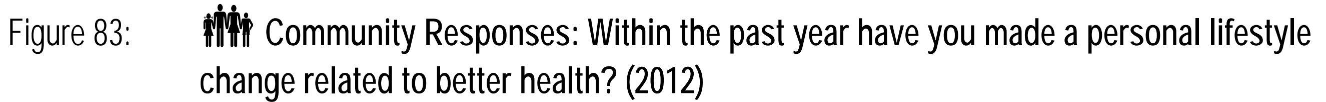
2008 N=293; 2012 N=738.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

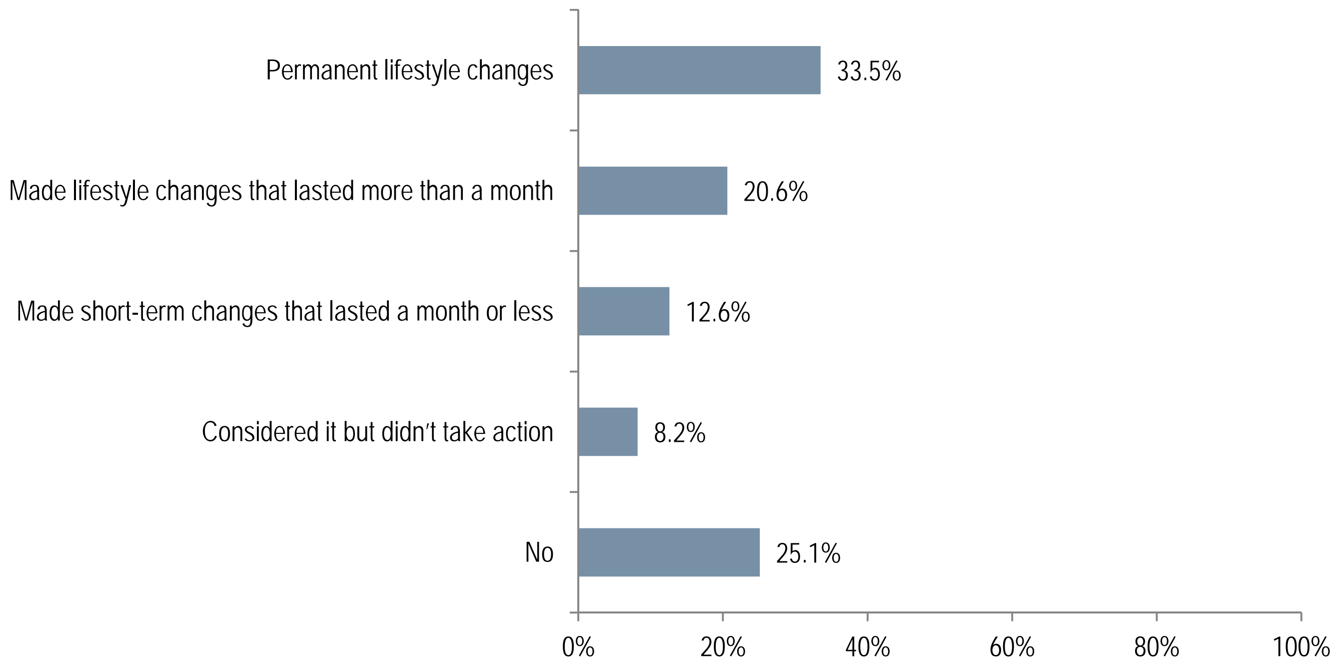
[25] Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity. (2010). *The Importance of Physical Activity*. Retrieved 2010 from http://www.cdc.gov.

Figure 82: 
Community Responses: How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?



2008 N=295; 2012 N=741.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

Figure 83: 
Community Responses: Within the past year have you made a personal lifestyle change related to better health? (2012)



N=732.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: These response options were not mutually exclusive.

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Obese Adults

The direct costs associated with obesity in Alaska are more than $459 million dollars a year and account for $297 million of state Medicaid spending. It was estimated that 27% of adults in Alaska were obese in 2010 and 67% were either overweight or obese.[26] Health professionals define "overweight" as an excess amount of body weight that includes muscle, bone, fat, and water. "Obesity" specifically refers to an excess amount of body fat.

Health care providers typically use the Body Mass Index (BMI) to measure obesity, a number calculated from a person's weight and height. It is a fairly reliable indicator of body fat for most people but not all groups, e.g., bodybuilders. BMI may be used to identify possible direct and indirect weight-related health problems. The correlation between the BMI number and body fat is fairly strong, but varies by sex, race, and age. For example, women tend to have more body fat than men and older people tend to have more fat than younger people. BMI is an inexpensive and easy to perform method of screening weight categories that may lead to future health problems. It is one of the best methods for measuring obesity in populations and enables us to compare weight statuses of one community to another area, such as a state or a nation.[27]

$$BMI = \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \times 703$$

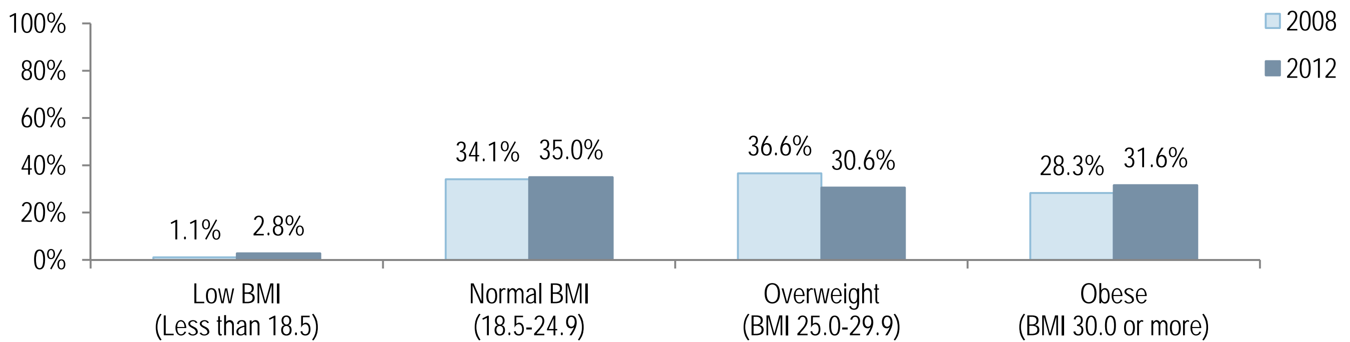
Standard weight categories associated with BMI ranges for adults:[29]

BMI	Weight Status
Below 18.5	Underweight
18.5-24.9	Normal
25.0-29.9	Overweight
30.0 and above	Obese

[26] Alaska Department of Health and Social Services. (August 2012). Alaska Obesity Facts Report – 2012. Retrieved 2012 from http://www.hss.state.ak.us/dph/chronic/obesity/pubs/2012AlaskaObesityFacts.pdf
[27] Center for Disease Control and Prevention (CDC). (2011). *Healthy weight-it's not a diet, it's a lifestyle!* Retrieved 2011 from http://www.cdc.gov.

