



Kodiak Island Community Health Assessment

2008



Letter to the Community



May 2008

On behalf of Providence Kodiak Island Medical Center, we are pleased to provide this 2008 Community Health Assessment to the citizens of Kodiak Island.

This report identifies challenges and opportunities for government agencies, community organizations, and health care organizations to improve the health and quality of life on Kodiak Island.

The goal of this Assessment is to stimulate collaboration and community action to address health and service issues identified in this report.

Developing collaborative plans and partnerships requires a shared vision and commitment to our community's health. Community-wide efforts will be needed to address these pressing issues.

We hope that this document will serve as a starting point for our collective action to improve the health of our communities.

We invite you to join Providence as key partners to improve the health status of the people of Kodiak Island.

We thank the many citizens (almost 1,000 of you) who took the time to complete the face-to-face survey, and for those organizations who agreed to an extensive telephone interview. We are very grateful for your time and input.

Sincerely,

A handwritten signature in black ink that reads "Pat Branson".

Pat Branson, Chair

Kodiak Island Service Area Community Board

A handwritten signature in black ink that reads "Donald J. Rush".

Donald J Rush, CEO

Providence Kodiak Island Medical Center

Table of Contents

Introduction, Methodology and Data Snapshots	1
Introduction	3
Methodology	5
Data Snapshots	7
Demographics, Housing and Basic Needs	9
Population	11
Population – Ethnicity/Race	12
Population – Gender	14
Population – Age	15
People with Disabilities	17
Educational Attainment	18
Unemployment	20
Housing	21
Basic Needs	22
Health Issues	23
Health Insurance Coverage	25
Medicaid and Denali KidCare Enrollment	28
Dental Insurance/Oral Health	30
Health Care Access and Utilization	32
Preventive Health Care	36
Unmet Health Care Needs	37
Satisfaction with Health Care on Kodiak Island	39
Adequate Prenatal Care	40
Tobacco and Alcohol Use During Pregnancy	41
Births	42
Teen Births	44
Teen Births	44
Low Birth Weight Babies	45
Mental Health Services	47
Physical Health	49
Physical Activity	50
Obesity and Weight Behaviors	52
Tobacco Use	54
Alcohol Consumption	56
Youth Marijuana Use	59
Leading Causes of Death	62
Unintentional Injury Deaths	63
Suicide	64
Deaths Due to Cancer	66
Kodiak Island Community Health Assessment Telephone Survey Results	67
Health Insurance Coverage	69
Health Care Access	70
Unmet Health Care Needs	71
Perceived Risks to the Health Care System	78
Valued Employee Health Services	80
Opinions Specific to the Providence Kodiak Island Medical Center	81
Additional Comments	84
Appendices	85
Appendix I: Kodiak Island Community Health Survey	87
Appendix II: Kodiak Island Community Health Survey Results	89

Table of Figures

Data Legend




	Denotes a Kodiak Island Community Health Survey question, 2008.
	Denotes a Kodiak Island Community Health Telephone Survey question, 2008.
	Denotes a Youth Behavioral Risk Survey (YRBS) question, 2007.









Figure 1:	Population Estimates, Kodiak Island and Alaska, 2000-2006 _____	11
Figure 2:	Population Estimates, Kodiak Island, 2000-2006 _____	11
Figure 3:	Population Estimates, Alaska, 2000-2006 _____	11
Figure 4:	Ethnicity/Race Distribution, Kodiak Island, 2006 _____	12
Figure 5:	Ethnicity/Race Distribution, Kodiak Island, 2000-2006 _____	12
Figure 6:	Ethnicity/Race Distribution, Alaska, 2000-2006 _____	13
Figure 7:	Hispanic or Latino Origin, Kodiak Island and Alaska, 2000-2006 _____	13
Figure 8:	Population by Gender, Kodiak Island, Alaska and U.S., 2006 _____	14
Figure 9:	Percent of Population by Age, Kodiak Island, Alaska and U.S., 2000 and 2006 _____	15
Figure 10:	Median Age, Kodiak Island, Alaska and U.S., 2006 _____	15
Figure 11:	People with Disabilities, Kodiak Island, 2000 _____	17
Figure 12:	 What is the highest level of education you have completed? _____	18
Figure 13:	Educational Attainment, 25 Years and Older, Kodiak Island and Alaska, 2000 _____	18
Figure 14:	Seasonal Unemployment Rates, Kodiak Island, 2000-2008 _____	20
Figure 15:	Seasonal Unemployment Rates, Alaska, 2000-2008 _____	20
Figure 16:	 How much of your total household take-home pay (income after taxes) goes to rent/housing costs? Housing costs are considered any type of payment having to do with housing, such as rent or mortgage payments and utilities. _____	21
Figure 17:	 Affordability of Respondents' Housing Using the HUD Definition, 2008 _____	21
Figure 18:	 In the last 12 months did you or your family have to go without basic needs such as food, child care, health care or clothing? _____	22
Figure 19:	 If you or your family had gone without basic needs, what did you go without? (Mark all that apply) _____	22
Figure 20:	 Do you have any kind of health care coverage including TriCare, Medicare and Medicaid? _____	25
Figure 21:	 If you have health insurance, does it cover the following? _____	26
Figure 22:	 If you have dependent children, do they have health insurance (including Denali KidCare)? _____	26
Figure 23:	Enrollment in Medicaid by Age, Kodiak Island, 2005-2007 _____	28
Figure 24:	Enrollment in Medicaid by Age, Alaska, 2005-2007 _____	28

TABLE OF FIGURES















Figure 25:	Enrollment in Denali KidCare, Kodiak Island, 2005-2007 _____	29
Figure 26:	Enrollment in Denali KidCare, Alaska, 2005-2007 _____	29
Figure 27:	 Dental Coverage for Adult Respondents and Dependent Children, 2008 _____	30
Figure 28:	 How long has it been since you last visited a dentist or a dental clinic for any reason? (Include visits to dental specialists, such as orthodontists) _____	30
Figure 29:	 Do you have a regular source of medical care? (A regular source of medical care is where you usually go when you need to see a doctor) _____	32
Figure 30:	 Respondents Who Needed Health Care in the Last 12 Months and Respondents Who Were Able to Receive Care in the Last 12 Months _____	32
Figure 31:	 If you needed health care during the past 12 months and were unable to receive it, why couldn't you receive it? (Mark all that apply) _____	33
Figure 32:	 If you needed health care during the past 12 months and were unable to receive it, what type of health care did you go without? (Mark all that apply) _____	33
Figure 33:	 In the last 5 years, if you left Kodiak Island to obtain health care in Anchorage was it because: (Mark all that apply) _____	34
Figure 34:	 Do you use the emergency room for your usual source of health care? This would be for illness as well as for emergencies. _____	35
Figure 35:	 In the past year have you had an annual wellness check up for preventive purposes (i.e. pap and breast exam, male physical with prostate check)? _____	36
Figure 36:	 What physician specialty care would you like to see on Kodiak Island? _____	37
Figure 37:	 Thinking about your community, what additional health care services are needed locally? Please explain. _____	38
Figure 38:	 Overall, how satisfied are you with hospital services on Kodiak Island? _____	39
Figure 39:	 Overall, how satisfied are you with doctor services on Kodiak Island? _____	39
Figure 40:	Percentage of Women Receiving Prenatal Care in the First Trimester, Kodiak Island and Alaska, 2000-2006 _____	40
Figure 41:	Mothers Who Reported Drinking During Their Pregnancy, Kodiak Island and Alaska, 2000-2006 _____	41
Figure 42:	Mothers Who Reported Smoking During Their Pregnancy, Kodiak Island and Alaska, 2000-2006 _____	41
Figure 43:	Birth Rate, Kodiak Island and Alaska, 2000-2006 _____	42
Figure 44:	Percentage of Births by Ethnicity/Race, Kodiak Island, 2000-2006 _____	42
Figure 45:	Percentage of Births by Ethnicity/Race, Alaska, 2000-2006 _____	42
Figure 46:	Percentage of Births by Teen Mothers Ages 19 and Under, Kodiak Island and Alaska, 2000-2006 _____	44
Figure 47:	Percentage of Babies Born at Low Birth Weight (<5.5 pounds), Kodiak Island and Alaska, 2000-2006 _____	45
Figure 48:	Percentage of Babies Born at Low Birth Weight (<5.5 pounds), by Ethnicity/Race, Kodiak Island and Alaska, 2000-2006 _____	45
Figure 49:	 Respondents Who Have Needed Mental Health Treatment (Counseling or Other Help) in the Last 12 Months and Respondents Who Were Able to Receive the Treatment that they Needed in the Last 12 Months _____	47








































Figure 50:	 If you needed mental health treatment in the last 12 months and were unable to receive it, why couldn't you receive it? (Mark all that apply) _____	48
Figure 51:	 Would you say that, in general, your physical health (including physical illness and injury) is: _____	49
Figure 52:	 How many days per week do you engage in physical activity (such as brisk walking or gardening) for a combined total of 30 minutes or more? _____	50
Figure 53:	 Percentage of Kodiak Island High School Students Who Were Physically Active for a Total of 60 Minutes or More on Five or More of the Past 7 Days, 2007 _____	50
Figure 54:	 Body Mass Index of Adult Respondents, 2008 _____	52
Figure 55:	 Obesity and Weight Behaviors of Kodiak Island High School Students, 2007 _____	53
Figure 56:	 Do you now smoke cigarettes every day, some days or not at all? _____	54
Figure 57:	 Percentage of Kodiak Island High School Students Who Ever Tried Cigarette Smoking, Even One or Two Puffs, 2007 _____	54
Figure 58:	 Percentage of Kodiak Island High School Students Who Smoked Cigarettes on One or More of the Past 30 Days, 2007 _____	55
Figure 59:	 The definition of a drink of alcohol is 1 can or bottle of beer, or 1 glass of wine, or 1 can or bottle of wine cooler, or 1 cocktail or 1 shot of liquor. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours. _____	56
Figure 60:	 Percentage of Kodiak Island High School Students Who Had at Least One Drink of Alcohol on One or More Days During Their Lifetime, 2007 _____	56
Figure 61:	 Percentage of Kodiak Island High School Students Who Had Their First Drink of Alcohol Other Than a Few Sips Before Age 13, 2007 _____	57
Figure 62:	 Percentage of Kodiak Island High School Students Who Had At Least One Drink of Alcohol on One or More of the Past 30 Days, 2007 _____	57
Figure 63:	 Percentage of Kodiak Island High School Students Who Had Five or More Drinks of Alcohol Within a Couple of Hours on One or More of the Past 30 Days, 2007 _____	57
Figure 64:	 Percentage of Kodiak Island High School Students Who Used Marijuana One or More Times During Their Life, 2007 _____	59
Figure 65:	 Percentage of Kodiak Island High School Students Who Tried Marijuana for the First Time Before Age 13, 2007 _____	60
Figure 66:	 Percentage of Kodiak Island High School Students Who Used Marijuana One or More Times During the Past 30 Days, 2007 _____	60
Figure 67:	 Feelings of Connectedness Among High School Students in the Kodiak Island School District, 2007 _____	61
Figure 68:	Top Five Leading Causes of Death, Kodiak Island and Alaska, 2001-2006 _____	62
Figure 69:	Unintentional Injury Deaths, Kodiak Island, 2001-2006 _____	63
Figure 70:	Unintentional Injury Deaths, Alaska, 2001-2006 _____	63
Figure 71:	Suicides, Kodiak Island and Alaska, 1999-2004 _____	64
Figure 72:	Depression and Suicidal Thoughts, Plans and Attempts Among Kodiak Island High School Students, 2007 _____	64

TABLE OF FIGURES

Figure 73:	Deaths Due to Cancer, Kodiak Island and Alaska, 2001-2006 _____	66
Figure 74:	 Does your employee health plan cover any of the following? (Read list, respond “yes,” “no” or “don’t know”)_____	69
Figure 75:	 Do you think any of the following are barriers to residents obtaining health care on Kodiak Island? (Those responding “Yes”) (Read list, check all that apply) _____	70
Figure 76:	 Other Barriers to Residents Obtaining Health Care (Please specify)_____	70
Figure 77:	 In your opinion, are there unmet health care needs for: (Those responding “Yes”) (Read list, check all that apply) _____	71
Figure 78:	 Unmet Health Care Needs for Children Reported by Respondents (Please specify)_____	71
Figure 79:	 Unmet Health Care Needs for Adult Females Reported by Respondents (Please specify) ____	72
Figure 80:	 Unmet Health Care Needs for Adult Males Reported by Respondents (Please specify) ____	73
Figure 81:	 Unmet Health Care Needs for Seniors Reported by Respondents (Please Specify) _____	74
Figure 82:	 Unmet Health Care Needs for People with Disabilities Reported by Respondents (Please Specify) _____	74
Figure 83:	 Thinking about the Kodiak Island Borough community, what additional health care services are needed locally? _____	75
Figure 84:	 If you make referrals outside of Kodiak Island, for what type of treatment do you make referrals? (Read list, check all that apply and add to it if needed) _____	76
Figure 85:	 Is there any health care technology or equipment that would be beneficial to the community? _____	76
Figure 86:	 What are the greatest risks to the health care system on Kodiak Island? (Read list, check all that apply)_____	78
Figure 87:	 Other Risks to the Health Care System Reported by Respondents (Please specify) _____	79
Figure 88:	 Thinking about health services, which of the following would be beneficial to your organization? (Read list, check all that apply)_____	80
Figure 89:	 What other health services would be beneficial to your organization? (Please specify)_____	80
Figure 90:	 How would you rate the quality of care provided at the Providence Kodiak Island Medical Center? (Read list, check one) _____	81
Figure 91:	 Thinking about the Providence Kodiak Island Medical Center, what are the areas or departments that need the most improvement? (Please specify) _____	81
Figure 92:	 Do you think that Providence Kodiak Island Medical Center provides adequate information about services available? (Please specify “yes” or “no”) _____	82
Figure 93:	 If no, what could the Medical Center do to improve in this area? (Please specify) _____	82
Figure 94:	 Is there anything else you would like to add? (Please specify)_____	84

Introduction, Methodology and Data Snapshots



“The hospital is doing a good job with their new nursing program on Kodiak Island, which puts students through nursing school and then guarantees them a job with the hospital.”

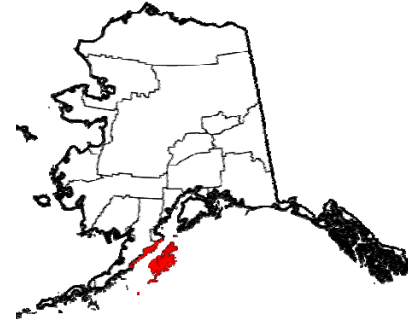
Respondent, Kodiak Island Community Health Survey

Introduction

Kodiak Island, Alaska

Kodiak Island Borough is situated in the Gulf of Alaska and is comprised of sixteen major islands. The Island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii.

Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in culture, natural resources, other forms of wildlife and scenic beauty. Kodiak Island has the largest fishing port in the state and is the third largest in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities and tourism. As of 2006, the population of Kodiak Island was slightly over 13,000 and Kodiak City is the seventh largest city in Alaska.



Providence Kodiak Island Medical Center



The Kodiak facility is staffed by a mix of primary care physicians, surgeons and specialists who provide family practice, internal medicine, obstetrics, radiology and general practice. Providence Kodiak Island Medical Center features 25 acute care beds, including four birthing suites and four psychiatric care beds. The facilities include a

significant range of inpatient and outpatient services including an emergency department, surgery, maternity, general medicine, physical therapy, specialty clinics, diagnostics, pharmacy and home health care.¹

Map source: Wikimedia Commons, Retrieved December 10, 2007, from <http://commons.wikimedia.org>.

Photo: Providence Kodiak Island Medical Center website, 2008.

Cover and section photos: Wikimedia Commons and Providence Kodiak Island Medical Center.

Kodiak Island Community Health Assessment Project Overview

The Kodiak Island Community Health Assessment model provides a comprehensive view of the health issues on Kodiak Island based on credible primary and secondary data. This community assessment report is a baseline of the quality of health and health care on Kodiak Island. It is also a tool for concerned community members to come together to review data and form a picture of where Kodiak Island could be headed.

¹ Providence Kodiak Island Medical Center (2008). *Providence Kodiak Island Medical Center*. Retrieved April 1, 2008, from <http://www.providence.org/alaska/kodiak/>.

The goal of the 2008 Kodiak Island Community Health Assessment is to continually improve the quality of health and health care for city residents by:

- Giving community members the opportunity to share their personal experiences, insights and opinions on health and health care on Kodiak Island;
- Raising public awareness of health needs, changing trends, emerging issues and community problems;
- Providing accurate, credible and valid information to health care providers; and
- Providing a baseline for the hospital to continue strategic planning in the future.

About the Researcher



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

Contact:

Susan Brutschy or Kelly Pleskunas
P.O. Box 1927
Watsonville, CA 95077
Tel: 831-728-1356 - Fax: 831-728-3374

San Jose office:

991 West Hedding Suite 102
San Jose, CA 95126
www.appliedsurveyresearch.org
www.appliedsurveyresearch.org

Acknowledgments

A special thank you to all of the community members who volunteered on “Survey Saturday” to distribute surveys, complete surveys and to the agencies who contributed data for this report.

ASR Contributing Staff

Kathryn Albee	Gabe Mountjoy
Laura Connery	Sunya Ojure
Ken Ithiphol	Elizabeth Roblero
Holly Maclure	Javier Salcedo

Methodology

Primary Data

Measures of community progress depend upon consistent, reliable and scientifically accurate sources of data. One of the types of data gathered for this project is primary (original) data.

Kodiak Island Community Health Survey

The central primary data were obtained from a self-administered written survey of Kodiak Island residents ages 18 and older. In March of 2008, trained community volunteers went into the community and distributed surveys to adult residents, including selected groups and organizations throughout Kodiak Island. Self-administered surveys were conducted that averaged about five minutes in length. Overall, 930 surveys were collected at multiple sites and community agencies. The intent of the survey was to measure the opinions, attitudes, desires and health needs of the Island's residents. The Kodiak Island Community Health Survey can be found in Appendix I.

Kodiak Island Community Health Telephone Survey

In March of 2008, Applied Survey Research staff completed telephone surveys with 20 members of the Kodiak Island business and health care community. Individuals were selected from a variety of organizations in the area in an attempt to include organizations of diverse types and sizes. Six respondents were from the government sector, three from social services/nonprofit sector, one from private business, two from a health care related field, one from education and seven respondents self identified as belonging to a combination of the former mentioned fields. Ten of the respondents were from organizations that consisted of 40 employees or less while nine of the respondents were from organizations of a larger size and one respondent did not respond to this question.

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: federal, state and local government agencies; health care institutions; and computerized sources through online databases and the Internet.

While some secondary sources such as the U.S. Census Bureau use the name *Kodiak Island Borough*, this report uses the name *Kodiak Island*. Thus, throughout the report, the reader can be confident that all Kodiak Island data is referring to data that represents the entire Borough.

U.S. Census Bureau

The U.S. Census Bureau provides detailed information about the American population every 10 years. In addition, this report uses information from the American Community Survey which is conducted by the U.S. Census Bureau. The American Community Survey provides data on an annual basis and is also used in this report.

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) is a national survey developed by the Centers for Disease Control and Prevention's (CDC's) Division of Adolescent and School Health in collaboration with many departments of education and federal agencies. The results provide descriptive data on self

reported behaviors in a number of major risk categories. The survey does not attempt to answer the questions of why and how, but does address who, what, where and when. The YRBS is a component of a larger national effort to assess priority health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth and adults in the United States.²

The Kodiak Island School District conducted this survey in 2007 and data are available for 9th, 10th and 11th grade students. Percentages for 12th grade students were not included in the data because there were less than 100 respondents. Data from previous years for the school district are unavailable as are the number of respondents for each question.

Behavior Risk Factor Surveillance System (BRFSS)

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

Federal, state and local health officials and researchers use this information to track health risks, identify emerging health problems, prevent disease and improve treatment.³ BRFSS is used in this report to provide national and Alaska comparison data to Kodiak Island specific data gathered by the Kodiak Island Community Health Survey.

The Alaska Department of Labor and Workforce Development

The Alaska Department of Labor and Workforce Development manage economic data for the state of Alaska which include the following: wages, employment and unemployment, industry profiles, occupational information and cost of living estimates.⁴

The State of Alaska Bureau of Vital Statistics

The Alaska Bureau of Vital Statistics manages vital records for the state of Alaska which include birth, death, fetal death, divorce and marriage data and reports of adoption.⁵

Healthy Alaskans 2010 Objectives

Healthy Alaskans 2010 includes a set of health objectives for the state to achieve by 2010. This document reflects Alaska's health-related goals and objectives that include health promotion, health protection, preventive services and access to care and public health infrastructure. People, communities, organizations and others can use these objectives to track changes in health status, identify changes that need to be made and to plan and develop programs to improve the health of Alaskans.⁶

² Alaska Epidemiology (2007). "Youth Risk Behavior Survey." Retrieved August 9, 2007, from <http://www.epi.hss.state.ak.us/pubs/yrbs/bkgrnd.htm>.

³ National Center for Chronic Disease Prevention and Health Promotion (CDC). *BRFSS: Turning Information into Health*. Retrieved September 14, 2007, from <http://www.cdc.gov/brfss/>.

⁴ The Alaska Department of Labor and Workforce Development (2008). *Research and Analysis Home*. Retrieved March 27, 2008, from <http://almis.labor.state.ak.us/>.

⁵ 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/>.

⁶ Alaska Division of Public Health (2007). *Healthy Alaskans 2010*, Retrieved August 24, 2007 from <http://www.hss.state.ak.us/dph/targets/ha2010/default.htm>.

Data Snapshots

Demographics, Housing and Basic Needs

- In 2006, according to the U.S. Census Bureau, the population of Kodiak Island was 13,072, and the population of Alaska was 670,053. Since 2000, the population for Kodiak Island has been decreasing while the population of Alaska has been increasing.
- More than half of the population on Kodiak Island were White in 2006 (61%). The next largest ethnic groups were Asian (17%) and then American Indian/Native Alaskan (15%). Blacks made up 1% of the population, Pacific Islanders constituted 1% and 5% of the population belonged to two or more races.
- The median ages for Kodiak Island and Alaska are younger than that of the United States (33.7 years and 33.4 years versus 36.4 years).
- Sixty-nine percent (69%) of Kodiak Island Community Health Survey respondents were paying 30% or more of their take home income on housing. The Housing and Urban Development's definition of affordable housing is to pay no more than a third of your annual income on housing.
- In 2008, 11% of Kodiak Island survey respondents went without basic needs such as food, child care, health care or clothing in the last 12 months. When asked specifically what they went without, most respondents reported "dental care" (53%) and "health care" (44%).

Health Care Access and Utilization

- Most (85%) adult respondents and their dependent children (81%) had health insurance (which includes Denali KidCare for children) in 2008. In addition, 85% of adults and 76% of their dependent children had dental coverage.
- In 2008, 10% of survey respondents did not have a regular source of medical care and 17% used the emergency room as their usual source of health care. Of those who needed care in the last 12 months, 14% were unable to receive care. The most common reason for being unable to receive care was "no insurance/couldn't afford it" (36%) followed by "services not available" (33%).
- Of the respondents who left Kodiak Island to obtain health care within the last five years, the most common reasons for leaving were "referred to another provider by your family doctor" (28%), "needed vision care" (19%), "needed orthopedic care" (18%) and "needed women's health treatment" (14%).

Satisfaction with Health Care

- Over half (52%) of face-to-face survey respondents were "very satisfied" with hospital services on Kodiak Island and 44% were "somewhat satisfied." Only, 4% of respondents reported being "not at all satisfied." Over half (52%) of respondents were also "very satisfied" with doctor services on Kodiak Island while 43% were "somewhat satisfied" and 5% were "not at all satisfied."
- Out of the 20 total telephone survey respondents, 12 rated the quality of care provided at the Providence Kodiak Island Medical Center to be "very high." Six rated the quality of care as "high" and two rated it as "average."

Specialty Care

- When asked what physician specialty care they would like to see on Kodiak Island, top responses were: “cardiologist” (16%), “pediatrician” (16%), “OBGYN” (14%) and “dermatologist” (13%).

Prenatal Care, Births and Low Birth Weight

- In 2006, Kodiak Island exceeded the Healthy Alaskans 2010 Objective that 85% of pregnant women will receive early and adequate prenatal care. In 2006, 88% of women were receiving prenatal care in their first trimester. The percentage for Alaska was lower at 81%.
- In 2006, the birth rate per 1,000 residents on Kodiak Island was lower than that of Alaska (15.5 versus 16.4). The birth rate on Kodiak Island has remained relatively consistent since 2000.
- The percentage of teen births on Kodiak Island has risen from 6% in 2000 to 11% in 2006.
- In 2006, 8% of babies were born at a low birth weight on Kodiak Island compared to 6% in Alaska.

Mental Health Services

- In 2008, 13% of survey respondents reported having needed mental health treatment within the last 12 months. Of those who needed treatment, 67% were able to receive the treatment that they needed.

Physical Health, Activity and Obesity

- Half (51%) of survey respondents reported their physical health to be excellent or very good.
- Over half of survey respondents (60%) reported that they exercised for 30 minutes or more three or more days per week.
- According to BMI calculations based on height and weight, over a third of respondents (39%) were overweight, 28% were obese and 33% were of normal weight.

Tobacco and Alcohol Use

- Eighteen percent (18%) of survey respondents reported that they smoke (12% smoke every day and 6% smoke some days).
- Twenty percent (20%) of survey respondents reported having engaged in binge drinking within the past 30 days. Of the 20%, 2% reported having engaged in binge drinking five or more times within the past 30 days.

Demographics, Housing and Basic Needs



“An adult health care program is needed to address the needs of the growing elderly population on Kodiak Island.”

Respondent, Kodiak Island Community Health Survey

Population

Population changes help illustrate the changes communities experience. Reasons for population growth or decline are numerous although the economy often plays a large role in migration patterns.

