



Central Kenai Peninsula 2019 Community Health Needs Assessment

Central Peninsula Hospital

Soldotna, Alaska

Prepared by PNC IT

December 2019

Introduction

The Central Kenai Peninsula (CKP) comprises an area bounded by Nikiski, Cooper Landing, and Ninilchik, covering thirteen towns and approximately 65% of the population of the Kenai Peninsula Borough. This area is served by Central Peninsula Hospital (CPH) in Soldotna. CPH is a 49 bed, full service hospital. Hospital facilities and services include all private patient rooms, four surgical suites, dedicated C-section suite, family birth center, 24-hour emergency department, imaging, laboratory, oncology/infusion center, outpatient services and physical therapy. The active medical staff has more than 80 physicians and allied medical staff with specialties including Anesthesia, Allergy and Immunology, Emergency Medicine, Family Medicine, ENT, General Surgery, Internal Medicine, Long Term Care, Neurology, OB/GYN, Ophthalmology, Orthopaedics, Orthopaedic Spine, Oral Surgery, Pediatric Oral Surgery, Pain Management, Pathology, Pediatrics, Podiatry, Urology, Radiation Oncology and Radiology.

Every three years, CPH produces a community health needs assessment providing an analysis of the health needs faced by our community. This report is made available to the public and can be used by community members to better understand the present state of the region and to make decisions and plans for the future.

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Methodology

Primary Data

The core of this assessment is a survey of CPH's primary service area, the CKP. A workgroup was formed (members are listed in Appendix I: CHNA Workgroup Members) to review the survey used in 2016 and finalize a survey to be used for the 2019 Community Health Needs Assessment.

In 2016 the survey was conducted primarily by land line telephone. The response rate by mail in 2013 had been very low (about 15%) and so mail was not used at all, and a list of 4,083 land lines proved sufficient to collect the target 600 survey responses. A pilot internet survey was also conducted, collecting 36 responses.

In 2019, we compiled a list of 3,514 land-line numbers located in CKP and called numbers in a randomized order, repeating calls to numbers where there was no adult present when called or there was no answer at all. A maximum of three attempts were made for each number, and the survey was stopped once every number on the list was exhausted. A total of 257 phone surveys were collected.

Expecting that declining land line use across all demographics might make it challenging to get as many responses as in previous years, we put more effort behind an internet survey. The survey was hosted on the CPH web site and a combination of social media, postings in community areas, and word of mouth were used to direct traffic to the survey. A total of 397 internet surveys results were collected, so that we have a total of 654 survey responses.

600 completed surveys has been the traditional target, as that is enough for a statistically sound survey such that we can generally expect survey results to be within 4 percentage points of what the results would have been if we had successfully surveyed everyone in the area. For example, if 50% of respondents had said that they have insurance through an employer, there would be a 95% probability that between 46% and 54% of the entire population has insurance through an employer.¹

Secondary Data

Data from state and national sources was collected to supplement the data from the community survey.

These sources are:

Alaska Department of Labor and Workforce Development Research and Analysis (2018 population estimates)

Alaska Corporations, Business & Professional Licensing database (physician workforce metrics)

Association of American Medical Colleges 2019 State Physician Workforce Data Book (physician workforce metrics)

Data Analysis

Elderly women were overly represented in the community survey, in line with previous assessments. As in previous assessments, the data was weighted so that the male to female ratio matched the ratio indicated by population studies (in this case we used 2018 estimates). Although the surveyed population

¹ This is referred to as a "95% confidence interval", a common statistic for assessing the results of a survey.

is older than the actual CKP population, reweighting to fix age distribution is not necessary for this analysis. If we were doing comparisons with other populations, we would need to be concerned about age distribution. However, this assessment is focusing on the CKP population and specifically on the relative incidence of various health conditions within that population. Because the incidence of health conditions tends to be correlated with age, correcting the age distribution would not significantly impact the relative incidence of those health conditions. Not manipulating the age distribution has the added benefit of allowing a direct comparison to the 2013 CHNA and 2016 CHNA reports, in which there was also a correction for gender but not for age.

A Note on Internet Survey Results

Because the survey asks very sensitive questions, it is important that it be conducted anonymously, which limits the ability to detect individuals taking the survey repeatedly to manipulate the results. We looked for evidence of manipulation by comparing answers to objective questions about diagnoses in this survey with answers to identical questions in the survey in 2016 (Figure 1). Based on the similarity in answers between the two surveys, we find no reason to suspect that manipulation of the survey occurred.

Rates of Reported Diagnoses, 2016 vs 2019

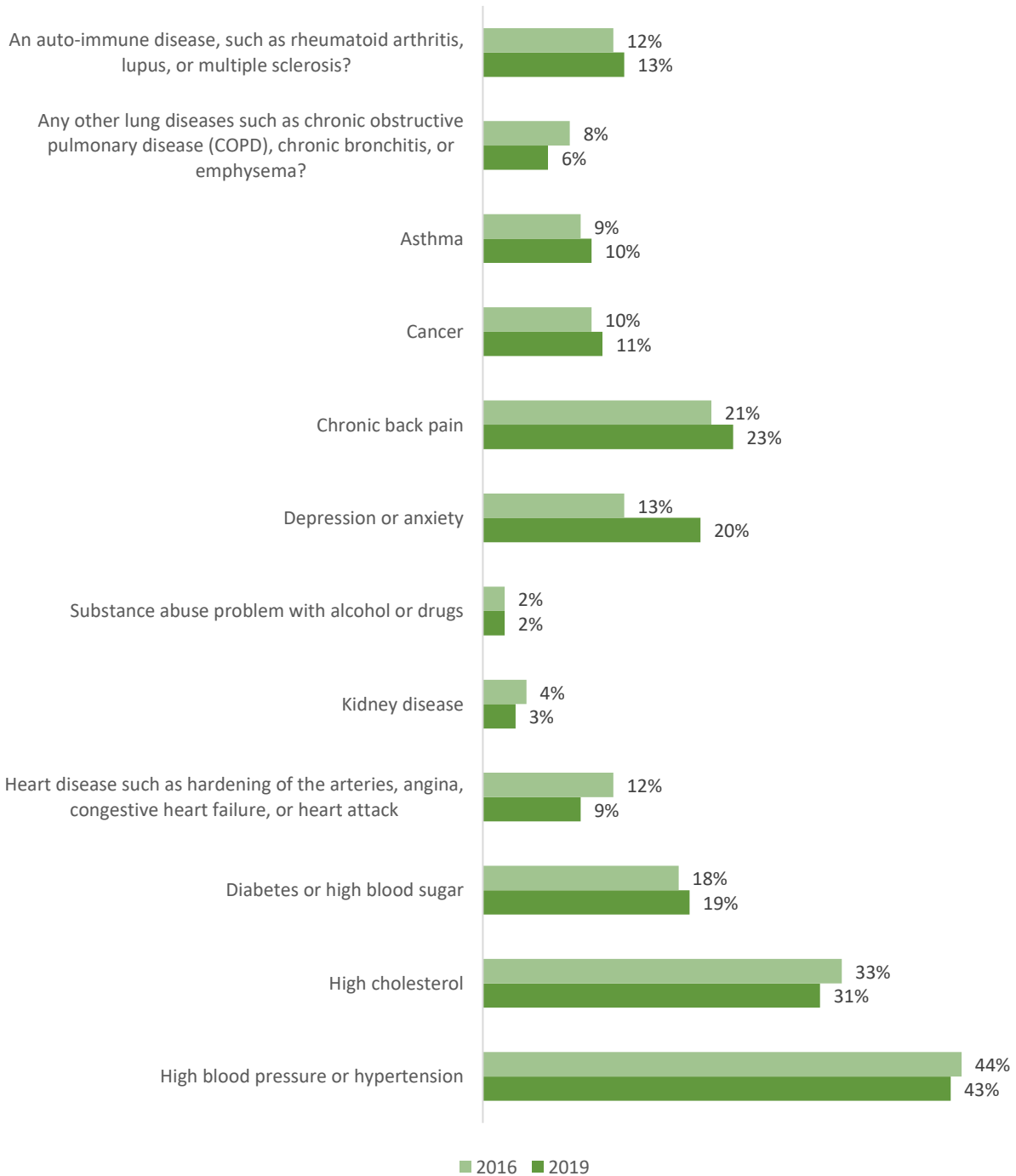


Figure 1

Central Kenai Peninsula Population Profile

Population Size

As shown in Figure 2, the population has grown significantly since 2000 but leveled off recently. The 2018 estimate for the population of full-time residents in the CKP was 38,359, an increase of 18% from 2000, but essentially equal to the 38,259 figure for 2015.

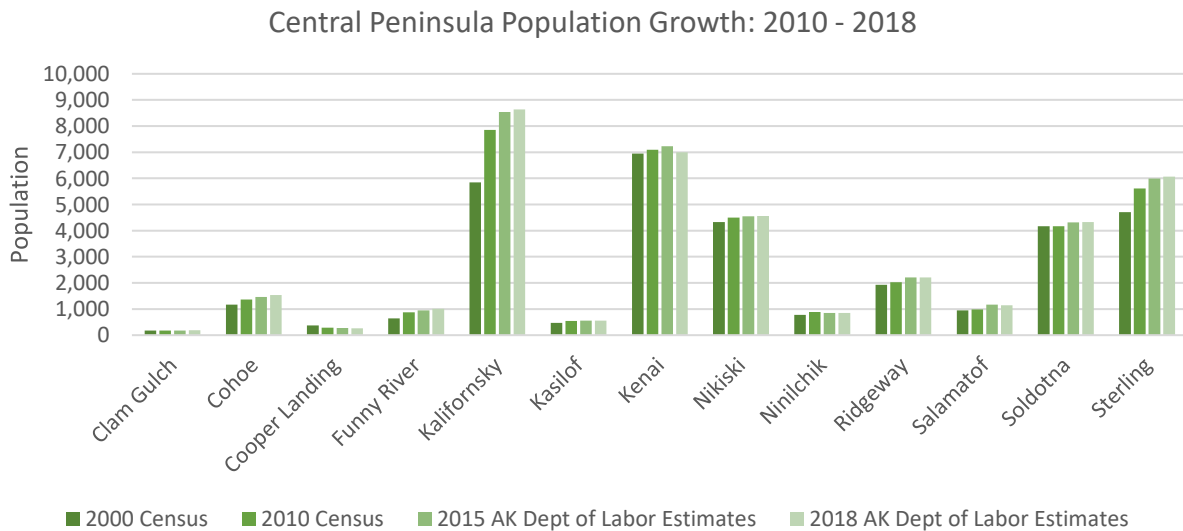


Figure 2

Key Findings

Access to Health Care

Figure 3 shows insurance coverage for individuals aged 18-64, namely adults who are not old enough to be eligible for Medicare (unless disabled). Our results (Figure 3) are in line with the 2016 report's optimistic outlook on insurance coverage, with only 8% of respondents aged 18-64 reporting that they did not have insurance that would cover at least part of an overnight stay in a hospital.

Uninsured Rates for Individuals Aged 18-64

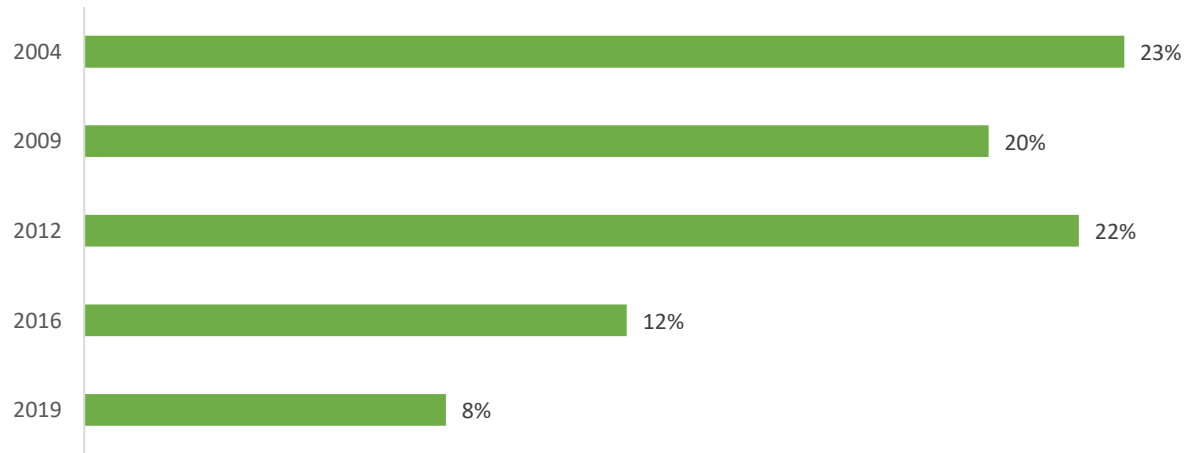


Figure 3

This stands in contrast to rates in 2012 and earlier. Since 2014 we have seen the implementation of Medicaid expansion in Alaska, extension of coverage for dependents up to the age of 26, and the application of increasing penalties for going without insurance. Each of these factors would be expected to increase the insurance coverage of CKP residents under the age of 65 at a rate higher than historical trends.

Looking at the entire population (not just those under 65), we see in Figure 4 that usage of routine primary care is in line with results from previous assessments, indicating that greater coverage may not necessarily translate into greater utilization.

Time since last visit to a doctor or health care provider for a routine checkup or physical examination

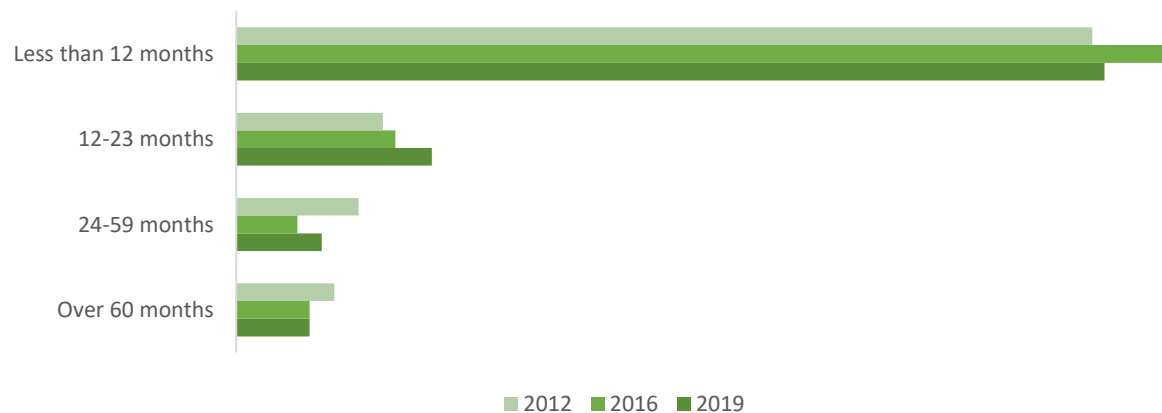


Figure 4

Cancer Health, Risk, and Screenings

Measures related to cancer health did not change significantly from the previous community survey (Figure 5). It should be noted that most differences – improvements or otherwise – are smaller than the confidence intervals ($\pm 4\%$) of the surveys. In addition, the populations asked about mammograms, pap smears, and sigmoidoscopies/colonoscopies may have changed; we do not know who was asked in the previous survey, and we began using updated screening recommendations in 2016².

² Specifically: Pap smears are recommended for women 21-65, mammograms for women 40-75, and sigmoidoscopies/colonoscopies are recommended for all adults aged 50-75.

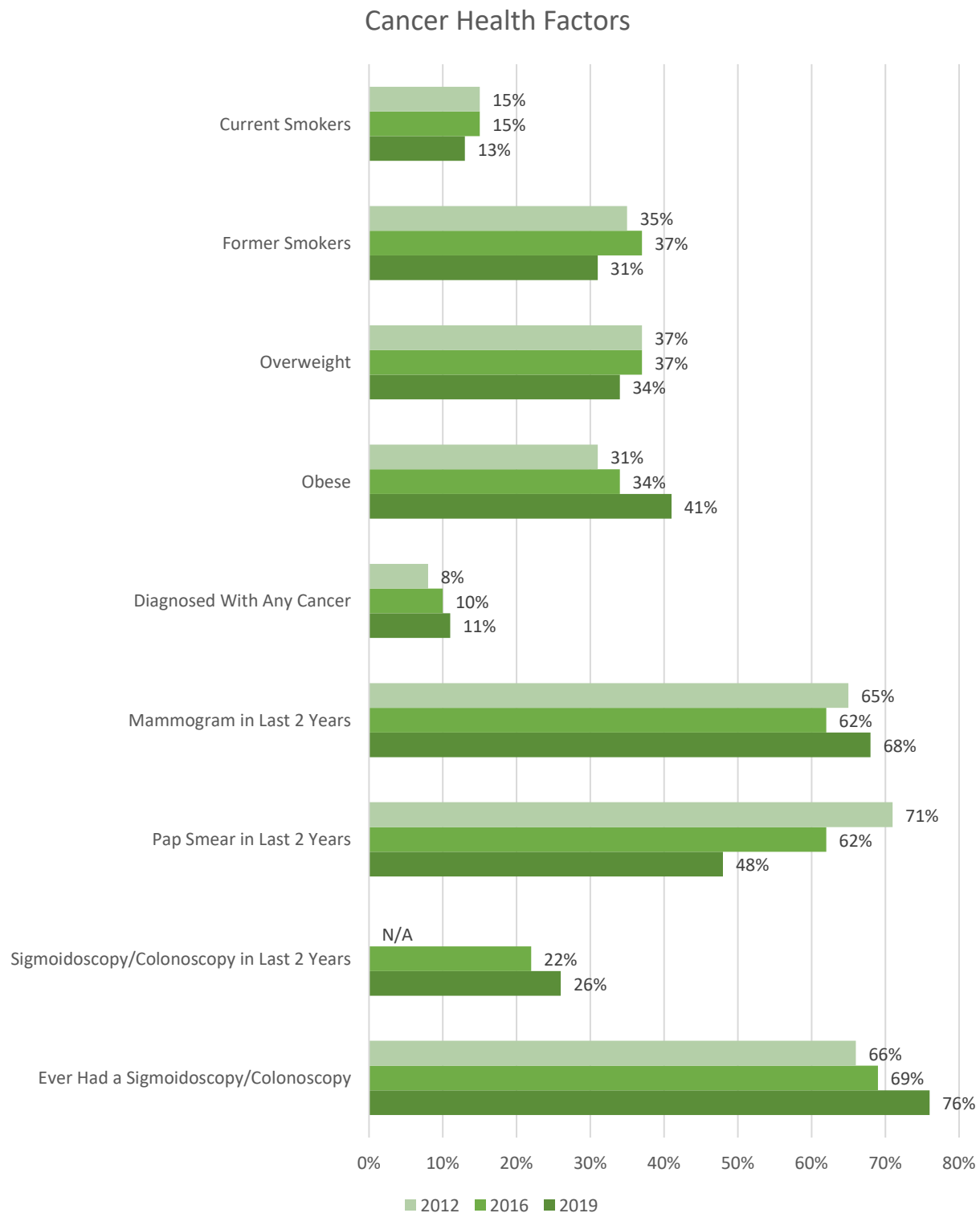


Figure 5

With these caveats in mind, we should still note the clear decrease in women who have had a pap smear in the last two years. A likely explanation for this trend is more widespread adoption of current cancer

screening guidelines. These allow women to be screened with cytology alone every three years or cytology plus human papillomavirus testing every five years (if over the age of 30).³

Cardiovascular Health

The last survey noted increases in diagnoses of high blood pressure and heart disease. This survey reinforces the increase in high blood pressure diagnoses (Figure 6). We also note that the rate of obesity has risen while the rate of overweight BMIs has decreased, implying that overweight people are tending to transition into obesity.

³ 2012 Cervical Cancer Screening Recommendations, American Society for Colposcopy and Cervical Pathology (<http://www.asccp.org/Assets/b75ccc7c-ba43-4942-ac85-aecff6e543d3/635912169968500000/asccp-cervical-cancer-screening-recommendations-pdf>)

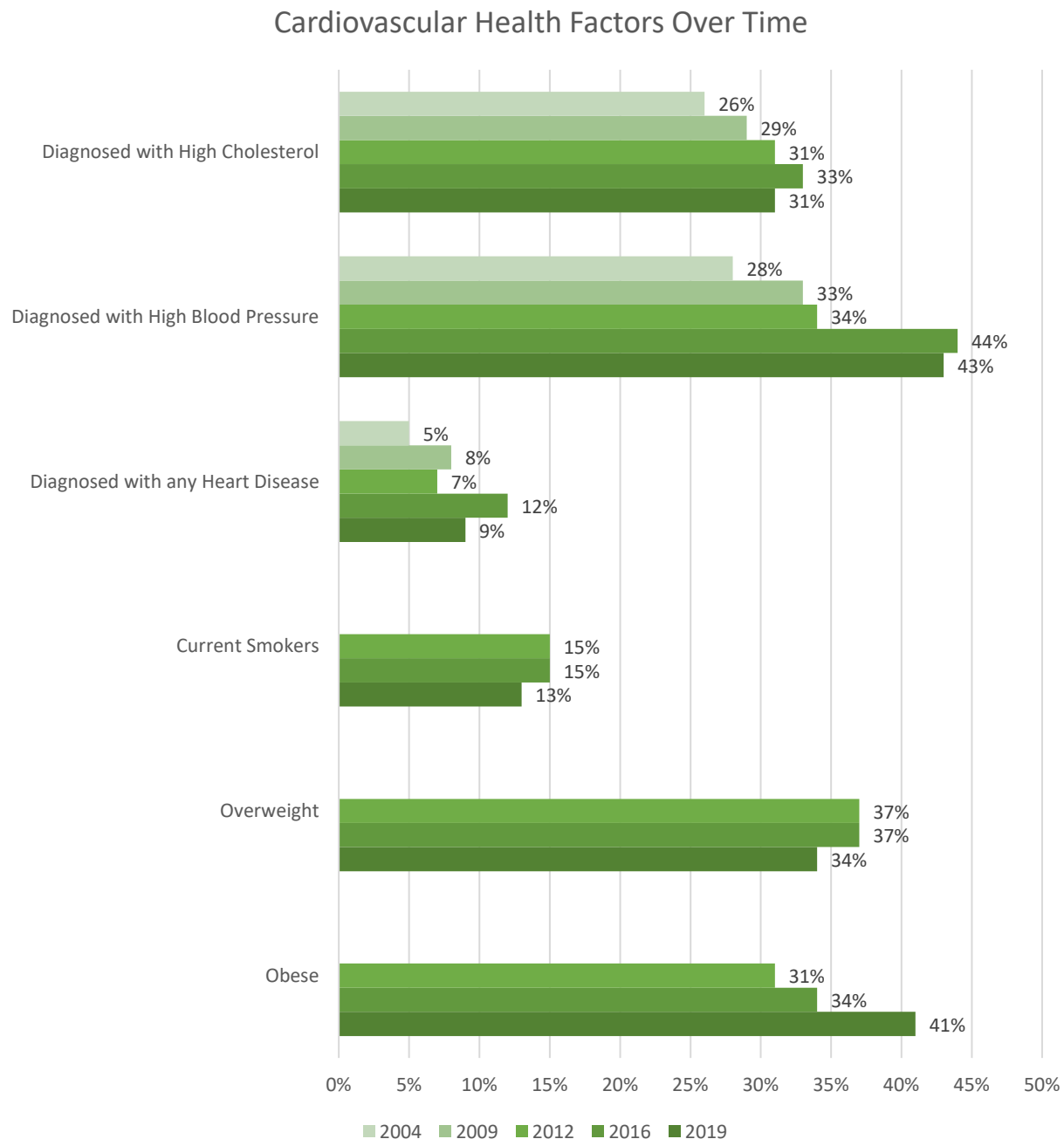


Figure 6

Mental Health and Substance Abuse

Compared with cancer and cardiovascular health factors, there is more variation in the tracked factors of mental health and substance abuse (Figure 7) ⁴. It should be noted that this is self-reported data

⁴ Binge drinking is defined as consuming more than 4 drinks on an occasion. Heavy drinking is defined as averaging 1 or more drinks per day over the course of a month for women and averaging 2 or more drinks per day over the course of a month for men.

about sensitive subjects and therefore almost certainly understates the actual rates. In addition, low rates of diagnoses can reflect limited access to and utilization of care as well as low incidence rates.