Community prevention efforts and monitoring one's weight are important tools in the effort to combat the health consequences of obesity. Obesity is directly linked to chronic diseases and serious medical conditions such as type 2 diabetes, heart disease, high blood pressure, respiratory problems, depression, and stroke, to name a few. Obesity is also linked to higher rates of nearly all types of cancer, including cancer of the colon, rectum, prostate, gallbladder, breast, uterus, cervix, and ovaries.[28] The serious health consequences and prevalence of obesity pose a significant threat to the quality and longevity of life. The greatest tool we have to combat these threats is prevention.

Based on the Body Mass Index, the percentage of Seward Community Survey respondents who were overweight or obese decreased slightly from 65% in 2008 to 62% in 2012.



2008 N=279; 2012 N=718.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.

[28] Guh, D. et al. (2009). The incidence of co-morbidities related to obesity and overweight: A systematic review and meta-analysis. *BMC Public Health.* Retrieved 2012 http://www.biomedcentral.com/

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Leading Causes of Death

Examining causes of death can provide a great deal of information about the overall health of a community. For example, by knowing the common causes of death, attention can be directed toward the conditions with the highest mortality rates so that causes can be acknowledged and preventive action can be taken.

Cancer and heart disease were the two leading causes of death in the Kenai Peninsula Borough from 2005 to 2009, with the number of deaths attributed to each illness nearly doubling.

Figure 85: **Top Five Leading Causes of Death, Kenai Peninsula Borough**

2005	2006	2007	2008	2009
1. Malignant Neoplasms (57)	1. Malignant Neoplasms (84)	1. Malignant Neoplasms (84)	1. Malignant Neoplasms (87)	1. Malignant Neoplasms (114)
2. Diseases of the Heart (49)	2. Diseases of the Heart (66)	2. Diseases of the Heart (66)	2. Diseases of the Heart (73)	2. Diseases of the Heart (81)
3. Unintentional Injuries (30)	3. Unintentional Injuries (31)	3. Unintentional Injuries (24)	3. Unintentional Injuries (42)	3. Unintentional Injuries (40)
4. Chronic Lower Respiratory Diseases (27)	4. Chronic Lower Respiratory Diseases (21)	4. Cerebrovascular Diseases (16)	4. Chronic Lower Respiratory Diseases (18)	4. Chronic Lower Respiratory Diseases (22)
5. Cerebrovascular Diseases (17)	5. Cerebrovascular Diseases (17)	5. Chronic Lower Respiratory Diseases (15)	5. Cerebrovascular Diseases (15)	5. Cerebrovascular Diseases (13)
Total deaths=279	**Total deaths=321**	**Total deaths=304**	**Total deaths=366**	**Total deaths=402**
Total Borough population=51,527	***Total Borough population=52,179***	***Total Borough population=53,238***	***Total Borough population=53,651***	***Total Borough population=54,665***

Source: The Alaska Bureau of Vital Statistics, Leading Causes of Death, 2011. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Incorporated Places in Alaska, Retrieved 2012 from http://www.census.gov/popest/data/counties/totals/2009/CO-EST2009-01.html
Note: Data presented are the most recent available.

Deaths Due to Cancer

While cancer was rarely seen in Alaska in the 1950s, it was the state's leading cause of death by the 1990s. Tracking these types of changes in a community over time are important because they may be signals of changing behaviors in residents or their environment that are contributing to higher rates of a health issue.

Cancer is emotionally burdensome to the patient and their family and also frequently damaging to their economic stability. Cancer is amongst the five most costly diseases to treat. It is estimated that the direct medical costs of cancer in the United States total $104 billion annually, with total annual costs exceeding $226 billion.[29]

Deaths to due cancer of the trachea, bronchus, and lung were the most common (82 cases) forms of cancer deaths, followed by breast cancer (29 cases) in the 2007-2009 3-year period in the Kenai Peninsula Borough.

Figure 86: **Deaths Due to Cancer by Selected Types of Cancer, Kenai Peninsula Borough**

Type of Cancer	2001-2003	2004-2006	2007-2009
Trachea, Bronchus, and Lung	79	50	82
Pancreas	9	16	16
Lymphoid and Hematopoietic	17	22	17
Colon, Rectum, and Anus	15	20	26
Prostate	11	7	16
Kidney and Renal Pelvis	6	6	7
Breast	12	9	29
Skin	3	6	5
All cancers	**209**	**212**	**285**
Total deaths	**886**	**917**	**1,072**
Total Borough population	***151,781***	***155,027***	***161,554***

Source: The Alaska Bureau of Vital Statistics, Cancer Deaths, 2012.
Note: Data presented are the most recent available.

[29] American Cancer Society. (2012). *Economic Impact of Cancer*. Retrieved 2012 from http://www.cancer.org/

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Deaths Due to Unintentional Injuries

Unintentional injuries are injuries that can be classified as accidents. They may result from things like car accidents, falls, water accidents, and unintentional poisoning. In many cases, these types of injuries, and the resulting deaths are preventable.

There were 15 deaths due to motor vehicle accidents in the Kenai Peninsula Borough in 2009 and 11 due to accidental poisoning.

Figure 87: **Cause of Unintentional Injuries (Accidental Deaths), Kenai Peninsula Borough**

Cause of Death	2005	2006	2007	2008	2009
Motor vehicle accidents	12	12	6	18	15
Drowning and submersion	0	0	0	6	1
Water transport accidents	0	1	0	0	1
Poisoning	6	8	3	6	11
Exposure to smoke, fire, flame	0	1	2	4	2
Air transport accidents	0	1	5	1	0
Falls	2	2	1	2	5
Other accident[1]	12	7	8	8	6
Total unintentional deaths	**30**	**31**	**24**	**42**	**40**
Total Borough population	***51,527***	***52,179***	***53,238***	***53,651***	***54,665***

Source: The Alaska Bureau of Vital Statistics, Unintentional Injury Deaths, 2012.

[1]Other accidents includes death by suffocation/chocking, snow machine-related, accidental discharge of firearm, other transport accidents, ATV-related accidents, and others.

Note: Data presented are the most recent available.

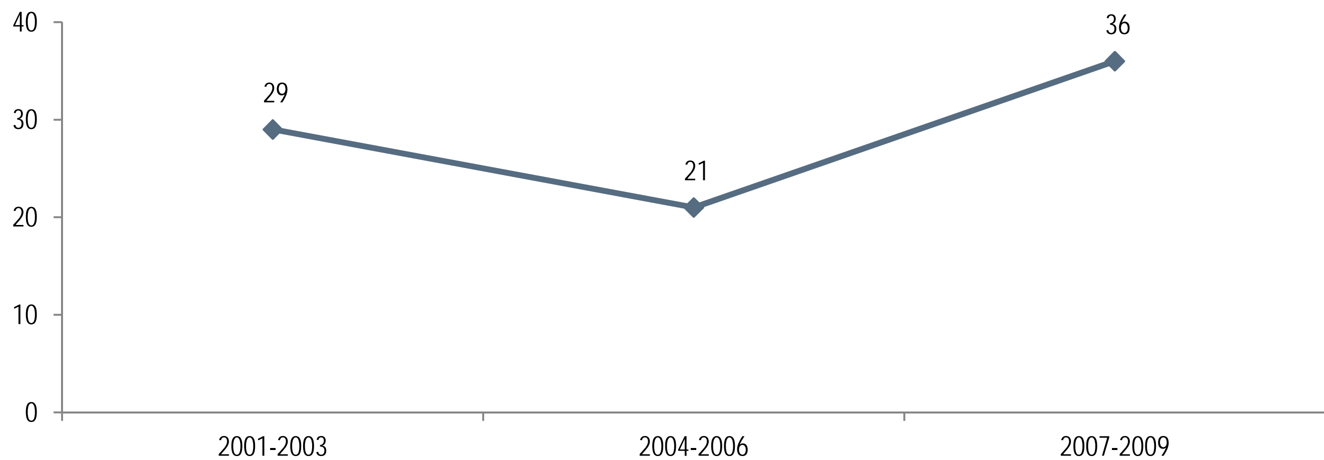
Deaths Due to Suicide

Suicide is the eighth leading cause of death in the United States. More years of life are lost to suicide each year than to any other single cause except heart disease and cancer.[33]