Figure 1: Population Estimates, Kodiak Island and Alaska, 2000-2006

	2000	2001	2002	2003	2004	2005	2006	% Change 2000-06
Kodiak Island	13,977	13,751	13,690	13,363	13,222	13,073	13,072	-6.5
Alaska	627,533	632,241	640,544	647,747	656,834	663,253	670,053	6.8

Figure 2: Population Estimates, Kodiak Island, 2000-2006

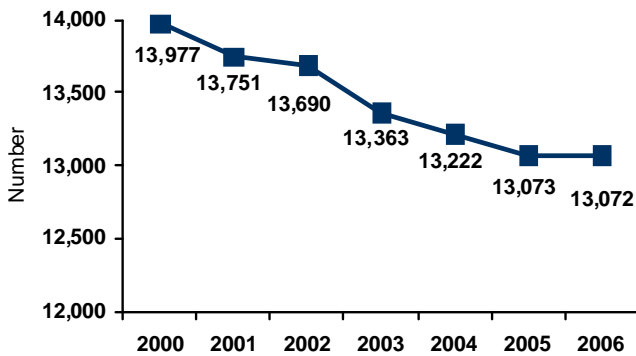
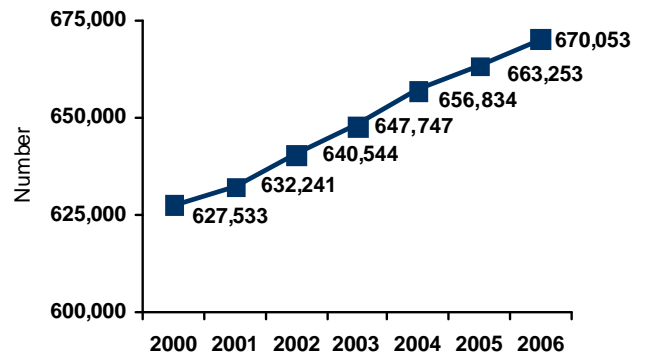


Figure 3: Population Estimates, Alaska, 2000-2006



Source: Kodiak Island data: U.S. Census Bureau, Population Division, *County Population by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2006*, 2008. Alaska data: U.S. Census Bureau, Population Division, *Table 3: Annual Estimates of the Population by Sex, Race and Hispanic or Latino Origin for Alaska: April 1, 2000 to July 1, 2006*, Release Date: May 17, 2007, 2008.

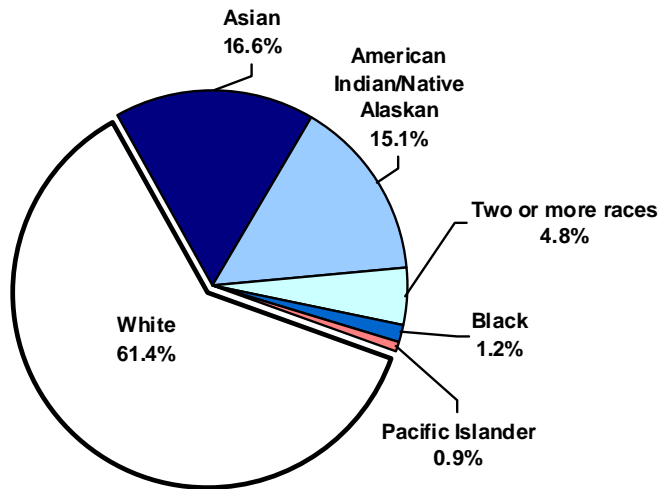
Note: Census estimates are for July 1st of each year.

Data Summary

According to the U.S. Census Bureau, the population of Kodiak Island has been steadily decreasing since 2000 while the population of Alaska has been steadily increasing. In 2000, the population for Kodiak Island was 13,977. By 2006, the population decreased 7% to 13,072. Meanwhile, Alaska grew steadily from 2000 to 2006 from 627,533 to 670,053 (an increase of 7%).

Population - Ethnicity/Race

Figure 4: Ethnicity/Race Distribution, Kodiak Island, 2006



N=13,072

Figure 5: Ethnicity/Race Distribution, Kodiak Island, 2000-2006

	2000	2002	2004	2006	Net Change 2000-06
White	62.8%	62.4%	61.8%	61.4%	-1.4
Asian	16.3%	16.6%	16.5%	16.6%	0.3
American Indian/Native Alaskan	14.8%	14.9%	15.3%	15.1%	0.3
Two or more ethnicities/races	4.4%	4.2%	4.3%	4.8%	0.4
Black	1.0%	1.0%	1.1%	1.2%	0.2
Pacific Islander	0.8%	0.9%	0.9%	0.9%	0.1
Total population	13,977	13,690	13,222	13,072	-905

Source: U.S. Census Bureau, Population Division, *County Population by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2006*, 2008.

Population - Ethnicity/Race (cont.)

Figure 6: Ethnicity/Race Distribution, Alaska, 2000-2006

	2000	2002	2004	2006	Net Change 2000-06
White	71.1%	71.0%	70.8%	70.7%	-0.4
Black	3.7%	3.7%	3.7%	3.7%	0.0
American Indian/Native Alaskan	15.7%	15.6%	15.5%	15.4%	-0.3
Asian	4.1%	4.4%	4.5%	4.6%	0.5
Pacific Islander	0.5%	0.6%	0.6%	0.6%	0.1
Two or more ethnicities/races	4.8%	4.8%	4.8%	4.9%	0.1
Total population	627,533	640,544	656,834	670,053	42,520

Figure 7: Hispanic or Latino Origin, Kodiak Island and Alaska, 2000-2006

		2000	2002	2004	2006	Net Change 2000-06
Kodiak Island	%	6.1	6.7	7.0	7.9	1.8
	Num.	846	924	929	1,034	188
Alaska	%	4.1	4.7	5.2	5.6	1.5
	Num.	26,040	30,020	34,226	37,548	11,508

Source: Kodiak Island data: U.S. Census Bureau, Population Division, *County Population by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2006*, 2008. Alaska data: U.S. Census Bureau, Population Division, *Table 3: Annual Estimates of the Population by Sex, Race and Hispanic or Latino Origin for Alaska: April 1, 2000 to July 1, 2006*, Release Date: May 17, 2007, 2008.

Note: According to the U.S. Census Bureau, race and Hispanic origin are two separate concepts; people who are Hispanic may be of any race.

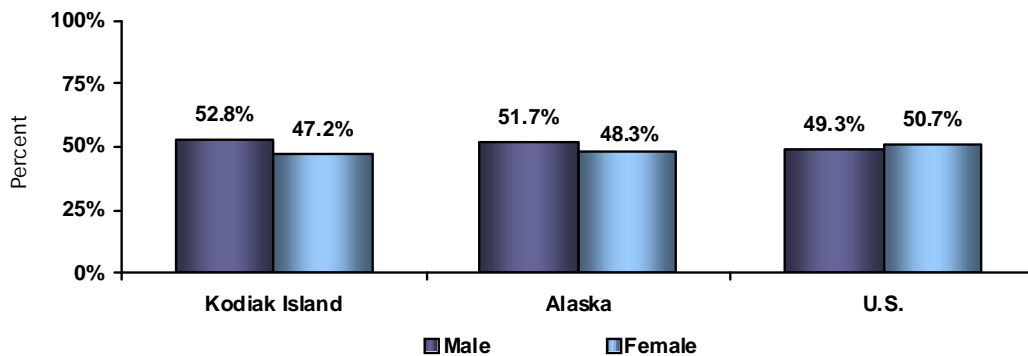
Data Summary

The ethnicity/race distribution on Kodiak Island has remained fairly consistent from 2000 to 2006. Whites comprised a little over 60% of the population, Blacks about 1%, American Indians/Native Alaskans about 15% and Asians over 16%. While the race distribution has been fairly consistent over time in Alaska, the distribution of ethnicities differs a bit from that of Kodiak Island. In Alaska, Whites comprised about 70% of the population, Blacks 4%, American Indians/Native Alaskans about 15% and Asians only about 5%, which is a percentage of the population that is much smaller than that of Kodiak Island.

According to the U.S. Census Bureau, race and Hispanic origin are two separate concepts; people who are Hispanic may be of any race. On Kodiak Island, the percentage of those who identified their origin as Hispanic or Latino increased from 6% in 2000 to 8% in 2006. While the percentage in Alaska also increased during this time period, it was lower than that of Kodiak Island. In 2000, 4% of Alaska’s population identified as being of Hispanic or Latino origin and in 2006, the percentage increased to 6%.

Population - Gender

Figure 8: Population by Gender, Kodiak Island, Alaska and U.S., 2006



Source: Kodiak Island data: U.S. Census Bureau, Population Division, *County Population by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2006*, 2008. Alaska data: U.S. Census Bureau, Population Division, *Table 3: Annual Estimates of the Population by Sex, Race and Hispanic or Latino Origin for Alaska: April 1, 2000 to July 1, 2006*, Release Date: May 17, 2007, 2008. U.S. data: U.S. Census Bureau, Population Division, *Table 13: Annual Estimates of the Population by Five-Year Age Groups and Sex of the United States: April 1, 2000 to July 1, 2006*, Release Date: May 17, 2007, 2008.

Data Summary

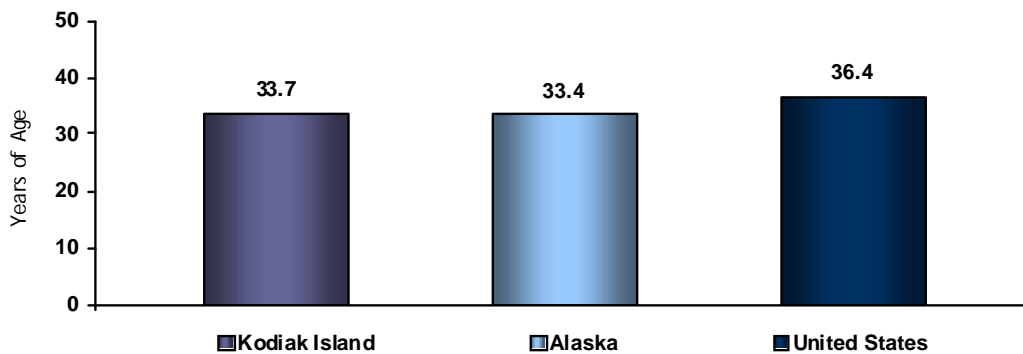
In 2006, unlike the rest of the country where there were slightly more women than men, in Alaska and Kodiak Island, there were more men than women. In Alaska, 52% of the population was male compared to 53% of the population on Kodiak Island.

Population - Age

Figure 9: Percent of Population by Age, Kodiak Island, Alaska and U.S., 2000 and 2006

Year of Age	2000			2006		
	Kodiak Island	Alaska	United States	Kodiak Island	Alaska	United States
Under 5	8.9	7.6	6.8	7.7	7.4	6.8
5-9	9.0	8.5	7.3	8.5	7.0	6.6
10-14	9.4	9.0	7.3	7.9	7.6	6.9
15-19	7.4	8.0	7.2	8.3	7.9	7.1
20-24	5.9	6.4	6.8	5.7	7.9	7.1
25-34	14.8	18.1	14.1	14.0	14.7	13.5
35-44	19.1	18.1	16.0	15.9	14.7	14.6
45-54	14.3	15.2	13.5	17.2	16.2	14.5
55-59	3.8	4.4	4.8	5.5	6.1	6.1
60-64	2.4	2.8	3.8	3.2	3.8	4.5
65-74	3.2	3.6	6.5	3.7	4.1	6.3
75-84	1.3	1.7	4.4	1.8	2.1	4.4
85 and Older	0.4	0.4	1.5	0.7	0.6	1.8
Total Population						
	13,977	627,533	282,216,952	13,072	670,053	299,398,484

Figure 10: Median Age, Kodiak Island, Alaska and U.S., 2006



Source: Kodiak Island data: U.S. Census Bureau, Population Division, *County Population by Age, Sex, Race and Hispanic Origin: April 1, 2000 to July 1, 2006*, 2008. Alaska data: U.S. Census Bureau, Population Division, *Table 3: Annual Estimates of the Population by Sex, Race and Hispanic or Latino Origin for Alaska: April 1, 2000 to July 1, 2006*, Release Date: May 17, 2007, 2008. U.S. data: U.S. Census Bureau, Population Division, *Table 13: Annual Estimates of the Population by Five-Year Age Groups and Sex of the United States: April 1, 2000 to July 1, 2006*, Release Date: May 17, 2007, 2008.

Population - Age (cont.)

Data Summary

In Alaska and on Kodiak Island the percentages of young people in the population were slightly greater than that of the United States. In 2006, on Kodiak Island, 8% of the population was under five years of age, 9% was between five to nine years of age, 8% was between ten to fourteen years of age and 8% was between 15 to 19 years of age. In each of these age categories, the percentages for Kodiak Island were greater than the percentages for both Alaska and the United States. Among the elderly population, the percentages of those 60 or older were the smallest for the population on Kodiak Island and largest for the population of the U.S.

The average age for people on Kodiak Island and in Alaska was younger than that of the United States. In 2006, the median age was 34 years for Kodiak Island, 33 years for Alaska and 36 years for the United States.

People with Disabilities

Obtaining and maintaining health insurance coverage and quality health care is a critical issue for everyone in the United States, but people with disabilities face additional barriers to receiving adequate health care. These barriers can range from physically inaccessible health care provider locations, to exam and diagnostic equipment that cannot be adjusted for a range of patient function, to a failure to modify office policies or practices to accommodate the communication and accommodation needs of patients with various disabilities.⁷

Figure 11: People with Disabilities, Kodiak Island, 2000

Kodiak Island	Males	Females	Total
With a disability ages 5 to 15	52	34	86
With a disability ages 16 to 20	65	40	105
With a disability ages 21 to 64	567	421	988
With a disability ages 65 and over	139	129	268
With a disability ages 5 and over	823	624	1,447
Total population ages 5 and over	5,963	5,781	11,744
Percent of population ages 5 and over with a disability	13.8	10.8	12.3
Alaska	Males	Females	Total
Total population ages 5 and over	281,541	276,164	557,705
Percent of population ages 5 and over with a disability	15.8	14.1	14.9
United States	Males	Females	Total
Total population ages 5 and over	124,636,825	132,530,702	257,167,527
Percent of population ages 5 and over with a disability	19.6	19.1	19.3

Source: U.S. Census Bureau, Census 2000 Summary File 3 (Disability Status by Sex: 2000), Matrices P42, PCT26, PCT27, PCT28, PCT29, PCT30, PCT31, PCT32 and PCT33, 2008.

✘ New data unavailable.

Note: In the 2000 Census, individuals were classified as having a disability if any of the following three conditions were met: they were five years old and over and reported a long-lasting sensory, physical, mental or self-care disability; they were 16 years old and over and reported difficulty going outside the home because of a physical, mental or emotional condition lasting six months or more; or they were 16 to 64 years old and reported difficulty working at a job or business because of a physical, mental or emotional condition lasting six months or more.

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

Data Summary

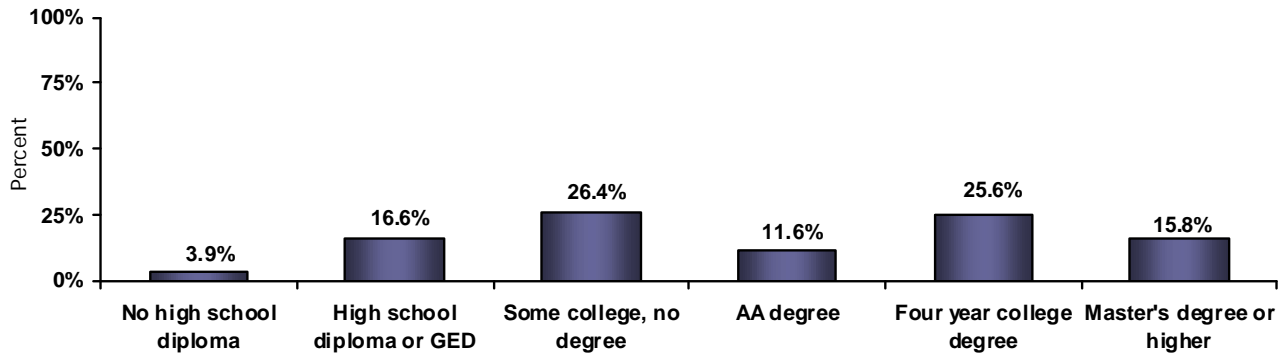
In 2000, Kodiak Island, Alaska and the United States had a larger percentage of males with a disability than females. The United States had the highest percentage of its population with a disability (19%); followed by Alaska (15%) and then Kodiak Island (12%). In 2000, 14% of males and 11% of females age five and over on Kodiak Island had a disability.

⁷ Disability Rights Education & Defense Fund (2007). *Disability Healthcare Access Brief*. Retrieved August 24, 2007, from http://www.dredf.org/healthcare/Access_Brief.pdf.

Educational Attainment

Educational attainment is an important indicator of future success, as those with at least a high school diploma will likely have better employment opportunities. Limited education, and therefore employment opportunities, can also impact residents in other quality of life areas such as access to health care.

Figure 12:  What is the highest level of education you have completed?




N=890

Source: Kodiak Island Community Health Survey, 2008.

Figure 13: Educational Attainment, 25 Years and Older, Kodiak Island and Alaska, 2000

Educational Attainment	Kodiak Island		Alaska	
	%	Num.	%	Num.
Population 25 years and over	100.0	8,187	100.0	379,556
Less than 9 th grade	7.0	574	4.1	15,663
9 th to 12 th grade, no diploma	7.6	620	7.5	28,619
High school graduate (includes equivalency)	31.3	2,564	27.9	105,812
Some college, no degree	28.6	2,336	28.6	108,442
Associate degree	6.8	558	7.2	27,213
Bachelor's degree	13.2	1,081	16.1	61,196
Graduate or professional degree	5.6	454	8.6	32,611
High school graduate or higher	85.4	6,993	88.3	335,148
Bachelor's degree or higher	18.7	1,535	24.7	93,750

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P37 and PCT25, 2008.

 New data unavailable.

Educational Attainment (cont.)

Data Summary

Seventeen percent (17%) of survey respondents had a “high school diploma or GED” in 2008. Over a quarter of respondents (26%) had a “four year college degree” and 16% had a “master’s degree or higher.”

In 2000, 7% of Kodiak Island residents had an educational attainment that was less than 9th grade versus 4% in Alaska. Kodiak Island did however have a higher percentage of high school graduates than Alaska as a whole (31% vs. 28%). Overall, Alaska had a greater percentage of its population that held a bachelor’s degree or higher in comparison to Kodiak Island (25% vs. 19%).

Unemployment

A prosperous community has an adequate supply of jobs that generate income sufficient to pay for basic needs. The unemployment rate represents one piece of a complex puzzle that helps us determine whether we are achieving this goal.

Figure 14: Seasonal Unemployment Rates, Kodiak Island, 2000-2008

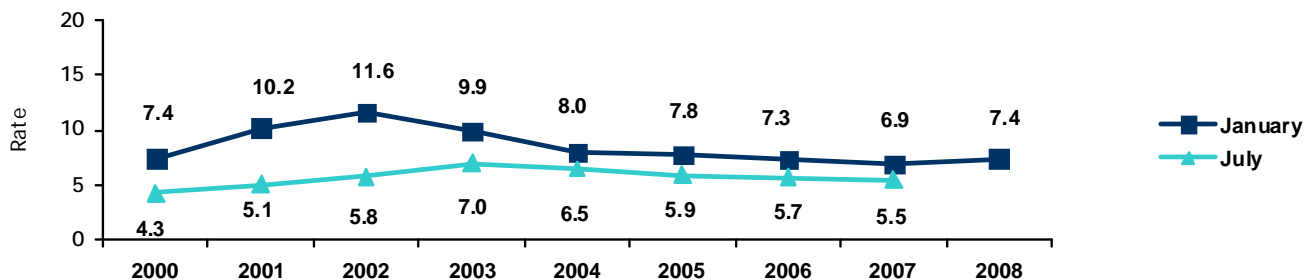
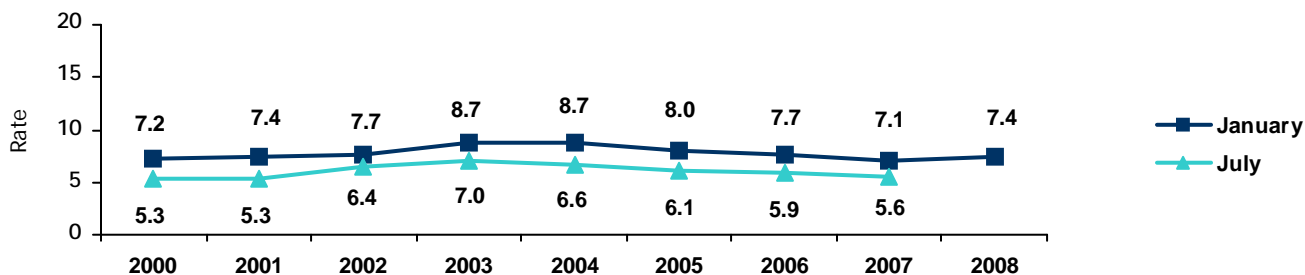


Figure 15: Seasonal Unemployment Rates, Alaska, 2000-2008




Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section, 2008.

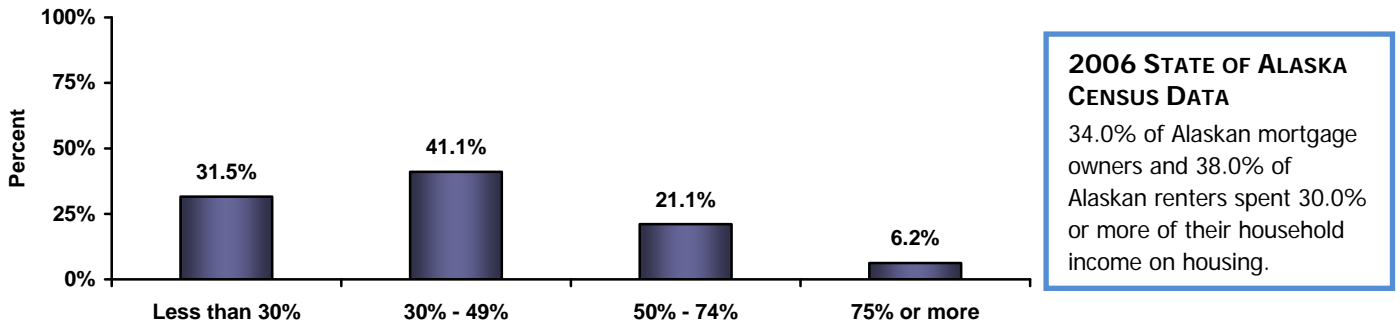
Data Summary

The unemployment rate is affected by seasonal population changes and most notably by the seasonal employment demands of the fishing industry. Therefore, the unemployment rate above is shown for both the month of January and July. In January 2008, the unemployment rate for Kodiak Island was 7.4 according to the Alaska Department of Labor and Workforce Development. From 2000 to 2008, the July unemployment rate on Kodiak Island was lower than the January unemployment rate. In 2007, the July unemployment rate was 5.5 and the January unemployment rate was 6.9. Since 2004, the Kodiak Island unemployment rate has been similar to that of Alaska in both January and July. However, the two rates deviated in January from 2001-2003 when the unemployment rate on Kodiak Island increased sharply.


Housing

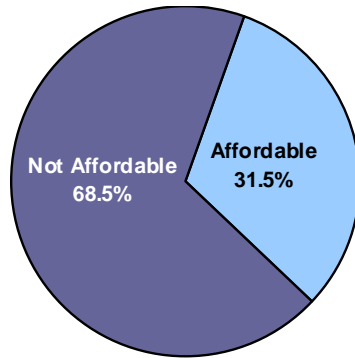
Housing is a basic human need and its quality, cost and availability are key components to an individual’s quality of life. Well-designed and maintained housing fosters a sense of community while location and type of housing contribute to community spirit and identity.⁸ According to the U.S. Department of Housing and Urban Development (HUD), housing is affordable as long as it costs a household 30% or less of its annual income. Spending more than 30% of one’s annual income on housing negatively impacts one’s ability to afford other basic needs such as health care and child care.⁹

Figure 16:  How much of your total household take-home pay (income after taxes) goes to rent/housing costs? Housing costs are considered any type of payment having to do with housing, such as rent or mortgage payments and utilities.



N=837

Figure 17:  Affordability of Respondents’ Housing Using the HUD Definition, 2008



N=837

Source: Kodiak Island Community Health Survey, 2008.

Note: The “affordable” category includes only respondents who indicated that they spent “less than 30%” on housing costs.

Data Summary


In 2008, only 32% of respondents fit the HUD definition of having affordable housing: housing that costs a household 30% or less of its annual income. Sixty-two percent of respondents (62%) spent 30%-74% of their income on housing. Six percent (6%) spent 75% or more.

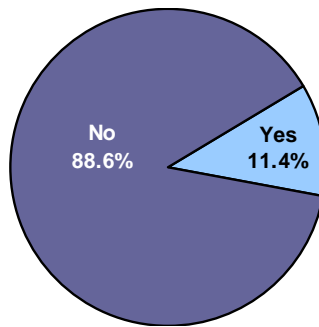
⁸ The National Affordable Homes Agency. *Why Housing is Important to Sustainable Development*. Retrieved August 8, 2007, from <http://www.housingcorp.gov.uk/server/show/nav.00100b004008002>.

⁹ U.S. Department of Housing and Urban Development. *Affordable Housing*. Retrieved August 10, 2007, from <http://www.hud.gov/offices/cpd/affordablehousing/index.cfm>.


Basic Needs

Individuals and families living in poverty or below the self-sufficiency level often have to make tough choices each month, sometimes forgoing certain basic needs to pay for others. Going without basic needs such as food, housing, child care, health care or clothing can have short and long term consequences to residents’ health and well-being.

Figure 18:  In the last 12 months did you or your family have to go without basic needs such as food, child care, health care or clothing?



N=924

Figure 19:  If you or your family had gone without basic needs, what did you go without? (Mark all that apply)

Response	%	Num.
Dental care	52.9	54
Health care	44.1	45
Prescriptions	24.5	25
Choosing food we wanted	24.5	25
Food	20.6	21
Heat/fuel/utilities	18.6	19
Clothing	14.7	15
Rent/housing	13.7	14
Child care	8.8	9
Other	7.8	8

Multiple response question with 102 respondents offering 235 responses.

Source: Kodiak Island Community Health Survey, 2008.

Data Summary

Eighty-nine percent (89%) of respondents reported that they or their family did not have to go without basic needs such as food, child care, health care or clothing in the last 12 months. Of the 11% that did, the two most common basic needs that respondents went without were “dental care” (53%) and “health care” (44%). The next most common basic needs that people went without were “prescriptions” (25%), “choosing the food they wanted” (25%) and “food” (21%).

