

# VALDEZ

## COMMUNITY NEEDS ASSESSMENT

2011



55 Brennan St.  
Watsonville, CA 95076  
(831) 728-1356

991 West Hedding St., Ste. 102  
San Jose, CA 95126  
(408) 247-8319

[WWW.APPLIEDSURVEYRESEARCH.ORG](http://WWW.APPLIEDSURVEYRESEARCH.ORG)

## 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 strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment of needs, evaluation of community goals, and development of appropriate responses.

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.



**Watsonville Office:**

55 Brennan Street  
Watsonville, CA 95076  
Tel: 831.728.1356 | Fax: 831.728.3374  
[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

**San Jose Office:**

1871 The Alameda, Ste. 180  
San Jose, CA 95126  
Tel: 408.24.8319 | Fax: 408.260.7749  
[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

Photographs  
Report & Cover Design

Laura Connery & Ken Ithiphol, Applied Survey Research  
Michelle Luedtke, Applied Survey Research

# From the Valdez Health Advisory Council

## To the Residents of Valdez,

This report of the 2011 Valdez Community Needs Assessment is provided by Providence Valdez Medical Center (PVMC), Providence Health & Services Alaska and the Providence Valdez Community Health Advisory Council. We are committed to conducting a Community Needs Assessment every three years, the first of which was completed in 2007. Information and insight generated from that assessment were used in PVMC's short- and long-term strategic planning. Ultimately, significant enhancements and additions have been made to Valdez's healthcare delivery system based on feedback from community residents, business leaders, and health care providers in 2007.

The 2011 Community Needs Assessment is the product of a tremendous collaborative effort. Your local Community Health Advisory Council worked directly with PVMC and the Applied Survey Research firm to refine the survey and ensure it was widely dispersed throughout the community. We are proud to report that the survey response rate increased by 56 percent from 2007 to 2011.

The purpose of this assessment is to give both the community and PVMC the information necessary to understand and respond to the evolving health needs of our community. The definitive goal is to create a *Master Health Campus Plan* for Valdez. That plan envisions considerable upgrades and expansion of existing healthcare services, as well as the development of integral services that currently do not exist. Additional time, energy and resources will be directed toward preventative and healthy living measures that educate and inspire residents to be more proactive and knowledgeable about their personal health status.

PVMC and the Community Health Advisory Council are fully committed to the delivery of the best possible healthcare for Valdez residents. We will continue to work with local healthcare providers, civic leaders, and many other partners to further meet evolving community healthcare needs.

Please take this opportunity to thoughtfully review the enclosed information. We are optimistic and passionate about the future of healthcare in our wonderful community!

Sincerely,



**Sean McCallister**  
Administrator, Providence Valdez Medical Center



**Pam Shirrell**  
Chair, Providence Valdez Health Advisory Council

### **Providence Valdez Health Advisory Council Members:**

Dave Dengel; Doug Desorcie; Agnes Hansen; Joan Heikens; Ruthie Knight; Nancy Lethcoe;  
Cindy Rymer; Jan Whalen

### **Providence Valdez Health Advisory Council Ex officio Members:**

John Cullen, MD; Pauline Doucet; Eric Phillips; Susan Whitefeather

# Table of Contents

From the Valdez Health Advisory Council _____	3
<b>Introduction _____</b>	<b>6</b>
Introduction _____	7
City of Valdez, Alaska _____	7
Providence Valdez Medical Center _____	7
Valdez Community Needs Assessment Project Overview _____	8
Data Legend _____	8
Data Snapshots _____	9
Demographics and Populations _____	9
Economy _____	9
Access to Health Care _____	10
Health and Wellbeing _____	10
Tobacco, Alcohol, and Drug Use _____	11
<b>Demographics and Populations _____</b>	<b>12</b>
Population Estimates _____	13
Population - Racial/Ethnic Distribution _____	15
Population - Gender Distribution _____	15
Population - Age Distribution _____	16
Educational Attainment _____	17
<b>Economy _____</b>	<b>19</b>
Basic Needs _____	20
Housing _____	21
Household Income _____	22
Unemployment _____	23
<b>Access to Health Care _____</b>	<b>24</b>
Health Care Access and Utilization _____	25
Health Care Costs _____	29
Health Insurance _____	30
Medicaid and Denali KidCare Enrollment _____	32
Dental Insurance _____	34
Employer-Based Health Care _____	35
Health Care Information and Education _____	39
Health Care Satisfaction _____	41
In-Home Support Services _____	42
Providence Valdez Medical Center’s Services and Strengths _____	44
Valdez Health Care System Risks and Areas for Improvement _____	47
Sound Wellness Alliance Network (SWAN) _____	49

<b>Health and Wellbeing</b>	<b>51</b>
Greatest Health Care Need	52
Preventive Health Care	54
Prenatal Care	56
Births	57
Birth Weight	59
Teen Births	61
People with Disabilities	63
Mental Health Services	64
Physical Health and Activity	66
Obese Adults	68
Leading Causes of Death	70
Deaths Due to Cancer	71
Deaths Due to Unintentional Injuries	72
Deaths Due to Suicide	73
<b>Tobacco, Alcohol, and Drug Use</b>	<b>74</b>
Tobacco Use	75
Alcohol Use	76
Tobacco and Alcohol Use During Pregnancy	77
Substance Abuse Treatment	78
Substance Use by Students	80
<b>Appendices</b>	<b>83</b>
Appendix I: Methodology	84
Primary Data	84
Interpreting the Data	85
Secondary Data	86
Appendix II: Valdez Community Health Survey Results	88
Appendix III: Valdez Business Survey Results	103
Appendix IV: Valdez Health Care Provider Survey Results	109
Appendix V: Unmet Health Care Needs	116



CHEERFUL II

15028

*Pillar Cape*

CHEERFUL II

# INTRODUCTION

# Introduction

## City of Valdez, Alaska

Valdez is one of Alaska's most important port cities. It is located about 120 air miles and 305 road miles east of Anchorage. The population is close to 4,000 and is located within 222 square miles of land area.

The city's economic base is drawn from commercial fishing, oil, shipping, and tourism. Since the 1970s, the city has served as the southernmost limit of the Trans-Alaska oil pipeline. Major employers in Valdez include the Alyeska Pipeline Service Company, Alyeska associated contractors, commercial fishing, government agencies, educational institutions, utility companies, the U.S. Coast Guard, and tourism related businesses.



## Providence Valdez Medical Center

The Providence Valdez Medical Center (PVMC) provides many different inpatient and outpatient health care services to the Valdez community, including acute care, 24-hour emergency services, labor and delivery, and outpatient health clinics. The center has 11 beds for acute care and swing beds (for those patients who need additional time to get better before going back home). The PVMC offers extra services to the community via the extended care and behavioral health care centers. The Providence Valdez Extended Care Center is a 10-bed nursing home that is state and Medicaid-licensed as well as federally certified. With a psychiatrist and other professionals on hand, the Providence Valdez Behavioral Health Center provides behavioral health services to patients of all ages, including psychiatric, substance abuse, and domestic violence services.




PVMC is associated with Providence Health and Services Alaska, the largest and most comprehensive health system in the state. This association gives PVMC significant resources and expertise to draw on when serving the health needs of Valdez residents.

## Valdez Community Needs Assessment Project Overview

This community health assessment provides a holistic view of the health issues faced by citizens of Valdez. 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 Valdez residents.

- The goal of the 2011 Valdez Community Needs Assessment is to continually improve the quality of health and health care for city residents by:
  - Providing accurate, reliable<sup>1</sup>, and valid<sup>2</sup> information to community members and health care providers;
  - Raising public awareness of health needs, changing trends, emerging issues, and community problems;
  - Giving community members the opportunity to share their personal experiences, insights, and opinions on health and health care in Valdez;
  - Providing researched-based data for the hospital and the community to continue strategic planning efforts.

## Data Legend

	Symbol for a Valdez Community Health Survey question
	Symbol for a Valdez Health Care Provider Survey question
	Symbol for a Valdez Business Survey question

<sup>1</sup> 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.

<sup>2</sup> Valid means how truthfully the information represents what is really going on in the community.



# Data Snapshot

## Demographics and Populations

- Approximately 4,000 residents lived in Valdez in 2010, about a 5% increase since 2008. This is a change in the decreasing trend in population seen over the last decade.
- Over two-thirds (69%) of Valdez community survey respondents reported that they had no current plans to move out of the city.
- The majority (79%) of the population in the City of Valdez were Caucasian, with 8% of the population American Indian/Alaska Native.
- The median age was 37 years old in Valdez according to the 2010 Census, a slightly older median age than its statewide counterpart (34 years old).
- Thirty percent (30%) of survey respondents when asked about their highest level of education reported they had some college but no degree, 14% had a two year college degree, 23% had a four year college degree, and 17% had a master's degree.



## Economy

- About 1 in 12 community survey respondents reported that they or their family had to go without basic needs in the year prior to the survey. Of those who went without basic needs, almost half said they went without dental care (49%) and/or health care (46%).
- The number of housing units increased by about 100 (from 1,645 units to 1,763 units) over the past decade in the City of Valdez. Eleven percent (11%) of housing units in the city were vacant in 2010; a percentage smaller than the 16% seen in Alaska overall.



- Fifty-eight percent (58%) of survey respondents reported that one-third or more of their total household take-home pay (income after taxes) went to rent/housing costs.
- About 1 in 12 survey respondents in the City of Valdez reported making less than \$20,000, while 3 out of 10 respondents reported making \$100,000 or more per year.
- The unemployment rate was 9% in the Valdez-Cordova Census Area in 2010. Over the past decade, this rate was consistently higher than the state.

## Access to Health Care

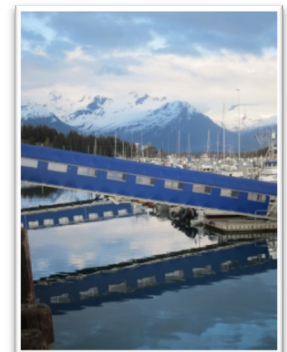
- 3 out of 10 (31%) community survey respondents were “very satisfied” with the health care services in Valdez in 2011, while 6 out of 10 (61%) were “somewhat satisfied” and 1 out of 10 (8%) were “not at all satisfied.”
- The majority (91%) of community survey respondents who needed health care in the last 12 months were able to receive the care they needed.
- Three-fourths of community survey respondents (77%) used 10% or less of their take-home pay for health care costs, while 9% used more than 20% of their take-home pay for health care costs.
- Ninety percent (90%) of community survey respondents reported that they had health insurance, which is a slight increase from 87% in 2007. Additionally, 88% reported that their dependent children had health insurance.



- KidCare enrollment has been increasing since 2008, with 55 Valdez children enrolled in 2011.
- Three-quarters (75%) of community survey respondents had visited a dentist, hygienist, or orthodontist within the past year. However, 14% reported not having dental insurance for their dependent children.
- Sixty-six percent (66%) of community survey respondents in 2011 said they got their health care information from their doctor, a decrease from 74% in 2007.
- In the past year, 5% of community survey respondents needed in-home support services, (such as hospice end of life care, respite care, or in-home health care provided by licensed personnel). Less than one-half (42%) of those who needed in-home support services were able to receive them.
- When health care providers in Valdez were asked about the greatest risks to the health care system in Valdez, the top four answers were: uninsured patients, difficulty with insurance claims/coverage, not enough family medicine doctors, and not enough federal/state funding.
- Forty-two percent (42%) of community survey respondents said that they had participated in SWAN events or activities in the past year. Of those who had participated, 75% had participated in the 2011 Healthier You program, and 51% had participated in the Healthy Living Expo.

## Health and Wellbeing

- Over half of Valdez residents (62%) had received an annual exam with a physician for preventive purposes in the past year. Additionally, over one-third of community respondents reported that they made a permanent lifestyle change related to better physical health in the past year.
- Half of Valdez residents responded that their physical health was “excellent” or “very good,” a decrease from 56% of residents reporting the same in 2007.

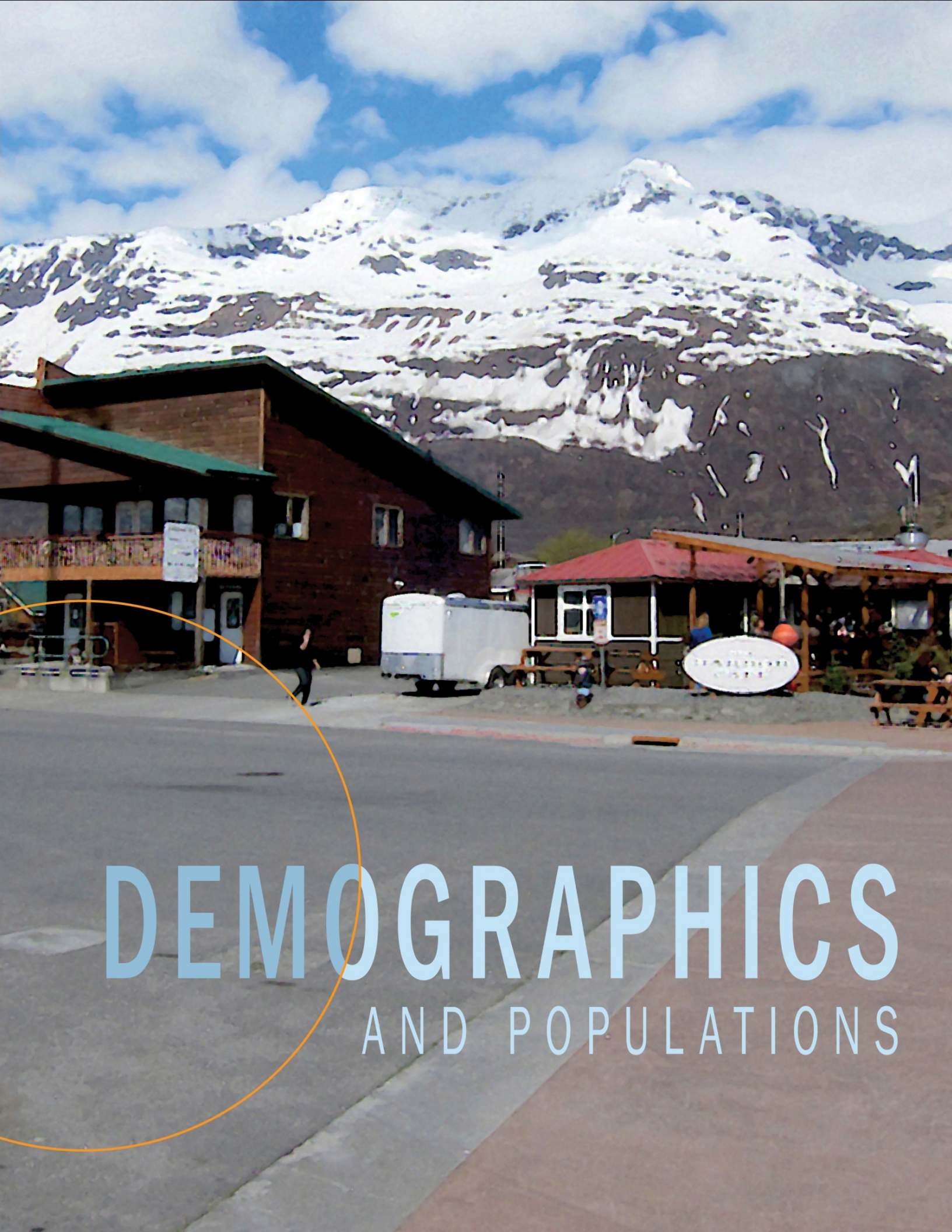


- The greatest health care needs in Valdez reported by community survey respondents were the need for more specialists/specialty care (38%), lower costs for patients (29%), vision care (27%), and more doctors (26%).
- The number of babies born at the Providence Valdez Medical Center steadily increased between 2004 and 2010 (from 27 births to 45 births, respectively). However, the Valdez-Cordova birth rate was consistently lower than the State of Alaska (13 per 1,000 compared to 16 per 1,000, respectively).
- Eight percent (8%) of all babies born in the Valdez-Cordova census area were born at low birth weight in 2009, higher than the State of Alaska at 6%.
- Teen births were at 9% in 2009 in the Valdez-Cordova census area, up from 3% in 2007, while the Alaskan teen birth rate steadily decreased from 12% in 2000 to 10% in 2009.
- Thirteen percent of Valdez residents reported that they needed mental health treatment in the year prior to the survey in 2011. Of those needing treatment, over one-third (35%) were unable to receive the mental health treatment they needed.
- Sixty-four percent (64%) of respondents reported engaging in physical activity for 30 minutes or more a day at least 3 days a week.
- One-third of adults in Valdez-Cordova were classified as obese in 2008 according to the Behavior Risk Factor Surveillance System (BRFSS).
- The Valdez-Cordova Census Area had a total of 164 deaths in 2007-2009. The top three causes were cancer (36 deaths), diseases of the heart (31), and unintentional injuries (21).

## Tobacco, Alcohol, and Drug Use

- Eighteen percent (18%) of Valdez community survey respondents reported using or smoking tobacco some days or every day.
- Nearly one-quarter (24%) of community survey respondents reported engaging in binge drinking in the month prior to the survey in 2011, up from 22% in 2007.
- Eighteen percent (18%) of Valdez-Cordova mothers reported smoking during their pregnancy in 2009. Three percent (3%) reported drinking during their pregnancy in 2009.
- Five percent (5%) of community survey respondents indicated in 2011 that they needed substance abuse treatment in the year prior to the survey. Thirty-nine percent (39%) of those who needed substance abuse treatment were able to receive it. Most (95%) respondents reported not needing substance abuse treatment.
- A greater percentage of Valdez high school students were using alcohol compared to Alaskan high school students. Seventy-six percent (76%) of Valdez high school students had used alcohol in their lifetime compared to 67% of Alaskan high school students in 2009.





# DEMOGRAPHICS

AND POPULATIONS

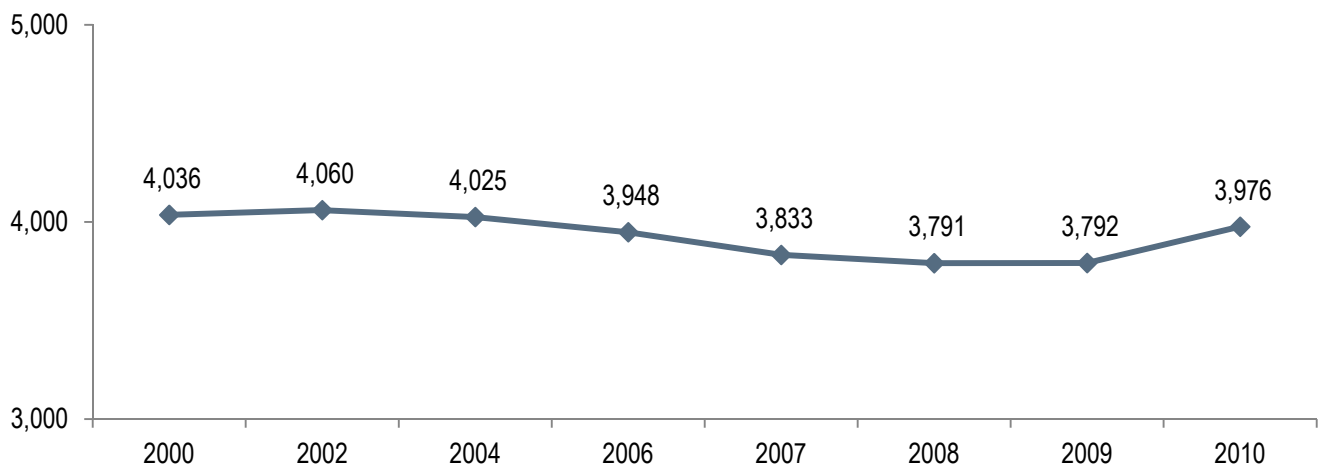
# Population Estimates

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.

The city’s population experienced some decreases over the last decade from 4,036 in 2000 to 3,791 in 2008, but the population grew approximately 5% from 3,791 residents in 2008 to 3,976 in 2010. This is less than the growth seen by the greater State of Alaska over the past decade; with 13% more total residents.

When survey respondents were asked how long they planned on staying in Valdez, the majority (69%) reported that they had no current plans to move. Seven percent (7%) of residents surveyed indicated that they planned on staying in Valdez for 3-5 more years before moving, while 11% planned on staying 5-10 more years before moving. The stability of city residents means that they are more likely to be connected and involved with the community, promoting a healthy social environment.<sup>3</sup>

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

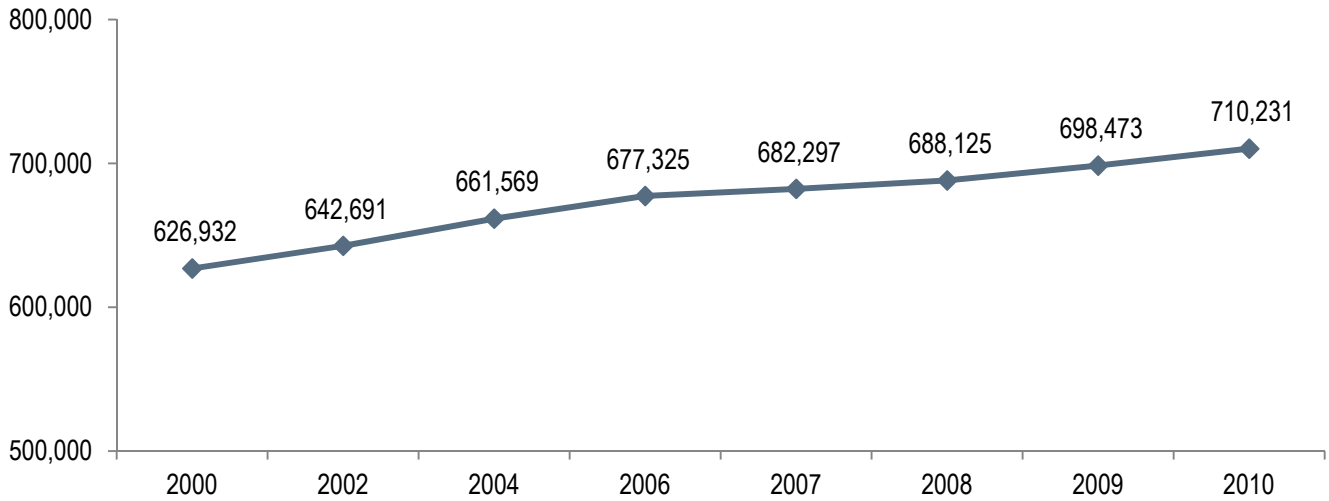


Source: 2000 data: United States Census Bureau, 2000 Census, 2007. 2002-2009 data: United States Census Bureau, Annual Population Estimates, 2007. 2010 data: United States Census Bureau, 2010 Census, Profile of General Population and Housing Characteristics, 2011.

Note: The April 1, 2000 estimates base reflects changes to the Census 2000 population resulting from legal boundary updates as of January 1 of the estimates year, other geographic program changes, and Count Question Resolution actions. All geographic boundaries for the 2009 population estimates series are defined as of January 1, 2009.

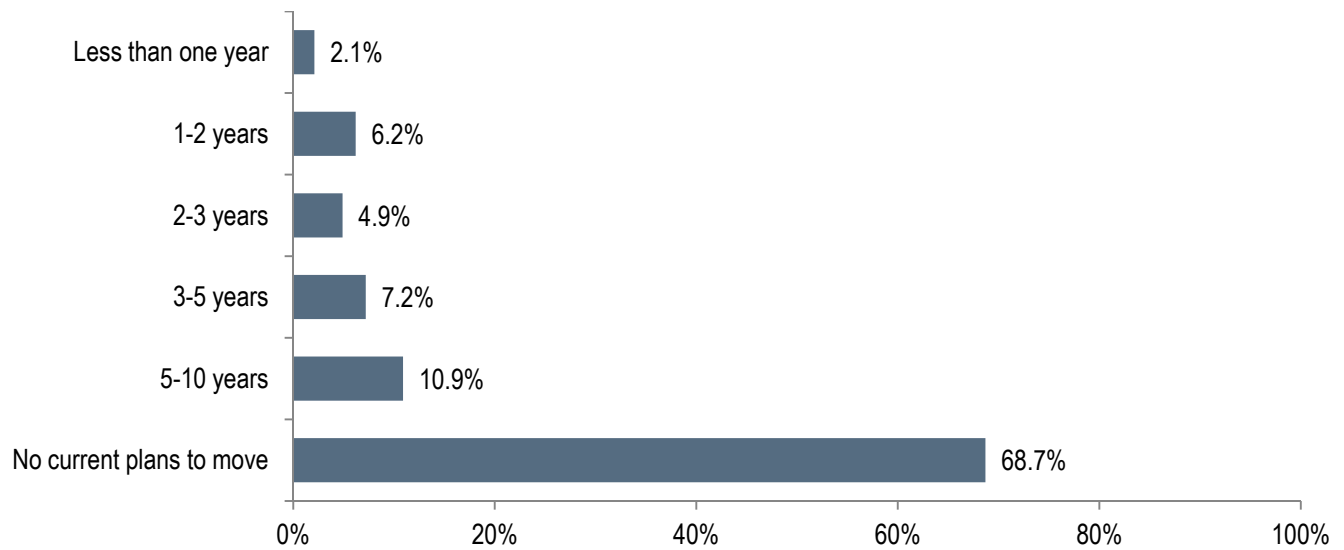
<sup>3</sup> Duncan, P. & Thomas, S. (2000). *Neighborhood Regeneration: Resourcing community involvement*, 1st ed. Bristol, UK: The Policy Press.

**Figure 2: Alaska Population Estimates**



Source: 2000 data: United States Census Bureau, 2000 Census, 2007. 2002-2009 data: United States Census Bureau, Annual Population Estimates, 2007. 2010 data: United States Census Bureau, 2010 Census, Profile of General Population and Housing Characteristics, 2011.  
 Note: The April 1, 2000 estimates base reflects changes to the Census 2000 population resulting from legal boundary updates as of January 1 of the estimates year, other geographic program changes, and Count Question Resolution actions. All geographic boundaries for the 2009 population estimates series are defined as of January 1, 2009.

**Figure 3: Community Responses: How long do you plan on residing in Valdez? (2011)**



2011 N=486  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011  
 Note: Question not asked in 2007.

## Population - Racial/Ethnic Distribution

Caucasians made up the majority of the population in the City of Valdez and in Alaska in 2010 (79% and 64%, respectively). American Indian/Alaska Native was the second largest racial/ethnic group in the City of Valdez (8%) and Alaska (14%).

**Figure 4: Racial/Ethnic Distribution, 2010**

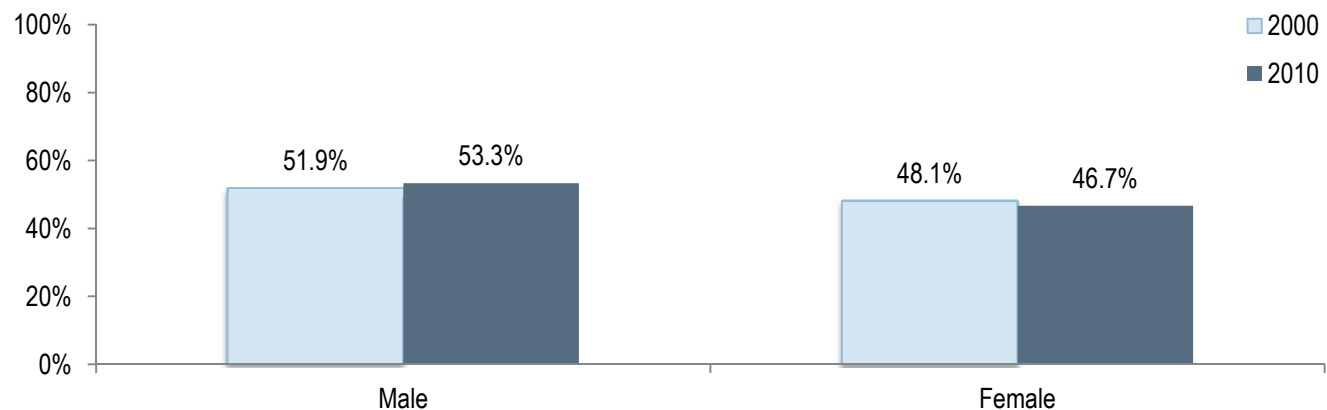
Race/Ethnicity	City of Valdez	Alaska
Caucasian	78.6%	64.1%
American Indian/Alaska Native	7.6%	14.4%
Hispanic/Latino	4.7%	5.5%
Asian	1.9%	5.3%
Native Hawaiian /Other Pacific Islander	0.8%	1.0%
Black/African American	0.6%	3.1%
Other/Multi-race	5.8%	6.5%
<b>Total population</b>	<b>3,976</b>	<b>710,231</b>

Source: United States Census Bureau, 2010 Census, Profile of General Population and Housing Characteristics, 2011.