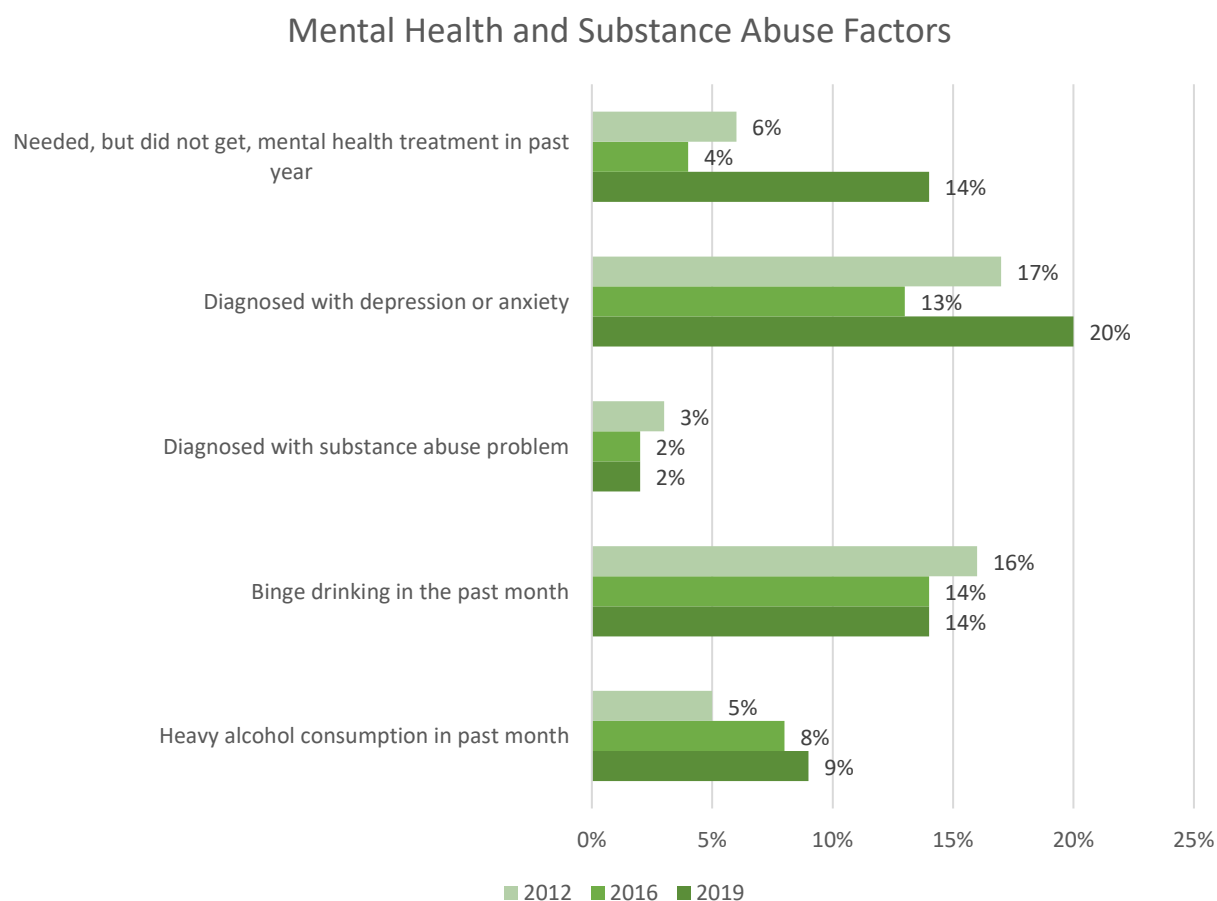


Figure 7

With these caveats in mind, we note the increase in diagnoses of depression and anxiety as well as the increase in respondents reporting that they have not gotten mental health treatment even when they felt it was needed. It is difficult to explain these phenomena together, as more diagnoses implies that more people are seeking care, whereas when asked directly respondents are reporting decreased efforts to seek care.

One consideration is that on these very sensitive issues respondents may be more forthcoming in the privacy of an internet survey than while speaking on the phone. The data appears to support this hypothesis – calculating responses by phone and internet separately, we see that the rates from the phone surveys are very similar to the 2016 results, while the rates from the internet surveys are comparatively high (Figure 8).

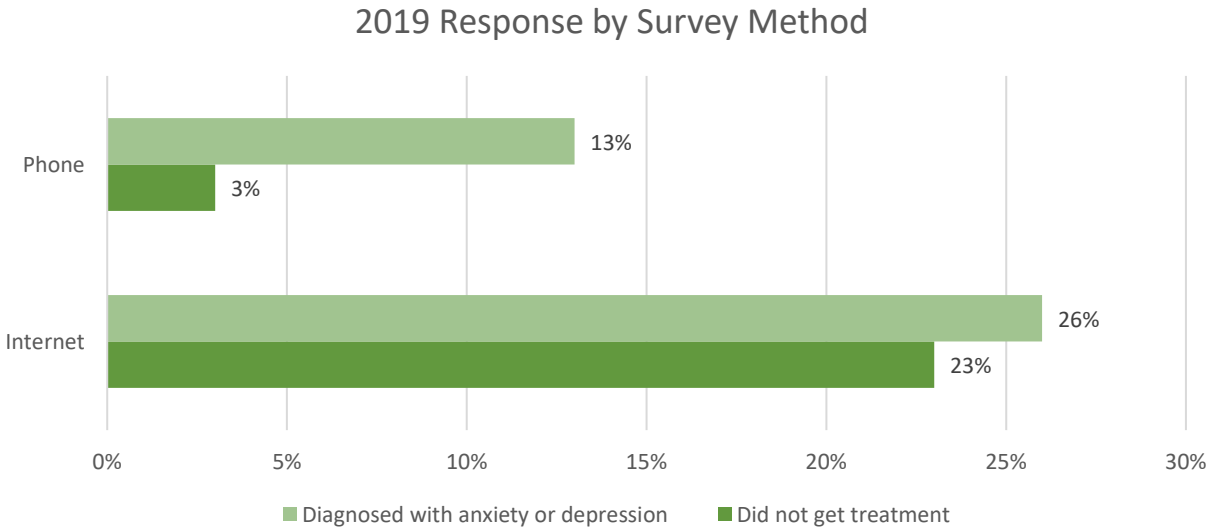


Figure 8

Community Perceptions of Health Services Quality

One component of the community survey was a series of questions asking the respondents to rate various services provided by CPH on a scale of 1 (Poor) to 5 (Excellent). The percentages in Figure 9 exclude those who expressed no opinion and consequently each item has its own survey size (referred to as “N”). Figure 10 represents of all individuals surveyed, including those who reported having no opinion.

Ratings of CPH Services

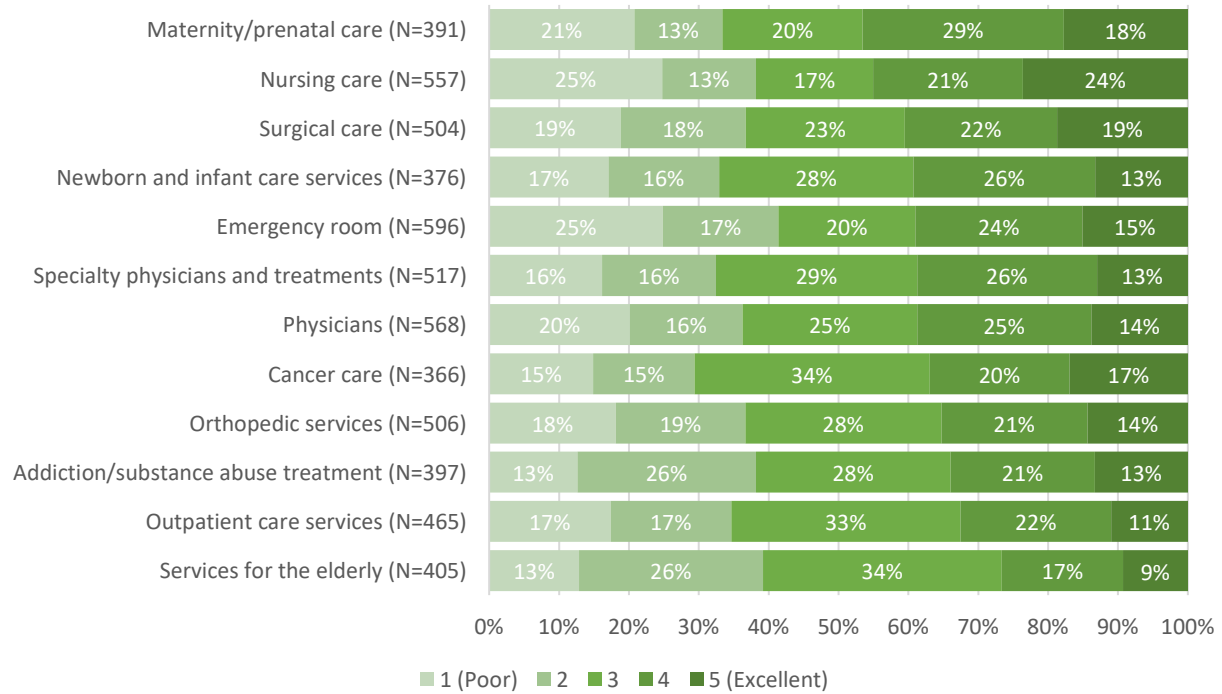


Figure 9

Perception of the Trend of Overall Quality at CPH

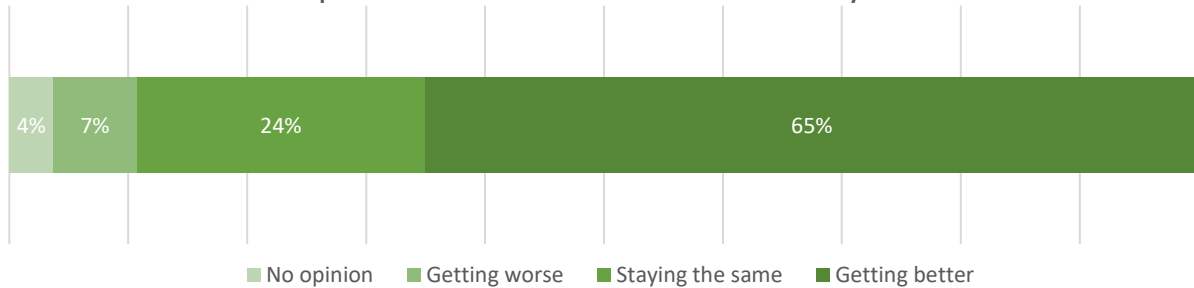


Figure 10

Community Perceptions of Health Services Needs

In the survey we listed various medical services and asked respondents whether they thought there was too little, enough, or too much of each service available in CKP (Figure 11).

Percentage of Resepondents Who Believe CKP Needs More of Various Services

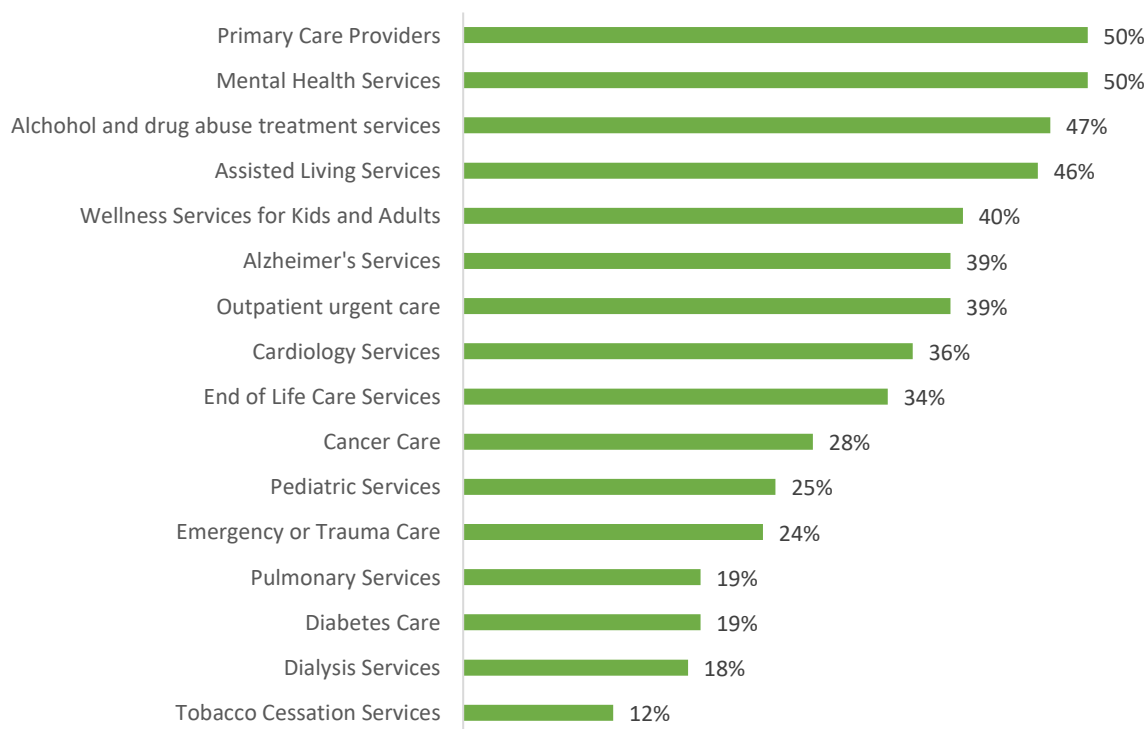


Figure 11

Respondents were more likely than last year to select the 'No Opinion' option than in 2016, and they were not offered that option in 2013. Consequently, the percentage of people thinking there are not enough of any given service decreased from previous surveys.

Consequently we cannot directly compare percentages to 2012 and 2016 results and must be careful not to overinterpret small differences in percentage. However, looking at the relative rankings (Figure 12) can provide some insight. In particular, we note that three services have increased in relative importance in each survey, with two of them (Mental Health Services and Primary Care Services) reaching the top of the list in this survey.

2012 Rank		2016 Rank		2019 Rank	
Cancer Care	71%	Alzheimer's services	67%	Mental Health Services	50%
Alzheimer's services	62%	Alcohol and drug abuse treatment services	60%	Primary Care Providers	50%
Cardiology services	59%	Cardiology services	56%	Alcohol and drug abuse treatment services	47%
Dialysis services	47%	Mental health services	51%	Assisted Living Services	46%
Assisted living services	46%	Assisted living services	51%	Wellness Services for Kids and Adults	40%
Wellness services for kids and adults	46%	Wellness services for kids and adults	45%	Outpatient urgent care	39%
Alcohol and drug abuse treatment services	44%	Pulmonary services	43%	Alzheimer's Services	39%
Pulmonary services	43%	End of life care services	43%	Cardiology Services	36%
Mental health services	40%	Dialysis services	40%	End of Life Care Services	34%
End of life care services	38%	Primary care providers	40%	Cancer Care	28%
Pediatric services	37%	Outpatient urgent care	40%	Pediatric Services	25%
Outpatient urgent care	37%	Cancer Care	39%	Emergency or Trauma Care	24%
Diabetes care	35%	Tobacco cessation services	37%	Diabetes Care	19%
Tobacco cessation services	35%	Diabetes care	36%	Pulmonary Services	19%
Primary care providers	32%	Pediatric services	35%	Dialysis Services	18%
Emergency or trauma care	24%	Emergency or trauma care	26%	Tobacco Cessation Services	12%

Figure 12

Physician Workforce

Number of Physicians

Physicians per 100,000 people in CKP has not significantly changed since the last assessment (Figure 13). During the same period, Alaska saw an 8% increase in the same metric. Decomposition into degree type shows that CKP increased its MD availability by 16%, but these gains were offset by a decrease in practicing DOs.

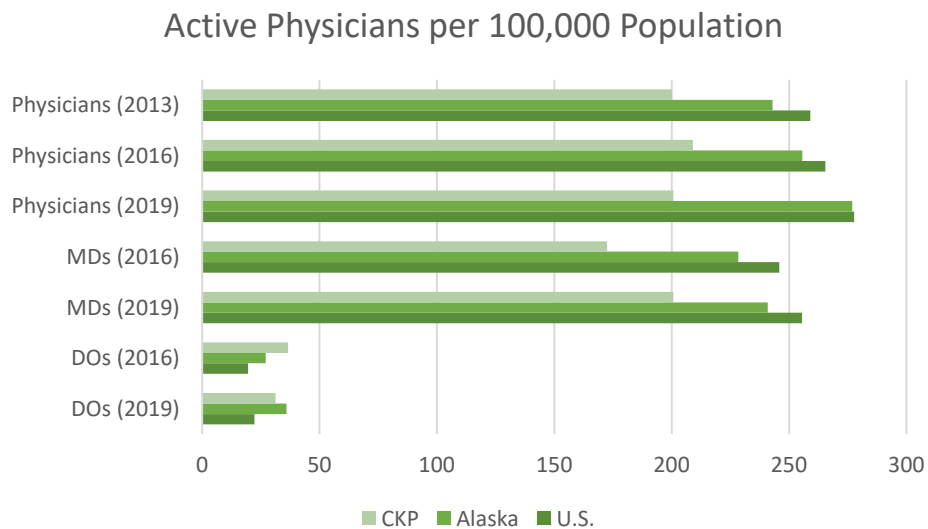


Figure 13

Gender Distribution

While female participation in the CKP physician workforce continues to lag behind Alaska and national rate (Figure 14), it has grown quickly in comparison. Between 2012 and 2019 the percentage of female physicians in CKP has grown by 37%, compared to 12% and 19% for Alaska and the U.S., respectively.

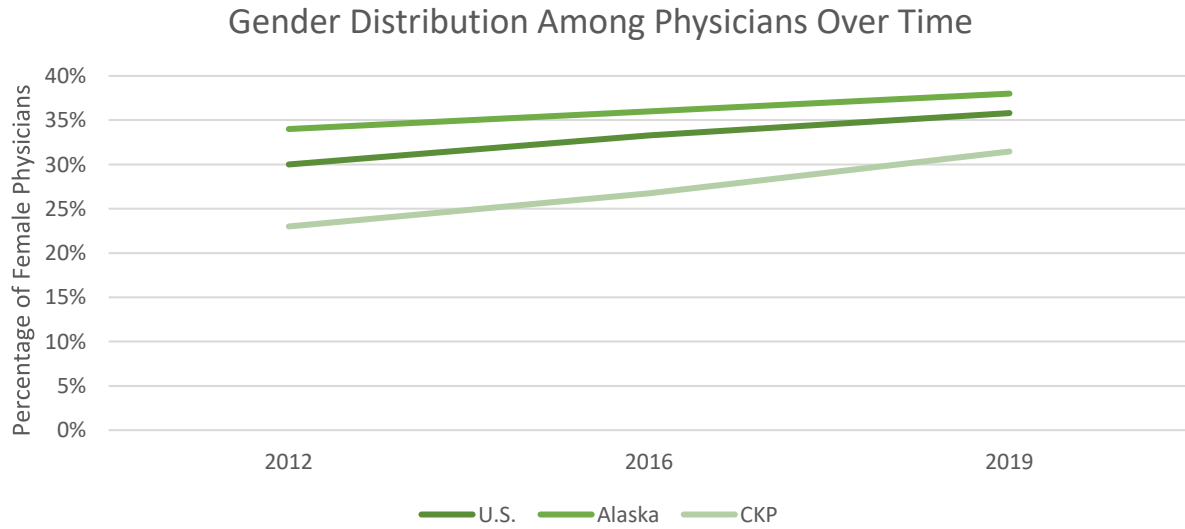


Figure 14

Age Distribution

The 2013 CHNA raised concerns around the age of physicians in CKP, with just 16% under the age of 40 (Figure 18). With a growing population and an older and aging workforce, there could be difficulty meeting the health needs of the community down the road. The ratios improved in 2016 (Figure 16), and in 2018 – the most recent date for which data could be obtained – CPH physicians continued to be younger than Alaskan physicians in general, though not as young as physicians in the United States as a whole (Figure 15).

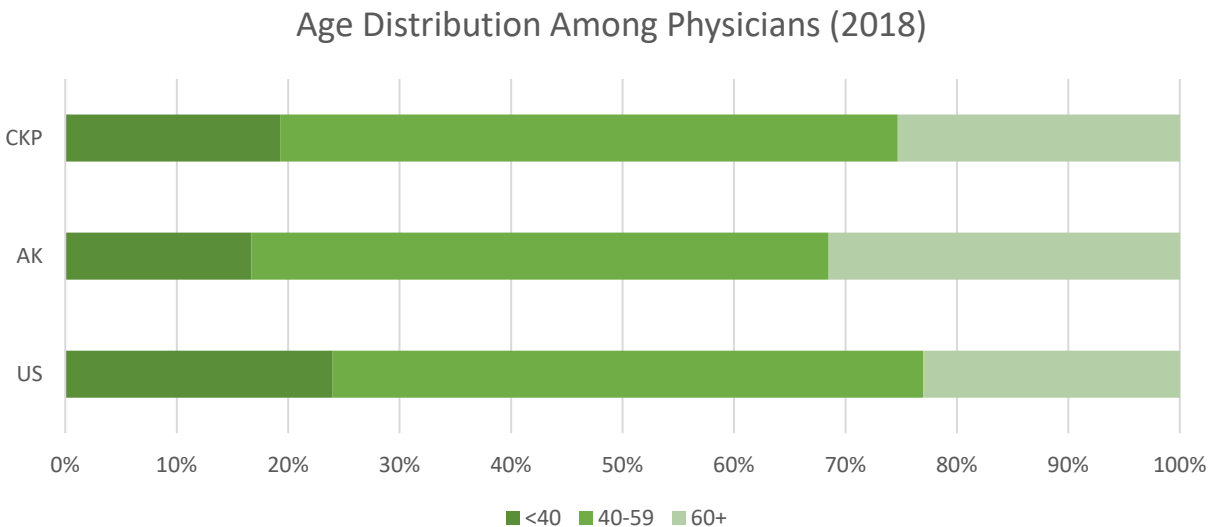


Figure 15

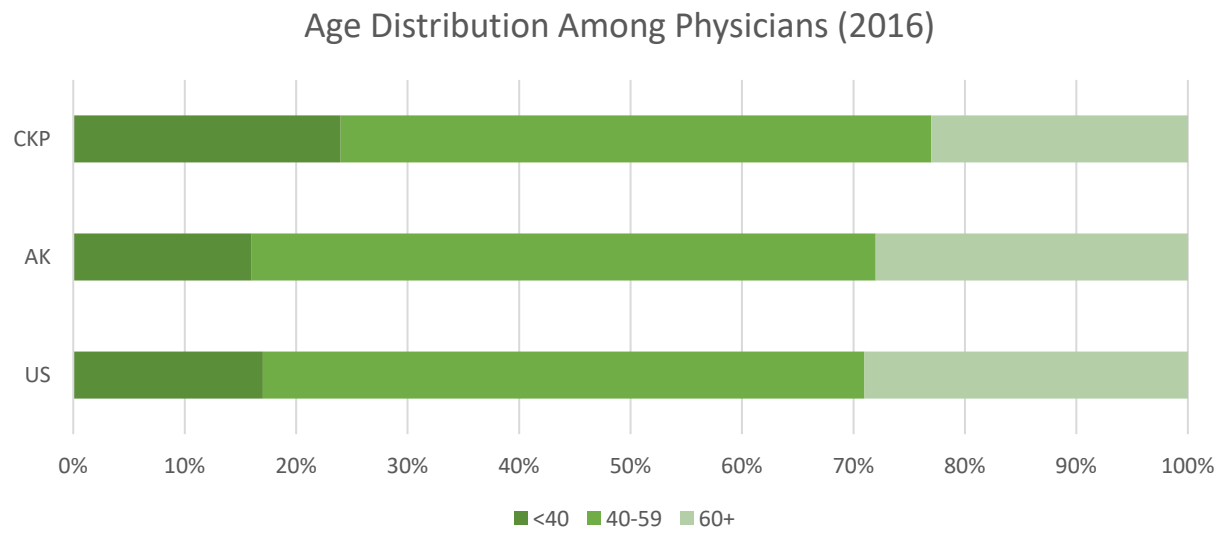


Figure 16

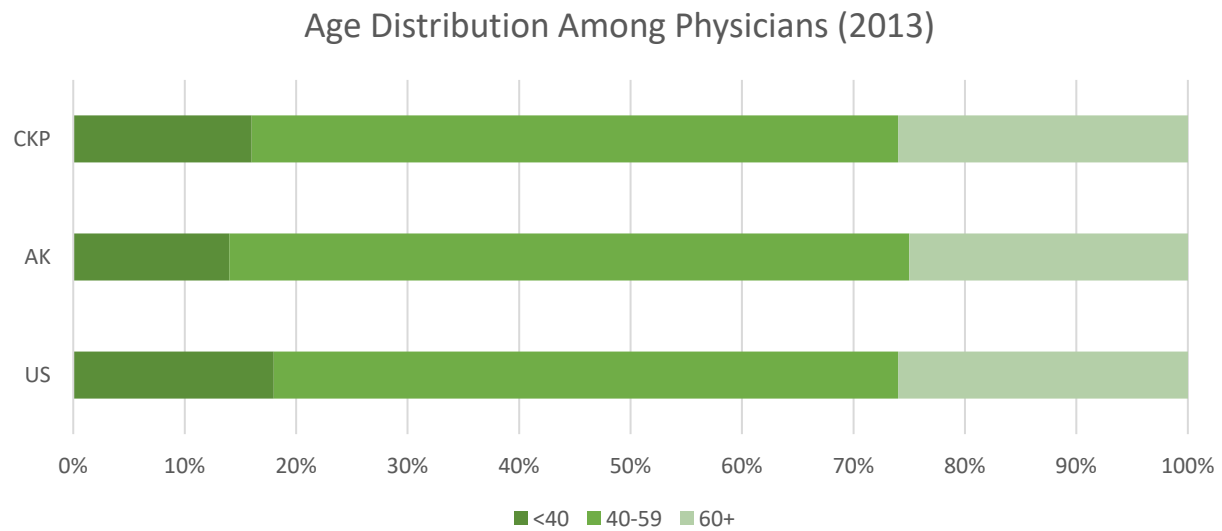


Figure 17

Appendix I: CHNA Workgroup Members

CPH Administrators

Rick Davis, CEO

CPGH, Inc. Board Members

Lynda Columbia

Steve Horn

Other Community Members

Trena Richardson

Tim Dillon

Barbara Dilley

Appendix II: Survey Results

In all the following charts, the title is the question asked (usually verbatim, but occasionally simplified for clarity) and includes the sample size. For example, “Where do you live? (N=639)” means that 639 individuals were asked “Where do you live?” The majority of questions have a sample size of 639, but when directed at a subset (e.g. a specific gender or people who answered “yes” to a previous question), the sample size can be smaller. As sample size decreases, so does the precision of the results.