Health Issues




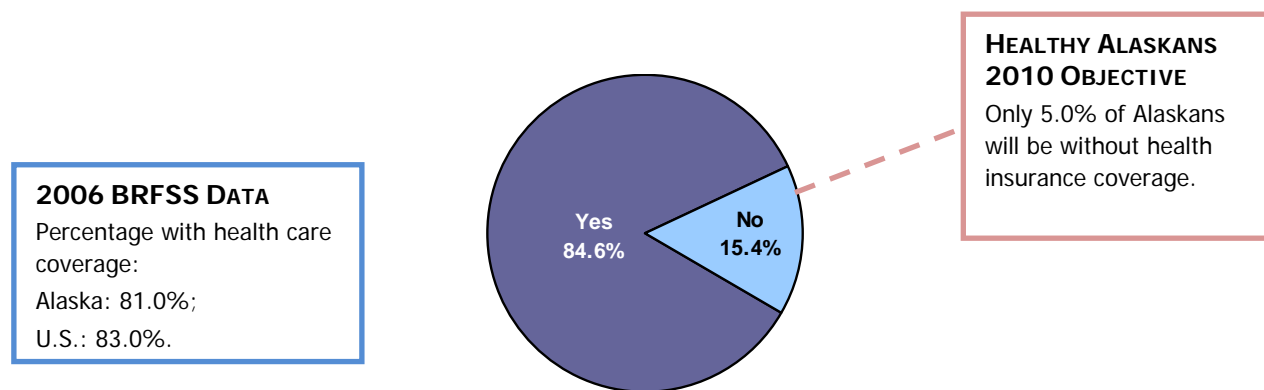
*“We really need an Endocrinologist because of increased cases of type 1
and type 2 diabetes on the Island.”*

Respondent, Kodiak Island Community Health Survey

Health Insurance Coverage

Health insurance facilitates entry into the health care system. The uninsured report more problems getting care, are diagnosed at later stages of a disease and get less therapeutic care. They are sicker when hospitalized and are more likely to die during their stay. Moreover, families without health insurance often receive fewer preventive health screenings, immunizations or prenatal care and may avoid or delay medical treatment when problems arise. They also often lack a regular health care provider or clinic and are more likely to use emergency rooms as their primary source of medical treatment.¹⁰ The financial burden of having no insurance is also great; almost 50% of personal bankruptcy filings are due to medical expenses.¹¹

Figure 20:  Do you have any kind of health care coverage including TriCare, Medicare and Medicaid?




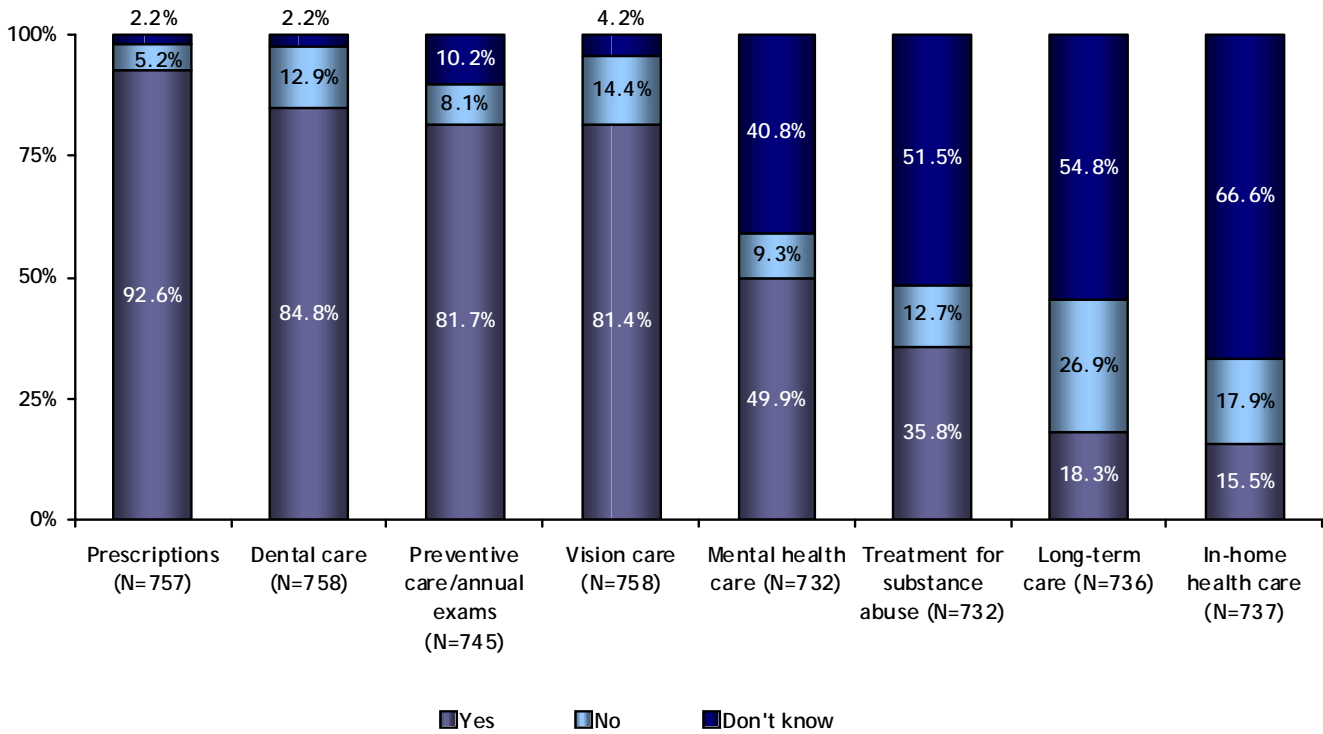
N=926

¹⁰ U.S. Department of Health and Human Services. *Healthy People 2010*. Retrieved August 5, 2004 from http://www.healthypeople.gov/Document/html/uih/uih_bw/uih_4.htm#accesshealth.


¹¹ United States Department of Health and Human Services, Agency for Healthcare Research and Quality, *National Healthcare Disparities Report*, 2005.

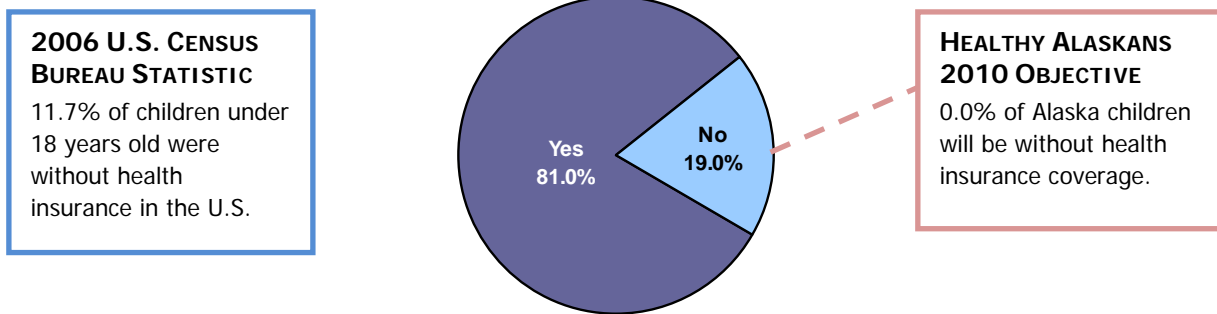
Health Insurance Coverage (cont.)

Figure 21:  If you have health insurance, does it cover the following?



Source: Kodiak Island Community Health Survey, 2008.

Figure 22:  If you have dependent children, do they have health insurance (including Denali KidCare)?



N=464

Source: Kodiak Island Community Health Survey, 2008.

Health Insurance Coverage (cont.)

Data Summary

Eighty-five percent (85%) of survey respondents have health care. The majority of respondents have coverage for “prescriptions” (93%), “dental care” (85%), “preventive care/annual exams” (82%) and “vision care” (81%).

In 2008, the majority of dependent children on Kodiak Island whose parents completed a survey were covered by health insurance (81%) although 19% of children were without coverage. In comparison, according to the U.S. Census Bureau, 12% of U.S. children were without health coverage in 2006.¹² The 2010 Healthy Alaskans Objective is that no child will be uninsured. Kodiak Island has not yet met this goal.

¹² U.S. Census Bureau (2007), *Health Insurance Coverage: 2006*. Retrieved September 9, 2007, from <http://www.census.gov/hhes/www/hlthins/hlthin06/hlth06asc.html>.

Medicaid and Denali KidCare Enrollment

The federal Medicaid program is available to low-income children and adults. Eligibility is based on narrowly defined categories such as medical need, resource level and proof of citizenship. Medicaid aims to offer low or no cost insurance to those who might otherwise be uninsured.

Denali KidCare is Alaska's version of the State Children's Health Insurance Program (SCHIP). Denali KidCare provides health insurance specifically to children, teens and pregnant women. Denali KidCare enrollees have access to a full range of preventive and treatment services. Current eligibility is based on a 175% Federal Poverty Guidelines (FPG) threshold.¹³

At the start of the 2007 Alaska Fiscal Year (July 2006), the Department of Health & Human Services issued more demanding federal citizenship guidelines for government insurance program eligibility. As of July 1, 2006, persons applying for Medicaid or SCHIP coverage and claiming to be U.S. citizens must document their citizenship and identity. This measure is intended to ensure that Medicaid beneficiaries are actually citizens without imposing undue burdens on them or the states.¹⁴ Due to this change in enrollment guidelines, data from previous years cannot be compared.

Please note that youth in Denali KidCare/SCHIP are included in the under age 19 Medicaid totals.

Figure 23: Enrollment in Medicaid by Age, Kodiak Island, 2005-2007

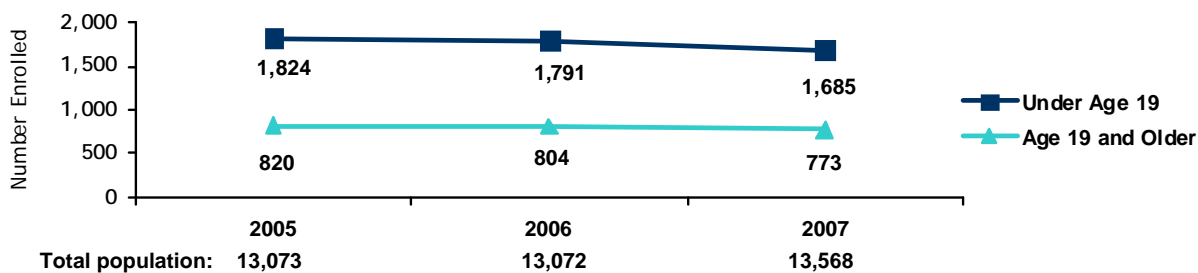
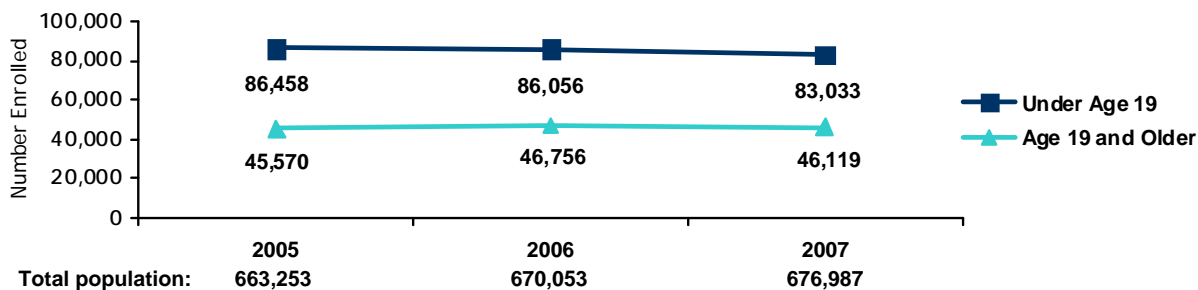


Figure 24: Enrollment in Medicaid by Age, Alaska, 2005-2007



Source: Alaska Department of Health and Social Services, Medicaid Budget Group. *MMIS/JUCE Data*, 2007.

Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30 (2006 is 7/1/2005 to 6/30/2006). The 2007 population estimates are from the Alaska Department of Labor and Workforce Development while 2005 and 2006 population estimates are from the U.S. Census Bureau.

¹³ Denali KidCare (2007). *General Information*. Retrieved July 23, 2007, from http://hss.state.ak.us/dhcs/DanliKidCare/gen_info.htm.

¹⁴ Center for Medicare and Medicaid Services, Department of Health & Human Services (2006). *Medicaid Fact Sheet*. Retrieved August 31, 2007, from <http://www.ataporg.org/Citizenship.pdf>.

Medicaid and Denali KidCare Enrollment (cont.)

Figure 25: Enrollment in Denali KidCare, Kodiak Island, 2005-2007

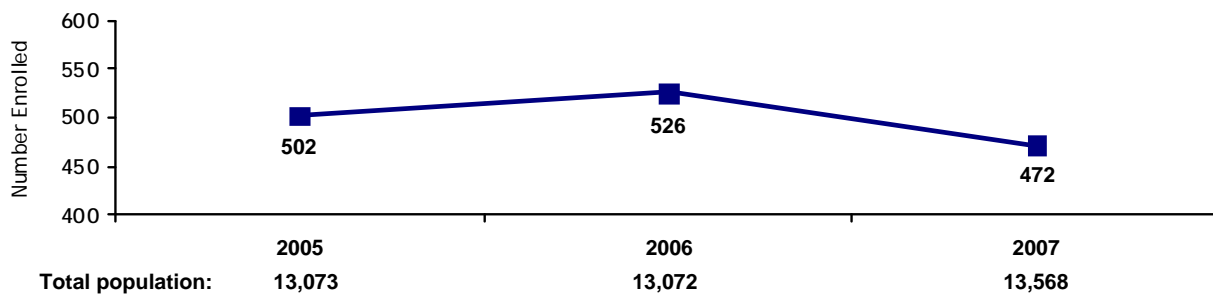
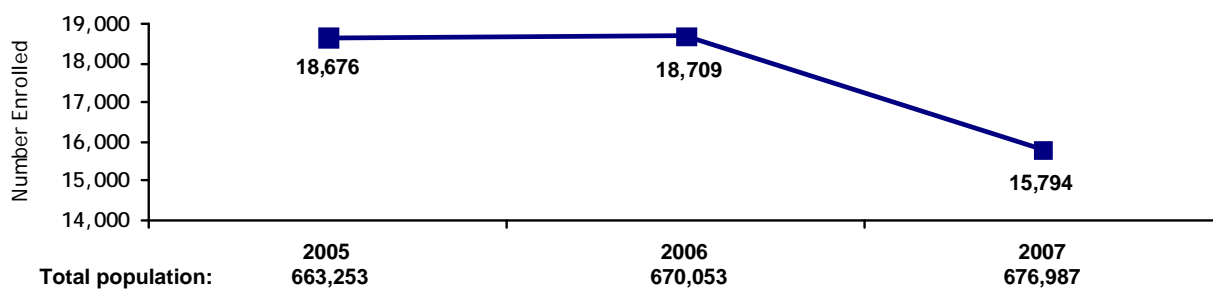


Figure 26: Enrollment in Denali KidCare, Alaska, 2005-2007



Source: Alaska Department of Health and Social Services, Medicaid Budget Group. *MMIS/JUCE Data*, 2007.

Note: Counts are from the Alaska fiscal year which runs from July 1 to June 30 (2006 is 7/1/2005 to 6/30/2006). The 2007 population estimates are from the Alaska Department of Labor and Workforce Development while 2005 and 2006 population estimates are from the U.S. Census Bureau.

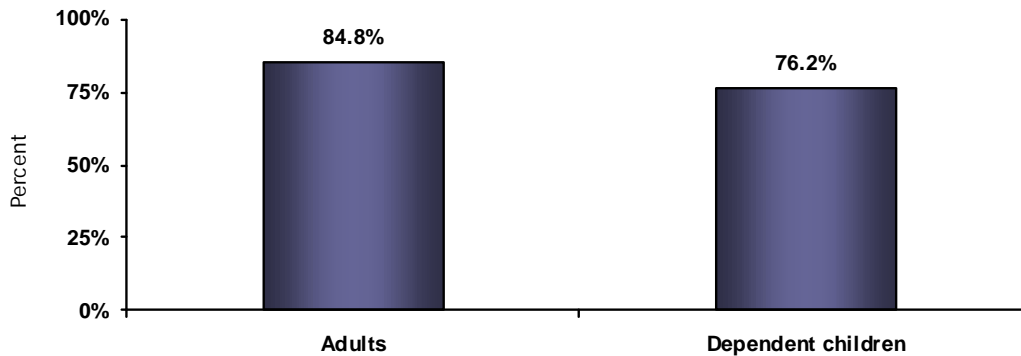
Data Summary

Enrollment in Medicaid has been decreasing since 2005 for both those over and under 19 years of age on Kodiak Island. However, due to the change in enrollment guidelines, for 2007, a specific trend cannot be concluded. In looking at just 2005 and 2006, the number of those enrolled in Medicaid decreased and the number of those enrolled in Denali Kid Care increased for both Kodiak Island and Alaska. From 2005 to 2006, enrollment in Medicaid for those under age 19 decreased by 33 enrollees and for those over age 19, enrollment decreased by 16 enrollees on Kodiak Island. Enrollment in Denali KidCare from 2005 to 2006 increased by 24 enrollees on Kodiak Island.

Dental Insurance/Oral Health

Regular dental visits – at least one visit per year – are important for preventing, diagnosing and treating oral diseases. Having dental insurance makes getting regular, adequate dental care easier. Further, recent research suggests that periodontal disease or gum disease can impact overall health; periodontal bacteria can enter the blood stream and infect major organs. This may contribute to the development of heart disease, increase the risk of stroke and increase a woman’s risk of having a preterm or low birth weight baby.¹⁵


Figure 27:  Dental Coverage for Adult Respondents and Dependent Children, 2008

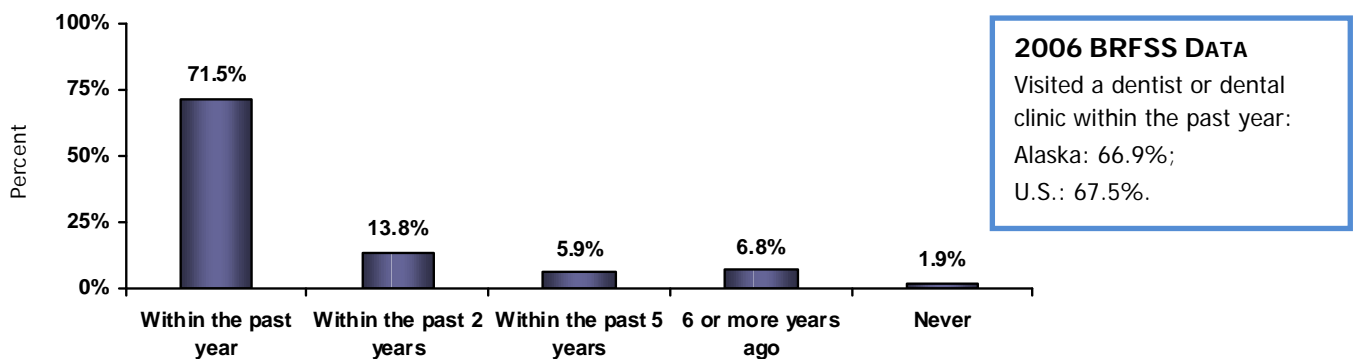


Adult respondents N=758. Dependent children N=421.

Source: Kodiak Island Community Health Survey, 2008.

Note: dental coverage for dependent children includes Denali KidCare.

Figure 28:  How long has it been since you last visited a dentist or a dental clinic for any reason? (Include visits to dental specialists, such as orthodontists)



N=910

Source: Kodiak Island Community Health Survey, 2008.

¹⁵ American Academy of Periodontology, *Mouth Body Connection*, 2004.

Dental Insurance/Oral Health (cont.)

Data Summary

The majority of Kodiak respondents who had health insurance coverage also had additional dental coverage (85%). The percentage for dependent children with dental coverage was slightly less at 76%.


Seventy-two percent (72%) of Kodiak respondents had visited a dentist, hygienist or orthodontist “within the past year,” 14% “within the past two years,” 6% “within the past five years,” and 7% “six or more years ago.” Only 2% of respondents had “never” been to the dentist. According to 2006 BRFSS data, 67% of Alaskans visited a dentist or dental clinic during the past year. In the U.S. the percentage was 68%.¹⁶

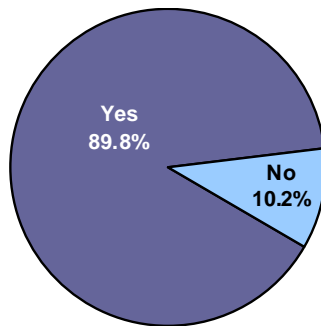
¹⁶ Behavioral Risk Factor Surveillance System, *Codebook Report*, 2006.

Health Care Access and Utilization


Timely medical visits help residents get appropriate preventive care and treatment for common and chronic conditions. People with a place to go for health care may be more likely to use it and to feel more comfortable accessing care. Regular and timely screenings can identify health conditions at their early stages when they are most easily treated and may also uncover potential risk factors for chronic diseases that can be managed with lifestyle changes. Further, early care of chronic conditions can reduce the impact of chronic diseases such as cancer, diabetes, heart disease or hypertension, which in turn can improve the quality of life for children and adults as they age.¹⁷

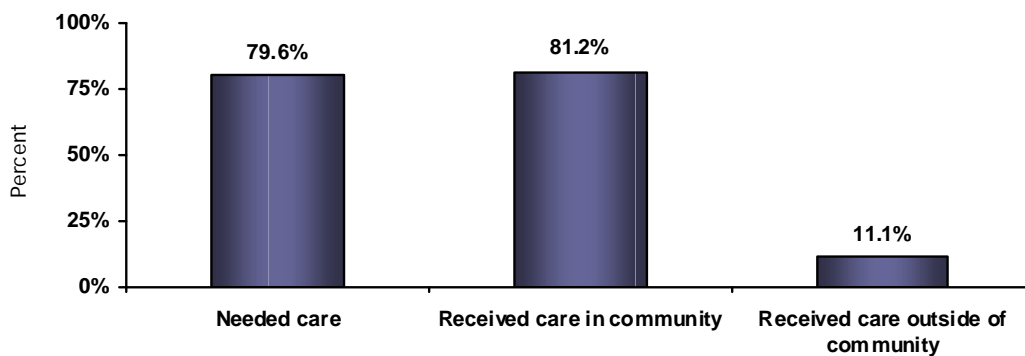
Emergency room usage for primary care is often an indicator of a lack of access to care. Residents without health insurance or with limited provider choices often use the emergency room for their primary care as well as for emergencies.

Figure 29:  Do you have a regular source of medical care? (A regular source of medical care is where you usually go when you need to see a doctor)



N=924

Figure 30:  Respondents Who Needed Health Care in the Last 12 Months and Respondents Who Were Able to Receive Care in the Last 12 Months




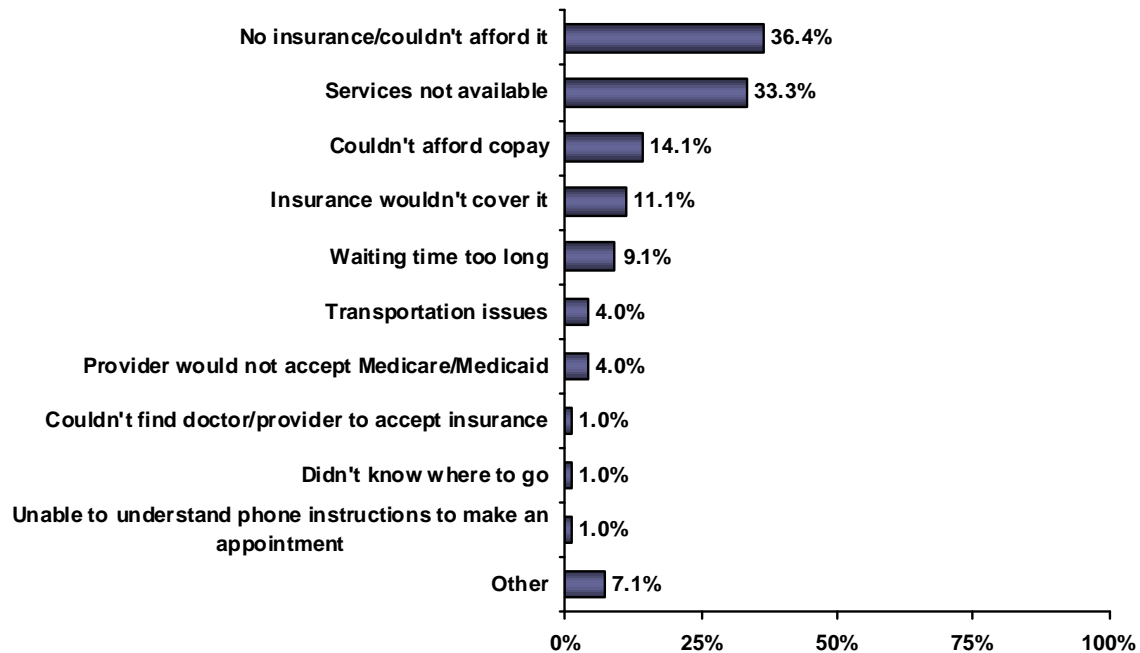
Needed care N=927; Received care: multiple response question with 738 respondents offering 785 responses

Source: Kodiak Island Community Health Survey, 2008.

¹⁷ U.S. Department of Health and Human Services, Administration on Aging (2004). *Promoting Healthy Lifestyles – Health Screenings*. Retrieved February 28, 2005, from http://www.aoa.gov/eldfam//Healthy_Lifestyles/Screenings/screenings.asp.


Health Care Access and Utilization (cont.)

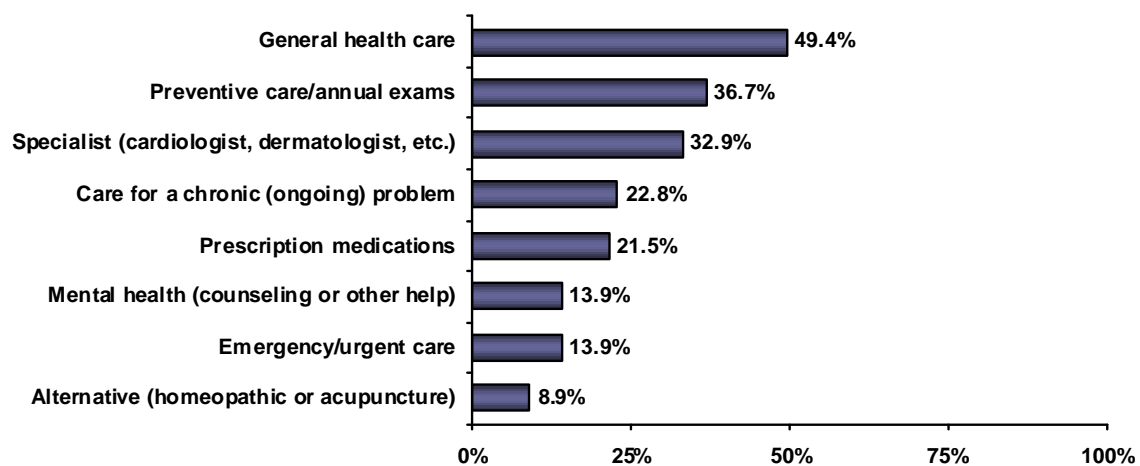
Figure 31:  If you needed health care during the past 12 months and were unable to receive it, why couldn't you receive it? (Mark all that apply)



Multiple response question with 99 respondents offering 121 responses.