A suicide attempt is a clear indication that something is gravely wrong in a person's life. Regardless of race, age, or how rich or poor someone is, most people who die by suicide have a mental or emotional disorder. The most common underlying disorder is depression, 30-70% of suicide victims suffer from major depression or bipolar (manic-depressive) disorder. It is important for communities to provide preventive services that can help those considering suicide and to educate others on the signs of someone who may be struggling with suicidal thoughts (8 out of 10 people considering suicide give some sign of their intentions).[30]

The number of suicides in the Kenai Peninsula Borough has increased from 29 suicides in 2001-2003 to 36 suicides in 2007-2009.

Figure 88: **Deaths Due to Intentional Self-Harm (Suicide), Kenai Peninsula Borough**



Source: The Alaska Bureau of Vital Statistics, Detailed Causes of Death, 2011.

[30] Mental Health America. (2011). *Suicide*. Retrieved 2011 from www.nmha.org.

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TOBACCO, ALCOHOL, AND DRUG USE

Tobacco Use

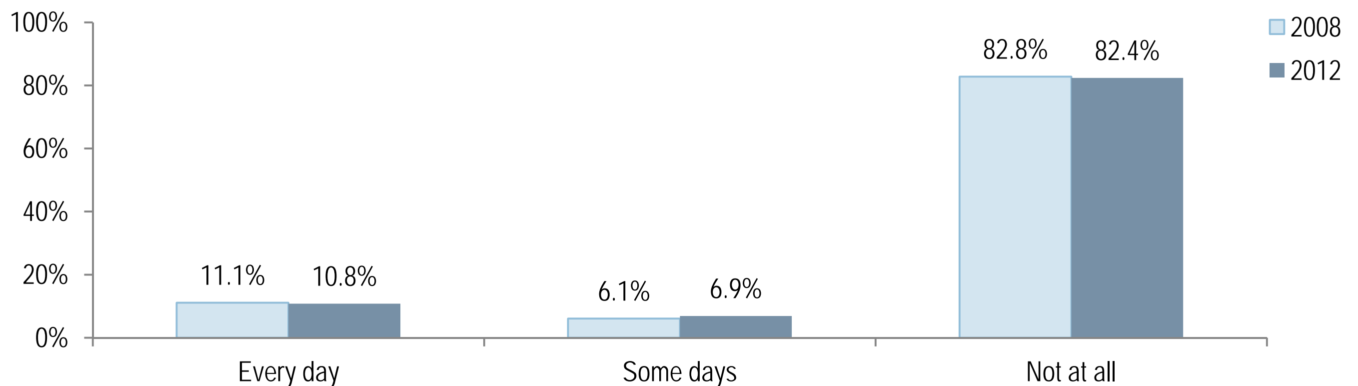
Smoking increases a persons' risk of developing lung cancer and chronic lung diseases such as emphysema, heart disease, and stroke. People exposed to second-hand smoke or environmental smoke are also at greater risk for developing these diseases. Additionally, children exposed to second hand smoke are at greater risk for sudden infant death syndrome, acute respiratory infections, ear problems, asthma, and have slower lung growth.[31]

A recent study by Penn State University suggests that in Alaska, the annual direct costs to the economy attributable to smoking were in excess of $723 million, with direct medical expenditures exceeding $330 million.[32]

Individuals who quit smoking lessen their risk for disease. Tobacco dependence is a chronic condition that often requires repeated interventions. Effective treatments and resources do exist and the CDC reports that there are now more ex-smokers than smokers.[33]

Eighteen percent of community respondents in 2012 reported smoking cigarettes or using smokeless tobacco every day or some days.

Figure 89: Community Responses: Do you smoke cigarettes or use smokeless tobacco?



2008 N=297; 2012 N=743.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

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[31] Office of the U. S. Surgeon General. (2006). The Health Consequences of Involuntary Exposure to Tobacco Smoke. U.S. Department of Health and Human Services. Retrieved 2012 from http://www.surgeongeneral.gov/library/reports/
[32] Rumberger J. et al. (2010). Potential Costs and Benefits ofSmoking Cessation for Alaska. Retrieved 2012 from http://www.lung.org
[33] Centers for Disease Control and Prevention. (2012). Smoking Cessation. Retrieved 2012 from http://www.cdc.gov.

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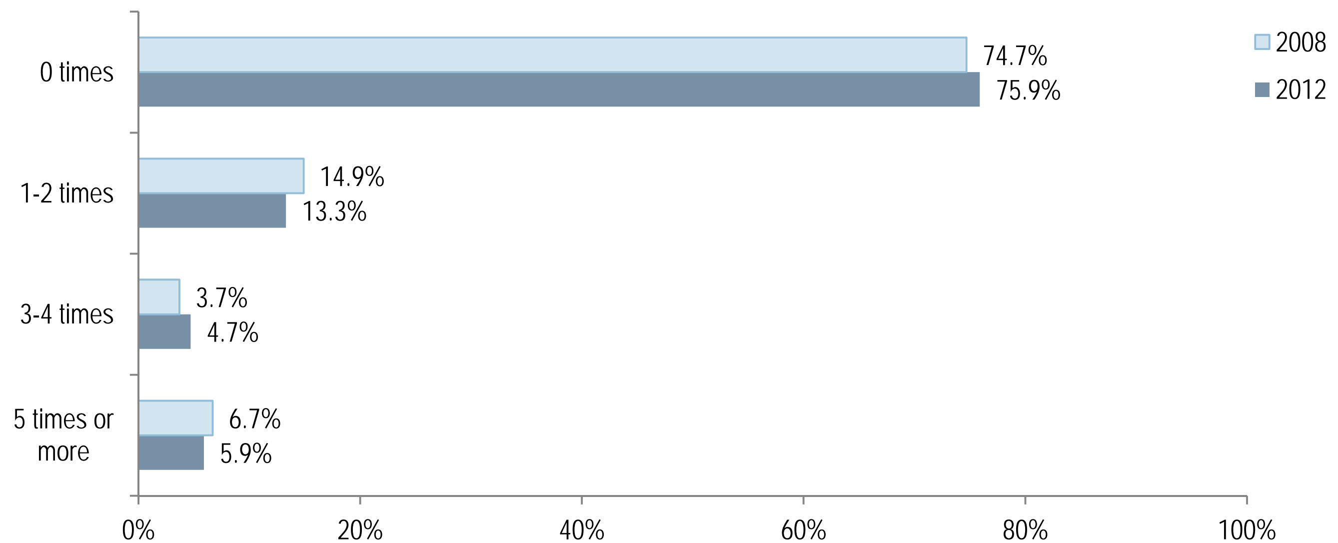
Alcohol Use