Respondent Eligibility, Gender, and Age

Before beginning the survey, all individuals called were screened to confirm that they were 18 years or older and that they lived in the CKP region. We also collected gender and age information in order to ask gender-specific questions (e.g. time since last pap smear exam) later in the survey. Figure 20 makes it clear that the surveyed population skews toward older individuals, as discussed in Methodology. Due to the use of an internet survey, however, it was less skewed than the 2016 survey, in which over 50% of respondents were over 65.

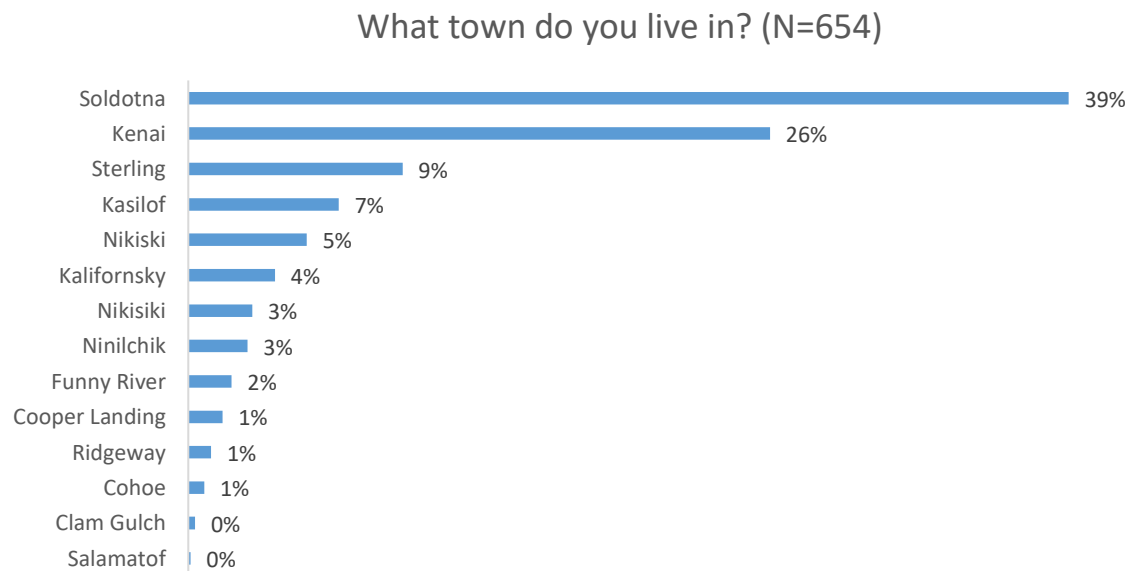


Figure 18

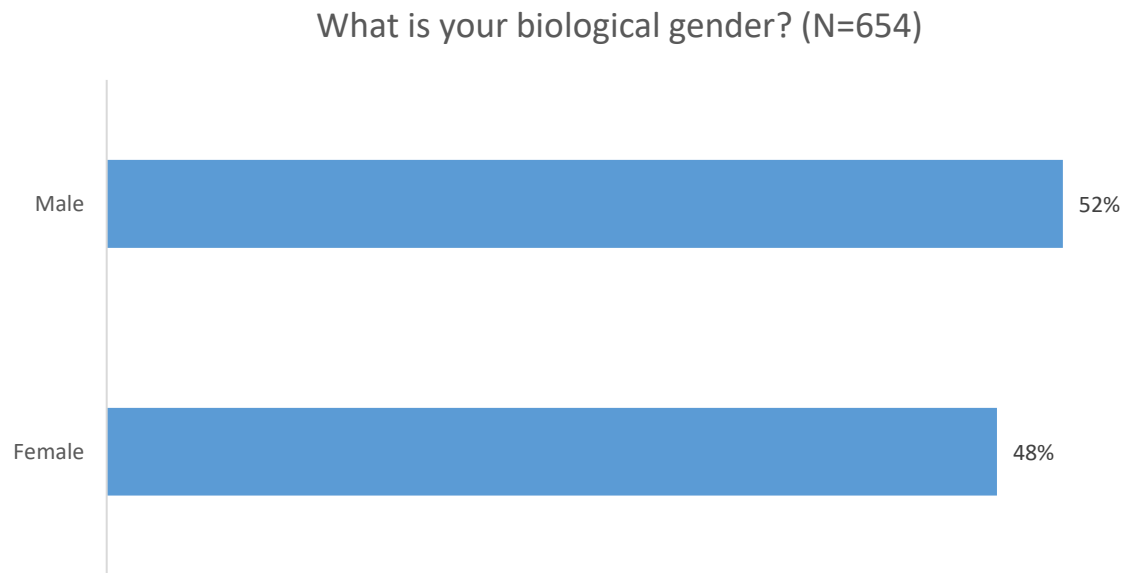


Figure 19

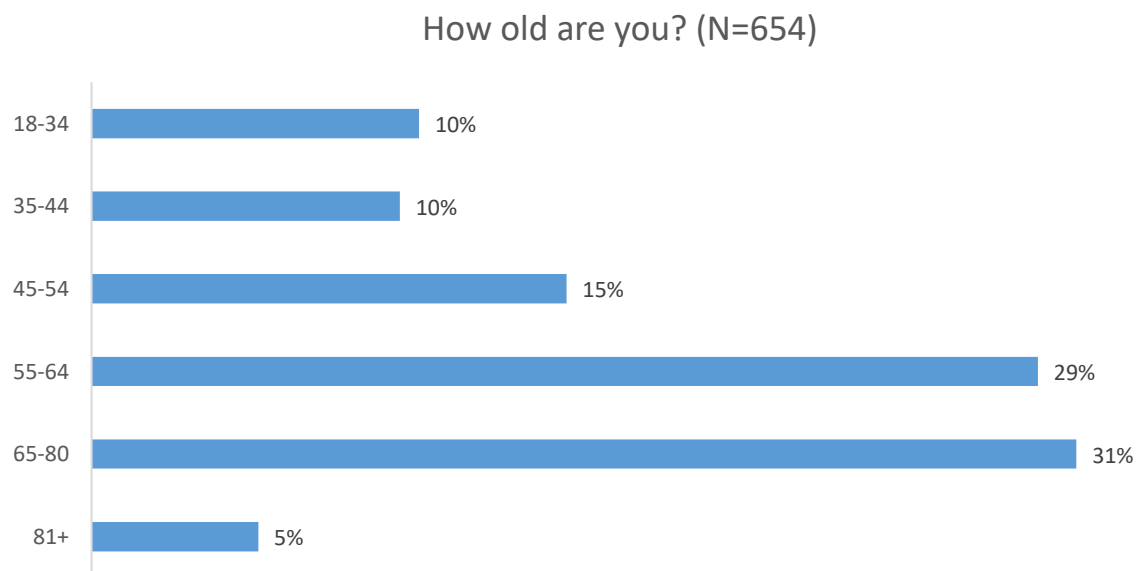


Figure 20

Identifying Health Care Providers

After screening, we asked a series of questions about where the respondent goes for health care and how easily they can access health care.

Do you have one person who you think of as your personal doctor or health care provider? (N=646)

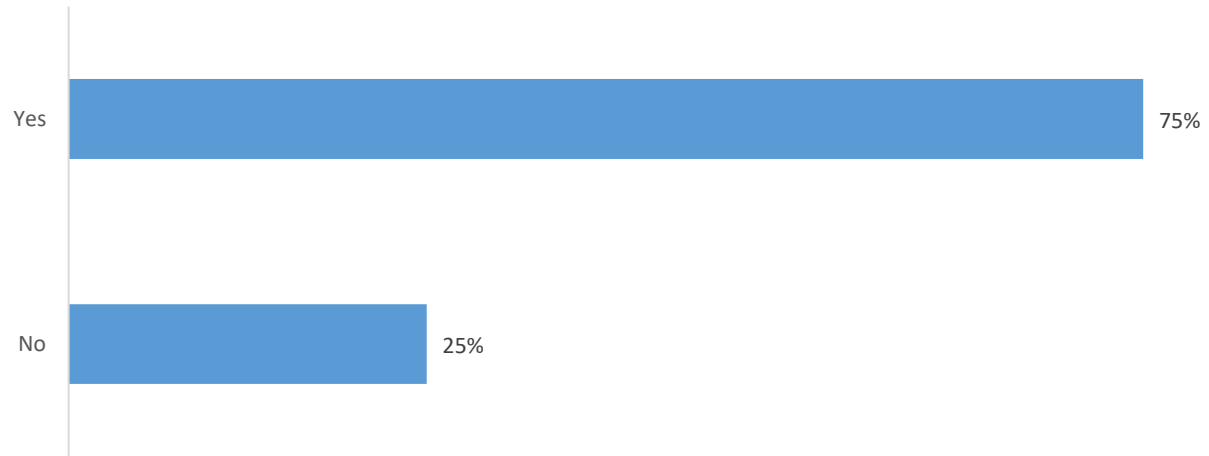


Figure 21

Have you ever gone to the ER because you could not see a provider? (N=648)

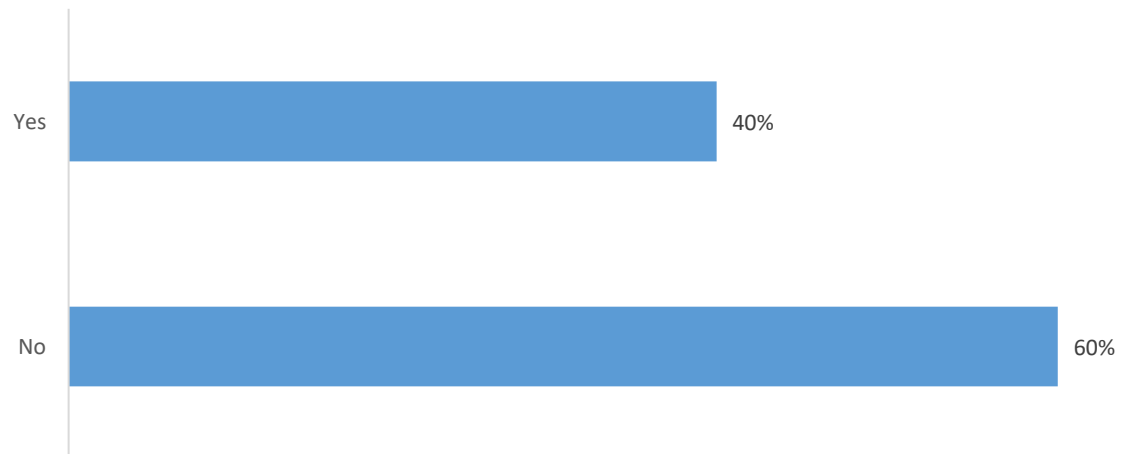


Figure 22

On a scale of 1 to 5 with 1 being very difficult and 5 being very easy, if you were to be discharged from the ER, how easy do you think it would be to arrange a follow-up appointment within 48 hours? (N=645)

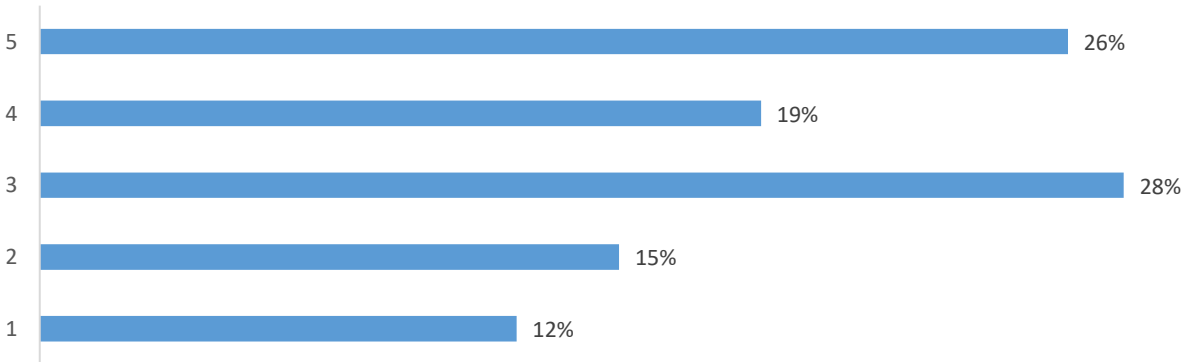


Figure 23

On a scale of 1 to 5 with 1 being very difficult and 5 being very easy, if you were to be discharged from a hospital stay of at least one night, how easy do you think it would be to arrange a follow-up appointment with a provider within 7 days? (N=645)

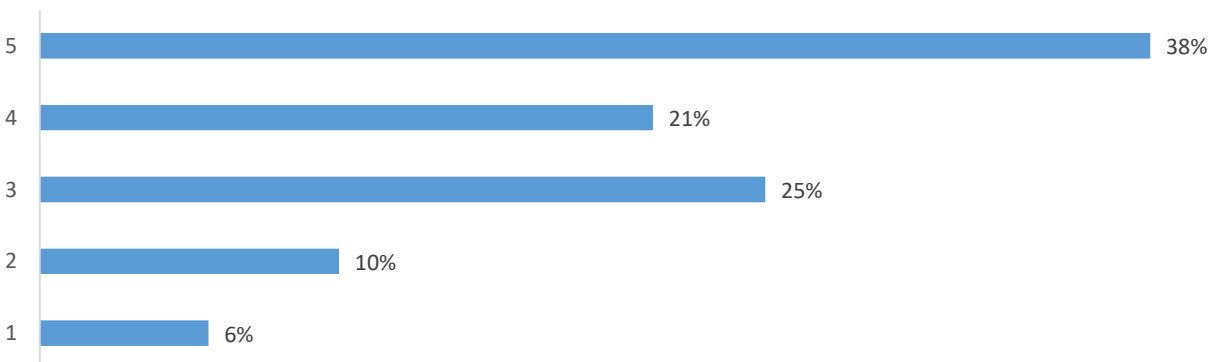


Figure 24

In addition to your usual doctor or place of care, are there any other doctors or health care providers that you use for a special health or medical care need? (N=647)

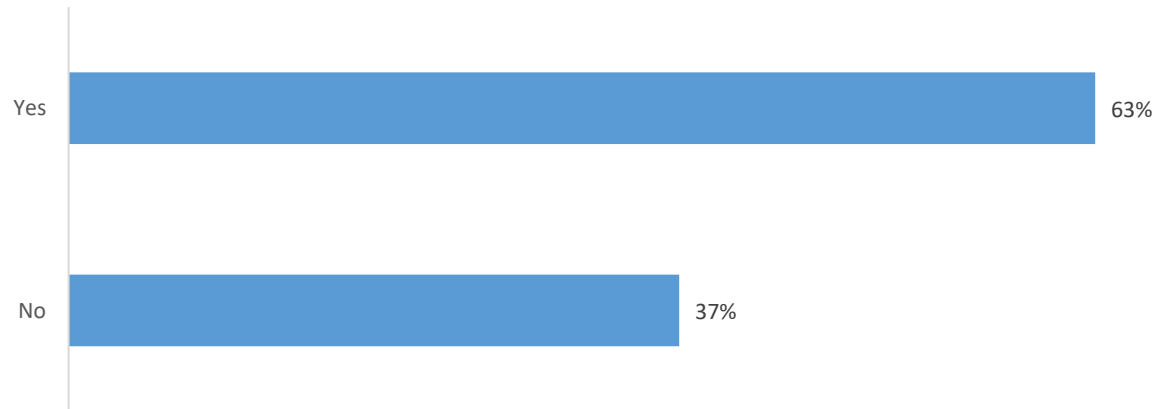


Figure 25

Thinking about the most recent time you visited a doctor or health care provider for a special health or medical need, what type of doctor or health care provider was it? (N=399)

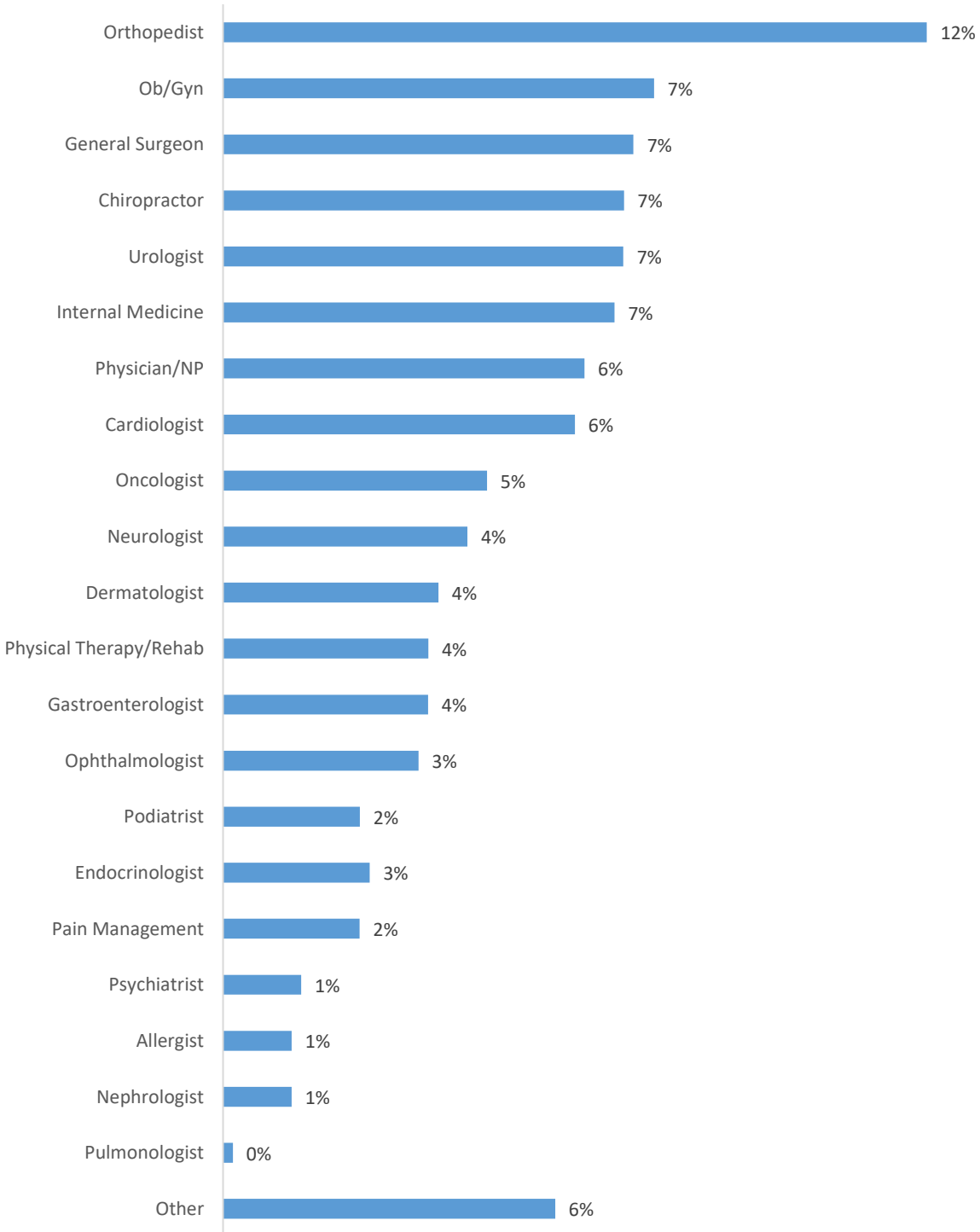


Figure 26

Where was that doctor or health care provider located? (N=412)

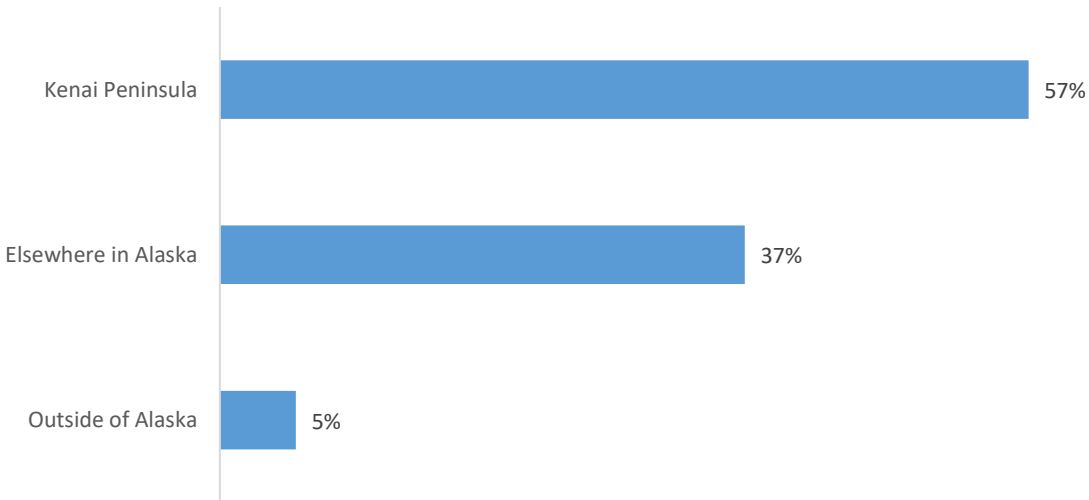


Figure 27

Hospital Care

CPH is by far the most commonly visited hospital, both for inpatient and outpatient care as well as imaging services (Figure 29, Figure 31, Figure 33).

While respondents rated the quality of care at CPH primary care and non-CPH primary care clinics essentially equally (Figure 35, Figure 39), non-CPH clinics are used more (Figure 34, Figure 38) and are considered easier to get appointments in (Figure 36, Figure 37, Figure 40, Figure 41).