## Population - Gender Distribution

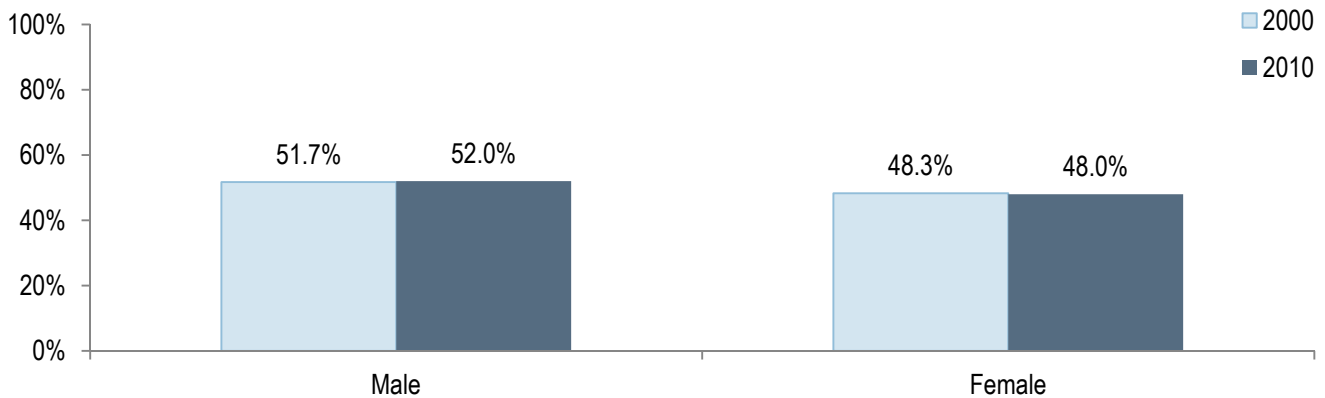
Overall, the population of the City of Valdez and Alaska had slightly more males than females in 2010, with males accounting for 53% of the City of Valdez's population and 52% of Alaska's population.

**Figure 5: City of Valdez Gender Distribution**



2000 N=4,036; 2010 N=3,976.

Source: United States Census Bureau, 2000 and 2010 Census, Profile of General Population and Housing Characteristics, 2011.

**Figure 6: Alaska Gender Distribution**

2000 N=626,932; 2010 N=710,231.

Source: United States Census Bureau, 2000 and 2010 Census, Profile of General Population and Housing Characteristics, 2011.

## Population - Age Distribution

Children and youth under the age of 20 represented over one-quarter of the population of the City of Valdez and Alaska (28% and 29%, respectively). Adults aged 40 and above accounted for 46% of the City of Valdez and 42% in Alaska. Senior citizens (65 years and older) made up 6% of the population in Valdez compared to 8% in Alaska.

The median age in the City of Valdez was 37 years old, slightly older than the statewide median of 34 years.

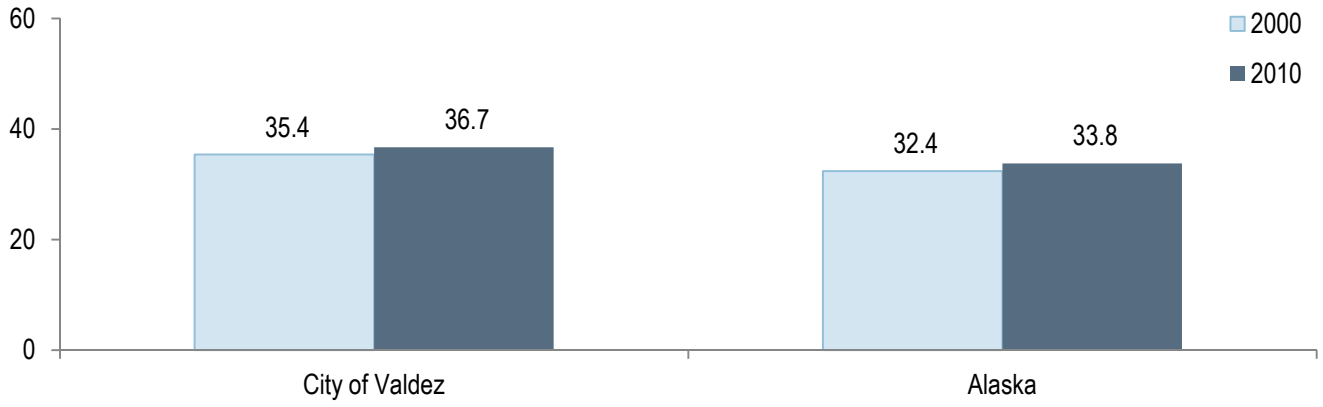
**Figure 7: Age Distribution, 2010**

Age Group	City of Valdez	Alaska
0-4 years old	7.0%	7.6%
5-19 years old	20.9%	21.7%
20-29 years old	13.6%	15.5%
30-39 years old	12.6%	13.2%
40-49 years old	17.2%	14.3%
50-64 years old	23.3%	20.0%
65+ years old	5.5%	7.7%
<b>Total population</b>	<b>3,976</b>	<b>710,231</b>

Source: United States Census Bureau, 2010 Census, 2011.



**Figure 8: Median Age (Years)**



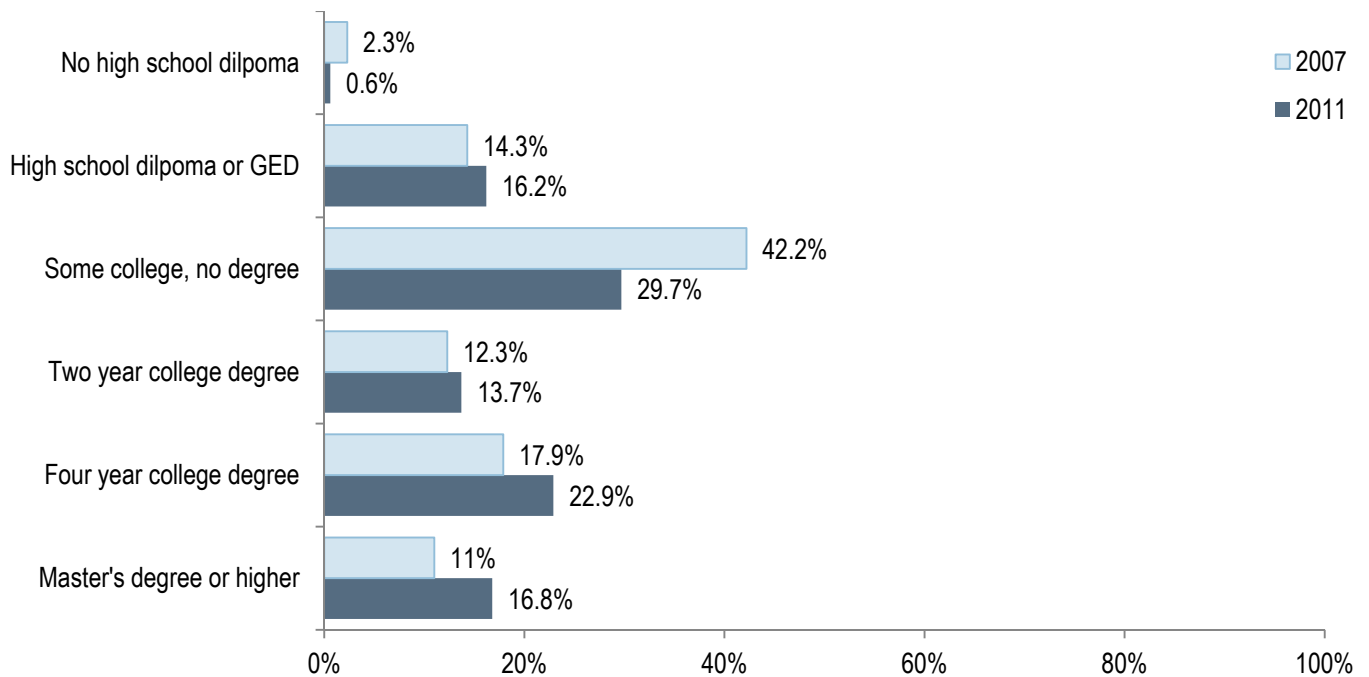
Source: United States Census Bureau, 2000 and 2010 Census, Profile of General Population and Housing Characteristics, 2011.

# 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.<sup>4</sup> Children’s health is also related to educational attainment: children who are sick miss more school days and are more likely to fall behind in their studies, which may lead to a gap in achievement later in their adult life.<sup>5</sup>

Thirty percent (30%) of survey respondents in 2011 had some college but no degree, 14% had a two year college degree, 23% had a four year college degree, and 17% had a master’s degree.

**Figure 9:  Community Responses: What is the highest level of education you have completed?**



2007 N=301; 2011 N=481

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>4</sup> 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>

<sup>5</sup> Case, A., Fertig, A., & Paxson, C. (2005). The lasting impact of childhood health and circumstance. *Journal of Health Economics*, 365-389.




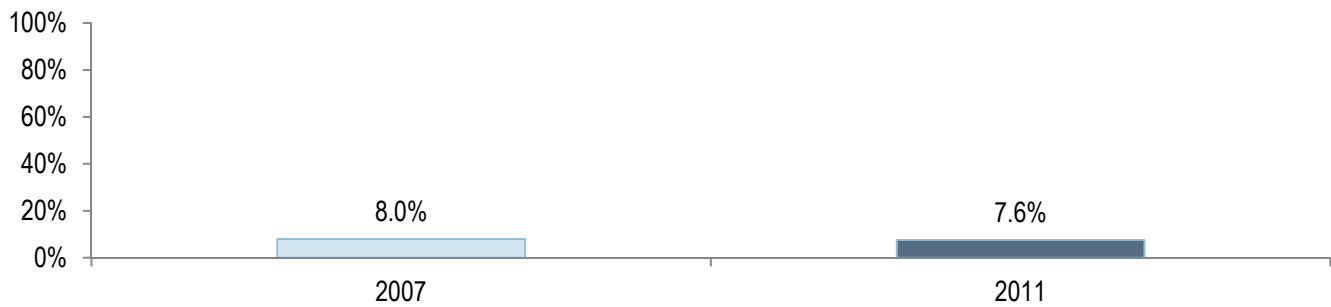
# ECONOMY

# 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 wellbeing. In both 2007 and 2011, 8% of survey respondents reported that they or their family had to go without basic needs in the year prior to the survey.

When survey respondents were asked in 2011 about what basic needs they went without, the most common were: dental care (49%), health care (46%), choosing food they wanted (41%), and prescription medication (38%).

**Figure 10:**  **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”)**



2007 N=311; 2011 N=488

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 11:**  **Community Responses: What did you go without?**

Type of Basic Need	2007	2011	07-11 Net Change
Dental care	56.0%	48.6%	-7.4
Health care	52.0%	45.9%	-6.1
Choosing food we wanted	32.0%	40.5%	8.5
Prescriptions	24.0%	37.8%	13.8
Clothing	16.0%	35.1%	19.1
Heat/fuel/utilities	12.0%	35.1%	23.1
Food	12.0%	21.6%	9.6
Child care	4.0%	18.9%	14.9
Rent/housing	20.0%	18.9%	-1.1

Multiple response question with 25 respondents offering 58 responses in 2007 and 37 respondents offering 112 responses in 2011.

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

Note: These response options were not mutually exclusive.

# Housing

Over the past decade, the number of housing units in the City of Valdez grew from 1,645 units to 1,763 units. Eleven percent (11%) of housing units in the City of Valdez were vacant in 2010; a percentage smaller than the 16% seen in Alaska overall.

A recent 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.<sup>6</sup> This is likely because parents struggling to pay rent often have tough decisions choosing between paying for food or shelter or for their child to get medical care.

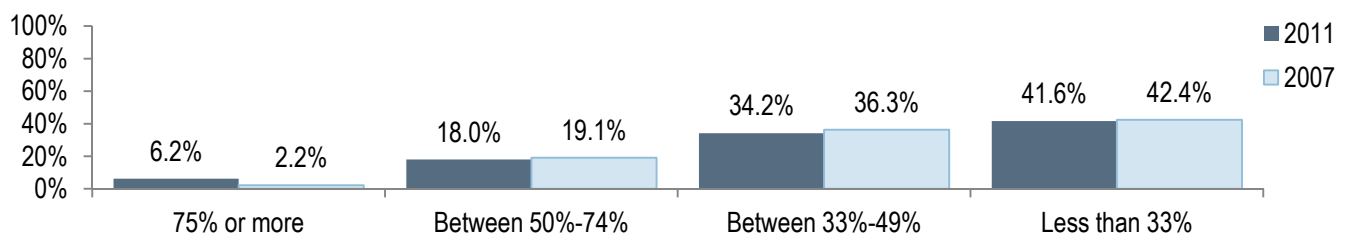
The U.S. Department of Housing and Urban Development’s definition of affordable housing is for a household to pay no more than 30% of its annual income on housing. Residents who spending more than 30% of their income on housing, may have difficulty affording necessities such as food, clothing, transportation, and medical care.<sup>7</sup> Fifty-eight percent (58%) reported that one-third or more of their total household take-home pay (income after taxes) went to rent/housing costs in both 2007 and 2011.

**Figure 12: Housing Units**

Housing Occupancy	City of Valdez			Alaska		
	2000	2010	00-10 % Change	2000	2010	00-10 % Change
Occupied housing units	90.8%	89.2%	-	84.9%	84.1%	-
Vacant housing units	9.2%	10.8%	-	15.1%	15.9%	-
<b>Total housing units</b>	<b>1,645</b>	<b>1,763</b>	<b>7.2%</b>	<b>260,978</b>	<b>306,967</b>	<b>17.6%</b>

Source: United States Census Bureau, 2000 Census, 2007. United States Census Bureau, 2010 Census, 2011.

**Figure 13: Community Responses: How much of your total household take-home pay (income after taxes) goes to rent/housing costs?**



2007 N=278; 2011 N=471

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>6</sup> Children's Health Watch. (2011). *Behind Closed Doors: The hidden health impacts of being behind on rent*. Boston: Children's Health Watch.

<sup>7</sup> U.S. Department of Housing and Urban Development. (2011). *Affordable housing*. Retrieved 10/12/11 from <http://www.hud.gov/offices/cpd/affordablehousing/>.

## Household Income

Household income is an indicator that assesses the spending power of its residents; including their ability to afford basic needs such as housing, food, and health care.

The percentage of survey respondents in the City of Valdez who reported making less than \$20,000 decreased from 12% in 2007 to 8% in 2011. Conversely, the percentage of respondents who reported making \$100,000 or more per year increased from 25% in 2007 to 35% in 2011.

**Figure 14:**  **Community Responses: Which income range best describes your annual household income?**

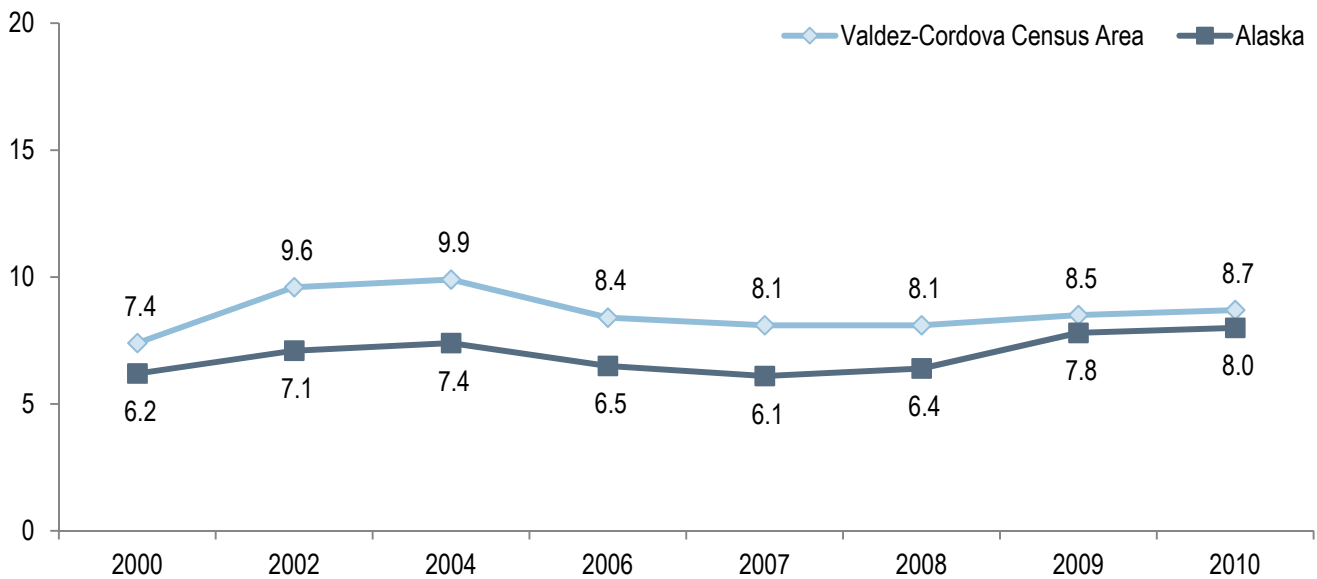
Income Range	2007	2011	07-11 Net Change
Less than \$10,000	5.3%	3.7%	-1.6
\$10,000 to \$19,999	6.3%	3.9%	-2.4
\$20,000 to \$29,999	6.3%	5.8%	-0.5
\$30,000 to \$39,999	9.2%	6.9%	-2.3
\$40,000 to \$49,999	8.8%	7.5%	-1.3
\$50,000 to \$59,999	10.6%	8.2%	-2.4
\$60,000 to \$74,999	11.6%	11.0%	-0.6
\$75,000 to \$99,999	16.9%	17.9%	1.0
\$100,000 to \$124,999	15.8%	17.0%	1.2
\$125,000 or more	9.2%	18.1%	8.9
<b>Total respondents</b>	<b>284</b>	<b>464</b>	<b>-</b>

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

# 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. The unemployment rate in the Valdez-Cordova Census Area was 8.7% in 2010; steadily increasing since 2007. Over the past decade, the unemployment rate for the Valdez-Cordova Census Area has been consistently higher than the State of Alaska.

**Figure 15: Unemployment Rates**



Source: State of Alaska, Department of Labor and Workforce Development, Research & Analysis Section, 2011.

# ACCESS TO HEALTH CARE






# Health Care Access and Utilization

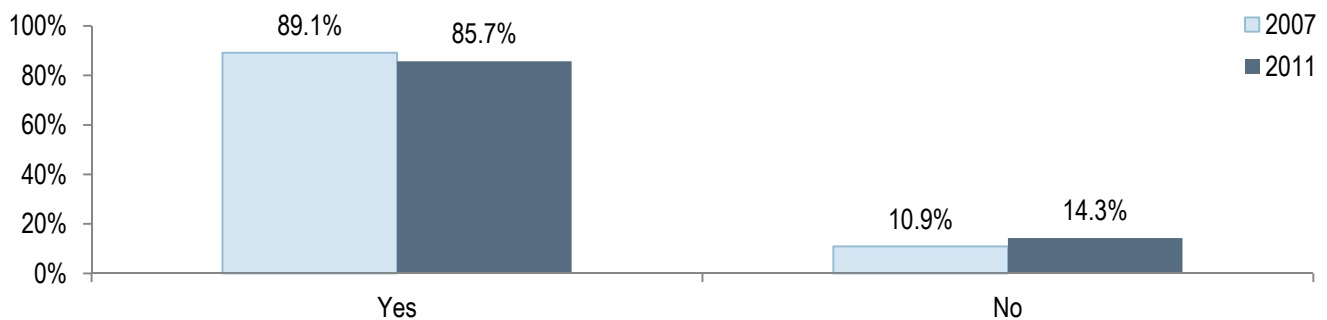
Over 40 million Americans do not have a definite source of ongoing health care. Individuals without a usual source of care report more difficulties obtaining needed care, receive fewer preventive health services, and are more likely to wait to get treatment until their condition is worse.<sup>8</sup> People who forego care when they first develop symptoms are more likely to require later hospitalization, resulting in money spent that could have been avoidable.<sup>9</sup> When someone has a regular medical or health care home, they have a better chance at good health.

Health care access for citizens of Valdez was measured in the community survey. The majority (91%) of Valdez residents who needed health care in the last 12 months were able to receive the aid they needed. This is an increase from 82% in 2007. For those who were not able to receive care, the top two reasons were “no insurance” (42%) and “needed a specialist that was not available in Valdez” (31%).

For those who went without health care they needed, one-fourth of residents went without “specialists” and many went also without preventive care like annual exams (36%) or chronic disease management (25%). If community members did leave Valdez to obtain health care they needed that was not available locally, the top reason was because they needed a specialist.

In May and June of 2011, a total of six health care providers (medical and dental) who practice in Valdez were surveyed. Every provider surveyed agreed that the top barrier for residents to obtain health care in Valdez was “affordability and insurance coverage”. In addition, the next top barrier was “knowledge of available services” and then “confidentiality” and “access to services”.

**Figure 16:**  **Community Responses: Have you needed health care in the last 12 months?**



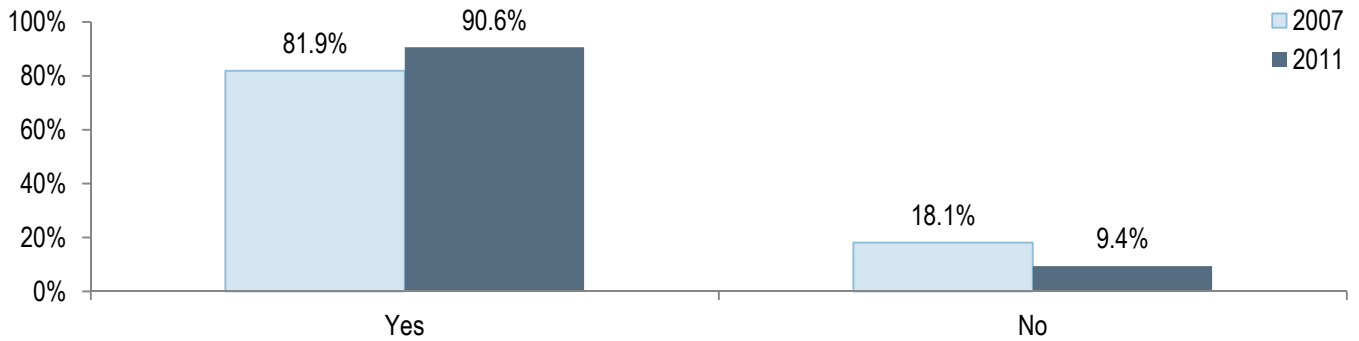
2007 N=311; 2011 N=495

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>8</sup> 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.


<sup>9</sup> Billings, J., J.D., Bidman, A.B., M.D., Grumbach, K., M.D., et al. (1995). *Preventable Hospitalizations and Access to Health Care*. JAMA 274(4): 305-311.

**Figure 17:  Community Responses: If you needed health care during the past 12 months, were you able to receive it?**



2007 N=277; 2011 N=424


Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 18:  Community Responses: If you received health care during the past 12 months, what was the primary reason for your most recent visit?**

Response	2007	2011	07-11 Net Change
Acute (new) problem	22.3%	25.8%	3.5
Required physical/annual examination	NA	19.1%	NA
Preventive care	23.0%	18.5%	-4.5
Chronic (ongoing) problem	24.9%	17.5%	-7.4
Emergency care	20.4%	17.0%	-3.4
Pregnancy*	3.3%	2.1%	-1.2
<b>Total respondents</b>	<b>269</b>	<b>383</b>	<b>NA</b>

\*2007: Response included women’s health prenatal care rather than pregnancy.

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 19:  Community Responses: If you did not receive health care during the past 12 months, why couldn’t you?**

Response	2007	2011
No insurance/couldn't afford it	32.4%	42.3%
Needed a specialist that was not available in Valdez	10.8%*	30.8%
Confidentiality issues	NA	15.4%
Couldn't afford copay	5.4%	7.7%
Insurance wouldn't cover it	10.8%	3.8%
Services not available	32.4%	3.8%

\* Response did not specify in Valdez.

2007: Multiple response question with 37 respondents offering 41 responses. 2011: Multiple response question with 26 respondents offering 28 responses.

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

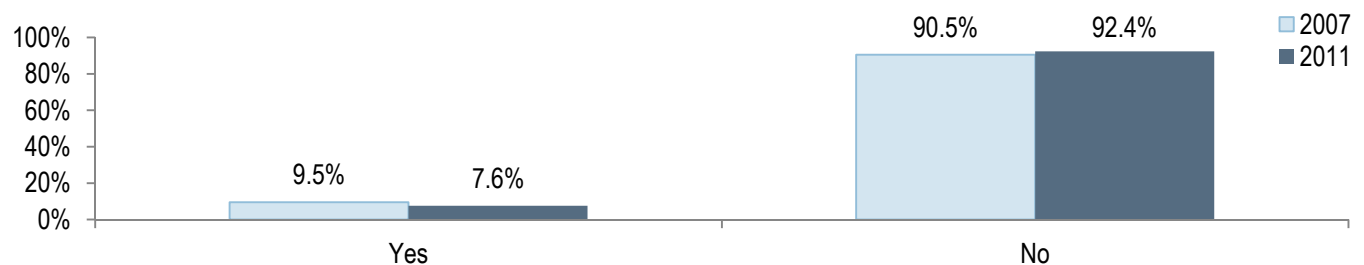
Note: These response options were not mutually exclusive.

**Figure 20: Community Responses: If you did not receive it, what types of health care did you go without?**

Response	2007	2011	Net Change
Preventive care/annual exams	31.3%	35.7%	4.4
Specialists	37.5%	25.0%	-12.5
Chronic (ongoing) problems	35.4%	25.0%	-10.4
Basic care	31.3%	21.4%	-9.9
Prescription medications	29.2%	14.3%	-14.9
Acute (new) problems	18.8%	3.6%	-15.2

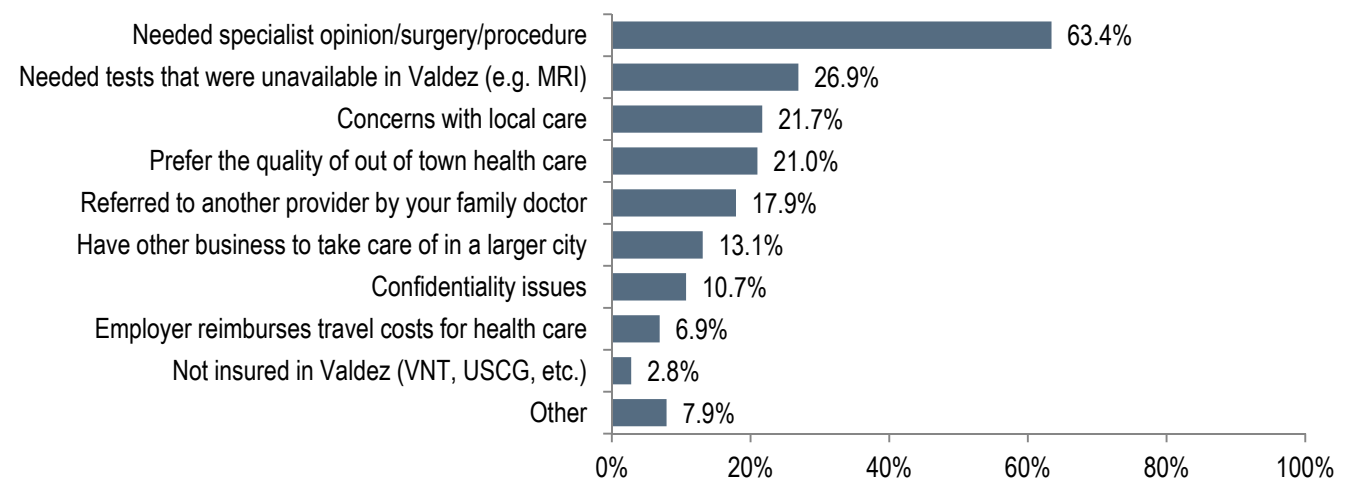
2007: Multiple response question with 48 respondents offering 100 responses. 2011: Multiple response question with 28 respondents offering 39 responses.  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.  
 Note: These response options were not mutually exclusive.

**Figure 21: 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.**



2007 N=305; 2011 N=486  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 22: Community Responses: In the last 12 months, if you left Valdez to obtain health care elsewhere was it because (2011):**




Multiple response question with 290 respondents offering 558 responses.  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011.  
 Note: Response options were modified in 2011, therefore data not comparable.  
 Note: These response options were not mutually exclusive.

