2012-2013

Anchorage Community Health Needs Assessment
Final Results

Photo courtesy of John Thain

A collaboration of:

Providence Alaska Medical Center

United Way of Anchorage

Municipality of Anchorage

PROVIDENCE
Alaska
Medical Center

TO THE RESIDENTS TO ANCHORAGE,

This 2012-2013 Anchorage Community Health Needs Assessment is provided by Providence Alaska Medical Center (PAMC) and Providence Health & Services Alaska (PHSA), in partnership with the United Way of Anchorage and the Municipality of Anchorage. We are committed to conducting a Community Health Needs Assessment every three years, the first of which was completed in 2006.

As a not-for-profit organization, PHSA dedicates a portion of its earnings to provide "community benefit" to our fellow Alaskans. In 2012, PHSA invested $57.8 million in community benefit. Information and insights generated from the previous assessment in 2009 were used by PAMC and PHSA to plan for community benefit investments in Anchorage. Community benefit investments included:

- Opening the Senior Care Center to address access needs for persons 55 and older
- Providing health care to the homeless at Brother Francis Shelter
- Supporting childhood wellness through Healthy Futures
- Providing charity care for our uninsured and underinsured neighbors
- Offering education for health care professionals

The 2012 CHNA survey was an overwhelming success. Both primary and secondary community health indicator data was collected for Anchorage. We engaged a wide variety of community experts and representatives, including the state and municipality health and human services, United Way of Anchorage, social services organizations, Providence Community Ministry Board, and other health care providers. The expert group reviewed the assessment data and, through robust dialogue, collectively identified Anchorage's top four health needs: Poverty, Healthy Behaviors, Alcohol and Substance Abuse, and Access to Affordable Care.

Providence is committed to the best possible healthcare for Anchorage. We will use the results of the needs assessment to continue to identify opportunities to address community needs. We encourage you to take this opportunity to review the information in this assessment and to share it with others in the community.

Sincerely,

Richard Mandsager, MD
Chief Executive
Providence Alaska Medical Center

Monica Anderson
Chief Mission Integration Officer
Providence Health & Services Alaska

2012-2013 Anchorage Community Health Needs Assessment
Final Results

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To request a paper copy of this report, email allison.fong@providence.org.
Another report source can be found at: http://www.liveunitedanchorage.org/ourwork

INTRODUCTION

ANCHORAGE, ALASKA

Anchorage, Alaska is the largest community in the state. It is located in Southcentral Alaska along Cook Inlet. Anchorage sits in a bowl with Cook Inlet on one side and Chugach State Park on the other. Home to nearly half the state's residents, Anchorage has a population of 295,570. It is the hub of Alaska's infrastructure and business community. Ethnically and culturally diverse, three of the top 10 most diverse census tracts in the United States are within Anchorage[1].

The community health needs assessment assessed the broad Anchorage community but did take a special look at a few key subpopulations: youth, seniors, and the poor and vulnerable, especially homeless and underserved residents. The purpose of this assessment was to identify the health needs in the Anchorage area, which is Providence Alaska Medical Center's primary service area[2]. The assessment area comprised the communities within the Municipality of Anchorage.

HEALTH CARE MARKET IN ANCHORAGE ALASKA

With four acute care hospitals, one long-term acute care hospital, two psychiatric hospitals and a full spectrum of primary care and specialty care service providers, Anchorage is the tertiary health care hub for the state of Alaska.

PROVIDENCE HEALTH & SERVICES, ALASKA

Providence Health & Services has a long history of serving Alaska, beginning when the Sisters of Providence first brought health care to Nome in 1902 during the Gold Rush. This pioneering spirit set the standard for modern health care in Alaska and formed the foundation for Providence's growth as the state's leading health care provider.

Today, Providence serves Alaskans in eight communities - Anchorage, Cordova, Eagle River, Kodiak Island, Mat-Su, Seward, Soldotna and Valdez. Providence Health & Services Alaska is the state's largest private employer with more than 4,000 full and part-time employees working for the organization statewide.

In partnership with physicians and health care providers throughout the state, they provide a lifetime of care for Alaskans of all ages, as do its sister institutions and facilities in Washington, Oregon, California, and Montana.

PROVIDENCE ANCHORAGE MINISTRIES

Today, Providence continues that mission of service by providing Alaskans with health care offered nowhere else in the state. Among its unique services are Alaska's only children's hospital and the only Level III Newborn Intensive Care Unit. They also provide treatments and technologies available only at Providence Alaska Medical Center (PAMC), a 371-bed acute care facility. It is the only comprehensive tertiary referral center serving all Alaskans. PAMC also features Heart and Cancer Centers, the state's

[1] McCoy, Kathleen. *Hometown U: Data show Mountain View is most diverse neighborhood in America* http://www.adn.com/2013/04/06/2855271/hometown-u-data-show-mountain.html, April 6, 2013

[2] Providence Health & Services Alaska also supports community health needs assessments in the Cordova, Kodiak, Mat-Su Valley, Seward, and Valdez.

largest Emergency Department, full diagnostic, rehab and surgical services as well as both inpatient and outpatient mental health and substance abuse services for adults and children. Providence's family practice residency program, primary care and specialty clinics serve the primary care, behavioral health, specialty and subspecialty needs of Anchorage and Alaska residents. Additionally, Providence's service to the community is strengthened by a continuum of senior and community services ranging from primary care at the Senior Care Center to long-term skilled nursing care at Providence Extended Care.

PHSA partners to provide additional services through five joint ventures including: Providence Imaging Center in Anchorage, Eagle River, and Soldotna, St. Elias Long Term Acute Care Hospital, Imaging Associates of Providence in both Anchorage and Wasilla, LifeMed Alaska (a medical transport / air ambulance service), and Creekside Surgery Center.

ALASKA NATIVE MEDICAL CENTER

The Alaska Native Medical Center (ANMC) provides comprehensive inpatient and outpatient medical care to Alaska Native and American Indian people. ANMC is jointly owned and managed by the Alaska Native Tribal Health Consortium (ANTHC) and Southcentral Foundation (SCF), and includes both the hospital and the Anchorage Native Primary Care Center. Most of ANMC's hospital services are available to the entire Alaska Native and American Indian population of the state. Referrals for specialty care are made by the Alaska Tribal Health System's network of providers located in village clinics, community health centers and regional hospitals. ANMC's primary care services are reserved for those living in the Anchorage Service Unit (ASU), including Anchorage, Palmer, Wasilla and the ASU villages[3].

JOINT BASE ELMENDORF RICHARDSON HOSPITAL

Joint Base Elmendorf Richardson (673d Medical Group) is comprised of approximately 1300 personnel who are dedicated to providing preventive, emergency and acute care services for approximately 166,000 beneficiaries. Health care services are also provided directly or coordinated for over 10,300 retirees and their dependents. Nearly 20 percent of the population of Anchorage is eligible for care in their facility. The 110-bed medical facility was opened in May of 1999 as a joint venture with Department of Veterans Affairs. There are total of 79 staffed beds comprised of 53 inpatient beds, 22 same-day surgery beds and four antepartum beds. A new 34,000 square foot wing houses the Mild Traumatic Brain Injury Center, Family Advocacy Program, Mental Health, Alcohol and Drug Abuse Prevention & Treatment (ADAPT) Pain Management, and Public Health.[4]

ALASKA REGIONAL HOSPITAL

Alaska Regional Hospital, a for-profit 250-bed facility, has been in Anchorage since 1963 (originally known as Anchorage Presbyterian Hospital). In 1994, Alaska Regional joined with Hospital Corporation of America (HCA). With more than 1,000 employees and a medical staff of over 500 independent practitioners, Alaska Regional offers a broad spectrum of health services to the community.[5]

[3] Source: Alaska Native Medical Center website: http://www.anmc.org/about, June 2013
[4] Source: Joint Base Elmendorf Richardson Hospital website: http://www.jber.af.mil/hosp/history.asp, June 2013
[5] Source: Alaska Regional Hospital website: http://alaskaregional.com/about/, June 2013

COMMUNITY HEALTH NEEDS ASSESSMENT PROJECT OVERVIEW

Every three years, Providence Alaska Medical Center (PAMC) conducts a community health needs assessment for Anchorage in order to guide community benefit investments and inform our response to the community's needs. The health needs assessment is an evaluation of key health indicators of the community. The importance of the assessment is affirmed by expectations from our Board of Directors and the Affordable Care Act.

As in years past, PAMC has partnered with United Way of Anchorage and the Municipality of Anchorage Public Health Department to collect community health data for Anchorage. Providence also engaged with community experts and representatives from the Providence Community Ministry Board, Municipality of Anchorage Health & Human Services, social services organizations and other health care providers. Combining the health indicator data with the expertise of leaders in health care, social services and the community served to identify the greatest health needs in Anchorage. Conducting a needs assessment and prioritizing health needs allows us to better serve the people of Anchorage and Alaska. The data collection and analysis occurred in 2012 and 2013.

The assessment may be used as a tool for concerned community members to not only better understand the health of the community, but also to make data-based decisions to improve the lives of Anchorage residents. The goal of the Anchorage Community Health Needs Assessment is to continually improve the quality of health and health care for residents by:

- Providing accurate, reliable , and valid information to community members and health care providers;
- Raising public awareness of health needs, trends, emerging issues and community challenges;
- Giving community members the opportunity to share their personal experiences, insight, and opinions on health and health care in Anchorage;
- Providing data for the hospital and the community to continue strategic planning efforts.

DATA SOURCES

United Way of Anchorage contracted with Applied Survey Research (ASR)[6] to collect the data for the Anchorage Community Assessment Project (CAP). The assessment is based upon many different data sources including credible secondary data from federal, state and local sources, as well as primary data from a community phone survey.

Providence Strategic Planning Department contributed additional data to supplement the health needs assessment:

- Community Need Index Score and Map
- PAMC Emergency Department Utilization Trends

See Appendix I for more information about data sources.

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

2012-2013 ANCHORAGE COMMUNITY HEALTH NEEDS

More than 600 people completed the health needs primary data survey. This survey information was combined with state and national data to help give a picture of the health status and needs in the Anchorage community.

Community members, experts and organization representatives met to review the assessment data. A complete list of participants can be found in Appendix II. Collectively the group identified the top four health need priorities based on the community health needs assessment. The process for determining the needs included an electronic evaluation survey and an open dialogue with the community advisory group (Appendix II).

Anchorage Health Need Priorities	Description
Poverty	There has been a steady increase since 2006 of Anchorage residents going without basic needs. In 2012, more than one in six people went without some kind of basic need. The top three forgone needs were health care, food, and housing. Low income, as well as access to safe, affordable housing and food, has both short and long term effects on the health and wellbeing of individuals and families. Addressing poverty will have a significant impact on all other needs in the community.
Alcohol/Substance abuse	Anchorage and Alaska residents drink heavily and binge drink at a greater rate than the national average. Substance abuse has broad impacts on the mental, physical, and social health of the community. In Anchorage the cultural acceptance of alcohol use is believed to contribute to increased abuse of alcohol and other substances.
Healthy Behaviors	Over 60 percent of Anchorage adults are overweight or obese, as are 27 percent of high school students. Although the percentage of both populations has decreased over time, it remains an area of focus for the community as whole. Approximately half of Anchorage residents had some kind of biometric screening in the past 12 months. Practicing healthy behaviors from increased physical activity to preventive screenings and care are shown to have positive impacts on the quality and length of individuals lives.
Access to Affordable Care	One in 12 people reported being unable to receive needed medical care in the last 12 months. One in six people reported being unable to receive needed dental care in the last 12 months. Affordability was cited as the No. 1 reason for lack of access to care. Nineteen percent of adults lack health insurance in Anchorage. Residents in high need neighborhoods have greater uninsured rates. Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care which often leads to expensive emergency intervention.

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

SOCIAL AND ECONOMIC FACTORS

The following social and economic factors play a significant role in an individual's health status. It is well established that individuals of low income, low educational attainment and that lack housing security are at greater risk for poor health.

UNMET BASIC NEED AS A RISK FACTOR FOR POOR HEALTH

COMMUNITY NEED INDEX

The Community Need Index (CNI) is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services. Every populated ZIP code in the United States is assigned a barrier score of 1 through 5 depending upon the zip codes national rank. A score of 1 represents the lowest national need rank; a score of 5 indicates the highest national rank.

Figure 1: Community Need Index Anchorage Neighborhoods

Zip Code	Neighborhood	CNI Score	Population (2011 est.)
99503	Midtown/Spenard	4.2	14,184
99501	Downtown/Govt Hill/Fairview	4	18,711
99508	UMED/Airport Heights/Mtn View	3.8	35,016
99504	Northeast/Scenic Foothills	3.4	42,056
99517	Turnagain/Spenard	3	17,874
99518	Taku/Campbell	3	10,139
99505	JBER/Fort Rich	2.8	4,868
99507	Abbott Loop/Hillside	2.8	39,244
99540	Indian	2.8	335
99502	Turnagain/Sand Lake	2.6	24,719
99506	JBER/Elmem	2.6	6,685
99515	Bayshore/Klatt/Oceanview	2.4	23,865
99587	Girdwood	2.4	2,372
99567	Chugiak	1.8	8,349
99577	Eagle River	1.8	27,326
99516	Hillside/Huffman/Rabbit Creek	1.4	21,245
	Anchorage	**2.9**	**296,988**

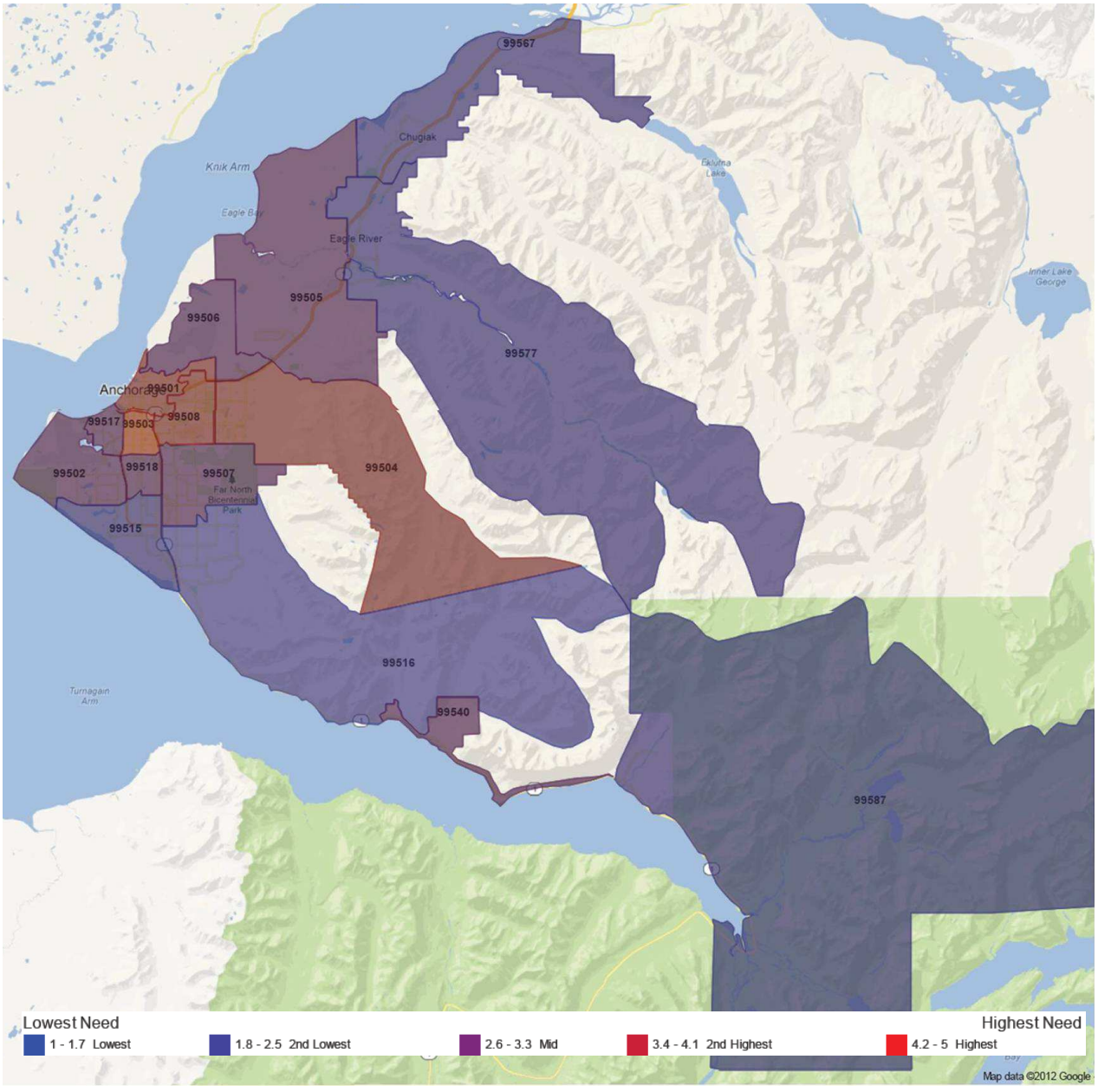
Source: 2012 Thomson Reuters (Healthcare) Inc. and Dignity Health, 2012 site accessed 11/9/2012: http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508
Note: Thomson Reuters and Dignity Health (formerly Catholic Healthcare West) jointly developed the CNI in 2004 to assist in the process of gathering vital socio-economic factors in the community.

The scores are composites of barrier scores for each zip code:

1. **Income Barrier**
   - Percentage of households below poverty line, with head of household age 65 or more
   - Percentage of families with children under 18 below poverty line
   - Percentage of single female-headed families with children under 18 below poverty line
2. **Cultural Barrier**
   - Percentage of population that is minority (including Hispanic ethnicity)
   - Percentage of population over age 5 that speaks English poorly or not at all
3. **Education Barrier**
   - Percentage of population over 25 without a high school diploma

4. **Insurance Barrier**
   - Percentage of population in the labor force, age 16 or more, without employment
   - Percentage of population without health insurance
5. **Housing Barrier**
   - Percentage of households renting their homes

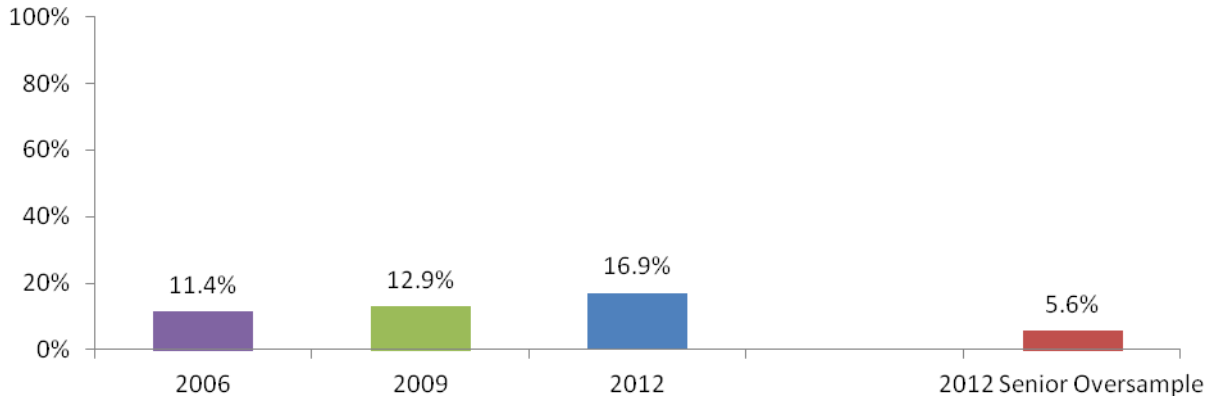
Figure 2: Community Need Index - Anchorage Map



Source: 2012 Thomson Reuters (Healthcare) Inc. and Dignity Health, 2012 site accessed 11/9/2012: http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508
Note: Thomson Reuters and Dignity Health (formerly Catholic Healthcare West) jointly developed the CNI in 2004 to assist in the process of gathering vital socio-economic factors in the community.
Note: This data was provided by Providence to supplement the Community Assessment Project (CAP) data.