In the last two years (since October 2017), have you been a patient in a hospital for an overnight stay? (N=650)

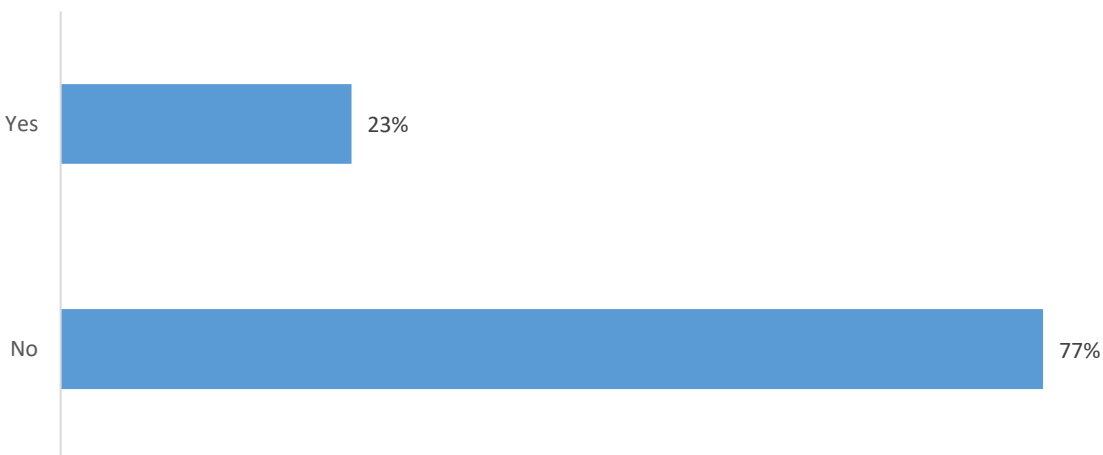


Figure 28

At which hospital did you stay overnight? (N=148)

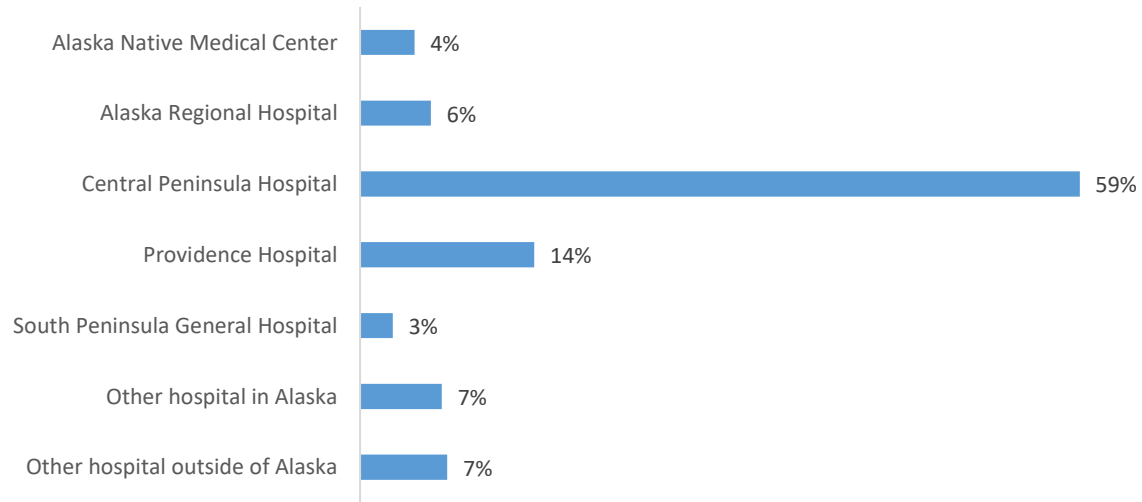


Figure 29

In the last two years (since October 2017), have you undergone surgery in a facility that did NOT require an overnight stay? (N=648)

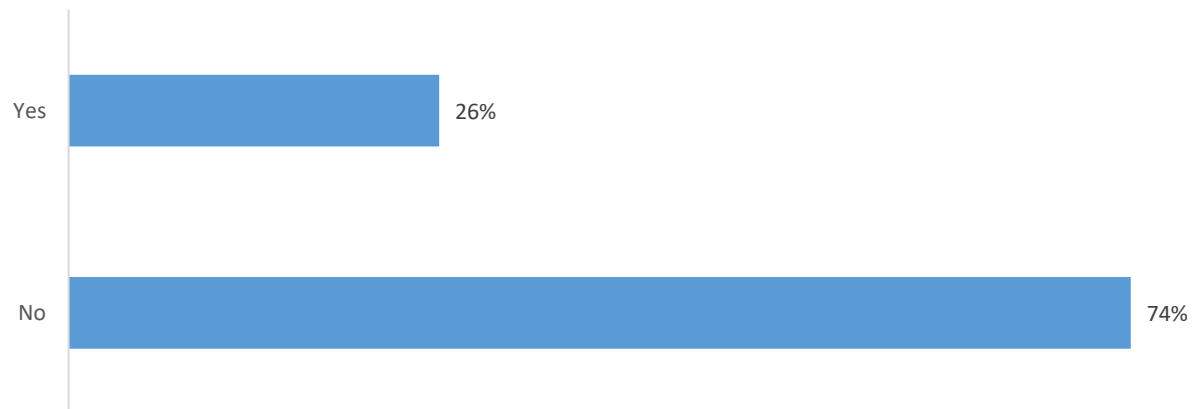


Figure 30

Where did you go for surgery? (N=369)

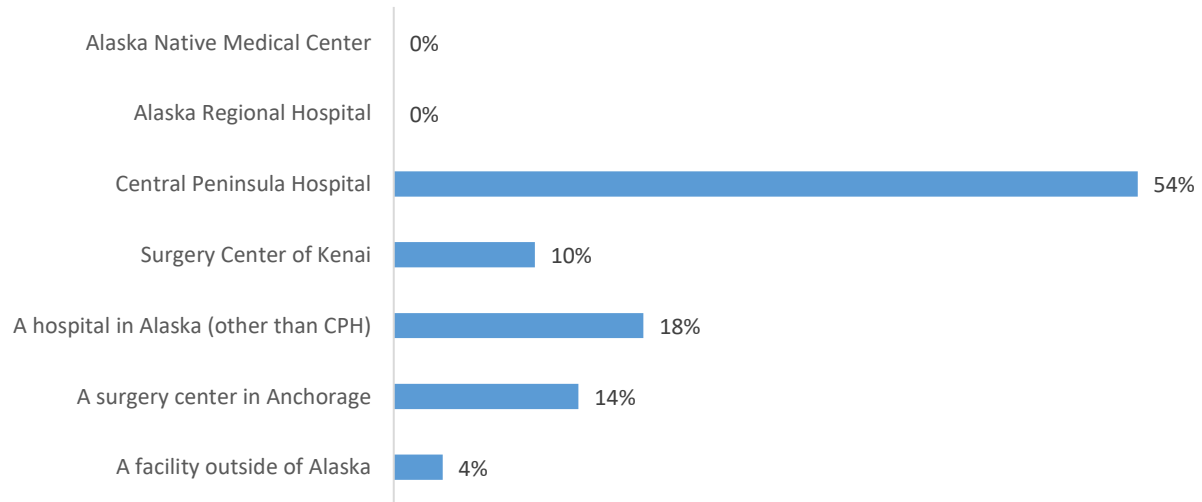


Figure 31

In the last two years (since October 2017), have you had imaging performed (for example x-rays, CT scans, or MRIs)? (N=650)

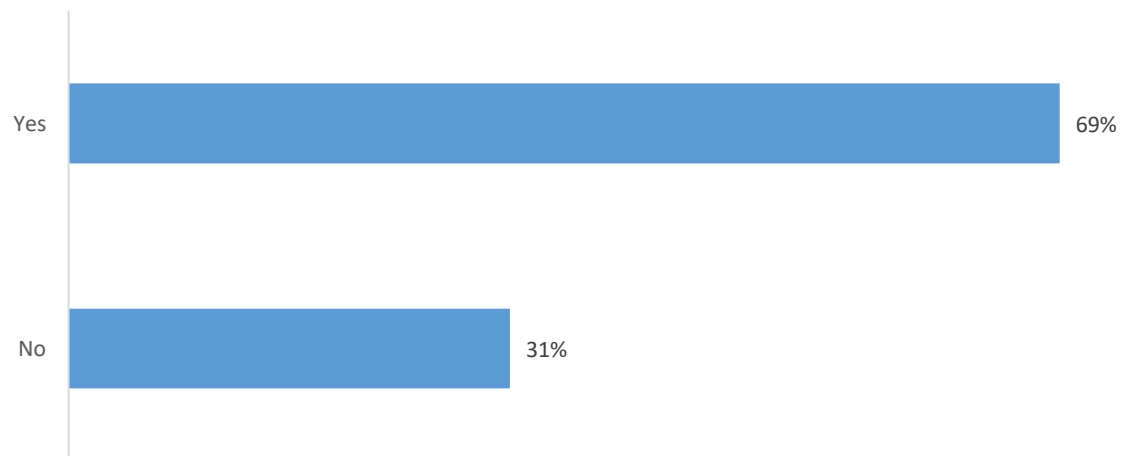


Figure 32

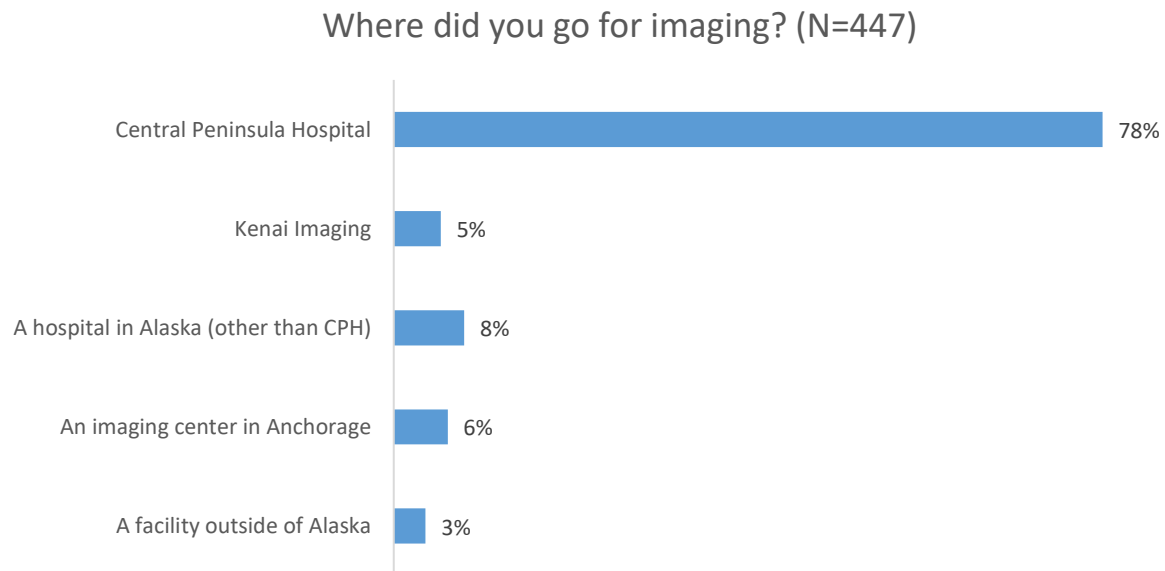


Figure 33

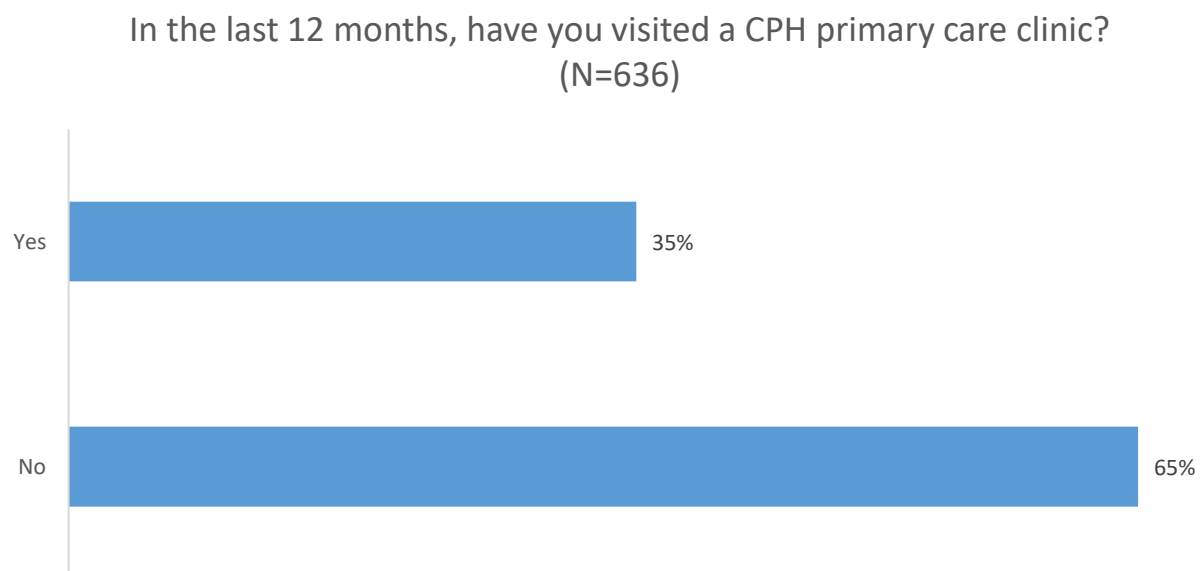


Figure 34

Please rate your opinion of their quality on a scale from 1 to 5, one being the worst and 5 being the best. (N=226)

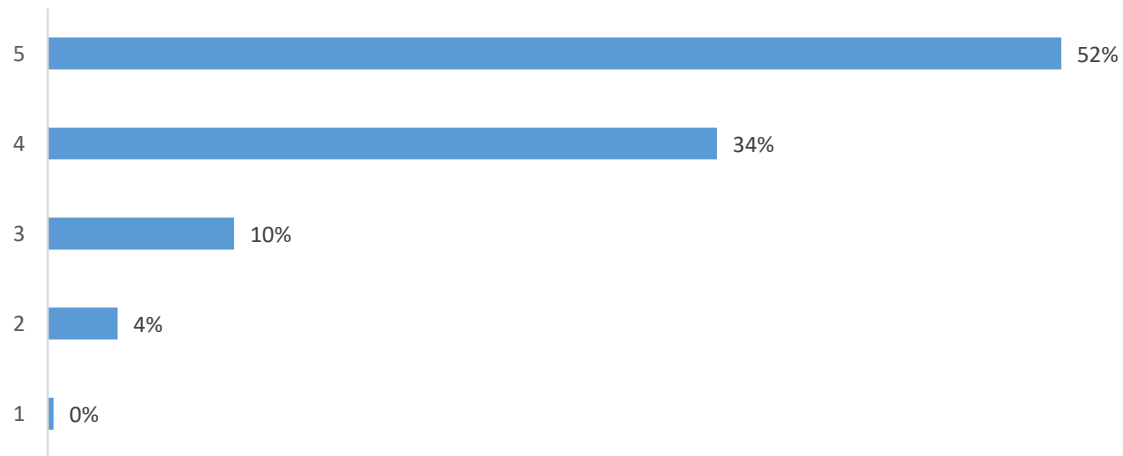


Figure 35

If you had an urgent medical need do you think you would be able to to be seen at that clinic within 24 hours? (N=214)



Figure 36

If you had a non-urgent medical need to you think you would be able to get an appointment at a convenient time with that clinic easily? (N=224)

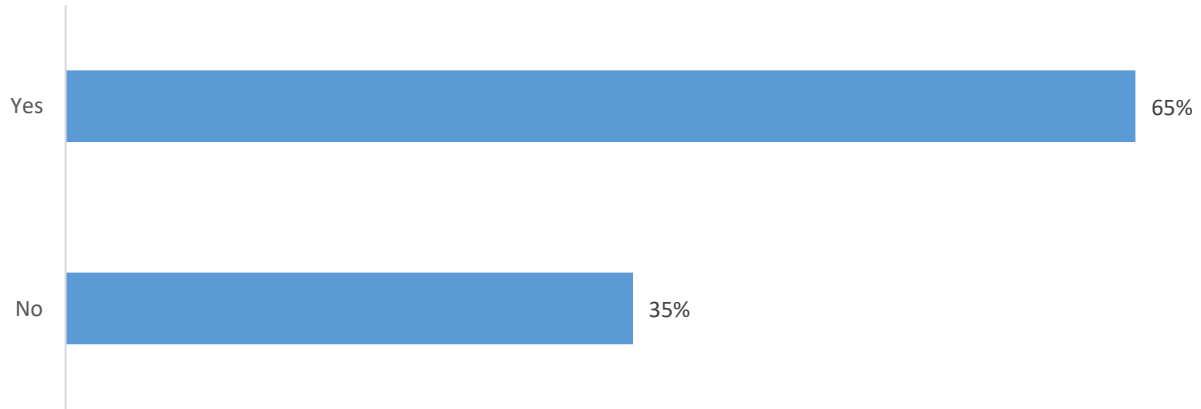


Figure 37

In the last 12 months, have you visited a primary care clinic on the Kenai Peninsula but not affiliated with CPH? (N=641)



Figure 38

Please rate your opinion of their quality on a scale from 1 to 5, one being the worst and 5 being the best. (N=308)

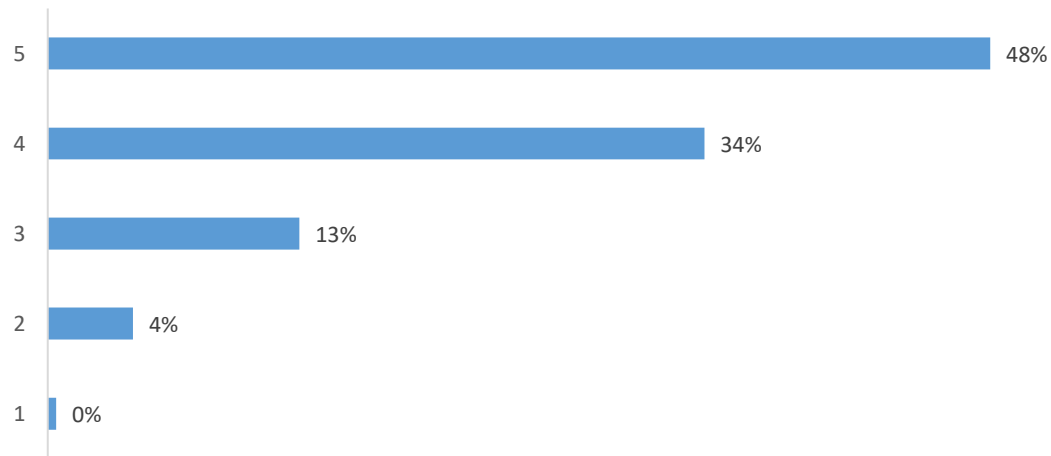


Figure 39

If you had an urgent medical need do you think you would be able to to be seen at that clinic within 24 hours? (N=299)

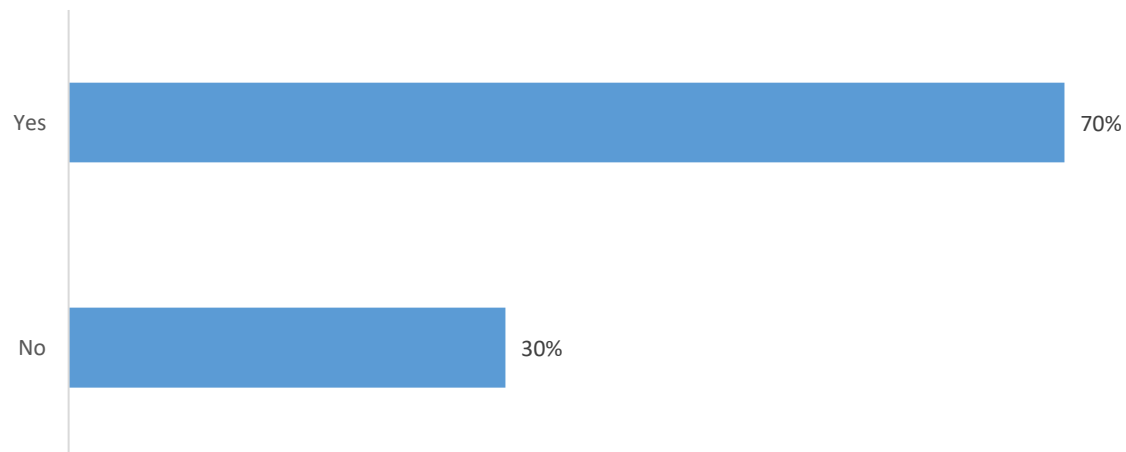


Figure 40

If you had a non-urgent medical need to you think you would be able to get an appointment at a convenient time with that clinic easily? (N=304)

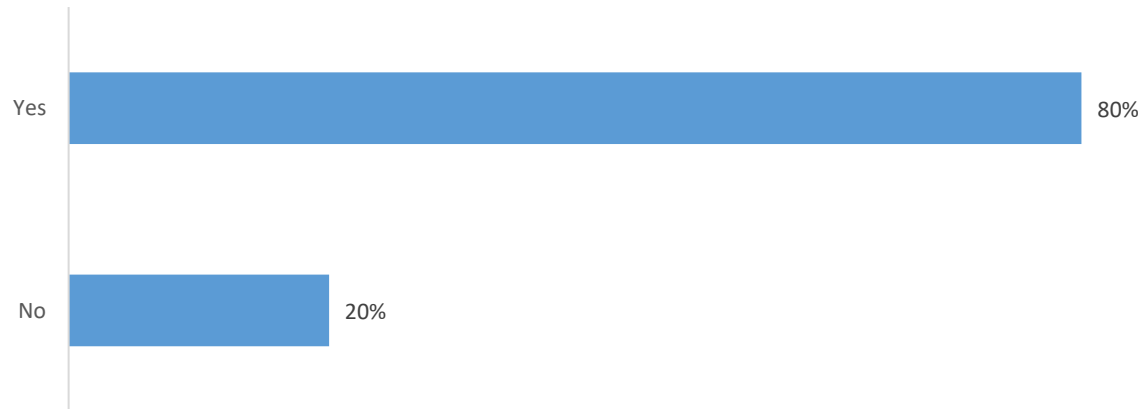


Figure 41

General Health Status

The reported impact of poor physical health mirrors that of physical pain, with just 2/3 of respondents unaffected, and more than 10% reporting that at least 1/3 of the last month was significantly impacted by their condition.

During the past 30 days, about how many days would you say poor physical or mental health kept you from doing your usual activities, such as self-care, work, or recreation? (N=638)



Figure 42

During the past 30 days, about how many days would you say pain made it hard for you to do your usual activities, such as self-care, work, or recreation? (N=647)

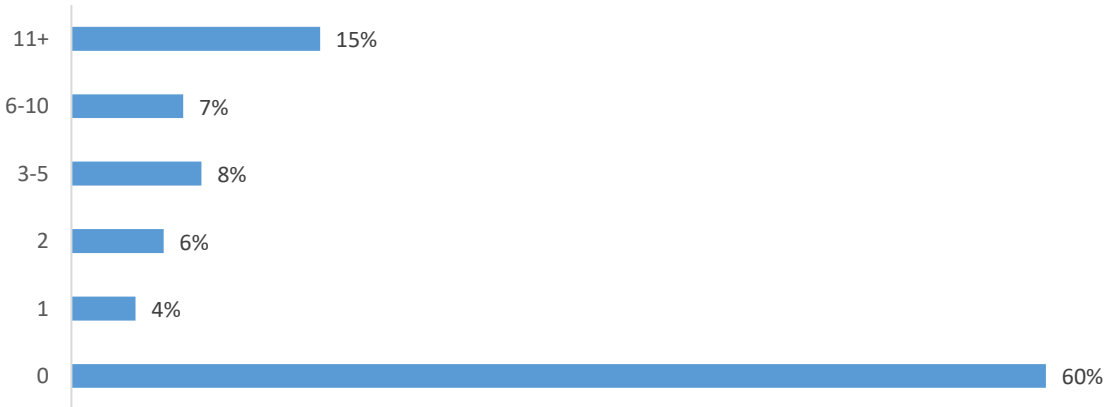


Figure 43

Chronic Conditions

Respondents were given a list of chronic conditions and asked whether a doctor had ever diagnosed them with each condition (Figure 44 – Figure 55). Overall, other than the mental health diagnoses discussed earlier, there are no remarkable incidence rates, and they are similar to rates seen in previous assessments.