**Figure 23:**  **Health Care Provider Responses: Do you think any of the following are barriers to residents obtaining health care in Valdez? (Top Responses)**

2007	2011
Affordability/insurance coverage	Affordability/insurance coverage
Access/transportation issues	Knowledge of available services
Knowledge of available services	Access/transportation issues
Confidentiality	Confidentiality

2007: Multiple response question with 10 respondents offering 39 responses. 2011: Multiple response question with 6 respondents offering 20 responses.  
 Source: Applied Survey Research, Valdez Health Care Provider Survey, 2007 and 2011.  
 Note: These response options were not mutually exclusive.

**Figure 24:**  **Health Care Provider Responses: Have you referred any of your patients to locations outside of Valdez for any of the following health care? (Top Responses)**

2007	2011
Orthopedic care	Orthopedic care
Oncology treatment	Oncology treatment
Cardiology specialty care	Cardiology specialty care
Mental health treatment	Substance abuse/alcohol treatment
Substance abuse/alcohol treatment	Diabetic treatment
Diabetic treatment	Occupational health injuries
Occupational health injuries	Hearing aids
Hearing aids	Eye care
Eye care	Mental health treatment
Women’s health treatment	Women’s health treatment
Geriatric treatment	Pediatric care
	Nursing home
	Prenatal care

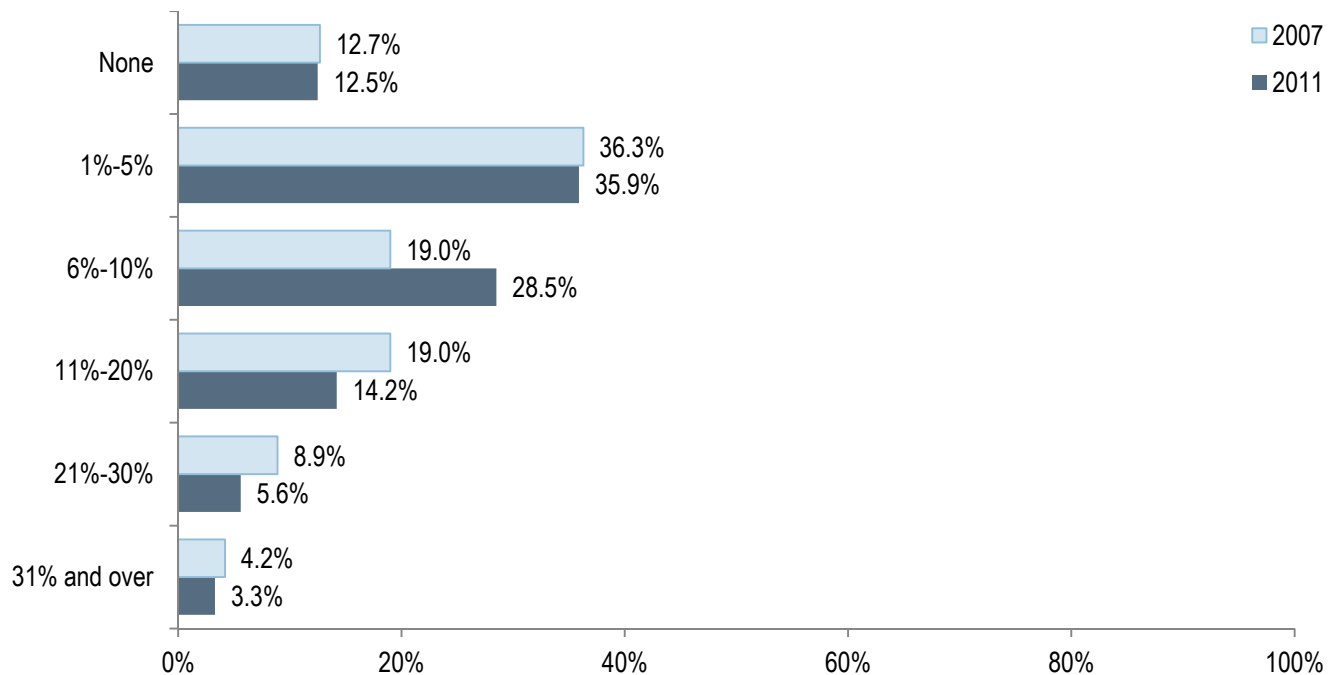
2007: Multiple response question with 8 respondents offering 51 responses. 2011: Multiple response question with 6 respondents offering 49 responses.  
 Source: Applied Survey Research, Valdez Health Care Provider Survey, 2007 and 2011.  
 Note: These response options were not mutually exclusive.

# Health Care Costs

Cost of health care is one of the biggest reasons why people are unable to access the care they need as well as paying it off after they do receive it. Nearly one-quarter (23%) of Americans reported having problems paying medical bills in the past year. Fifteen percent (15%) reported being contacted by a collection agency because of medical bills, 12% had used “all or most” of their savings because of medical costs, and three percent (3%) had declared bankruptcy as a result of health care costs.<sup>10</sup>

Nine percent (9%) of Valdez residents used more than 20% of their take-home pay for these costs a decrease from 13% in 2007. While 14% of residents used between 11% and 20% of their take-home pay for health care costs, and three-fourths (77%) used 10% or less of their take-home pay for health care costs.

**Figure 25:  Community Responses: In the last 12 months what percent of your take-home pay went to health care costs?**



2007 N=237; 2011 N=393  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

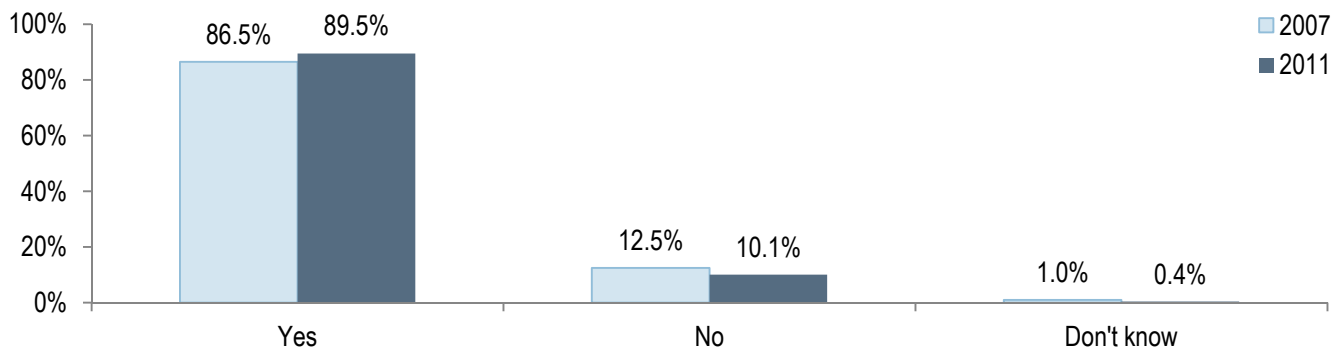
<sup>10</sup>The USA Today/Kaiser Family Foundation/Harvard University Survey Project. (2005). *Health Care Costs Survey, Summary*. Retrieved August 27, 2007 from <http://www.kff.org/newsmedia/7371.cfm>.

# Health Insurance

Lack of medical 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.<sup>11</sup>

Ninety percent (90%) of Valdez residents reported that they had health insurance. Most receive insurance from their employer or their spouse’s employer (87%). However, of those who did not have health insurance, the highest percentage said that it was due to the cost (64%) or that their employer did not offer coverage (43%). Twelve percent (12%) of survey respondents reported that their dependent children did not have health insurance.

**Figure 26:**  **Community Responses: Do you have health insurance?**



2007 N=311; 2011 N=494

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.


**Figure 27:**  **Community Responses: If you have health insurance, where do you get it? (2011)**

Response	2011
Your employer or spouse's employer	87.2%
State or federal program (such as Medicaid or KidCare)	6.2%
Private insurance you purchased on your own	4.1%
Parents insurance	1.1%
Other	1.4%
<b>Total respondents</b>	<b>436</b>

Source: Applied Survey Research, Valdez Community Health Survey, 2011.


Note: This question was not asked in 2007.

<sup>11</sup> 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>.

**Figure 28:  Community Responses: If you do not have health insurance, why don't you have it? (2011)**


Response	2011
Too expensive	63.8%
Employer doesn't offer health insurance	42.6%
Unable to find health insurance	10.6%
Not eligible for employer health insurance	8.5%
Don't need or believe in health insurance	4.3%
Other	6.4%

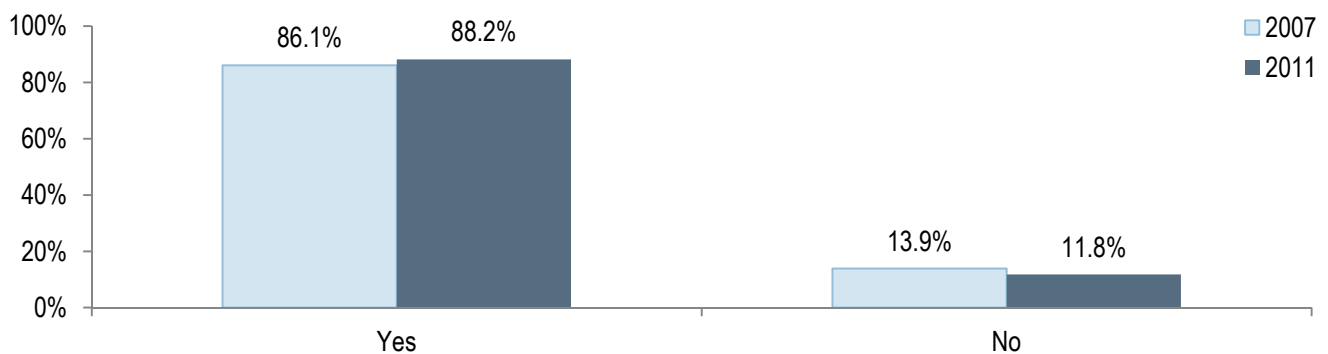
Multiple response question with 47 respondents offering 64 responses.  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011.  
 Note: This question was not asked in 2007.  
 Note: These response options were not mutually exclusive.

**Figure 29:  Community Responses: Does your health insurance cover or do you have additional coverage for: (Respondents answering "yes")**

Response	2007	2011	Net Change
Prescriptions?	94.6%	95.2%	0.6
Treatment for substance abuse? (alcohol/drugs, etc.)	50.2%	55.6%	5.4
Preventive care/annual exam?	79.3%	82.5%	3.2
Long-term care? (nursing home)	25.8%	22.2%	-3.6
Dental care?	89.5%	91.9%	2.4
Home health?	19.7%	21.2%	1.5
Vision care?	84.2%	87.1%	2.9

2007: Prescription N=261, Substance N=253, Preventative N=261, Long-term care N=248, Dental N=256, Home health N=239, Vision N=253;  
 2011: Prescription N=433, Substance N=426, Preventative N=423, Long-term care N=419, Dental N=430, Home health N=420, Vision N=427  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 30:  Community Responses: Do your dependent children have health insurance?**



2007 N=180; 2011 N=287  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

# Medicaid and Denali KidCare Enrollment

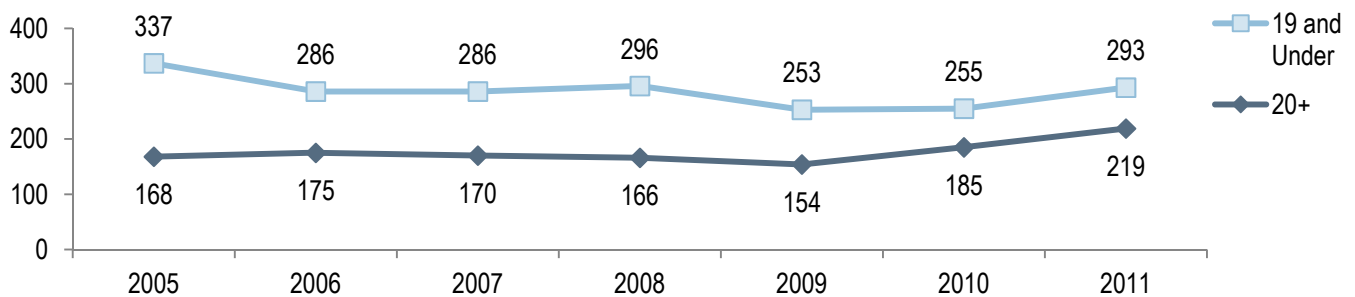
Medicaid, an entitlement program created by the federal government, is the primary public program for financing basic health and long-term care services for low-income Alaskans. The program focuses on coverage for low-income children, pregnant women, families, the elderly, the blind, and the permanently 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.<sup>12</sup>

The enrollment in Medicaid for adults 20 and over and for youth 19 and under has been increasing since 2009 in Valdez, which is similar to the trends seen at the state level. 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 than previously due to budget limitations.

Denali Kidcare is a specific branch for the State of Alaska that gives 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.

KidCare enrollment has been increasing since 2008, with 55 children enrolled in 2011 in the city of Valdez. It is important to note; however, that changes in enrollment numbers may be a result of changes in the number of low income people eligible to receive assistance, or as a result of changes in 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.<sup>13</sup>

**Figure 31: Enrollment in Medicaid by Age, City of Valdez**



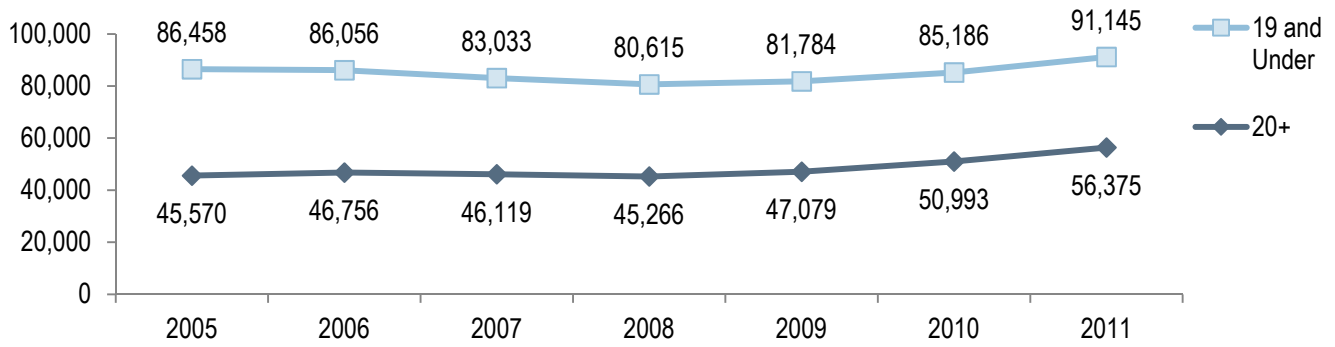
Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.  
 Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

<sup>12</sup> 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>

<sup>13</sup> Cockerham, S. (June 9, 2010). Legislators reluctant to override governor’s KidCare funds veto. Anchorage Daily News.

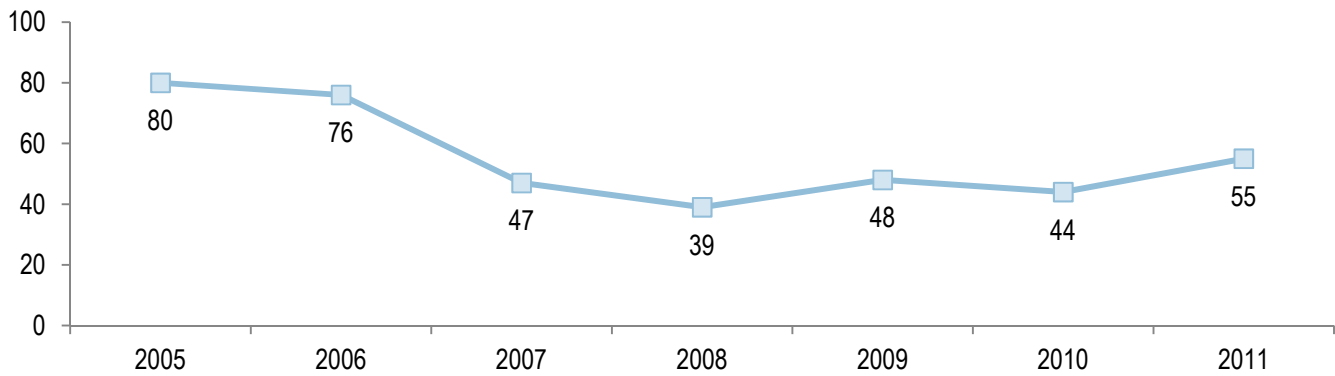


**Figure 32: Enrollment in Medicaid by Age, Alaska**



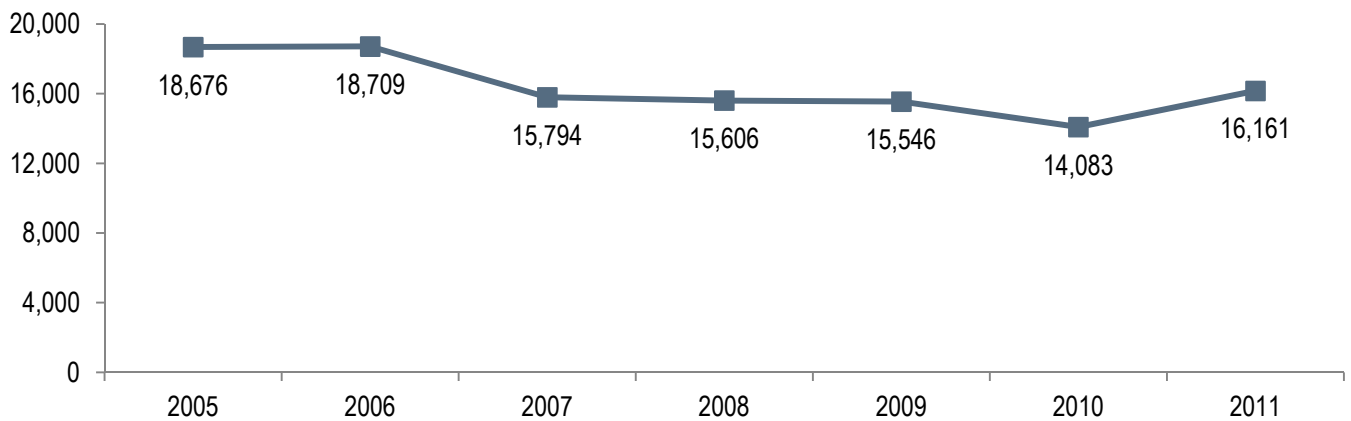
Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.  
 Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

**Figure 33: Enrollment in Denali KidCare, City of Valdez**



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 34: Enrollment in Denali KidCare, Alaska**



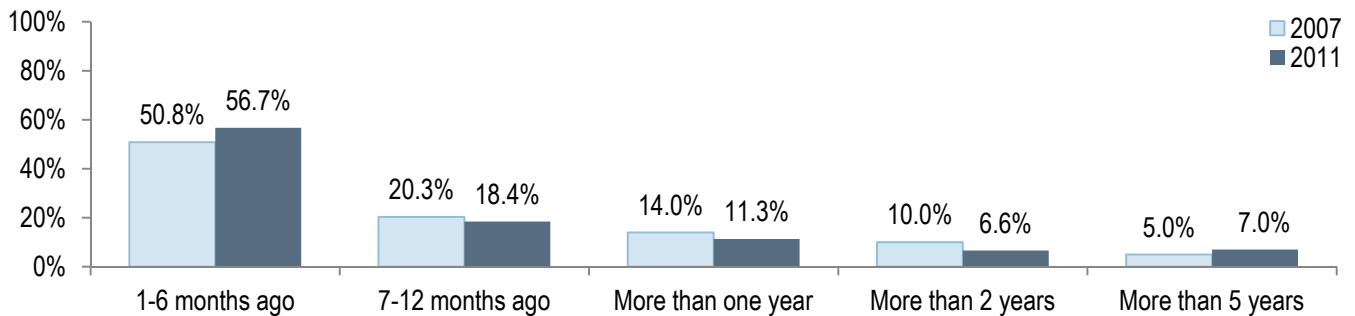
Source: Alaska Department of Health and Social Services, Medicaid Budget Group. MMIS/JUCE Data, 2011.  
 Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30.

# 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.<sup>14</sup> Thus, having dental insurance is important in preventing these health risks by making it easier to get regular check ups and cleanings.

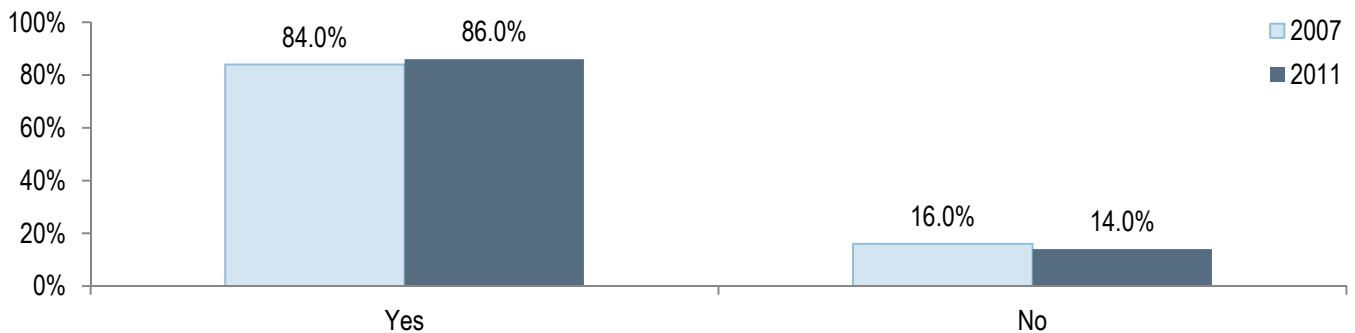
Approximately three-quarters of Valdez residents (75%) had visited a dentist, hygienist, or orthodontist within the past year, but there were still 14% who had not seen the dentist in more than two years. In addition, 14% of survey respondents reported not having dental insurance for their dependent children in 2011.

**Figure 35:**  **Community Responses: How long has it been since you last visited a dentist, hygienist, or orthodontist?**



2007 N=301; 2011 N=485  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 36:**  **Community Responses: Do your dependent children have dental insurance?**



2007 N=169; 2011 N=279  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

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

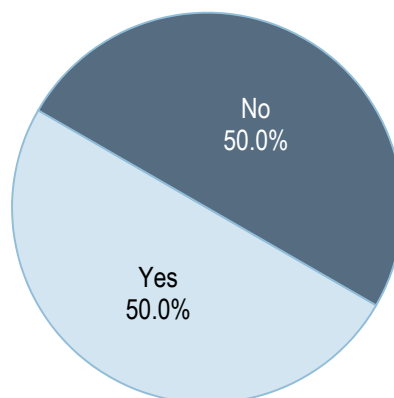
## Employer-Based Health Care

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.<sup>15</sup>

In May and June of 2011, 10 members of the Valdez business community were surveyed. Individuals were selected from a variety of organizations in Valdez in an attempt to include businesses of differing types and sizes. Results indicated that half (n=5)<sup>16</sup> of the employers surveyed currently provide health care to their employees. Of these who provide a health plan, the top services covered included physical health, dental health, vision, prescriptions, and wellness preventions; the services less often covered included mental health, substance abuse or alcohol treatment, health risk assessments, and long-term care.

In addition to this coverage, most employers felt that health education would be beneficial to their company. Health education is critical for changing behavior and promoting preventive action-taking by residents to reduce disease and improve their quality of life. Employers were also interested in preventive wellness-related services including flu shots, health risk assessments, employee health services, chronic disease management, and physical therapy. Respondents to the Valdez Business Survey also made suggestions for how to reduce their workers' compensation incidences including proper ergonomic practices, safety training, and pre-employment screening.

Figure 37:  **Business Responses: Do you provide a health plan for your employees? (2011)**




2011 N = 10

Source: Applied Survey Research, Valdez Business Survey, 2011.

<sup>15</sup> Brookings Institution. (2006). *New America Foundation Forum: Employment-Based Health Insurance: A Prominent Past, but Does it Have a Future?* Retrieved July 2011 from <http://www.brookings.edu/events/2006/0616health-care.aspx>.

<sup>16</sup> N is the sample size, or in this case the number of individuals surveyed who responded with that answer was five.


**Figure 38:**  **Business Responses: Who is your insurance carrier? (Asked of respondents who provide a health plan for employees) (2011)**

- Meritain (2 respondents)
- CIGNA
- Premera Blue Cross
- Other

2011 N=5

Open-ended question with 5 respondents, those answering “yes” to providing a health plan for employees.

Source: Applied Survey Research, Valdez Business Survey, 2011.


**Figure 39:**  **Business Responses: Does your employee health plan cover any of the following? (Top Responses)**

2007	2011
Physical health	Physical health
Dental health	Dental health
Vision	Wellness/prevention
Prescriptions	Prescriptions
Substance abuse/alcohol treatment	Vision
Mental health	Substance abuse/alcohol treatment
Wellness/prevention	Mental health
Health risk assessments	Health risk assessments
Long-term care	Long-term care

Multiple response question with 10 respondents offering 66 responses in 2007 and 10 respondents offering 36 responses in 2011.

Source: Applied Survey Research, Valdez Business Survey, 2007 and 2011.

Note: These response options were not mutually exclusive.


**Figure 40:**  **Business Responses: Which of the following would be beneficial to your company? (Top Responses)**

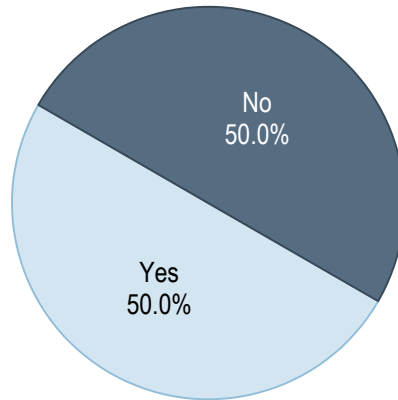
2007	2011
Flu shots	Health education
Health education	Flu shots
Employee health services	Health risk assessments
Health risk assessments	Employee health services
Chronic disease management	Chronic disease management
Physical therapy	Physical therapy

Multiple response question with 14 respondents offering 83 responses in 2007 and 10 respondents offering 49 responses in 2011.


Source: Applied Survey Research, Valdez Business Survey, 2007 and 2011.

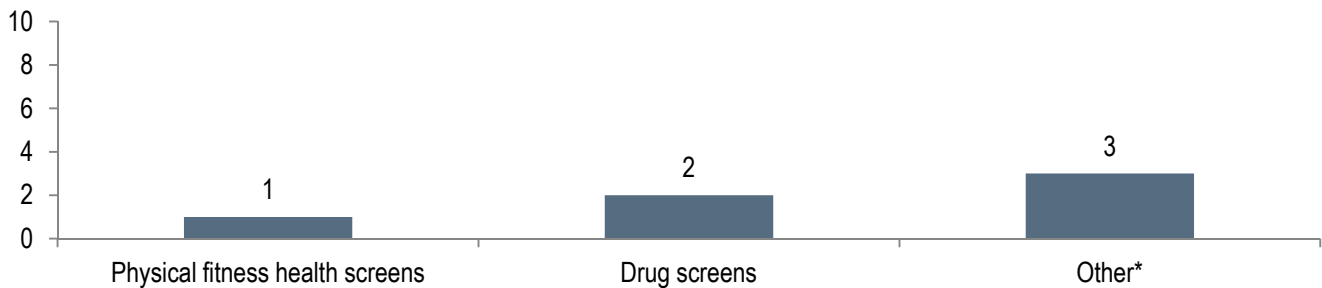
Note: These response options were not mutually exclusive.

**Figure 41:  Business Responses: Do you require pre-employment screens for your employees? (2011)**




2011 N=10  
 Source: Applied Survey Research, Valdez Business Survey, 2011.

**Figure 42:  Business Responses: What type of screen? (Asked of respondents who require pre-employment screens for employees) (2011)**



\* "Other" responses included: health screen, background check, and TB screen.  
 Multiple response question with 5 respondents offering 6 responses.  
 Source: Applied Survey Research, Valdez Business Survey, 2011.  
 Note: These response options were not mutually exclusive.

**Figure 43:  Business Responses: What elements of your screening process could the community hospital provide for you? (2011)**

- Hospital can help work with us and actually conduct the pre-employment health screens.
- Drug testing could be done by the hospital.
- They already do a lot of it. They keep on adding programs and services, and need to better educate the community with the ever increasing services they offer.
- The hospital could provide the screenings if they had the means to pay for them.
- None.