In the United States, binge drinking is usually defined as having five or more drinks on one occasion. This behavior greatly increases the chances of getting hurt or hurting others due to car crashes, violence, and suicide. One-fourth of the alcohol consumed by adults in the United States is in the form of binge drinking. Although binge drinking is commonly associated with college students, the age group with the greatest number of binge drinkers is 18-34 years and the age group that binge drinks most frequently is 65 years and over. Drinking too much, including binge drinking, causes 80,000 deaths in the U.S. each year.[34]

Thirteen percent of 2012 Seward Community Health Survey respondents reported binge drinking 1-2 times in the past 30 days and 11% reported binge drinking 3 or more times in the past 30 days. Seventy-six percent reported not binge drinking at all in the same time period.

Nineteen percent of Seward Community Health Survey respondents thought it was acceptable for adults to provide alcohol to underage youth in their home. The majority (78%) of Seward Community Survey respondents felt that it was very or somewhat acceptable to drink alcohol for recreation or non-medical use.

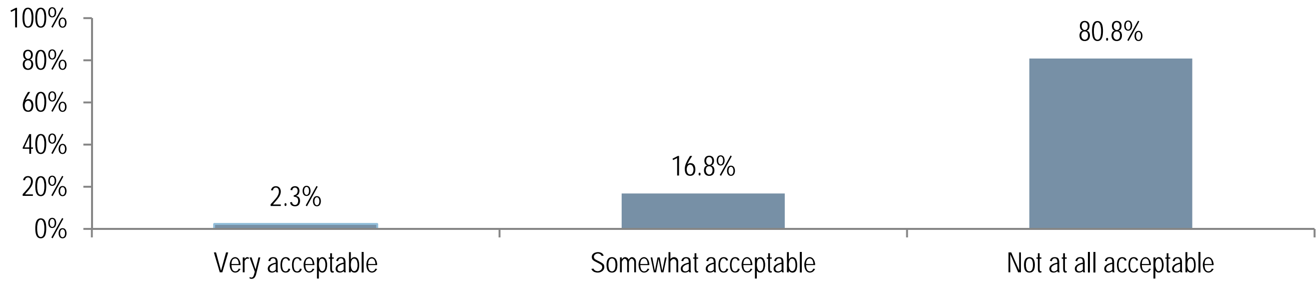
Figure 90: Community Responses: Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?



2008 N=269; 2012 N=740.
Source: Applied Survey Research, Seward Community Health Survey, 2008 and 2012.

[34] Centers for Disease Control and Prevention. (2010). Bing Drinking. Retrieved 2012 from www.cdc.gov

Figure 91: Community Responses: How acceptable do you think it is for adults to provide alcohol to underage youth in their home? (2012)



2012 N=725.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question not asked in 2008.

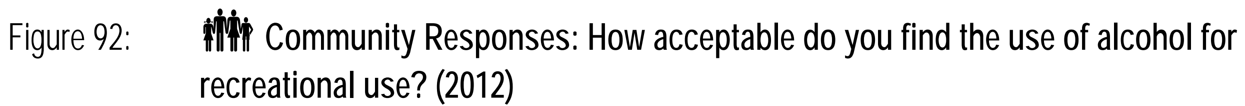
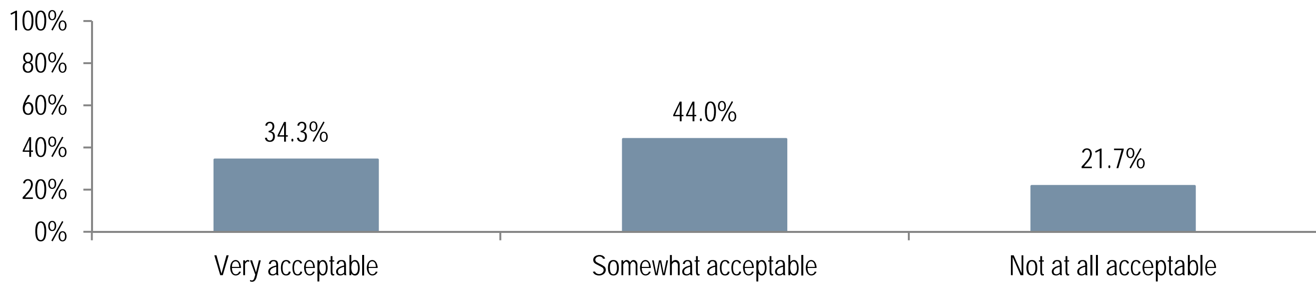


Figure 92: Community Responses: How acceptable do you find the use of alcohol for recreational use? (2012)



2012 Alcohol N=728; Marijuana N=727; Prescription Drugs N=717.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question not asked in 2008.

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Tobacco and Alcohol Use During Pregnancy

Tobacco and alcohol use by pregnant women has a number of serious consequences. Infants prenatally exposed to alcohol may develop a range of disorders known as fetal alcohol spectrum disorders.[35] Furthermore, smoking tobacco during pregnancy is the single most preventable cause of illness and death among mothers and infants. Babies born to smokers are more likely to be born prematurely, at low birth weight, and have reduced life expectancy.[36]

Fourteen percent of mothers in the Kenai Peninsula Borough in 2009 reported smoking cigarettes during their pregnancy while only 2% reported drinking alcohol.

Figure 93: **Number of Mothers Who Reported Drinking Alcohol or Smoking Cigarettes During Their Pregnancy, Kenai Peninsula Borough**

	2000	2002	2004	2006	2007	2008	2009
Drinking during pregnancy	3.2%	1.4%	1.2%	1.7%	1.7%	0.9%	2.3%
Smoking during pregnancy	18.3%	16.8%	16.8%	15.1%	15.0%	18.4%	13.9%
Total number of births	**596**	**643**	**583**	**648**	**666**	**674**	**691**

Source: The Alaska Bureau of Vital Statistics, Birth Profiles by Census Area of Mothers Residence, 2012.
Note: Data presented are the most recent available.

[35] Centers for Disease Control and Prevention. (2007). *Fetal Alcohol Spectrum Disorders*. Retrieved 2007 from http://www.cdc.gov.
[36] Centers for Disease Control and Prevention. (2007). *Tobacco Use and Pregnancy*. Retrieved 2007 from http://www.cdc.gov.

Substance Abuse Treatment

When Seward Community Health Survey respondents were asked if they needed substance abuse treatment in the year prior to the survey, 2% reported needing treatment. Of those who needed treatment, 70% were able to receive it. All of the respondents who reported not being able to receive treatment cited a lack of insurance and/or being unable to afford it as the reason they were unable to receive treatment.