Source: Kodiak Island Community Health Survey, 2008.


Figure 32:  If you needed health care during the past 12 months and were unable to receive it, what type of health care did you go without? (Mark all that apply)

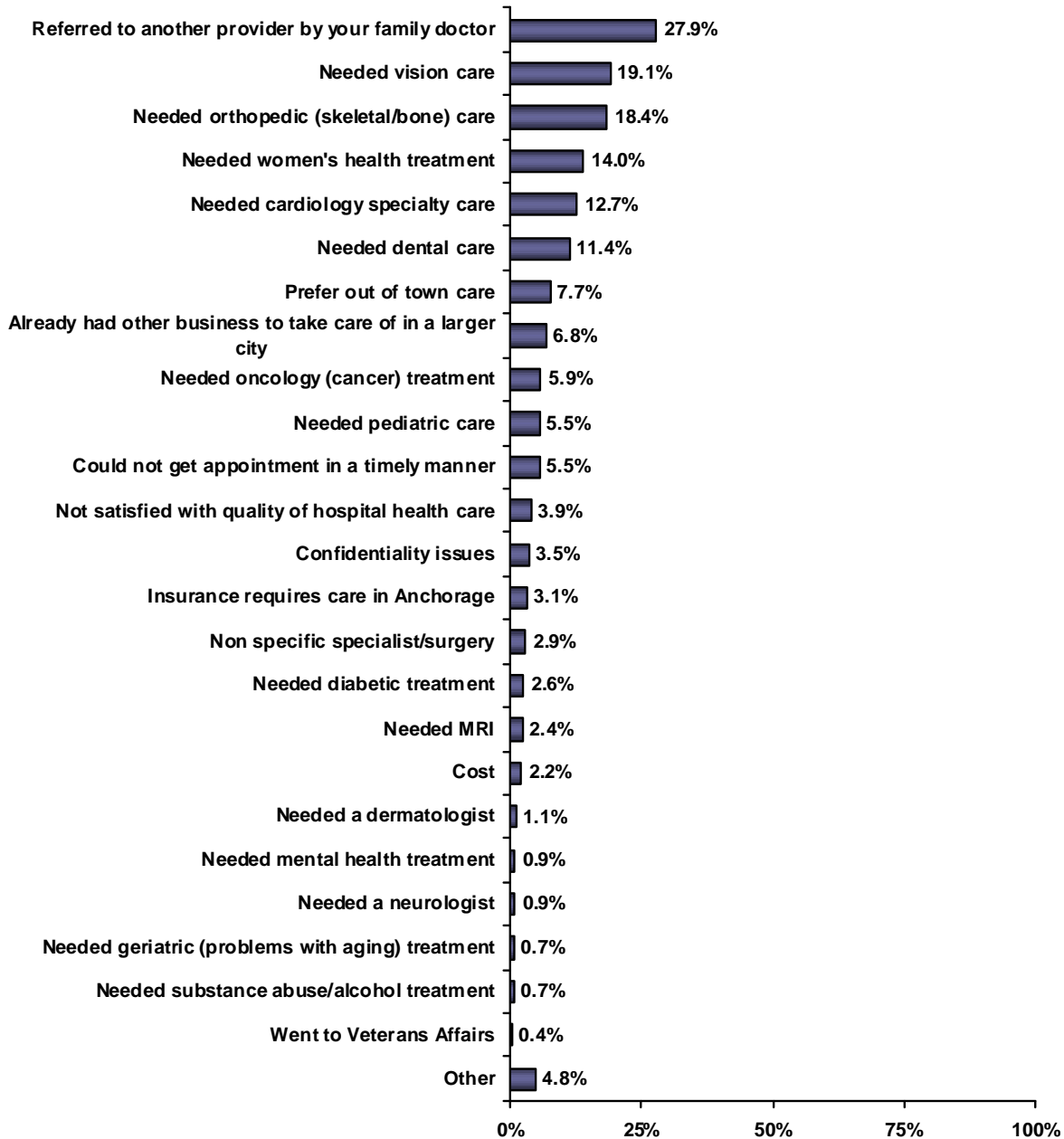


Multiple response question with 79 respondents offering 162 responses.

Source: Kodiak Island Community Health Survey, 2008.

Health Care Access and Utilization (cont.)


Figure 33:  In the last 5 years, if you left Kodiak Island to obtain health care in Anchorage was it because: (Mark all that apply)

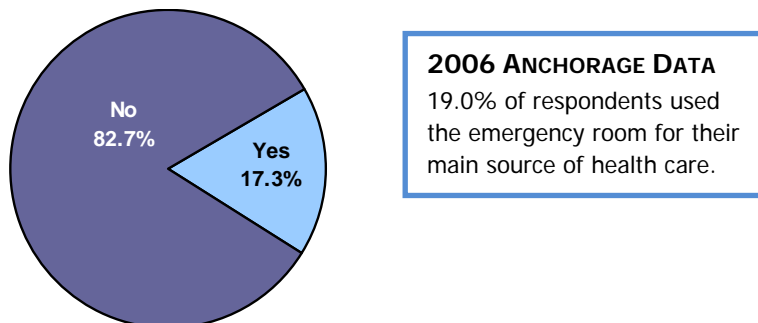


Multiple response question with 456 respondents offering 752 responses.

Source: Kodiak Island Community Health Survey, 2008.

Health Care Access and Utilization (cont.)

Figure 34:  Do you use the emergency room for your usual source of health care? This would be for illness as well as for emergencies.



N=909

Source: Kodiak Island Community Health Survey, 2008.

Data Summary

Ninety percent (90%) of survey respondents had a regular source of medical care. Eighty percent (80%) of respondents needed health care in the last 12 months. Of these respondents, 81% were able to receive care in their community and 11% were able to receive care outside of their community.

For those who needed health care during the past 12 months and were unable to receive it, the most frequent reason listed for not receiving care was “no insurance/couldn’t afford it” (36%). The second most frequent response was “services not available” (33%). Other inhibiting factors were “couldn’t afford co-pay” (14%), “insurance wouldn’t cover it” (11%) and “waiting time too long” (9%).

Of the respondents who needed health care during the past 12 months and were unable to receive it, “general health care” (49%) was cited as the top response for the type of health care that respondents went without. Other types of health care that respondents went without were “preventive care/annual exams” (37%), “specialists” (33%), “care for a chronic problem” (23%) and “prescription medications” (22%).


Among respondents who left Kodiak Island to obtain health care in Anchorage in the last five years, the most common reasons for leaving were “referred to another provider by your family doctor” (28%), “needed vision care” (19%), “needed orthopedic care” (18%), “needed women’s health treatment” (14%), “needed cardiology specialty care” (13%) and “needed dental care” (11%).

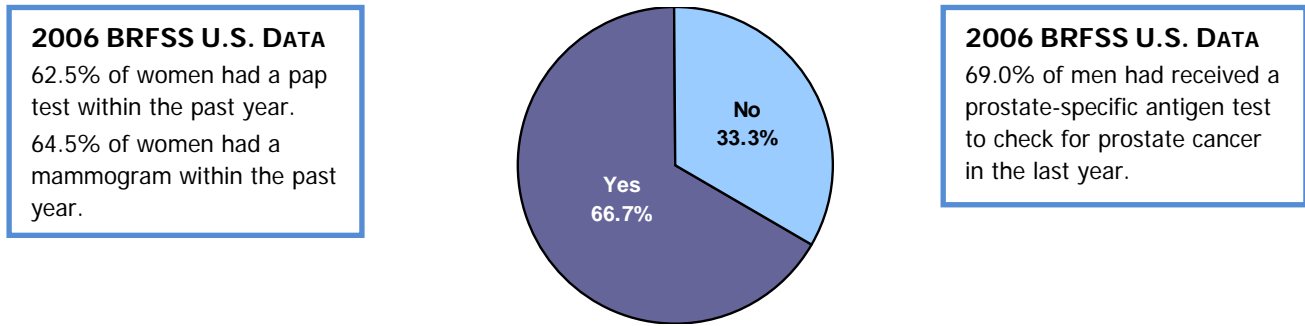
Seventeen percent (17%) of Kodiak Island respondents used the emergency room as their main source of health care. In comparison, in 2006 19% of Anchorage respondents reported using the emergency room as their main source of health care.¹⁸

¹⁸ Applied Survey Research, Anchorage Community Assessment Project, *Face-to-Face Survey*, 2006.

Preventive Health Care

Regular and timely screenings can identify health conditions at their early stages when they are most easily treated. They may also uncover potential risk factors for chronic disease that can be managed with lifestyle changes. Furthermore, early care of chronic conditions can reduce the impact of chronic diseases such as cancer, diabetes, heart disease or hypertension, which in turn can improve the quality of life for children and adults as they age.¹⁹

Figure 35:  In the past year have you had an annual wellness check up for preventive purposes (i.e. pap and breast exam, male physical with prostate check)?



N= 894

Source: Kodiak Island Community Health Survey, 2008.


Data Summary

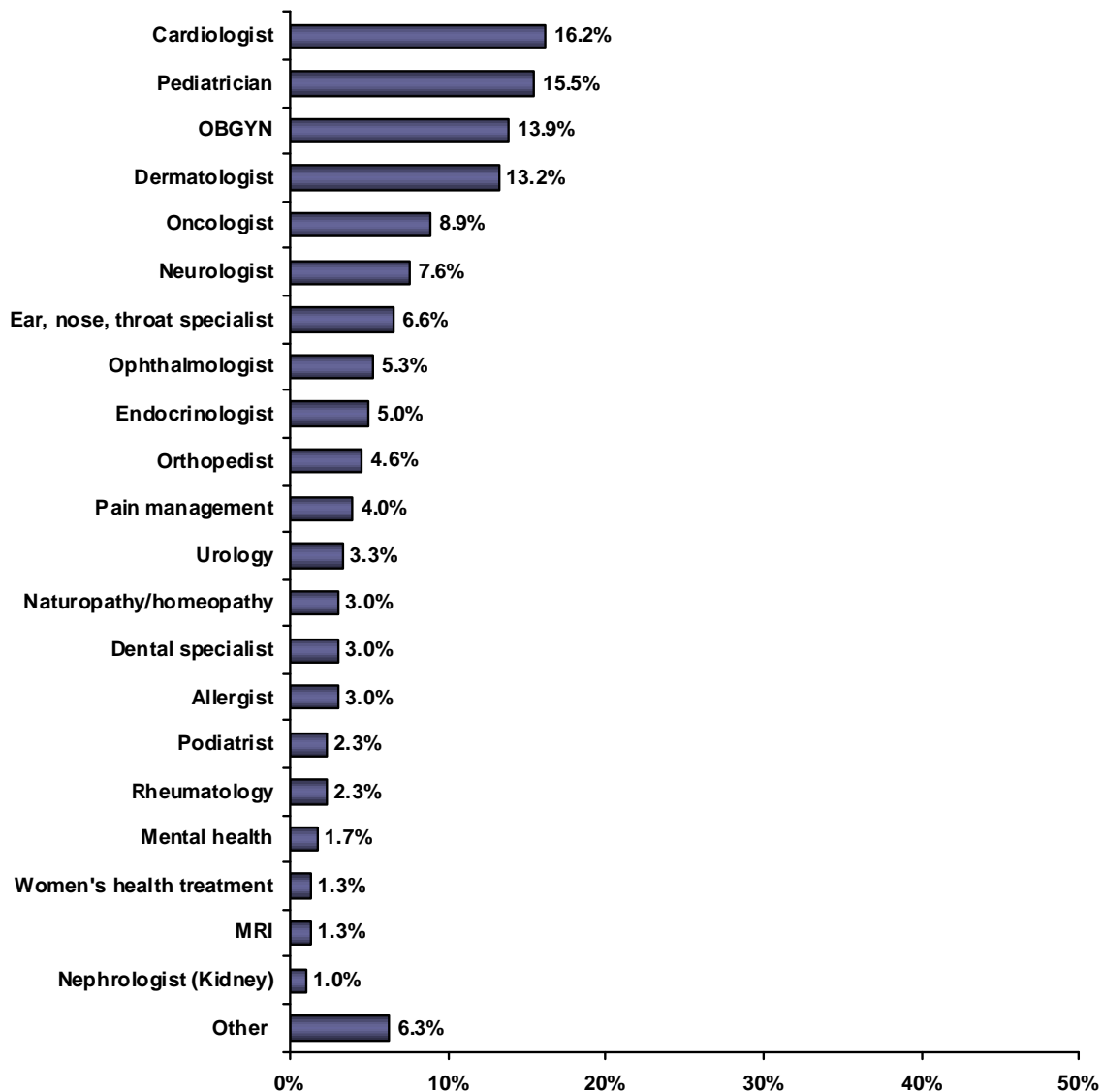
Sixty-seven percent (67%) of respondents had an annual wellness check up for preventive purposes in the past year. Among U.S. women, 63% had a pap test within the past year and 65% of women had a mammogram within the past year. Among U.S. men, 69% received a prostate-specific antigen test to check for prostate cancer in the last year.

¹⁹ U.S. Department of Health and Human Services, Administration on Aging, Promoting Healthy Lifestyles—Health Screenings, 2004, retrieved February 28, 2005 from http://www.aoa.gov/eldfam//Healthy_Lifestyles/Screenings/screenings.asp.

Unmet Health Care Needs

Understanding what basic health care needs community members would like to see will be valuable input in the strategic planning process of the Providence Kodiak Island Medical Center.


Figure 36:  What physician specialty care would you like to see on Kodiak Island?

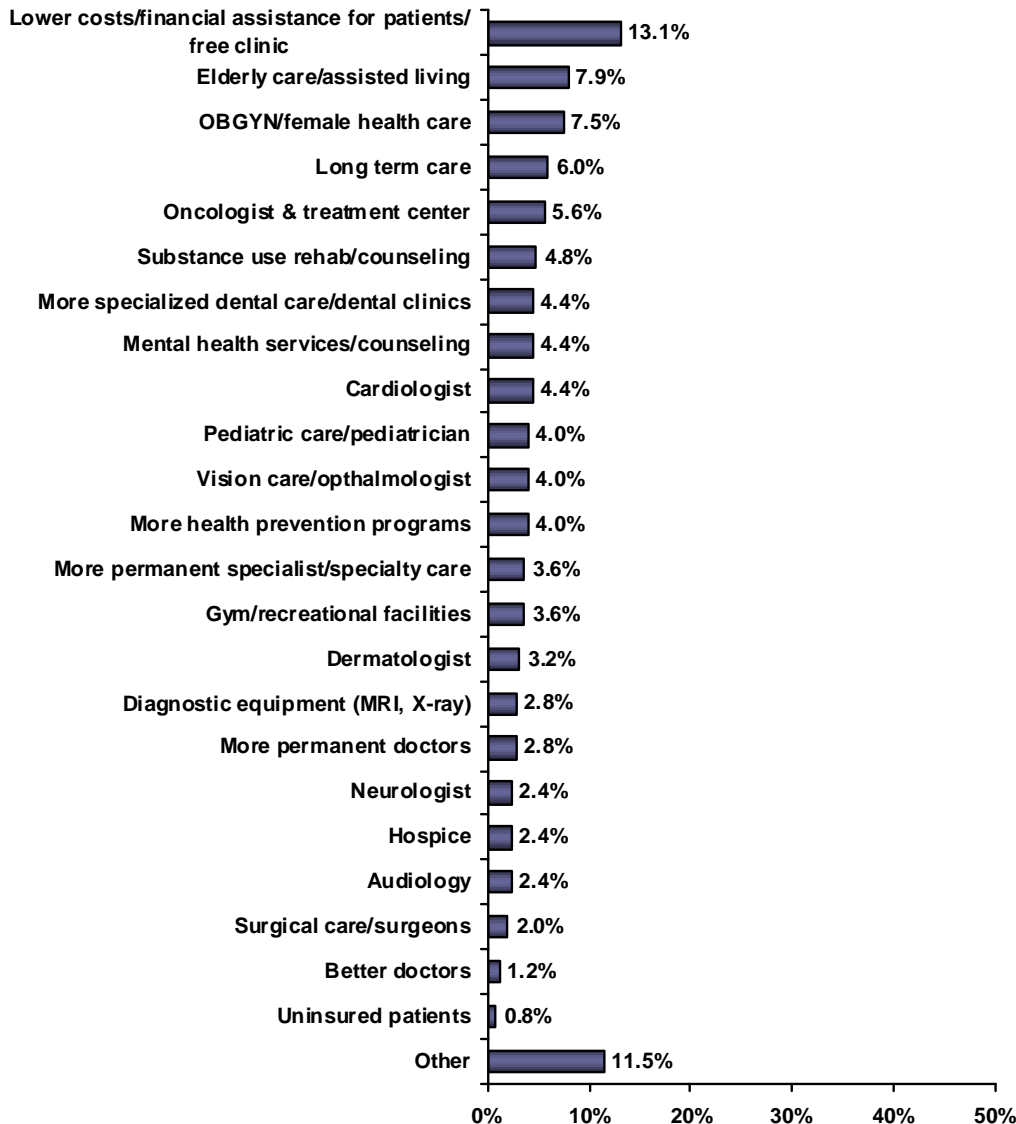


Multiple response question with 303 respondents offering 391 responses.

Source: Kodiak Island Community Health Survey, 2008.

Unmet Health Care Needs (cont)

Figure 37:  Thinking about your community, what additional health care services are needed locally? Please explain.



Multiple response question with 252 respondents offering 273 responses.


Source: Kodiak Island Community Health Survey, 2008.

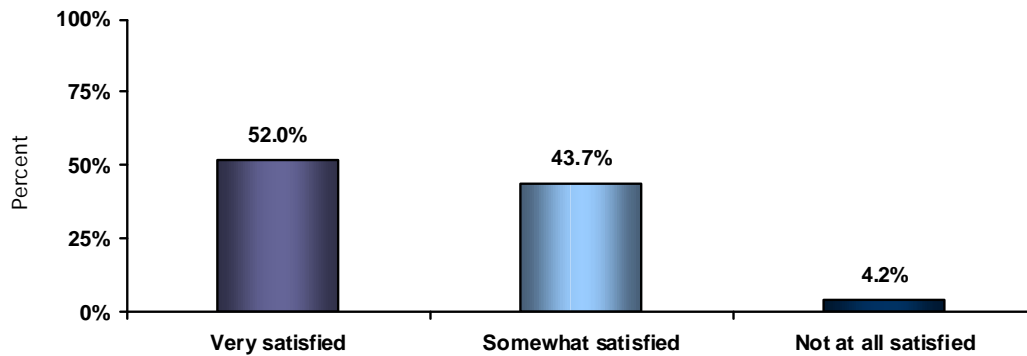
Data Summary

The top four responses that respondents gave when asked what physician specialty care they would like to see on Kodiak Island were “cardiologist” (16%), “pediatrician” (16%), “OBGYN” (14%) and a “dermatologist” (13%). When thinking about what additional health care services are needed locally, the most common responses given were “lower costs/financial assistance for patients/free clinic” (13%), “elderly care/assisted living” (8%), “OBGYN/female health care” (8%), “long term care” (6%) and “oncologist and treatment center” (6%).


Satisfaction with Health Care on Kodiak Island

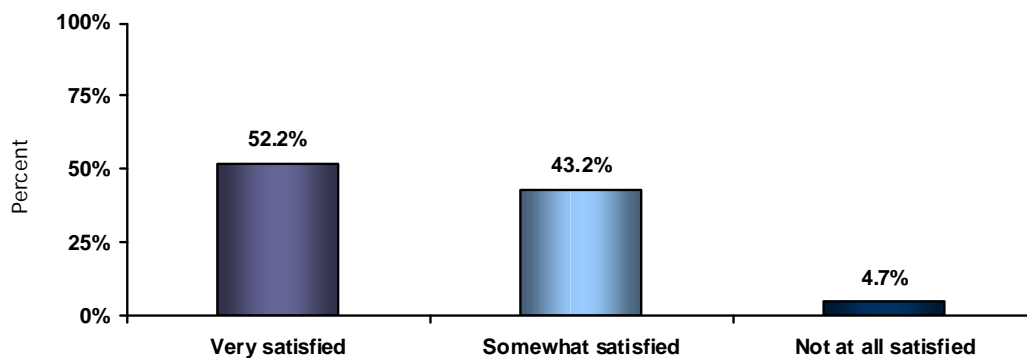
Kodiak community members ages 18 and older were surveyed on their satisfaction with hospital and doctor services.

Figure 38:  Overall, how satisfied are you with hospital services on Kodiak Island?



N=871

Figure 39:  Overall, how satisfied are you with doctor services on Kodiak Island?



N=880

Source: Kodiak Island Community Health Survey, 2008.

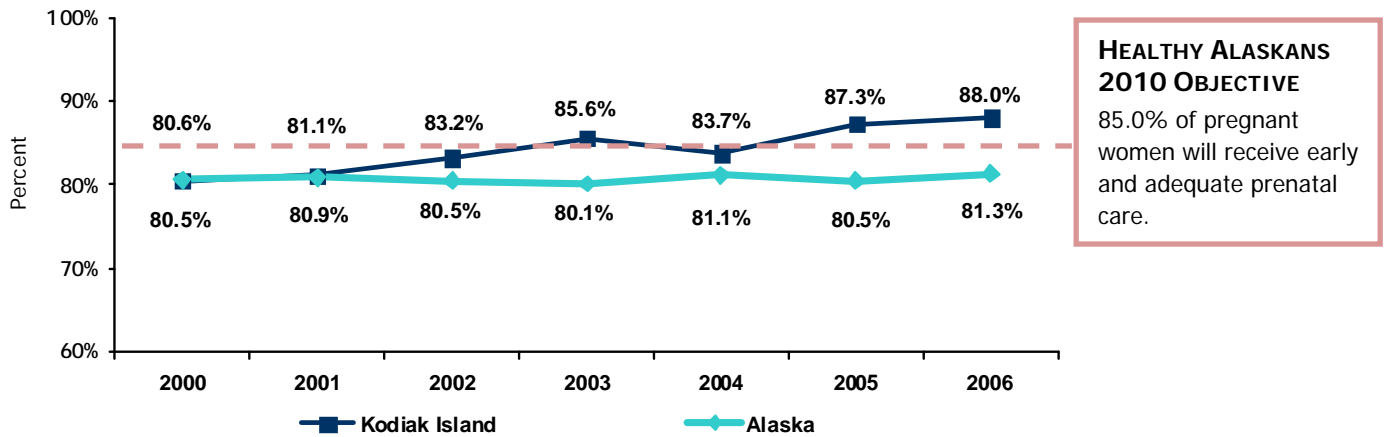
Data Summary

Over 50% of Kodiak Island respondents were very satisfied with hospital services on Kodiak Island. Forty-four percent (44%) were somewhat satisfied and only 4% were not at all satisfied. In regards to satisfaction with doctor services on Kodiak Island, 52% were very satisfied, 43% were somewhat satisfied and 5% were not at all satisfied.

Adequate Prenatal Care

Comprehensive prenatal care for the mother and fetus includes screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes. Adequate prenatal care is measured by the percentage of women who receive prenatal care in the first trimester of their pregnancy. According to a study by The National Public Health and Hospital Institute, financial barriers including cost of care were often reasons women did not get adequate prenatal care.²⁰

Figure 40: Percentage of Women Receiving Prenatal Care in the First Trimester, Kodiak Island and Alaska, 2000-2006



Source: The Alaska Bureau of Vital Statistics, *Birth Profiles by Area of Mother's Residence, Alaska and Kodiak Census Area, 2008*.

Data Summary

The percentage of women in Kodiak who received prenatal care within the first trimester of their pregnancy has increased overall since 2000. In 2000, 81% of women on Kodiak Island received prenatal care and by 2006, 88% were receiving care. During the same six-year period, the percentage in Alaska was fairly consistent, remaining around 81%. The 2010 Healthy Alaskans Objective is for 85% of pregnant women to receive early and adequate prenatal care. As of 2006, the population of Kodiak Island has exceeded that goal while the population of Alaska has yet to meet it.

²⁰ The National Public Health and Hospital Institute, *Barriers to Prenatal Care Study: A Survey of Women Who Deliver at Public Hospitals, 2003*.

Tobacco and Alcohol Use During Pregnancy

Tobacco and alcohol use by pregnant women has a number of serious consequences. Infants prenatally exposed to alcohol may develop a range of disorders known as fetal alcohol spectrum disorders.²¹ Furthermore, smoking tobacco during pregnancy is the single most preventable cause of illness and death among mothers and infants. Babies born to smokers are more likely to be born prematurely, with a low birth weight and have an increased risk of infant mortality.²²

Figure 41: Mothers Who Reported Drinking During Their Pregnancy, Kodiak Island and Alaska, 2000-2006

	Kodiak Island 2000	Kodiak Island 2001	Kodiak Island 2002	Kodiak Island 2003	Kodiak Island 2004	Kodiak Island 2005	Kodiak Island 2006	Alaska 2006
%	1.3	2.3	2.4	0.0	0.0	0.9	1.9	2.3
Num.	3	5	5	0	0	2	4	254
Total Births	233	214	212	204	212	220	210	10,996

Figure 42: Mothers Who Reported Smoking During Their Pregnancy, Kodiak Island and Alaska, 2000-2006

	Kodiak Island 2000	Kodiak Island 2001	Kodiak Island 2002	Kodiak Island 2003	Kodiak Island 2004	Kodiak Island 2005	Kodiak Island 2006	Alaska 2006
%	15.9	14.5	10.1	9.9	11.4	9.5	6.2	15.4
Num.	36	31	21	20	24	21	13	1,679
Total Births	233	214	212	204	212	220	210	10,996

Source: The Alaska Bureau of Vital Statistics, *Birth Profiles by Census Area of Mother's Residence*, Kodiak Census Area, 2008.

Data Summary

From 2000-2006, the percentage of Kodiak Island women who drank and smoked during their pregnancy fluctuated. While five women drank during pregnancy in both 2001 and 2002, in 2003 and 2004 the number was zero. In 2005 and 2006, the number again rose to two and four, respectively. However, one must consider these numbers with caution since they are so small. The number of women who smoked during pregnancy was much higher than the number who drank. However, while the number of woman who smoked during their pregnancy on Kodiak Island fluctuated each year, overall, the number has decreased. In 2000, 36 women smoked during pregnancy and by 2006, the number decreased to 13. In 2006, the number of woman who smoked and drank during pregnancy was higher in Alaska than on Kodiak Island.

²¹ Centers for Disease Control and Prevention (2007). *Fetal Alcohol Spectrum Disorders*. Retrieved August 8, 2007, from <http://www.cdc.gov/ncbddd/fas/fasask.htm>.

²² Centers for Disease Control and Prevention (2007). *Tobacco Use and Pregnancy*. Retrieved August 8, 2007, from <http://www.cdc.gov/reproductivehealth/TobaccoUsePregnancy/index.htm>.