2011 N=5  
 Source: Applied Survey Research, Valdez Business Survey, 2011.

**Figure 44:**  **Business Responses: How could the health care system in Valdez help to meet your needs of zero reportable workers' compensation incidences? (2011)**

- Have not had any incidences. (4 respondents)
- Work with Providence to improve pre-employment screening, such as making sure laborers can lift 50lbs if that is a requirement of their job.
- Already do a bingo game that promotes safety and do safety training, and talk about safety every day.
- It would be helpful if physical therapists would come to businesses to help assess working conditions, especially ensuring that proper ergonomic practices are being used.
- The hospital is already pretty active with the university and resources are already being shared between the hospital and the college. They have their own organization that provides support, including ergonomic training.
- Don't know. (2 respondents)

2011 N=10

Source: Applied Survey Research, Valdez Business Survey, 2011.

## 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.<sup>17</sup> 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, 66% of respondents in 2011 said they got it from their doctor, which decreased from 74% in 2007. Additionally, 55% of survey respondents reported they got their health care information from the Internet, which is a large increase from 38% in 2007.

In regards to improvements in health care information and education, health care providers surveyed said that an MRI machine would be beneficial for Valdez. They also suggested offering diabetes education classes to help reduce diabetes-related health issues. In addition, they encouraged Valdez to hold more health- promoting programs targeted at diabetes, and to remove soda and juice from items WIC and food stamps programs can purchase.

**Figure 45:**  **Community Responses: Where do you get information about health care?**

Response	2007	2011	07-11 Net Change
Doctors/providers	74.3%	66.0%	-8.3
Internet	38.0%	54.9%	16.9
Friends and family members (word of mouth)	40.8%	43.3%	2.5
Work	2.7%	20.3%	17.6
Television	15.1%	15.1%	0.0
Inserts in the newspaper/magazines	9.9%	10.4%	0.5
Radio	5.5%	8.7%	3.2

*Multiple response question with 292 respondents offering 559 responses in 2007 and 483 respondents offering 1,071 responses in 2011.*

*Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.*

*Note: These response options were not mutually exclusive.*

<sup>17</sup> Lorig K.R., Sobel D.S., Stewart A.L., et al. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: a randomized trial. *Med Care*; 37: 5-14.

**Figure 46:  Health Care Provider Responses: Is there any health care technology that would be beneficial in Valdez? (2011)**

- MRI Machine. (5 respondents)
- Electronic ICU, Schiotz tenometer. We have appropriate technology given our location and size.
- Someone to oversee heart monitors, not electronic ICU, just someone else watching them.

2011 N=5

Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

**Figure 47:  Health Care Provider Responses: Thinking about health care information and education, what do you think is effective? (2011)**

- Diabetic education classes.
- SWAN<sup>18</sup> is effective. Diabetic group visits.
- Events like those put on by SWAN, word of mouth, one-on-one stuff (provider to patient), schools.
- Health fairs are good. A regular medical column in the newspaper would be helpful.
- One-on-one (although its time consuming), and group support classes (like the one for diabetes) seem to be working very well- maybe expand for other diseases.

2011 N=5

Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

**Figure 48:  Health Care Provider Responses: Thinking about health care information and education, what needs improvement? (2011)**

- More diabetic education classes needed. A patient education resource center would help. Access to American Cancer Society information.
- Community lectures would be an improvement. We are limited because of limited physician time. More outreach programs.
- Promoting scientific information over fads. Public in general tends to think science is just another opinion. They must learn to distinguish scientific information from unfounded information.
- Soda and juice are part of the WIC and food stamp program, getting rid of that would help.

2011 N=5

Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

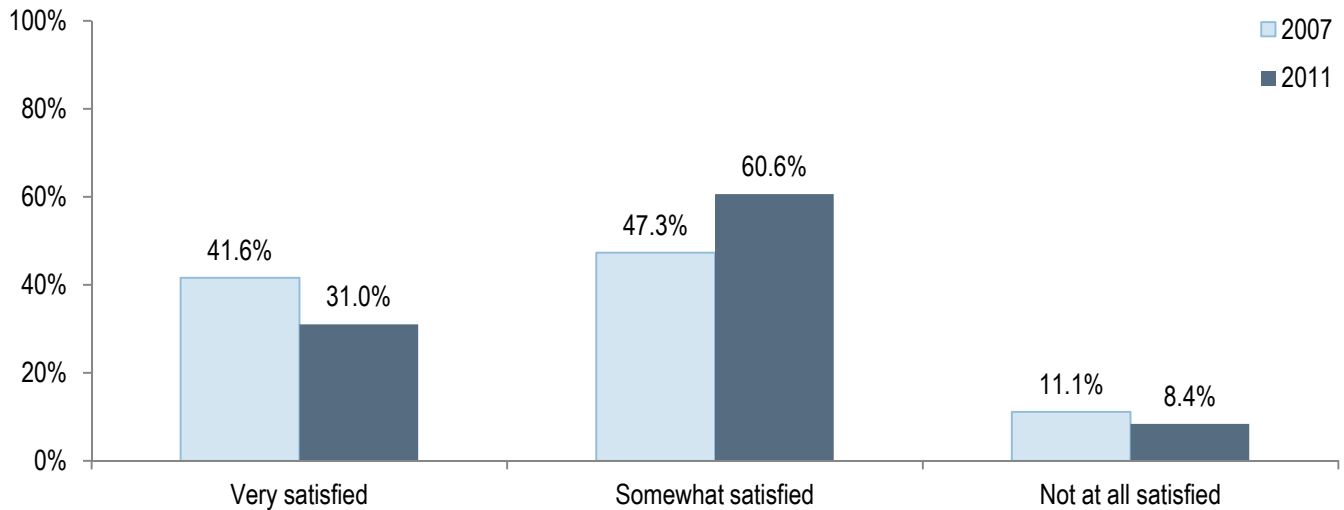
<sup>18</sup> Sound Wellness Alliance Network (SWAN) is a community-inspired endeavor with a vision to improve the health and wellness of every Prince William Sound resident. SWAN is an extension of the Providence Valdez Medical Center's employee healthy living program.



# 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 how good the care that they receive is in their community. Thirty-one percent (31%) of Valdez survey respondents were “very satisfied” with the health care services in Valdez in 2011, while 61% were “somewhat satisfied” and 8% were “not at all satisfied.”

**Figure 49: Community Responses: Overall, how satisfied are you with your health care services in Valdez?**




2007 N=298; 2011 N=477

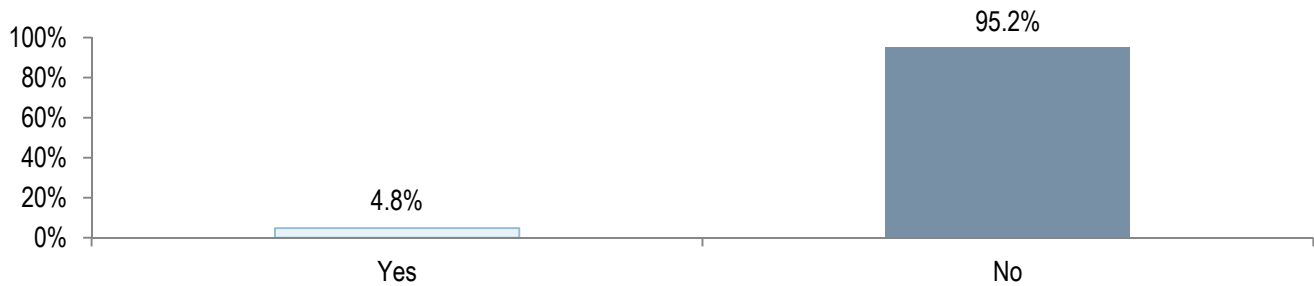
Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

# In-Home Support Services


In-home services allow seniors and people with disabilities to live independently in their own homes rather than going into nursing homes or long-term care facilities. It makes it easier for family support to remain close by and helps individuals stay where they are most comfortable on their own, improving their quality of life. This is beneficial physically, emotionally, and financially to seniors and people with disabilities. In addition, in-home support services such as hospice have also proven to be more cost-effective than alternative forms of care like hospitalization or treatment in Intensive Care Units.<sup>19</sup>

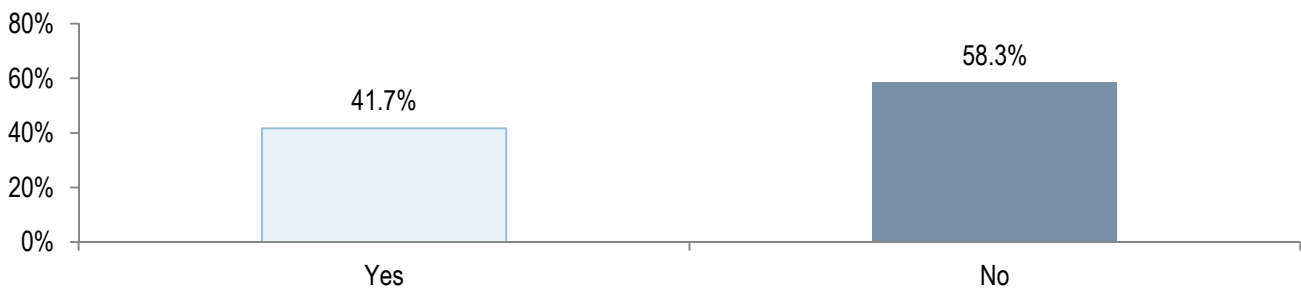
In the past year, 5% of Valdez residents needed in-home support services, (such as hospice end of life care, respite care, or in-home health care provided by licensed personnel). Less than half (42%) of those who needed in-home support services were able to get the needed services. When asked why they could not receive in-home support services, 50% reported that they were “not available”, and 29% reported that their “insurance doesn’t cover it”.

**Figure 50:**  **Community Responses: Have you or a member of your household needed in-home support services in the last 12 months? (2011)**



2011 N=498  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011.

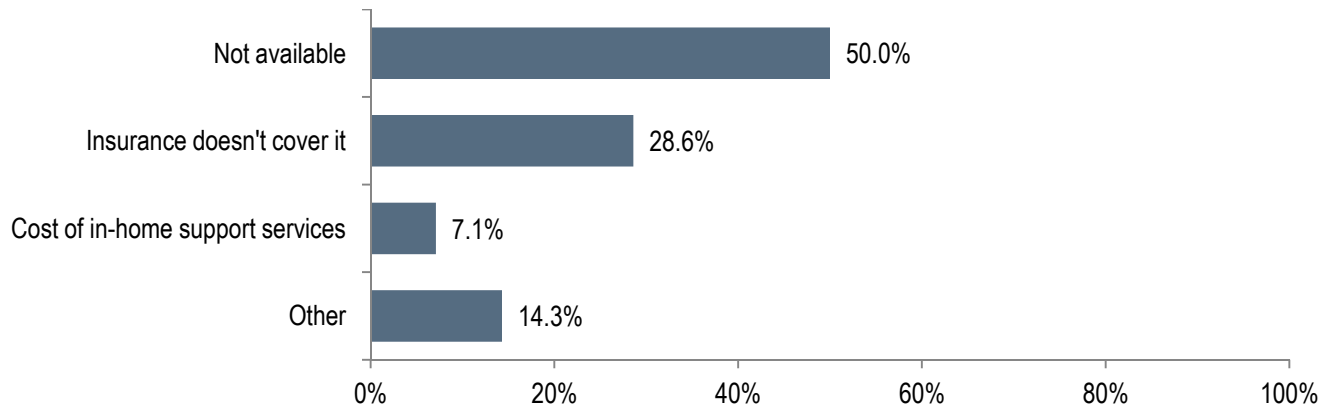
**Figure 51:**  **Community Responses: If you needed in-home support services during the past 12 months, were you able to receive it? (2011)**



2011 N=24  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011.

<sup>19</sup> National Hospice and Palliative Care Organization. (2002). *Delivering Quality Care and Cost-Effectiveness at the End of Life*. Retrieved July 2011 from [http://www.nhpc.org/files/public/delivering\\_quality\\_care.pdf](http://www.nhpc.org/files/public/delivering_quality_care.pdf).

**Figure 52: Community Responses: If you or a member of your household needed in-home support services and were not able to receive it, why not? (2011)**



2011 N=14


Source: Applied Survey Research, Valdez Community Health Survey, 2011.

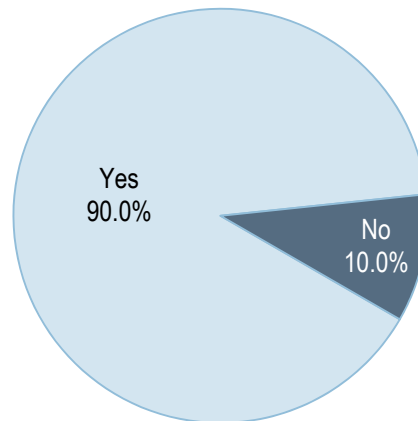
# Providence Valdez Medical Center’s Services and Strengths

It is important for the community and health care providers to look at the Providence Valdez Medical Center’s strengths and areas for improvement. That way, the center can address concerns and continue to keep up and reinforce the areas that are doing well.

One strength suggested by business survey respondents was that the hospital provided adequate information about their available services (90%). Employer and provider respondents agreed that the hospital was very reputable within the community; for reasons including their community-mindedness and personal relationships with residents. Health care providers additionally felt that the quality of staff, care, and services was also a strength.

Areas of improvement suggested by both health care providers and employers included more updated equipment, such as an MRI and more specialized services (like surgeries and advanced technology systems) so that patients do not have to travel out of the area. Health care providers also reported that the hospital could be improved in the areas of additional staff training, including more nurses with rural health care experience.

**Figure 53:**  **Business Responses: Do you feel that the hospital provides adequate information about services available?**



2011 N=10.  
Source: Applied Survey Research, Valdez Business Survey, 2007 and 2011.

**Figure 54: Thinking about the hospital, what are the areas of greatest strength?****Business Responses (2011):**

- Accessibility. Never had any trouble calling in and speaking to someone directly.
- Patient care.
- Interpersonal relationships with community. The hospital does exceedingly well with relationships and this is a well known fact throughout town.
- They have wealth of community minded associates who are willing to help.
- Very pleased with everything.
- Total resources available for a small community.
- An emergency room and senior facilities.
- The staffing is very qualified, at all different levels, from doctors to nursing to physical therapy to management.
- Very fortunate to even have a hospital.
- The lab work is fabulous. Cat scan and x-ray is huge plus, day to day care is great, and great physical therapy program.

2011 N=10

Source: Applied Survey Research, Valdez Business Survey, 2011.

**Health Care Provider Responses (2011):**

- Communication with administration is good. Reputation in town is good. Ability to coordinate.
- Very good hospital, it works well. I'm very happy with it.
- Our nurses.
- Personal nature of it. Nobody is a number here.
- Flexibility of staff.
- The quality of care is good, the facility is nice and modern, equipment is good, lots of good staff (enjoyable to work with), and for a community as small as Valdez, they still provide a lot of services, such as OB.

2011 N=6

Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

## Figure 55: Thinking about the hospital, what are the areas that need the most improvement?



### Business Responses (2011):

- No problems since the parking issue has been fixed.
- The hospital does plenty.
- For the size of Valdez, the hospital provides lots of services.
- The hospital does a good job and is always looking for ways to improve.
- An MRI machine would be a nice thing to have, but one is coming in.
- More diagnostic equipment, especially an MRI.
- More updated equipment and more consistent doctors.
- Another doctor is needed, as well as the previously mentioned need for the Medical Center to improve how they advertise and promote the new services that they offer.
- Would like the hospital to find a way to hire local people. The college offers a nursing program; they should be able to hire more local people.
- The hospital needs more specialists. Flights to Anchorage get very expensive and can be cumbersome.

2011 N=10

Source: Applied Survey Research, Valdez Business Survey, 2011.



### Health Care Provider Responses (2011):

- Getting more nurses with training and background in rural medicine.
- Service is appropriate and good. I hope we can continue to do what we are doing but could use an electronic ICU and provide more surgery.
- Keeping staff trained in everything they need to do. Not lacking but can be improved.
- Equipment – MRI.
- Easier access to training for employees, need for specific services so that patients don't have to travel as much for health care, and improvements to the Emergency Medical Record (EMR) system.

2011 N=5


Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

# Valdez 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 Valdez 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 providers were asked about the greatest risks to the health care system in Valdez. The top four answers in 2011 were: uninsured patients, difficulty with insurance claims/coverage, not enough family medicine doctors, and not enough federal/state spending.

Businesses and health care providers then suggested what health care providers could do to improve health care in Valdez. Some examples that business survey respondents said were giving more patients information at discharge, having a cardiologist, shortening the waiting time at the clinic, referring patients out when needed, patient education about local services, and improving training and wages for caregivers. Health care providers suggested changes to the structure of the clinic to separate scheduled patient hours from walk-in hours, quicker turnaround times, easier referrals for outside services, more second opinions, more primary care providers, better technology (such as automated reminders for screenings and immunizations), and an MRI.

**Figure 60:**  **Health Care Provider Responses: What are the greatest risks to the health care system in Valdez? (Top Responses)**

2007	2011
Uninsured patients	Uninsured patients
Not enough nurses	Difficulty with insurance claims/coverage
Difficulty with insurance claims/coverage	Not enough family medicine doctors
Not enough family medicine doctors	Not enough federal/state funding
Not enough specialist expertise	

*Multiple response question with 10 respondents offering 51 responses in 2007 and 6 respondents offering 26 responses in 2011.*

*Source: Applied Survey Research, Valdez Health Care Provider Survey, 2007 and 2011.*

*Note: These response options were not mutually exclusive.*

## Figure 61: Is there anything that health providers could be doing differently to improve health care in Valdez?



### Business Responses: (2011)

- No, health providers are doing a pretty good job. (3 respondents)
- Having more brochures and more paperwork to hand to the patients would be beneficial because when people return from the hospital they forget what was discussed.
- Although there is always room for improvement, couldn't think of something specially. It would be nice to have a cardiologist, but also that just isn't realistic in a small town like Valdez.
- Only complaint is the clinic and the length of wait.
- Refer patients when it's more of a specialized issue. For example, they should send people to Anchorage if it's something they can't adequately cover in Valdez.
- There's always room for improvement. We need to improve the education of people so they take advantage of local services. Really enforcing the notion that facilities that Valdez has are truly state of the art especially for a town of its size and encouraging people to utilize the plethora of services that the community provides.
- Very good care with the various health providers of Valdez. However, caregivers are not adequately trained and they do not make a good wage.
- The health providers are doing everything they are equipped to do.

2011 N=10

Source: Applied Survey Research, Valdez Business Survey, 2011.



### Health Care Provider Responses: (2011)

- Tons. Change structure of clinic: provide way to separate the day, walk-in day time hours and scheduled-patient hours. Quicker turnaround times. Primary care doctors should more easily approve outside referrals to make it less difficult to seek outside services they need. Patients should be allowed to seek second opinions. More primary care providers.
- We are providing appropriate service for our size.
- Can always improve lots. Would love to have time and technology to do more proactive stuff like automated reminders of due dates for diabetes screenings or immunizations.
- Get an MRI, it would be a huge help to have one here. We do a lot with what we have.

2011 N=4

Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.



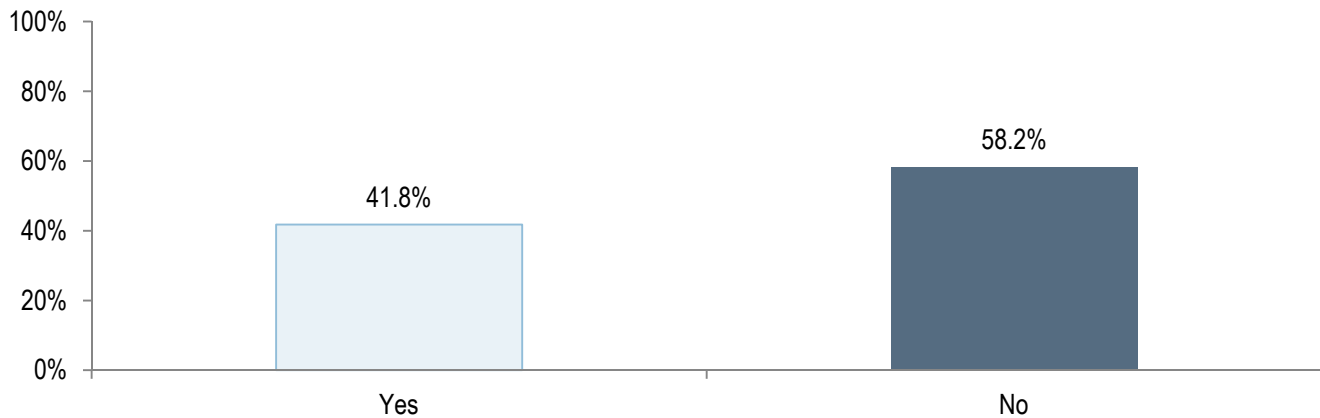
## Sound Wellness Alliance Network (SWAN)

Sound Wellness Alliance Network (SWAN) is a community-inspired endeavor with a vision to improve the health and wellness of every Prince William Sound resident. SWAN is an extension of the Providence Valdez Medical Center’s employee healthy living program. SWAN partners with Healthier You to provide an annual community health fair, the Healthy Living Expo. This past year it was held on September 10<sup>th</sup> at the Valdez Convention and Civic Center with the theme of “Food Fest.” Information was provided on portion control, developing healthy eating habits, hydration, label reading, and guidelines for eating local seafood.

Healthier You stands for making real and sustainable changes in the health of residents through such health information events. Their website (<http://www.swanalaska.org>) also offers biometric screening and an education program called “Know Your Numbers” to identify unique individual health needs and personalized support for improving health.

When asked if they had participated in any of SWAN’s events or activities in the past year, 42% of Valdez residents responded that they had. Of those who had attended a SWAN event, 75% had participated in the 2011 Healthier You program and 51% had attended the Healthy Living Expo. Eighty-four (84%) percent felt that SWAN was making a difference in the health of Valdez residents.


**Figure 64: Community Responses: Have you participated in any of the Sound Wellness Alliance Network (SWAN) co-sponsored healthy living events and activities in the past year? (2011)**



2011 N=486


Source: Applied Survey Research, Valdez Community Health Survey, 2011.

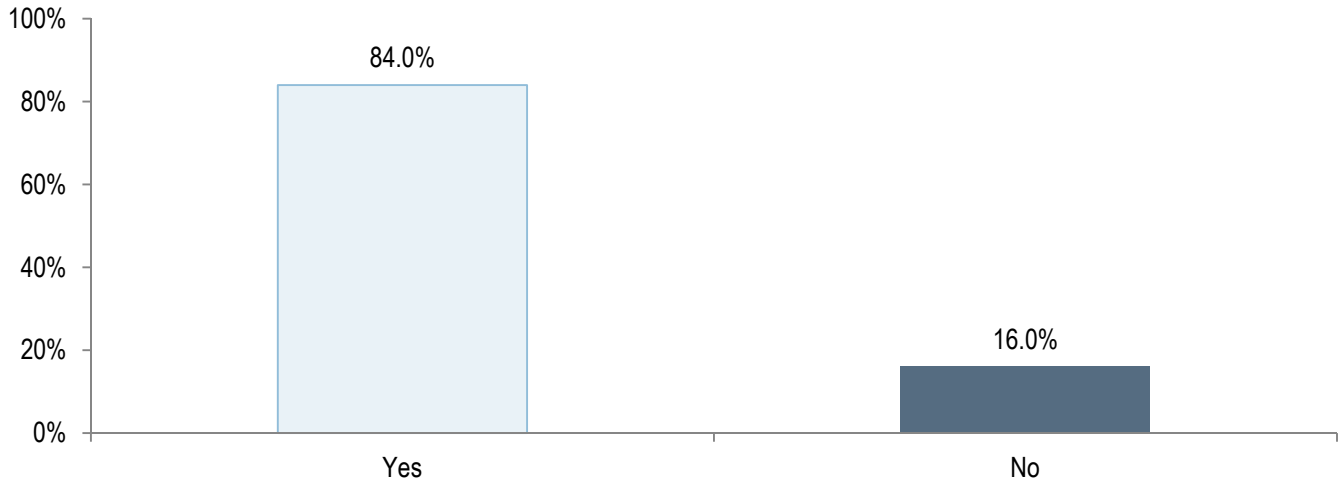
Note: Question not asked in 2007.

**Figure 65:  Community Responses: If you have participated in SWAN co-sponsored healthy living events and activities, which ones? (2011)**

Response	2011
2011 Healthier You	74.9%
Healthy Living EXPO	50.7%
Ski for Free	27.1%
Hike Alaska's Wild Kountry (HAWK)	16.7%
Run Series	14.8%

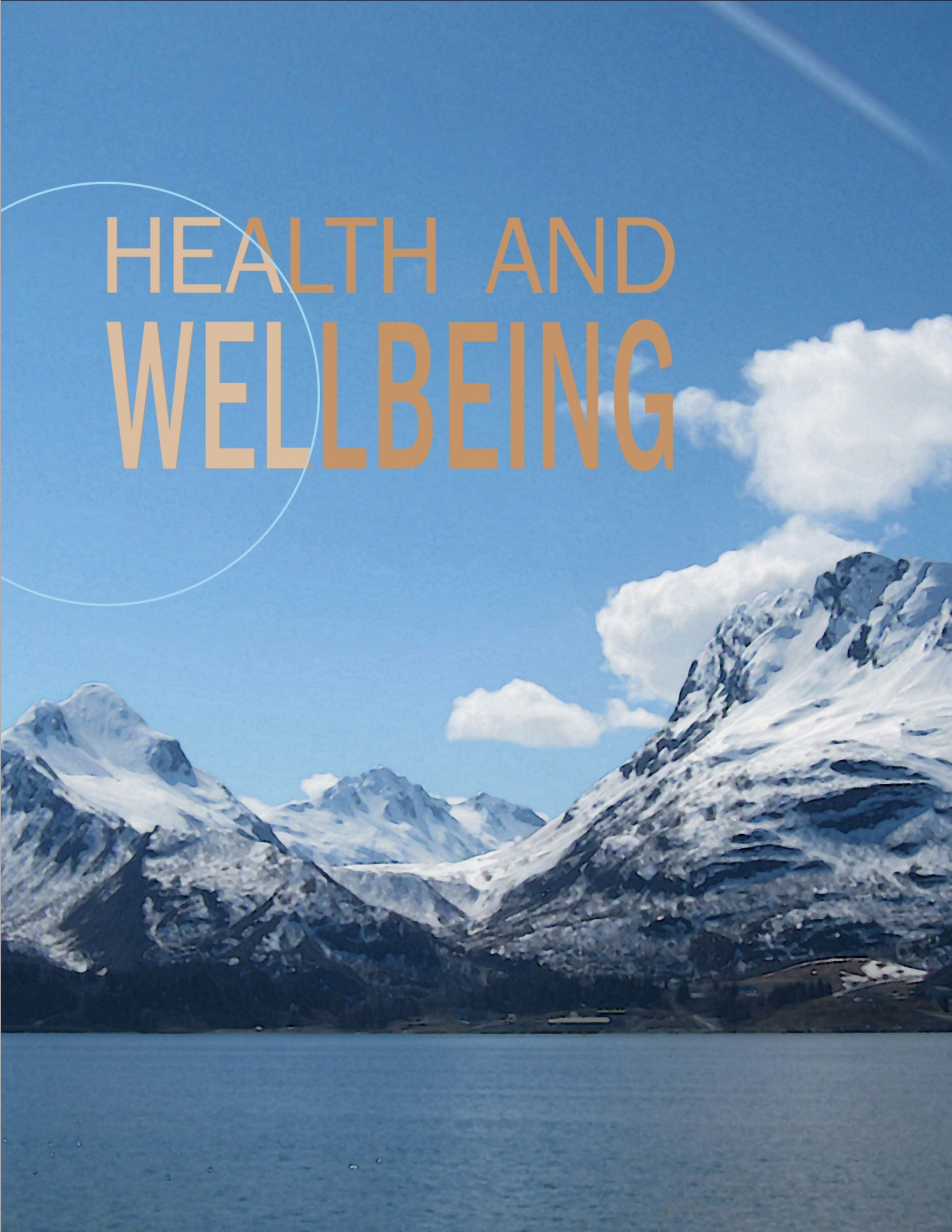
*Multiple response question with 203 respondents offering 374 responses.  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011.  
 Note: Question not asked in 2007.  
 Note: These response options were not mutually exclusive.*

**Figure 66:  Community Responses: Do you feel SWAN is making a difference in the health of Valdez residents? (2011)**




*2011 N=438  
 Source: Applied Survey Research, Valdez Community Health Survey, 2011.  
 Note: Question not asked in 2007.*

# HEALTH AND WELLBEING



## Greatest Health Care Need

When Valdez community survey respondents were asked what they considered to be the top two greatest health care needs in Valdez in 2011, the most common responses were the need for more specialists/specialty care (38%), followed by lower costs for patients (29%), vision care (27%), and more doctors (26%).<sup>20</sup> Employer respondents reported that the greatest needs were in the areas of pediatrics, preventive services, the ability to give blood, injury recovery for extreme sports injuries, newer technology (such as an MRI), long term care, and assisted living. Health care providers felt that the health care needs were more physicians, health education, technology, home health care, assisted living care, and medical equipment such as walkers, oxygen, crutches and braces.