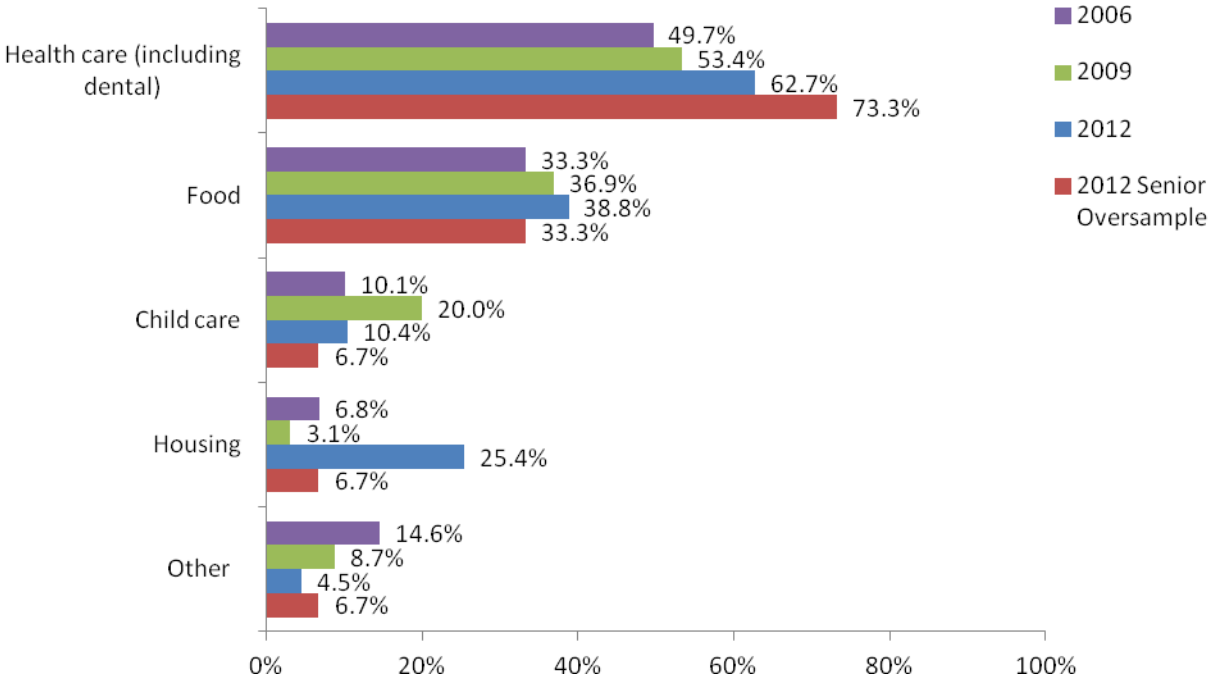
BASIC NEEDS

Figure 3: In any given month in the last 12 months, did you find yourself having to go without basic needs such as child care, food, housing, or medical care? (Respondents answering "Yes")



2006 N=400; 2009 N=401; 2012 N=403; 2012 Senior Oversample N=269.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2006, 2009, & 2012.

Figure 4: If yes, what did you go without?



2006: 43 respondents offering 48 responses; 2009: 52 respondents offering 64 responses; 2012: 67 respondents offering 95 responses; 2012 Senior Oversample: 15 respondents offering 19 responses.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2006, 2009, & 2012.

Figure 5: Public Assistance Program Caseload (Households)

Program	Geographic Area	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Alaska Temporary Assistance Program (ATAP)	Anchorage	1,260	1,201	1,496	1,728	1,827
	Alaska	3,109	2,998	3,198	3,619	3,804
Adult Public Assistance (APA)[1]	Anchorage	6,991	7,090	7,383	7,801	8,174
	Alaska	16,704	16,870	17,374	18,187	18,865
Food Stamps	Anchorage	7,774	8,729	11,270	13,655	14,852
	Alaska	22,055	24,173	29,469	34,357	38,016
Medicaid[2]	Anchorage	22,612	22,921	25,989	28,200	25,174
	Alaska	54,122	55,090	61,190	66,327	69,579

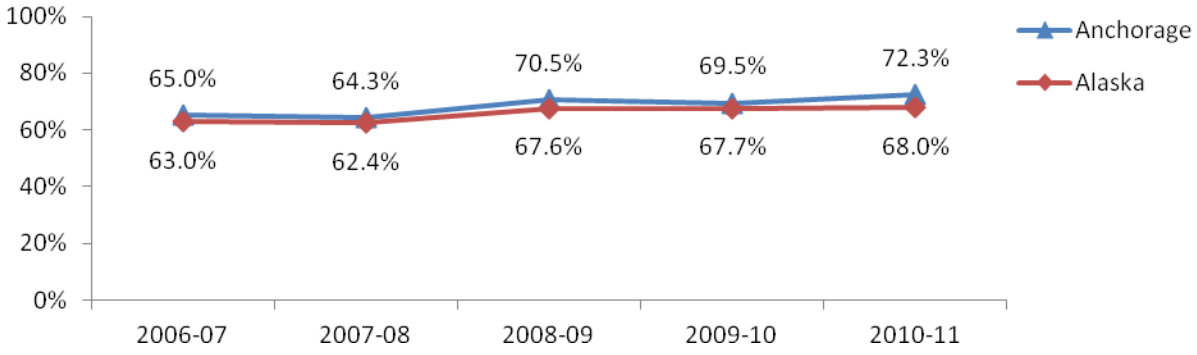
Source: State of Alaska, Division of Public Assistance, 2012.

[1]APA is an individual benefit; counts are for number of individuals rather than households.

[2]Medicaid counts include all ***eligible*** cases, not just those who receive benefits; Medicaid counts include Office of Children's Services cases.

LOW EDUCATIONAL ATTAINMENT AS A RISK FACTOR FOR POOR HEALTH

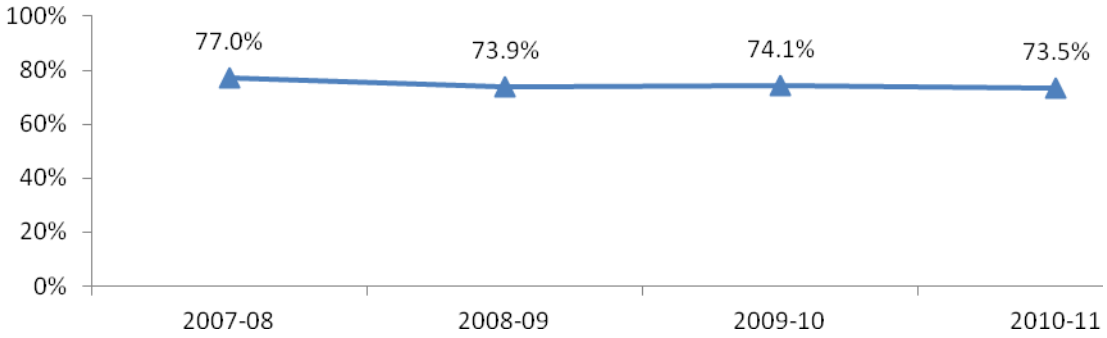
Figure 6: High School Four-Year Graduation Rate



Source: State of Alaska Department of Education and Early Development, *Report Card to the Public*, 2006-07, 2007-08. 2009-10, 2010-11, graduation rate for Anchorage (preliminary), Anchorage School District, Assessment and Evaluation Department, *Profile of Performance and School Report Card to the Public*, 2008-2009; available at http://www.asdk12.org/Depts/assess_eval/POP/0809/POP_0809_District.pdf, p. 188.

Note: The graduation rate is an estimated 4-year cohort group rate, using numbers for students in their 9th–12th grade years. The numerator is the sum of graduates in the current school year receiving a regular diploma before June 30th, including the number of graduates receiving a diploma in the summer of the previous year. The denominator is the sum of the number of graduates above, plus the number of unduplicated dropouts in grade 9 three school years prior, plus the number of unduplicated dropouts in grade 10 two school years prior, plus the number of unduplicated dropouts in grade 11 one school year prior, plus the number of dropouts in grade 12 during the current school year, plus the number of students continuing in grade 12.

Figure 7: Percentage of 9th Graders On-Track to Graduate, Anchorage

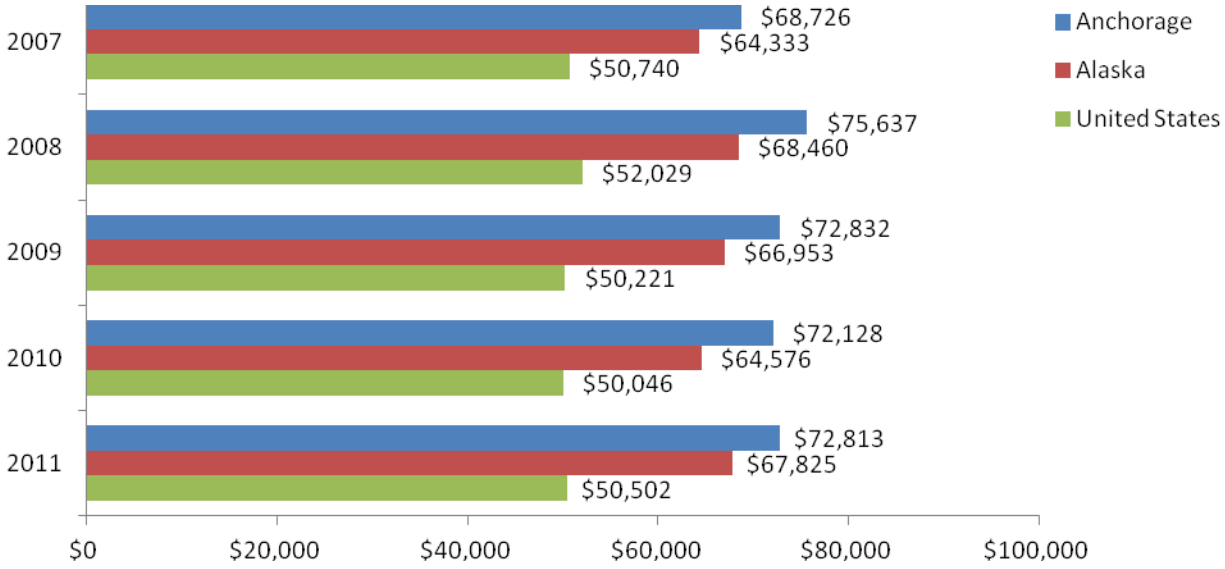


Source: Anchorage School District, Profile of Performance, 2009-10, p.182

Note: On-track in this graph means the student had earned a minimum of 5.5 credits and failed no more than one semester of a core subject. The core subjects are language arts, math, science and social studies.

LOW INCOME AS A RISK FACTOR FOR POOR HEALTH

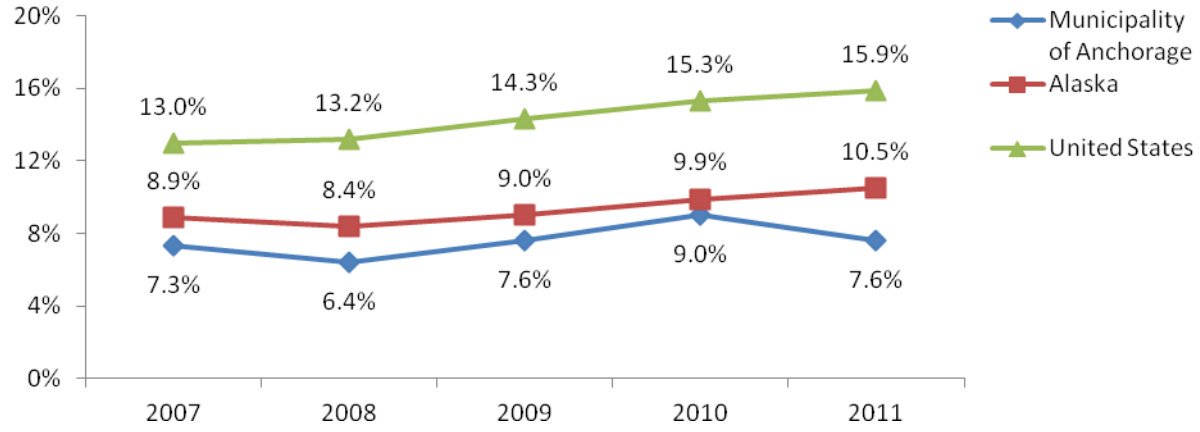
Figure 8: Median Household Income



Source: United States Census Bureau, *American Community Survey*: Table B19013, 2007, 2008, 2009, 2010, 2011.

Note: Median household income was calculated using the inflation adjusted dollars for each year indicated above. Numbers are based on estimates.

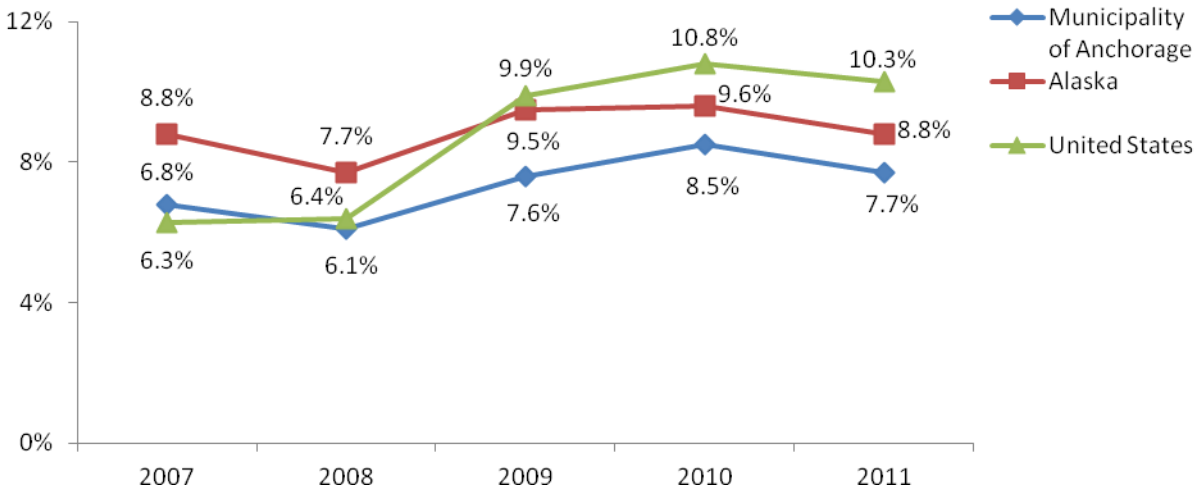
Figure 9: Percentage of Residents Living Under the Federal Poverty Threshold



Source: United States Census Bureau, *American Community Survey: Table S1701,* 2007, 2008, 2009, 2010, 2011.

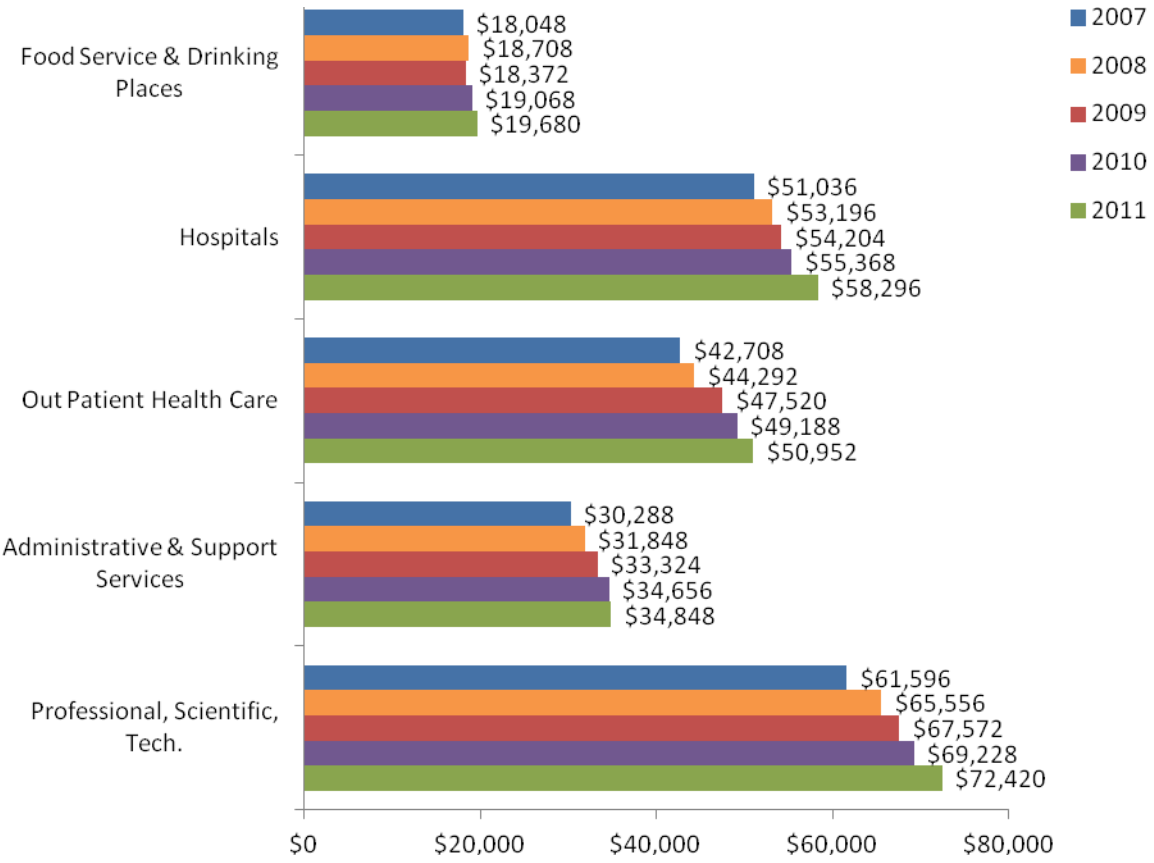
Note: The federal poverty threshold was developed in the early 1960s, based on three times the cost of a nutritionally adequate Department of Agriculture food plan (assuming the average family spent one third of their income on food). Since 1963, annual adjustments have been based on changes in the Consumer Price Index. In 2007, the federal poverty threshold for a family of four was $21,203.

Figure 10: Unemployment Rate



Source: United States Census Bureau, *American Community Survey: Table S2301,* 2007, 2008, 2009, 2010, 2011.

Figure 11: Average Annual Wages of Largest Occupations in Anchorage Workforce

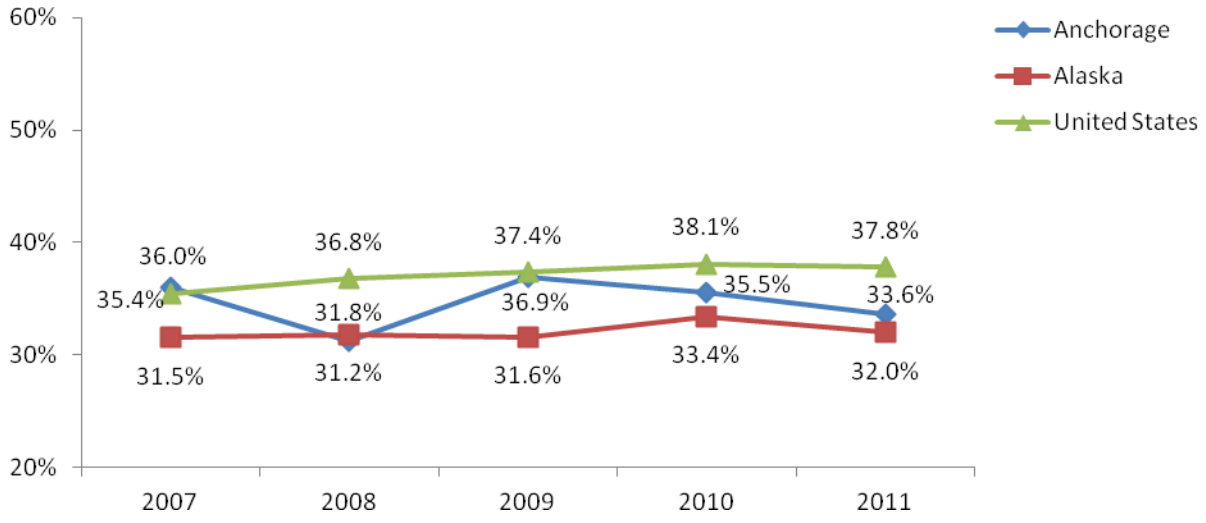


Source: State of Alaska Department of Labor and Workforce Development, *Annual Employment and Workforce 2007-2012, 2012.*
Note: Occupations shown represent the occupations with the highest average number of employees in Anchorage in 2011.
Note: Annual wages were calculated using average monthly earning times 12 months.