Births

The overall birth rate is an indicator of population growth. Areas with high birth rates can have a larger percentage of the population in younger age groups compared to areas with lower birth rates. Understanding this trend can help communities plan where to best allocate resources.

Figure 43: Birth Rate, Kodiak Island and Alaska, 2000-2006

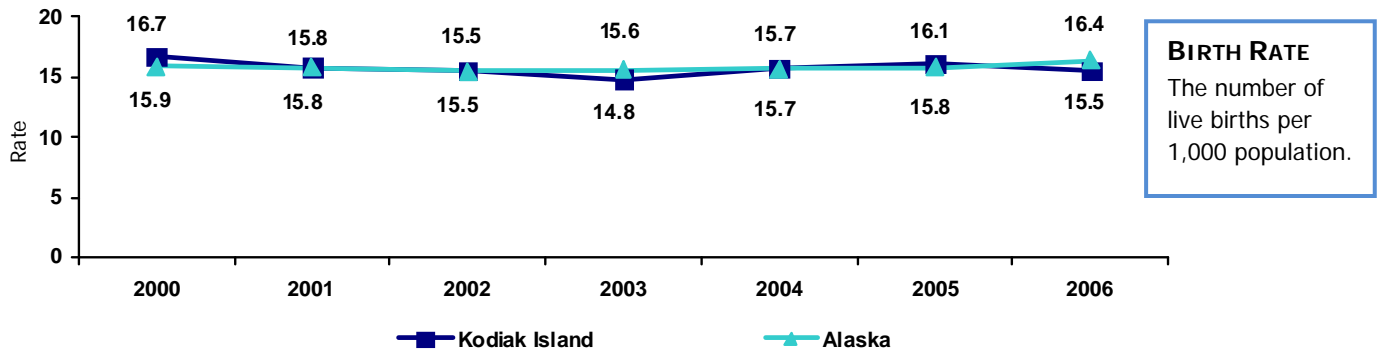


Figure 44: Percentage of Births by Ethnicity/Race, Kodiak Island, 2000-2006

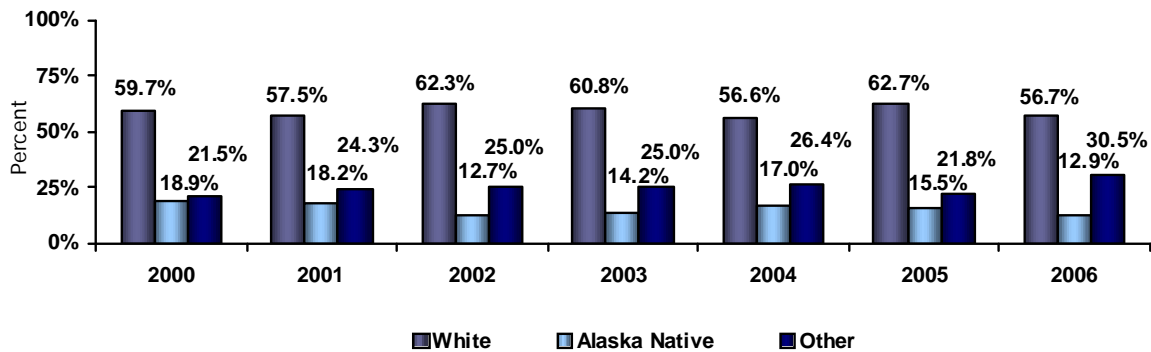
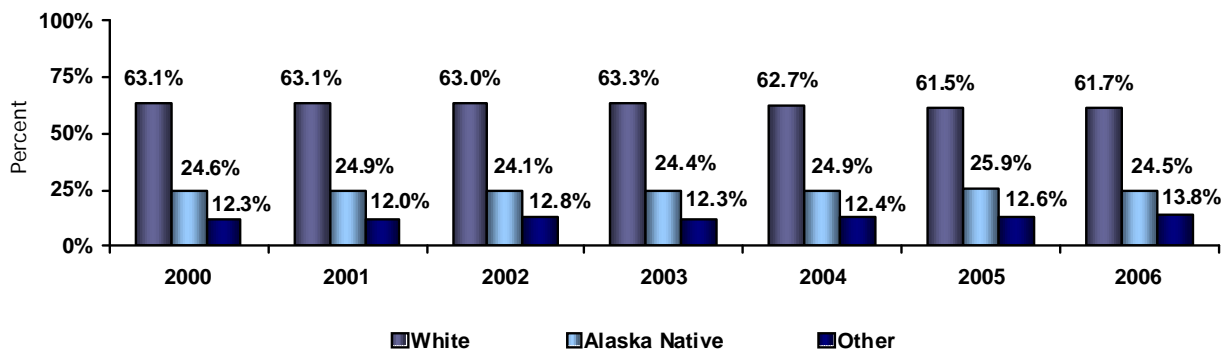


Figure 45: Percentage of Births by Ethnicity/Race, Alaska, 2000-2006



Source: The Alaska Bureau of Vital Statistics, *Birth Profiles by Census Area of Mother's Residence*, Kodiak Census Area and Alaska, 2008.

Note: Due to rounding, percentages may not add up to 100. Rates based on fewer than 20 occurrences are statistically unreliable and should be used with caution while rates based on fewer than 10 occurrences are not reported.

Births (cont.)

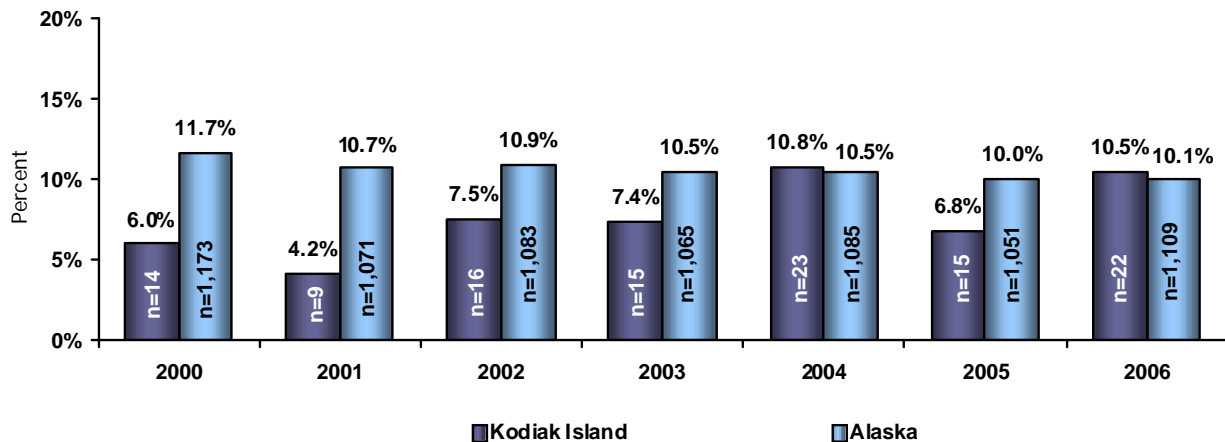
Data Summary

The birth rate remained fairly steady from 2000-2006, between 15% and 17%, for both Kodiak Island and Alaska. During the same time period, on Kodiak Island, the majority of births were White. The percentage of White births fluctuated since 2000 and in 2006 the percentage was 57%--down from 63% in 2005. In Alaska, over half of all births were White every year while about a quarter were to Alaska Natives, which is a higher percentage than on Kodiak Island. However, the percentage of births to women of a race other than White or Alaska Native was much higher on Kodiak Island than in Alaska. In 2006, 31% of all births on Kodiak Island were of a race other than White or Alaska Native while in Alaska this percentage was only 14%.

Teen Births

Teenage girls face a greater risk of delivering low birth weight babies than women of any other age. Additionally, babies born to teens have a higher risk of infant mortality.²³ Teen mothers are also less likely to complete high school and go on to college than women who delay childbirth. In fact, only one-third of teen mothers receive a high school diploma while only 1.5% attained a college degree by the age of 30.²⁴ As a partial consequence of the interruption in a mother's education, babies born to teen mothers are more likely to live in poverty.²⁵

Figure 46: Percentage of Births by Teen Mothers Ages 19 and Under, Kodiak Island and Alaska, 2000-2006



Source: The Alaska Bureau of Vital Statistics, *Birth Profiles by Census Area of Mother's Residence*, Alaska and Kodiak Census Area, 2008.

Data Summary

From 2000 through 2003, the percentage of births by teen mothers was greater in Alaska than on Kodiak Island. In 2004, the percentage of teen births on Kodiak Island rose above the percentage for Alaska. While the percentage again reversed in 2005, dropping to 7% by 2006, the percentage rose to 11%, which was greater than the 10% of teenage births in Alaska.

²³ Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

²⁴ Alan Guttmacher Institute, *Facts in Brief, Teen Sex and Pregnancy*, retrieved July 28, 2004 from http://sss.agi-usa.org/pubs/fb_teen_sex.html.

²⁵ Public Health Services of San Joaquin County, *Public Health Counts*, 2002.

Low Birth Weight Babies

Low birth weight babies are those born at less than 5.5 pounds. The most common reason for low birth weight is premature birth, although the mother's age, ethnicity and health can also be a factor. Infants born at a low birth weight are at greater risk for complications including infections, breathing problems, neurological problems and Sudden Infant Death Syndrome.²⁶

Figure 47: Percentage of Babies Born at Low Birth Weight (<5.5 pounds), Kodiak Island and Alaska, 2000-2006

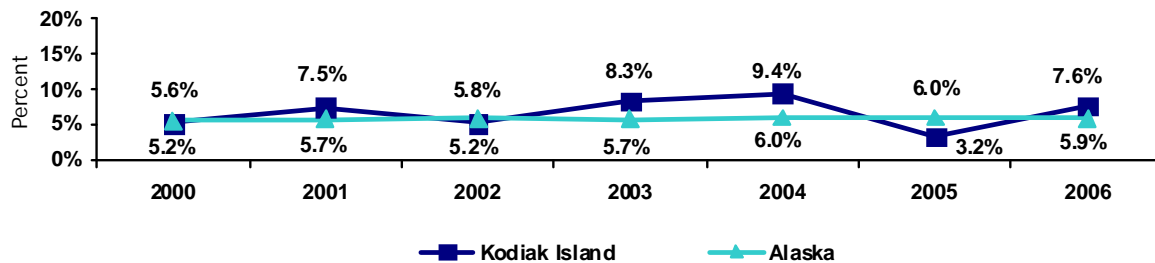


Figure 48: Percentage of Babies Born at Low Birth Weight (<5.5 pounds), by Ethnicity/Race, Kodiak Island and Alaska, 2000-2006

Year		White		Alaska Native		Other		All Races	
		Kodiak Island	Alaska	Kodiak Island	Alaska	Kodiak Island	Alaska	Kodiak Island	Alaska
2000	%	0.9	4.8	1.3	5.8	3.0	9.6	5.2	5.6
	Num.	2	305	3	141	7	113	12	559
2001	%	5.6	5.1	0.0	5.9	1.9	9.1	7.5	5.7
	Num.	12	322	0	145	4	97	16	564
2002	%	2.8	5.1	0.0	5.9	2.4	11.0	5.2	5.8
	Num.	6	316	0	142	5	119	11	577
2003	%	3.9	5.6	1.0	6.1	3.4	8.2	8.3	5.9
	Num.	8	357	2	149	7	87	17	593
2004	%	2.8	5.5	2.8	6.1	3.8	9.7	9.4	6.0
	Num.	6	355	6	157	8	105	20	617
2005	%	0.9	5.7	0.5	5.1	1.8	1.2	3.2	6.0
	Num.	2	367	1	136	4	127	7	630
2006	%	3.8	3.4	1.0	1.2	2.9	1.3	7.6	5.9%
	Num.	8	379	2	135	6	138	16	652

Source: The Alaska Bureau of Vital Statistics, *Birth Profiles by Census Area of Mother's Residence*, Alaska and Kodiak Census Area, 2008.

²⁶ Lucile Packard Children's Hospital (2005). *High-Risk Newborn: Low Birthweight*. Retrieved February 28, 2005, from <http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/hrnewborn/lbw.html>.


Low Birth Weight Babies (cont.)

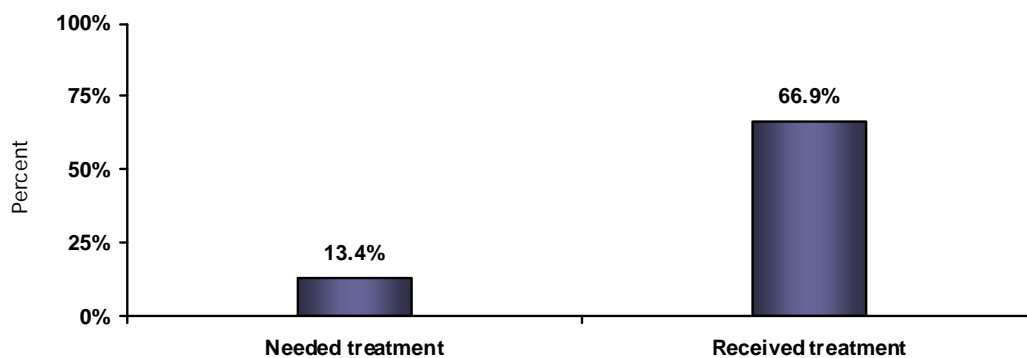
Data Summary

The percentage of low birth weight babies born in Alaska was fairly consistent (about 6%) from 2000-2006. On Kodiak Island, the percentage fluctuated from 5% in 2000 to a high of 9% in 2004 and a low of 3% in 2005. During this time period, the average was 6.6%. However, one must consider this value with caution since the number of births is so small that the percentage for Kodiak Island may appear inflated. The Healthy Alaskans 2010 Objective is to have no more than 4% of infants born at a low birth weight. In 2006, neither Alaska nor Kodiak Island had met this goal.

Mental Health Services

Mental health problems include depression, anxiety disorders and psychotic disorders. Health professionals are often the first to discuss and diagnose mental health issues. Moreover, timely and appropriate treatment can sometimes shorten the duration of symptoms or lessen the impact of a mental health illness. However, access to quality mental health services is difficult for many people, especially those with low-incomes. Compared to physical health coverage, private insurance is generally more restrictive in coverage of mental health illness. Public insurance programs such as Medicare and Medicaid also have limited mental health coverage.²⁷


Figure 49:  Respondents Who Have Needed Mental Health Treatment (Counseling or Other Help) in the Last 12 Months and Respondents Who Were Able to Receive the Treatment that they Needed in the Last 12 Months

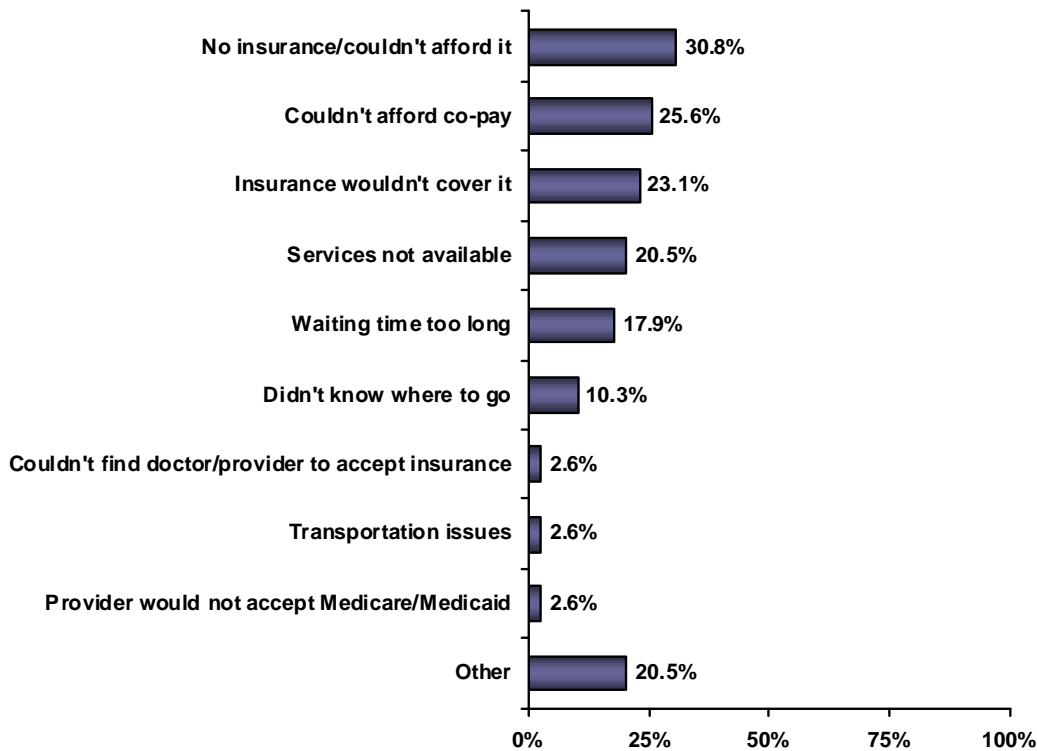


Need treatment N=924; Received treatment N=124.

²⁷The Office of the Surgeon General, *Mental Health: A Report of the Surgeon General*, 1997.

Mental Health Services (cont.)

Figure 50:  If you needed mental health treatment in the last 12 months and were unable to receive it, why couldn't you receive it? (Mark all that apply)



Multiple response question with 39 respondents offering 61 responses.


Source: Kodiak Island Community Health Survey, 2008.

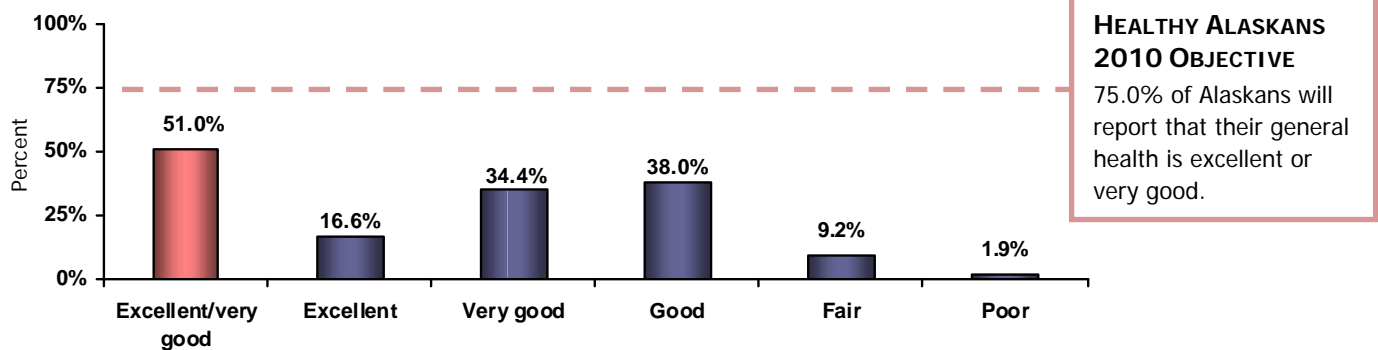
Data Summary

Thirteen percent (13%) of respondents reported having needed mental health treatment in the last 12 months and 67% reported having been able to receive the treatment that they needed within the last 12 months. For those who needed mental health treatment but were unable to receive it, the most common reasons cited for being unable to receive treatment were “no insurance/couldn't afford it” (31%), “couldn't afford co-pay” (26%), “insurance wouldn't cover it” (23%), “services not available” (21%) and “waiting time too long” (18%).

Physical Health

Overall good physical health is a combination of many factors. Regular exercise, a healthy diet and regular health screenings can all help maintain good physical health. These factors contribute to greater well-being and can improve one's quality of life.

Figure 51:  Would you say that, in general, your physical health (including physical illness and injury) is:



N=906


Source: Kodiak Island Community Health Survey, 2008.

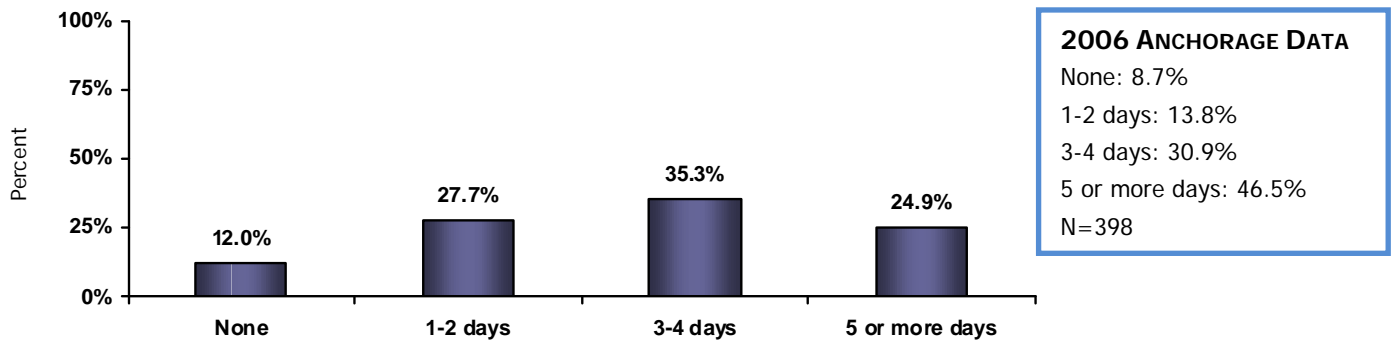
Data Summary

In 2007, over half (51%) of Kodiak Island respondents reported that their physical health was “excellent or very good.” While this was a majority, it did not meet the Healthy Alaskans 2010 Objective that 75% of Alaskans will report that their general health is excellent or very good. Thirty-eight percent (38%) reported their physical health to be “good,” and 9% and 2% reported their physical health to be “fair” and “poor.”

Physical Activity


According to the Centers for Disease Control and Prevention (CDC), “Regular physical activity substantially reduces the risk of dying of coronary heart disease...and decreases the risk for stroke, colon cancer, diabetes and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression and is associated with fewer hospitalizations, physician visits and medications.”²⁸

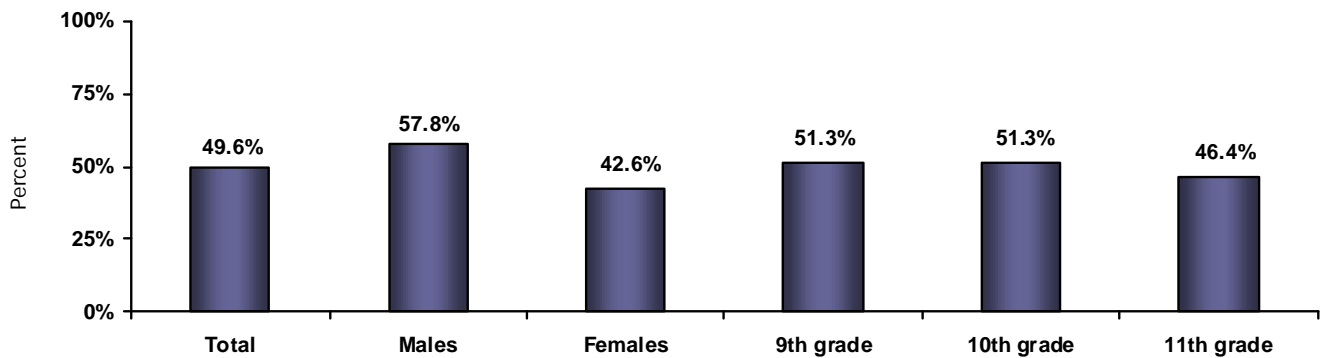
Figure 52:  How many days per week do you engage in physical activity (such as brisk walking or gardening) for a combined total of 30 minutes or more?



N=906

Source: Kodiak Island Community Health Survey, 2008.

Figure 53:  Percentage of Kodiak Island High School Students Who Were Physically Active for a Total of 60 Minutes or More on Five or More of the Past 7 Days, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

²⁸ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Nutrition and Physical Activity, *The Importance of Physical Activity*, 2004.

Physical Activity (cont.)

Data Summary

Twenty-five percent (25%) of Kodiak Island respondents reported engaging in physical activity for a combined total of 30 minutes or more “five or more days” per week. Over a third of respondents (35%) reported engaging in physical activity “3-4 days” per week and about one-fourth (28%) reported engaging in physical activity “1-2 days.” An additional 12% reported that they do not engage in physical activity on a weekly basis.

In 2006, residents in the Municipality of Anchorage, Alaska were asked about physical activity in a telephone survey. According to these 2006 data, a smaller percentage of Anchorage respondents were inactive (9%) compared to Kodiak Island respondents in 2008 (12%). While a larger percentage of Anchorage respondents reported being physically active for five or more days per week (47% versus 25%), a greater percentage of Kodiak Island respondents reported being physically active 3-4 days per week than Anchorage respondents (35% versus 31%).²⁹

In 2007, 50% of Kodiak Island High School students were physically active for 60 minutes or more on five or more of the past seven days. The percentage for males was 58% and for females the percentage was 43%.

²⁹ Applied Survey Research, Anchorage Community Assessment Project, *Telephone Survey*, 2006.

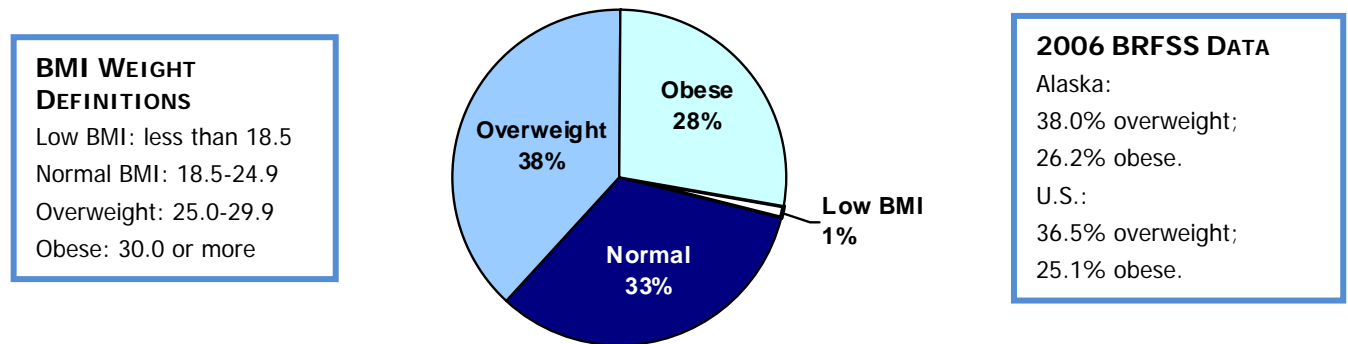
Obesity and Weight Behaviors

The prevalence of obesity has increased greatly in the last 20 years. Further, obesity is significantly associated with diabetes, high cholesterol, high blood pressure, asthma, arthritis and poor health status. Obesity is defined using a Body Mass Index (BMI) of 30.0 or greater. A normal BMI is 18.5 to 24.9 and a person is overweight if their BMI is 25.0 to 29.9.³⁰ BMI for adults is calculated in the following way:

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

For children, the effects of obesity include increased likelihood of adult obesity (70% of overweight children become overweight adults), damaged academic performance and emotional health. Heavy children often face ostracism at school, which can lead to low self-esteem and depression. Extra weight can also lead to sleep problems, potentially stunting a child's learning and memory abilities.