**Figure 67:**  **Community Responses: What do you consider to be the top two greatest health care needs in Valdez? (2011)**

Response	2011
More specialists/specialty care	37.7%
Lower costs for patients	28.5%
Vision care	27.4%
More doctors	25.5%
Elderly care/assisted living	19.5%
Diagnostic equipment (MRI, X-Ray)	16.1%
Dental care	12.4%
OBGYN/female health care	12.0%
Pediatric care	9.4%
Long term care	8.1%
Substance use rehab/counseling	6.4%
Mental health services/counseling	3.9%
Other	2.8%

*Multiple response question with 467 respondents offering 979 responses.*

*Source: Applied Survey Research, Valdez Community Health Survey, 2011.*

*Note: These response options were not mutually exclusive.*

<sup>20</sup> These responses were not mutually exclusive.

**Figure 68: What do you consider to be the greatest health care need in Valdez?****Business Responses: (2011)**

- Pediatric needs.
- No health care needs, if anything we are over served.
- Additional preventive services.
- Blood donation would be nice to have available in Valdez.
- Injury recovery, as extreme sports are very popular in Valdez.
- General health care services.
- Machinery.
- Long term care. A lot of the population is reaching that age, and they are having to relocate because long term care is not available.
- Valdez is in need of assisted living and better trained caregivers.
- Getting an MRI machine and chemotherapy programs.

2011 N=10

Source: Applied Survey Research, Valdez Business Survey, 2011.

**Health Care Provider Responses: (2011)**

- More providers/physicians or physician extenders/nurse practitioners to accommodate walk-ins and emergency room patients. It would make it less burdensome to current providers and decrease patient waiting time.
- Intelligence.
- Another family physician.
- Sufficient practitioners to serve full spectrum primary care on day to day basis. Providers are spread too thin.
- Education.
- Cardiac testing, nuclear tests, major surgery, advanced testing, an MRI, materials for specialists...In Valdez there is no assisted living center, home health care, or license to distribute “durable materials” medical equipment-from Medicare. Seen as too expensive, but includes important materials such as walkers, oxygen, crutches, and even wrist braces.

2011 N=6

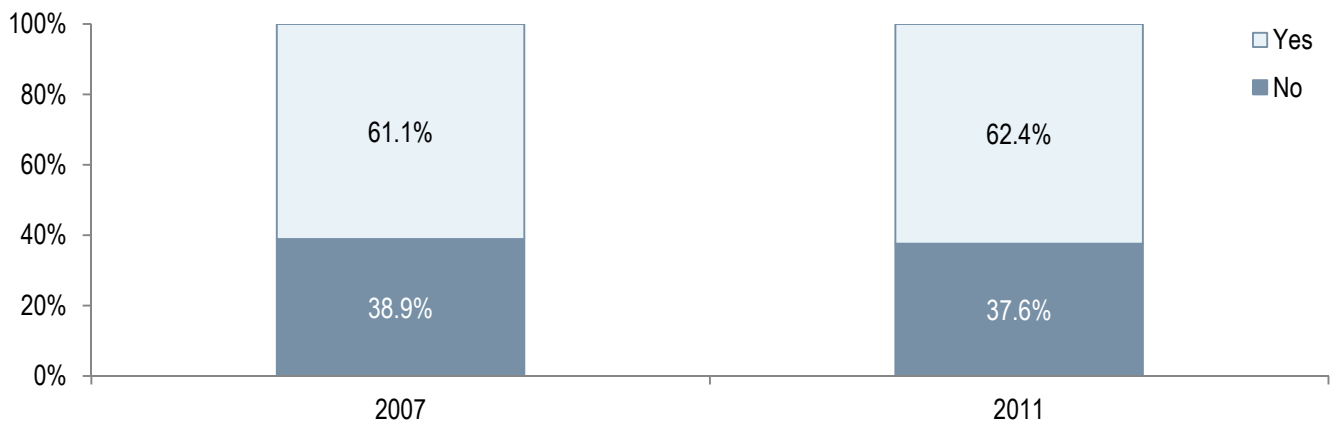
Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

# 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 improves individual’s quality of life as they age. 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.<sup>21</sup>

The preventive practices Valdez residents participated in included receiving an annual exam with a physician (62%) and getting chronic disease screenings (61%) for health issues like cholesterol, blood glucose, or BMI in the past year. Of those who had screenings, one-third reported making lifestyle changes based on the results, but 40% reported making no changes. Thirty-eight percent (38%) of respondents reported that they made a permanent lifestyle change related to better physical health, but almost one-fourth (23%) said they did not consider making changes or take action.

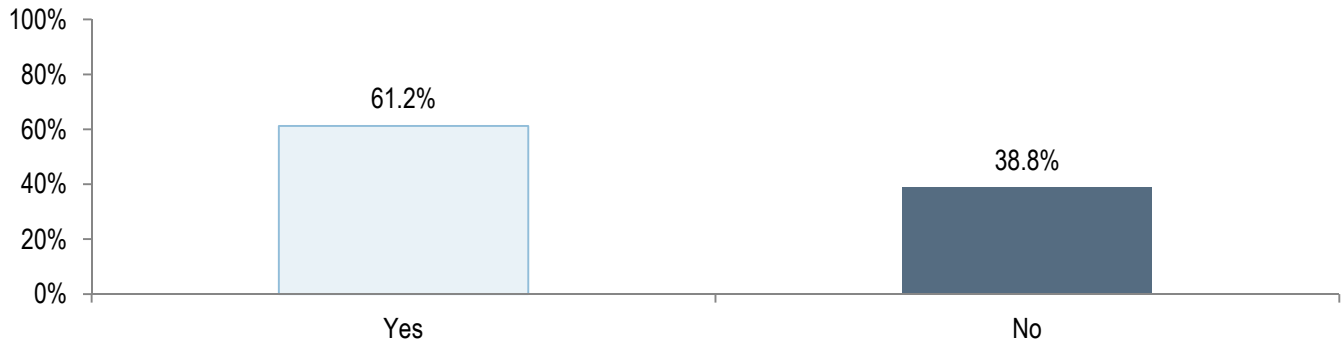
**Figure 71: Community Responses: In the past year have you had an annual exam with a physician for preventive purposes?**



2007 N=296; 2011 N=487  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>21</sup> 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 72: Community Responses: In the past year have you had biometric screening (cholesterol, blood glucose, BMI) completed? (2011)**



2011 N=487

Source: Applied Survey Research, Valdez Community Health Survey, 2011.

**Figure 73: Community Responses: If you have completed a biometric screening in the past year, did you take further action based on the results? (2011)**

Response	Percent
Make lifestyle changes (diet or physical activity)	32.7%
Compare new results to previous results	24.6%
Physician consultations	13.8%
Online research	10.4%
Went on medication	8.4%
None	39.7%

Multiple response question with 297 respondents offering 385 responses.

Source: Applied Survey Research, Valdez Community Health Survey, 2011.

Note: These response options were not mutually exclusive.

**Figure 74: Community Responses: In the past year have you made personal lifestyle changes related to better health? (2011)**

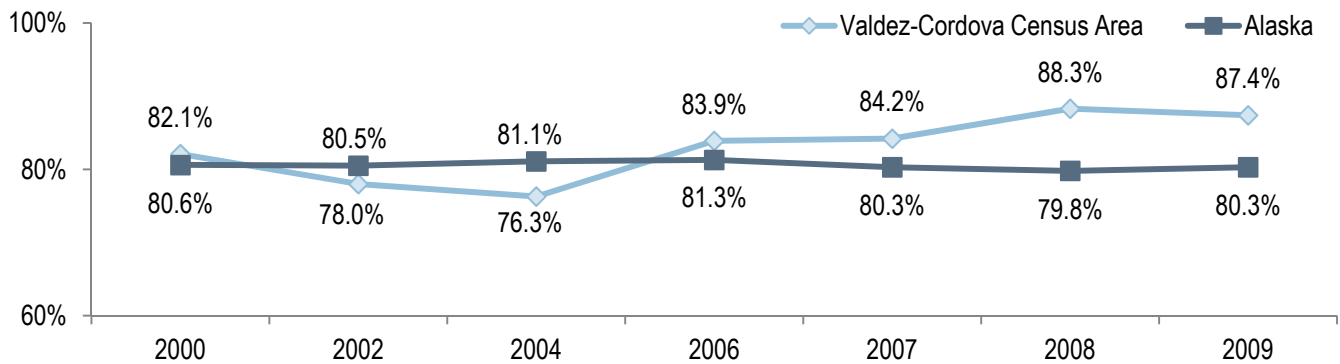
Response	Percent
Permanent lifestyle changes	38.4%
Made lifestyle changes that lasted more than a month but was not permanent	19.6%
Made short-term changes that lasted a month or less	10.3%
Considered them but didn't take action	9.1%
No	22.7%
<b>Total respondents</b>	<b>485</b>

Source: Applied Survey Research, Valdez Community Health Survey, 2011.

# Prenatal Care

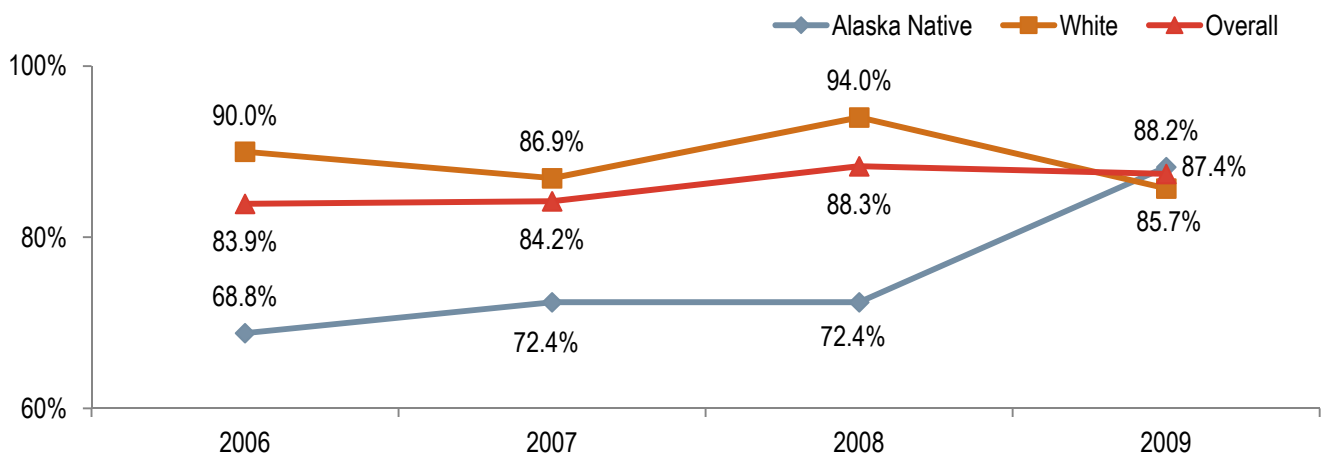
Prenatal care is comprehensive medical care provided for the mother before and during pregnancy. It includes screening and treatment for medical conditions, as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Prenatal care for women in communities 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.<sup>22</sup> This sets children up for a healthier start, improving their chances to be successful in school and life. The large majority (87%) of women in the Valdez-Cordova Census Area received prenatal care in their first trimester in 2009, which is higher than the State of Alaska (80%). And the percent of Alaska Native women in Valdez-Cordova receiving prenatal care in their first trimester has increased from 69% in 2006 to 86% in 2009.

**Figure 75: Percentage of Women Receiving Prenatal Care in the First Trimester**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

**Figure 76: Percentage of Women Receiving Prenatal Care in the First Trimester by Race, Valdez-Cordova Census Area**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

<sup>22</sup> 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>.

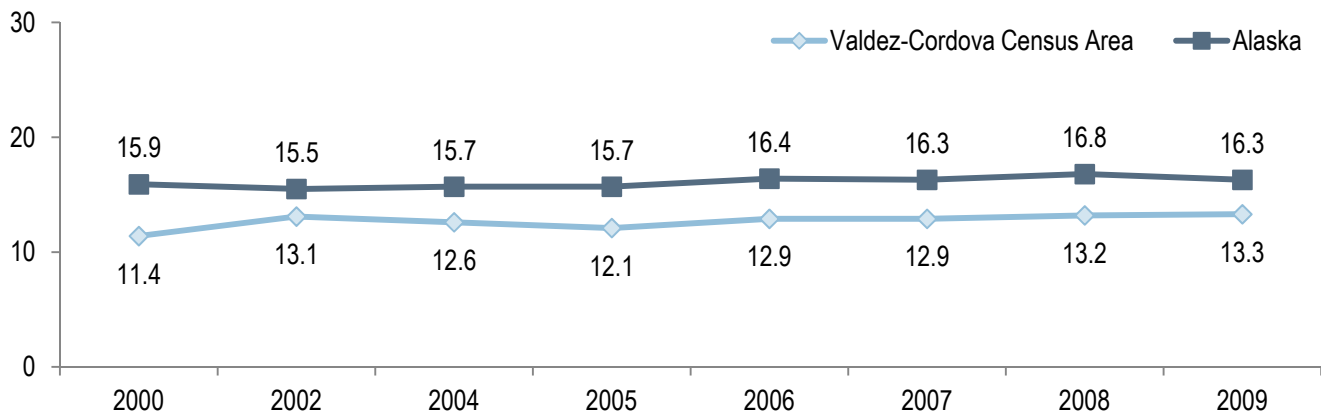


# Births

Births are an indication of population growth as well as a demand on a community’s infrastructure, such as hospitals and schools. It is important for communities to plan and accommodate services based on population needs.

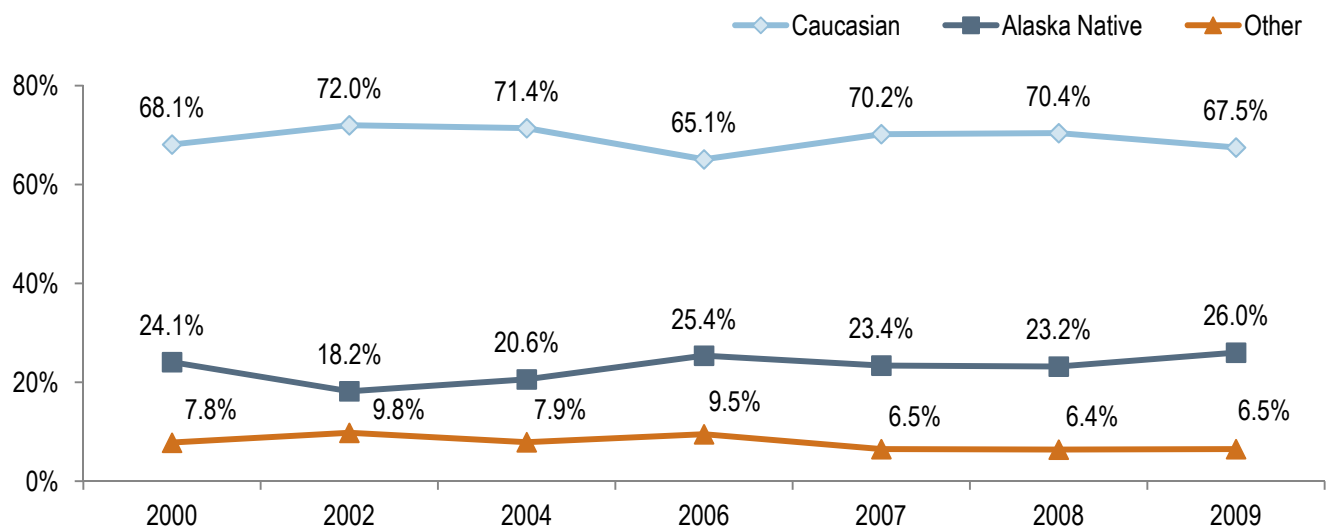
The number of babies born at the Providence Valdez Medical Center continues to steadily increase (45 births in 2010 as compared to 27 in 2004). However, the birth rate for the Valdez-Cordova census area continues to be consistently lower (13 per 1,000) than the State of Alaska (16 per 1,000). Sixty-eight percent (68%) of births in the Valdez-Cordova census area were to Caucasians, 26% were to Alaskan Natives, and 7% were to women of other ethnicities in 2009.

**Figure 77: Birth Rate per 1,000, All Ages**



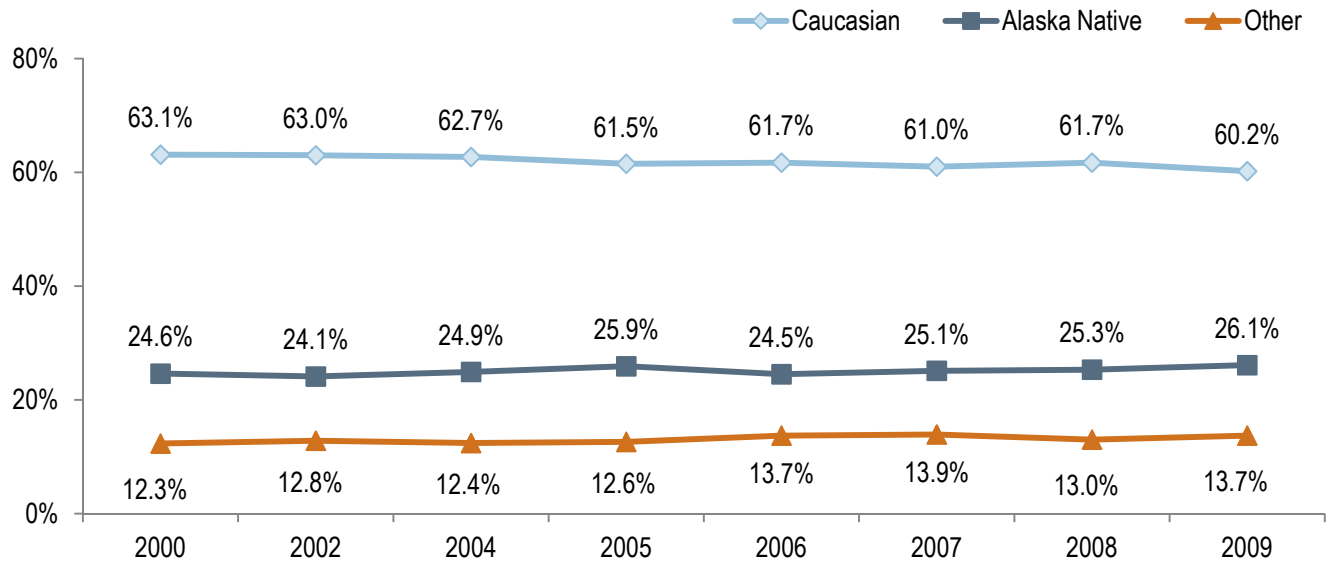
Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

**Figure 78: Percentage of Births by Race, All Ages, Valdez-Cordova Census Area**



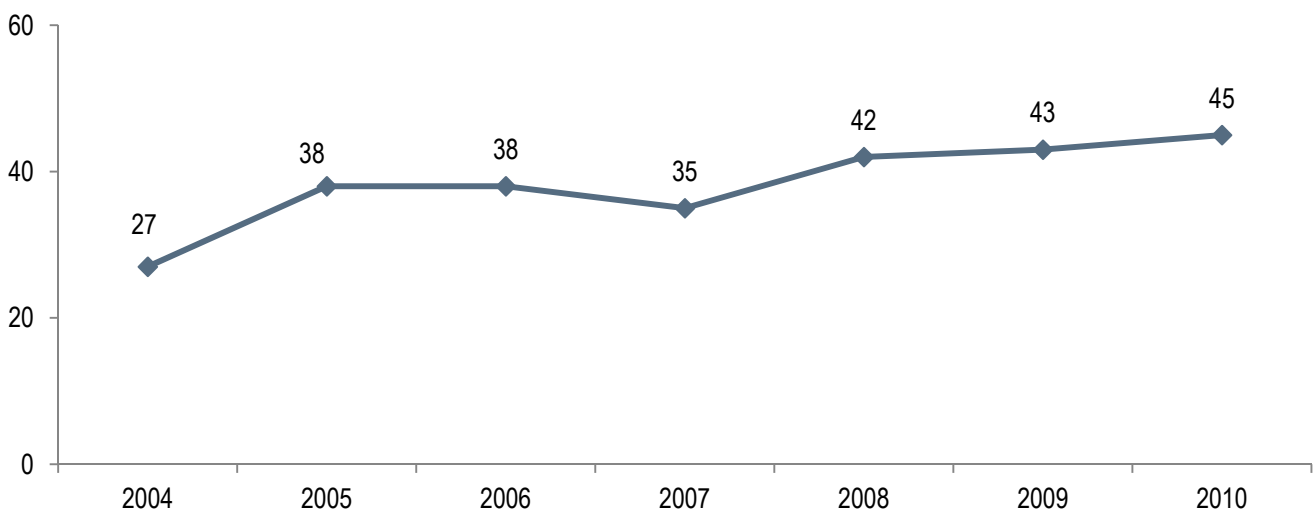
Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

**Figure 79: Percentage of Births by Race, All Ages, Alaska**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

**Figure 80: Number of Babies Born at Providence Valdez Medical Center**



Source: The Alaska Bureau of Vital Statistics, Hospital Quality Report, 2011.

## 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 it 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 like infections, breathing problems, neurological problems, and Sudden Infant Death Syndrome (SIDS).<sup>23</sup> 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.<sup>24</sup> This affects the community's needs for developmental health and education support services.

In 2009, eight percent (8%) of all babies born in the Valdez-Cordova census area were born at low birth weight, which is higher than the state of Alaska (6%). Almost one-fifth (19%) of births to Alaskan Natives were at low birth weight as compared to Caucasians (4%) in the Valdez-Cordova area in 2009. In addition, there was a large increase in percentage of low birth weight Alaska Native babies, from 3% in 2007 to 19% in 2009.

**Figure 81: Babies Born at Low Birth Weight (<5.5 pounds), Valdez-Cordova Census Area**

	2000	2002	2004	2006	2007	2008	2009
<b>Caucasian</b>							
<b>Percent of low birth weight babies</b>	3.8%	6.3%	5.7%	6.1%	1.1%	5.7%	3.6%
Total births (all ages)	79	95	90	82	87	88	83
<b>Alaska Native</b>							
<b>Percent of low birth weight babies</b>	0.0%	4.2%	15.4%	0.0%	3.4%	13.8%	18.8%
Total births (all ages)	28	24	26	32	29	29	32
<b>Total teen births</b>							
<b>Percent of low birth weight babies</b>	3.5%	5.3%	8.9%	6.3%	2.4%	8.0%	8.1%
Total births (all ages)	116	132	126	126	124	125	123

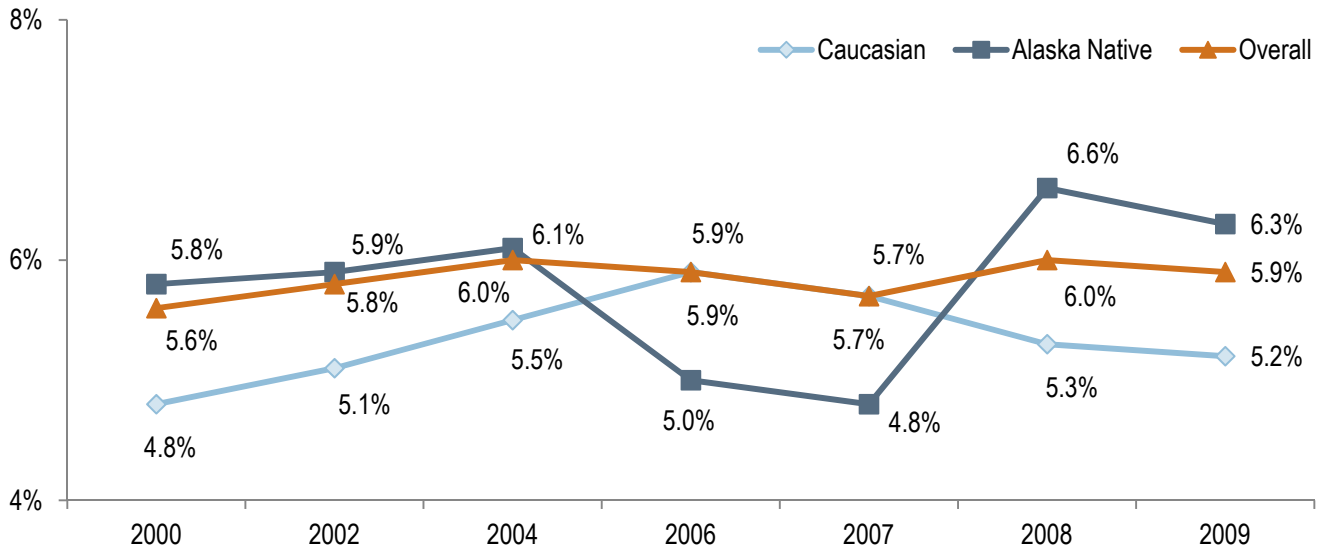
Source: The Alaska Bureau of Vital Statistics, *Birth Profiles*, 2011.

Note: Overall category includes all babies born at low birth weight for Valdez-Cordova census area.

<sup>23</sup> Community Health Network. (2011). *High-Risk Newborn— Low Birth weight*. Retrieved January 4, 2011 from <http://www.ecommunity.com/health/index.aspx?pageid=P02382>.

<sup>24</sup> 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 82: Percentage of Babies Born at Low Birth Weight (<5.5 pounds), Alaska**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

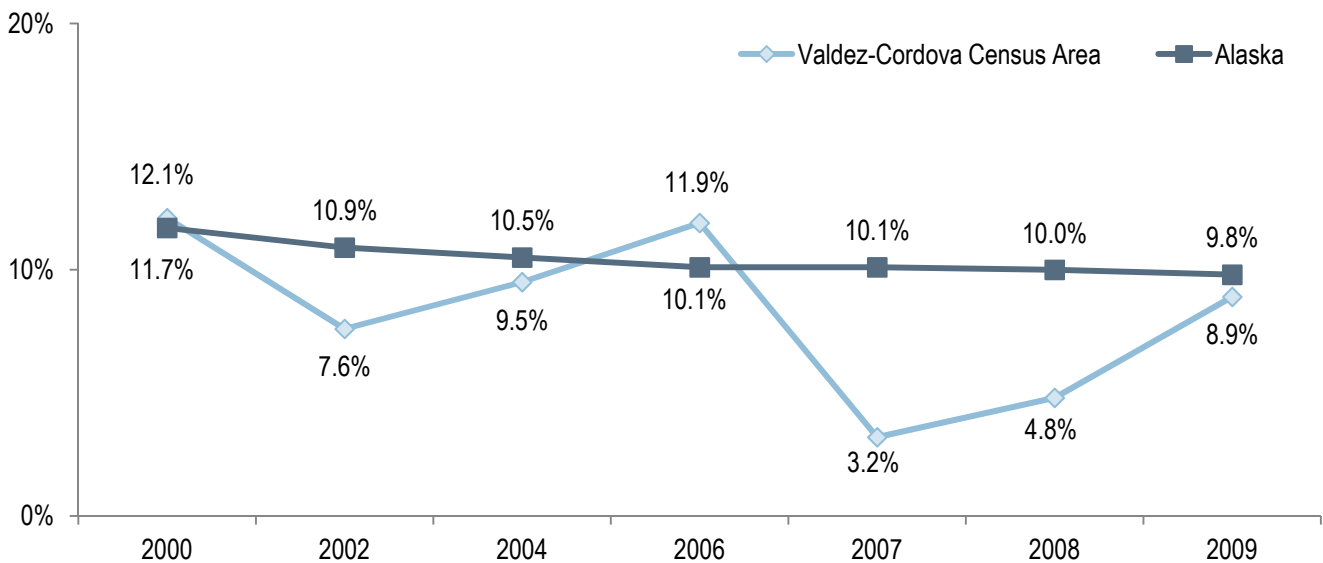
Note: Overall category includes all babies born at low birth weight for Alaska.

# Teen Births

Teen parents and their children are often at greater risk for experiencing short and long-term health, 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.<sup>25</sup> 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.<sup>26</sup>

The percentage of births to teen mothers in the Valdez-Cordova census area rose from 3% in 2007 to 9% in 2009. This is compared to the Alaskan teen birth percentage which has been steadily decreasing since 2000 (from 12% to 10%), while still remaining higher than Valdez-Cordova census area.