High blood pressure or hypertension (N=648)



Figure 44

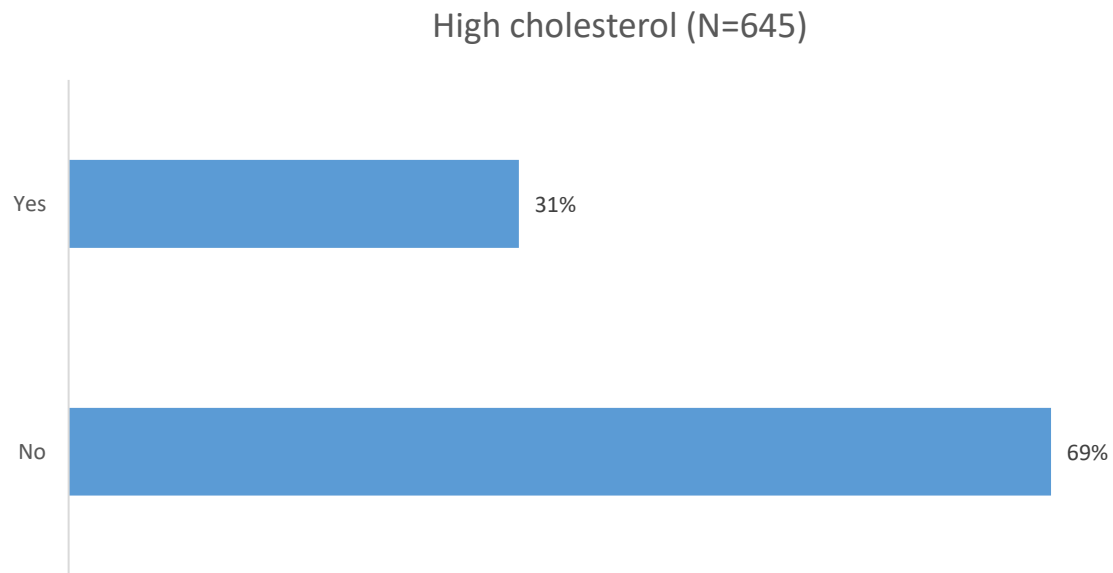


Figure 45

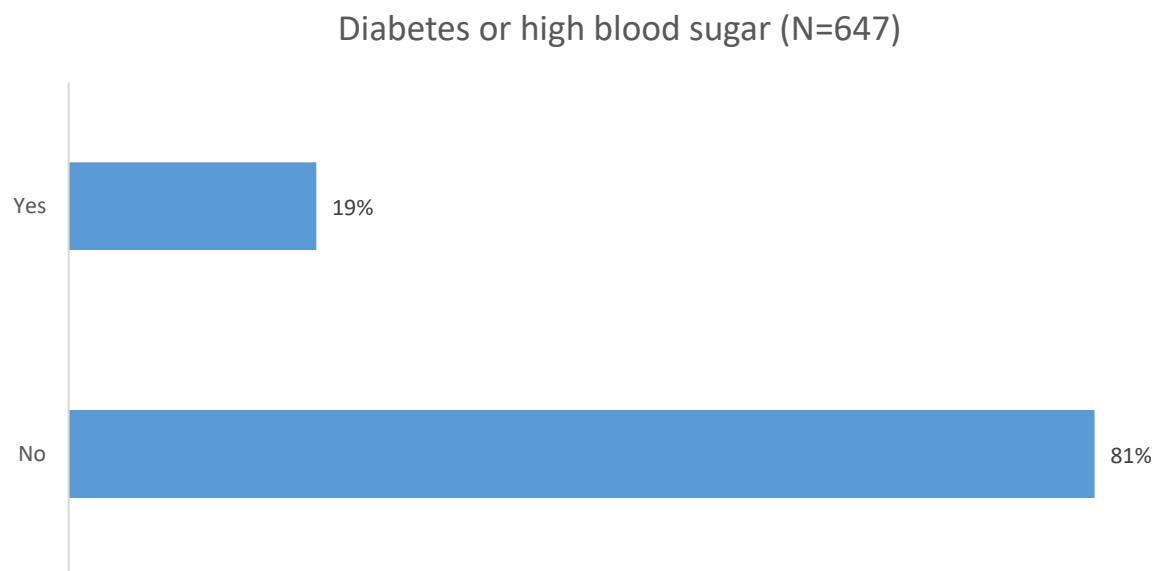


Figure 46

Heart disease such as hardening of the arteries, angina, congestive heart failure, or heart attack (N=645)



Figure 47

Kidney disease (N=641)



Figure 48

Substance abuse problem with alcohol or drugs (N=641)



Figure 49

Depression or anxiety (N=651)

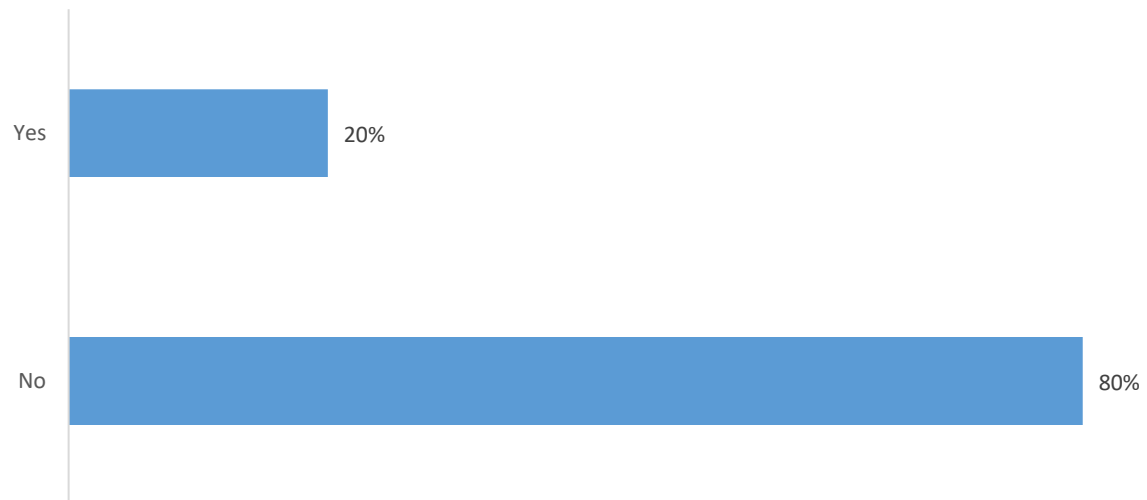


Figure 50

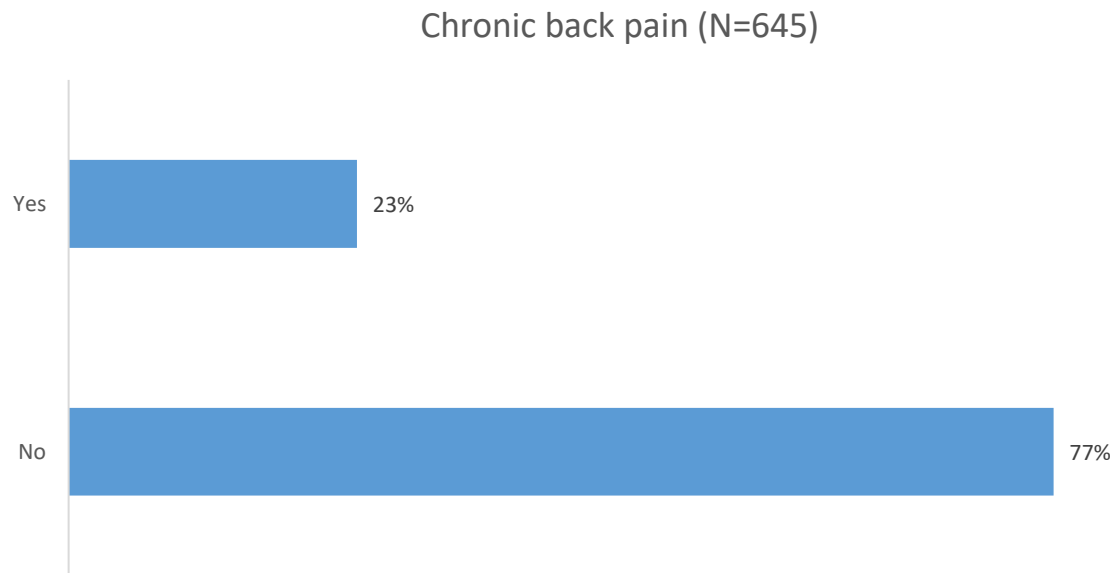


Figure 51

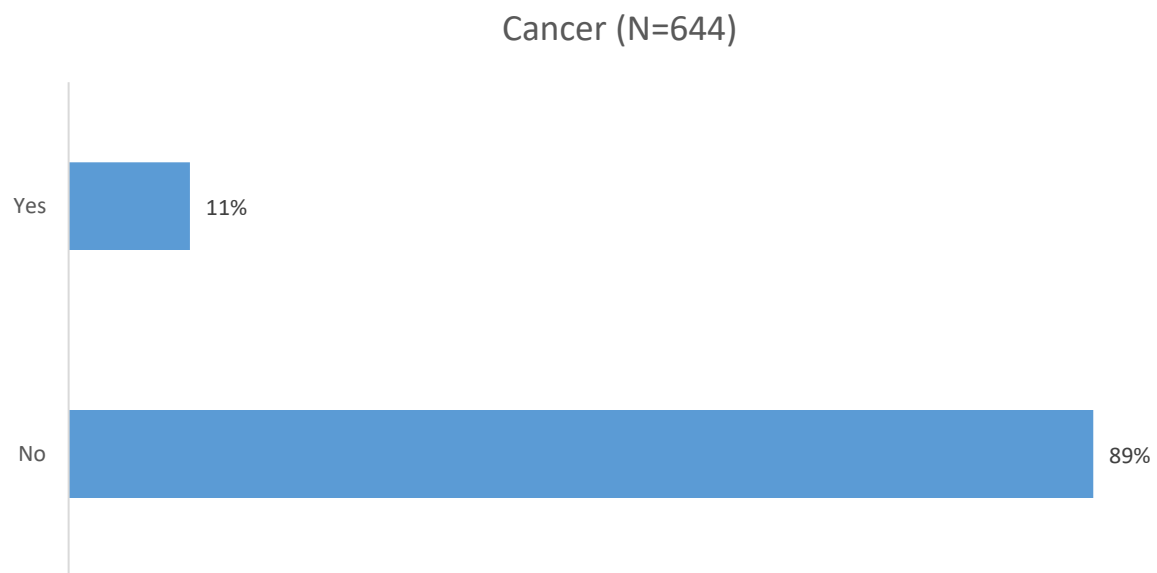


Figure 52

Asthma (N=643)



Figure 53

Any other lung diseases such as chronic obstructive pulmonary disease (COPD), chronic bronchitis, or emphysema? (N=643)



Figure 54

An auto-immune disease, such as rheumatoid arthritis, lupus, or multiple sclerosis? (N=638)



Figure 55

Visits to the Doctor and Medical Tests

When asking about screening tests, respondents were targeted based on age and gender and current screening guidelines. Pap smears are recommended for women 20-65, mammograms for women 40-75, and sigmoidoscopies/colonoscopies are recommended for all adults aged 50-75.

When interpreting screening rates, note that individual recommendations for screening frequency will vary based on prior screening results, personal health history, and family history. In general, current guidelines dictate that mammograms should be performed at least every two years, pap smears no less than every three to five years, sigmoidoscopies every 5 years, and colonoscopies every ten years.

About how long has it been since you last visited a doctor or health care provider for a routine checkup or physical examination? (N=651)

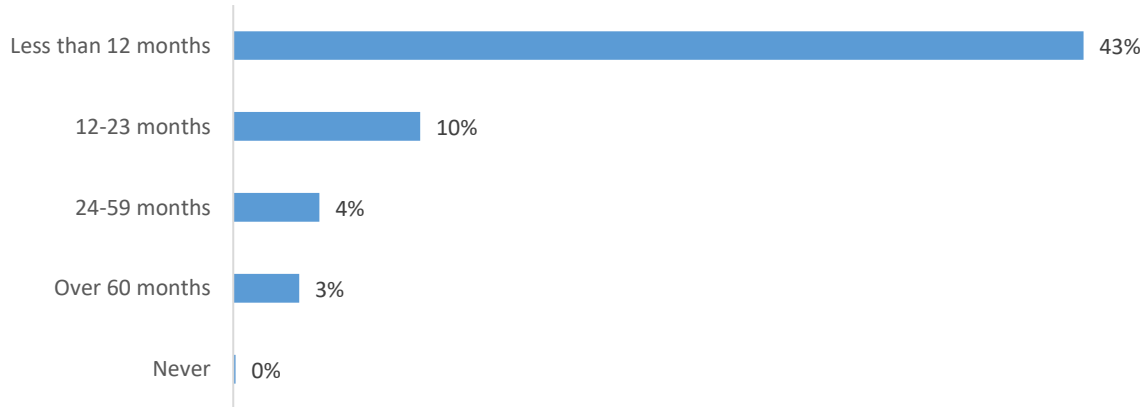


Figure 56

A mammogram is an x-ray of the breast to look for cancer. Have you ever had a mammogram and, if so, how long has it been since your last mammogram? (N=335)

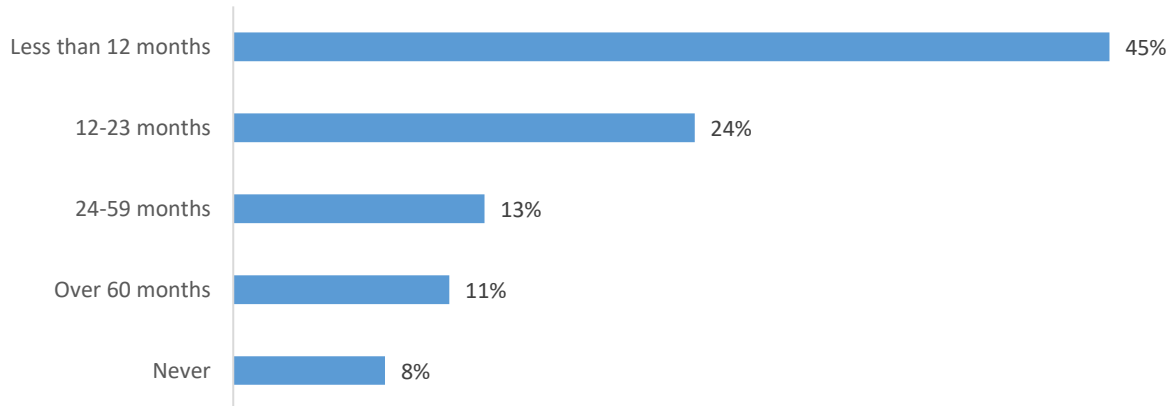


Figure 57

A Pap smear is a test for cancer of the cervix. Have you ever had a pap smear and, if so, how long has it been since your last pap smear? (N=341)

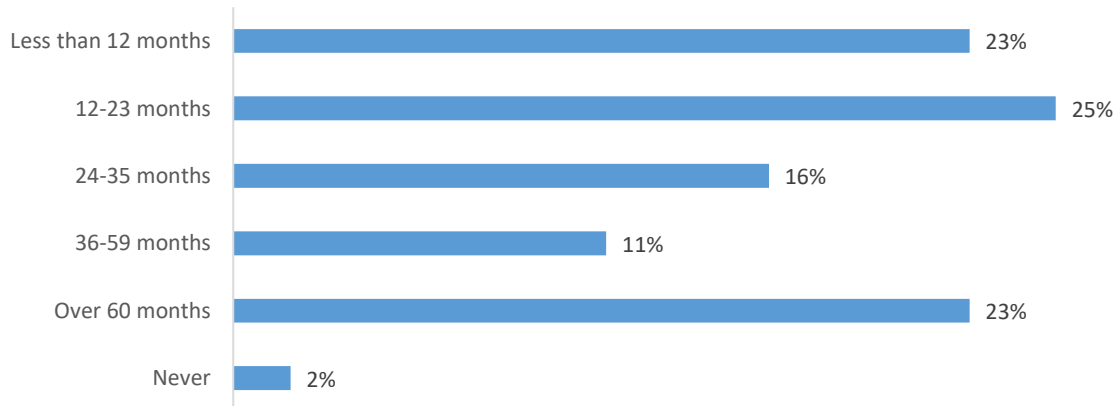


Figure 58

Sigmoidoscopies and colonoscopies are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams and, if so, how long has it been since your last exam? (N=383)

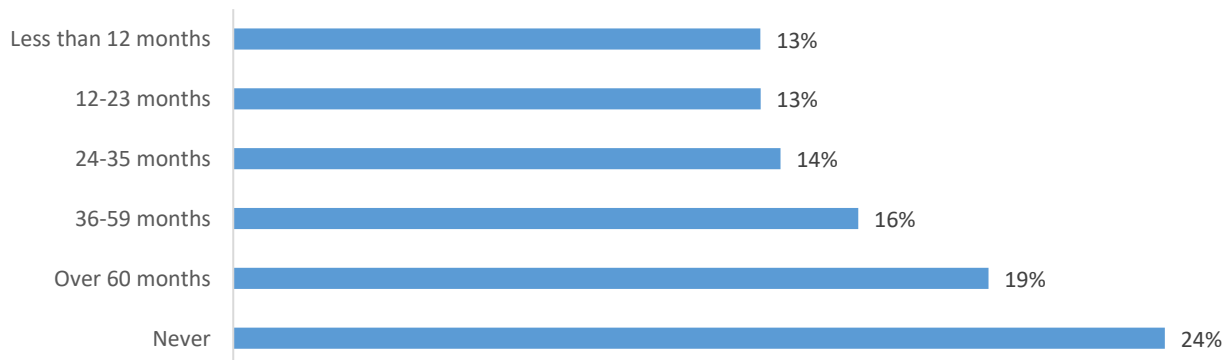


Figure 59

Risk Factors

When asked about smoking activity, about half of respondents reported having smoked, but about 70% of those said that they do not smoke now. Overall, about 30% of respondents reported being current smokers. Smoking and drinking behavior has not significantly changed from prior assessments.

Have you smoked at least 100 cigarettes in your entire life?
(N=650)



Figure 60

How often do you smoke cigarettes now? (N=269)

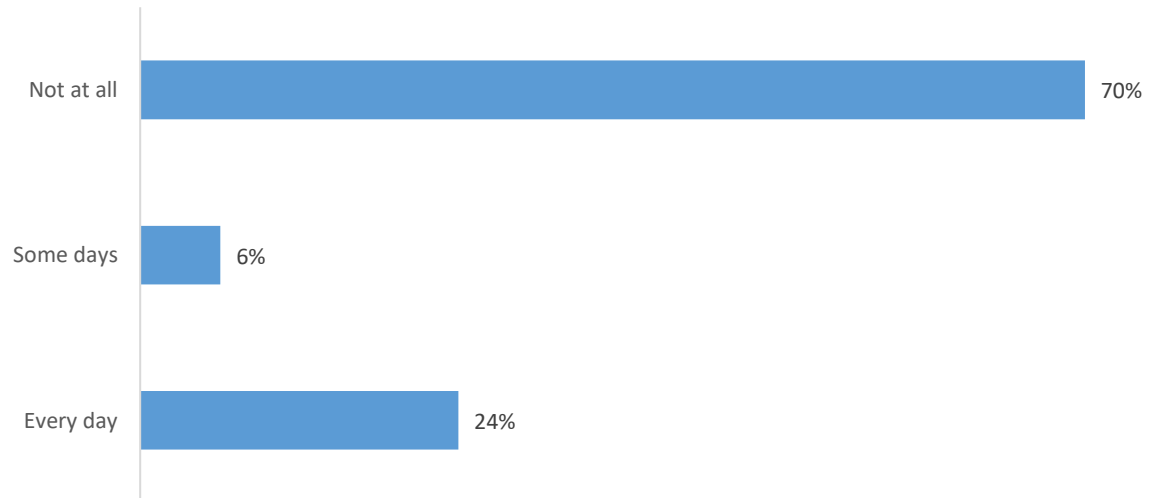


Figure 61

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? (N=651)



Figure 62

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? (N=653)

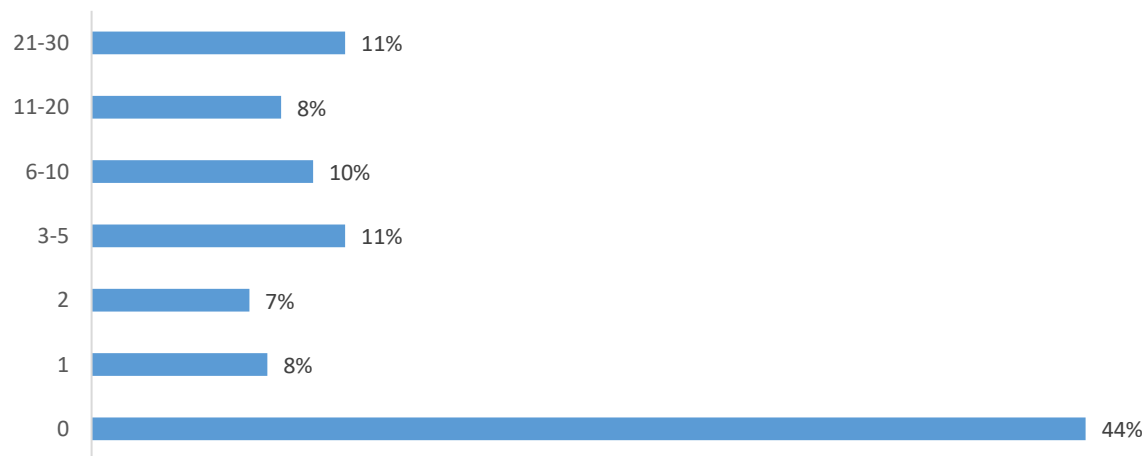


Figure 63

During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (N=345)

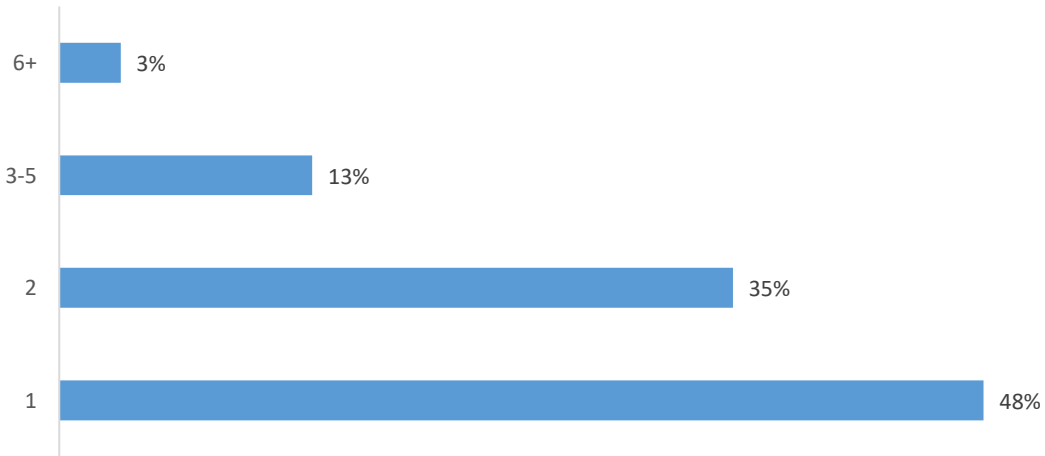


Figure 64

How many times during the past 30 days did you have four or more drinks on an occasion? (N=482)