Figure 54:  Body Mass Index of Adult Respondents, 2008




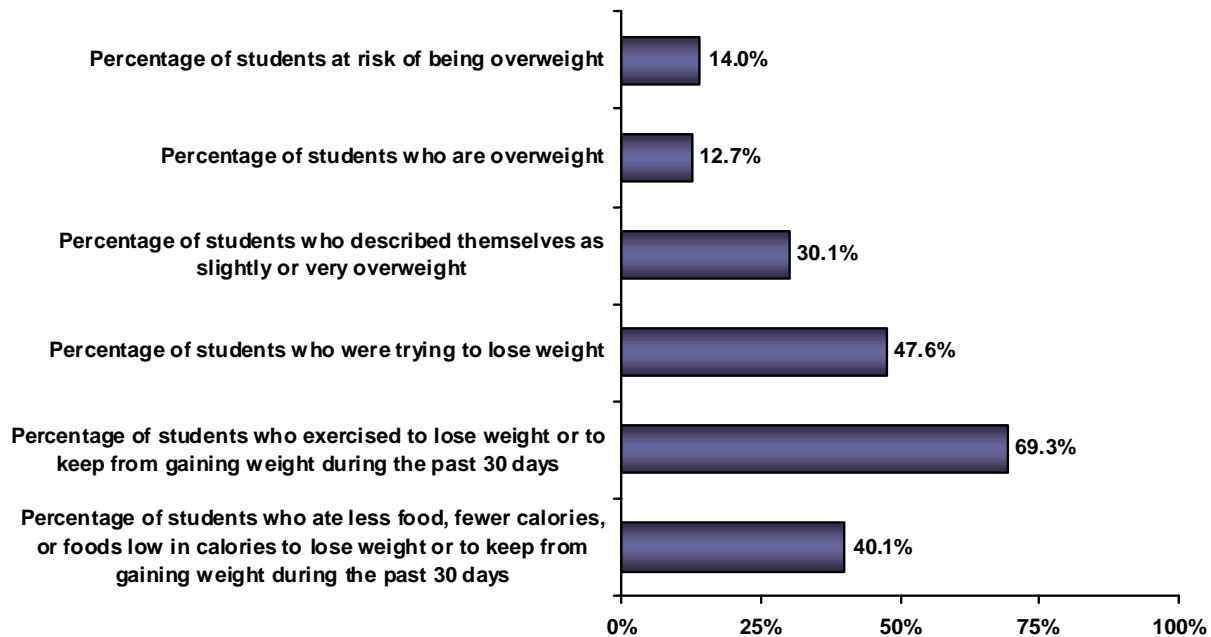
N=865

Source: Kodiak Island Community Health Survey, 2008.

³⁰ Centers for Disease Control and Prevention (CDC), *Overweight and Obesity: Defining Overweight and Obesity*, 2005.

Obesity and Weight Behaviors (cont.)

Figure 55:  Obesity and Weight Behaviors of Kodiak Island High School Students, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

Data Summary

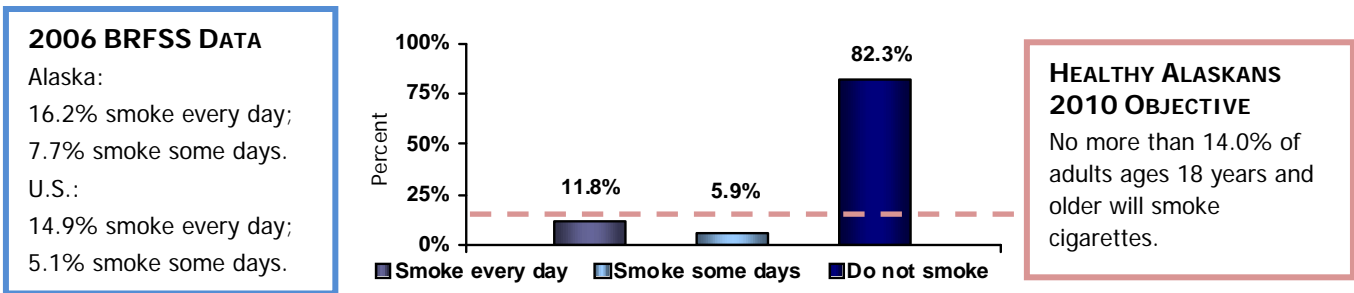
One third of Kodiak Island respondents (33%) had a normal Body Mass Index (BMI). Over one third (39%) was overweight, over one fourth (28%) was obese and 1% was underweight/had a low BMI.

Fourteen percent (14%) of Kodiak Island High School students were at risk of being overweight and 13% of students were overweight in 2007. Thirty percent (30%) of students however described themselves as slightly or very overweight. Forty-eight percent (48%) of students were trying to lose weight and 69% of students exercised to lose weight or to keep from gaining weight during the past 30 days. Forty percent (40%) of students ate less food, fewer calories or foods low in calories to lose weight or to keep from gaining weight during the past 30 days.

Tobacco Use


Cigarette smoking is the most preventable cause of disease and death in the United States.³¹ Lung cancer is the most frequent cause of cancer deaths. Smoking is a huge risk factor in lung cancer and chronic lung diseases such as emphysema, heart disease and stroke. People who are exposed to environmental tobacco smoke are also more likely to develop heart disease and chronic lung diseases. Quitting smoking can improve overall health and reduce the risk of developing chronic diseases.³²

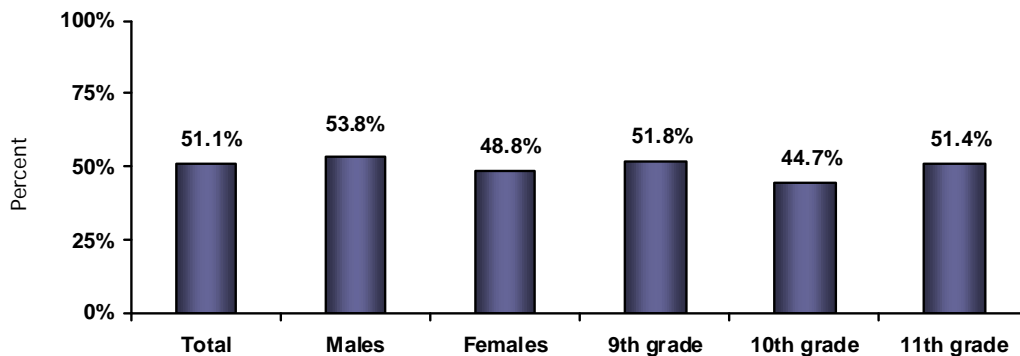
Figure 56:  Do you now smoke cigarettes every day, some days or not at all?



N=909

Source: Kodiak Island Community Health Survey, 2008.

Figure 57:  Percentage of Kodiak Island High School Students Who Ever Tried Cigarette Smoking, Even One or Two Puffs, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

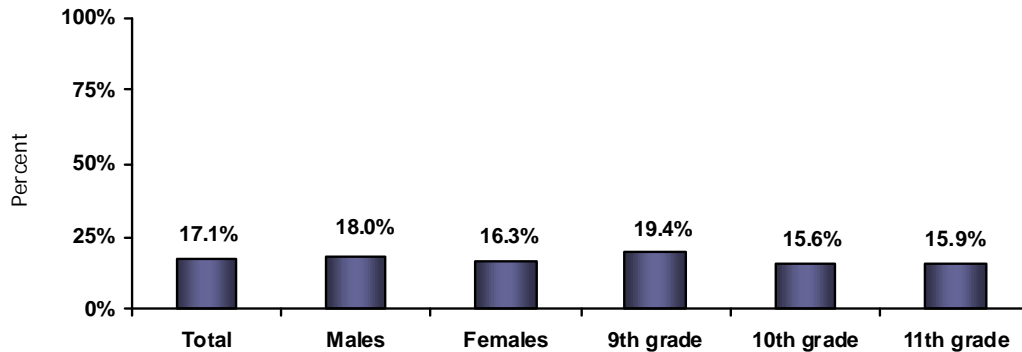
Note: Number of respondents are unknown.

³¹ Great Valley Center, *The State of the Great Central Valley of California: Supporting the Economic, Social and Environmental Well-being of California's Great Central Valley*, 2003.

³² American Lung Association. *Facts about Lung Cancer*. Retrieved May 6, 2005, from <http://www.lungusa.org>.

Tobacco Use (cont.)

Figure 58:  Percentage of Kodiak Island High School Students Who Smoked Cigarettes on One or More of the Past 30 Days, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

Data Summary


A large majority of Kodiak Island respondents (82%) reported that they do not smoke cigarettes at all. Six percent (6%) reported smoking “some days” and 12% reported smoking “every day.” The Healthy Alaskans 2010 Objective is to reduce the percentage of adults who smoke cigarettes to 14%. Kodiak, at 18%, did not meet this goal. According to 2006 BRFSS data, 16% of Alaskans smoke every day and 8% smoke some days. Additionally, 15% of 2006 U.S. respondents smoke every day while 5% smoke some days.³³

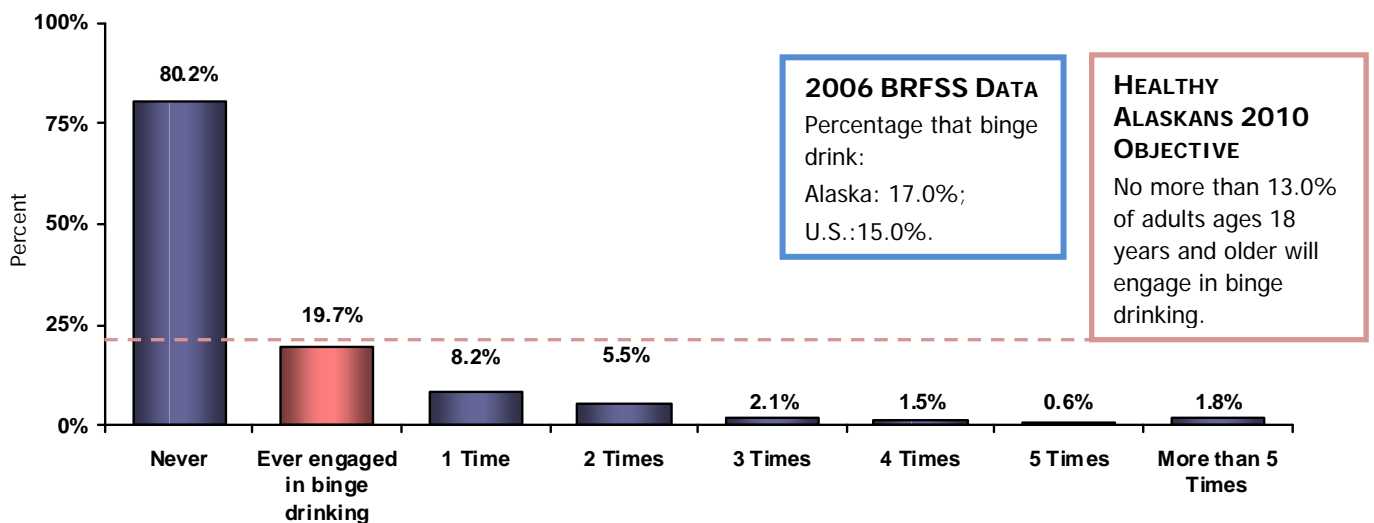
Over half (51%) of Kodiak Island High School students have ever tried smoking and the percentage of males is higher than females (54% compared to 49%). The percentage of students who smoked one or more cigarettes in the past 30 days is 17% and again, the percentage of males is higher than the percentage of females (18% compared to 16%).

³³ Behavioral Risk Factor Surveillance System, *Codebook Report*, 2006.

Alcohol Consumption

In the United States, moderate drinking is usually defined as no more than two drinks per day for men and no more than one drink per day for women. Some research suggests that moderate drinking may be beneficial for the heart and circulatory system and may protect against type 2 diabetes. However, heavy drinking, often called binge drinking, which is defined as having five or more drinks on one occasion, is detrimental to health and is a major cause of preventable death in the nation. Binge drinking can damage the liver and heart and increase the chances of developing some cancers.³⁴

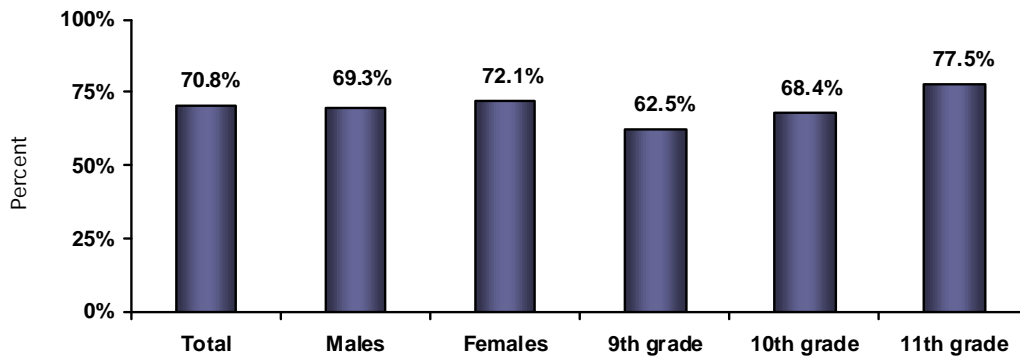
Figure 59:  The definition of a drink of alcohol is 1 can or bottle of beer, or 1 glass of wine, or 1 can or bottle of wine cooler, or 1 cocktail or 1 shot of liquor. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours.



N=779

Source: Kodiak Island Community Health Survey, 2008.

Figure 60:  Percentage of Kodiak Island High School Students Who Had at Least One Drink of Alcohol on One or More Days During Their Lifetime, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

³⁴ Harvard School of Public Health, *Nutrition Source: Alcohol*, 2003.

Alcohol Consumption (cont.)

Figure 61:  Percentage of Kodiak Island High School Students Who Had Their First Drink of Alcohol Other Than a Few Sips Before Age 13, 2007

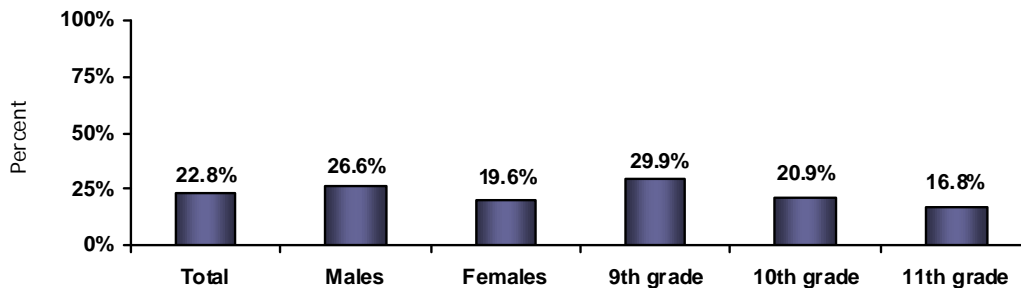



Figure 62:  Percentage of Kodiak Island High School Students Who Had At Least One Drink of Alcohol on One or More of the Past 30 Days, 2007

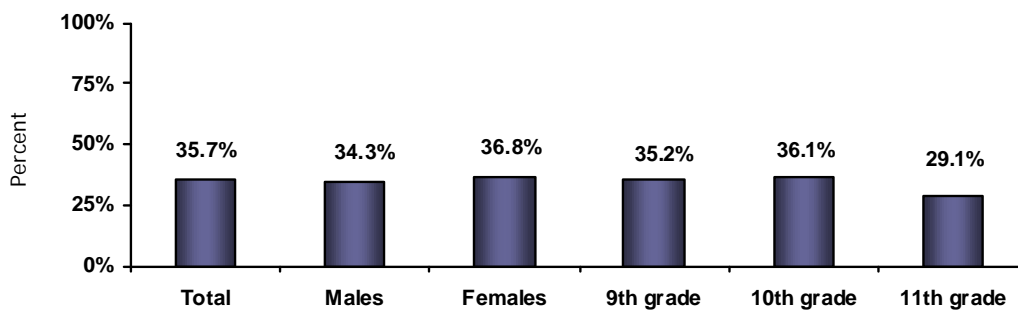

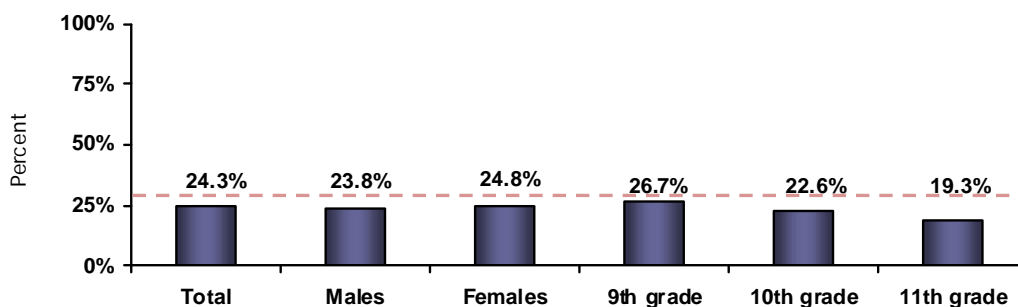


Figure 63:  Percentage of Kodiak Island High School Students Who Had Five or More Drinks of Alcohol Within a Couple of Hours on One or More of the Past 30 Days, 2007



**HEALTHY ALASKANS
2010 OBJECTIVE**
No more than 30.0% of adolescents (grades 9-12) will engage in binge drinking 30 days prior to the survey.

Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

Alcohol Consumption (cont.)

Data Summary

A large majority (80%) of respondents reported never having five or more drinks on an occasion within the past 30 days. Eight percent (8%) reported having done so once and 2% reported having done so five times or more within the past 30 days. The Healthy Alaskans 2010 Objective is that no more than 13% of adults will binge drink. According to the data from the Kodiak Island Community Health Survey, this goal has not been met. In comparison, in 2006, 17% of Alaskan adults and 15% of adults in the U.S. engaged in binge drinking.³⁵

In 2007, over 70% of Kodiak Island High School students reported having had at least one drink of alcohol on one or more days during their lifetime. This percentage was higher for females than males (72% compared to 69%) and highest among 11th grade students (78%).

Just under one fourth (23%) of students indicated that they had had their first drink of alcohol before age 13. The percentage was higher among males than females (27% compared to 20%) and the percentage among 9th graders was higher than 10th graders and much higher than 11th graders (30%, 21% and 17%, respectively).

The percentage of students who reported having had at least one drink of alcohol on one or more of the past 30 days was 36% and the percentage of students who had five or more drinks of alcohol within a couple of hours on one or more of the past 30 days was 24%. The 2010 Healthy Alaskans Objective is for no more than 30% of adolescents (grades 9-12) to engage in binge drinking 30 days prior to the survey. As of the 2007 survey, Kodiak Island High School did meet this objective.


³⁵ Alaska Department of Health and Social Services, *Health Risks in Alaska Among Adults*, May 2007.

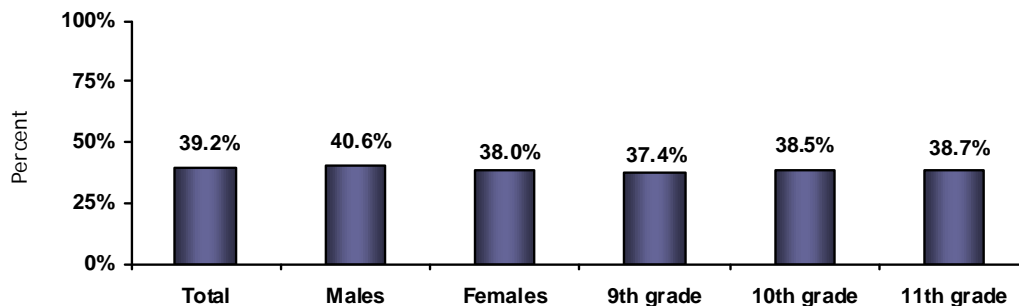
Youth Marijuana Use

While marijuana is a drug that carries with it adverse health risks, risks are greatest for youth users. Marijuana affects one's ability to learn and its use is often involved in the failure to master important interpersonal coping skills as well as make responsible life-style choices. Thus, marijuana use is capable of inhibiting the development of maturity.

Another concern about youth marijuana use is that marijuana is a "gateway drug" – a drug that leads to the use of more potent and disabling substances later in life. A study was conducted at The Center on Addiction and Substance Abuse at Columbia University, which found that adolescents who smoke marijuana are 85 times more likely to use cocaine than their peers who do not smoke marijuana. In addition, 60% of youth who begin smoking marijuana before age 15 use cocaine later in life.

Besides being a "gateway drug," marijuana is a high risk substance even by itself. Because marijuana impairs one's judgment, youth who are high on marijuana are more likely than adults to be involved in an automobile accident and be involved in casual sex, which leaves them at a greater vulnerability to unwanted pregnancy and sexually transmitted diseases (STDs).³⁶

Figure 64:  Percentage of Kodiak Island High School Students Who Used Marijuana One or More Times During Their Life, 2007




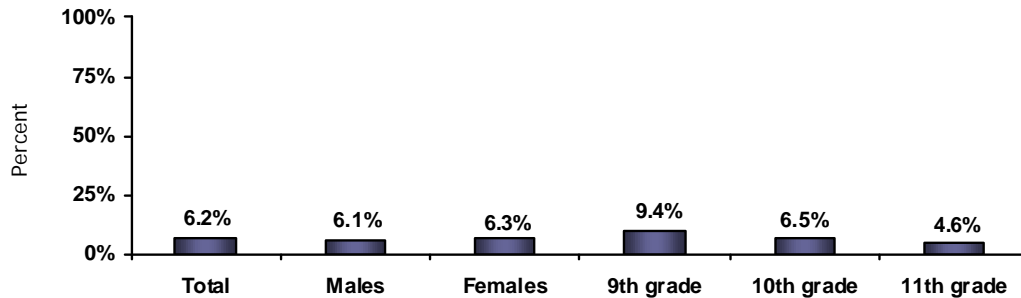
Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

³⁶ American Council for Drug Education (2008). *Basic Facts About Drugs: Marijuana*. Retrieved April 15, 2008, from <http://www.acde.org/common/Marijana.htm>.


Youth Marijuana Use (cont.)

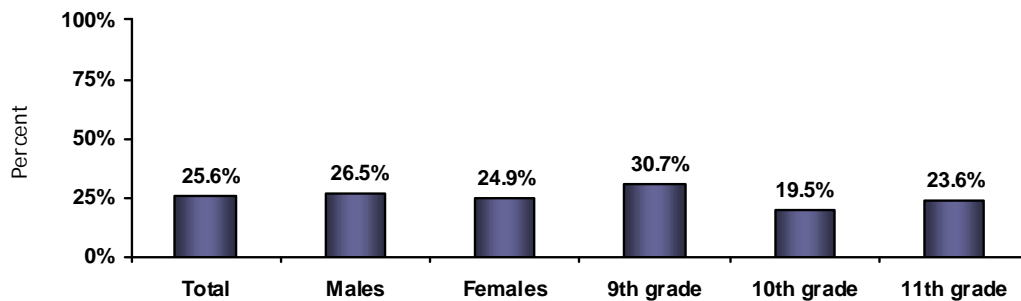
Figure 65:  Percentage of Kodiak Island High School Students Who Tried Marijuana for the First Time Before Age 13, 2007



HEALTHY ALASKANS 2010 OBJECTIVE

Increase the average age of first use of marijuana among adolescents (grades 9-12) to 17.4 years.

Figure 66:  Percentage of Kodiak Island High School Students Who Used Marijuana One or More Times During the Past 30 Days, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

Data Summary

About 39% of Kodiak Island High School students had used marijuana one or more times during their life. While the percentage of males was higher than females (41% compared to 38%) the percentage among 9th, 10th and 11th grade students was fairly even – ranging from 37% to 39%.

The percentage of students who tried marijuana for the first time before age 13 was 6% and the highest percentage was among 9th graders at 9%. The Healthy Alaskans 2010 Objective is to increase the average age of first use of marijuana among adolescents (grades 9-12) to 17.4.

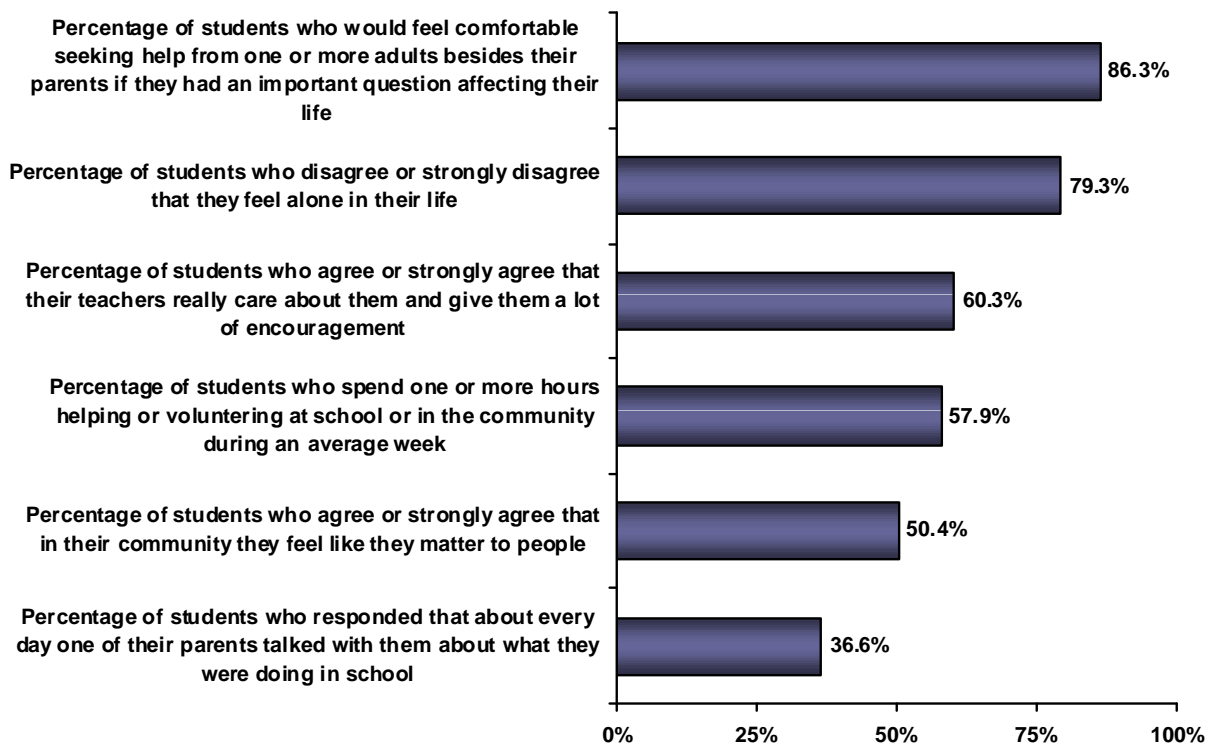
The percentage of students who used marijuana one or more times during the past 30 days was 26% and the percentage was once again highest among 9th graders at 31%.