HOUSING INSECURITY AS A RISK FACTOR FOR POOR HEALTH

HOUSING AFFORDABILITY

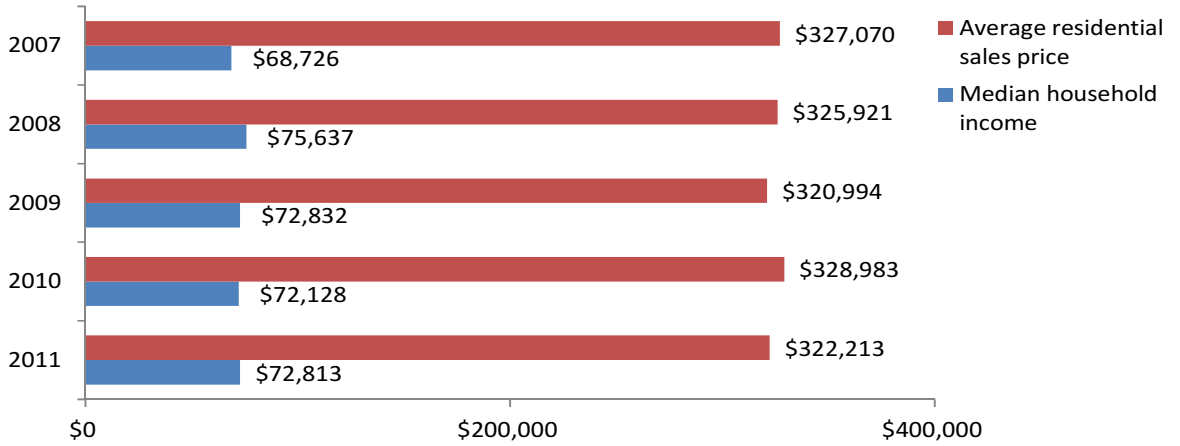
Figure 12: Percent Spending 30% or More of Income on Housing[1]



Source: United States Census Bureau, *American Community Survey: Table DP04,* 2007, 2008, 2009, 2010, 2011. United States Census Bureau, *American Community Survey: Table B19013,* 2007, 2008, 2009, 2010, 2011.

[1]Housing includes housing units with a mortgage, housing units without a mortgage, and rental units.

Figure 13: Average Residential Housing Sale Price and Median Household Income, Anchorage

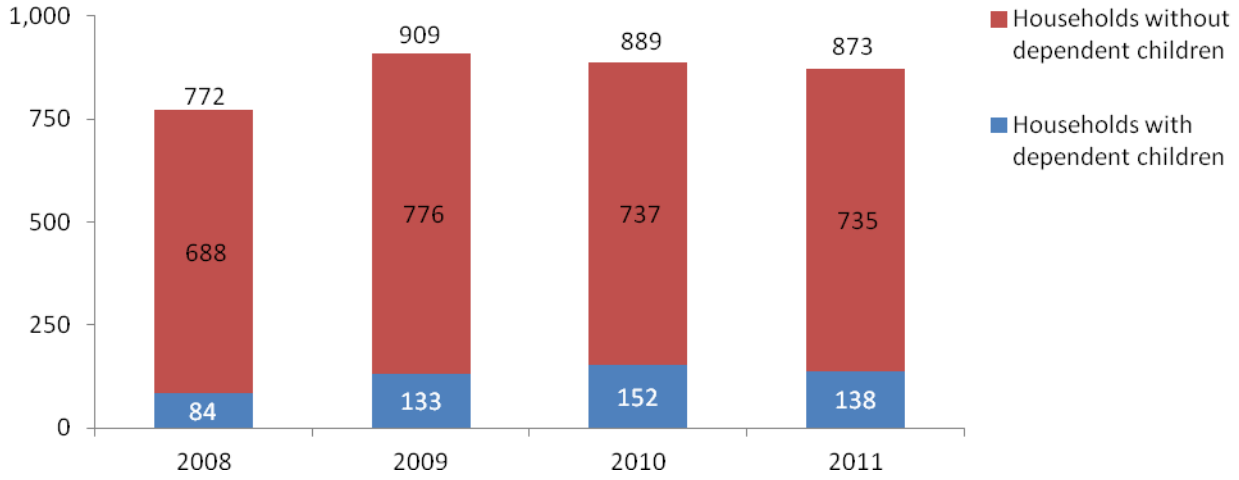


Source: Alaska Multiple Listing Service, Inc., 2012. United States Census Bureau, *American Community Survey: Table B19013,* 2007, 2008, 2009, 2010, 2011.

Note: Median household income was calculated using the inflation adjusted dollars for each year indicated above. Numbers are based on estimates.

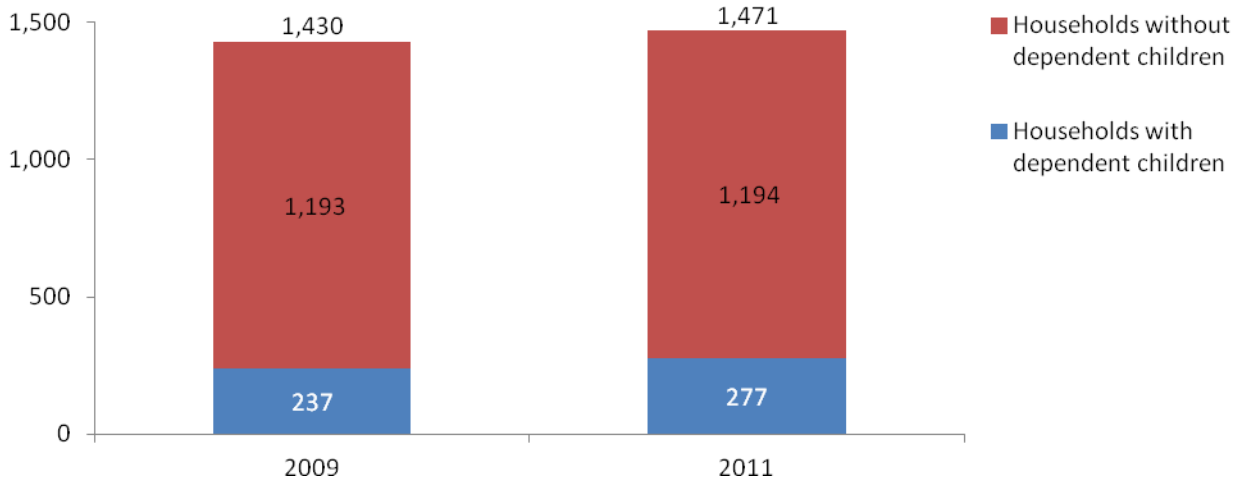
HOMELESSNESS

Figure 14: Homeless Households, Anchorage



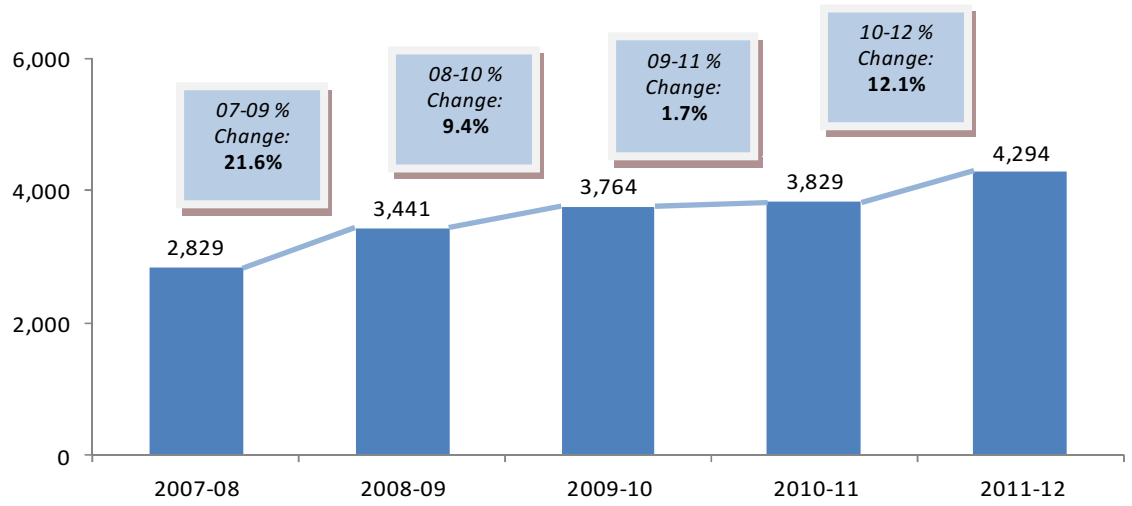
Source: Municipality of Anchorage, Department of Health and Human Services, AKHMIS Anchorage Continuum of Care Homeless Count, 2012.
Note: Data from 2009 and 2010 does not include data from Veterans Affairs (VA).
Note: Homeless counts are conducted in January.

Figure 15: Homeless Households, Alaska



Source: Alaska Housing Finance Corporation, 2012.
Note: Homeless counts are conducted in January.

Figure 16: Homeless Children and Youth Served[1] by the Anchorage School District, Ages 0-21



Source: Anchorage School District, Child in Transition/Homeless Project, 2012.

Note: As required by the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, the Anchorage School District Child in Transition/Homeless Project serves homeless children not yet old enough to enroll in school. The act requires that each child of a homeless individual and each homeless youth have equal access to the same public education, including public preschool, as provided to other children and youths. Many of these younger children are siblings of students. Others are referrals from community agencies that serve homeless families.

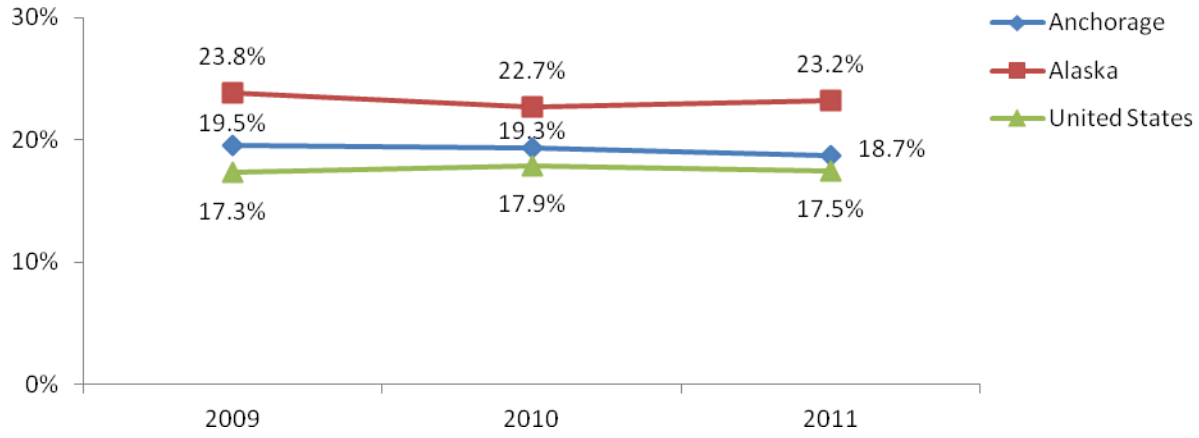
[1]The number of homeless children and youth served is a cumulative figure, including children who were homeless for a day, a month, or longer during the year.

ACCESS TO HEALTH CARE

The following issues concern Anchorage resident's ability to gain access to the care they need. There are many contributing factors that impact an individual's ability to access health care. Challenges people face in gaining access to the care may include cost, transportation, service availability, and insurance coverage. The senior population (age 65+) was oversampled to identify unique health needs that they may face in Anchorage.

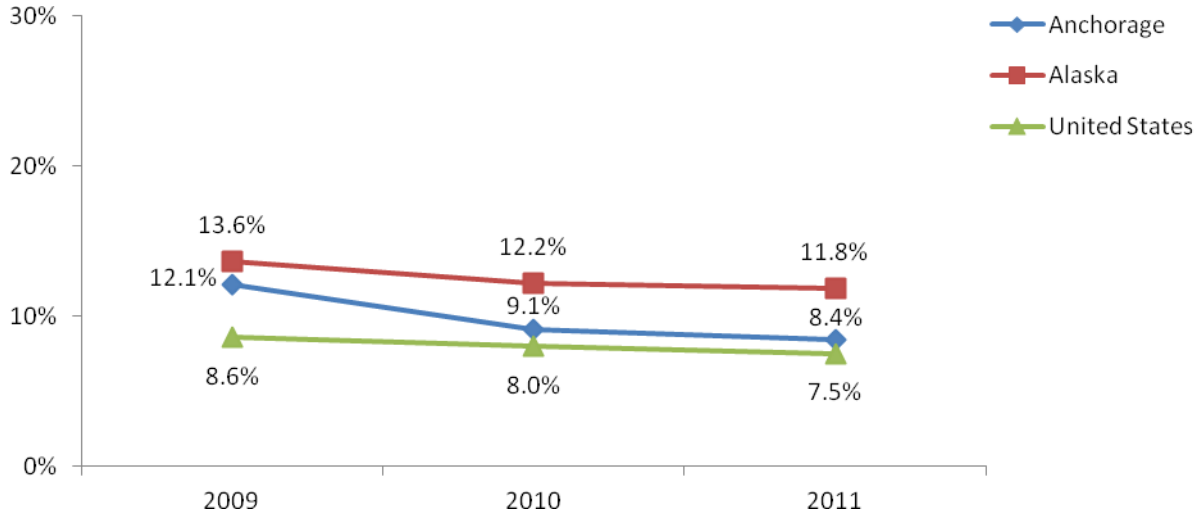
LACK OF INSURANCE AS A BARRIER TO HEALTH

Figure 17: Percentage of Adults (Ages 18+) Without Health Insurance



Source: United States Census Bureau, *American Community Survey*: Table B27001, 2012.

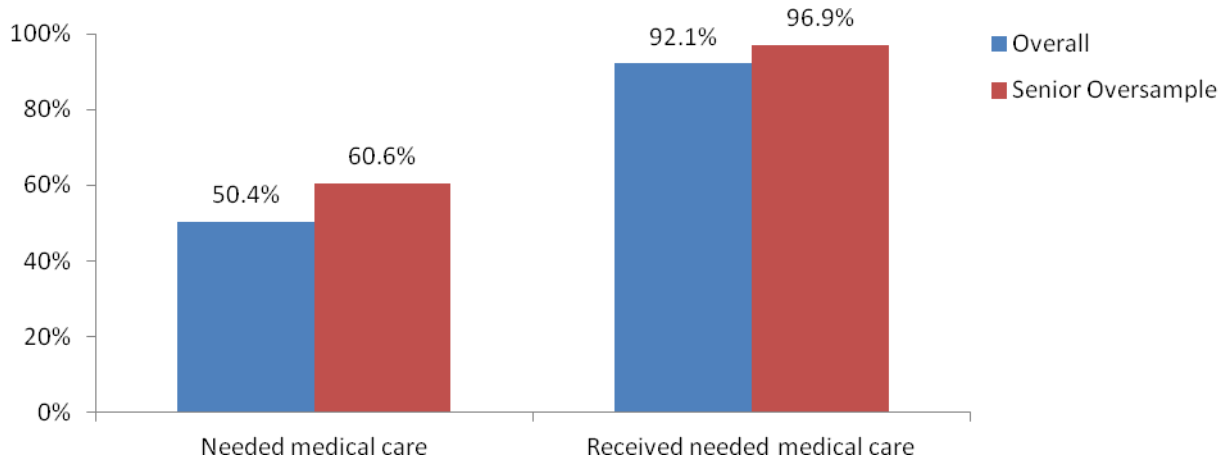
Figure 18: Percentage of Children (Under 18 Years) Without Health Insurance



Source: United States Census Bureau, *American Community Survey*: Table B27001, 2012.

LACK OF ACCESS AS A BARRIER TO HEALTH

Figure 19: In the past 12 months, did you need medical care and were you able to receive the care needed? (2012)

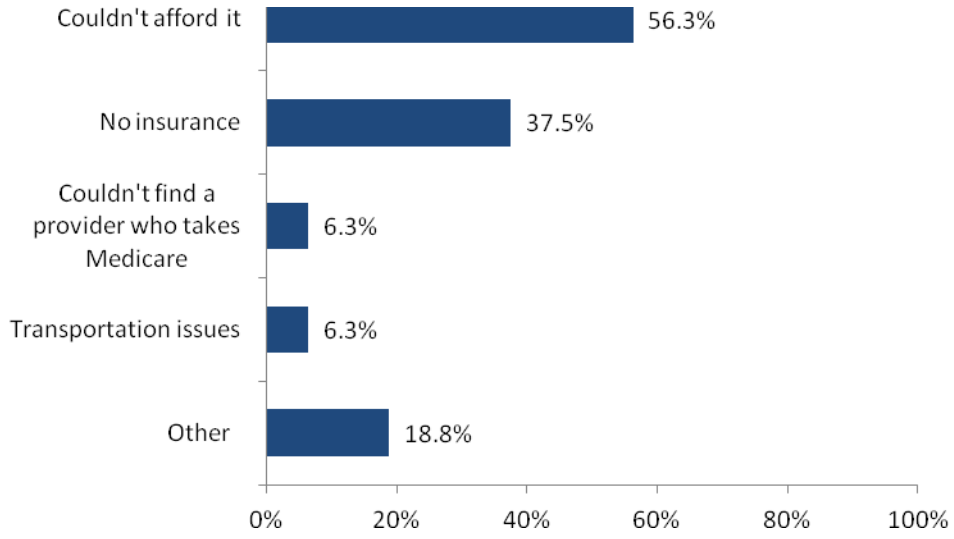


Needed Medical Care: Overall N=401; Senior Oversample N=269. Received Medical Care: Overall N=202; Senior Oversample N=163.

Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Note: Response options were modified in 2012, therefore data not comparable to 2009.

Figure 20: Why were you unable to receive the medical care needed? (2012)

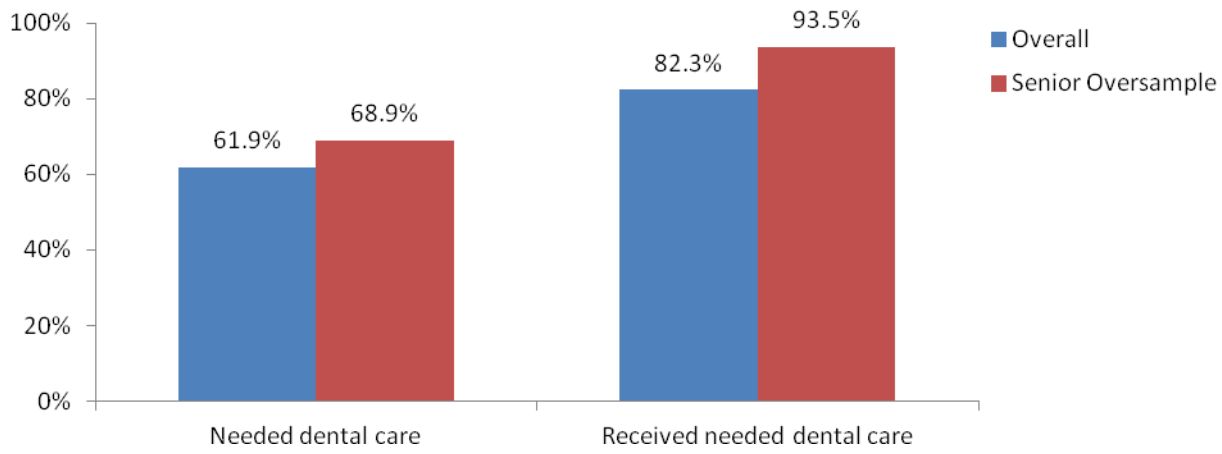


Overall: 16 respondents offering 20 responses.

Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

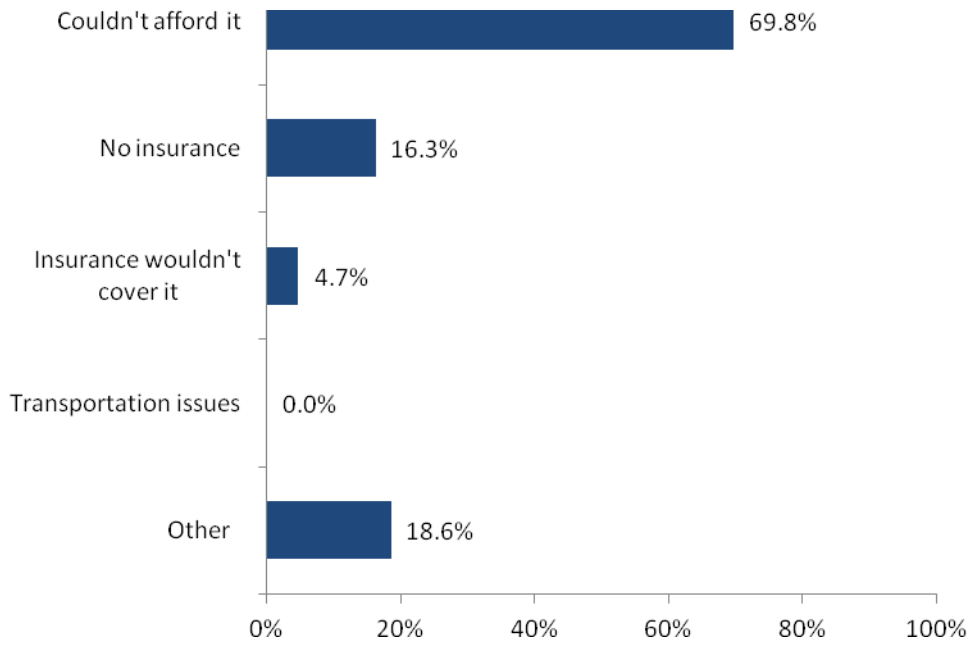
Note: This was an open-ended survey question which allowed the respondent to provide any answer. Due to variance in coding, data should be compared by top responses. Question was worded slightly different in 2009.

Figure 21: In the past 12 months, did you need dental care and were you able to receive the care needed? (2012)



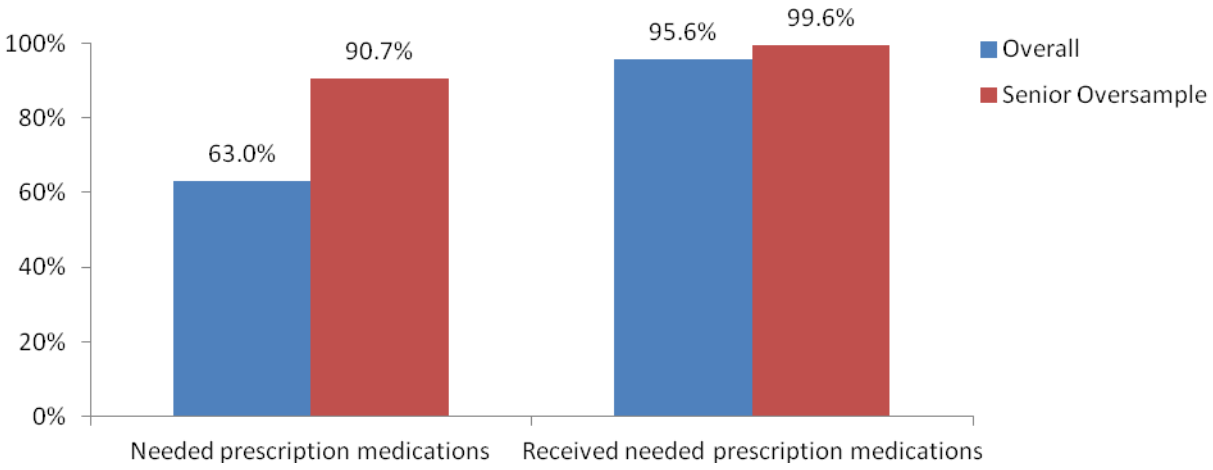
Needed Dental Care: Overall N=402; Senior Oversample N=267. Received Dental Care: Overall N=249; Senior Oversample N=184.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Response options were modified in 2012, therefore data not comparable to 2009.

Figure 22: Why were you unable to receive the dental care needed? (2012)



Overall: 43 respondents offering 47 responses.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: This was an open-ended survey question which allowed the respondent to provide any answer. Due to variance in coding, data should be compared by top responses.

Figure 23: In the past 12 months, did you need prescription medications and were you able to receive the prescription medications needed? (2012)

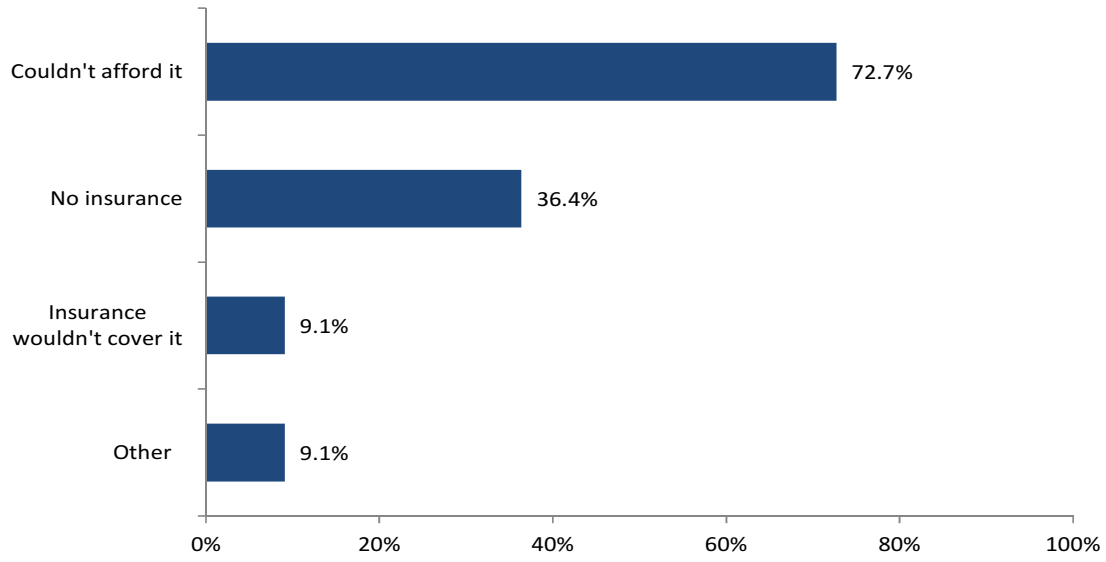


Needed Prescription Medications: Overall N=400; Senior Oversample N=269. Received Prescription Medications: Overall N=252; Senior Oversample N=244.

Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Note: Response options were modified in 2012, therefore data not comparable to 2009.

Figure 24: Why were you unable to receive the prescription medications needed? (2012)



Overall: 11 respondents offering 14 responses.

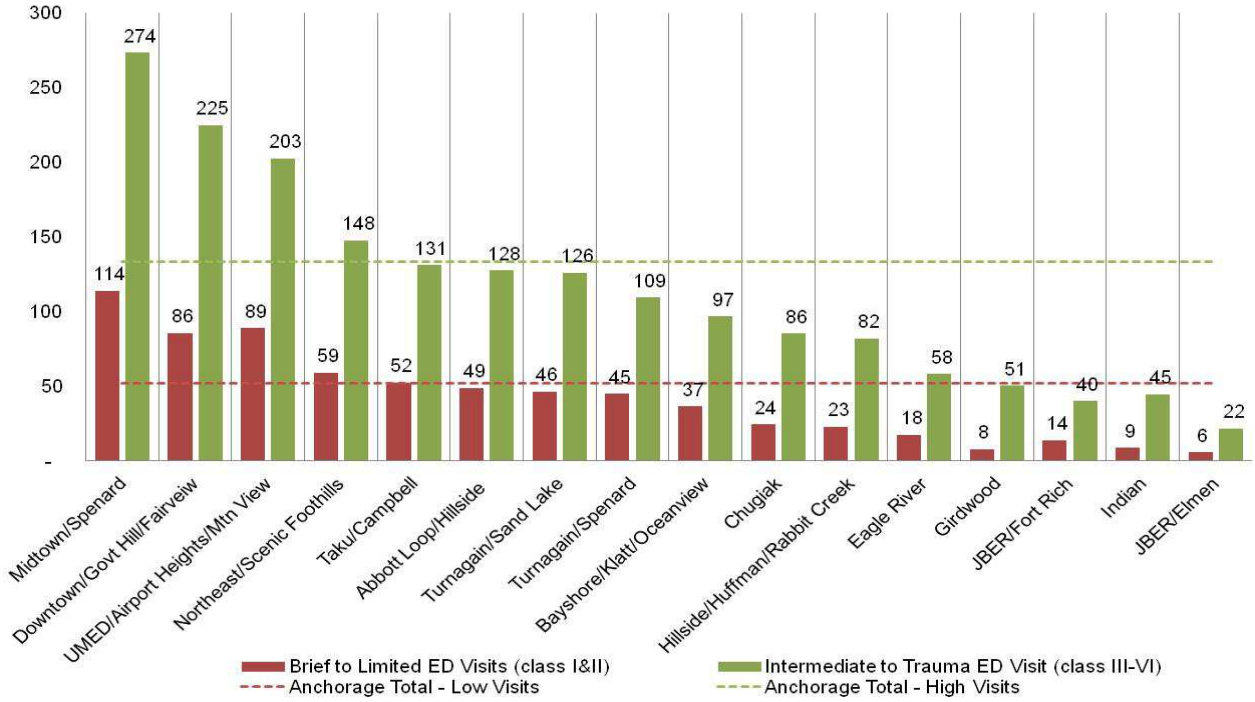
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Note: This was an open-ended survey question which allowed the respondent to provide any answer. Due to variance in coding, data should be compared by top responses.

EMERGENCY DEPARTMENT UTILIZATION AS AN INDICATOR FOR ACCESS / HEALTH & WELLBEING

Emergency department (ED) utilization can be indicative of health needs within a community. Because EDs provide open access for all patients, they may be utilized for less emergent treatment when patients cannot access lower care settings. Similarly when patients forgo preventive care, the emergency department often treats more severe preventable illnesses. PAMC is one of four emergency departments in Anchorage. Although this data does not provide a full picture of emergency department utilization in our community, it does tell a directionally correct story.

Figure 25: 2011 ED Utilization per 1000 population by Anchorage Neighborhood

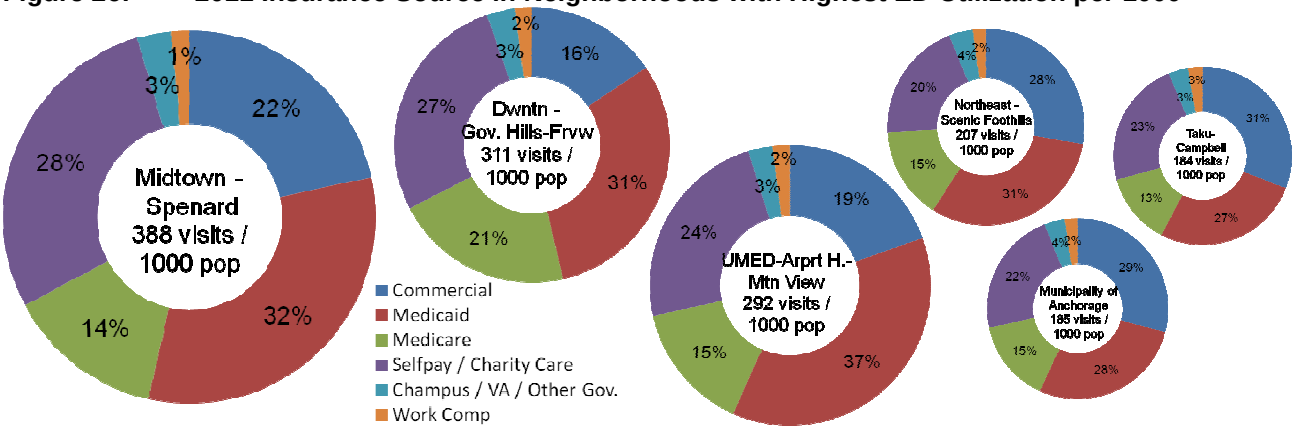


Source: PAMC Emergency Department Outpatient Discharges 2011; Pop. source: Thompson Reuters Community Need Index 2011

Note: Charge coding was utilized to determine the level of the treatment provided in the ED. Class I is defined as a brief encounter; Class VI is defined as a trauma encounter.

Note: Military and Alaska Natives beneficiaries are incentivized through health insurance to utilize local military and native hospitals.
Note: This data was provided by Providence to supplement the Community Assessment Project (CAP) data.

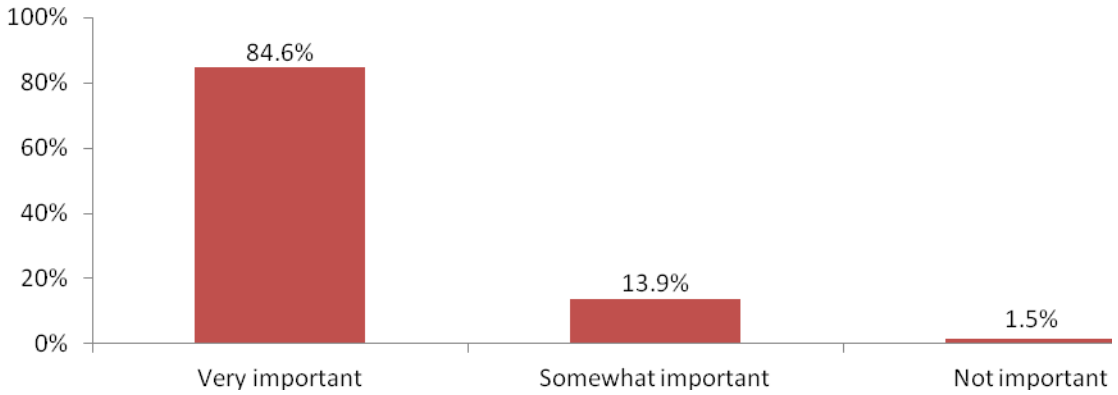
Figure 26: 2011 Insurance Source in Neighborhoods with Highest ED Utilization per 1000



Source: PAMC Emergency Department Outpatient Discharges 2011, Pop. source: Thompson Reuters Community Need Index 2011
Note: This data was provided by Providence to supplement the Community Assessment Project (CAP) data.

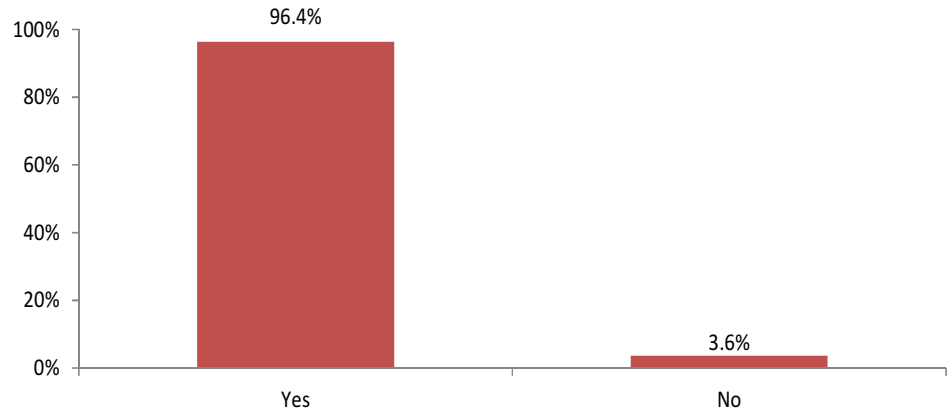
SENIORS - ACCESS TO CARE AS A BARRIER TO INDEPENDENCE

Figure 27: How important is being able to stay in your own home as you get older? (Senior Oversample 2012)



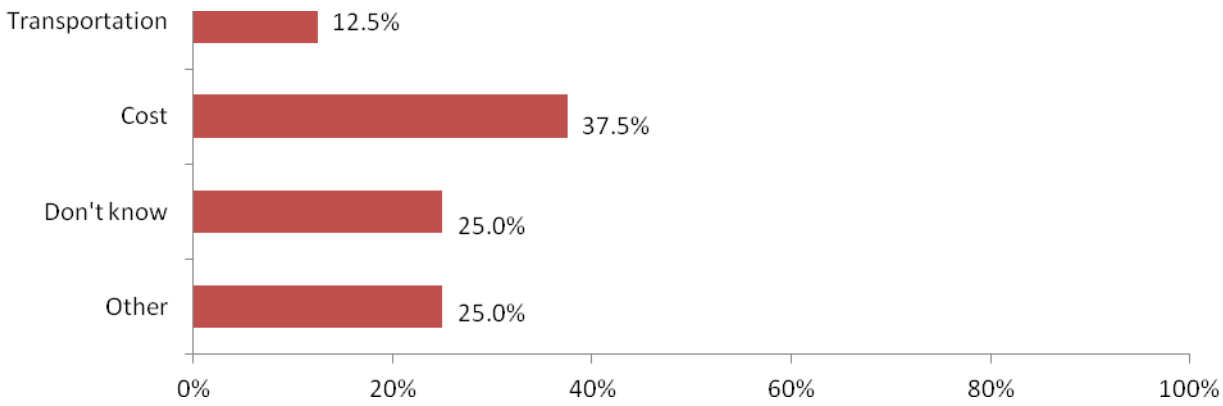
N=266
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 28: Are the services you need to stay in your home available to you? (Senior Oversample 2012)



N=224
Source: Anchorage Community Assessment Project, Telephone Survey, 2012.

Figure 29: Why are the services you need to stay in your home unavailable to you? (Senior Oversample 2012)



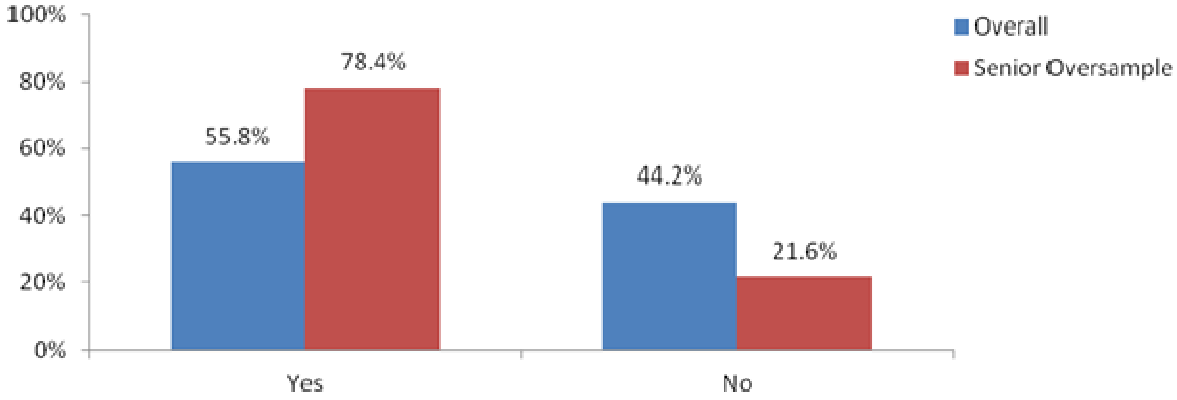
N=8
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Please use caution interpreting percentages due to small number of respondents.

HEALTH AND WELLBEING

The following issues concern the health and wellbeing of Anchorage residents. These issues address health status and health behaviors that are known to have significant impact on the community and on the quality and length of individuals' lives.