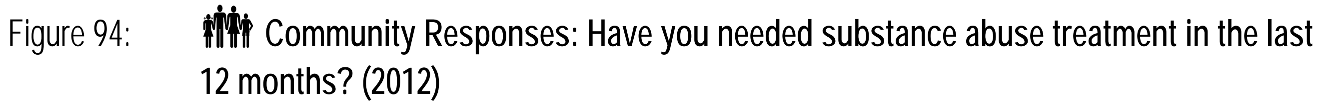
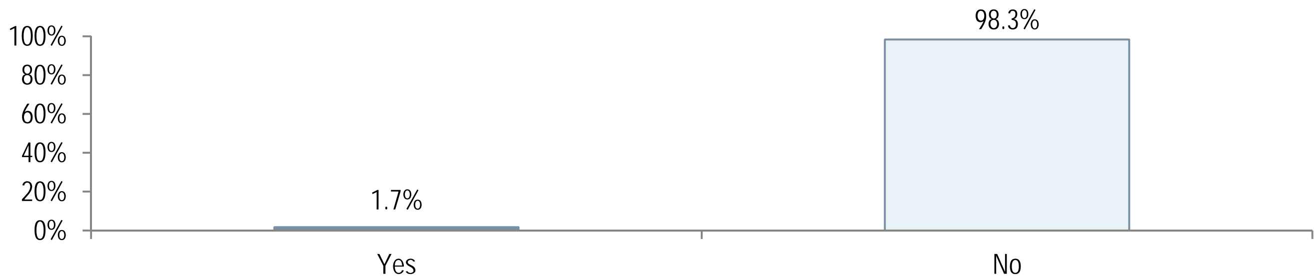


Figure 94: Community Responses: Have you needed substance abuse treatment in the last 12 months? (2012)



2012 N=752.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question not asked in 2008.

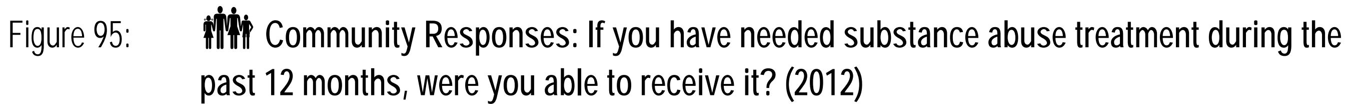
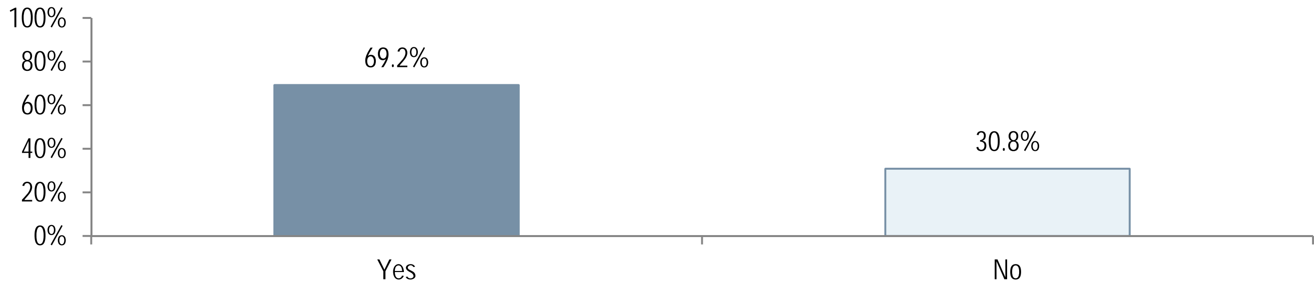


Figure 95: Community Responses: If you have needed substance abuse treatment during the past 12 months, were you able to receive it? (2012)



2012 N=13.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question not asked in 2008.
Note: Caution should be used when interpreting data due to small n's.

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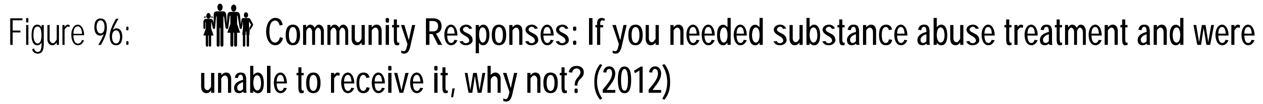


Figure 96: Community Responses: If you needed substance abuse treatment and were unable to receive it, why not? (2012)

Response	2012
No insurance/couldn't afford it	100.0%
Insurance wouldn't cover it	0.0%
Confidentiality issues	0.0%
Couldn't afford co-pay	0.0%
Didn't know where to go	0.0%
Services not available	0.0%
Other	0.0%

Multiple response question with 2 respondents offering 2 responses. These response options were not mutually exclusive.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question not asked in 2008.
Note: Caution should be used when interpreting data due to small n's.

Community Acceptance of Substance Use

Almost half (48%) of Seward Community Survey respondents felt that it was very or somewhat acceptable to use marijuana for recreation or non-medical use and 12% felt it was very or somewhat acceptable to use prescription drug for recreation or non-medical use.

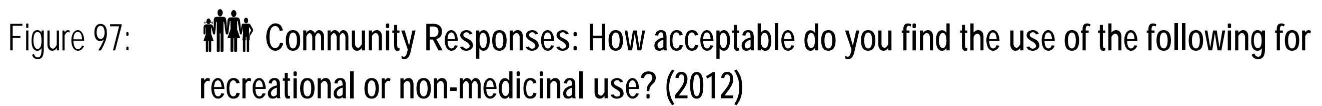
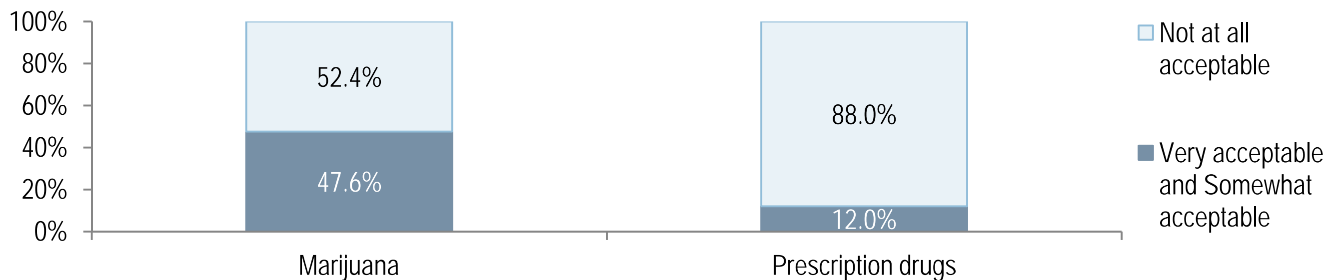


Figure 97: Community Responses: How acceptable do you find the use of the following for recreational or non-medicinal use? (2012)



2012 Alcohol N=728; Marijuana N=727; Prescription Drugs N=717.
Source: Applied Survey Research, Seward Community Confidential Health Survey, 2012.
Note: Question not asked in 2008.