Youth Connectedness

The fostering of youth's feelings of connection at home, at school and in the community helps prevent youth from engaging in destructive behavior and allows them to face challenges more creatively.

"Youth who feel connected and safe at home, at school and in the community have consistently better health, take fewer risks and have higher education aspirations.³⁷"

Figure 67:  Feelings of Connectedness Among High School Students in the Kodiak Island School District, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

Data Summary

In 2007, a majority (86%) of high school students in the Kodiak Island School District felt comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life and most (79%) disagreed or strongly disagreed that they felt alone in their life. Over half (60%) of students agreed or strongly agreed that their teachers really care about them and give them a lot of encouragement. Fifty-eight percent (58%) reported spending one or more hours helping or volunteering at school or in the community during an average week. Half (50%) of the students agreed or strongly agreed that in their community they felt like they mattered to people and over a third (37%) reported that about every day one of their parents talked with them about what they were doing in school.

³⁷ McCreary, Healthy Youth Development: Highlights from the 2003 Adolescent Health Survey III, 2004.

Leading Causes of Death

Examining causes of death can provide a great deal of information about the health of the community. By knowing the common causes of death of residents, attention can be paid to the conditions that have the highest mortality rates.

Figure 68: Top Five Leading Causes of Death, Kodiak Island and Alaska, 2001-2006

2001-2003	Kodiak Island Rank	Kodiak Island Deaths	Alaska Rank	Alaska Deaths
Malignant neoplasms (cancer)	1	33	1	2,124
Diseases of the heart	2	32	2	1,921
Unintentional injuries	3	20	3	1,013
Cerebrovascular diseases	4	10	4	500
Chronic lower respiratory diseases	5	5	5	436
Total deaths	-	145	-	9,209
2004-2006	Kodiak Island Rank	Kodiak Island Deaths	Alaska Rank	Alaska Deaths
Malignant neoplasms (cancer)	1	42	1	2,223
Diseases of the heart	2	27	2	1,813
Unintentional injuries	3	12	3	943
Cerebrovascular diseases (stroke)	4	11	4	525
Chronic lower respiratory diseases	4	11	5	429
Total deaths	-	163	-	9,513

Source: The Alaska Bureau of Vital Statistics, *Top Five Leading Causes of Death for Kodiak, 2001-2003 and 2004-2006*, 2008.

Data Summary

From 2001-2003 and from 2004-2006, the three leading causes of death were cancer, diseases of the heart and unintentional injuries for both Kodiak Island and Alaska. During both time periods, cancer accounted for 23% of all deaths in Alaska. Similarly, 23% of all deaths on Kodiak Island were caused by cancer from 2001-2003. However, this percentage increased to 26% from 2004-2006 on Kodiak Island.

Unintentional Injury Deaths

Unintentional injuries are injuries that can be classified as accidents. They may result from car accidents, falls and unintentional poisonings, among others. In many cases, these types of injuries – and the deaths resulting from them – are preventable.

Figure 69: Unintentional Injury Deaths, Kodiak Island, 2001-2006

Cause of Death	2001-2003		2004-2006	
	%	Num.	%	Num.
Motor vehicle accidents	20.0	4	8.3	1
Poisoning	15.0	3	16.7	2
Drowning and submersion	15.0	3	25.0	3
Falls	10.0	2	8.3	1
Water transport accidents	15.0	3	41.7	5
Suffocation and choking	10.0	2	-	-
All other unintentional causes	15.0	3	0.0	0
Total accidental deaths	100.0	20	100.0	12

Figure 70: Unintentional Injury Deaths, Alaska, 2001-2006

Cause of Death	2001-2003		2004-2006	
	%	Num.	%	Num.
Motor vehicle accidents	32.7	331	30.5	288
Poisoning	23.4	237	21.6	204
Drowning and submersion	7.0	71	8.6	81
Falls	5.2	53	5.7	54
Water transport accidents	4.4	45	5.0	47
Suffocation and choking	0.5	47	5.7	54
All other unintentional causes	22.6	229	22.8	215
Total accidental deaths	100.0	1,013	100.0	943

Source: The Alaska Bureau of Vital Statistics, *Unintentional Injury Deaths for Kodiak*, 2008.

Note: - signifies that this specific cause of death was not listed for the year range.

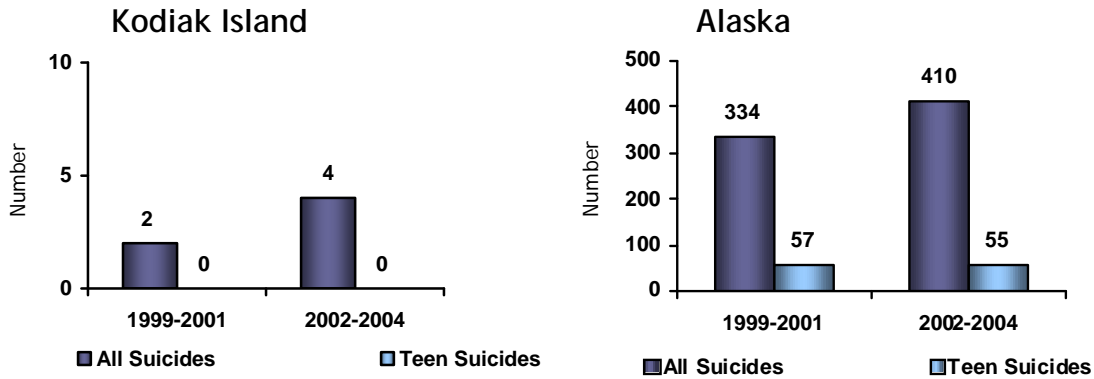
Data Summary

From 2001-2003, on Kodiak Island, the highest number of unintentional injury deaths was due to motor vehicle accidents (4), poisoning (3), drowning and submersion (3), and water transportation accidents (3). From 2004-2006, the greatest number of unintentional injury deaths were due to water transportation accidents (5) and drowning and submersion (3). From 2001-2003 and 2004-2006, the greatest number of deaths, during both time periods, in Alaska was due to motor vehicle accidents (2001-2003: 331; 2004-2006: 288) and poisoning (2001-2003: 237; 2004-2006: 204).

Suicide

Suicide is intentional self-harm resulting in death. Suicidal actions are often indicative of serious mental health problems and may signal other traumatic issues such as social isolation, discrimination and physical or substance abuse.

Figure 71: Suicides, Kodiak Island and Alaska, 1999-2004

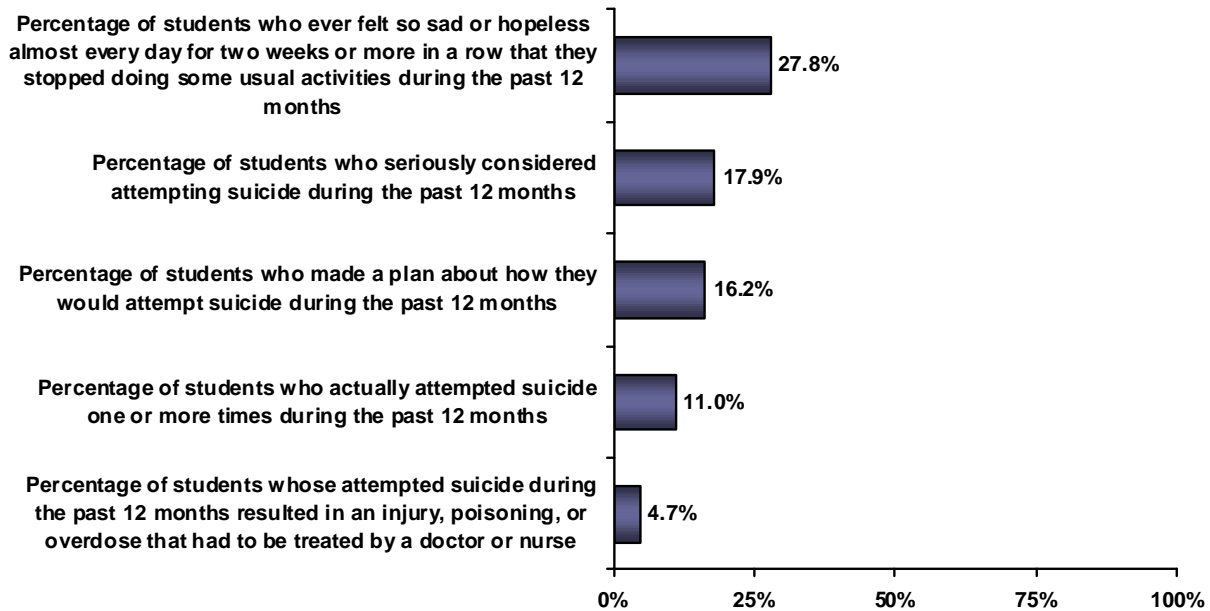


Source: The Alaska Bureau of Vital Statistics, *Cancer Deaths for Kodiak Census Area, 2008*.

Note: teen suicides include teens ages 15-19.

✘ New data unavailable.

Figure 72: Depression and Suicidal Thoughts, Plans and Attempts Among Kodiak Island High School Students, 2007



Source: 2007 Youth Risk Behavior Survey, 2008.

Note: Number of respondents are unknown.

Suicide (cont.)

Data Summary

From 1999-2000, on Kodiak Island, there were two suicides and zero teen suicides. From 2002-2004, suicides increased to four and teen suicides remained at zero. In Alaska, the number of suicides rose from 334 suicides in 1999-2001 to 410 suicides in 2002-2004 and the number of teen suicides decreased during the second time period from 57 teen suicides in 1999-2001 to 55 in 2002-2004.

Among Kodiak Island High School students, 28% of students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. While 18% of students seriously considered attempting suicide during the past 12 months, 16% of students made a plan about how they would do it and 11% actually attempted suicide one or more times during the past 12 months. Students who attempted suicide during the past 12 months that resulted in an injury, poisoning or overdose that had to be treated by a doctor or nurse accounted for almost 5%.

Please note that the number of student responses is unknown and that percentages may be misleading.

Deaths Due to Cancer

While cancer was rarely seen in Alaska in the 1950's, it was the state's leading cause of death by the 1990's. Cancer is still among the leading causes of death for Kodiak Island residents. Additionally, cancer can be financially burdensome to the individual (breast cancer treatments can cost an average of \$40,000 in Alaska), thus damaging one's personal economic stability.³⁸

Figure 73: Deaths Due to Cancer, Kodiak Island and Alaska, 2001-2006

Cause of Death	Kodiak		Alaska	
	2001-2003	2004-2006	2001-2003	2004-2006
Trachea, bronchus and lung	4	13	606	639
All other and unspecified cancers	4	10	259	295
Colon, rectum and anus	5	6	213	186
Prostate	1	4	91	94
Lymphoid and hematopoietic	3	2	195	213
Leukemia	1	1	65	93
Breast	4	1	146	161
Non-Hodgkin's lymphoma	0	1	77	74
Pancreas	2	2	122	123
Liver and intrahepatic bile ducts	0	0	76	83
All cancer	145	163	9,209	9,513

Source: The Alaska Bureau of Vital Statistics, *Cancer Deaths for Kodiak Census Area*, 2008.

Data Summary

From 2001-2003 to 2004-2006, the number of deaths on Kodiak Island due to trachea, bronchus and lung cancer increased from 4 cases to 13 cases. A similar increase occurred for all other and unspecified cancers (from four cases from 2001-2003 to 10 cases from 2004-2006). In Alaska, a large percentage of cancer deaths were due to cancer of the trachea, bronchus and lung. Colon, rectum, anus, lymphoid and hematopoietic and breast cancer were also prevalent types of cancer causing deaths on Kodiak Island and in Alaska during the two time periods.

³⁸ Alaska Department of Health and Social Services, Division of Public Health, *Healthy Alaskans 2010, Volume 1: Targets for Improved Health*, Chapter 22, 2002.

Kodiak Island Community Health Assessment Telephone Survey Results




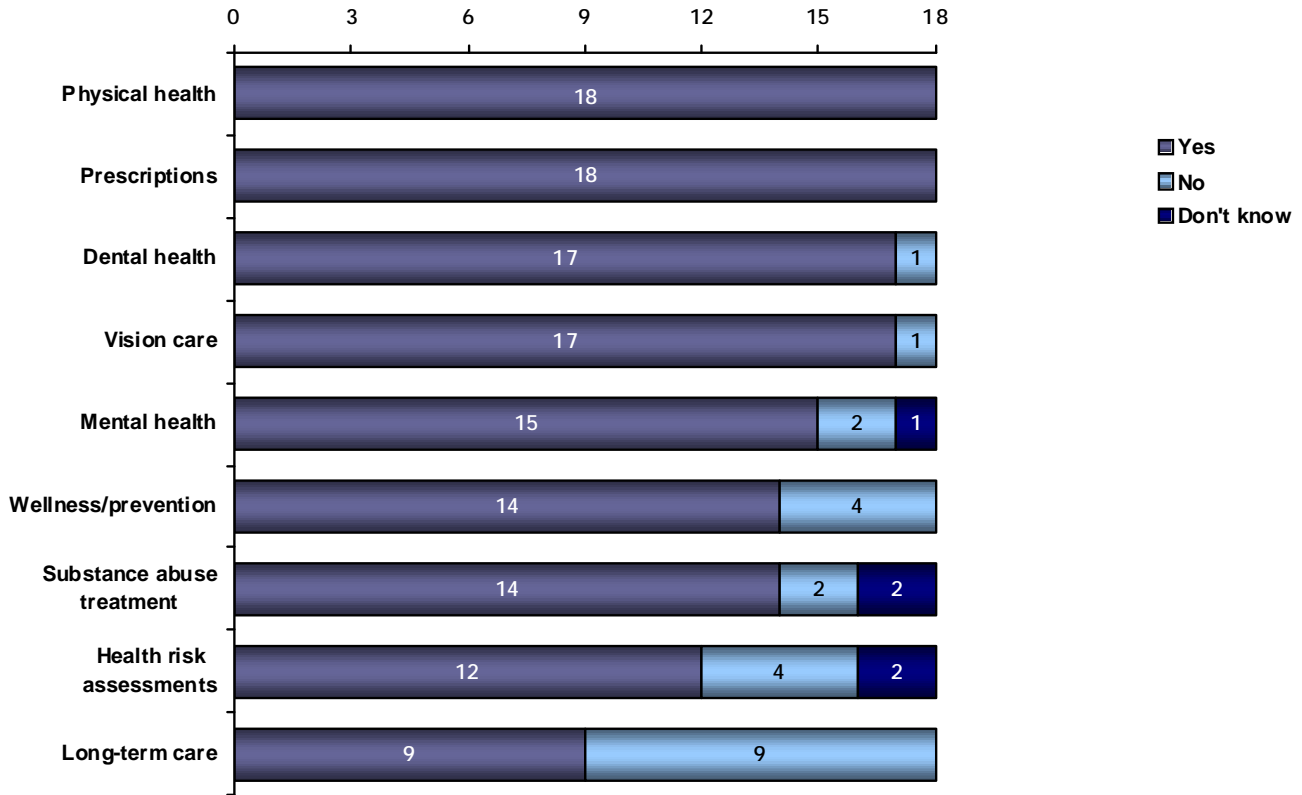
“We need more visits by specialty clinic physicians – once a month is not enough. Many specialists have a long wait list if you are a new patient.”

Respondent, Kodiak Island Community Health Survey

Health Insurance Coverage

Eighteen of the 20 respondents surveyed reported that their organization had a health insurance plan. Blue Cross (8) and was the top carrier listed by respondents.

Figure 74:  Does your employee health plan cover any of the following? (Read list, respond “yes,” “no” or “don’t know”)



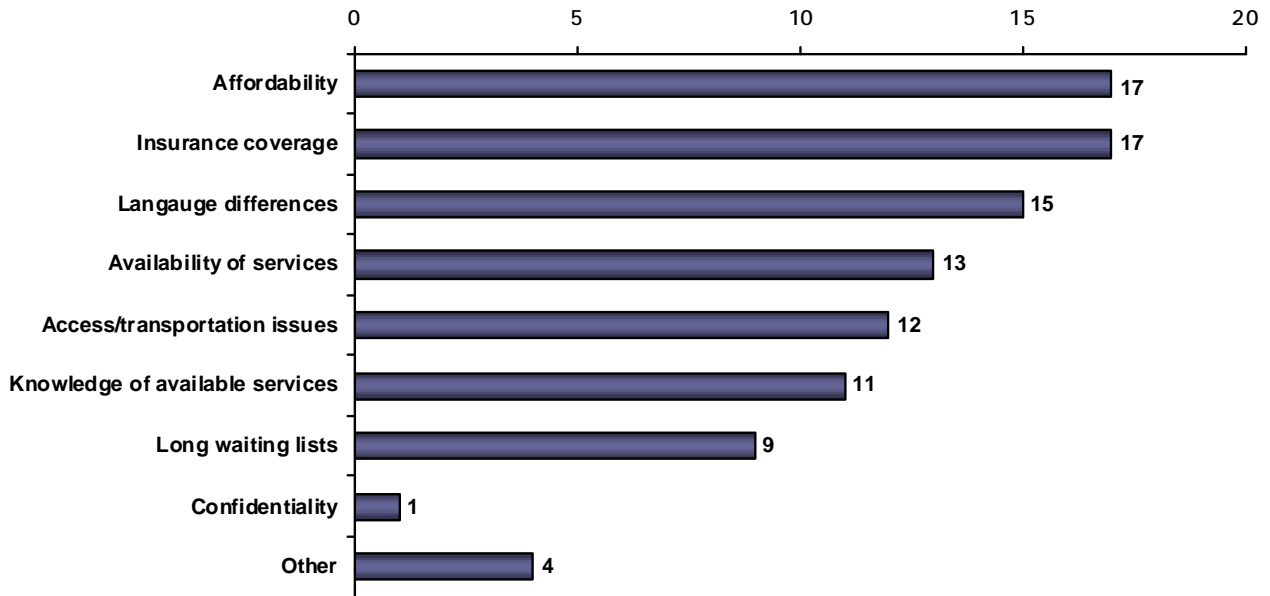
N=18

Data Summary

All respondents (18) reported having coverage for “physical health” and “prescriptions.” Most (17) had coverage for “dental health” and “vision care” and a majority had health insurance that covered “mental health” (15), “wellness/prevention” (14) and “substance abuse treatment” (14). Twelve respondents had coverage for “health risk assessment” and nine had coverage for “long term care.” One respondent did not know about coverage for “mental health,” two did not know if they had coverage for “health risk assessments” and two did not know if they had coverage for “substance abuse treatment.”

Health Care Access

Figure 75: 📞 Do you think any of the following are barriers to residents obtaining health care on Kodiak Island? (Those responding “Yes”) (Read list, check all that apply)



Multiple response question with 20 respondents offering 99 responses.

Figure 76: 📞 Other Barriers to Residents Obtaining Health Care (Please specify)


- For people with no insurance or adults on public assistance or Medicaid, it is hard for them to get access to providers and especially for providers to take them on as new patients. Even just getting an appointment is difficult.
- There is some bias among the service providers when serving minorities. There is some discrimination and a lack of respect.
- There is poor remuneration by Medicare, which is leading more and more physicians to not see new Medicare patients.
- There are services here but not often enough. Contract employees are brought in such as an OBGYN but they are not here often enough or for long enough periods of time.

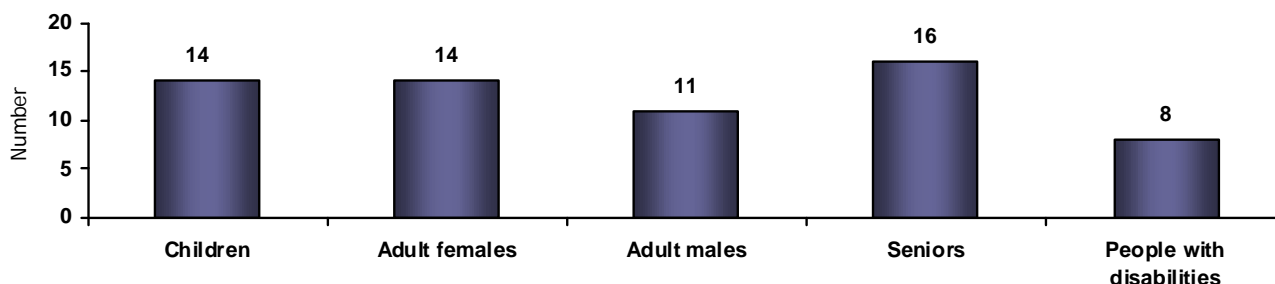
N=4

Data Summary


The majority of respondents (17) reported “affordability” and “insurance coverage” as barriers to obtaining health care on Kodiak Island. Over half of respondents thought that “language differences” (15), “availability of services” (13), “access/transportation issues” (12) and “knowledge of available services” (11) were also barriers. Only one selected “confidentiality” as a barrier. Other barriers noted included access difficulties for Medicaid patients, bias against minorities, poor remuneration by Medicare and the need for contracted employees to be brought in more frequently.

Unmet Health Care Needs

Figure 77:  In your opinion, are there unmet health care needs for: (Those responding “Yes”) (Read list, check all that apply)




Multiple response question with 18 respondents offering 63 responses.

Figure 78:  Unmet Health Care Needs for Children Reported by Respondents (Please specify)

- Specialty care is limited on Kodiak Island. Care for ADHD is not available on the Island.
- Could improve specialty areas such as having dietary and nutrition education in the schools as well as at a health care facility.
- There are also no specialty services such as pediatric dentistry and ENT (ear, nose and throat).
- There are no specialty services for autism available on the Island.
- There is no pediatrician on the Island.
- Affordability and access are an issue and there is no regular pediatrician on the Island. The pediatrician comes once a month and the expense is especially high for the low income population.
- There is no pediatrician on Kodiak Island but we do have a lot of family practice doctors and many are good at treating kids.
- Because this is an island community, there is not a lot of specialized care. There is no pediatrician and the waiting list for the allergist is at least one year.
- Know that there is an issue with access to health care due to no insurance or being underinsured. This especially causes problems for access to dental and mental health care.
- People who are on Medicaid or have a low income have a hard time getting health care.
- There are issues to accessing care due to language barriers and parents not realizing what services are available to their children. There should be more outreach and communication about what services are available.
- The availability of care exists but not taking advantage of services due to language barriers is a problem.
- Affordability is an issue for families that do not have Medicaid or if they are low income but make just above the guidelines for Denali KidCare. The system is not user friendly.
- Need a child advocacy center in Kodiak for abuse and assault related issues.

N=14


Unmet Health Care Needs (cont.)

Figure 79:  Unmet Health Care Needs for Adult Females Reported by Respondents
(Please specify)

- Hospital does outreach to give woman accessibility to mammograms and pelvic exams but the outreach is limited and not done often enough.
- More educational outreach needs to be done for women to understand the importance of preventive care and medication. There is even a free clinic providing pap smears and mammograms once a year but women do not take advantage of it and some don't because they think that they somehow can't afford it.
- There are barriers due to cost. There is a program to target low income residents but unsure as to how successful it is.
- It would be good to have more robust OB care in regards to both practitioners and facilities to care for woman with higher risk pregnancies.
- Many do not take advantage of pregnancy care until they are seven or eight months along. Something needs to be done about this.
- The OBGYN is there only once a month and is usually booked. More complex surgeries are not available.
- There is no GYN. There is an adequate OB but no gynecological services. Mammography resources are less than what other areas provide.
- The community is lacking a sexual assault response team.
- Periodically there is availability for mammograms and pap smears but that is once a year and youth have to catch it. If you need a specialist, there is nothing for this. There is nothing beyond what a regular physician can provide. Many can not afford the deductible or co-pay.
- More complex surgeries such as for bladder and breast biopsies are unavailable on the Island.
- Dermatology.
- Orthodontics.
- Allergist.
- Cardiologists.

N=14

Unmet Health Care Needs (cont.)

Figure 80:  Unmet Health Care Needs for Adult Males Reported by Respondents
(Please specify)

- **Difficulty getting services due to income. Services are at a price that is unaffordable.**
- **Lack of insurance is a problem especially for fisherman, deckhands, cannery workers, and veterans.**
- **More education is needed to let men know about the importance of preventative care. Men especially tend to not seek services when they are hurt, which can exacerbate their problem.**
- **More education to let men know what services are available to them and education about what coverage they do have is important. Cases exist of men having Medicaid but not knowing it.**
- **Gaps in services for prostate exams.**
- **Declining reimbursements for Medicare hurts access to services.**
- **There is no fluoroscopy.**
- **Urology services.**
- **Colonoscopy.**
- **Hernia patients are sent to Anchorage.**
- **No vasectomy procedures are provided in clinic.**

N=11

Unmet Health Care Needs (cont.)

Figure 81: 📞 Unmet Health Care Needs for Seniors Reported by Respondents (Please Specify)

- Think that health care is met but there is a need for better long term care facilities.
- There is only limited nursing home care and there is no Alzheimer’s care on Kodiak Island.
- Assisted living and hospice care service could be better. There needs to be a senior community recreation center that provides more exercise options for the elderly.
- Better assisted living and long term care facilities are needed. This includes assisted living, hospice care and nursing home type facilities.
- More services are needed in both the hospital and in the home. Currently, the Care Center has long waiting lists and services are always full.
- Don’t know how adequate home health care is but the fulltime services at the hospital are always full.
- There is always a waiting list for extended/residential type care.
- There is a big need for long term care services and there is often a long waiting list. There needs to be more services available in both the hospital and in the home.
- Medicare is a big issue because doctors are not being paid what they should be paid which then makes them less inclined to take on Medicare patients.
- For the seniors that do have KANA, if they need services or medicine beyond what KANA can provide the costs are exorbitant.
- There needs to be an advocacy program for seniors. Seniors often don’t know the right questions to ask and do not stand up for themselves and this leads to them not getting taken care of properly. Connecting them to services and helping them understand what is available to them is important.
- The paperwork for seniors is often too complex for them to understand. There needs to be better assistance for this.
- For seniors living in villages, there is no transportation for them to access professional medical services.
- Need Alzheimer’s care on Kodiak Island.
- Types of senior care are limited. Have to go to Anchorage for hip surgery, cancer treatment and stroke rehab.
- Dialysis.