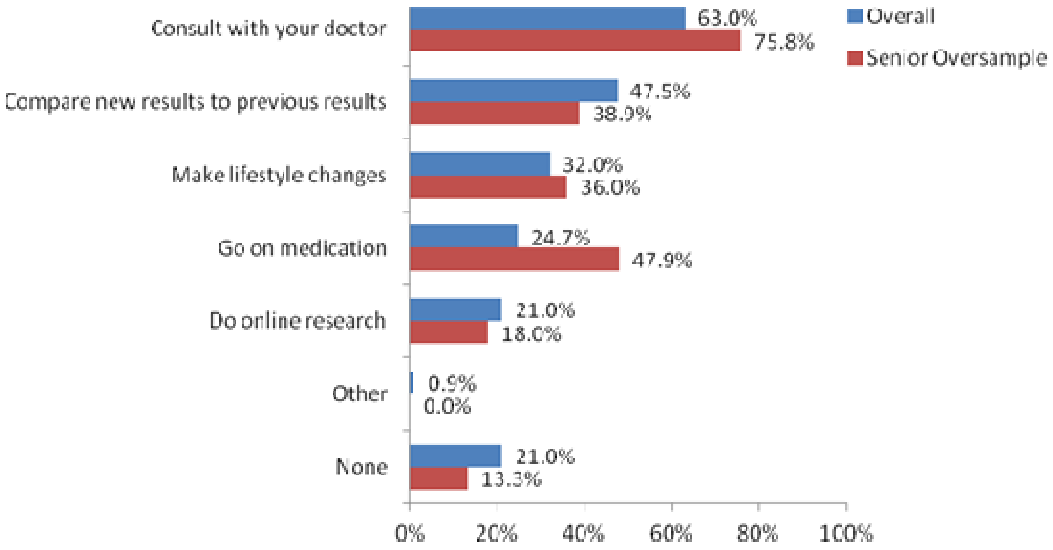
INDIVIDUALS NOT ENGAGING IN REGULAR PREVENTIVE CARE

Figure 30: Have you had your cholesterol checked in the past 12 months? (2012)



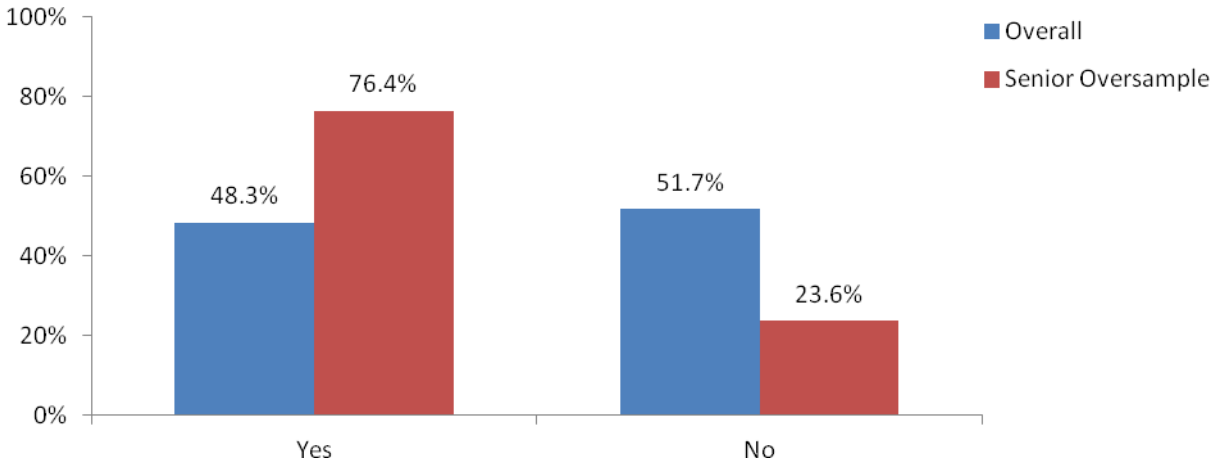
Overall N=396; Senior Oversample N=269.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Survey question was not asked in 2009.

Figure 31: Did you take any of the following actions based on your cholesterol test results? (2012)



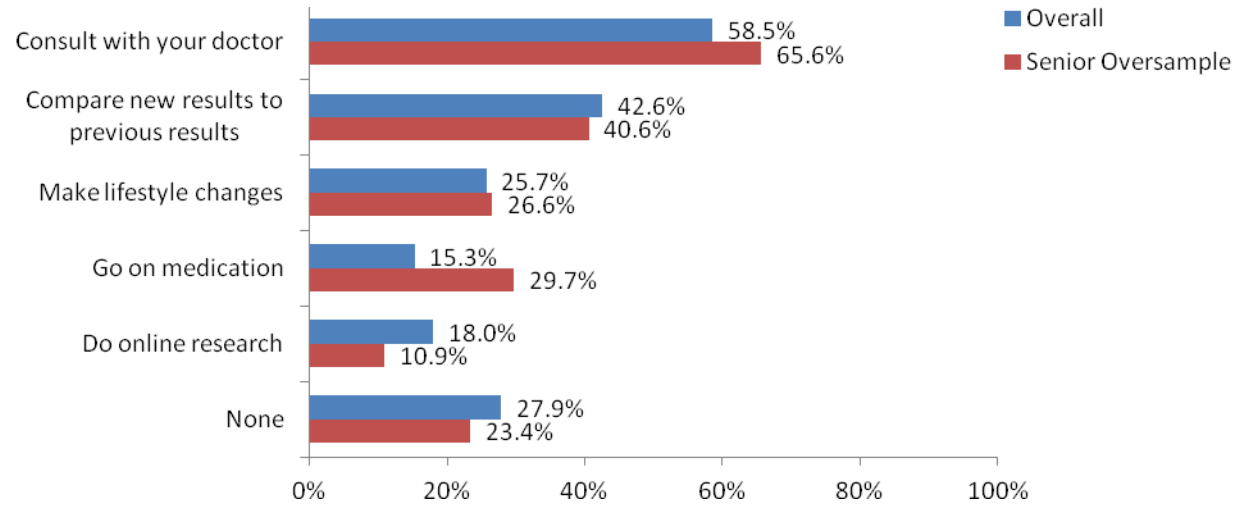
Overall: 219 respondents offering 460 responses; Senior Oversample: 211 respondents offering 485 responses.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Survey question was not asked in 2009.

Figure 32: Have you had your blood glucose checked in the past 12 months? (2012)



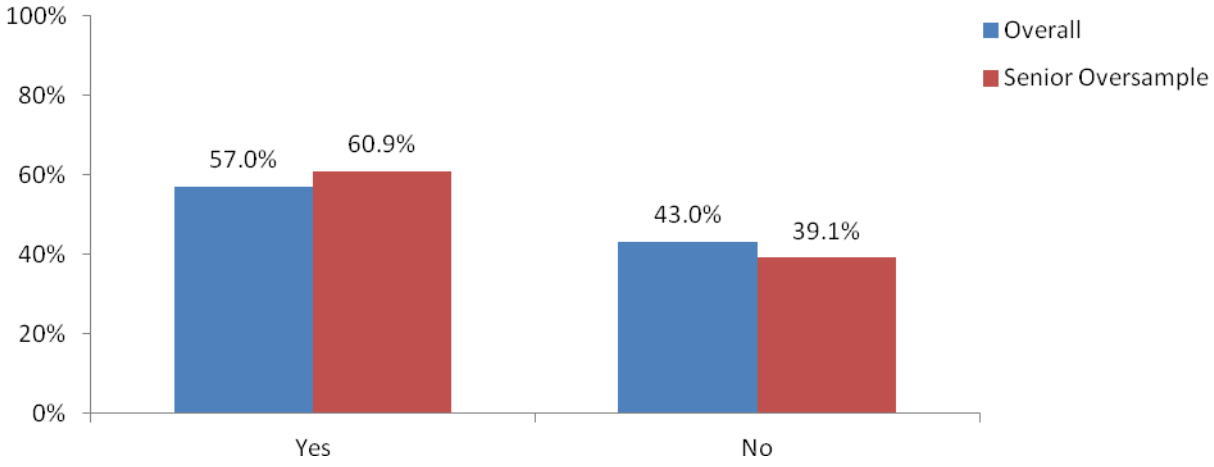
Overall N=385; Senior Oversample N=254.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Survey question was not asked in 2009.

Figure 33: Did you take any of the following actions based on your blood glucose test results? (2012)



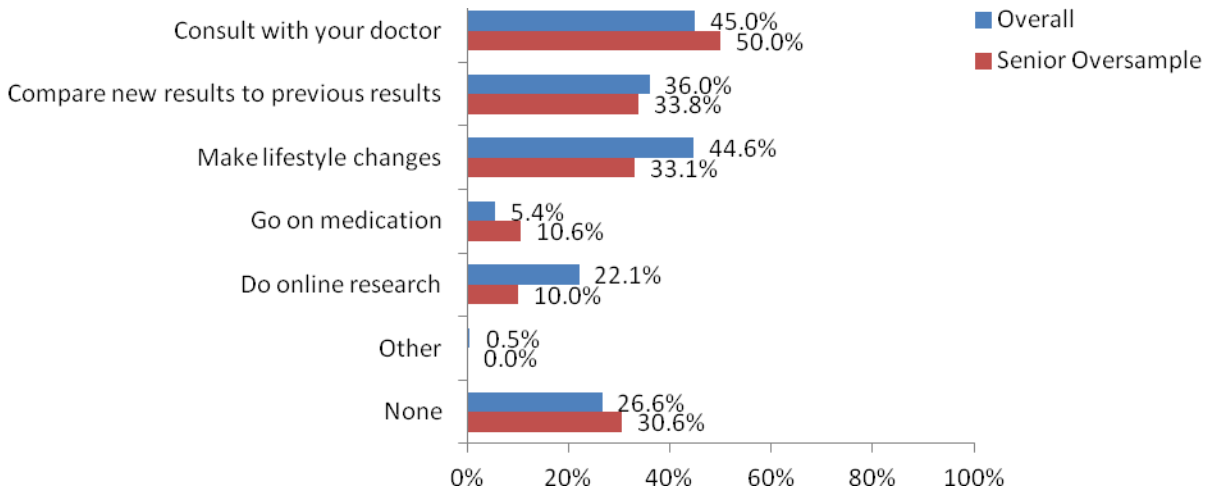
Overall: 183 respondents offering 344 responses; Senior Oversample: 192 respondents offering 378 responses.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Survey question was not asked in 2009.

Figure 34: Have you had your body mass index or weight checked in the past 12 months? (2012)



Overall N=398; Senior Oversample N=266.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Survey question was not asked in 2009.

Figure 35: Did you take any of the following actions based on body mass index or weight results? (2012)



Overall: 222 respondents offering 400 responses; Senior Oversample: 160 respondents offering 269 responses.
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.
Note: Survey question was not asked in 2009.

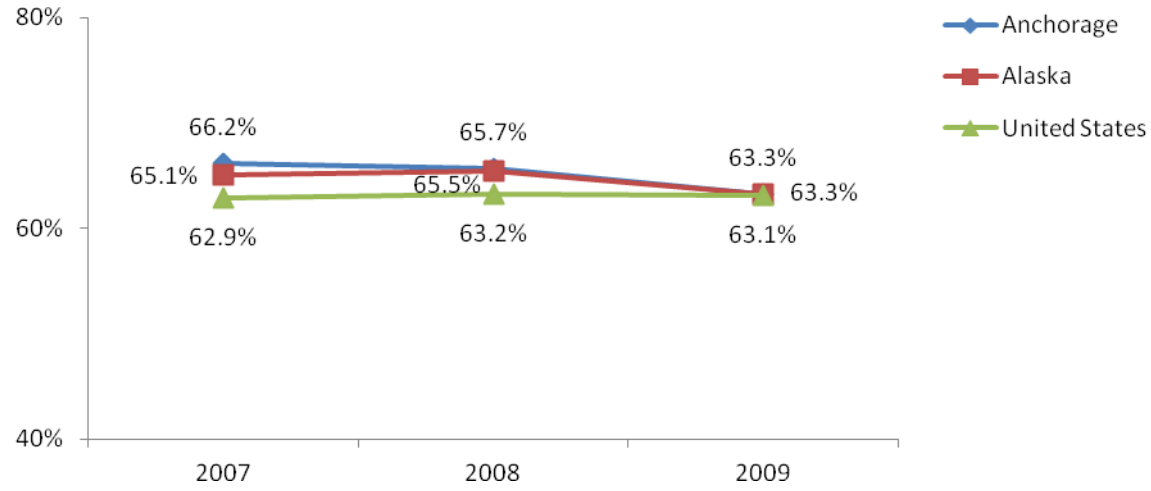
Figure 36: Percentage of Seniors Receiving Annual Flu Vaccine

Source: Behavioral Risk Factor Surveillance System (BRFSS) obtained through United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, September 13, 2012.

Note: United States data represents individual years and not a three year average.

OVERWEIGHT AND LACK OF PHYSICAL ACTIVITY

Figure 37: Percentage of Overweight and Obese Adults (Ages 18+) - by Body Mass Index

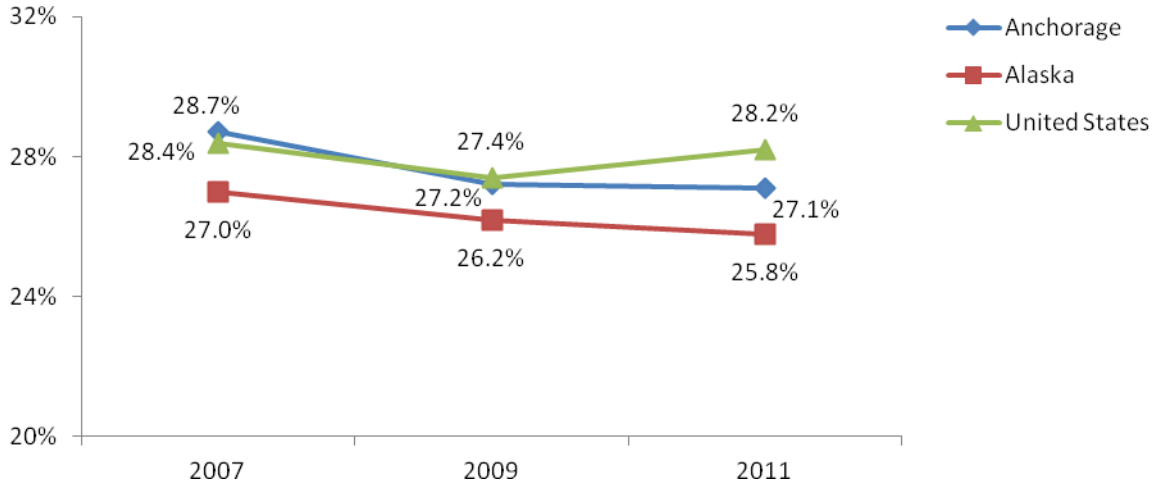


Source: Behavioral Risk Factor Surveillance System (BRFSS) obtained through United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, September 28, 2012.

Note: Body Mass Index (BMI) is used to define adults who are overweight or obese. A normal BMI is 18.5 to 24.9. A person is overweight or obese if their BMI is 25.0 or greater. Although BMI is a generally accepted measure of overweight and obesity, it is basically a height/weight comparison that does not take into account body fat or lean muscle mass. Therefore, an adult with a lot of muscle mass might have a high BMI but relatively low body fat and therefore not be at an elevated health risk due to their weight.

Note: Data presented are the most recent available.

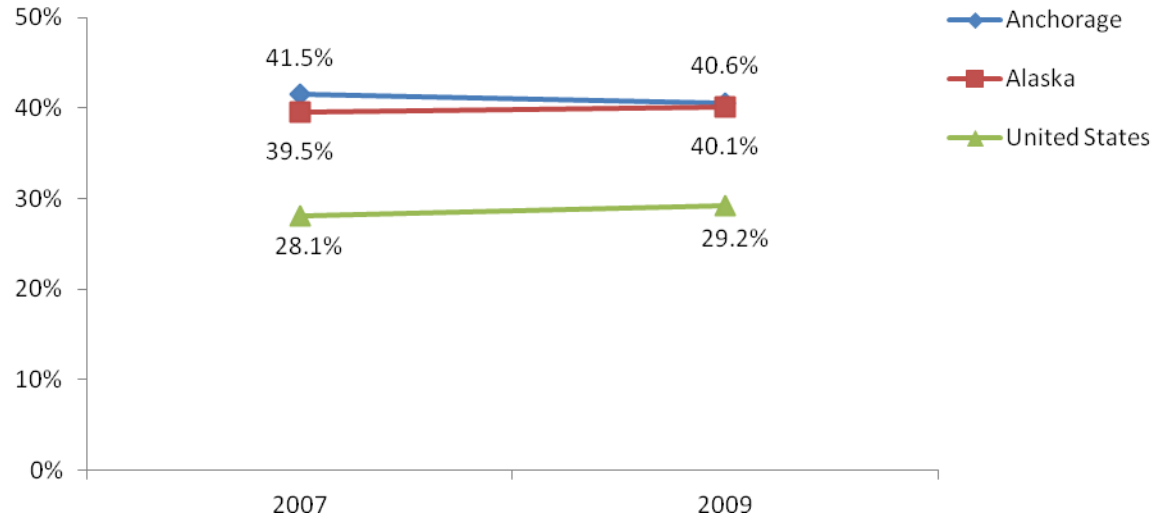
Figure 38: Percentage of Overweight and Obese High School Students - by Body Mass Index, Grades 9 –12



Sources: Anchorage data: *Alaska Youth Risk Behavior Survey (YRBS)* obtained through State of Alaska Department of Health and Social Services, Division of Public Health, September 28, 2012. Alaska and United States data: High School Youth Risk Behavior Surveillance System (YRBSS) obtained through National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, September 28, 2012.

Note: Body Mass Index (BMI) is used to define adolescents who are overweight or obese. An adolescent is overweight or obese if their BMI is equal to or greater than the 85th percentile for their age and gender.

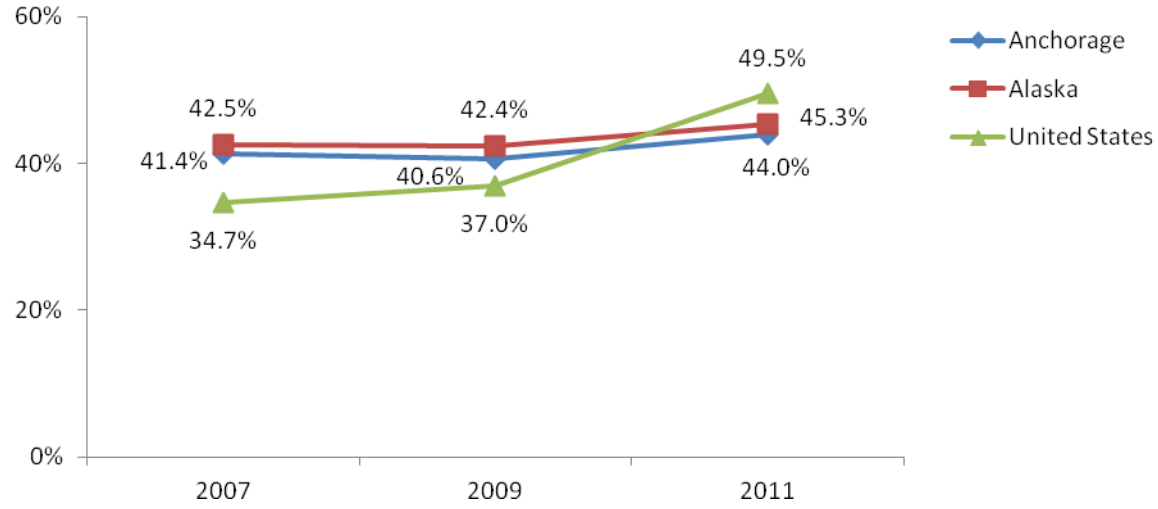
Figure 39: Percentage of Adults (Ages 18+) with 20+ Minutes of Vigorous Physical Activity Three or More Days per Week



Source: Behavioral Risk Factor Surveillance System (BRFSS) obtained through United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, September 28, 2012.

Note: Data presented are the most recent available.