**Figure 83: Percentage of Births by Teen Mothers Ages 19 and Under, Valdez-Cordova Census Area and Alaska**



Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

<sup>25</sup> Klein, J.D., & the Committee on Adolescence. (2005). Adolescent pregnancy: Current trends and issues. *Pediatrics*, 116(1), 281-286.  
<sup>26</sup> 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 84: Births by Teen Mothers Ages 19 and Under, Valdez-Cordova Census**

	2000	2002	2004	2006	2007	2008	2009
<b>Caucasian</b>							
Percent of teen births	7.6%	6.4%	6.7%	6.1%	2.3%	3.4%	4.8%
Total births (all ages)	79	95	90	82	87	88	83
<b>Alaska Native</b>							
Percent of teen births	28.6%	12.5%	19.2%	28.1%	6.9%	10.3%	18.8%
Total births (all ages)	28	24	26	32	29	29	32
<b>Total teen births</b>							
Percent of teen births	12.1%	7.6%	9.5%	11.9%	3.2%	4.8%	8.9%
Total births (all ages)	116	132	126	126	124	125	123

Source: The Alaska Bureau of Vital Statistics, Birth Profiles, 2011.

Note: Caution should be used when interpreting results due to small n's.

## People with Disabilities

Knowing the percentage of individuals in a community with disabilities is helpful in making sure there are enough support services available to meet needs. Services range from health care to housing to education. National health care coverage programs include Medicare and Medicaid, which help people live independently in their own homes and communities. In Alaska, state programs include Access Alaska, Alaska Adult Basic Education Program, vocational rehabilitation, the Alaskan Governor's Council on Disabilities and Special Education, Aging and Disability Resource Centers, and Alaska Independent Living Centers. Programs like Access Alaska provide independent living services and supports to seniors, people with disabilities, and their families. Other programs focus on providing work training and education or connecting people to programs and benefits available.

Nine percent (9%) of the Valdez population over the age of 5 had a disability in 2000, which was lower than the overall population in Alaska (15%) and national population (19%).

**Figure 85: People with Disabilities<sup>1</sup>, City of Valdez, 2000**

Valdez	Males	Females	Both Sexes
With a disability ages 5 to 15	31	9	40
With a disability ages 16 to 20	4	2	6
With a disability ages 21 to 64	138	113	251
With a disability ages 65 and over	24	27	51
With a disability ages 5 and over	195	153	348
Total population ages 5 and over	1,914	1,798	3,712
Percent of population ages 5 and over with a disability	10.2%	8.5%	9.4%
Alaska	Males	Females	Both Sexes
Percent of population ages 5 and over with a disability	15.8%	14.1%	14.9%
United States	Males	Females	Both Sexes
Percent of population ages 5 and over with a disability	19.6%	19.1%	19.3%

Source: U.S. Census Bureau, American FactFinder: Detailed Tables, Sex by Age by Types of Disability for the Civilian Non-institutionalized Population 5 years and Over, Valdez City, Alaska, 2007.

Note: New data unavailable.

<sup>1</sup> In the 2000 Census, individuals were classified as having a disability if any of the following three conditions was true:

they were five years old and over and reported a long-lasting sensory, physical, mental or self-care disability; they were 16 years old and over and reported difficulty going outside the home because of a physical, mental, or emotional condition lasting six months or more; or they were 16 to 64 years old and reported difficulty working at a job or business because of a physical, mental, or emotional condition lasting six months or more.

Note: Disability status was not tabulated for persons in institutions, people in the Armed Forces, and people under 5 years old. The percentage shown is calculated by dividing the number of persons with a disability by the number of civilian non-institutionalized persons 5 years old and over.

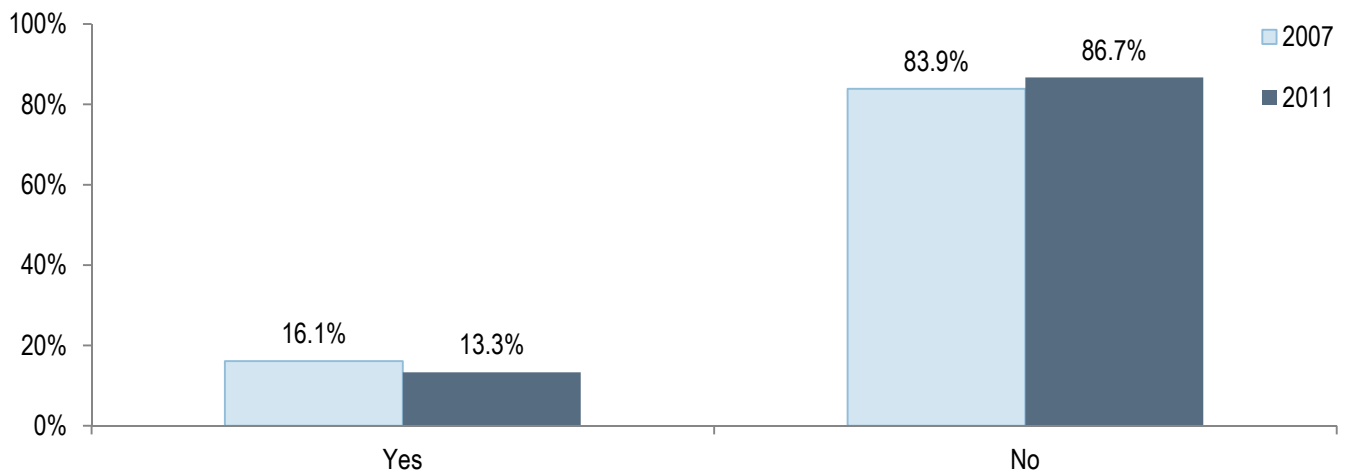
# Mental Health Services

Mental health problems include depression, anxiety disorders, and psychotic disorders. Health professionals are often the first to see mental health issues in their patients and to talk to people about them. Thus mental health services available in the community are important for getting timely and correct treatment to lower the impact of mental health illness on that individual and their community.

The lack of available mental health care or receiving too little care is a problem for many Americans. According to a 2008 nationwide survey by Harris Interactive and the American Psychological Association, 44% respondents either didn't have or weren't sure if they had mental health coverage.<sup>27</sup>

Thirteen percent (13%) of Valdez residents reported that they needed mental health treatment in the last year. Of those needing treatment, over one-third (35%) were unable to receive the mental health treatment they needed. The top reasons for why they could not receive it were no insurance (35%), inability to afford the co-pay (26%), and confidentiality issues (22%).

**Figure 86:**  **Community Responses: In the last 12 months, have you needed mental health treatment?**

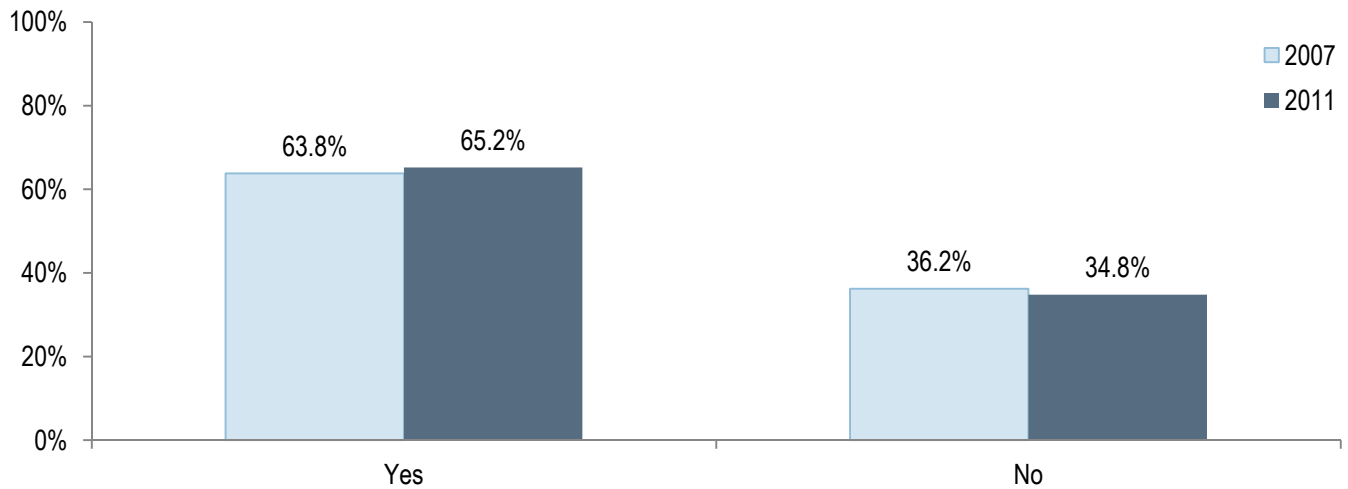


2007 N=311; 2011 N=498  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>27</sup> American Psychological Association. (2010) Access to mental health care. Retrieved 2010 from Washington DC: American Psychological Association.



**Figure 87: Community Responses: If you needed mental health treatment, were you able to receive it?**



2007 N=47; 2011 N=66

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 88: Community Responses: If you were unable to receive mental health treatment, why not?**

Response	2007	2011
No insurance/couldn't afford it	36.4%	34.8%
Insurance wouldn't cover it	NA	8.7%
Couldn't afford copay	NA	26.1%
Didn't know where to go	9.1%	8.7%
Services not available	27.3%	8.7%
Confidentiality issues	27.3%	21.7%

Multiple response question with 11 respondents offering 11 responses in 2007 and 23 respondents offering 26 responses in 2011.

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

Note: These response options were not mutually exclusive.

Note: Caution should be used when interpreting data due to small n's.

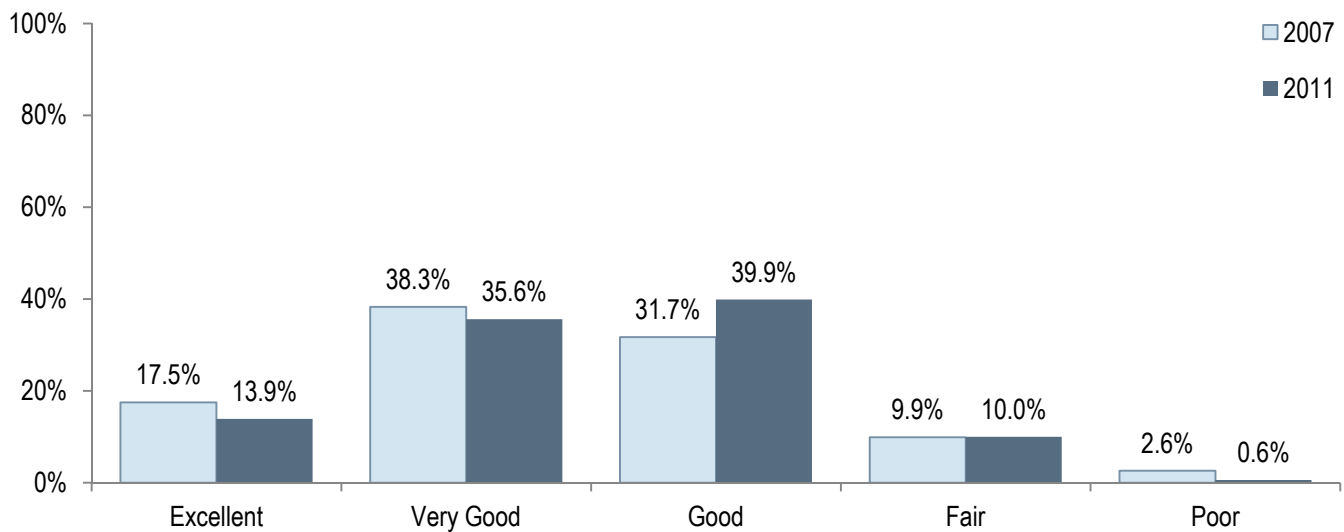
# Physical Health and Activity

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 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.<sup>28</sup>

About half of Valdez residents reported that their physical health was "excellent" or "very good," which is a decrease from 56% of residents in 2007.

When asked about their physical activity, 64% of respondents reported that they engaged in physical activity for 30 minutes or more a day at least 3 days a week. Respondents suggested that making healthy foods cheaper and easier to get would be the top community activity that could improve healthy lifestyles (71%), followed by more recreational facilities (49%), and more fitness related opportunities (38%).

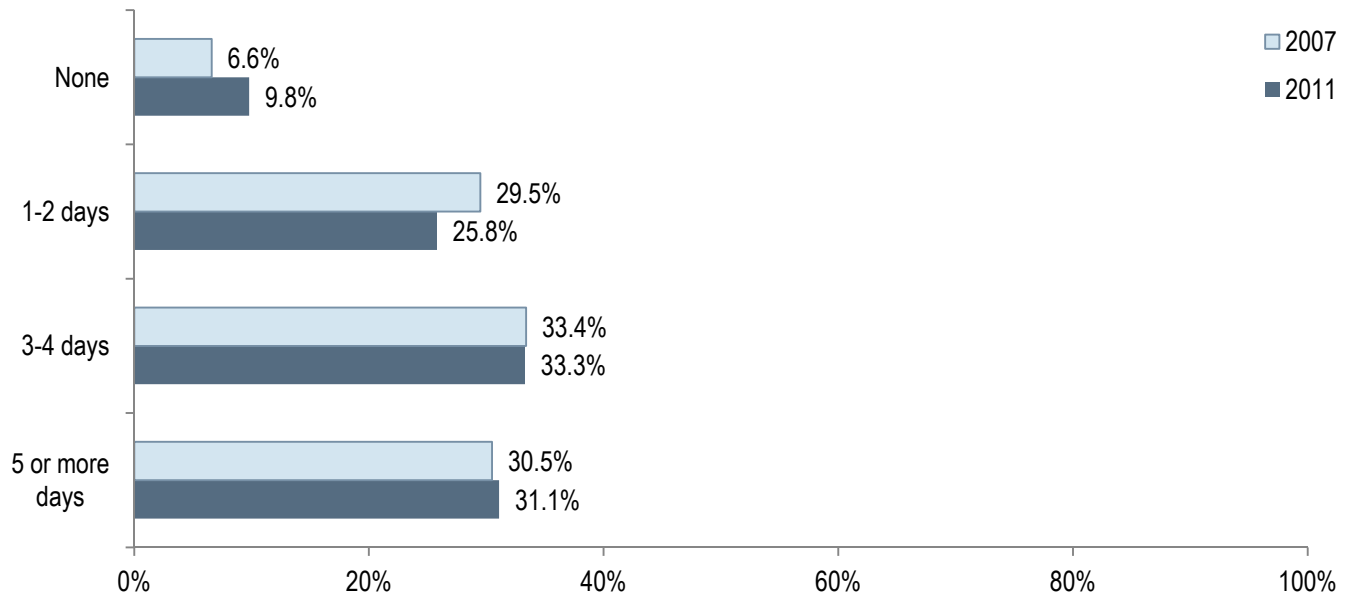
**Figure 89: Community Responses: Would you say that, in general, your physical health is:**



2007 N=303; 2011 N=489  
 Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>28</sup> 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>.

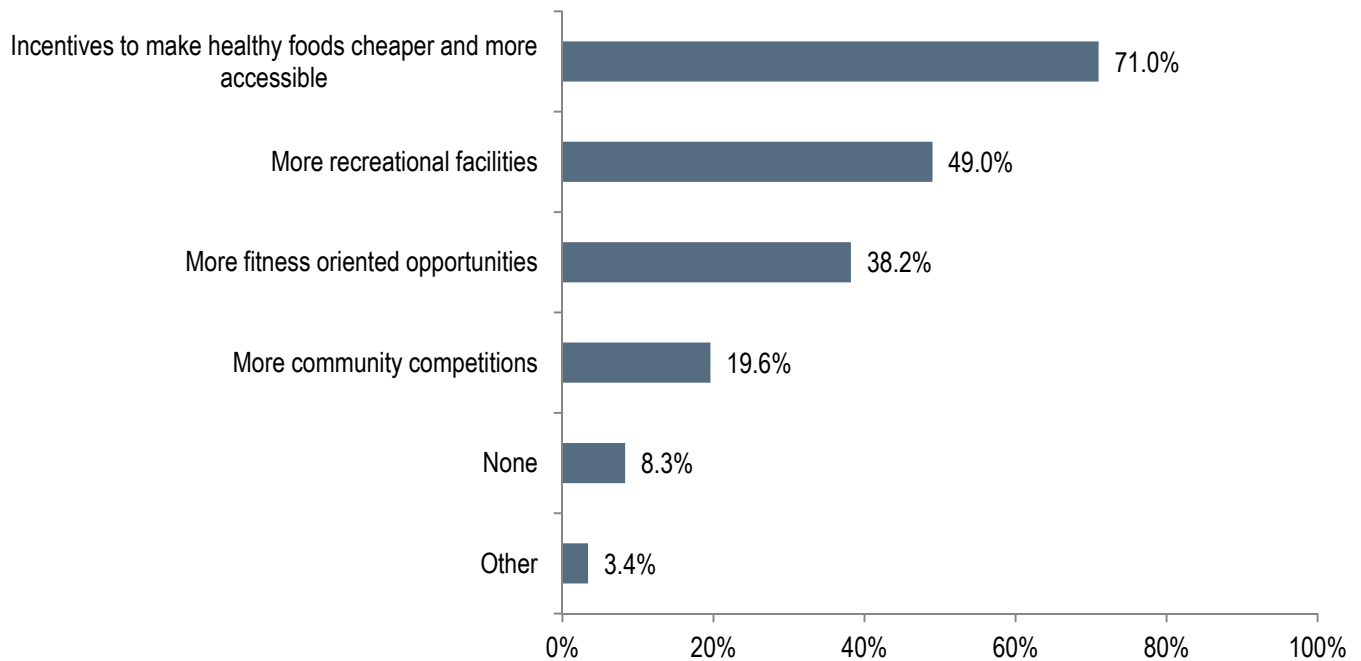
**Figure 90: Community Responses: How many days per week do you engage in physical activity (such as running, walking, aerobics, etc.) for a total of 30 minutes or more?**



2007 N=305; 2011 N=489

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

**Figure 91: Community Responses: What kinds of activities should the community of Valdez focus on regarding healthy lifestyle changes? (2011)**



Multiple response question with 469 respondents offering 889 responses.

Source: Applied Survey Research, Valdez Community Health Survey, 2011.

Note: These response options were not mutually exclusive.

# Obese Adults

More than 1 in 3 Americans are obese and more than 2 out of 3 Americans are either overweight or obese, according to the National Health and Nutrition Examination Survey (NHANES).<sup>29</sup> 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.

How is obesity measured? Typically, health care providers use the Body Mass Index (BMI), a number calculated from a person’s weight and height. It is a fairly reliable indicator of body fatness for most people (but not some, like bodybuilders), used to identify possible weight problems. The correlation between the BMI number and body fatness is fairly strong, but it does vary by sex, race, and age. For example, women tend to have more body fat than men, and older people tend to have more than young people. It is an inexpensive and easy-to-perform method of screening of weight categories that may lead to health problems. It is one of the best methods for measuring overweight and obesity in populations, so that we can compare weight statuses of communities to other areas (like the state or nation)<sup>30</sup>.

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

Standard weight categories associated with BMI ranges for adults:<sup>29</sup>

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

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 certain types of cancer. Obese men are more likely than non-obese men to die from cancer of the colon, rectum, or prostate. Obese women are more likely than non-obese women to die from cancer of the gallbladder, breast, uterus, cervix, or

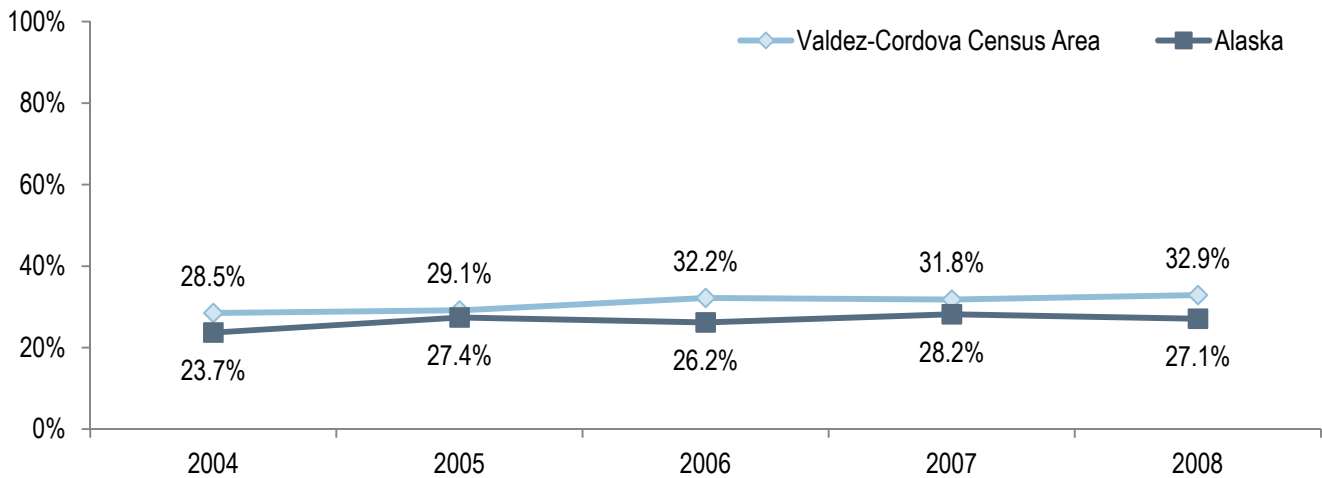
<sup>29</sup> (January 20, 2010). *Prevalence and Trends in Obesity Among US Adults, 1999-2009*. The Journal of the American Medical Association (JAMA), Vol.303, No.3.

<sup>30</sup> 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>.

ovaries.<sup>31</sup> 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.

One-third of adults in Valdez-Cordova were classified as obese in 2008 according to the Behavior Risk Factor Surveillance System (BRFSS). The percentage of obese adults has increased in both Valdez-Cordova and Alaska from 2004 to 2008, with Valdez-Cordova’s percentages of obese adults higher than the state (27%).

**Figure 92: Estimated Percentage of Adults Who Are Obese**



Source: County-level data: Center for Disease Control and Prevention: National Diabetes Surveillance System, 2011. State-level data: Center for Disease Control and Prevention: Office of Surveillance, Epidemiology, and Laboratory Services, Behavioral Risk Factor Surveillance System, 2011.  
 Note: Estimates of obesity prevalence by county were calculated by the CDC’s National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, using multiple years of Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS data are representative of the total non-institutionalized U.S. population over 18 years of age living in households with a land-line telephone.

<sup>31</sup> Mental Health Touches (Everyone). (October 2001). *Understanding Adult Obesity*. Retrieved December 30, 2010 from <http://www.athealth.com/consumer/disorders/understandingobesity.html>.

## Leading Causes of Death

Examining causes of death can provide a great deal of information about the health of a community. For example, by knowing the common causes of death, attention can be paid to the conditions with the highest mortality rates so that causes can be discovered and preventive action can be taken. In 2007-2009, the Valdez-Cordova Census Area had a total of 164 deaths and the top three causes were cancer (36 deaths), diseases of the heart (31), and unintentional injuries (21). These three have been the leading causes of death in the Valdez-Cordova Census Area over the past decade.

**Figure 93: Top Five Leading Causes of Death, Valdez-Cordova Census Area**

1999-2001	2002-2004	2004-2006	2005-2007	2006-2008	2007-2009
1. Malignant Neoplasm/ Cancer (42)	1. Malignant Neoplasm/ Cancer (42)	1. Malignant Neoplasm/ Cancer (35)	1. Diseases of the Heart (36)	1. Diseases of the Heart (34)	1. Malignant Neoplasm/ Cancer (36)
2. Diseases of the Heart (28)	2. Diseases of the Heart (30)	2. Diseases of the Heart (30)	2. Malignant Neoplasm/ Cancer (28)	2. Malignant Neoplasm/ Cancer (33)	2. Diseases of the Heart (31)
3. Unintentional Injuries (23)	3. Unintentional Injuries (12)	3. Unintentional Injuries (19)	3. Unintentional Injuries (22)	3. Unintentional Injuries (20)	3. Unintentional Injuries (21)
4. Diabetes (10)	4. Diabetes (9)	4. Intentional Self-Harm/Suicide (10)	4. Intentional Self-Harm/Suicide (11)	4. Chronic Lower Respiratory Diseases (9)	4. -Cerebrovascular Diseases (12)
5. Intentional Self-Harm/Suicide (7)	5. -Cerebrovascular Diseases (8) -Chronic Lower Respiratory Diseases (8)	5. -Cerebrovascular Diseases (6)	5. Chronic Lower Respiratory Diseases (9)	5. -Cerebrovascular Diseases (8) -Intentional Self-Harm/Suicide (8)	5. Chronic Lower Respiratory Diseases (11)
<b>Total deaths=149</b>	<b>Total deaths=142</b>	<b>Total deaths=156</b>	<b>Total deaths=160</b>	<b>Total deaths=163</b>	<b>Total deaths=164</b>

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

## 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 like cancer. From 2000-2002 to 2007-2009, the number of deaths due to cancer in the Valdez-Cordova Census Area have decreased, but since 2005-2007 have began increasing (from 28 deaths in 2005-2007 to 36 in 2007-2009). Trachea, Bronchus, and Lung cancer has been the leading cause of cancer deaths in the Valdez-Cordova census area, representing 28% to 35% of all cancer deaths.

Cancer can be not only emotionally burdensome to the patient and their family, but also damaging to their economic stability. For example, in Alaska it costs an average of \$40,000 to treat breast cancer.<sup>32</sup> Cancer is amongst the five most costly diseases to treat. Such chronic conditions contribute to higher health care costs not just for the individual but their surrounding communities as well.<sup>33</sup>

**Figure 94: Deaths Due to Cancer by Selected Types of Cancer, Valdez-Cordova Census Area**

Type of Cancer	2000-2002	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Trachea, Bronchus, and Lung	17	11	12	8	10	10
Pancreas	1	1	1	4	4	4
Lymphoid and Hematopoietic	4	3	4	3	3	4
Colon, Rectum, and Anus	3	4	2	1	2	2
Prostate	4	3	2	0	1	2
Kidney and Renal Pelvis	1	2	2	2	2	2
Breast	3	1	1	1	1	1
Skin	0	0	0	0	0	1
<b>All cancers</b>	<b>48</b>	<b>38</b>	<b>35</b>	<b>28</b>	<b>33</b>	<b>36</b>

Source: The Alaska Bureau of Vital Statistics, Cancer Deaths, 2011.

<sup>32</sup> Alaska Department of Health and Social Services, Division of Public Health. (2002). *Healthy Alaskans 2010*. Volume 1: Targets for Improved Health, Chapter 22.

<sup>33</sup> U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (2011). *The High Concentration of U.S. Health Care Expenditures*. Retrieved 2011 from [www.ahrq.gov](http://www.ahrq.gov).

## 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. The number of deaths caused by unintentional injuries in the Valdez-Cordova Census Area remained fairly constant over the past decade, ranging from 17 to 22 deaths. In 2007-2009, motor vehicle accidents were the leading cause of accidental deaths (5), followed by drowning (3) and other water transport accidents (3).

**Figure 95: Cause of Unintentional Injuries (Accidental Deaths), Valdez-Cordova Census Area**

Cause of Death	2000-2002	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009
Motor vehicle accidents	9	7	7	5	3	5
Drowning and submersion	1	2	1	2	3	3
Water transport accidents	2	1	0	1	3	3
Poisoning	3	1	2	4	4	2
Exposure to smoke, fire, flame	0	4	4	4	0	2
Air transport accidents	0	0	1	2	2	1
Falls	1	0	0	0	1	1
Other accidental deaths	3	2	4	4	4	4
<b>Total deaths</b>	<b>19</b>	<b>17</b>	<b>19</b>	<b>22</b>	<b>20</b>	<b>21</b>

Source: The Alaska Bureau of Vital Statistics, Unintentional Injury Deaths, 2011.