APPENDICES

Appendix I: Methodology

Primary Data

Measures of community progress depend upon consistent, reliable, and scientifically accurate sources of data. One of the types of data gathered for this project is primary (original) data. Primary data includes surveys and interviews with community members. Three different surveys were conducted in Seward to assess the medical needs and assets of the community. These included the Community Survey, Health Care Provider Survey, and Business Survey. Surveys are important to use in assessments because there is much to be learned from people's perceptions of their community. They are also needed to make observable (objective or empirically-gathered) data more clear by either complimenting it with similar findings or explaining differences between results. For example, data may show there are more deaths due to heart disease and the survey data can be used as a supplement to explain behavioral risk factors for heart disease.

Seward Community Health Survey

A self-administered written survey of Seward residents ages 18 and older provided primary data for this report. In May of 2012, staff from Applied Survey Research (ASR), along with trained community volunteers, went into the community and distributed surveys to adult residents, selected interest groups, and organizations. Overall, almost 750 surveys were collected at multiple sites and community agencies. The intent of the survey was to measure the opinions, attitudes, desires, and needs of the city's residents. Distribution of surveys was triangulated to incorporate both convenience sampling of adults in areas that residents frequented and typical case sampling by distributing to selected interest groups and organizations. These groups and organizations were identified by the project council and researchers to reflect the opinions typically found in different sectors of the community. In addition, a web-based version of the survey was available to Seward residents. Flyers with the survey link were distributed throughout the community, and the survey link was also posted on the city's website. Over 300 surveys were collected using the on-line based survey.

Seward Business Survey

In May and June of 2012, ASR staff surveyed 10 members of the Seward business community. Survey respondents were contacted by phone to answer 17 survey questions that would take approximately 15 minutes. The survey was a mix of multiple response questions and open-ended questions. Questions were intended to identify critical health issues pertaining to local Seward businesses. Topics included employee demographics, zero reportable workers compensation incidences, health care services beneficial to the company, health screenings, employee health plan coverage, and needs and assets of the Providence Seward Medical and Care Center.

The methodology for survey distribution was purposeful sampling: to obtain information-rich cases. The specific businesses sampled were selected by type and size, so that the sample of opinions obtained could act as representatives for typical Seward businesses.

Seward Health Care Provider Survey

In May and June of 2012, ASR staff surveyed by telephone a total of 13 health care providers who practice in Seward. The survey was approximately 25 minutes long and was a mix of multiple response questions and open-ended questions. Physicians and health care providers were selected from a list provided by Providence Seward Medical and Care Center to include both medical and dental providers. The surveys were developed to identify the most critical health issues facing the community and Providence Seward Medical and Care Center. Questions investigated health care system needs in the city of Seward; barriers to health care; health care information, education, and technology; and areas for improvement and of strength.

Interpreting the Data

It should be understood that all surveys have subtle and inherent biases. ASR has worked diligently with the project committee to reduce risks of bias and to eliminate identifiable biases. One remaining bias in this study appears in the area of self-selection: the capturing of opinions only of those willing to contribute their time to participate in these surveys. For example, those who frequented the areas in which the community survey distribution took place may be biased because only a certain portion of the Seward population typically visits those areas. This would mean that certain populations may not have been captured in the community sample. Thus, survey data should not be seen as representative of the entire Seward population because it did not take a random sample based on the general population.

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When interpreting data, open-ended questions were left in their original response format and combined for chart/table categories only when they were identified as being the same response. Thus, when listed in the report, the open-ended answers are listed word-for-word so that they can be read in the report without any chance of investigator bias caused by interpretation during the transcription of responses.

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census Bureau; federal, state, and local government agencies; health care institutions; and computerized sources through online databases and the Internet. Whenever local (city of Seward) data were available, they were included. When local data were unavailable, regional data from the Seward Census Area, or the Kenai Peninsula Borough, were used.

Whenever possible, multiple years of data were collected to present trends. State level data were also collected for comparison to local data.

Data in the report underwent extensive proofing to ensure accuracy. The data proofing protocol is a nine-step process that thoroughly checks text, numbers, and formatting in narrative, tables, charts, and graphs. This process is repeated no fewer than three times.

The State of Alaska Bureau of Vital Statistics

The Alaska Bureau of Vital Statistics manages vital records for the State of Alaska which include birth, death, fetal death, divorce, marriage data, and reports of adoption.[37] The bureau's statistics used in this report are available for the Kenai Peninsula Borough only and not for the city of Seward.

[37] Alaska Division of Public Health, Bureau of Vital Statistics. (2007). *Bureau of Vital Statistics*. Retrieved August 9, 2007 from http://www.hss.state.ak.us/dph/bvs.

The U.S. Census

The U.S. Census attempts to count every resident in the United States. It is mandated by Article I, Section 2 of the Constitution and takes place every 10 years. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and are used to distribute billions in federal funds to local communities.

The 2010 Census represented the most massive participation movement ever witnessed in our country. Approximately 74% of the households returned their census forms by mail; the remaining households were counted by census workers walking neighborhoods throughout the United States. National and state population totals from the 2010 Census were released on December 21, 2010. Redistricting data, which include additional state, county, and local counts, were released starting in February 2011.

The American Community Survey (ACS)

The ACS replaced the decennial census long-form sample questionnaire. The ACS offers broad, comprehensive information on social, economic, and housing data and is designed to provide this information at many levels of geography. ACS data is updated each year and is now available in 1 year, 3 year, and 5 year estimates depending on the size of geographic region.

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Appendix II: Seward Community Health Survey Results

1.1 Have you needed health care in the last 12 months?

Response	Frequency	Percent
Yes	654	87.1%
No	97	12.9%
Total	**751**	**100.0%**

1.2 If you needed health care in the past 12 months, were you able to receive it?

Response	Frequency	Percent
Yes	585	89.4%
No	69	10.6%
Total	**654**	**100.0%**

1a. If yes, what was the primary reason for your most recent visit?

Response	Frequency	Percent
Preventive care	133	22.9%
Chronic (ongoing) problem	125	21.5%
Acute (new) problem	112	19.3%
Required physical/annual examination	96	16.5%
Emergency care	81	13.9%
Other	34	5.9%
Total	**581**	**100.0%**

1b. If no, why couldn't you receive it?

Response	Frequency	Percent
No insurance/couldn't afford it	22	43.1%
Services not available	9	17.6%
Needed a specialist that was not available in Seward	7	13.7%
Couldn't afford co-pay	6	11.8%
Confidentiality issues	3	5.9%
Insurance wouldn't cover it	1	2.0%
Wanted but couldn’t find same gender provider	0	0.0%
Other	13	25.5%

Multiple response question with 51 respondents offering 61 responses.

1c. If no, what type of health care did you go without?

Response	Frequency	Percent
Basic care	18	36.7%
Preventive care/annual exams	17	34.7%
Chronic (ongoing) problem	13	26.5%
Acute (new) problem	11	22.4%
Prescription medications	7	14.3%
Specialist	5	10.2%
Other	9	18.4%

Multiple response question with 49 respondents offering 80 responses.

2. Do you use the emergency room for your main source of health care? This would be for illness as well as for emergencies.

Response	Frequency	Percent
Yes	68	9.2%
No	672	90.8%
Total	**740**	**100.0%**

3. Do you have health insurance?

Response	Frequency	Percent
Yes	647	86.4%
No	100	13.4%
Don't know	2	0.3%
Total	**749**	**100.0%**

3a. If yes, where do you get your health insurance?