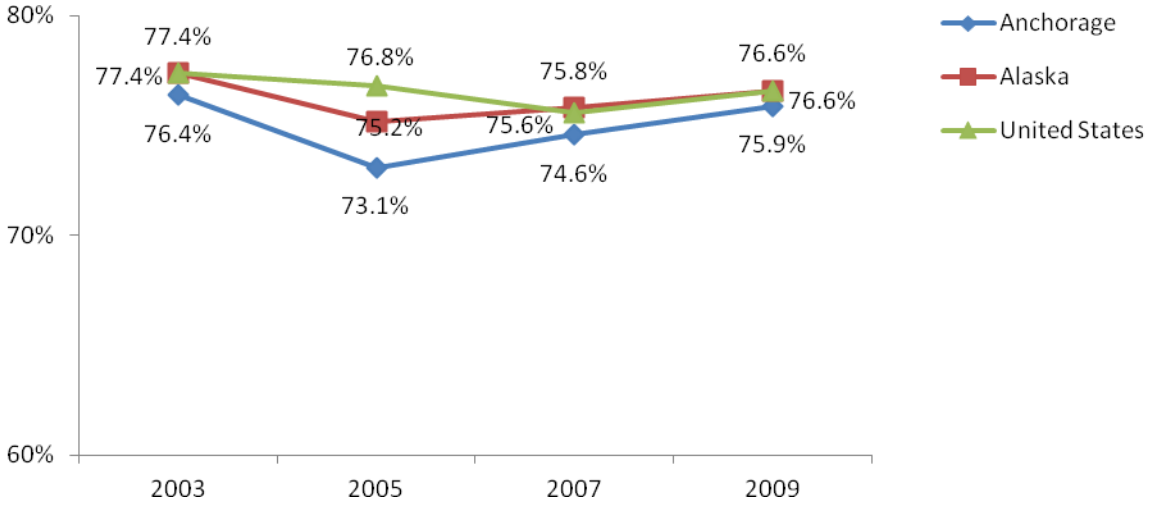
Figure 40: Percentage of High School Students Participating in Physical Activity[1] on 5 or More Days During the Last 7 Days, Grades 9-12



Sources: Anchorage data: *Alaska Youth Risk Behavior Survey (YRBS)* obtained through State of Alaska Department of Health and Social Services, Division of Public Health, September 28, 2012. Alaska and United States data: High School Youth Risk Behavior Surveillance System (YRBSS) obtained through National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, September 28, 2012.

[1]Physical activity is defined as any kind of physical activity that increases the heart rate and makes the person breathe hard some of the time for a total of at least 60 minutes.

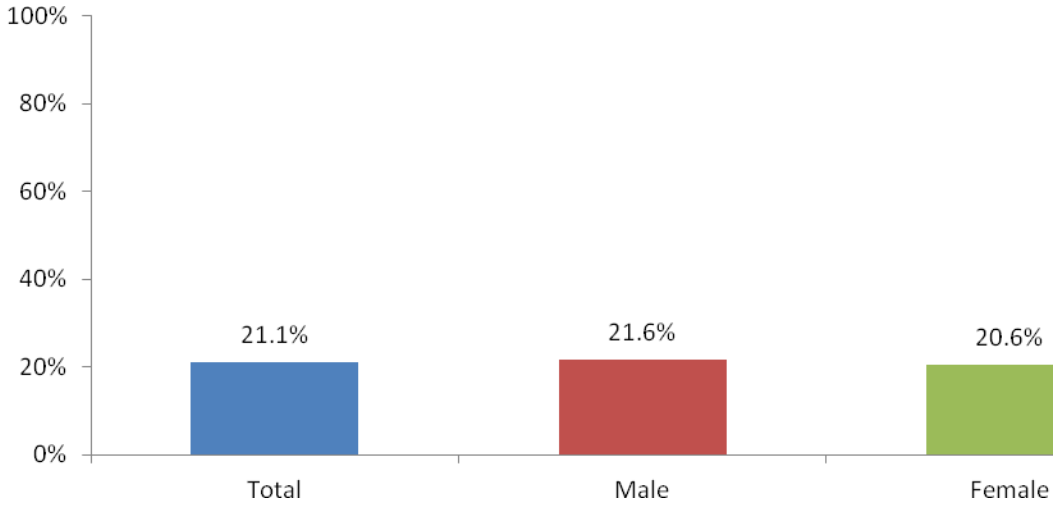
Figure 41: Percentage of Adults (Ages 18+) Eating Less than 5 Daily Servings of Fruits/Vegetables



Sources: Behavioral Risk Factor Surveillance System (BRFSS) obtained through United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, September 28, 2012.

Note: Data presented are the most recent available.

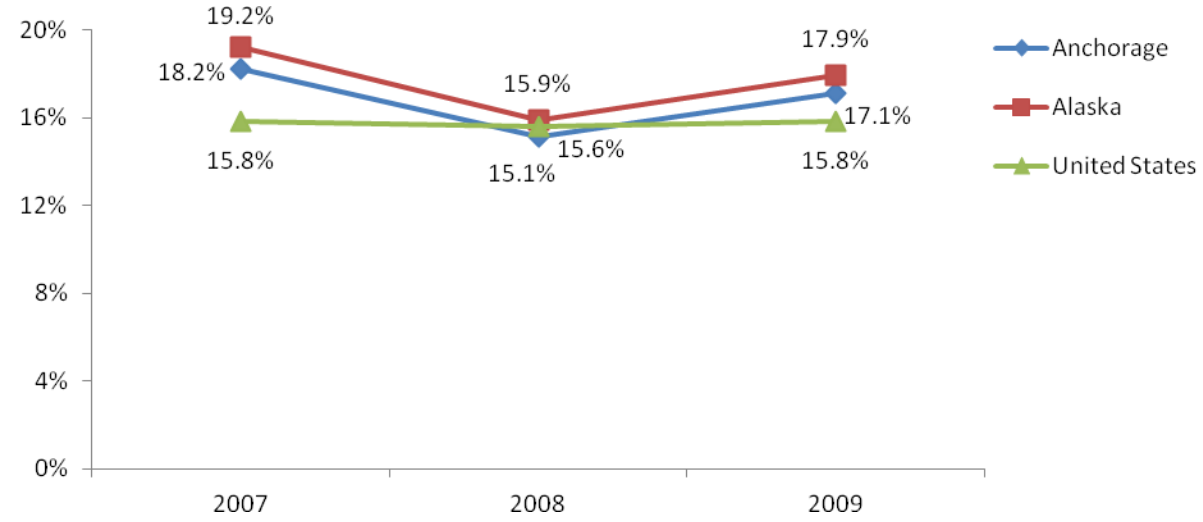
Figure 42: Percentage of Students Who Ate Fruit and Vegetables Five or more Times per Day During the Past 7 Days, Grades 9-12, Anchorage, 2011



Sources: *Alaska Youth Risk Behavior Survey (YRBS)* obtained through State of Alaska Department of Health and Social Services, Division of Public Health, September 28, 2012.

ALCOHOL AND SUBSTANCE ABUSE

Figure 43: Percentage of Adults (Ages 18+) Who Binge Drink

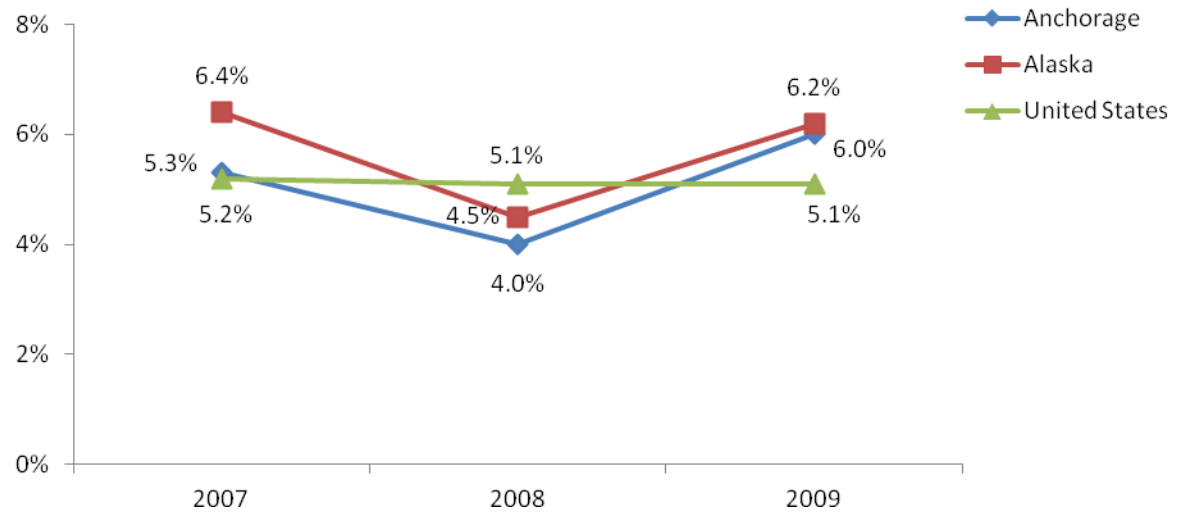


Source: Behavioral Risk Factor Surveillance System (BRFSS) obtained through United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, September 13, 2012.

Note: Binge drinking is defined as 5 or more drinks (if adult male) or 4 or more drinks (if adult female) on one occasion at least once in the past 30 days.

Note: Data presented are the most recent available.

Figure 44: Percentage of Adults (Ages 18+) Who Engage in Heavy Drinking

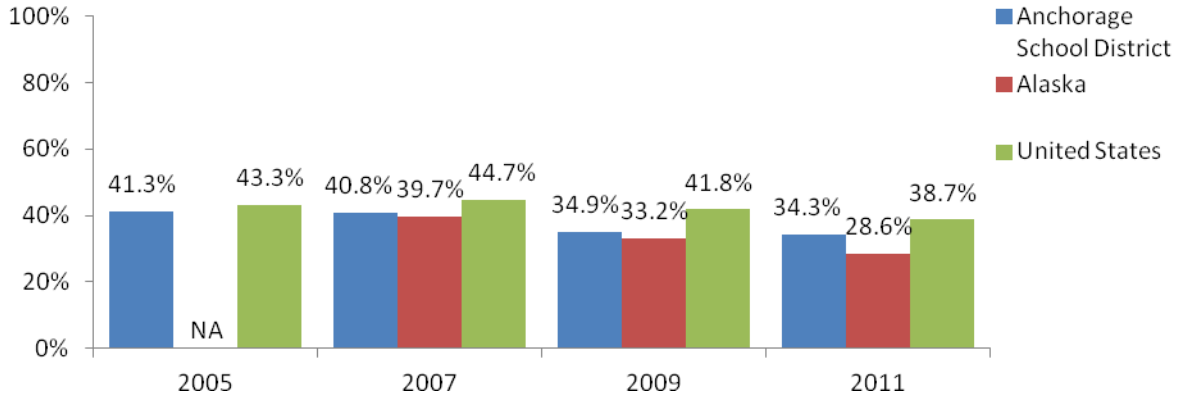


Source: Behavioral Risk Factor Surveillance System (BRFSS) obtained through United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services, September 28, 2012.

Note: Heavy drinking is defined as having more than 2 drinks per day (if adult male) or more than 1 drink per day (if adult female) in the past 30 days.

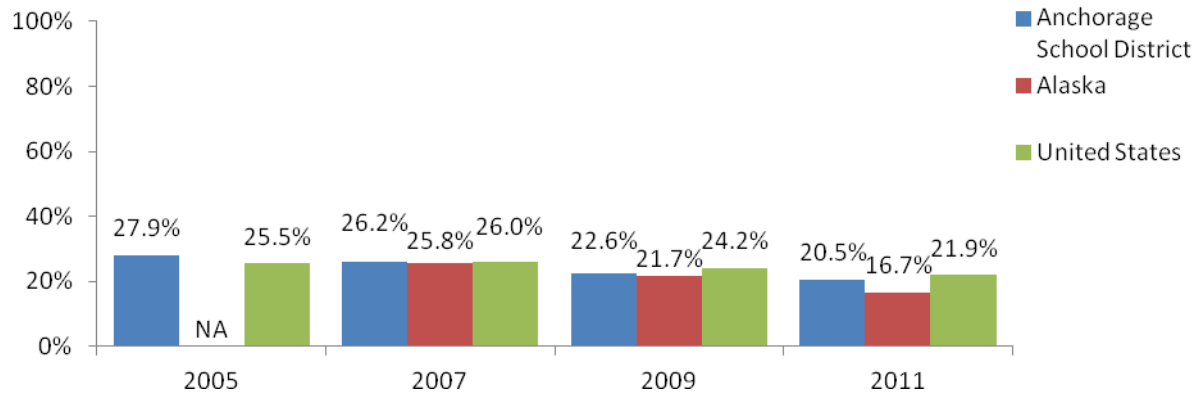
Note: Data presented are the most recent available.

Figure 45: Percentage of High School Students Who Currently Use Alcohol



Source: Anchorage School District, *Youth Risk Behavior Survey: 2007,* 2008. Alaska Division of Public Health and Centers for Disease Control and Prevention, *2007 Youth Risk Behavior Survey Results: Alaska Compared to U.S.*, 2008.

Figure 46: Percentage of High School Students Who Binge Drink[1]



Source: Anchorage School District, *Youth Risk Behavior Survey: 2007,* 2008. Alaska Division of Public Health and Centers for Disease Control and Prevention, *2007 Youth Risk Behavior Survey Results: Alaska Compared to U.S.*, 2008.

[1]Binge drinking is defined as having 5 or more drinks on an occasion, 1 or more times in the past month.

DEMOGRAPHICS

ANCHORAGE

Figure 47: Population Estimates by Gender and Age, Anchorage

Anchorage	2007	2008	2009	2010	2011
Total Population	**279,671**	**279,243**	**286,174**	**293,227**	**295,570**
Gender					
Male	51.3%	50.9%	50.7%	50.7%	50.2%
Female	48.7%	49.1%	49.3%	49.3%	49.8%
Age					
Under 5 years	7.7%	7.6%	7.8%	7.5%	7.5%
5 to 9 years	7.2%	7.1%	5.9%	6.7%	6.8%
10 to 14 years	6.9%	6.9%	7.9%	7.3%	7.1%
15 to 19 years	7.5%	7.3%	7.4%	7.3%	6.6%
20 to 24 years	8.0%	8.2%	8.8%	8.8%	8.9%
25 to 34 years	15.0%	14.8%	16.1%	15.2%	16.0%
35 to 44 years	14.9%	15.1%	13.4%	13.4%	13.5%
45 to 54 years	16.1%	15.3%	15.0%	15.3%	14.2%
55 to 59 years	5.6%	6.4%	6.7%	6.6%	6.8%
60 to 64 years	4.6%	4.2%	3.9%	5.0%	4.9%
65 to 74 years	4.0%	4.6%	4.5%	4.4%	4.8%
75 to 84 years	1.8%	1.9%	2.0%	2.2%	2.2%
85 years and over	0.7%	0.5%	0.6%	0.4%	0.7%
Median age (years)	**33.3**	**33.4**	**32.3**	**32.7**	**32.9**

Source: United States Census Bureau, *2011 Population Estimates: Table DP-05*, 2011.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 48: Population Estimates by Gender and Age, Anchorage

Anchorage	2007	2008	2009	2010	2011
Total Population	**279,671**	**279,243**	**286,174**	**293,227**	**295,570**
Gender					
Male	143,453	142,136	144,955	148,566	148,299
Female	136,218	137,107	141,219	144,661	147,271
Age					
Under 5 years	21,565	21,275	22,441	22,084	22,170
5 to 9 years	20,256	19,903	16,917	19,555	20,085
10 to 14 years	19,221	19,201	22,465	21,260	21,100
15 to 19 years	21,047	20,495	21,106	21,449	19,634
20 to 24 years	22,311	22,873	25,157	25,680	26,255
25 to 34 years	41,857	41,381	46,156	44,590	47,289
35 to 44 years	41,650	42,285	38,407	39,154	39,760
45 to 54 years	44,959	42,640	42,840	44,975	42,056
55 to 59 years	15,740	17,977	19,171	19,398	19,980
60 to 64 years	12,947	11,708	11,040	14,608	14,476
65 to 74 years	11,065	12,805	12,857	12,870	14,213
75 to 84 years	5,108	5,362	5,768	6,516	6,523
85 years and over	1,945	1,338	1,849	1,088	2,029
Median age (years)	**33.3**	**33.4**	**32.3**	**32.7**	**32.9**

Source: United States Census Bureau, *2011 Population Estimates: Table DP-05*, 2011.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 49: Population Estimates by Gender and Age, Alaska

Alaska	2007	2008	2009	2010	2011
Total Population	**683,478**	**686,293**	**698,473**	**713,985**	**722,718**
Gender					
Male	52.3%	52.1%	51.6%	52.2%	51.6%
Female	47.7%	47.9%	48.4%	47.8%	48.4%
Age					
Under 5 years	7.4%	7.5%	7.8%	7.5%	7.5%
5 to 9 years	6.9%	7.1%	6.5%	7.0%	7.0%
10 to 14 years	7.0%	7.1%	7.4%	7.3%	7.3%
15 to 19 years	8.3%	7.9%	8.2%	7.2%	6.9%
20 to 24 years	8.6%	8.4%	8.4%	7.8%	8.1%
25 to 34 years	13.9%	14.4%	14.6%	14.5%	14.7%
35 to 44 years	14.2%	14.0%	13.1%	13.1%	12.9%
45 to 54 years	16.1%	15.3%	15.3%	15.7%	14.9%
55 to 59 years	6.4%	6.8%	7.1%	7.1%	7.3%
60 to 64 years	4.3%	4.3%	4.3%	5.2%	5.3%
65 to 74 years	4.3%	4.5%	4.6%	4.8%	5.2%
75 to 84 years	1.9%	2.1%	2.2%	2.1%	2.2%
85 years and over	0.7%	0.5%	0.6%	0.6%	0.7%
Median age (years)	**33.3**	**33.0**	**32.6**	**33.8**	**33.9**

Source: United States Census Bureau, *2011 Population Estimates: Table DP-05*, 2011.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 50: Population Estimates by Gender and Age, Alaska

Alaska	2007	2008	2009	2010	2011
Total Population	**683,478**	**686,293**	**698,473**	**713,985**	**722,718**
Gender					
Male	357,280	357,559	360,688	372,436	372,916
Female	326,198	328,734	337,785	341,549	349,802
Age					
Under 5 years	50,672	51,624	54,781	53,582	54,031
5 to 9 years	47,087	48,384	45,294	49,870	50,720
10 to 14 years	48,140	48,951	51,874	52,372	52,805
15 to 19 years	56,961	54,557	56,949	51,610	49,546
20 to 24 years	58,800	57,876	58,397	55,974	58,754
25 to 34 years	94,734	99,124	101,789	103,690	106,279
35 to 44 years	97,391	96,176	91,190	93,460	93,356
45 to 54 years	109,955	105,292	107,088	112,229	107,984
55 to 59 years	43,543	46,701	49,310	50,489	52,473
60 to 64 years	29,114	29,193	29,858	37,370	38,403
65 to 74 years	29,463	31,059	32,134	34,197	37,827
75 to 84 years	12,809	14,112	15,354	15,070	15,742
85 years and over	4,809	3,244	4,455	4,072	4,798
Median age (years)	**33.3**	**33.0**	**32.6**	**33.8**	**33.9**

Source: United States Census Bureau, *2011 Population Estimates: Table DP-05*, 2011.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 51: Population Estimates by Gender and Age, United States

United States	2007	2008	2009	2010	2011
Total Population	**301,621,159**	**304,059,971**	**307,006,556**	**172,349,689**	**311,591,919**
Gender					
Male	49.3%	49.3%	49.3%	49.2%	49.2%
Female	50.7%	50.7%	50.7%	50.8%	50.8%
Age					
Under 5 years	6.9%	6.9%	6.9%	6.5%	6.4%
5 to 9 years	6.6%	6.5%	6.6%	6.6%	6.5%
10 to 14 years	6.8%	6.7%	6.7%	6.7%	6.7%
15 to 19 years	7.3%	7.2%	7.1%	7.1%	7.0%
20 to 24 years	6.9%	6.9%	7.0%	7.0%	7.1%
25 to 34 years	13.3%	13.3%	13.5%	13.2%	13.3%
35 to 44 years	14.4%	14.1%	13.6%	13.3%	13.1%
45 to 54 years	14.6%	14.6%	14.5%	14.5%	14.3%
55 to 59 years	6.0%	6.1%	6.1%	6.4%	6.5%
60 to 64 years	4.8%	5.0%	5.2%	5.5%	5.7%
65 to 74 years	6.4%	6.6%	6.8%	7.1%	7.2%
75 to 84 years	4.4%	4.4%	4.3%	4.2%	4.2%
85 years and over	1.7%	1.8%	1.8%	1.8%	1.8%
Median age (years)	**36.7**	**36.9**	**36.8**	**37.2**	**37.3**