Figure 65

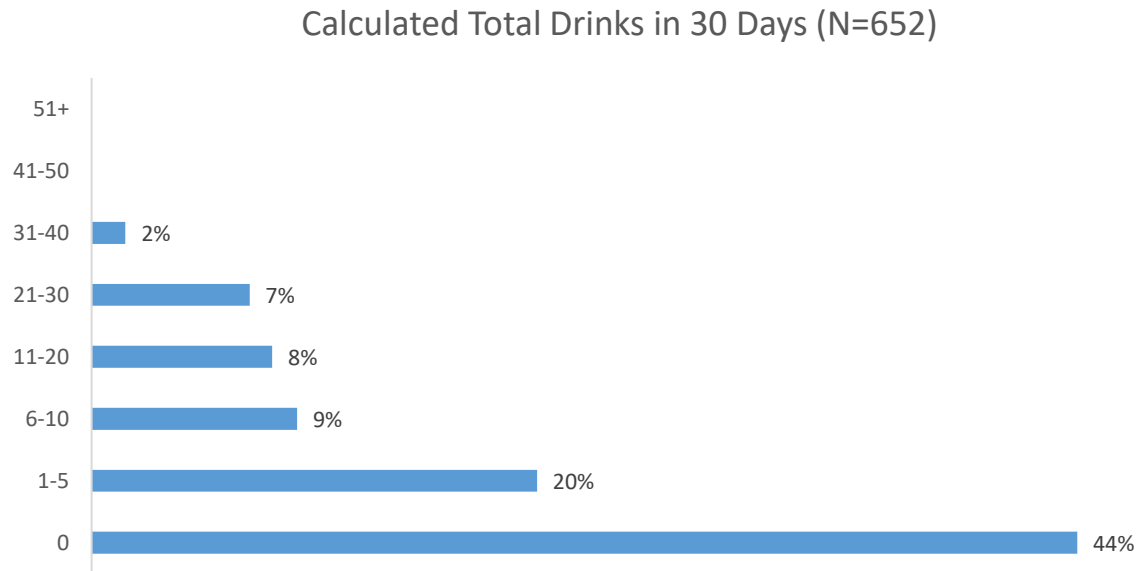


Figure 66

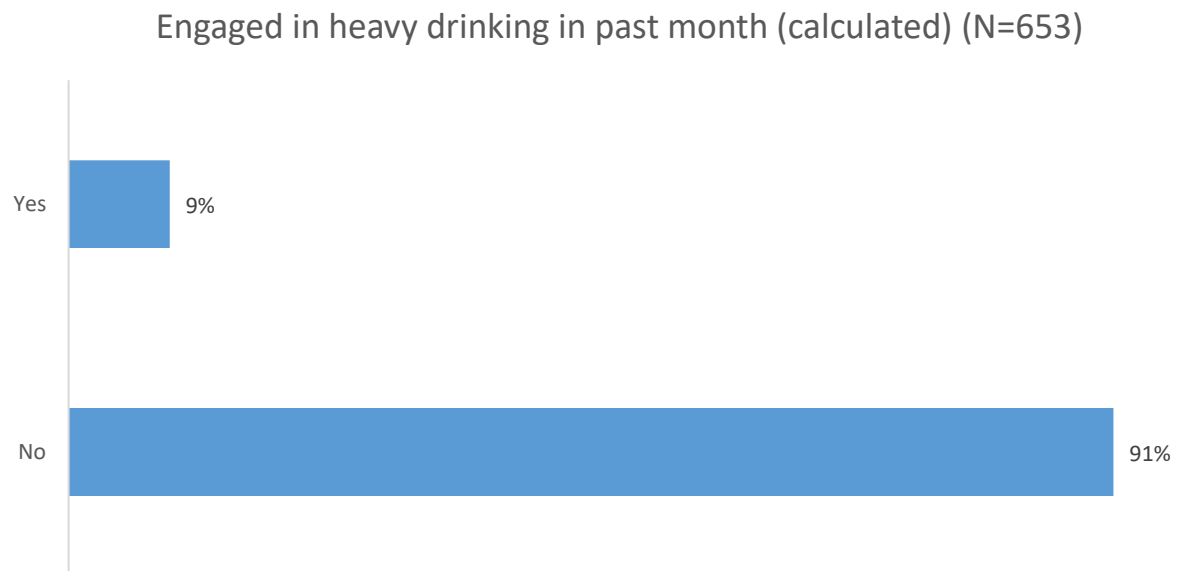


Figure 67

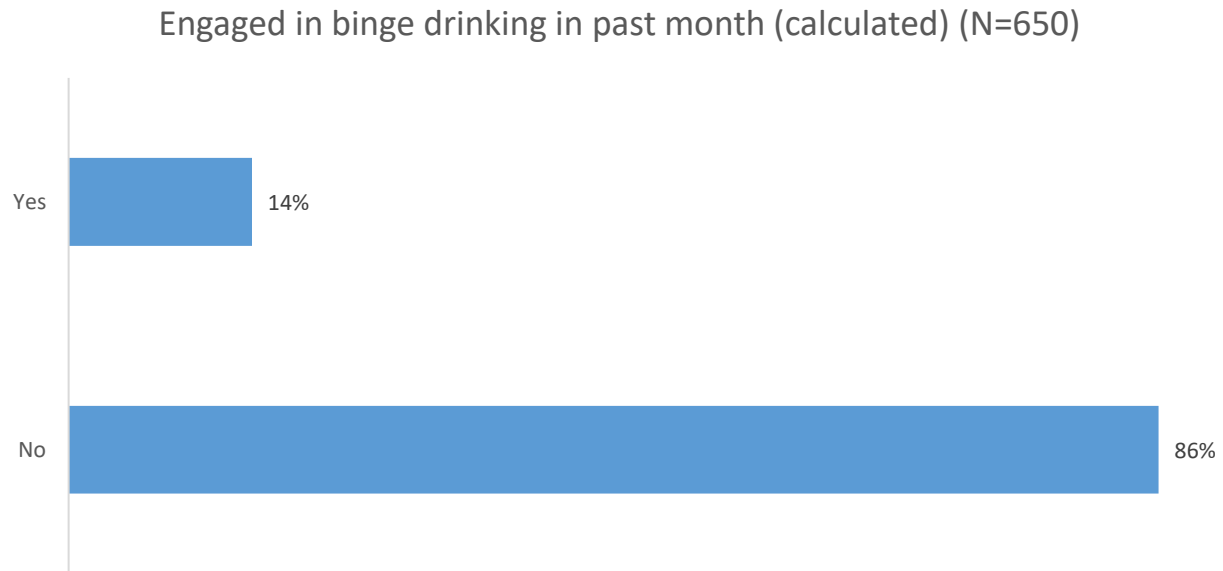


Figure 68

Perceptions of Community Health Needs

Respondents were given a list of health services and asked whether there were too many of those services, an adequate number, or a need for more in the CKP area. The data in Figure 69 - Figure 85 is analyzed in the Key Findings section, and is presented here without further comment.

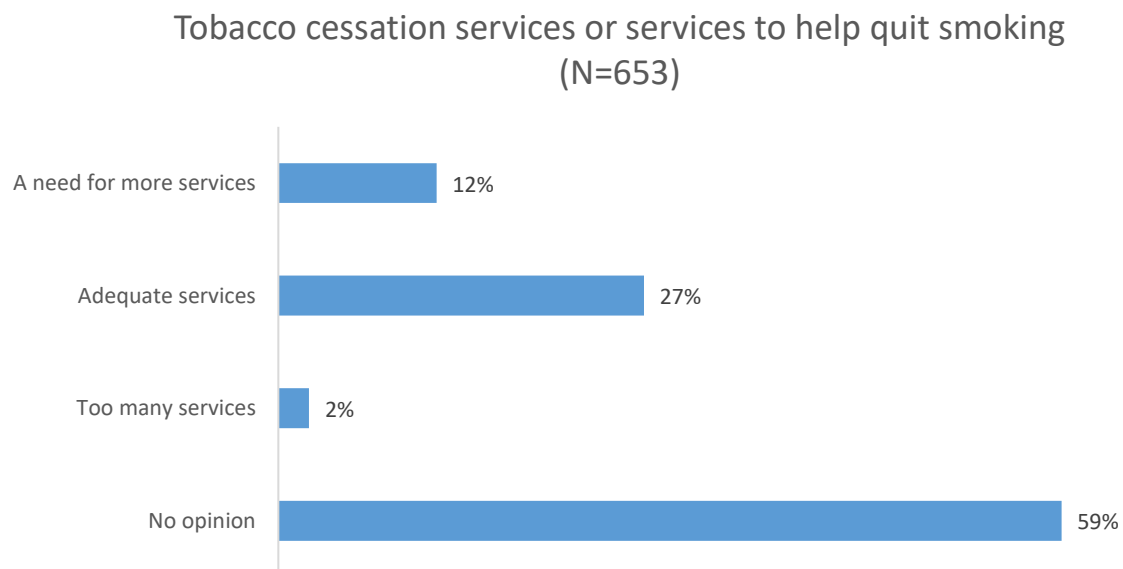


Figure 69

Counseling, mental health, or psychiatric services (N=651)

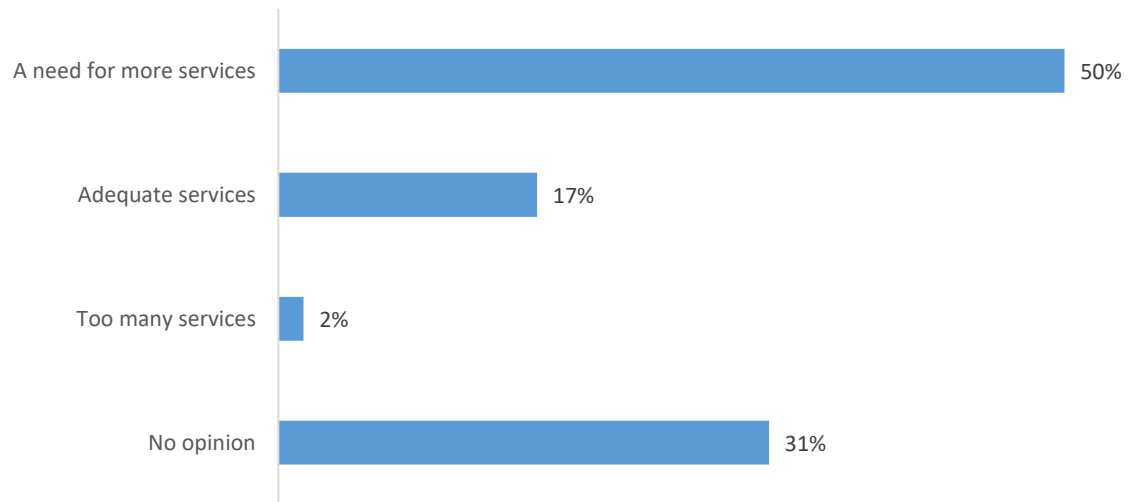


Figure 70

Alcohol and drug abuse treatment services (N=652)