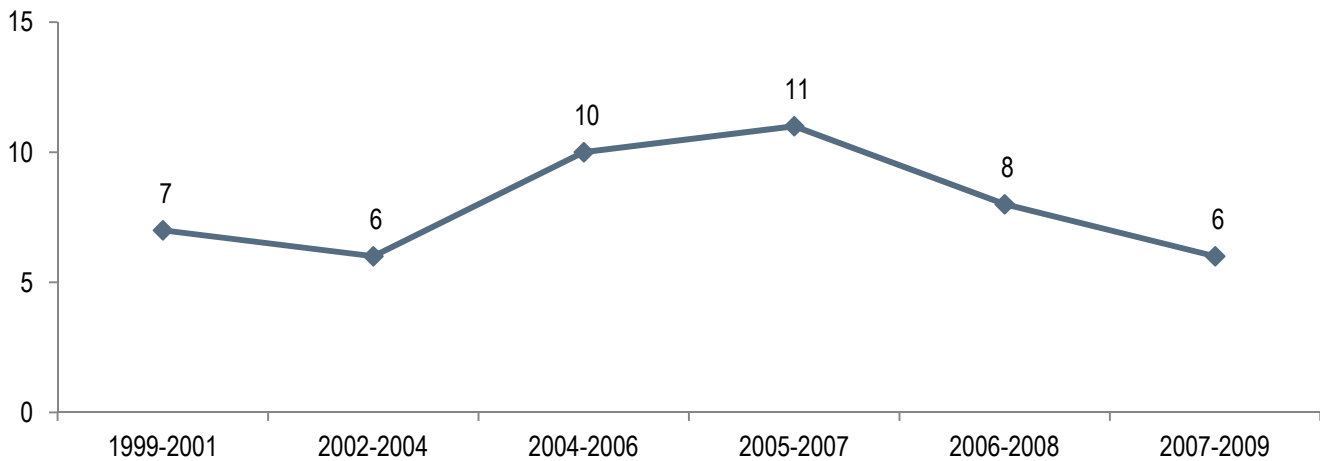


# Deaths Due to Suicide

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.<sup>33</sup>

Suicide is when someone harms themselves on purpose such that it leads to death. Suicide attempt is a clear indication that something is gravely wrong in a person’s life. No matter the 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).<sup>34</sup> The number of recent suicides in the Valdez-Cordova Census Area has declined from 11 suicides in 2005-2007 to 6 suicides in 2007-2009.

**Figure 96: Deaths Due to Intentional Self-Harm (Suicide), Valdez-Cordova Census Area**



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


<sup>34</sup> Mental Health America. (2011). *Suicide*. Retrieved 2011 from [www.nmha.org](http://www.nmha.org).

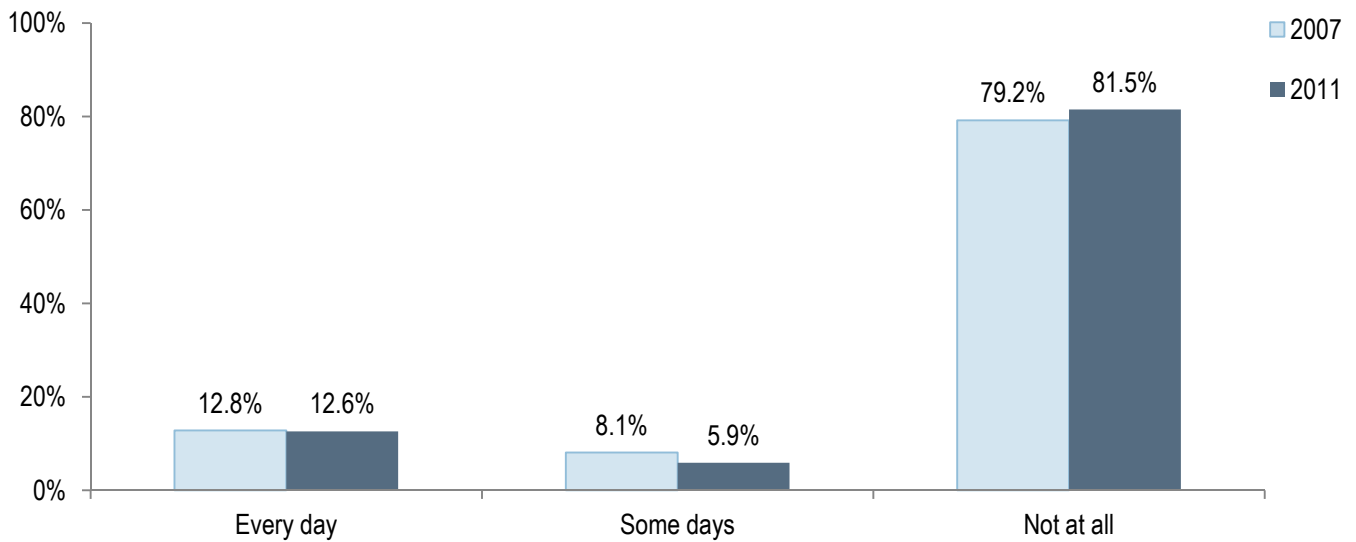


**TOBACCO, ALCOHOL,**  
AND DRUG USE

# Tobacco Use

Cigarette smoking is the most preventable cause of disease and death in the United States.<sup>35</sup> Lung cancer is the most frequent cause of cancer deaths, and smoking is a huge risk factor in developing lung cancer and chronic lung diseases such as emphysema, heart disease and stroke. People who are around environmental tobacco smoke (like in bars or in their homes) are also more likely to develop heart disease and chronic lung diseases. Quitting smoking can improve overall health and reduce the risk of developing such chronic diseases.<sup>36</sup> Eighty-two (82%) percent of residents do not smoke at all or use tobacco, while about 18% do report tobacco use-related behaviors.

**Figure 97:  Community Responses: Do you smoke cigarettes or use smokeless tobacco?**



2007 N=298; 2011 N=493

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

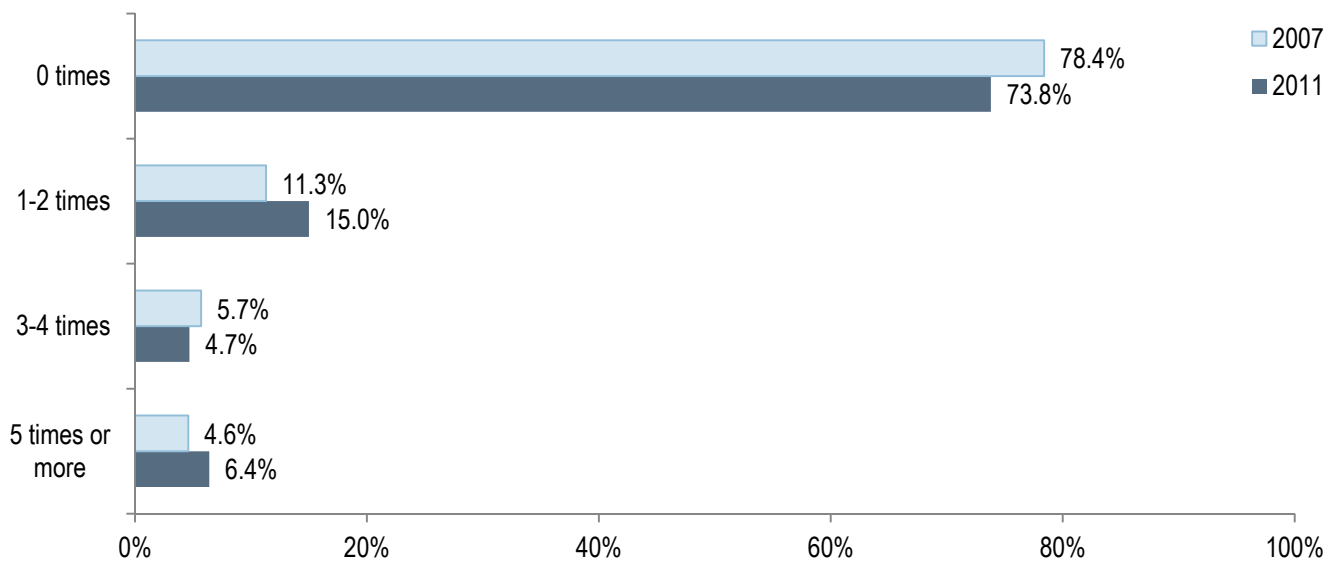
<sup>35</sup> Great Valley Center. (2003.) The State of the Great Central Valley of California: Supporting the Economic, Social and Environmental Well-being of California’s Great Central Valley. Retrieved 2003.

<sup>36</sup> American Lung Association. (2005). *Facts about Lung Cancer*. Retrieved May 6, 2005, from <http://www.lungusa.org>.

# Alcohol Use

In the United States, binge drinking is usually defined as having five or more drinks on one occasion. It is a major cause of preventable death in the nation. Binge drinking can damage the liver and heart and increase the chances of developing certain cancers.<sup>37</sup> The percentage of Valdez survey respondents who reported that they had engaged in binge drinking in the month prior to the survey increased from 22% in 2007 to 26% in 2011. Eleven percent (11%) of 2011 respondents indicated that they engaged in binge drinking 3 or more times in the month prior to the survey.

**Figure 98: 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?**



2007 N=283; 2011 N=466

Source: Applied Survey Research, Valdez Community Health Survey, 2007 and 2011.

<sup>37</sup> Harvard School of Public Health. (2003). *Nutrition Source: Alcohol*.

## 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.<sup>38</sup> 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, with a low birth weight and have reduced life expectancy.<sup>39</sup>

The number of mothers in the Valdez-Cordova census area who smoked during their pregnancy increased to from 13 in 2004 to 22 in 2009 representing 18% of all births in 2009. Mothers who reported drinking during their pregnancy decreased from 2008 to 2009 (8 to 3). However, it is important to note that research shows many pregnant women underreport how much they drink or use drugs, so the numbers might be lower than what is actually present in the community. Underreporting is likely because many people look down on drinking while pregnant.<sup>40</sup>

**Figure 99: Mothers Who Reported Drinking Alcohol or Smoking Cigarettes During Their Pregnancy, Valdez-Cordova**

	2000	2002	2004	2006	2007	2008	2009
Drinking during pregnancy	5	5	2	2	1	8	3
Smoking during pregnancy	21	18	13	16	21	21	22
Total number of births	116	132	126	126	124	125	123

Source: The Alaska Bureau of Vital Statistics, *Birth Profiles by Census Area of Mothers Residence, 2011*.

<sup>38</sup> Centers for Disease Control and Prevention. (2007). *Fetal Alcohol Spectrum Disorders*. Retrieved 2007 from <http://www.cdc.gov>.


<sup>39</sup> Centers for Disease Control and Prevention. (2007). *Tobacco Use and Pregnancy*. Retrieved 2007 from <http://www.cdc.gov>.

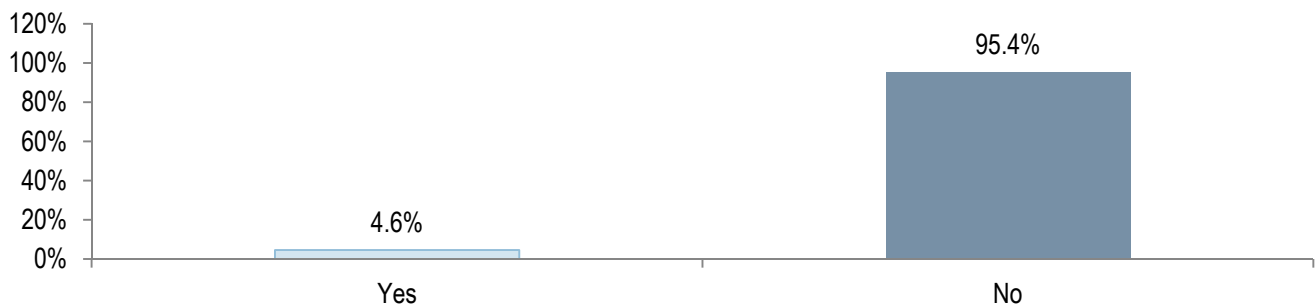
<sup>40</sup> Ernhart, C.B., Morrow-Tlucak, M., Sokol, R.J., Martier, S. (1988). *Underreporting of Alcohol Use in Pregnancy. Alcoholism: Clinical and Experimental Research*, 12: 506–511.

# Substance Abuse Treatment

In 2011, Valdez residents were asked if they had needed substance abuse treatment in the year prior to the survey and whether they were able to get treatment. The large majority (95%) of Valdez survey respondents indicated that they did not need substance abuse treatment in the year prior to the survey, while 2% (9 respondents) indicated that they needed treatment and were able to receive it. It is important to note that survey respondents could be underreporting their need for treatment because they were afraid to ask for help or because of the confidentiality issues seen in survey results.<sup>41</sup>

Of the 14 respondents who needed treatment and were unable to receive it, the most commonly cited reasons for not being able to receive it were: no insurance/couldn't afford it (36%) and confidentiality issues (29%).


**Figure 100:**  **Community Responses: Have you have you needed substance abuse treatment in the last 12 months? (2011)**

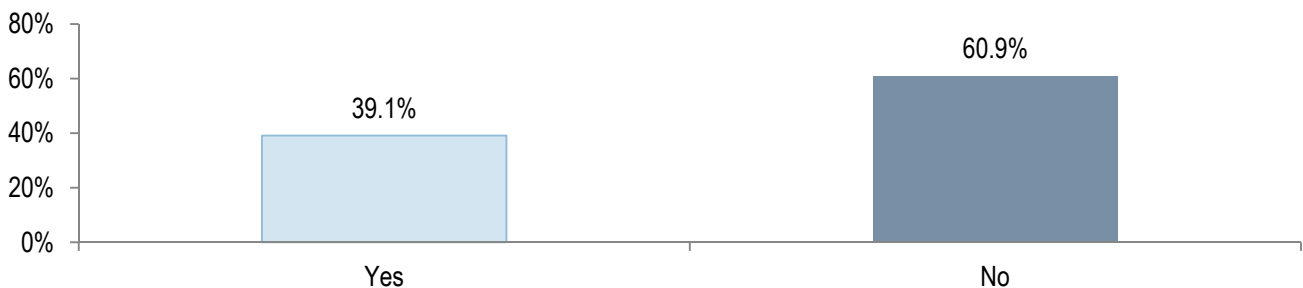


2011 N=498

Source: Applied Survey Research, Valdez Community Health Survey, 2011.

Note: Question not asked in 2007.

**Figure 101:**  **Community Responses: If you have you needed substance abuse treatment during the past 12 months, were you able to receive it? (2011)**



2011 N=23

Source: Applied Survey Research, Valdez Community Health Survey, 2011.

Note: Question not asked in 2007.

<sup>41</sup> Johnston, T, Fendrich M. (2005). *Modeling sources of self-report bias in a survey of drug use epidemiology*. Annals of Epidemiology, 15 (5), pp 381-389.

**Figure 102:  Community Responses: If you needed substance abuse treatment and were unable to receive it, why not? (2011)**

Response	2011
No insurance/couldn't afford it	35.7%
Confidentiality issues	28.6%
Insurance wouldn't cover it	14.3%
Couldn't afford copay	14.3%
Services not available	7.1%
Didn't know where to go	0.0%
Other	14.3%

*Multiple response question with 14 respondents offering 16 responses. These response options were not mutually exclusive.*

*Source: Applied Survey Research, Valdez Community Health Survey, 2011.*

*Note: Question not asked in 2007.*

## Substance Use by Students

There is a clear relationship between adolescent alcohol misuse and school performance. Drinkers usually perform worse in school, are more likely to fall behind, and have more social problems; particularly depression.<sup>42</sup> In 2009, alcohol use in Valdez high school students was higher than Alaskan high school students and increased since 2003. For example, 76% of Valdez high school students had used alcohol in their lifetime compared to 67% of Alaskan high school students in 2009, an 8% increase since 2003. Almost half (46%) of junior high school students in Valdez reported drinking alcohol in their lifetime in 2009, an increase of 6% since 2003.

Thirty day cigarette and marijuana use also increased for Valdez high school students between 2003 and 2009. Nearly 30% of Valdez high school students reported having used marijuana in the past 30 days, up from 24% in 2007.

**Figure 103: Self-Reported Alcohol, Tobacco, and Drug Use Among High School Youth in the Past 30 Days**

Substance	2003	2005	2009	03-09 Net Change
<b>Cigarettes</b>				
Valdez	8.5%	19.1%	16.5%	8.0
Alaska	19.2%	NA	15.7%	-3.5
<b>Chewing Tobacco</b>				
Valdez	6.5%	3.5%	1.9%	-4.6
Alaska	11.0%	NA	13.6%	2.6
<b>Alcohol</b>				
Valdez	34.5%	43.9%	46.0%	11.5
Alaska	38.7%	NA	33.2%	-5.5
<b>Binge Drinking</b>				
Valdez	23.3%	31.9%	34.3%	11.0
Alaska	26.5%	NA	21.7%	-4.8
<b>Marijuana</b>				
Valdez	24.2%	26.4%	29.3%	5.1
Alaska	23.9%	NA	22.7%	-1.2

Source: Alaska Youth Risk Behavior Survey, 2003, 2005, and 2009.

Note: Alaska data is not available for 2005.

<sup>42</sup> American Medical Association. (February 2007). Reports on Alcohol's Adverse Effects on the Brains of Children, Adolescents and Young Adults. Retrieved from <http://www.ama-assn.org>.



**Figure 104: Self-Reported Lifetime Alcohol, Tobacco, and Drug Use Among High School Youth**

Substance	2003	2005	2009	03-09 Net Change
<b>Cigarettes</b>				
Valdez	55.4%	46.0%	45.0%	-10.4
Alaska	56.1%	NA	47.5%	-8.6
<b>Alcohol</b>				
Valdez	68.0%	67.2%	76.0%	8.0
Alaska	75.1%	NA	66.6%	-8.5
<b>Marijuana</b>				
Valdez	37.5%	38.8%	42.6%	5.1
Alaska	47.5%	NA	44.5%	-3.0
<b>Prescription Drugs (without doctor's prescription)</b>				
Valdez	NA	NA	25.7%	NA
Alaska	NA	NA	20.9%	NA
<b>Methamphetamines</b>				
Valdez	5.6%	9.0%	5.7%	0.1
Alaska	5.9%	NA	3.6%	-2.3
<b>Ecstasy</b>				
Valdez	6.5%	8.9%	6.8%	0.3
Alaska	6.2%	NA	7.1%	0.9

Source: Alaska Youth Risk Behavior Survey, 2003, 2005, and 2009.

Note: Alaska data is not available for 2005.

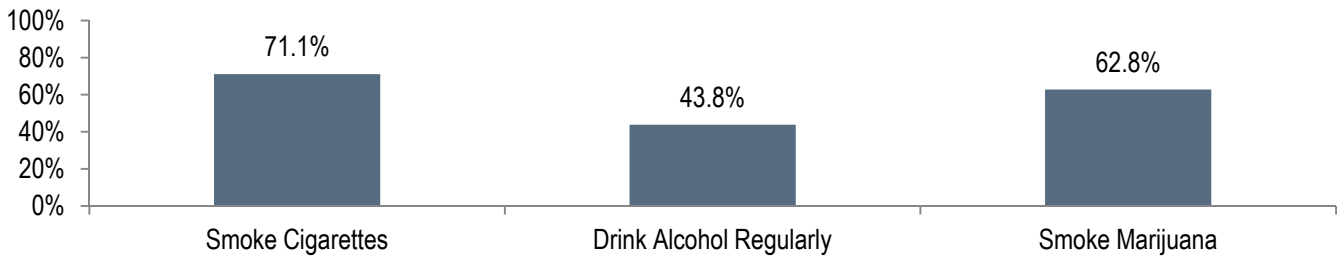
**Figure 105: Self-Reported Lifetime Alcohol, Tobacco, and Drug Use Among Valdez Junior School Youth**

Substance	2003	2005	2009	03-09 Net Change
Cigarettes	30.9%	27.1%	39.0%	8.1
Alcohol	40.2%	34.2%	46.0%	5.8
Marijuana	18.7%	18.7%	13.2%	-5.5
Prescription drugs (without doctor's prescription)	NA	NA	15.5%	NA
Sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high	14.6%	12.5%	17.1%	2.5

Source: Alaska Youth Risk Behavior Survey, 2003, 2005, and 2009.

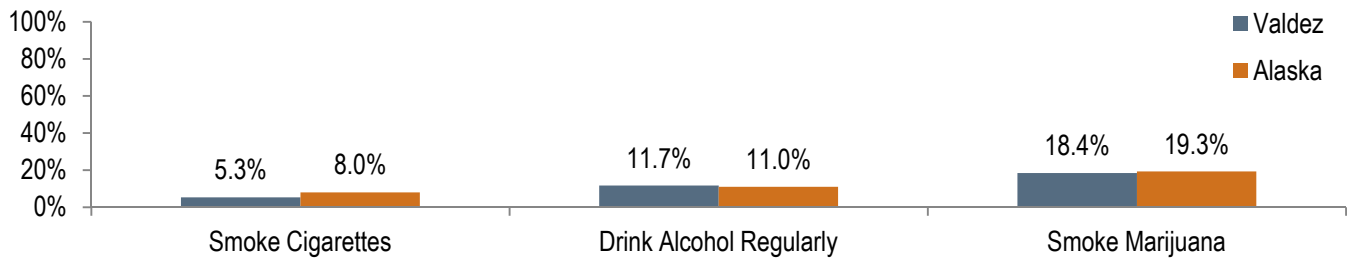
Note: Alaska data is not available for 2005.

**Figure 106: Percentage of Valdez High School Students Who Believe Their Parents Consider it “Very Wrong” For Them to do the Following, 2009**



Source: 2009 Alaska Youth Risk Behavior Survey.  
 Note: Question was not asked in previous surveys.

**Figure 107: Perception of Harm: Percentage of High School Students Who Believe there is “No Risk” For Them to do the Following, 2009**



Source: 2009 Alaska Youth Risk Behavior Survey.  
 Note: Question was not asked in previous surveys.



# 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 key community members, etc. Three different surveys were conducted in Valdez 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 why by asking questions related to heart disease behavioral risk factors.



### VALDEZ BUSINESS SURVEY

In May and June of 2011, ASR staff surveyed 10 members of the Valdez business community. Survey respondents were contacted by phone to answer 17 survey questions that would take approximately 10 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 Valdez 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 Valdez Medical Center.

The methodology for survey distribution was purposeful sampling; intended to select information-rich cases strategically and purposefully. The specific type of businesses sampled were selected for a variety of types and sizes, so that the sample of opinions obtained could act as representatives for typical Valdez business responses.



### VALDEZ COMMUNITY HEALTH SURVEY

A self-administered written survey of Valdez residents ages 18 and older provided the primary data for this report. In May of 2011, 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 500 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.

## VALDEZ HEALTH CARE PROVIDER SURVEY

In May and June of 2011, ASR staff surveyed by telephone a total of six health care providers who practice in Valdez. The survey was approximately 15-20 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 Valdez Medical Center to include both medical and dental providers. The final sample included two dentists and four physicians. The surveys were developed to identify the most critical health issues facing the community and Providence Valdez Medical Center. Questions investigated health care system needs in the City of Valdez, barriers to health care; health care information, education, and technology; and areas for improvement and of strength.

Note: Some respondents commented on the language of questions used in the survey such that respondents may have answered differently when asked about what could be improved if costs and logistics had to be considered. In addition, some answers on availability of services were different according to the profession of those responding (i.e. dentists versus physicians).

## 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 Valdez 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 Valdez population because it did not take a random sample based on the general population.

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 Valdez) data were available, they were included. When local data were unavailable, regional data from the Valdez-Cordova Census Area 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.

### YOUTH RISK BEHAVIOR SURVEY (YRBS)

The Youth Risk Behavior Survey (YRBS) is a national survey developed by the Centers for Disease Control and Prevention's (CDC's) Division of Adolescent and School Health in collaboration with many departments of education and federal agencies. The results provide descriptive data on self-reported behaviors in a number of major risk categories. The survey does not attempt to answer the questions of why and how, but does address who, what, where, and when. The YRBS is a component of a larger national effort to assess priority health risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States.<sup>43</sup>

The most recent YRBS in Valdez was conducted in 2009 and was taken by Valdez junior high (7<sup>th</sup> and 8<sup>th</sup> graders) and high school students (9<sup>th</sup>-12<sup>th</sup> graders). In 2009, a total of 67 surveys were administered at the George H. Gilson Junior High with a 95% confidence interval. Survey results were weighted<sup>44</sup> to more accurately reflect the larger population. At the Valdez High School in 2009, 159 surveys were administered with a 95% confidence interval. This data was not weighted.

### BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly. BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more.

<sup>43</sup> Alaska Epidemiology. (2007). *Youth Risk Behavior Survey*. Retrieved August 9, 2007 from <http://www.epi.hss.state.ak.us>.

<sup>44</sup> Data weighting adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn; thus, data weighting makes sample data more representative of its larger population.

Federal, state, and local health officials as well as researchers use this information to track health risks, identify emerging problems, prevent disease, and improve treatment.<sup>45</sup> BRFSS is used in this report to provide national and Alaska comparison data to Valdez-specific data gathered by the Valdez Community Health Survey.

### 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 and marriage data, and reports of adoption.<sup>46</sup> The bureau's statistics used in this report are available for the Valdez-Cordova Census Area only and not for the City of Valdez.

### THE U.S. CENSUS

The U.S. Census counts every resident in the United States. It is mandated by Article I, Section 2 of the Constitution, taking 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.

---

<sup>45</sup> National Center for Chronic Disease Prevention and Health Promotion. (2007). *BRFSS: Turning Information into Health*. Retrieved September 14, 2007 from <http://www.cdc.gov/brfss>.

<sup>46</sup> 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>.

## Appendix II: Valdez Community Health Survey Results

1. Have you needed health care in the last 12 months and were you able to receive it?

Response	Frequency	Percent
Yes	384	77.6%
No	40	8.1%
Didn't need health care	71	14.3%
<b>Total</b>	<b>495</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Acute (new) problem	99	25.8%
Required physical/annual examination	73	19.1%
Preventive care	71	18.5%
Chronic (ongoing) problem	67	17.5%
Emergency care	65	17.0%
Pregnancy	8	2.1%
<b>Total</b>	<b>383</b>	<b>100.0%</b>

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

Response	Frequency	Percent
No insurance/couldn't afford it	11	42.3%
Needed a specialist that was not available in Valdez	8	30.8%
Confidentiality issues	4	15.4%
Couldn't afford copay	2	7.7%
Insurance wouldn't cover it	1	3.8%
Services not available	1	3.8%
Other	1	3.8%

*Multiple response question with 26 respondents offering 28 responses.*



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

Response	Frequency	Percent
Preventive care/annual exams	10	35.7%
Specialist	7	25.0%
Chronic (ongoing) problem	7	25.0%
Basic care	6	21.4%
Prescription medications	4	14.3%
Acute (new) problem	1	3.6%
Other	4	14.3%

Multiple response question with 28 respondents offering 39 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	37	7.6%
No	449	92.4%
<b>Total</b>	<b>486</b>	<b>100.0%</b>

## 3. Do you have health insurance?

Response	Frequency	Percent
Yes	442	89.5%
No	50	10.1%
Don't know	2	0.4%
<b>Total</b>	<b>494</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Your employer or spouse's employer	380	87.2%
State or federal program (such as Medicaid or KidCare)	27	6.2%
Private insurance you purchased on your own	18	4.1%
Parents insurance	5	1.1%
Other	6	1.4%
<b>Total</b>	<b>436</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Too expensive	30	63.8%
Employer doesn't offer health insurance	20	42.6%
Unable to find health insurance	5	10.6%
Not eligible for employer health insurance	4	8.5%
Don't need or believe in health insurance	2	4.3%
Other	3	6.4%

Multiple response question with 47 respondents offering 64 responses.

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

Response	Yes	No	Don't know	Total
4a. Prescriptions?	95.2%	3.5%	1.4%	100.0%
	412	15	6	433
4b. Treatment for substance abuse? (alcohol/drugs, etc.)	55.6%	6.8%	37.6%	100.0%
	237	29	160	426
4c. Preventive care/annual exams?	82.5%	12.8%	4.7%	100.0%
	349	54	20	423
4d. Long-term care? (nursing home)	22.2%	27.4%	50.4%	100.0%
	93	115	211	419
4e. Dental care?	91.9%	7.9%	0.2%	100.0%
	395	34	1	430
4f. Home health?	21.2%	18.1%	60.7%	100.0%
	89	76	255	420
4g. Vision care?	87.1%	10.1%	2.8%	100.0%
	372	43	12	427

5a. Do your dependent children have health insurance?

Response	Frequency	Percent
Yes	253	88.2%
No	34	11.8%
<b>Total</b>	<b>287</b>	<b>100.0%</b>

## 5b. Do your dependent children have dental insurance?

Response	Frequency	Percent
Yes	240	86.0%
No	39	14.0%
<b>Total</b>	<b>279</b>	<b>100.0%</b>

## 6. In the last 12 months, have you needed mental health treatment (counseling or other help) and were you able to receive it?