Source: United States Census Bureau, *2008 Population Estimates: Table DP-1*, 2009.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 52: Population Estimates by Gender and Age, United States

United States	2007	2008	2009	2010	2011
Total Population	**301,621,159**	**304,059,971**	**307,006,556**	**172,349,689**	**311,591,919**
Gender					
Male	148,639,222	149,863,485	151,375,321	152,089,450	153,267,861
Female	152,981,937	154,196,243	155,631,235	157,260,239	158,324,058
Age					
Under 5 years	20,670,721	20,910,221	21,209,207	20,133,943	20,067,828
5 to 9 years	19,802,943	19,859,202	20,124,013	20,391,459	20,376,779
10 to 14 years	20,423,477	20,336,898	20,517,493	20,768,341	20,754,531
15 to 19 years	21,886,169	21,912,566	21,783,764	22,104,183	21,822,474
20 to 24 years	20,945,840	21,010,823	21,419,696	21,662,830	22,098,637
25 to 34 years	39,987,053	40,319,446	41,373,577	40,972,083	41,540,346
35 to 44 years	43,410,417	42,744,592	41,674,213	41,192,328	40,827,710
45 to 54 years	43,925,234	44,435,652	44,597,268	44,929,033	44,653,387
55 to 59 years	18,114,598	18,443,100	18,781,293	19,682,686	20,174,311
60 to 64 years	14,614,509	15,274,975	16,019,384	17,079,278	17,890,890
65 to 74 years	19,397,263	20,165,600	20,825,637	21,854,035	22,489,229
75 to 84 years	13,309,945	13,260,866	13,169,466	13,019,050	13,197,352
85 years and over	5,133,350	5,385,787	5,511,545	5,560,440	5,698,445
Median age (years)	**36.7**	**36.9**	**36.8**	**37.2**	**37.3**

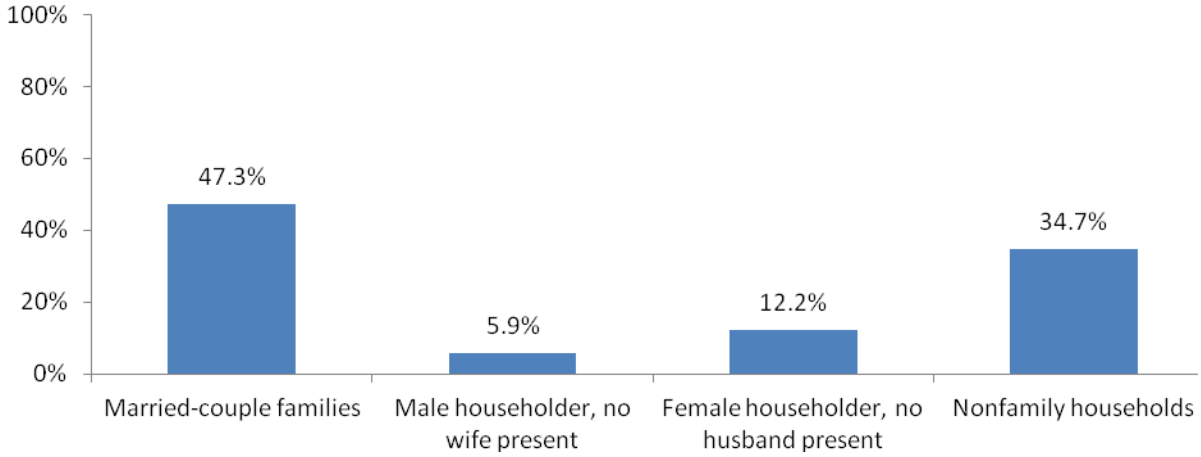
Source: United States Census Bureau, *2008 Population Estimates: Table DP-1*, 2009.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 53: Population Projections, Anchorage

	2010	2015	2020	2010-2020 % Change
Total population	293,323	306,902	322,087	9.8%
5 – 19 years	68,386	69,590	72,756	6.4%
65 years and older	22,284	30,806	40,821	83.2%

Source: Alaska Department of Labor and Workforce Development, *Alaska Population Projections: 2007-2030, Table 3.4*, 2007.

Figure 54: Estimated Households by Type, Anchorage, 2011



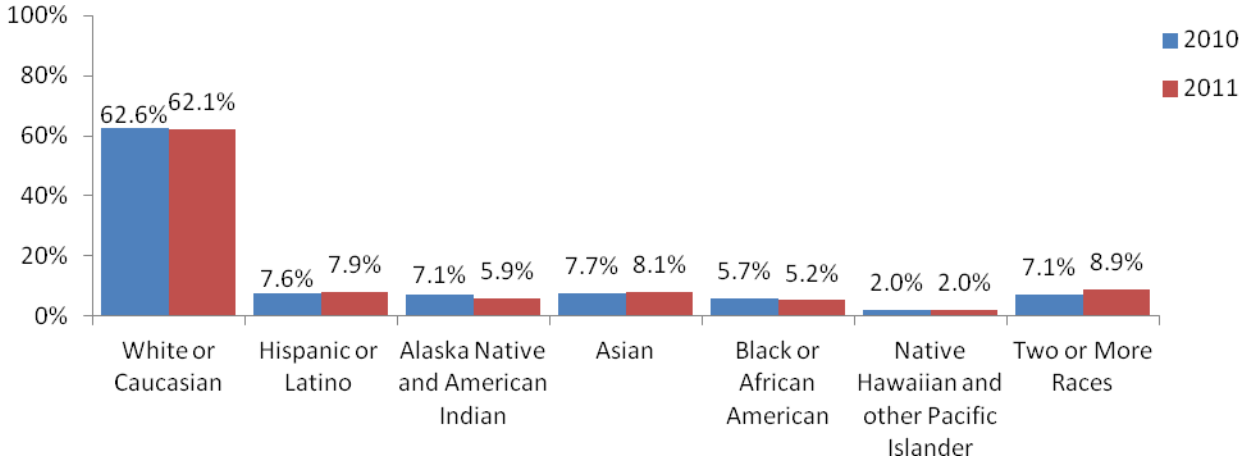
Source: United States Census Bureau, *American Community Survey: Table DP-02,* 2011.
Note: Data are based on a sample and are subject to variability.

Figure 55: Estimated Households by Type, Anchorage, 2011

	Anchorage	
	Number	% of Total
Total Households	**106,651**	**--**
Family households (families)	**69,657**	**65.3%**
Married-couple families	50,414	47.3%
Male householder, no wife present	6,275	5.9%
Female householder, no husband present	12,968	12.2%
Nonfamily households	**36,994**	**34.7%**

Source: United States Census Bureau, *American Community Survey: Table DP-02,* 2011.

Figure 56: Estimated Race and Ethnicity Profile, Anchorage



Source: United States Census Bureau, *Population Estimates: Table DP-05*, 2010 & 2011.
Note: Due to rounding, some percentages may not equal 100% exactly.

Figure 57: Estimated Race and Ethnicity Profile, Anchorage

	2010		2011	
Race and Ethnicity	Number	% of Total	Number	% of Total
Total Population	**293,227**	**--**	**295,570**	**--**
White or Caucasian	183,478	62.6%	183,441	62.1%
Alaska Native and American Indian	20,734	7.1%	17,297	5.9%
Asian	22,649	7.7%	23,872	8.1%
Black or African American	16,759	5.7%	15,329	5.2%
Native Hawaiian and other Pacific Islander	5,852	2.0%	5,989	2.0%
Hispanic or Latino (of any race)	22,302	7.6%	23,275	7.9%
Two or more races	20,885	7.1%	26,229	8.9%
Other	568	0.2%	138	0.0%

Source: United States Census Bureau, *Population Estimates: Table DP-05*, 2010 & 2011.
Note: All race categories shown exclude Hispanic and Latino respondents.

Figure 58: Languages Spoken at Home, Estimates, Anchorage

	2010	2011
English only	82.3%	81.5%
Other than English	17.7%	18.5%
Asian and Pacific Islander languages	9.1%	8.4%
Spanish	3.8%	5.8%
Other Indo-European languages	3.0%	2.5%
Other languages	1.8%	1.7%

Source: United States Census Bureau, *American Community Survey, 2004*, *Table S1601*; United States Census Bureau, *American Community Survey, 2007*, Selected Social Characteristics in the United States.

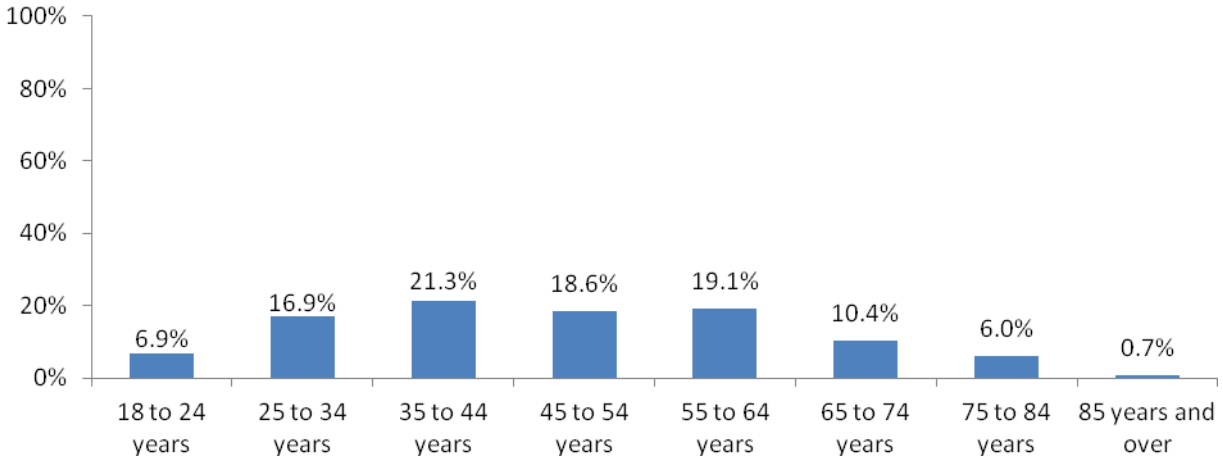
Figure 59: Languages Spoken at Home, Estimates, Anchorage

	2010	2011
English only	223,144	222,818
Other than English	47,999	50,582
Asian and Pacific Islander languages	24,719	23,032
Spanish	10,220	15,979
Other Indo-European languages	8,190	6,924
Other languages	4,870	4,647

Source: United States Census Bureau, *American Community Survey, 2004*, *Table S005*; United States Census Bureau, *American Community Survey, 2007*, Selected Social Characteristics in the United States.

OVERALL PHONE SURVEY DEMOGRAPHICS

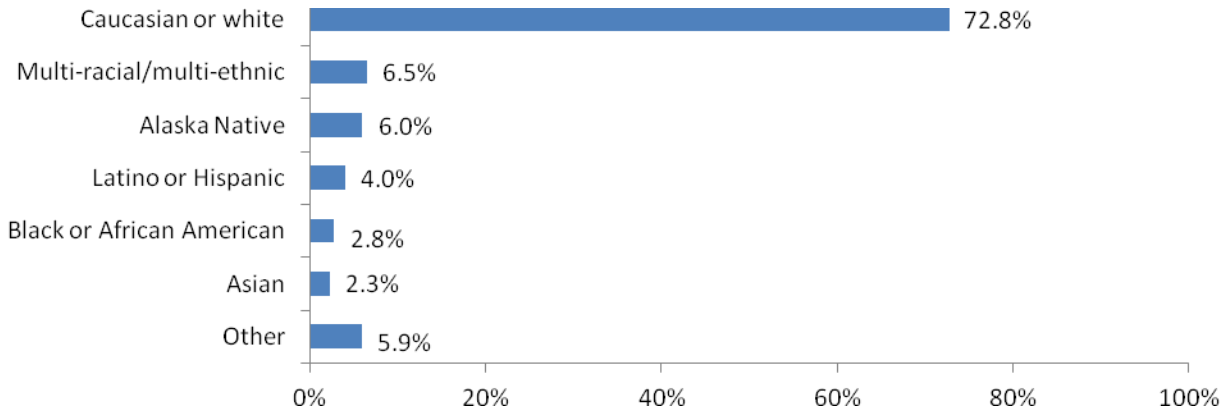
Figure 60: Which of the following age groups are you in? (2012)



N=403

Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

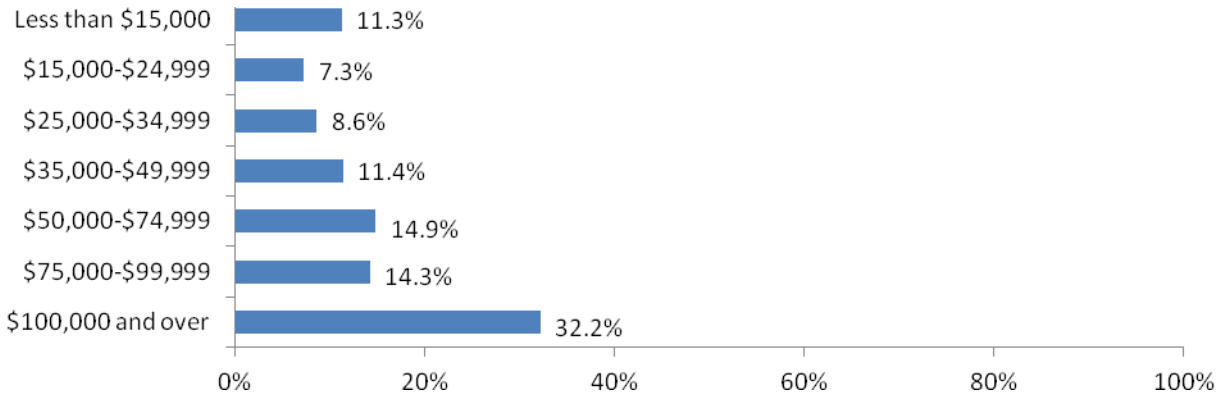
Figure 61: Which of the following best describes your race or ethnic group? (2012)



N=400

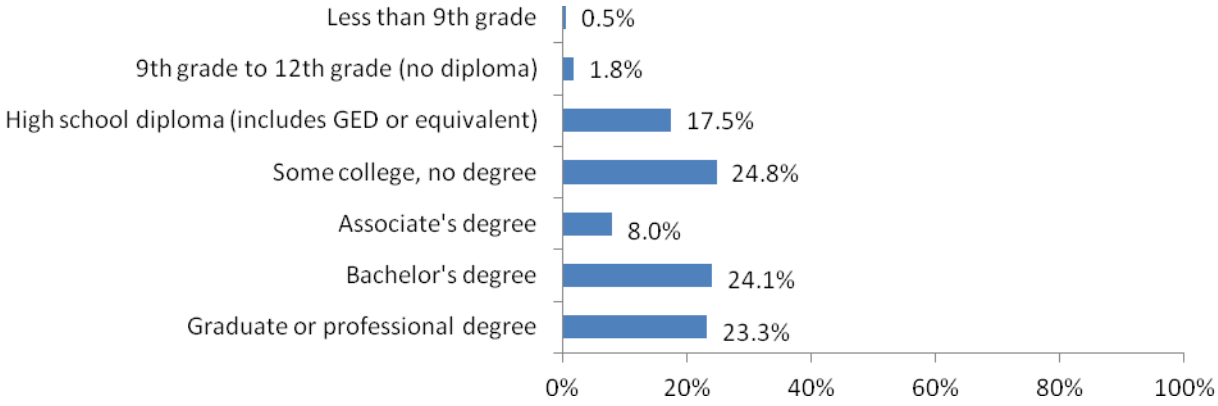
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 62: Which income range best describes your annual household income? (2012)



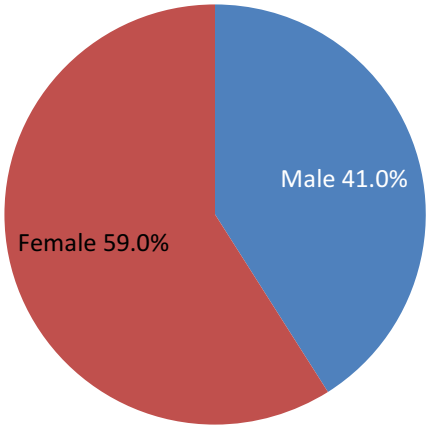
N=370
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 63: What is the highest level of education you have completed? (2012)



N=399
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 64: What is your gender? (2012)



N=402
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

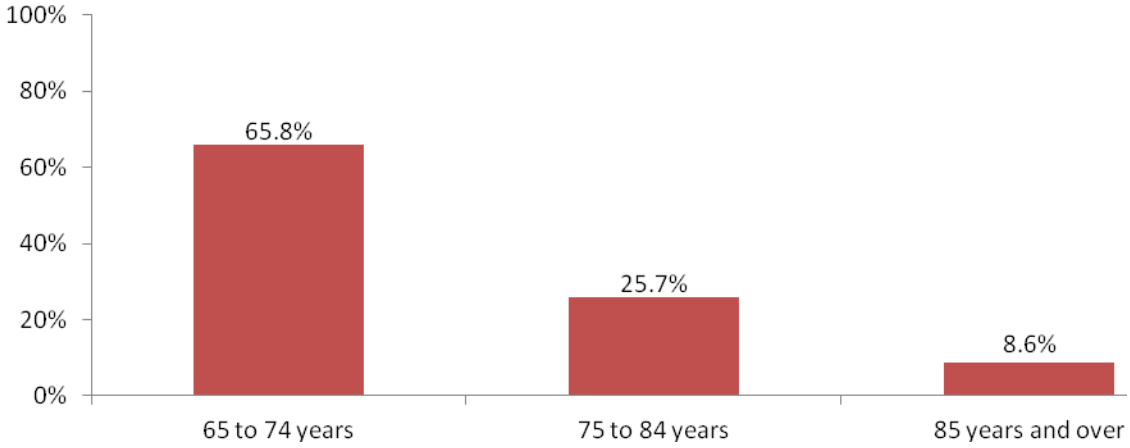
Figure 65: What zip code do you live in? (2012)

Response	Frequency	Percent
99504	62	15.7%
99507	54	13.6%
99508	45	11.4%
99515	40	10.1%
99516	33	8.3%
99502	32	8.1%
99577	29	7.3%
99503	22	5.6%
99501	21	5.3%
99517	18	4.5%
99567	15	3.8%
99518	12	3.0%
99587	4	1.0%
99506	3	0.8%
99505	1	0.3%
99509	1	0.3%
99510	1	0.3%
99513	1	0.3%
99514	1	0.3%
99540	1	0.3%
Total	396	100.0%

Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

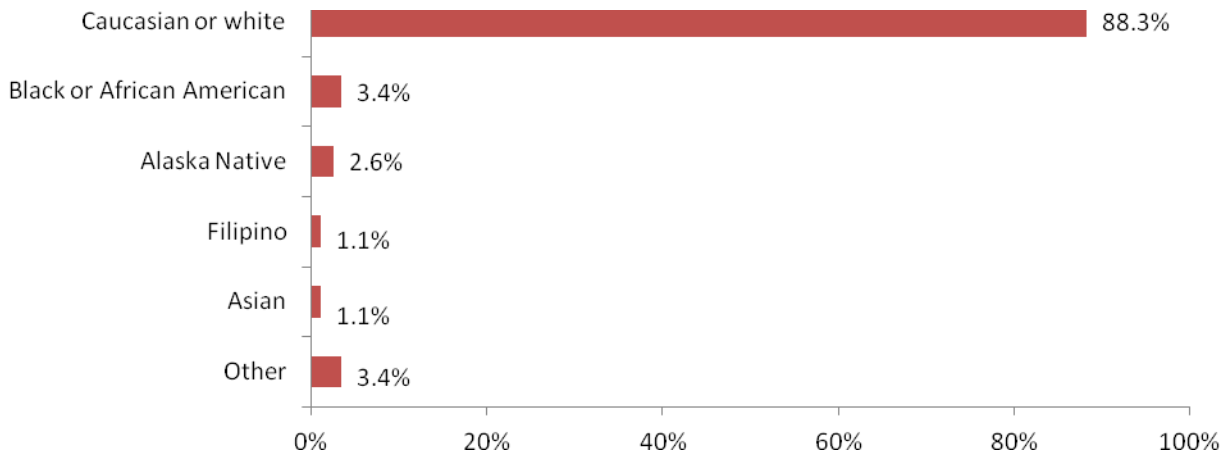
SENIOR OVERSAMPLE DEMOGRAPHICS

Figure 66: Which of the following age groups are you in? (Senior Oversample 2012)