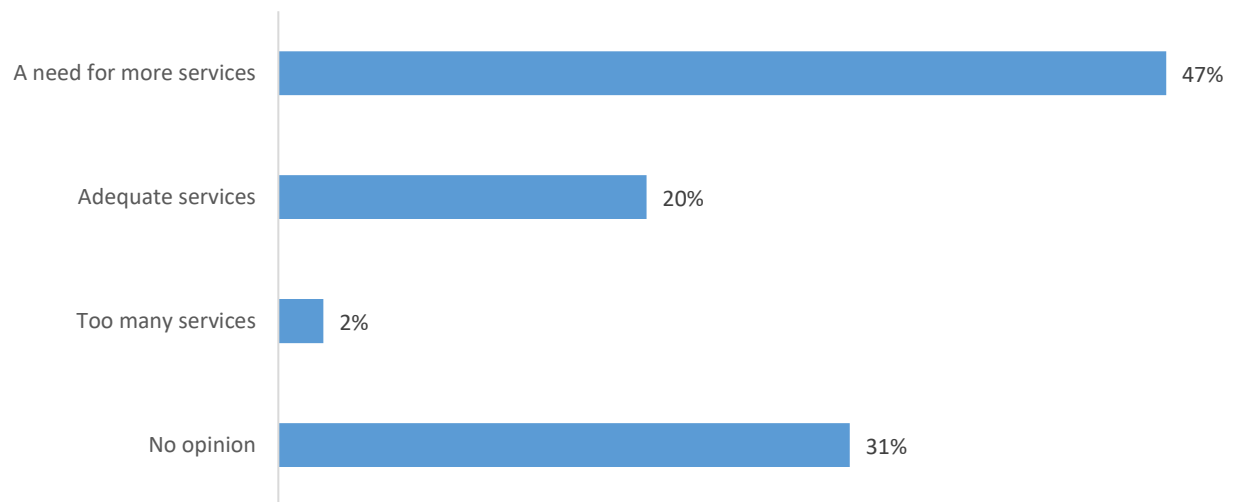


Figure 71

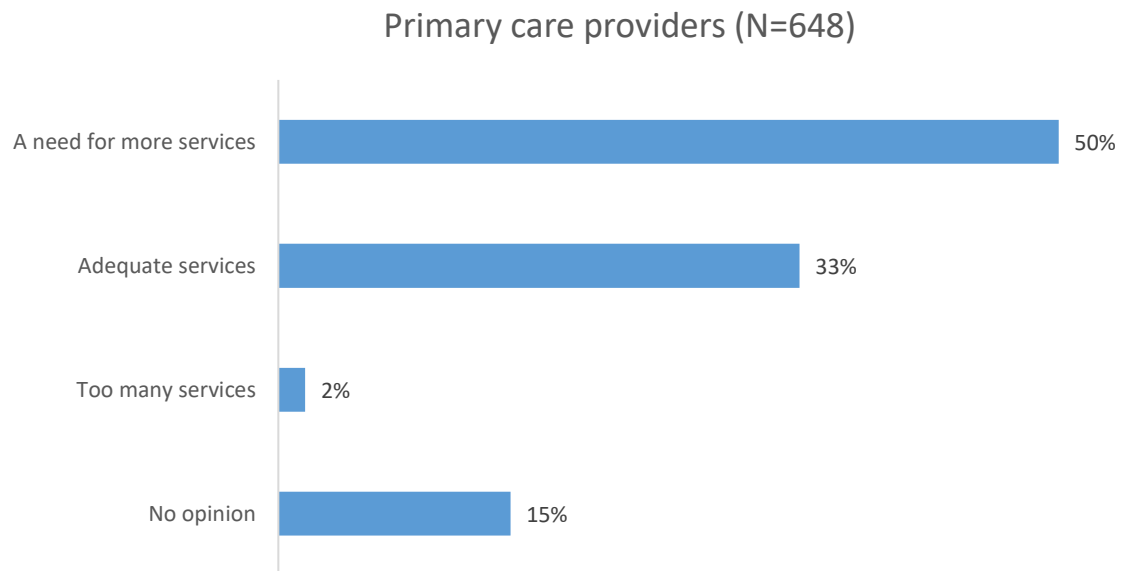


Figure 72

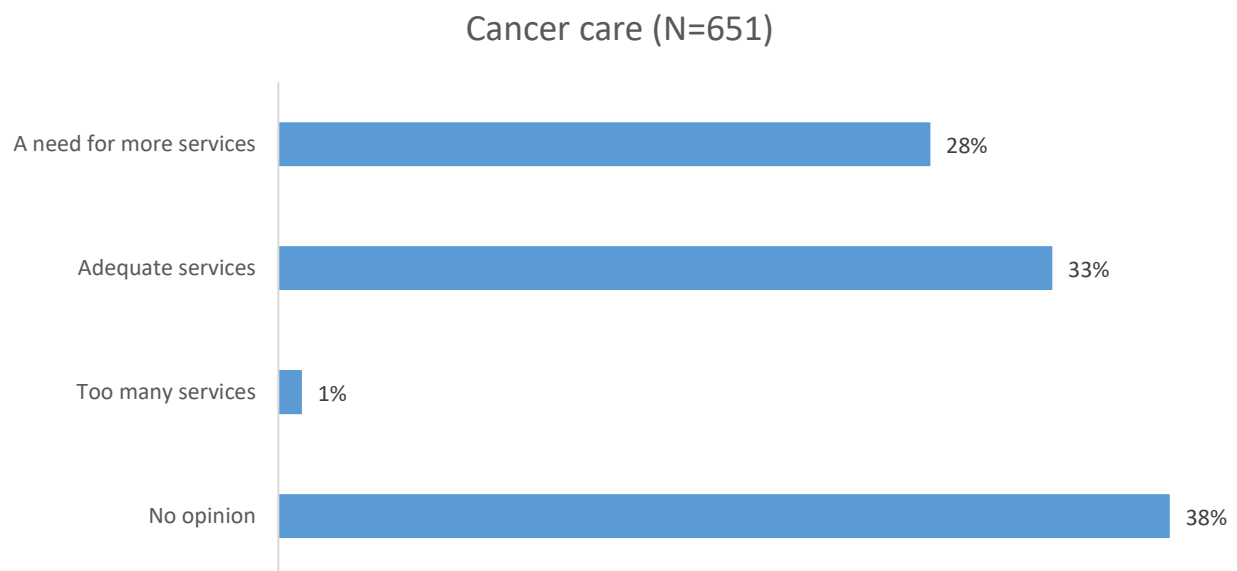


Figure 73

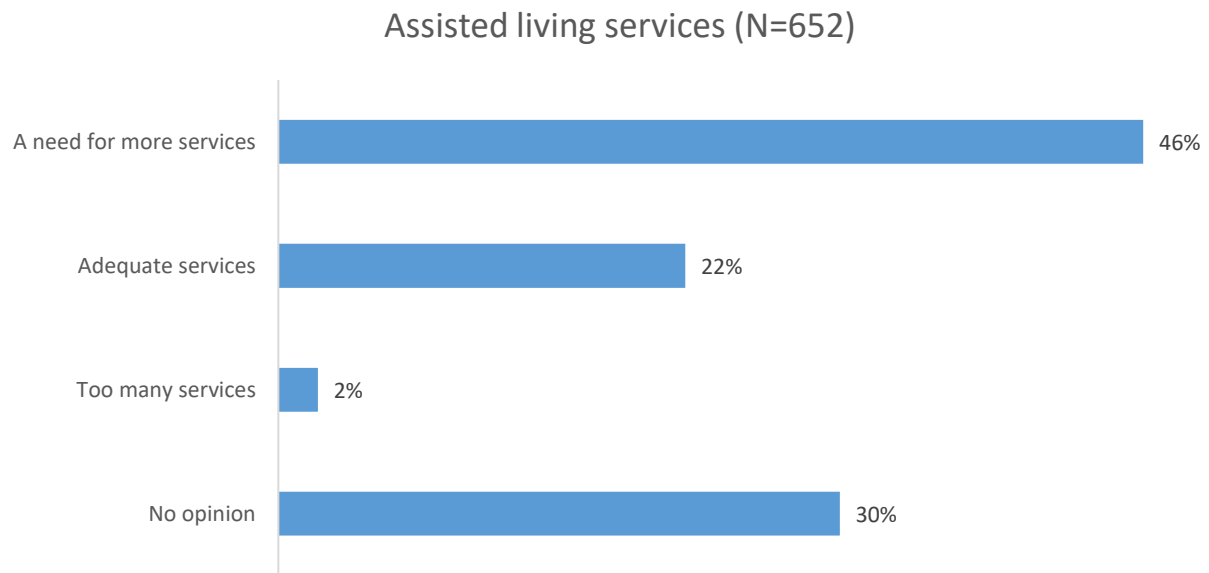


Figure 74

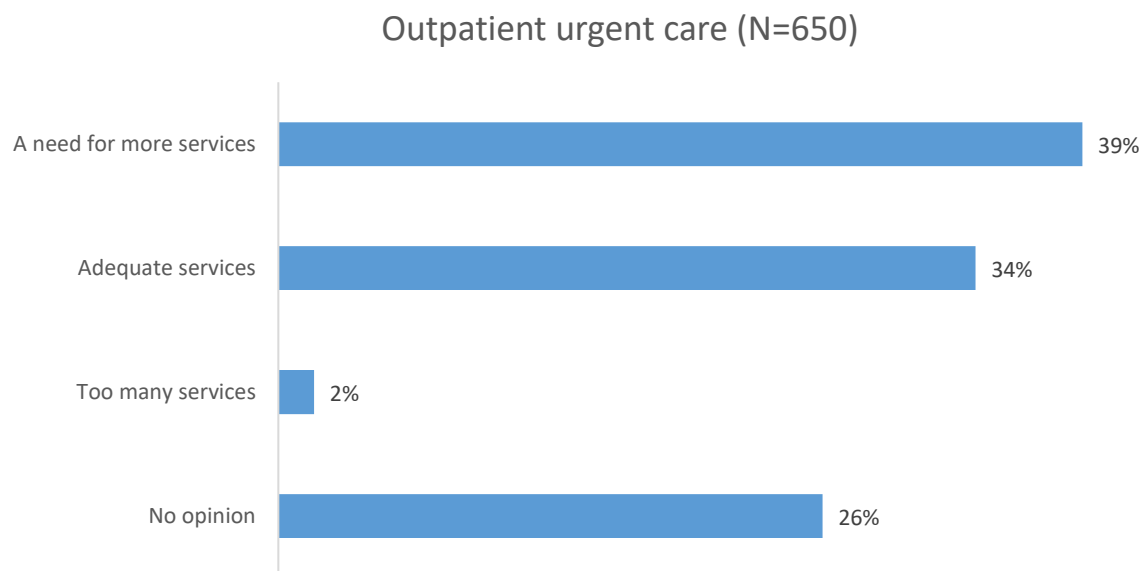


Figure 75

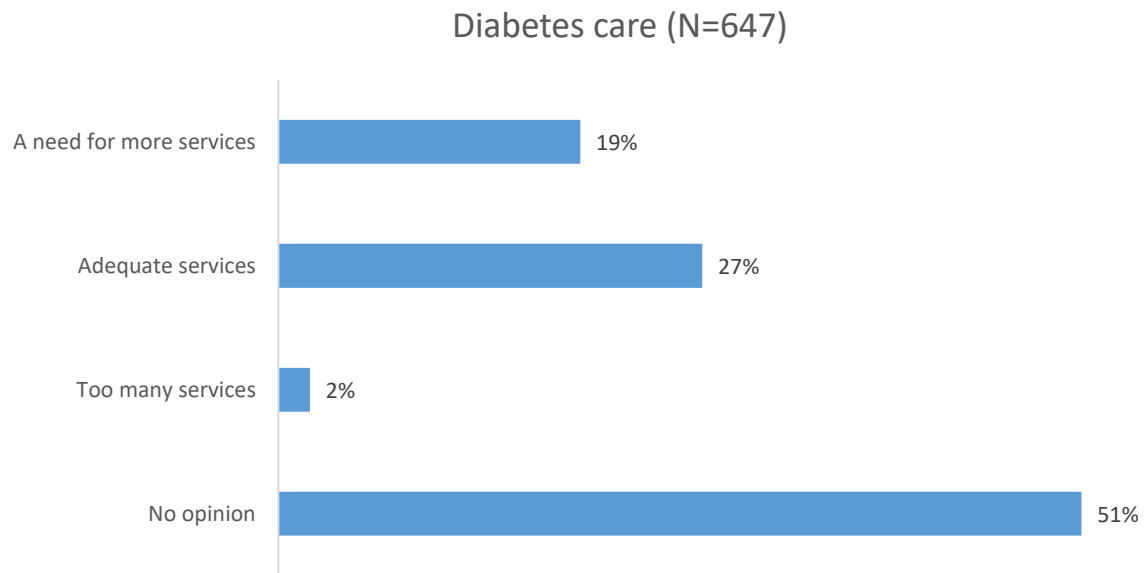


Figure 76

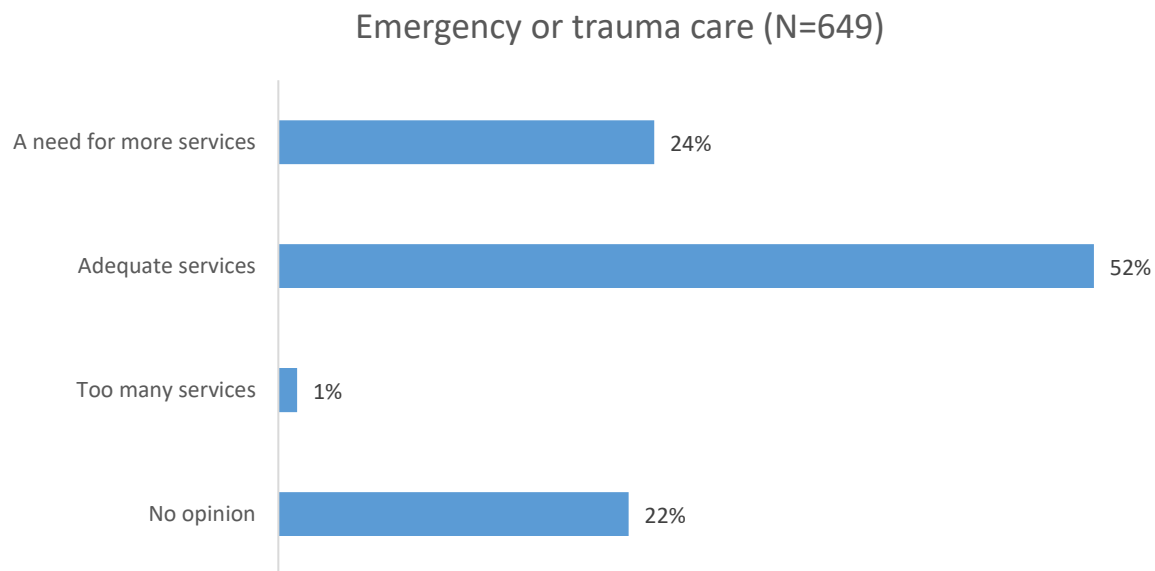


Figure 77

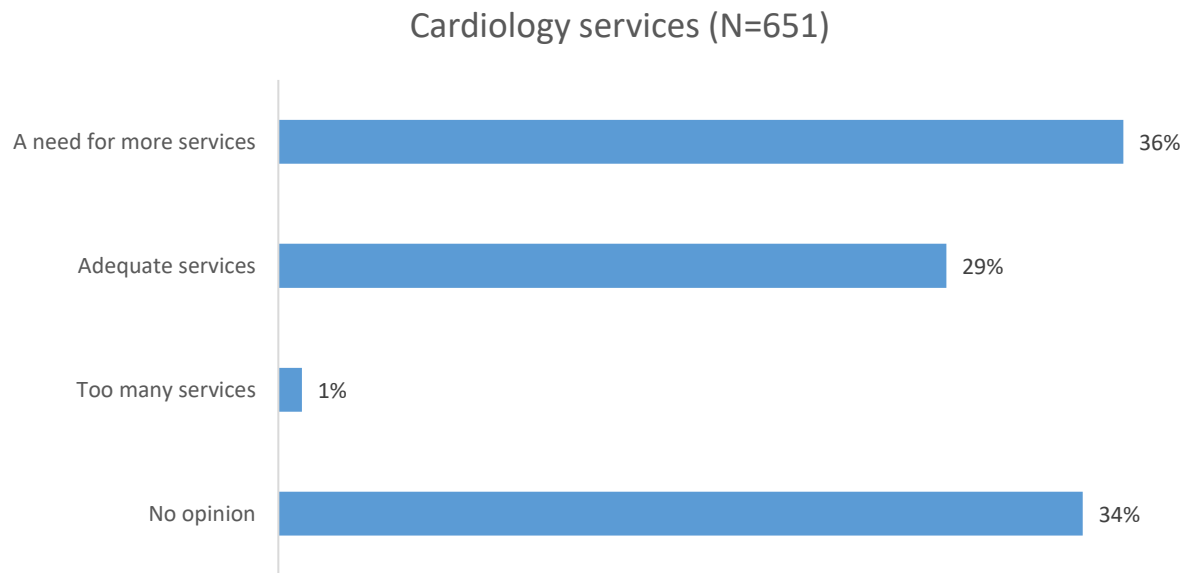


Figure 78

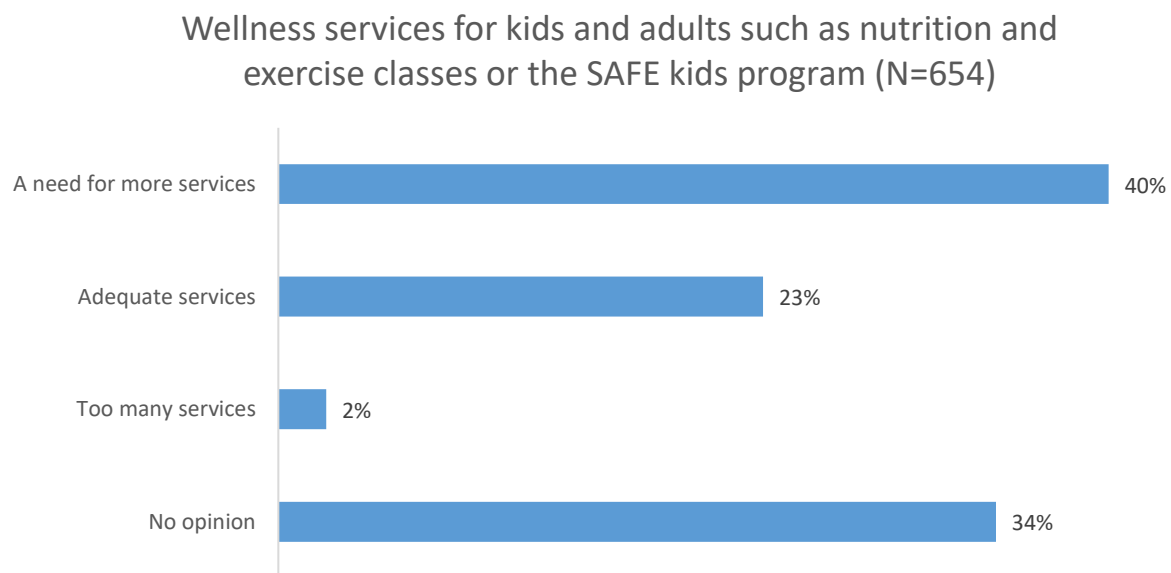


Figure 79

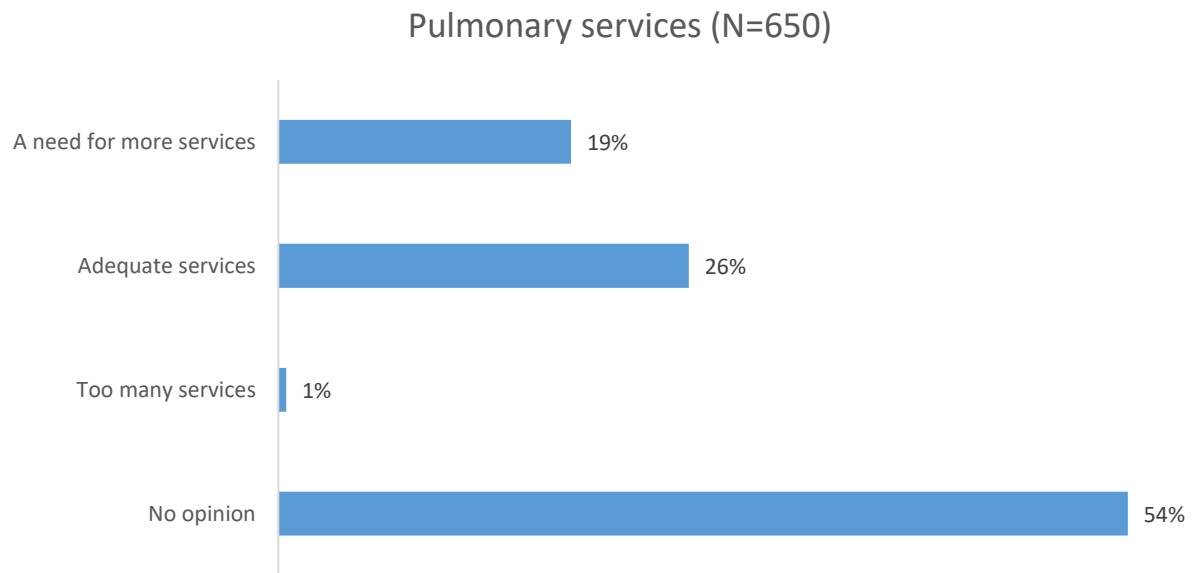


Figure 80

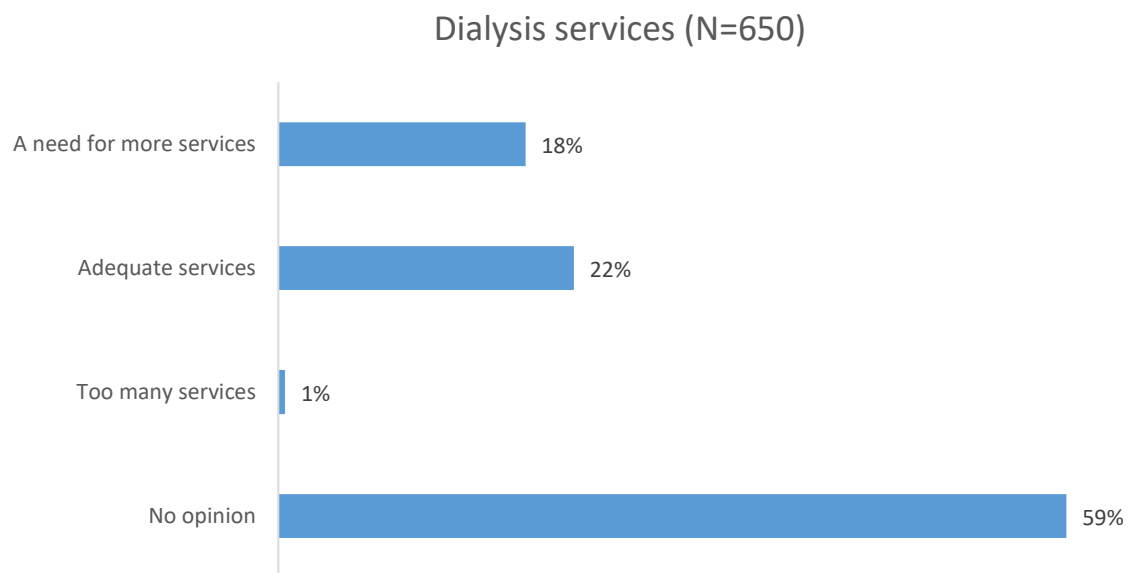


Figure 81

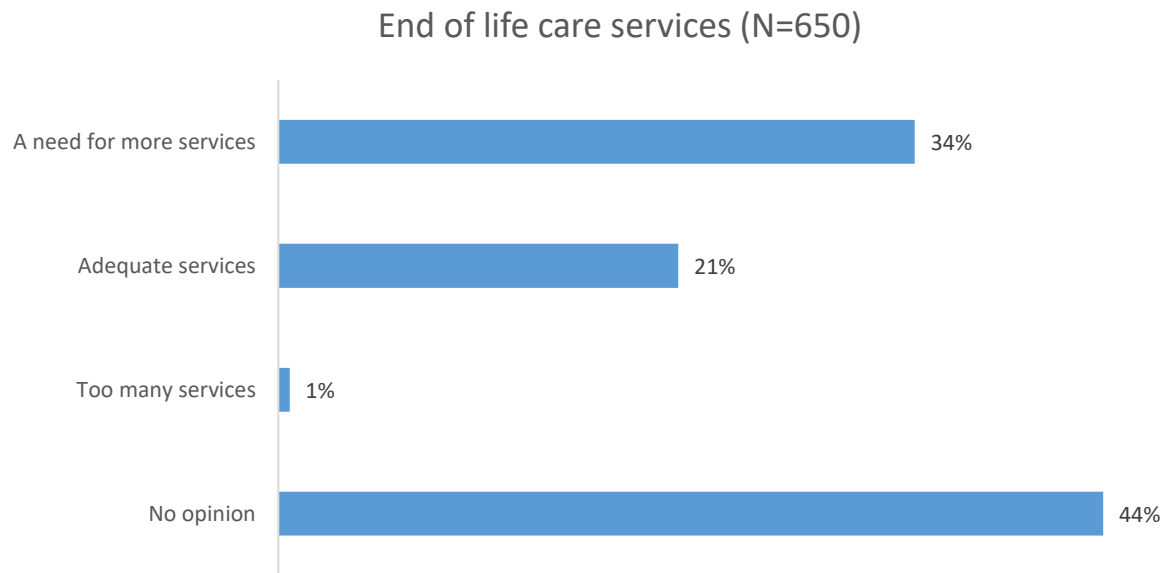


Figure 82

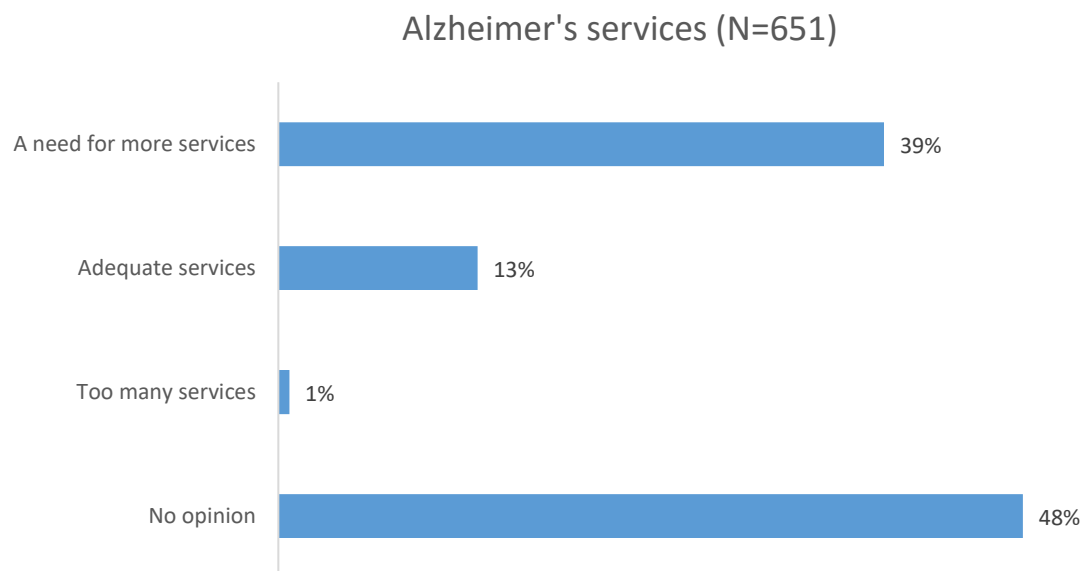


Figure 83

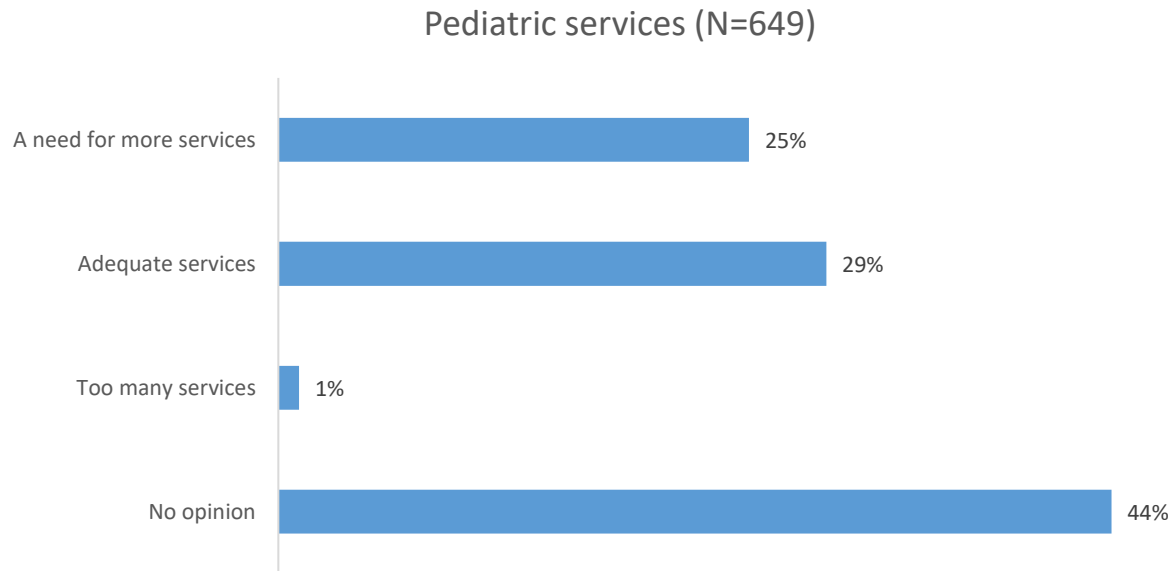


Figure 84

Are there any medical services that you would travel outside of this area to receive because you feel there are no qualified physicians or specialists? (N=619)

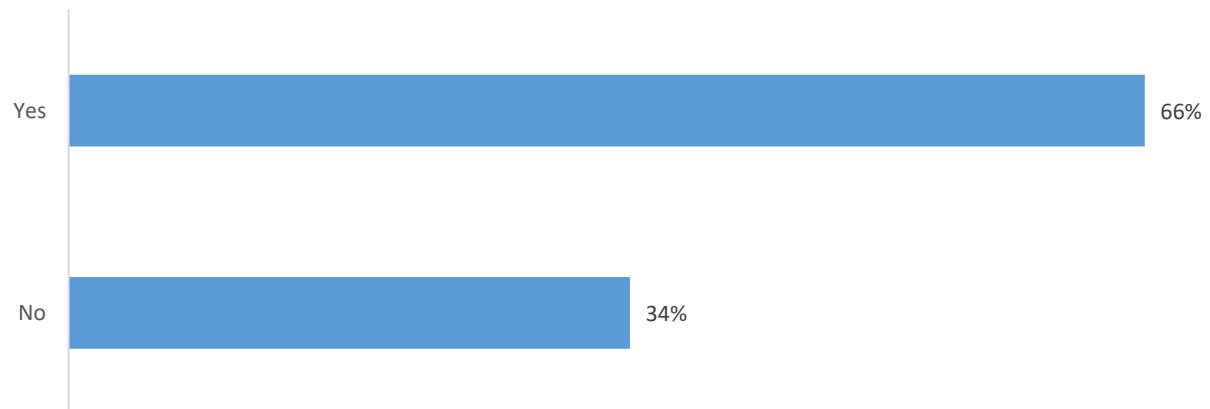


Figure 85

CPH Quality

Respondents were asked to rate the quality of a variety of CPH's services and attributes on a scale of 1 to 5, with 1 being the worst and 5 being the best.

Physicians (N=568)

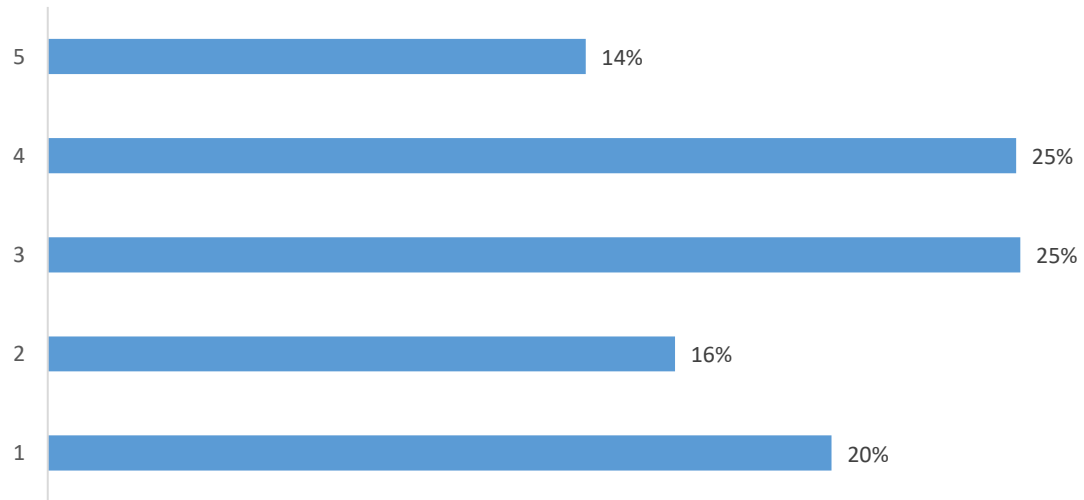


Figure 86

Nursing care (N=557)

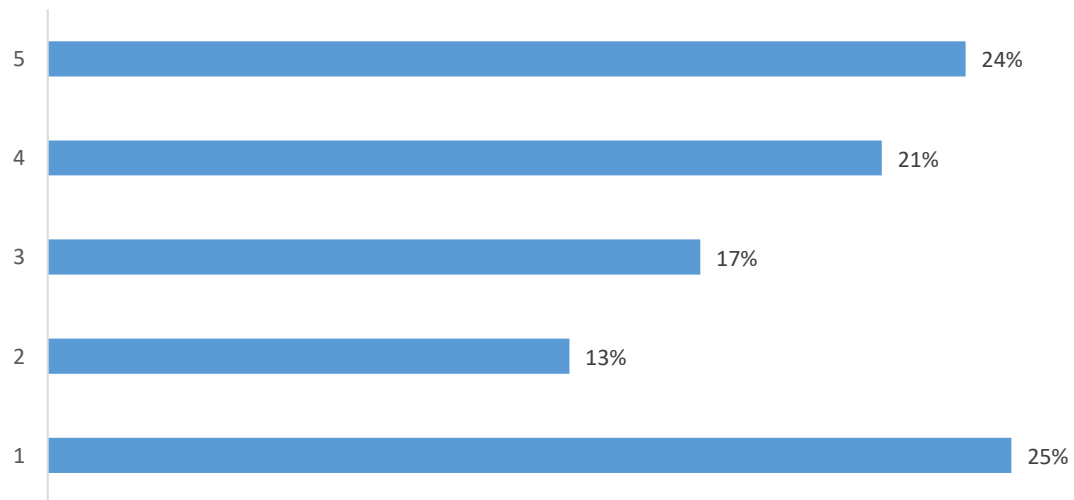


Figure 87

Specialty physicians and treatments (N=517)

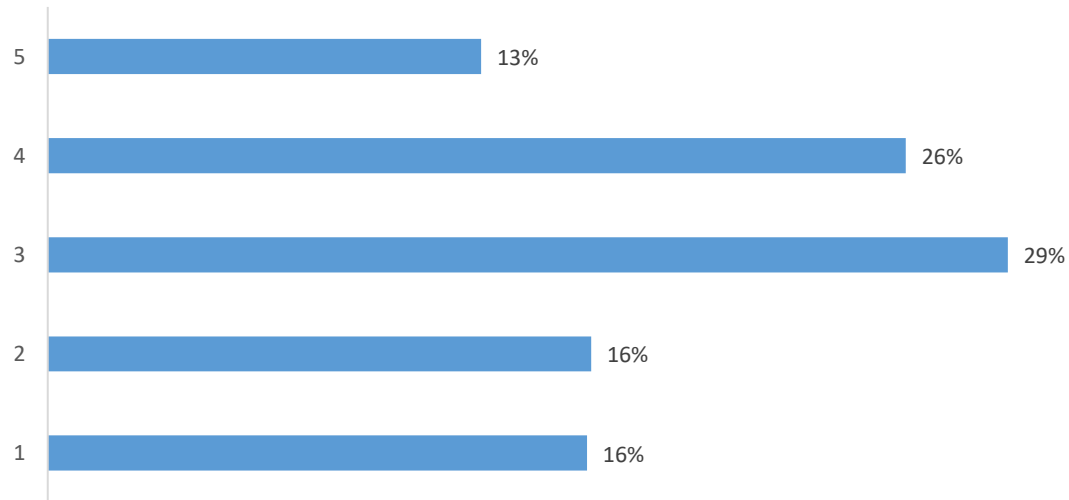


Figure 88

Emergency room (N=596)