Response	Frequency	Percent
Yes	43	8.6%
No	23	4.6%
Didn't need mental health treatment	432	86.7%
<b>Total</b>	<b>498</b>	<b>100.0%</b>

## 6a. If no, why couldn't you receive it?

Response	Frequency	Percent
No insurance/couldn't afford it	8	34.8%
Insurance wouldn't cover it	2	8.7%
Couldn't afford copay	6	26.1%
Didn't know where to go	2	8.7%
Services not available	2	8.7%
Confidentiality issues	5	21.7%
Other	1	4.3%

*Multiple response question with 23 respondents offering 26 responses.*

## 7. In the last 12 months, have you needed substance abuse treatment and were you able to receive it?

Response	Frequency	Percent
Yes	9	1.8%
No	14	2.8%
Didn't need substance abuse treatment	475	95.4%
<b>Total</b>	<b>498</b>	<b>100.0%</b>

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

Response	Frequency	Percent
No insurance/couldn't afford it	5	35.7%
Confidentiality issues	4	28.6%
Insurance wouldn't cover it	2	14.3%
Couldn't afford copay	2	14.3%
Services not available	1	7.1%
Didn't know where to go	0	0.0%
Other	2	14.3%

Multiple response question with 14 respondents offering 16 responses.

8. In the last 12 months, have you or a member of your household needed in-home support services and been able to receive them?

Response	Frequency	Percent
Yes	10	2.0%
No	14	2.8%
Didn't need in-home support services	474	95.2%
<b>Total</b>	<b>498</b>	<b>100.0%</b>

8a. If no, why not?

Response	Frequency	Percent
Not available	7	50.0%
Insurance doesn't cover	4	28.6%
Cost of in-home support services	1	7.1%
Other	2	14.3%

Multiple response question with 14 respondents offering 14 responses.

9. In the last 12 months, if you left Valdez to obtain health care elsewhere was it because:

Response	Frequency	Percent
Needed specialist opinion/surgery/procedure	184	63.4%
Needed tests that were unavailable in Valdez (e.g. MRI)	78	26.9%
Concerns with local care	63	21.7%
Prefer the quality of out of town health care	61	21.0%
Referred to another provider by your family doctor	52	17.9%
You have other business to take care of in a larger city	38	13.1%
Confidentiality issues	31	10.7%
Employer reimburses travel costs for health care	20	6.9%
Not insured in Valdez (VNT, USCG, etc.)	8	2.8%
Other	23	7.9%

*Multiple response question with 290 respondents offering 558 responses.*

9a. Type of specialty needed:

- Allergy
- Audiologist
- Back
- Back pain injections
- Cardiology (4)
- Colonectomy
- Dermatologist (5)
- Diabetes
- Ear, nose, and throat (2)
- ENT, internal medicine
- Gall bladder
- Gastroenterology (2)
- Glaucoma test
- Hip replacement (2)
- Internal surgery
- Kidney surgery
- Knee surgeon
- Lap band fills
- Laparoscopic surgery
- Midwife
- MRI
- Neurologist (3)
- OBGYN (6)
- Orthodontic
- Orthopedist (4)
- Ophthalmology (9)
- Oral surgery (3)
- Pacemaker implant
- Pain management
- Pediatric dentist (2)
- Pediatric gastroenterologist (2)
- Pediatric neurology
- Pediatric urology
- Pediatrician (2)
- Procedure
- Pulmonologist
- Rheumatologist
- Spinal surgery
- Surgery (7)
- Ultra sound
- Urologist (2)

9b. Other (specify):

- Alternative medicine (4)
- Yearly check up by ANMC
- Went back to hometown
- VA clinic (2)
- Rude clinic tx in past, long wait,
- misdiagnosed 3 time now chronic issue
- Prefer other orthodontist and vision
- Moved to Valdez in the past 12 months (6)
- Frustrated with the care I get here in Valdez!
- Fell in Anchorage- Broken Knee Cap
- Established long time relationship with physician gyn/dentist
- Doctor in Wasilla
- Couldn't get in timely in Valdez ever

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

Response	Frequency	Percent
Have never visited	0	0.0%
1 to 6 months ago	275	56.7%
7 to 12 months ago	89	18.4%
More than one year, up to 2 years ago	55	11.3%
More than 2 years, up to 5 years ago	32	6.6%
More than 5 years ago	34	7.0%
<b>Total</b>	<b>485</b>	<b>100.0%</b>

11. Do you smoke cigarettes or use smokeless tobacco?

Response	Frequency	Percent
Every day	62	12.6%
Some days	29	5.9%
Not at all	402	81.5%
<b>Total</b>	<b>493</b>	<b>100.0%</b>

12. 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
0	344	73.8%
1	47	10.1%
2	23	4.9%
3	11	2.4%
4	11	2.4%
5	10	2.1%
6	2	0.4%
7	1	0.2%
8	2	0.4%
10	8	1.7%
15	2	0.4%
20	3	0.6%
30	2	0.4%
<b>Total</b>	<b>466</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Excellent	68	13.9%
Very good	174	35.6%
Good	195	39.9%
Fair	49	10.0%
Poor	3	0.6%
<b>Total</b>	<b>489</b>	<b>100.0%</b>

14. 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	48	9.8%
1 - 2 days	126	25.8%
3 - 4 days	163	33.3%
5 or more days	152	31.1%
<b>Total</b>	<b>489</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Permanent lifestyle changes	186	38.4%
Made lifestyle changes that lasted more than a month but was not permanent	95	19.6%
Made short-term changes that lasted a month or less	50	10.3%
Considered them but didn't take action	44	9.1%
No	110	22.7%
<b>Total</b>	<b>485</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Yes	304	62.4%
No	183	37.6%
<b>Total</b>	<b>487</b>	<b>100.0%</b>

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

Response	Frequency	Percent
Yes	298	61.2%
No	189	38.8%
<b>Total</b>	<b>487</b>	<b>100.0%</b>

17a. Did you take further action based on the results?

Response	Frequency	Percent
Make lifestyle changes (diet or physical activity)	97	32.7%
Compare new results to previous results	73	24.6%
Physician consultation	41	13.8%
Online research	31	10.4%
Went on medication	25	8.4%
None	118	39.7%

*Multiple response question with 297 respondents offering 385 responses.*



18. What kinds of activities should the community of Valdez focus on regarding healthy lifestyle changes?

Response	Frequency	Percent
Incentives to make healthy foods cheaper and more accessible	333	71.0%
More recreational facilities	230	49.0%
More fitness oriented opportunities	179	38.2%
More community competitions	92	19.6%
None	39	8.3%
Other	16	3.4%

*Multiple response question with 469 respondents offering 889 responses.*

18a. Other:

- Better Doctors
- Bowling Alley
- Family/child oriented
- Fat Farm weight loss clinic
- Health care
- Improve trails
- Less processed food sold in Eagle
- MDs or Drs not affiliated w/ Valdez Medical Clinic
- More affordable rec. facilities
- More health facilities
- More healthy restaurants
- Need evening hours for those that work
- Open pool for public
- Research obesity per capita
- Serve as a location for weekly weigh-ins
- Ski resort
- Support groups
- Walking track
- Wellness needs a serious rehab

19. Have you participated in any of the Sound Wellness Alliance Network (SWAN) co-sponsored healthy living events and activities in the past year?

Response	Frequency	Percent
Yes	203	41.8%
No	283	58.2%
<b>Total</b>	<b>486</b>	<b>100.0%</b>

19a. If yes, which programs?

Response	Frequency	Percent
2011 Healthier You	152	74.9%
Healthy Living EXPO	103	50.7%
Ski for Free	55	27.1%
Hike Alaska's Wild Kountry (HAWK)	34	16.7%
Run Series	30	14.8%

Multiple response question with 203 respondents offering 374 responses.

20. Do you feel SWAN is making a difference in the health of Valdez residents?

Response	Frequency	Percent
Yes	368	84.0%
No	70	16.0%
<b>Total</b>	<b>438</b>	<b>100.0%</b>

21. Where do you get information about health care?

Response	Frequency	Percent
Doctors/providers	319	66.0%
Internet	265	54.9%
Friends and family members (word of mouth)	209	43.3%
Work	98	20.3%
Television	73	15.1%
Inserts in the newspaper/magazines	50	10.4%
Radio	42	8.7%
Other	15	3.1%

Multiple response question with 483 respondents offering 1071 responses.

## 22. What do you consider to be the top two greatest health care needs in Valdez?

Response	Frequency	Percent
More specialists/specialty care	176	37.7%
Lower costs for patients	133	28.5%
Vision care	128	27.4%
More doctors	119	25.5%
Elderly care/assisted living	91	19.5%
Diagnostic equipment (MRI, X-Ray)	75	16.1%
Dental care	58	12.4%
OBGYN/Female Health care	56	12.0%
Pediatric care	44	9.4%
Long term care	38	8.1%
Substance use rehab/counseling	30	6.4%
Mental health services/counseling	18	3.9%
Other	13	2.8%

*Multiple response question with 467 respondents offering 979 responses.*

## 23. Overall, how satisfied are you with your health care services in Valdez?

Response	Frequency	Percent
Very satisfied	148	31.0%
Somewhat satisfied	289	60.6%
Not at all satisfied	40	8.4%
<b>Total</b>	<b>477</b>	<b>100.0%</b>

## 24. 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	37	7.6%
No	451	92.4%
<b>Total</b>	<b>488</b>	<b>100.0%</b>

24a. What did you go without?

Response	Frequency	Percent
Dental care	18	48.6%
Health care	17	45.9%
Choosing food we wanted	15	40.5%
Prescriptions	14	37.8%
Clothing	13	35.1%
Heat/fuel/utilities	13	35.1%
Food	8	21.6%
Child care	7	18.9%
Rent/housing	7	18.9%

Multiple response question with 37 respondents offering 112 responses.

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

Response	Frequency	Percent
Less than 33%	196	41.6%
Between 33% - 49%	161	34.2%
Between 50% - 74%	85	18.0%
75% or more	29	6.2%
<b>Total</b>	<b>471</b>	<b>100.0%</b>

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

Response	Frequency	Percent
None	49	12.5%
1% - 5%	141	35.9%
6% - 10%	112	28.5%
11% - 20%	56	14.2%
21% - 30%	22	5.6%
31% and over	13	3.3%
<b>Total</b>	<b>393</b>	<b>100.0%</b>

## 27. How long do you plan on residing in Valdez?

Response	Frequency	Percent
Less than one year	10	2.1%
1-2 years	30	6.2%
2-3 years	24	4.9%
3-5 years	35	7.2%
5-10 years	53	10.9%
No current plans to move	334	68.7%
<b>Total</b>	<b>486</b>	<b>100.0%</b>

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

Response	Frequency	Percent
White/Caucasian	432	89.8%
Alaskan Native/Native American	16	3.3%
Hispanic/Latino	11	2.3%
Asian	6	1.2%
African American	4	0.8%
Multi-ethnic	4	0.8%
Filipino	3	0.6%
Pacific Islander	1	0.2%
Other	4	0.8%
<b>Total</b>	<b>481</b>	<b>100.0%</b>

## 29. Which income range best describes your annual household income?

Response	Frequency	Percent
Less than \$10,000	17	3.7%
\$10,000 to \$19,999	18	3.9%
\$20,000 to \$29,999	27	5.8%
\$30,000 to \$39,999	32	6.9%
\$40,000 to \$49,999	35	7.5%
\$50,000 to \$59,999	38	8.2%
\$60,000 to \$74,999	51	11.0%
\$75,000 to \$99,999	83	17.9%
\$100,000 to \$124,999	79	17.0%
\$125,000 or more	84	18.1%
<b>Total</b>	<b>464</b>	<b>100.0%</b>

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

Response	Frequency	Percent
No high school diploma	3	0.6%
High school diploma or GED	78	16.2%
Some college, no degree	143	29.7%
Two year college degree	66	13.7%
Four year college degree	110	22.9%
Master's degree or higher	81	16.8%
<b>Total</b>	<b>481</b>	<b>100.0%</b>

31. Are you male or female?

Response	Frequency	Percent
Male	151	31.7%
Female	326	68.3%
<b>Total</b>	<b>477</b>	<b>100.0%</b>

## Appendix III: Valdez Business Survey Results

### 1. How many employees do you currently have?

Response	Frequency	Percent
1-5	2	20.0%
6-10	2	20.0%
11-20	2	20.0%
21-30	0	0.0%
31-40	0	0.0%
41-50	1	10.0%
51-100	1	10.0%
101+	2	20.0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

### 2. Do you experience seasonal changes in the number of your employees?

Response	Frequency	Percent
Yes	4	40.0%
No	6	60.0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

### 3. If yes, what month(s) do you have the most employees? (Mark all that apply)

Response	Frequency	Percent
January	0	0.0%
February	0	0.0%
March	0	0.0%
April	0	0.0%
May	0	0.0%
June	2	20.0%
July	3	30.0%
August	4	40.0%
September	0	0.0%
October	0	0.0%
November	0	0.0%
December	0	0.0%

*Multiple response question with 4 respondents offering 9 responses.*

4. How could the health care system in Valdez help to meet your needs of zero reportable workers compensation incidences?

- Have had no problems at all
- Don't have any incidences
- For us if we could work with Providence to improve pre-employment screening. For example with laborers where we require them to lift 50 lbs they actually can.
- Had a person cut their finger, and I wasn't there at the time. They went down to the clinic and they just put tape on it. If I was there I could have just taken care of it myself and avoided an unnecessary trip to the hospital. We already do a bingo game that promotes safety and do safety training, and talk about safety every day.
- Really don't deal with those issues.
- The physical therapy would come over and help assess working conditions. Especially ensuring ergonomic practices.
- Don't know.
- The hospital is already pretty active with the university and resources are already being shared between the hospital and the college. They have their own organization that provides support, including ergonomic training.
- To best of my knowledge company has had zero incidences of worker compensation.
- Didn't have any incidences of workers compensation other than people occasionally slipping on ice.

5. Please tell me which of the following would be beneficial to your company: (Read list, mark all that apply)

Response	Frequency	Percent
Employee health services	6	12.2%
Pre-employment screens and physicals	4	12.3%
Physical therapy	6	12.2%
Health education	8	16.3%
Occupational Safety and Health Administration (OSHA) requirements	5	10.2%
Flu shots	7	14.3%
Chronic disease management	6	12.2%
Health risk assessments	7	14.3%

*Multiple response question with 10 respondents offering 49 responses.*



## 6. Do you require pre-employment screens for your employees?

Response	Frequency	Percent
Yes	5	50.0%
No	5	50.0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

## 7. If yes, what type?

Response	Frequency	Percent
Physical fitness health screens	1	16.7%
Drug screens	2	33.3%
Other	3	50.0%

*Multiple response question with 5 respondents offering 6 responses.*

## 8. What elements of your screening process could the community hospital provide for you? (N=7)

- Hospital can help work with us and actually test the pre employment health screens.
- None
- The drug testing could be done by the community hospital.
- They already do a lot of it. Educating the community about the services the hospital provides. They keep on adding programs and services, and need to better educating the community with the ever increasing services they offer.
- The community hospital could provide them all if they had the means to pay for them.

## 9. Do you provide a health plan for your employees?

Response	Frequency	Percent
Yes	5	50.0%
No	5	50.0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

## 10. Who is your insurance carrier? (N=5)

Response	Frequency	Percent
Meritan	2	40.0%
CIGNA	1	20.0%
Premera Blue Cross	1	20.0%
Other (Health savings account)	1	20.0%
<b>Total</b>	<b>5</b>	<b>100.0%</b>

*Open-ended question with 5 respondents, those answering "yes" to providing a health plan for employees.*

11. Does your employee health plan cover any of the following: (Read list, mark all that apply)

Response	Frequency	Percent
Physical health	5	13.8%
Dental health	5	13.8%
Mental health	3	8.3%
Wellness/prevention	5	13.8%
Health risk assessments	2	5.5%
Substance abuse	4	11.1%
Vision	5	13.8%
Long-term care	2	5.5%
Prescriptions	5	13.8%

*Multiple response question with 10 respondents offering 36 responses.*

12. Do you feel that the hospital provides adequate information about services available?

Response	Frequency	Percent
Yes	9	90.0%
No	1	10.0%
<b>Total</b>	<b>10</b>	<b>100.0%</b>

13. Thinking about the hospital, what are the areas of greatest strength? (N=10)

- Accessibility. Never had any trouble calling in and speaking to someone directly. Found this to be extremely helpful, especially when people were willing to transfer them exactly where I needed to go.
- Patient care.
- Interpersonal relationships with community. They do exceedingly well with relationships. Well known fact throughout town.
- They have wealth of community-minded associates who are willing to help.
- Very pleased with all of it.
- Total resources available for a small community.
- The fact that they have an emergency room and senior facilities.
- The staffing is very qualified, at all different levels, from doctors to nursing to physical therapy to management.
- The fact that they have a hospital. They are very fortunate to have one.
- The lab work is fabulous. Cat scan and x-ray is huge plus, day to day care is great, and great physical therapy program.

#### 14. Thinking about the hospital, what are the areas that need the most improvement? (N=10)

- Hadn't had any problems. They recently fixed the parking that had been a problem in the past. Have had no bad experiences and use the hospital a lot.
- No idea what could be improved, the hospital does plenty.
- Don't know right now. Can't think of anything. For the size of Valdez, the hospital provides lots of services.
- No answer. The hospital does a good job and is always looking for ways to improve.
- Couldn't think of anything. An MRI machine would be a nice thing to have, but one is coming in.
- More diagnostic equipment, especially an MRI would be the area that could be most improved.
- More updated equipment and more consistent doctors.
- Another doctor is needed, as well as the previously mentioned need for the medical center to improve how they advertise and promote the new services that they offer.
- Rarely use the hospital, but would like the hospital to find a way to hire local people. The college offers a nursing program; they should be able to hire more local people.
- The hospital needs more specialists. Flights to Anchorage get very expensive and can be cumbersome.

#### 15. What do you consider to be the greatest health care need in Valdez? (N=10)

- Pediatric needs.
- Don't consider any health care needs and think if anything we are over served.
- Additional preventive services.
- Blood donation would be nice to have available.
- Extreme sports are very popular in Valdez, making injury recovery an important health care need.
- General health.
- Probably just the machinery.
- Long term care. A lot of the population is reaching that age, and they are having to relocate because long term care is not available. The board is currently working on that issue and has established a task force. It is said to separate grandparents from their grand children because Valdez doesn't have adequate long term services.
- Assisted living and better trained caregivers.
- Getting an MRI machine and chemotherapy programs. These things can be stressful for people to deal with.

16. Is there anything that health providers could be doing differently to improve health care in Valdez?  
(N=10)

- When people return from the hospital they forget what was discussed. The hospital should have more brochures and more paperwork to hand to the patients. Although people can Google information when they get home it would be more helpful if they had paperwork in hand. Information given verbally and not written down would be more beneficial.
- No it's pretty good.
- Although there is always room for improvement, can't think of something specially. As an example, it would be nice to have a cardiologist, but also that just isn't realistic in a small town like Valdez.
- Only complaint is the clinic and the length of wait.
- Can't think of anything.
- Health providers are doing a pretty good job.
- Refer patients when it's more of a specialized issue. For example, they should send people to Anchorage if it's something they can't adequately cover in Valdez.
- There's always room for improvement. We need to improve the education of people so they take advantage of local services. Really enforcing the notion that facilities that Valdez has are truly state of the art especially for a town of its size and encouraging people to utilize the plethora of services that the community provides.
- Always have felt like I have had very good care with the various health providers of Valdez. However, they don't pay a good wage for caregivers, and they are not adequately trained.
- The health providers are doing everything they are equipped to do.

17. Is there anything else you would like to add? (N=7)

- The survey is misleading when you ask people about potential services and needs but fail to weigh the costs of such services.
- Hospital is good for Valdez.
- Very pleased, the overall feel and administration is very friendly and willing to work with you, and very competent people. Had nothing but very good experiences.
- Question the validity of the results when no consequence or costs are associated with the survey. Think that everyone is going to just say "yes" to all the responses.
- Nothing else to add.
- Would like to see the doctors that come to Valdez retained. Would like to see the newer doctors kept if it all possible.
- No.

## Appendix IV: Valdez Health Care Provider Survey Results

1. First, I'm going to ask you about unmet needs for certain populations in Valdez. In your opinion, are there unmet health care needs for: (Read list)

*Note: Comments included where applicable.*

### 1a. Young children

Response	Frequency	Percent
Yes	2	33.3%
No	4	67.7%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

If yes, please describe the unmet need:

Dentists:

- I refer them to a child specialist in Anchorage.
- Parents just don't bring their kids in, even the kids who are eligible.

If, no:

- We are doing a good job.

### 1b. Adolescent children

Response	Frequency	Percent
Yes	2	33.3%
No	4	67.7%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

If yes, please describe the unmet need:

- Counseling center is thin on providers for cognitive behavior therapy and short-term therapy. Not sure it is fixable. People need someone to choose from. Those who are good with these populations are overburdened. This all applies for young adults as well.

*Note: What respondent thinks are "doable and resource-effective" in Valdez.*

- Parents just don't bring their kids in, even the kids who are eligible. (Dentist)

## 1c. Adult females

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

## 1d. Adult males

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

## 1e. Seniors

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

## 1f. Tourists

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

## 1g. Transient populations

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
<b>Total</b>	<b>6</b>	<b>100.0%</b>

If no,

- We see walk-ins.

## 2. Do you think any of the following are barriers to residents obtaining health care in Valdez?

Response	Frequency	Percent
Access/transportation issues	3	15.0%
Affordability/insurance coverage	6	30.0%
Language differences	1	5.0%
Knowledge of available services	5	25.0%
Waiting lists	1	5.0%
Availability of services	1	5.0%
Confidentiality	3	15.0%
Quality	0	0.0%
Other barrier	0	0.0%

*Multiple response question with 6 respondents offering 20 responses.*

## 3. Have you referred any of your patients to locations outside of Valdez for any of the following health care?

Response	Frequency	Percent
Diabetic treatment	5	7.4%
Geriatric treatment	1	1.5%
Nursing home	3	5.3%
Alzheimer's unit	0	0.0%
Cardiology specialty care	5	7.4%
Mental health treatment	3	4.5%
Substance abuse/alcohol treatment	5	7.4%
Prenatal care	2	3.0%
Pediatric care	3	4.5%
Women's health treatment	3	4.5%
Oncology treatment	5	7.4%
Orthopedic care	5	7.4%
Eye care	5	7.4%
Hearing aids	5	7.4%
Occupational health injuries	5	7.4%
Preventive/wellness checkups	0	0.0%
Other	2	3.0%

*Multiple response question with 6 respondents offering 49 responses.*

#### 4. What do you consider to be the greatest health care need in Valdez? (N=6)

- More providers/physicians or physician extenders/nurse practitioners to accommodate walk-ins and emergency room patients. It would make it less burdensome to current providers and decrease patient waiting time.
- Intelligence
- Another family physician.
- Sufficient practitioners to serve full spectrum primary care on day to day basis. Providers are spread too thin.
- Education
- Cardiac testing, nuclear tests, major surgery, advanced testing, an MRI, materials for specialists...In Valdez there is no assisted living center, home health care, or license to distribute "durable materials" medical equipment- from Medicare. Seen as too expensive, but includes important materials such as walkers, oxygen, crutches, and even wrist braces.

#### 5. Is there any health technology that would be beneficial in Valdez? (N=5)

- An MRI machine. (3 responses)
- Electronic ICU, MRI, Schiotz tenometer. We have appropriate technology given our location and size.
- An MRI machine is hopefully coming. Someone to oversee heart monitors, not electronic ICU, just someone else watching them.



## 6. What are the greatest risks to the health care system in Valdez? Add to list if needed.

Response	Frequency	Percent
Declining population	0	0.0%
Difficulty with insurance claims/coverage	5	19.2%
Uninsured patients	5	19.2%
Seasonal population changes	1	3.8%
Not enough federal/state funding	3	11.5%
Not enough local funding	0	0.0%
Lack of appropriate health care infrastructure	0	0.0%
Aging of health care infrastructure	0	0.0%
Not enough equipment	2	7.7%
Not enough family medicine doctors	4	15.4%
Not enough specialist expertise	2	7.7%
Not enough nurses	2	7.7%
Not enough trained technicians	1	3.8%
Not enough administrative/support staff	1	3.8%
Other	0	0.0%

*Multiple response question with 6 respondents offering 26 responses.*

## 7. Is there anything that providers could be doing differently to improve health care in Valdez? (N=4)

- Tons. Change structure of clinic, provide way to separate the day, walk-in day time hours and scheduled patient hours. Quicker turnaround times. Primary care doctors should more easily approve outside referrals to make it less difficult to seek outside services they need. Patients should be allowed to seek second opinions. More primary care providers.
- We are providing appropriate service for our size.
- Can always improve lots. Would love to have time and technology to do more proactive stuff like automated reminders of due dates for diabetes screenings or immunizations.
- Get an MRI, it would be a huge help to have one here. We do a lot with what we have.

8. *Thinking about the hospital*, what are the areas of greatest strengths? (N=6)

- Communication with administration is good. Reputation in town is good. Ability to coordinate.
- Very good hospital, it works well. I'm very happy with it.
- Our nurses.
- Personal nature of it. Nobody is a number here.
- Flexibility of staff.
- The quality of care is good, the facility is nice and modern, equipment is good, lots of good staff (enjoyable to work with), and for a community as small as Valdez they still provide a lot of services, such as OB.

9. *Thinking about the hospital*, what are the areas that need the most improvement? (N=5)

- Getting more nurses with training and background in rural medicine.
- Service is appropriate and good. I hope we can continue to do what we are doing but could use an electronic ICU and provide more surgery.
- Keeping staff trained in everything they need to do. Not lacking but can be improved.
- Equipment – MRI.
- Easier access to training for employees, need for specific services so that patients don't have to travel as much for health care, and improvements to the Emergency Medical Record (EMR) system.

10. Thinking about health care information and education in Valdez,

10a. What do you think is effective? (N=5)

- Diabetic education classes.
- SWAN is effective. Diabetic group visits.
- Events like those put on by SWAN, word of mouth, one-on-one stuff (provider to patient), schools.
- Health fairs are good. A regular medical column in the newspaper would be helpful.
- One-on-One (although its time consuming), and group support classes (like the one for diabetes) seem to be working very well- maybe expand for other diseases.

## 10b. What needs improvement? (N=4)

- More diabetic education classes needed. A patient education resource center would help. Access to American Cancer Society information.
- Community lectures would be an improvement. We are limited because of limited physician time. More outreach programs.
- Promoting scientific information over fads. Public in general tends to think science is just another opinion. They must learn to distinguish scientific information from unfounded information.
- Soda and juice are part of the WIC and food stamp program, getting rid of that would help.

## Appendix V: Unmet Health Care Needs

Unmet health care needs are strongly associated with lack of insurance coverage and income.<sup>47</sup> However, in some regions, a lack of health care providers can also contribute to unmet health care needs.

Health care providers in Valdez were asked whether they thought there were unmet health care needs for specific populations in their city. In this question, the population of Valdez was broken down into the following seven subpopulations: young children, adolescent children, adult females, adult males, seniors, tourists and transient populations (e.g. seasonal workers). If respondents said that there were unmet health care needs for a certain population they were then asked to further describe the unmet need. Health care providers reported unmet needs in all seven subpopulations, but two providers gave details on unmet needs among young children and adolescents.

**Figure 108:**  **Health Care Provider Responses: Are there unmet health care needs for: (2011)**

Response	Number of Respondents	Provider Type
Young children	2	Dentist=2
Adolescent children	2	Dentist=1, Physician=1
Adult females	1	Dentist=1
Adult males	1	Dentist=1
Seniors	1	Dentist=1
Tourists	1	Dentist=1
Transient population (e.g. seasonal workers)	1	Dentist=1
<b>Total responses</b>	<b>6</b>	<b>Dentist=2, Physician =4</b>

2011 N=6

Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.

<sup>47</sup> Sanmartin, C., Berthelot, J.M., and Murphy, K. (2005). *Self-reported unmet Health Care Needs in the U.S. and Canada*. Academy Health. Boston: Mass.

**Figure 109:  Health Care Provider Responses: Please describe the unmet health care needs: (2011)**

**Young children (2 respondents)**

- I refer them to a child specialist in Anchorage. (Dentist)
- Parents just don't bring their kids in, even the kids who are eligible. (Dentist)

**Adolescent children (2 respondents)**

- Counseling center is thin on providers for cognitive behavior therapy and short-term therapy. Not sure it is fixable. People need someone to choose from. Those who are good with these populations are overburdened. This all applies for young adults as well. (Physician)

*Note: What respondent thinks are "doable and resource-effective" in Valdez.*

- Parents just don't bring their kids in, even the kids who are eligible. (Dentist)

*Source: Applied Survey Research, Valdez Health Care Provider Survey, 2011.*