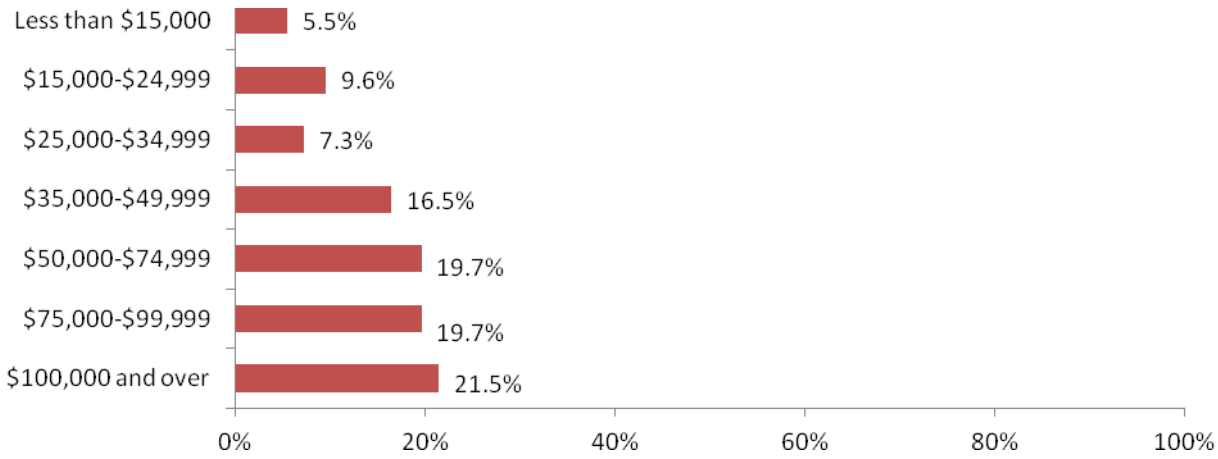
N=269
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 67: Which of the following best describes your race or ethnic group? (Senior Oversample 2012)



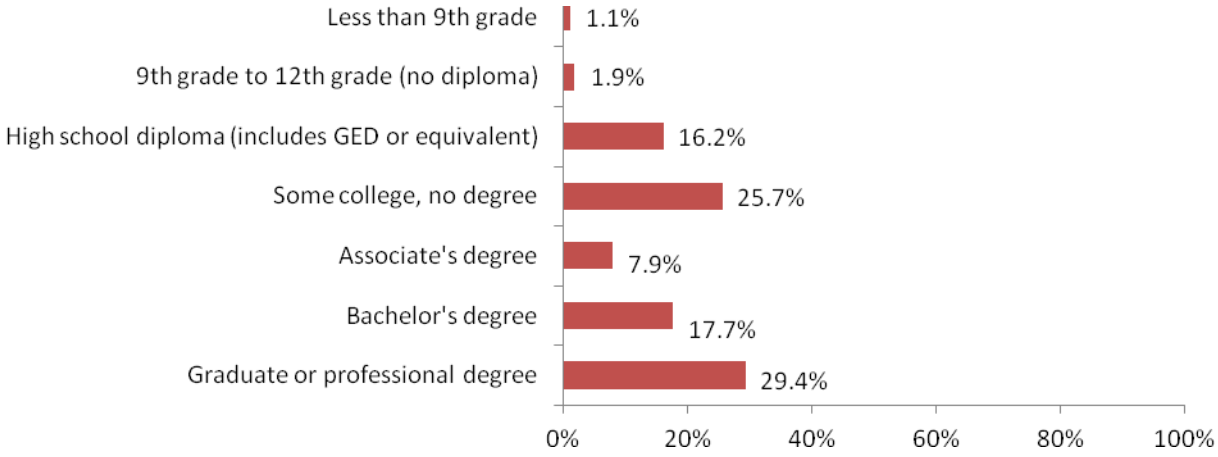
N=265
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 68: Which income range best describes your annual household income? (Senior Oversample 2012)



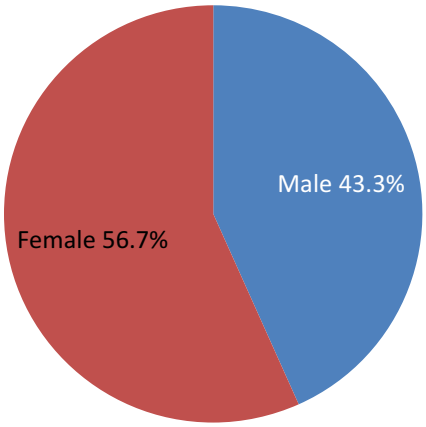
N=218
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 69: What is the highest level of education you have completed? (Senior Oversample 2012)



N=265
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 70: What is your gender? (Senior Oversample 2012)



N=268
Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

Figure 71: What zip code do you live in? (Senior Oversample 2012)

Response	Frequency	Percent
99504	46	17.6%
99508	41	15.6%
99577	31	11.8%
99507	24	9.2%
99501	22	8.4%
99516	22	8.4%
99517	18	6.9%
99503	14	5.3%
99515	14	5.3%
99502	12	4.6%
99567	8	3.1%
99518	7	2.7%
99511	2	0.8%
99540	1	0.4%
Total	262	100.0%

Source: Anchorage Community Assessment Project, *Telephone Survey,* 2012.

APPENDIX I: METHODOLOGY

In order to take into consideration the broad interests of the community, Providence collected both primary data and secondary data. These data represented the broad community, as well as a few key subpopulations. Additionally Providence reviewed this data in conjunction with a community advisory group. Members of the advisory group represented perspectives spanning public health, Alaska Natives, minority populations, medically underserved individuals, youth, and seniors.

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. Applied Survey Research (ASR) conducted the Anchorage Community Assessment survey from August 24-30, 2012 with 603 randomly selected city residents including an oversample of 200 seniors. The intent of the survey was to measure the opinions, attitudes, desires and needs of a demographically representative sample of Anchorage's residents.

Telephone Sample Selection

In 2012, telephone contacts were attempted with a random sample of residents 18 years or older in the Municipality of Anchorage. Surveys were completed with 603 respondents in the Municipality, and each completed survey took an average of 7-8 minutes. The sample was pulled from landline, wireless-only, and wireless/land-line random digit dial prefixes in Anchorage. All cell phone numbers were dialed manually (by hand) to comply with Telephone Consumer Protection Act rules. Respondents were screened for geography, as cell phones are not necessarily located where the number came from originally. There were 150 cell phone interviews and 453 landline interviews completed.

Senior Oversample

ASR conducted targeted telephone interviews with seniors (ages 65 and older) living in Anchorage. An additional 200 senior surveys were conducted from August 24-30, 2012. The oversample of 200 surveys was combined with 69 seniors surveys conducted in the general sample for a total of 269 surveys.

Sample Size

A sample size of 403 residents provides 95% confidence that the opinions of survey respondents do not differ from those of the general population of the Municipality of Anchorage by more than +/- 4.9%. This "margin of error" is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in the Municipality of Anchorage if every resident were to be polled. A quota of 200 senior surveys was established to obtain a sufficient sample of the senior population to allow for separate analyses of their responses. A sample size of 269 senior residents provides 95% confidence that the opinions of senior survey respondents do not differ from those of the general senior population of the Municipality of Anchorage by more than +/- 5.9%.

SECONDARY DATA

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

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

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

The State of Alaska Bureau of Vital Statistics

The Alaska Bureau of Vital Statistics manages vital records for the State of Alaska which include birth, death, fetal death, divorce, marriage data, and reports of adoption.7 The bureau's statistics used in this report are available for the Kenai Peninsula Borough only and not for the city of Seward.

The U.S. Census

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

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

The American Community Survey (ACS)

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

[7] 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: ADVISORY GROUP

The following Anchorage Community Members were invited to participate in the identification of Anchorage's health needs. While not all advisory group members attended the prioritization meeting, all participants received documents and were invited to provide input both inside and outside of the prioritization meeting.

Name	Title	Organization	Advisory Role	Community Representation	Attended Prioritization Y/N
Janet Viemeier	Director Division of Health and Human Services	Municipality of Anchorage	Community Group	Public Health	YES
Dr. Jay Butler	Senior Director, Community Health Services	United Way Health Committee Alaska Native Tribal Health Consortium	Community Group	Public Health	YES
Diane Ingle	co-chair, sub committee	United Way Health Committee	Community Group	Community	YES
Michele Brown	Executive Director	United Way of Anchorage	Community Group	Community	YES
Nancy Edtl	Director of ASD Health Services	Anchorage School District	Community Group	Public Health	YES
Jim Browder	Superintendent ASD	Anchorage School District	Community Group	Community	YES
Jeff Jessee	Chief Executive Officer	Mental Health Trust	Community Group	Community	NO
Delisa Culpepper	Chief Operating Officer	Alaska Mental Health Trust	Community Group	Community	YES
Bill Herman	Senior Trust Program Officer	Alaska Mental Health Trust	Community Group	Community	YES
Ward Hurlburt	CMO/Director	State of Alaska - Division of Public Health	Community Group	Local Government	YES
Col. Thomas W Harrell	Commander, JBER Hospital	Elmendorf Air Force Base	Community Group	Notable subpopulation	NO
Dr. Doug Eby	Vice President of Medical Services	South Central Foundation	Community Group	Notable subpopulation	NO
Alan Budal	Executive Director	Lutheran Social Services	Community Group	Notable subpopulation	NO
Leonard Stewart	Executive Director	Anchorage Neighborhood Health Center	Community Group	Notable subpopulation	NO
Dr. Paul Peterson	Cardiologist	Alaska Heart Institute	Community Group	Physician	NO
Dr. Noah Laufler	Primary Care Provider	Medical Park Family Care	Community Group	Physician	NO
Sharon Kurz	Chief Executive Officer	St. Elias Long Term Acute Care Hospital	Community Group	Other	YES

Advisory Group continued

Name	Title	Organization	Advisory Role	Community Representation	Attended Prioritization Y/NO
Clare Chan	Chair of PAMC Advisory Council	PAMC Advisory Council	Hospital Advisory Council	Business/Employer	NO
Susan Bomalaski	Executive Director	Catholic Social Services (CSS)	Community Ministry Board	Notable subpopulation	YES
Pat Doyle	President and Publisher	Providence Community Ministry Board Anchorage Daily News	Community Ministry Board	Business/Employer	YES
Chris Swalling	Community Member	Providence Community Ministry Board	Community Ministry Board	Business/Employer	YES
Jim Yarmon	President, Yarmon Investments	PAMC Advisory Council	Hospital Advisory Council	Business/Employer	NO
Dr. Dick Mandsager	Chief Executive	Providence Alaska Medical Center	Providence	Physician	YES
Dr. Tom Hunt	Chief Executive	Providence Medical Group Alaska	Providence	Physician	YES
Susan Humphrey-Barnett	Administrator	Providence Area Operations / Community Care Services	Providence	Notable subpopulation	NO
Monica Anderson	Chief Mission Integration Officer	Providence Health & Services Alaska	Providence	Notable subpopulation	NO
Robert Honeycutt	Chief Operating Officer	Providence Alaska Medical Center	Providence	Notable subpopulation	YES
Deb Hansen	Chief Nurse Executive	Providence Alaska Medical Center	Providence	Notable subpopulation	YES
Kathleen Barrows	Director of Community Benefits	Providence Alaska Medical Center	Providence	Staff	YES
Allison Fong	Region Manager, Strategic Planning	Providence Health & Services Alaska	Providence	Staff	YES

APPENDIX III: PROVIDENCE COMMUNITY HEALTH IMPLEMENTATION PLAN

Completion Date	▪ 2013
Service Area/ Region/Ministry	▪ Providence Alaska Medical Center is in the Anchorage Service Area and serves the Alaska Region
Sponsor	▪ Dick Mandsager, PAMC CEO
Planning/ Mission Team	▪ Monica Anderson, Chief Mission Integration Officer ▪ Kathleen Barrows, Director Community Benefit ▪ Allison Fong, Region Manager Strategic Planning
Workgroup Participants	▪ See Attachment I: Providence and Community Advisory Group
Brief Description of How the Community Benefit Plan Was Developed	▪ Beginning in 2012, Providence Alaska Medical Center (PAMC) initiated the process of conducting a community health needs assessment along with the United Way of Anchorage. Providence also engaged with community experts and representatives from the Providence Community Ministry Board, Municipality of Anchorage Health and Human Services, social services organizations, and other health care providers ("work group"). ▪ Both primary and secondary data was collected. Over 600 people responded to a telephone survey. Other data sources included data from the federal and state data sources, as well as hospital discharge data. ▪ The work group reviewed the assessment data. The data was prioritized through an evaluation survey and dialogue. Collectively the work group identified the top four health needs in Anchorage. Additionally the work group provided advice to Providence regarding strategies to respond to community need. ▪ Providence (see internal workgroup participants) reviewed the top health needs, considered the community's advice, and evaluated previous community benefit investments in order to develop a community benefit plan that responds to community health needs. ▪ Representatives from the PHSA Community Ministry Board participated throughout the process. The full PHSA Community Ministry Board will approve the Community Benefit Plan in 2013. The final assessment will be made widely available in 2013 via the internet.
Geographic Definition	▪ The CHNA assessed the Municipality of Anchorage in Alaska, which includes Anchorage, Eagle River, Girdwood, and JBER. Anchorage is a diverse community with a population of 295,570, which is expected to grow 10% by 2020. The majority of the community is Caucasian (62%), Multiracial (9%), Asian (8%), Hispanic (8%), and Alaska Native/American Indian (6%). Anchorage is also relatively young with a median age of 32.9.
Targeted Subpopulations	▪ The CHNA assessed the broad Anchorage community, but did take a special look at a few key subpopulations: youth, and seniors, poor and vulnerable, especially homeless and underserved residents.

Major Issues/Needs Identified Within the Community

Need	Description
Poverty	There has been a steady increase since 2006 of Anchorage residents going without basic needs. In 2012, more than 1 in 6 people went without some kind of basic need. The top three forgone needs were health care, food, and housing. Low income, as well as access to safe, affordable housing and food, has both short and long term effects on the health and wellbeing of individuals and families. Addressing poverty will have a significant impact on all other needs in the community.
Healthy Behaviors	Over 60% of Anchorage adults are overweight or obese, as are 27% of high school students. Although the percentage of both populations has decreased over time, it remains an area of focus for the community as whole. Approximately half of Anchorage residents had some kind of biometric screening in the past 12 months. Practicing healthy behaviors from increased physical activity to preventive screenings and care are shown to have positive impacts on the quality and length of individuals lives.
Alcohol/ Substance abuse	Anchorage and Alaska residents drink heavily and binge drink at a greater rate than the national average. Substance abuse has broad impacts on the mental, physical, and social health of the community. In Anchorage the cultural acceptance of alcohol use is believed to contribute to increased abuse of alcohol and other substances.
Access to Affordable Care	One in 12 people reported being unable to receive needed medical care in the last 12 months. One in six people reported being unable to receive needed dental care in the last 12 months. Affordability was cited as the number one reason for lack of access to care. Nineteen percent of adults lack health insurance in Anchorage. Residents in high need neighborhoods have greater uninsured rates. Addressing the many barriers to care will not only improve health in the community, but will also help people get the right care at the right time – reducing the high cost of deferred care which often leads to expensive emergency intervention.

How Providence is Addressing the Major Issues/Needs

Throughout 2013, we will continue the major investments similar to those provided in 2012, which were primarily focused on access and healthy behaviors. Over the course of the year we will identify new opportunities for investment in 2014 and 2015, especially in the areas of poverty and substance abuse. Each need will require a concentrated effort; as such Providence will define a focused approach to address each of the community needs.

- *Poverty*: Providence will focus strategies to address the needs of children and their families, specifically as it relates to sufficient and safe housing, through continued investment in Clare House and Brother Francis Shelter, as well as identification of partners to address long-term housing solutions.
- *Healthy Behaviors*: Providence will focus strategies and identify partnerships that encourage healthy behaviors, including increased access to preventive care and healthy activities, especially in lower and middle class segments of our

How Providence is Addressing the Major Issues/Needs (continued)	population. ▪ *Alcohol/Substance Abuse*: Providence will continue to invest in services that treat substance abuse, as well as the treatment and prevention of substance abuse in teens. ▪ *Access to Affordable Care*: Providence will focus strategies that increase access to care broadly across the community; interventions will be tailored to the unique needs of subpopulations.
Why Providence Selected These Projects/Programs	Through the course of community benefit planning, the Providence Advisory Group determined key prioritization characteristics that will be considered in selecting solutions to address community need. • **Mission Compatibility:** Community benefit investments and partnerships will honor our heritage and identity, remaining true to our mission. • **Partnerships**: Guided by the community's advice, Providence will seek out partnerships where lending our voice and resources will advance substantive efforts that address community needs. • **Sustainability**: Community benefit investments will support long term, sustainable interventions that address health needs in our community. • **Particular interest in children and their families**: As the Sisters of Providence cared for the poor and vulnerable, they expressed an affinity for women and children. To that end, Providence will, when appropriate, focus community benefits to address the needs of children and their families.
How Others in the Community Are Addressing the Major Needs **How Others in the Community Are Addressing the Major Needs**	There are many organizations within the Anchorage community and across the state of Alaska that are addressing the community needs, including: ▪ United Way of Anchorage, a partner in the Anchorage Community Health Needs Assessment, has chosen to address Education, Income, and Health in Anchorage through a variety of partnerships and programs. More information can be found at: http://www.liveunitedanchorage.org/ ▪ The departments of health at both the State of Alaska and Municipality of Anchorage have robust programs that address the public health needs in our community. ▪ Healthy Futures is an Alaska-based organization whose mission is to empower Alaska's youth to build the habit of daily physical activity. They serve many Alaska children, including those in vulnerable subpopulations. ▪ Anchorage Project Access is a free or low cost short term healthcare program for low income residents who live in the Municipality of Anchorage and need medical care. Patients are served by a volunteer network of over 458 physicians and providers including hospitals, imaging centers, therapists, ancillary and other support services. ▪ Catholic Social Services operates nine multi-faceted programs including two emergency shelters, two homes for teens, a food pantry, supportive housing, an adoption and pregnancy support program, services for individuals with disabilities, and a refugee resettlement & immigration program. ▪ The Alaska Mental Health Trust Authority administers the Mental Health Trust to improve the lives of beneficiaries: people with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, and Alzheimer's disease and related dementia.

Major Needs that Are Not Addressed and Why	▪ Providence has chosen to address the treatment of substance abuse, but not the prevention of substance abuse because the State and Municipality have more robust prevention campaigns surrounding substance abuse and we have greater competencies in the area of substance abuse treatment. ▪ Rather than address the broad issues of poverty, Providence has chosen to focus our community benefit efforts on homelessness, as it was identified as a major contributor to poverty in our community. This focused investment provides an opportunity to bolster the efforts of other community organizations.
Goals and Objectives of the Community Benefit Plan	▪ Poverty: Anchorage residents, especially children and their families, have access to safe, and affordable long-term housing. ▪ Healthy Behaviors: Anchorage residents, especially children and their families, practice healthy behaviors. ▪ Alcohol / Substance Abuse: Anchorage residents have access to high quality, low cost treatment for substance abuse. Teens practice healthy behaviors, including avoiding alcohol and substance use. ▪ Access to Affordable Care: Anchorage residents have access to high quality, affordable health care services. Target metrics will be identified for each health need. Where possible, metrics will align with other state and community-wide metrics, including Healthy Alaskans 2020.