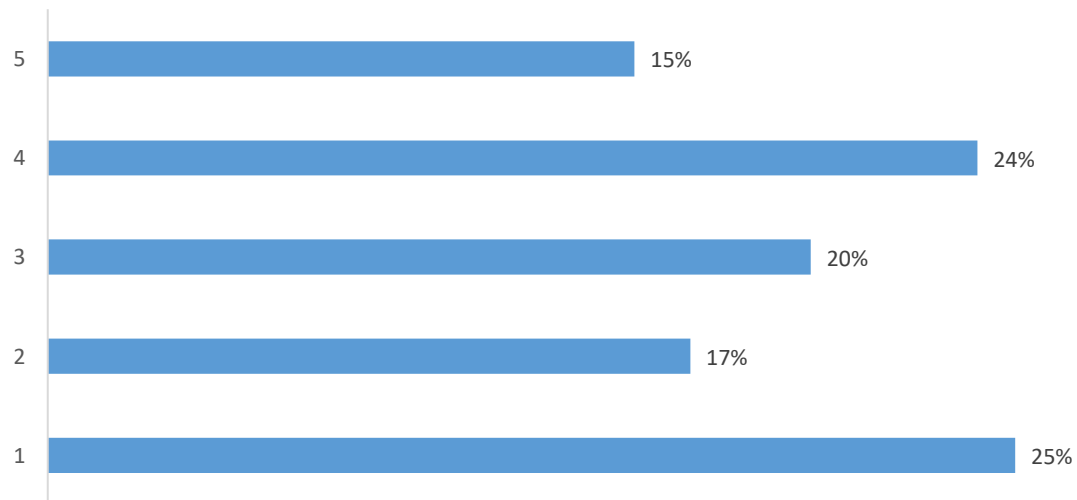


Figure 89

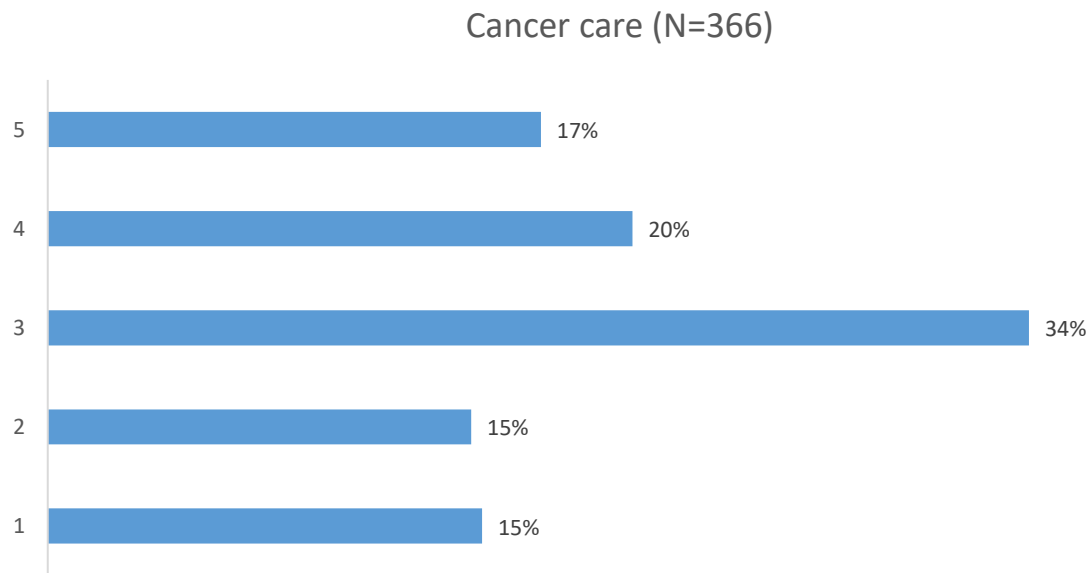


Figure 90

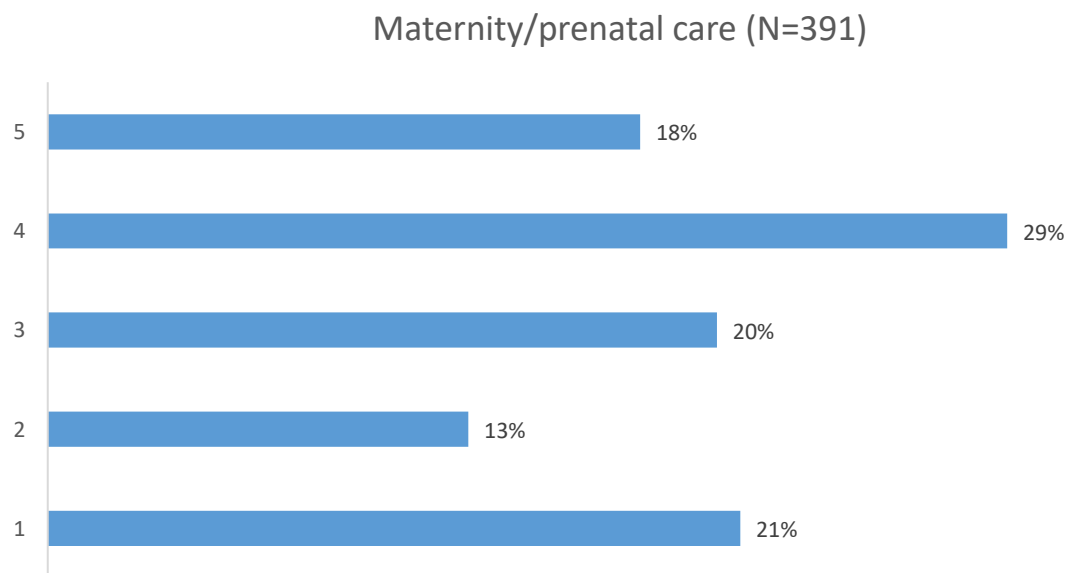


Figure 91

Surgical care (N=504)



Figure 92

Orthopedic services, or treatment of your body's bones, joints, ligaments, tendons, and muscles (N=506)

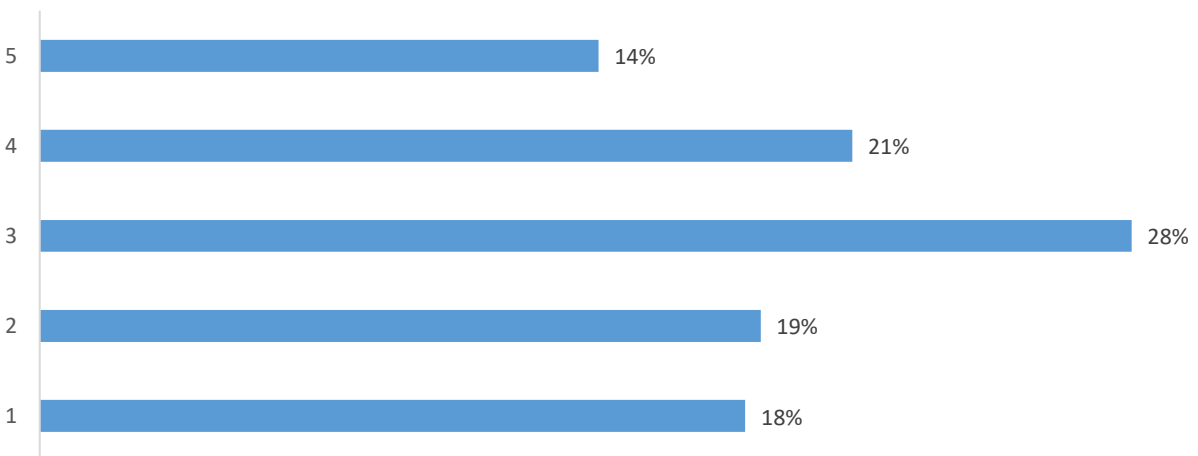


Figure 93

Services for the elderly (N=405)

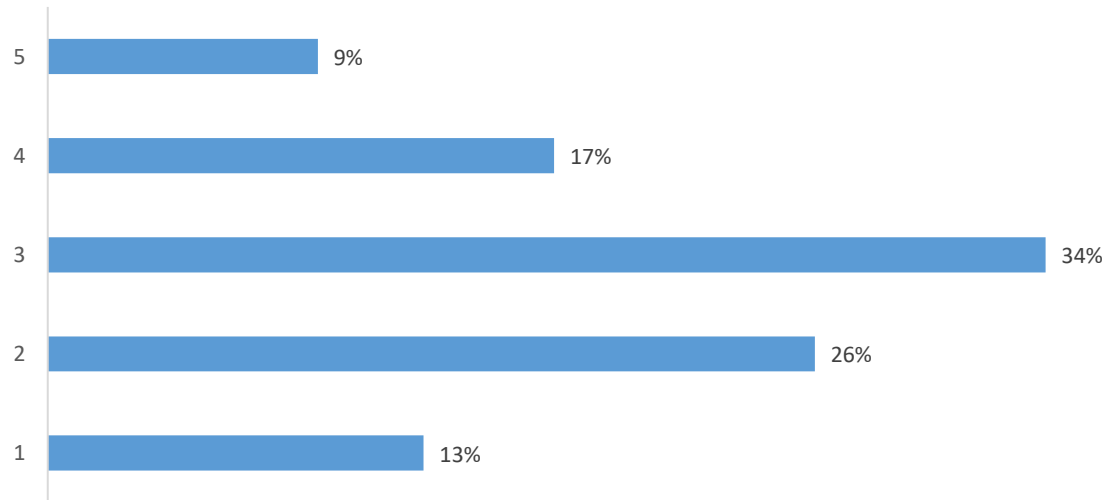


Figure 94

Addiction/substance abuse treatment (N=397)

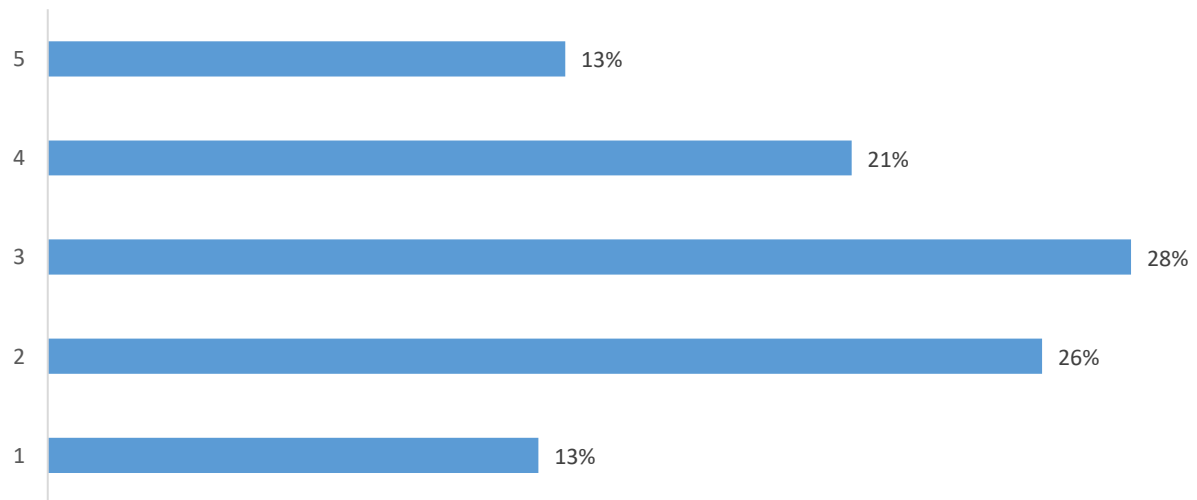


Figure 95

Outpatient care services (N=465)

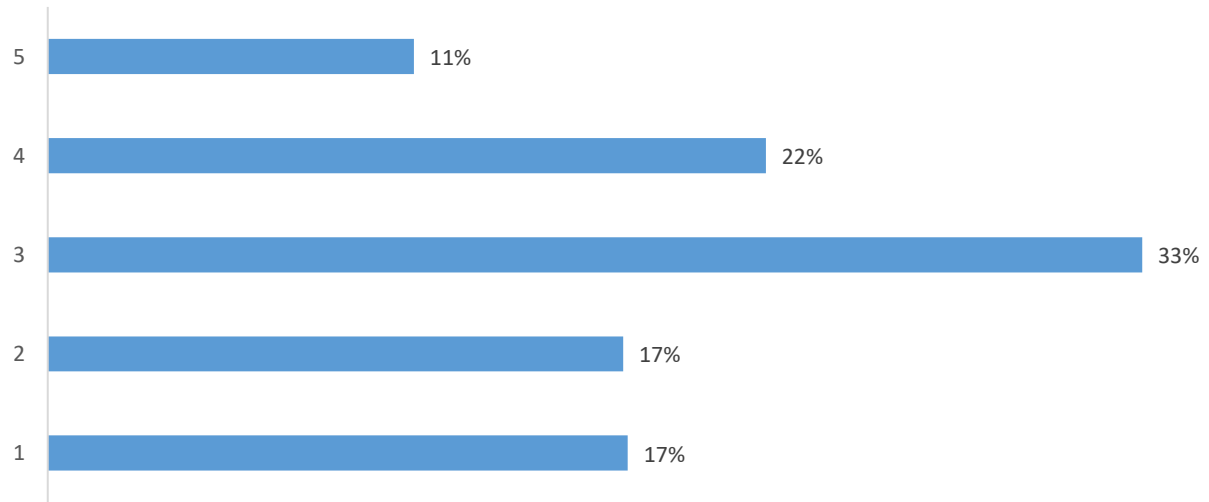


Figure 96

Newborn and infant care services (N=376)

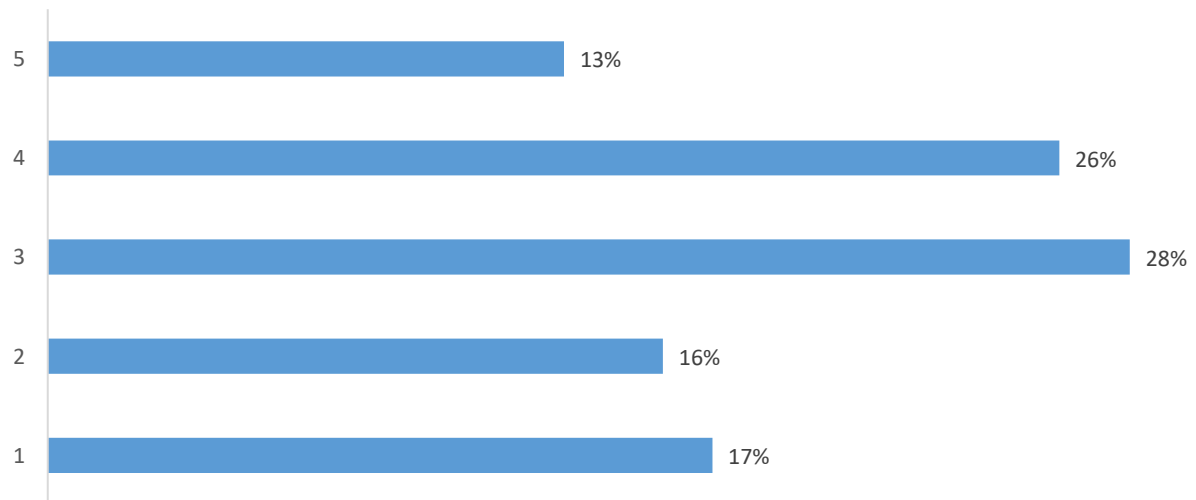


Figure 97

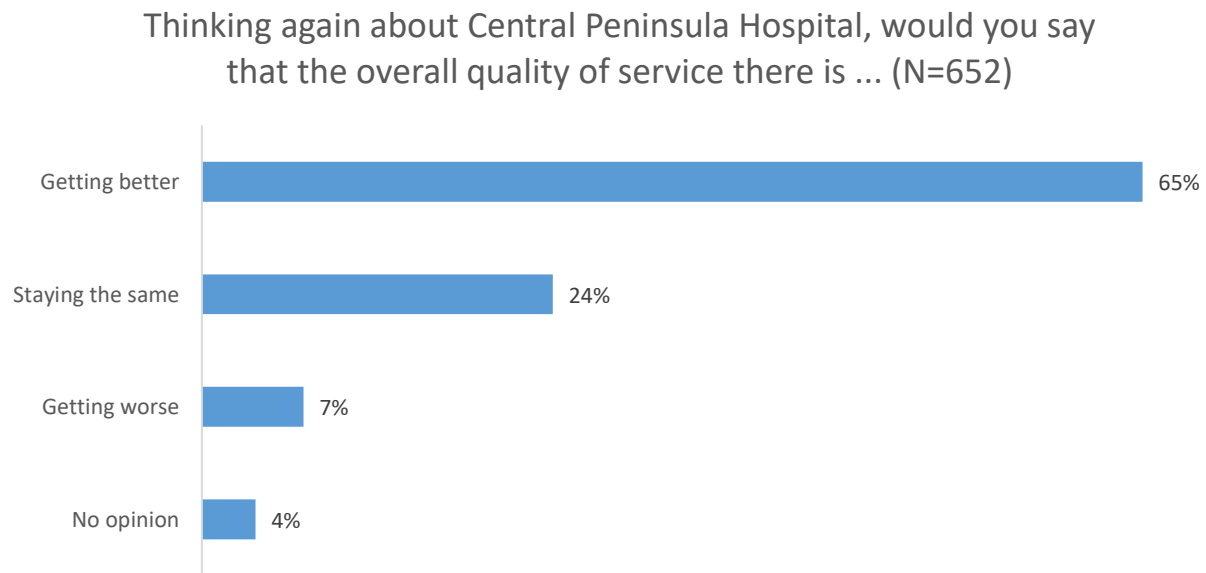


Figure 98

Insurance, Access, and Utilization of Health Care

Respondents were asked about their insurance coverage as well as their utilization of available services.

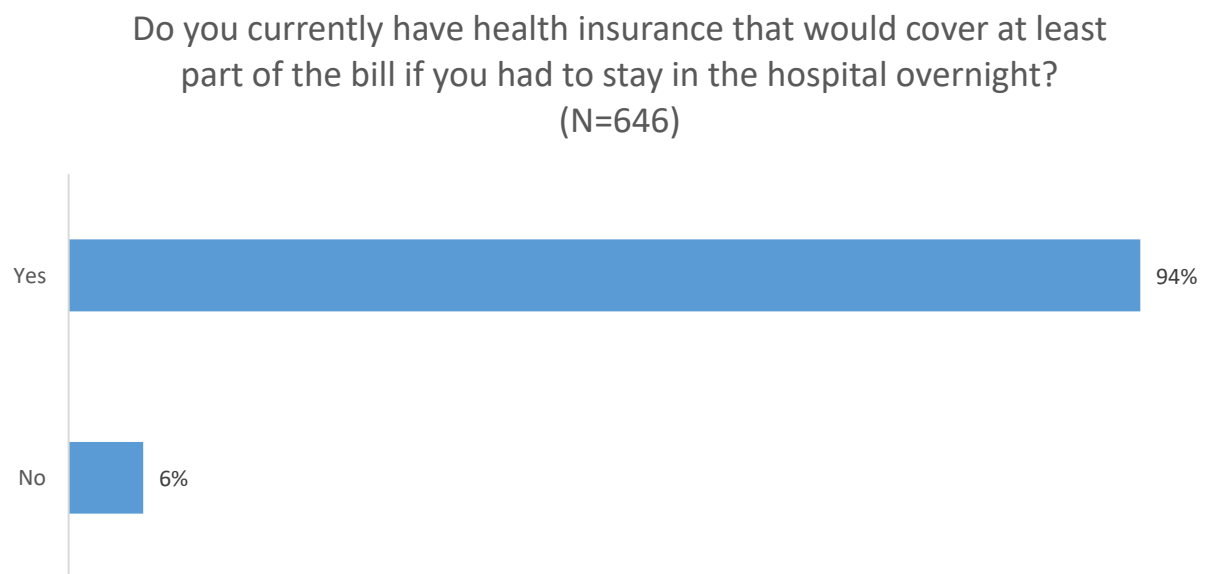


Figure 99

Do you currently have health insurance that would cover at least part of the bill if you had to stay in the hospital overnight? (ages 18-64) (N=433)

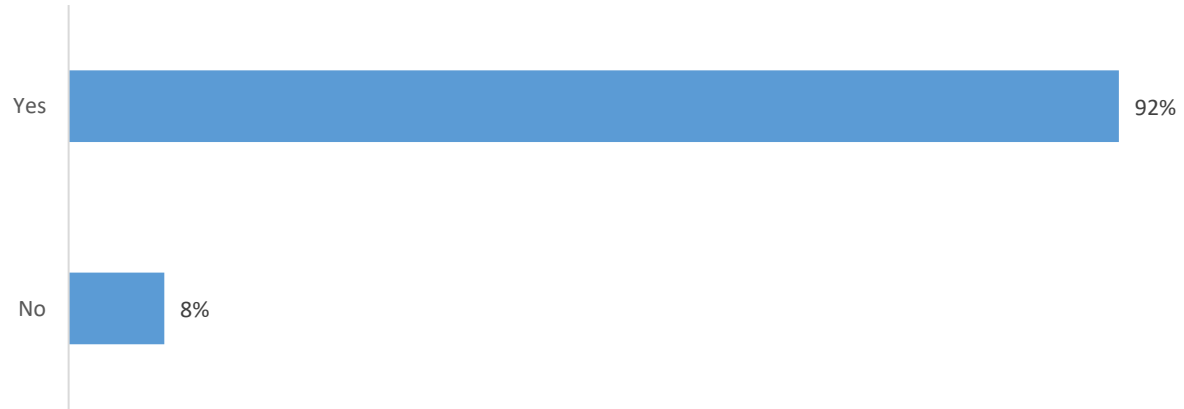


Figure 100

In the past 12 months, was there any time when you needed medical attention or thought you should go to a doctor but did not go? (N=648)

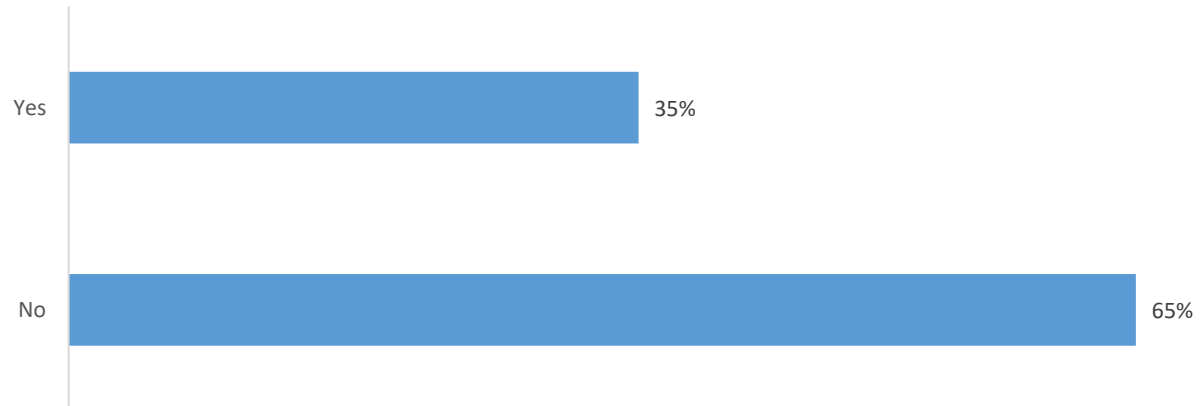


Figure 101

In the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it? (N=638)



Figure 102

Additional Demographics

Finally, respondents were asked for their height and weight. The results were used to calculate BMI, reported in Figure 103 by standard groupings. 75% are overweight or obese, which is in line with the rate for all Alaskans (72%) as reported in the 2017 Alaska Obesity Facts Report⁵. However, in that report obesity was reported at 30% for all adults, which is significantly lower than the percentage found in this survey.

⁵ <http://dhss.alaska.gov/dph/Chronic/Documents/Obesity/pubs/2017AlaskaObesityFacts.pdf>

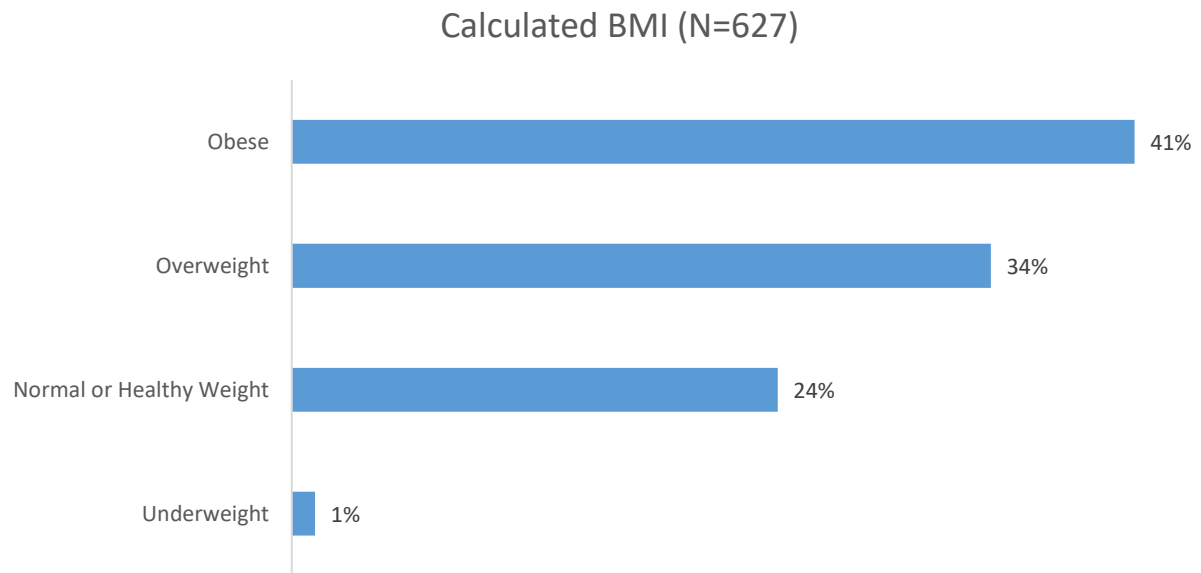


Figure 103