Response	Frequency	Percent
Your employer or spouse's employer	485	76.9%
State or federal program (such as Medicaid or KidCare)	64	10.1%
Private insurance you purchased on your own	45	7.1%
Other	37	5.9%
Total	**631**	**100.0%**

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3b. If no, why don't you have health insurance?

Response	Frequency	Percent
Too expensive	68	69.4%
Employer doesn't offer health insurance	25	25.5%
Not eligible for employer health insurance	13	13.3%
Don't need or believe in health insurance	7	7.1%
Unable to find health insurance	3	3.1%
Other	17	17.3%

Multiple response question with 98 respondents offering 133responses.

4. Does your health insurance cover or do you have additional coverage for:

Response	Yes	No	Don't know	Total
4a. Prescriptions?	88.1%	9.4%	2.5%	**100.0%**
	598	64	17	**679**
4b. Treatment for substance abuse? (alcohol/drugs, etc.)	45.3%	16.4%	38.3%	**100.0%**
	298	108	252	**658**
4c. Preventive care/annual exams?	84.8%	10.1%	5.1%	**100.0%**
	570	68	34	**672**
4d. Long-term care? (nursing home)	21.2%	35.1%	43.8%	**100.0%**
	139	230	287	**656**
4e. Dental care?	77.6%	20.6%	1.8%	**100.0%**
	521	138	12	**671**
4f. Home health?	20.7%	23.9%	55.5%	**100.0%**
	136	157	365	**658**
4g. Vision care?	73.2%	22.5%	4.3%	**100.0%**
	488	150	29	**667**

5a. Do your dependent children have health insurance?

Response	Frequency	Percent
Yes	304	86.4%
No	48	13.6%
Total	**352**	**100.0%**

5b. Do your dependent children have dental insurance?

Response	Frequency	Percent
Yes	269	78.0%
No	76	22.0%
Total	**345**	**100.0%**

6a. In the last 12 months, have you needed mental health services?

Response	Frequency	Percent
Yes	74	9.9%
No	675	90.1%
Total	**749**	**100.0%**

6b. In the last 12 months, have you received mental health services?

Response	Frequency	Percent
Yes	42	56.8%
No	32	43.2%
Total	**74**	**100.0%**

6c. If no, why couldn't you receive mental health services?

Response	Frequency	Percent
Services not available	8	42.1%
Confidentiality issues	6	31.6%
Didn't know where to go	5	26.3%
No insurance/couldn't afford it	3	15.8%
Insurance wouldn't cover it	2	10.5%
Couldn't afford co-pay	1	5.3%
Other	2	10.5%

Multiple response question with 19 respondents offering 27 responses.

6d. In the last 12 months, did you ever feel so sad or hopeless almost everyday for two weeks or more that you stopped doing some usual activities?

Response	Frequency	Percent
Yes	105	14.2%
No	634	85.8%
Total	**739**	**100.0%**

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6e. In the last 12 months, have you thought about committing suicide at any time?

Response	Frequency	Percent
Yes	33	4.5%
No	703	95.5%
Total	**736**	**100.0%**

7a. In the last 12 months, have you needed substance abuse treatment?

Response	Frequency	Percent
Yes	13	1.7%
No	739	98.3%
Total	**752**	**100.0%**

7b. In the last 12 months, have you received substance abuse treatment?

Response	Frequency	Percent
Yes	9	69.2%
No	4	30.8%
Total	**13**	**100.0%**

7c. If no, why couldn't you receive it?

Response	Frequency	Percent
No insurance/couldn't afford it	2	100.0%
Insurance wouldn't cover it	0	0.0%
Confidentiality issues	0	0.0%
Couldn't afford co-pay	0	0.0%
Didn't know where to go	0	0.0%
Services not available	0	0.0%
Other	0	0.0%

Multiple response question with 2 respondents offering 2 responses.

8a. In the last 12 months, have you or a member of your household needed in-home support services?

Response	Frequency	Percent
Yes	35	4.8%
No	701	95.2%
Total	**736**	**100.0%**

8b. In the last 12 months, have you or a member of your household received in-home support services?

Response	Frequency	Percent
Yes	20	60.6%
No	13	39.4%
Total	**33**	**100.0%**

8a. If no, why couldn't you or a member of your household receive in-home support services?

Response	Frequency	Percent
Not available	9	81.8%
Cost of in-home support services	2	18.2%
Insurance doesn't cover	2	18.2%
Other	0	0.0%

Multiple response question with 11 respondents offering 13 responses.

9.1 In the last 12 months, did you leave Seward to obtain health care elsewhere?

Response	Frequency	Percent
Yes	501	66.5%
No	252	33.5%
Total	**753**	**100.0%**

9.2 If you left Seward to obtain health care elsewhere, was it because:

Response	Frequency	Percent
Needed specialist opinion/surgery/procedure	302	61.9%
Needed tests that were unavailable in Seward (e.g. MRI)	156	32.0%
Prefer the quality of out of town health care	108	22.1%
Concerns with local care	100	20.5%
Referred to another provider by your family doctor	93	19.1%
I have other business to take care of in a larger city	57	11.7%
Confidentiality issues	53	10.9%
Cancer treatments	13	2.7%
Not insured in Seward (VNT, USCG, etc.)	13	2.7%
Employer reimburses travel costs for health care	8	1.6%
Other	77	15.8%

Multiple response question with 488 respondents offering 980 responses.

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10. How long has it been since you last visited a dentist, hygienist, or orthodontist?

Response	Frequency	Percent
6 months or less	443	59.5%
More than 6 months, but less than 1 year	87	11.7%
More than 1 year, but less than 3 years ago	105	14.1%
More than 3 years ago	94	12.6%
Never been to the dentist	1	0.1%
Don’t know	15	2.0%
Total	**745**	**100.0%**

11. What was the main reason for the visit to the dentist?

Response	Frequency	Percent
Went in on own for check-up, exam or cleaning	414	57.3%
Something was wrong, bothered/hurt me	125	17.3%
Was called in by dentist for check-up, exam or cleaning	92	12.7%
Went for treatment of a condition that the dentist discovered at an earlier check-up or examination	49	6.8%
Other	29	4.0%
Don’t know	13	1.8%
Total	**722**	**100.0%**

12.1 Was there a time in the last 12 months when you needed dental care but could not get it at the time?

Response	Frequency	Percent
Yes	207	27.5%
No	546	72.5%
Total	**753**	**100.0%**

12.2 If you did not receive the needed dental care during the past 12 months, why?

Response	Frequency	Percent
Could not afford	106	62.4%
Not serious enough	29	17.1%
Difficulty getting appointment	20	11.8%
No dentist available	17	10.0%
Don't like/believe in dentists	8	4.7%
Did not know where to go	8	4.7%
No transportation	5	2.9%
Dentist did not accept Denali KidCare/ Medicaid insurance	4	2.4%

Multiple response question with 170 respondents offering 197 responses.

13. Do you smoke cigarettes or use smokeless tobacco?

Response	Frequency	Percent
Every day	80	10.8%
Some days	51	6.9%
Not at all	612	82.4%
Total	**743**	**100.0%**

14. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?

Response	Frequency	Percent
None	562	75.9%
1 time	61	8.2%
2 times	38	5.1%
3 times	18	2.4%
4 times	17	2.3%
5 times	9	1.2%
More than 5 times	35	4.7%
Total	**740**	**100.0%**

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15. How acceptable do you think it is for adults to provide alcohol to underage youth in their home?

Response	Frequency	Percent
Very acceptable	17	2.3%
Somewhat acceptable	122	16.8%
Not at all acceptable	586	80.8%
Total	**725**	**100.0%**

16. How acceptable do you find the use of the following for recreational or non-medicinal use?

	Very acceptable	Somewhat acceptable	Not at all acceptable
16a. Alcohol	34.3%	44.0%	21.7%
	250	320	158
16b. Marijuana	15.1%	32.5%	52.4%
	110	236	381
16g. Prescription drugs	3.9%	8.1%	88.0%
	28	58	631

17. Would you say that, in general, your physical health is:

Response	Frequency	Percent
Excellent	87	11.8%
Very good	309	41.9%
Good	264	35.8%
Fair	63	8.5%
Poor	15	2.0%
Total	**738**	**100.0%**

18. How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?

Response	Frequency	Percent
None	91	12.3%
1 - 2 days	203	27.4%
3 - 4 days	253	34.1%
5 or more days	194	26.2%
Total	**741**	**100.0%**

19. Within the past year have you made a personal lifestyle changes related to better health?

Response	Frequency	Percent
Permanent lifestyle changes	245	33.5%
Made lifestyle changes that lasted more than a month but was not permanent	151	20.6%
Made short-term changes that lasted a month or less	92	12.6%
Considered them but didn't take action	60	8.2%
No	184	25.1%
Total	**732**	**100.0%**

20. In the past year have you had an annual exam with a physician for preventive purposes?

Response	Frequency	Percent
Yes	477	64.4%
No	264	35.6%
Total	**741**	**100.0%**

21. Have you had biometric screening completed in the past year (cholesterol, blood glucose, BMI)?

Response	Frequency	Percent
Yes	437	58.7%
No	308	41.3%
Total	**745**	**100.0%**

21a. Did you take further action based on the results?

Response	Frequency	Percent
Make lifestyle changes (diet or physical activity)	146	33.6%
Compare new results to previous results	116	26.7%
Physician consultation	111	25.5%
Went on medication	62	14.3%
Online research	62	14.3%
None	123	28.3%
Other	18	4.1%

Multiple response question with 435 respondents offering 638 responses.

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22-23. Body Mass Index in adults

Response	Frequency	Percent
Low BMI (Less than 18.5)	20	2.8%
Normal BMI (18.5 – 24.9)	251	35.0%
Overweight (BMI 25.0 – 29.9)	220	30.6%
Obese (BMI 30.0 or more)	227	31.6%
Total	**718**	**100.0%**

24. Where do you get information about health care?

Response	Frequency	Percent
Doctors/providers	558	76.6%
Internet	415	57.0%
Friends and family members (word of mouth)	268	36.8%
Work	122	16.8%
Television	99	13.6%
Inserts in the newspaper/magazines	76	10.4%
Radio	45	6.2%
Other	44	6.0%

Multiple response question with 728 respondents offering 1,627 responses.

25. What do you consider to be the top two greatest health care needs in Seward?

Response	Frequency	Percent
Lower costs for patients	278	39.1%
More specialists/specialty care	192	27.0%
Vision care	156	21.9%
OBGYN/Female Health care	144	20.3%
More doctors	123	17.3%
Diagnostic equipment (MRI, X-Ray)	110	15.5%
Pediatric care	92	12.9%
Dental care	90	12.7%
Elderly care/assisted living	64	9.0%
Mental health services/counseling	59	8.3%
Substance use rehab/counseling	51	7.2%
Long term care	38	5.3%
Other	84	11.8%

Multiple response question with 711 respondents offering 1,481 responses.

26. Overall, how satisfied are you with your health care services in Seward?

Response	Frequency	Percent
Very satisfied	158	21.6%
Somewhat satisfied	478	65.5%
Not at all satisfied	94	12.9%
Total	**730**	**100.0%**

27. In the last 12 months did you or your family have to go without basic needs such as food, child care, health care, or clothing?

Response	Frequency	Percent
Yes	78	10.5%
No	663	89.5%
Total	**741**	**100.0%**

27a. If yes, what did you go without?

Response	Frequency	Percent
Dental care	41	53.9%
Health care	40	52.6%
Heat/fuel/utilities	29	38.2%
Choosing food we wanted	28	36.8%
Clothing	25	32.9%
Food	25	32.9%
Prescriptions	14	18.4%
Rent/housing	10	13.2%
Child care	7	9.2%
Other	7	9.2%

Multiple response question with 76 respondents offering 226 responses.

28. How much of your total household take-home pay (income after taxes) goes to rent/housing costs?

Response	Frequency	Percent
Less than 33%	265	37.5%
Between 33% - 49%	238	33.7%
Between 50% - 74%	156	22.1%
75% or more	48	6.8%
Total	**707**	**100.0%**

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29. In the last 12 months what percent of your take-home pay went to health care costs?

Response	Frequency	Percent
None	83	13.3%
1% - 5%	178	28.6%
6% - 10%	158	25.4%
11% - 15%	59	9.5%
16% - 20%	59	9.5%
21% - 30%	46	7.4%
31% - 50%	31	5.0%
More than 50%	8	1.3%
Total	**622**	**100.0%**

30. Which of the following best describes your race/ethnic group?

Response	Frequency	Percent
White/Caucasian	651	89.2%
Alaskan Native/Native American	73	10.0%
Hispanic/Latino	15	2.1%
Multi-ethnic	10	1.4%
Pacific Islander	8	1.1%
African American/ Black	7	1.0%
Filipino	7	1.0%
Asian	7	1.0%
Other	17	2.3%
Total	**795**	**100.0%**

Multiple response question with 730 respondents offering 795 responses.

31. Which income range best describes your annual household income?

Response	Frequency	Percent
Less than $10,000	27	3.8%
$10,000 to $19,999	59	8.3%
$20,000 to $29,999	59	8.3%
$30,000 to $39,999	75	10.5%
$40,000 to $49,999	68	9.5%
$50,000 to $59,999	76	10.6%
$60,000 to $74,999	93	13.0%
$75,000 to $99,999	115	16.1%
$100,000 to $124,999	85	11.9%
$125,000 or more	57	8.0%
Total	**714**	**100.0%**

32. What is the highest level of education you have completed?

Response	Frequency	Percent
No high school diploma	18	2.5%
High school diploma or GED	144	19.8%
Some college, no degree	207	28.4%
AA degree	59	8.1%
Four year college degree	205	28.1%
Master's degree or higher	96	13.2%
Total	**729**	**100.0%**

33. Are you male or female?

Response	Frequency	Percent
Male	268	37.2%
Female	452	62.8%
Total	**720**	**100.0%**

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34. Age by ranks

Response	Frequency	Percent
18 - 24 years	35	5.0%
25 - 34 years	138	19.8%
35 - 49 years	189	27.1%
50 – 59 years	192	27.5%
60 – 74 years	124	17.8%
75 years or more	19	2.7%
Total	**697**	**100.0%**