N=16

Figure 82: 📞 Unmet Health Care Needs for People with Disabilities Reported by Respondents (Please Specify)

- Emotional and mental health services are limited.
- Kodiak is limited on physicians and clinicians that can help serve those with disabilities.
- There are no formal hospice services. Need resources for assisted living.
- Kodiak is limited on specialty care although this really depends on particular disabilities.
- Facilities in Kodiak are not ADA compliant – especially outside of Kodiak City.
- Lack of skilled nursing to help serve people with disabilities.
- Lack of social workers.
- Lack of electronic records.

N=8


Unmet Health Care Needs (cont.)

Figure 83:  Thinking about the Kodiak Island Borough community, what additional health care services are needed locally?

- Need inpatient rehab for adolescents and adults.
- Substance abuse treatment is nonexistent. There are only outpatient services on Kodiak Island. Need more specialty services and we desperately need a pediatrician and an OBGYN at the very least.
- There is only one need and that is a full time OBG. Other than that there is a lot of great equipment and services on Kodiak Island.
- OBGYN.
- OB and psychiatry care are needed. The hospital could add more layers to the extent of care that they offer in this area.
- Behavioral health services are needed and especially for the fishing community. Many have lost jobs, which leads to issues with depression and drinking.
- Need assisted living facilities and elder care in villages. Should assess feasibility of this so that elders could stay in their villages and receive care and not have to travel to Kodiak.
- Need more supportive care opportunities for elders. Need better around-the-clock nursing care rather than just assisted living and an Alzheimer's unit would be good.
- Better senior care is needed from medical care to recreation classes. Facilities could be larger too.
- We need more care for the elderly, otherwise the elderly will move away if services are not available to them.
- We need mental and behavioral health services, long term and geriatric care. Children's services are needed in terms of health care and protective services. Substance abuse treatment is needed for both inpatient care and outreach, education.
- Not aware of any services that are missing. Kodiak Island is pretty well covered until one needs more complex care and then they must go to Anchorage.
- Lifestyle modification.
- Interoperable electronic records system.
- Insurance for people without it. There should be an office down town to help immigrant families that do not speak the language. The office should help them from medical to social services. People who come here don't know what is available.
- We need a cardiologist and a neurologist, although we do have connection to Providence in Anchorage.
- Most of the time we are covered pretty well. The guy at the specialty clinic is good. There are plenty of family doctors.
- Need more specialists like child psychologists, podiatrists, allergists and dermatologists.
- Overall, we need more specialists and they need to be more frequent or permanent. Permanence would be best.
- We need a pediatrician and more general practitioners would be good since we just lost a couple.

N=20


Unmet Health Care Needs (cont.)

Figure 84:  If you make referrals outside of Kodiak Island, for what type of treatment do you make referrals? (Read list, check all that apply and add to it if needed)

- **Nursing home.**
- **Cardiology specialty care.**
- **Mental health treatment.**
- **Substance abuse/alcohol treatment.**
- **Women’s health treatment.**
- **Initial evaluations for oncology*.**
- **Oncology treatment.**
- **Orthopedic care.**
- **Eye care.**
- **Occupational health injuries.**
- **Genetic care*.**
- **Neurology* .**

Note: Question was asked only of individuals representing “health care-related” organizations.

*Open ended responses given by respondent(s).

Figure 85:  Is there any health care technology or equipment that would be beneficial to the community?

- **Bone mineral test.**
- **DEXA bone density test.**
- **MRI of the breast.**
- **Internal medical records.**

Note: Question was asked only of individuals representing “health care-related” organizations.

Unmet Health Care Needs (cont.)

Data Summary

Fourteen out of 18 respondents believed that there are unmet health care needs for children. The unmet needs included barriers due to language, which results in parents not realizing what services are available to their children, affordability, lack of a pediatrician on the Island, need for a child advocacy center and the potential to improve specialty areas such as dietary and nutrition education.

Fourteen respondents also believed that there are unmet health care needs for adult females on Kodiak Island. The unmet needs consisted of the need to have greater outreach to give women access to services such as mammograms and pelvic exams and educational outreach to inform women of the importance of preventive care and medication. Some respondents mentioned barriers due to cost, the need to have more robust OB care and access to complex surgeries, as well as having a dermatologist, orthodontist, allergist and cardiologist on the Island to meet the unmet health care needs of women on Kodiak Island.

Eleven respondents believe that there are unmet health care needs for adult males. The unmet needs that were mentioned were difficulty accessing services due to income, the need to have more education for men about the importance of preventative care as well as what services are available. Additional needs included closing the gap in services for prostate exams, addressing the issue with declining reimbursements for Medicare, making urology and colonoscopy services available on the Island as well as care for hernia patients and providing vasectomy procedures.

Sixteen respondents reported that there are unmet health care needs for seniors. The unmet needs that were mentioned were the need for better assisted living and long term care facilities as well as additional health care services for the elderly such as Alzheimer's care, dialysis and cancer treatment. In addition, some respondents mentioned the need for an advocacy program for seniors as well as transportation to medical services.

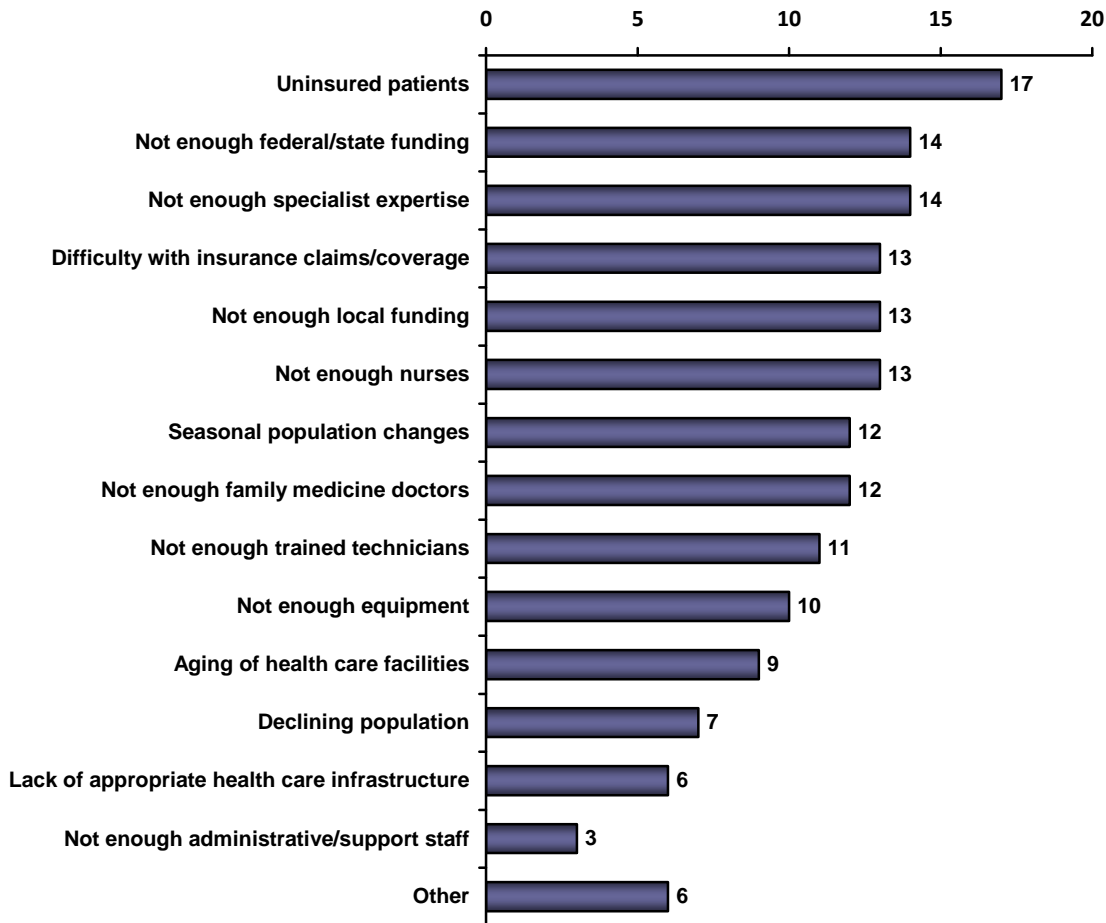
Sixteen respondents reported unmet health care needs for people with disabilities. The unmet needs consist of the need for more extensive emotional and mental health services, more skilled nursing that meets the specific needs of people with disabilities and the need for social works that can advocate on the behalf of people with disabilities.

While there were a variety of responses when respondents were asked what additional health care services are needed locally, several themes continued to surface. Respondents repeatedly mentioned the need for more extensive services for the elderly, substance abuse treatment, mental health services, a pediatrician, an OBGYN and the need for more frequent and prolonged visits by physicians if not the addition of more permanent physicians.

Physicians were asked about for what type of treatments they make referrals outside of Kodiak Island. The following responses were given: nursing home care, cardiology specialty care, mental health treatment, substance abuse/alcohol treatment, women's health treatment, initial evaluations for oncology as well as oncology treatment, orthopedic care, eye care, occupational health injuries, genetic care and neurology. Physicians were also asked if there is any health care technology or equipment that would be beneficial to the community. The responses were: a bone mineral test, DEXA bone density test, MRI of the breast as well as an internal medical records system.


Perceived Risks to the Health Care System

Figure 86: 📞 What are the greatest risks to the health care system on Kodiak Island?
(Read list, check all that apply)



Multiple response question with 20 respondents offering 160 responses.

Perceived Risks to the Health Care System (cont.)

Figure 87:  Other Risks to the Health Care System Reported by Respondents (Please specify)

- **The problem is a combination of health care costs and Medicaid and Medicare patient portion. While people may be insured, they can't access health care because they do not have the income to support their side of the costs.**
- **Health education outreach is needed for those of other languages – especially for Spanish speakers.**
- **People often don't understand that the system is income based and this is due to having a multicultural population – people are unable to read or understand what is available to them.**
- **Declining reimbursements for primary care is a problem. An interoperable electronic health records system is needed so that the hospital and private clinics can be more effective in meeting patients' needs with the limited resources that exist on the Island.**
- **Life style modification help is needed.**
- **High turnover of physicians and declining population of available doctors.**

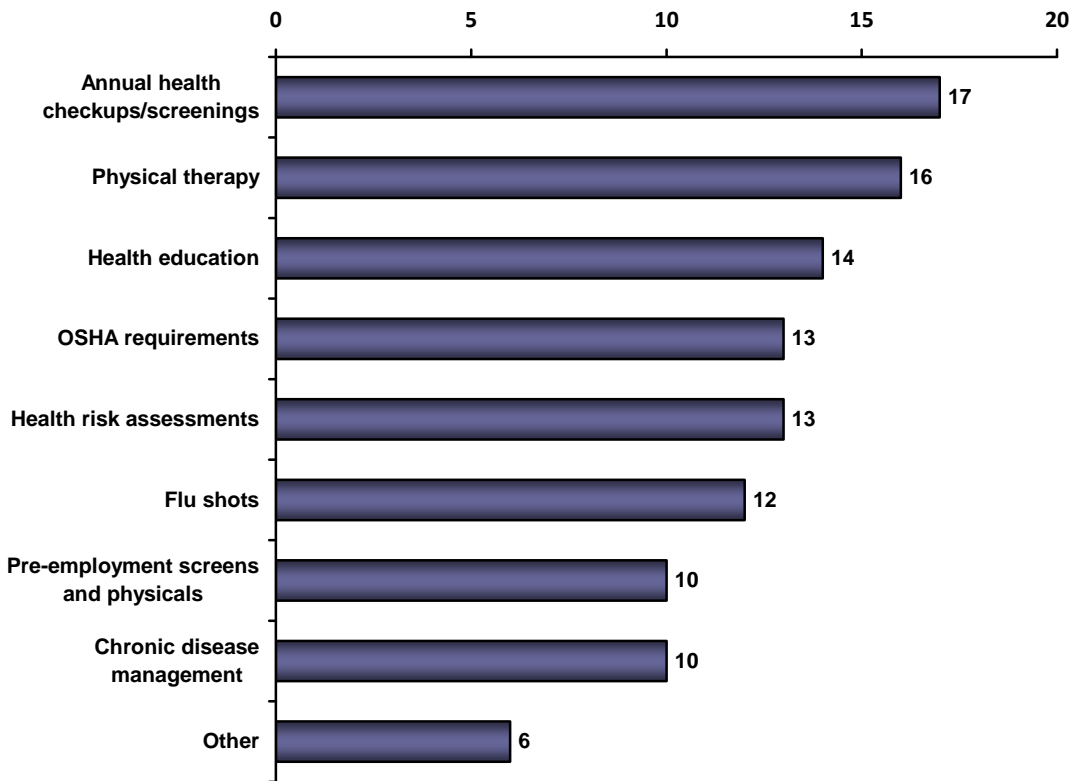
N=6

Data Summary

Seventeen respondents reported that “uninsured patients” are a risk to the health care system on Kodiak Island. In addition, more than half of respondents reported that “not enough federal/state funding” (14), “not enough specialist expertise” (14), “difficulty with insurance claims/coverage” (13), “not enough local funding” (13), “not enough nurses” (13), “seasonal population changes” (12), “not enough family medicine doctors” (12) and “not enough trained technicians” (11) are risks to the health care system. Some of the other open-ended responses that respondents offered as risks to the health care system were outreach in regards to language barriers, an interoperable electronic health records system, life style modification, the need to address declining reimbursements for primary care, the high turnover of physicians and the declining population of available doctors.

Valued Employee Health Services

Figure 88: 📞 Thinking about health services, which of the following would be beneficial to your organization? (Read list, check all that apply)



Multiple response question with 17 respondents offering 111 responses.

Figure 89: 📞 What other health services would be beneficial to your organization? (Please specify)

- **Mental health services.**
- **Substance abuse services.**
- **Counseling and psychiatric services. There is more demand than can be kept up with.**
- **Life style modification and recreation centers.**
- **More preventative type care. Insurance companies don't do much of this. Even massage therapy could be beneficial.**

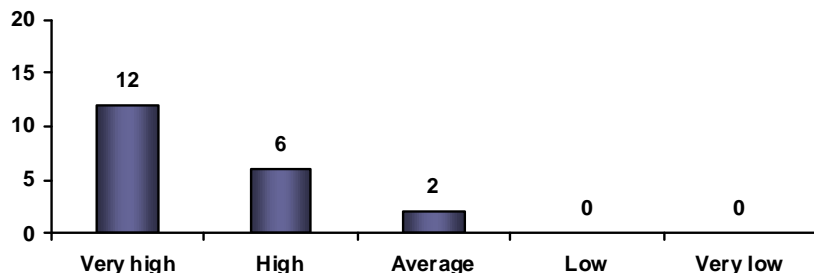
N=5

Data Summary

All respondents believed that annual health checkups/screenings would be beneficial to their organization. A majority of respondents also reported that “physical therapy” (16), “health education” (14), “OSHA requirements” (13), “health risk assessments” (13) and “flu shots” (12) would be beneficial to their organization. Other health services that were mentioned in the open-ended portion of this question were mental health, substance abuse, counseling and psychiatric services as well as life style modification, recreation centers and more preventative type care.

Opinions Specific to the Providence Kodiak Island Medical Center

Figure 90: 📞 How would you rate the quality of care provided at the Providence Kodiak Island Medical Center? (Read list, check one)



N=20

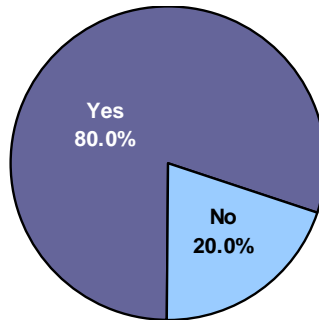
Figure 91: 📞 Thinking about the Providence Kodiak Island Medical Center, what are the areas or departments that need the most improvement? (Please specify)

- No problem with the services themselves but the wait time is often very long even when one has a scheduled appointment or is in the emergency room. It could help if there was more staff but they may not always be needed on a general basis. Recognize that this is due to the hospital trying to balance costs. Maybe there could be some operational changes made to reduce wait time.
- Substance abuse treatment programs could be improved as well as the availability of mental health programs for adolescents and adults.
- The mental health facility needs better management.
- A better documentation of medication and clearer communication systems are important.
- Nursing home care and assisted living care needs a lot of focus for the future because nurses are really important here and they represent the doctors when the doctors can't be there.
- More emergency room staffing is needed. Once had to wait five hours in the ER.
- The billing system needs help. There are people who can't afford their medical costs and there are people who can't get out of debt from their medical bills.
- The admitting staff could do more to offer better customer service. Even small improvements could be made in being more friendly, compassionate and helpful towards the elderly.
- Physical therapy is done in a strip mall. It would be nice to have a place at the Providence campus or a regular medical center so that those getting physical therapy could be close to and take more advantage of other types of medical care.
- The Care Center could use more help. There used to be volunteers but the Care Center has since gotten rid of them and now the center is hurting for their help. Just having general help, not necessarily specialized help, would be beneficial. Would like to see the volunteer program reinstated.

N=10

Opinions Specific to the Providence Kodiak Island Medical Center (cont.)

Figure 92: 📞 Do you think that Providence Kodiak Island Medical Center provides adequate information about services available? (Please specify “yes” or “no”)



N=20

Figure 93: 📞 If no, what could the Medical Center do to improve in this area? (Please specify)

- **A lot is done to inform the public short of going door to door. There is even a health fair but still there seems to be people who are unaware of what services are available to them. Perhaps the outreach strategy needs to be reconsidered.**
- **There really needs to be a public information official who works on a regular basis.**
- **A public awareness type campaign could be beneficial.**
- **More outreach to the community is needed because not everyone reads the newspaper.**
- **There is not much literature about programs, who is eligible and the structure and procedures that must be followed.**
- **The hospital already does a lot in the community and they have a health fair. Don't know whose fault it is for the lack of awareness but maybe they need to rethink their strategy on how to better get information out to people.**

N=6

Note: Although only four respondents felt that the Medical Center does not provide adequate information about services available, an additional two respondents had suggestions regarding how the Medical Center could improve in this area. These additional comments are included above.


Opinions Specific to the Providence Kodiak Island Medical Center (cont.)

Data Summary

Ninety percent (90%) of respondents (18 respondents) believe that the quality of care provided at the Providence Kodiak Island Medical Center is of very high or high quality. In regards to the areas or departments that need the most improvement, respondents reported that substance abuse treatment and mental health programs could be improved in addition to assisted home care and assisted living care. Suggestions also included implementing better documentation of medication and clearer communication systems, hiring more emergency room staff, improving the billing system, relocating the physical therapy center to the Providence center and reinstating a volunteer program at the Care Center.

Eighty percent (80%) of respondents (16 respondents) believe that the Providence Kodiak Island Medical Center provides adequate information about services available. Suggestions for improvement, however, that were offered by respondents included having a public information official who works on a regular basis, a public awareness type campaign and more literature about programs, eligibility, structure, and procedures offered to the public.

Additional Comments

Figure 94:  Is there anything else you would like to add? (Please specify)

- **The system is good in the region but the big issue is access due to cost.**
- **People don't understand that they can get a lot on the island and they often leave the island for medical care. Many leave due to a lack of comfort with the services done here and there is the perception that it is cheaper off of the island.**
- **It seems as though Providence is not a one stop center. Services are spread out all over the community – physical therapy, home health, etc. – and this is because the facility is not large enough to house all services in one place. Expanding the facility would be beneficial to everyone.**
- **The hospital may need to work more closely with native populations and treat them more equitably. Concerned that the hospital may exclude KANA and does not work closely enough with KANA's medical staff.**
- **Assisted living needs a new center – it needs to be built from the ground up. There is an aging population on Kodiak Island and the Island needs a high quality program in place to serve the elder population.**
- **There is a perception held by some that confidentiality is a barrier to residents obtaining health care on the Island.**
- **The aging of health care facilities is harder for the private practices to address although the federal agencies are better equipped.**

N=7

Appendices



“The hospital already does a lot in the community and they have a health fair. I don’t know whose fault it is but maybe they need to rethink their strategy on how to get information out to people better.”

Respondent, Kodiak Island Community Health Survey

Appendix I: Kodiak Island Community Health Survey



5975252724

Kodiak Island Community Health Survey

--	--	--	--

Thank you for taking the time to complete this very important survey. Providence Kodiak Island Medical Center is interested in your health care needs and would like to get your opinions in order to make improvements to the health care system on Kodiak Island. This survey is anonymous and confidential.

Kodiak Island residents only please

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

1. Do you have a regular source of medical care? (A regular source of medical care is where you usually go when you need to see a doctor.)
 - Yes No
2. Have you needed health care in the last 12 months?
 - Yes *Continue with question 2a*
 - No *Skip to question 3*

2a. If you needed health care during the past 12 months, were you able to receive it?

 - Yes, in my community *Skip to question 3*
 - Yes, outside my community *Skip to question 3*
 - No *Continue with questions 2b and 2c*

2b. If no, why couldn't you receive it? (Mark all that apply)

 - No insurance/couldn't afford it
 - Insurance wouldn't cover it
 - Couldn't afford copay
 - Couldn't find doctor/provider to accept insurance
 - Transportation issues
 - Unable to communicate due to language differences
 - Didn't know where to go
 - Unable to understand phone instructions to make an appointment
 - Waiting time too long
 - Services not available
 - Provider would not accept Medicare/Medicaid
 - Other (Specify): _____

2c. What type of health care did you go without? (Mark all that apply)

 - General health care
 - Preventive care/annual exams
 - Mental Health (counseling or other help)
 - Specialist (cardiologist, dermatologist, etc.)
 - Alternative (homeopathic or acupuncture)
 - Care for a chronic (ongoing) problem
 - Emergency/Urgent care
 - Prescription medications
 - Other (Specify): _____
3. Do you have any kind of health care coverage including TriCare, Medicare, and Medicaid?
 - Yes *Continue with question 4*
 - No *Skip to question 5*
 - Don't know *Skip to question 5*
4. Does your health insurance cover:
 - 4a. Prescriptions?
 - Yes No Don't know
 - 4b. Treatment for substance abuse? (alcohol / drugs, etc.)
 - Yes No Don't know
 - 4c. Preventive care / annual exams?
 - Yes No Don't know
 - 4d. Long-term care? (nursing home)
 - Yes No Don't know

- 4e. Dental care? Yes No Don't know
 - 4f. In-home health care? Yes No Don't know
 - 4g. Vision care? Yes No Don't know
 - 4h. Mental health care? Yes No Don't know
5. Do you use the emergency room for your usual source of health care? This would be for illness as well as for emergencies.
 - Yes No
 6. If you have dependent children, do they have:
 - 6a. Health insurance? (including Denali KidCare) Yes No Not applicable
 - 6b. Dental insurance? (including Denali KidCare) Yes No Not applicable
 7. Have you needed mental health treatment (counseling or other help) in the last 12 months?
 - Yes *Continue with question 7a*
 - No *Skip to question 8*

7a. If you needed mental health treatment (counseling or other help), were you able to receive it?

 - Yes *Skip to question 8*
 - No *Continue with question 7b*

7b. If no, why couldn't you receive it? (Mark all that apply)

 - No insurance/couldn't afford it
 - Insurance wouldn't cover it
 - Couldn't afford copay
 - Couldn't find doctor/provider to accept insurance
 - Transportation issues
 - Unable to communicate due to language differences
 - Didn't know where to go
 - Unable to understand phone instructions to make an appointment
 - Waiting time too long
 - Services not available
 - Provider would not accept Medicare/Medicaid
 - Other (Specify): _____
 8. In the last 5 years, if you left Kodiak Island to obtain health care in Anchorage was it because: (Mark all that apply)
 - Needed diabetic treatment
 - Needed geriatric (problems with aging) treatment
 - Needed cardiology specialty care
 - Needed mental health treatment
 - Needed substance abuse/alcohol treatment
 - Needed pediatric care
 - Needed women's health treatment
 - Needed oncology (cancer) treatment
 - Needed orthopedic (skeletal/bone) care
 - Insurance requires care in Anchorage
 - Already had other business to take care of in a larger city
 - Referred to another provider by your family doctor
 - Needed vision care
 - Needed dental care
 - Prefer out of town care
 - Confidentiality issues
 - Could not get appointment in a timely manner
 - Not satisfied with quality of hospital health care
 - Other (specify): _____

3829252720

--	--	--	--

9. How long has it been since you last visited a dentist or a dental clinic for any reason? (Include visits to dental specialists, such as orthodontists)

- Within the past year
- Within the past 2 years
- Within the past 5 years
- 6 or more years ago
- Never

10. Do you now smoke cigarettes every day, some days or not at all?

- Every day
- Some days
- Not at all

11. The definition of a drink of alcohol is 1 can or bottle of beer, or 1 glass of wine, or 1 can or bottle of wine cooler, or 1 cocktail, or 1 shot of liquor. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours.

--	--

_____ Number of times (Office use)

12. Would you say that, in general, your physical health (including physical illness and injury) is:

- Excellent
- Very good
- Good
- Fair
- Poor

13. How many days per week do you engage in physical activity (such as brisk walking or gardening) for a combined total of 30 minutes or more?

- None
- 1 - 2 days
- 3 - 4 days
- 5 or more days

14. In the past year have you had an annual wellness check up for preventive purposes (i.e. pap and breast exam, male physical with prostate check)?

- Yes
- No

15. About how much do you weigh without shoes?

--	--	--

_____ pounds (Office use)

16. About how tall are you without shoes?

--	--	--	--

_____ feet _____ inches (Office use)

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

- Yes *Continue with question 17a*
- No *Skip to question 18*

17a. What did you go without? (Mark all that apply)

- Health care
- Food
- Dental care
- Choosing food we wanted
- Prescriptions
- Rent / housing
- Clothing
- Heat/fuel/utilities
- Child care
- Other (Specify): _____

18. What physician specialty care would you like to see on Kodiak Island?

19. Thinking about your community, what additional health care services are needed locally? Please explain.

20. Overall, how satisfied are you with hospital services on Kodiak Island?

- Very satisfied
- Somewhat satisfied
- Not at all satisfied

21. Overall, how satisfied are you with doctor services on Kodiak Island?

- Very satisfied
- Somewhat satisfied
- Not at all satisfied

22. How much of your total household take-home pay (income after taxes) goes to rent/housing costs? Housing costs are considered any type of payment having to do with housing, such as rent or mortgage payments, and utilities.

- Less than 30%
- Between 30% - 49%
- Between 50% - 74%
- 75% or more

23. Which of the following best describes your race / ethnic group? (Mark one response)

- Caucasian
- Pacific Islander
- Hispanic/Latino
- Asian
- African American
- Multi-ethnic
- Filipino
- Other
- Alaskan Native/Native American

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

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

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

- No high school diploma
- High school diploma or GED
- Some college, no degree
- AA degree
- Four year college degree
- Master's degree or higher

--	--	--	--

(Office use)

26. What year were you born? _____

27. Are you: Male Female

28. What is your zip code? _____

--	--	--	--	--	--

(Office use)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

Appendix II: Kodiak Island Community Health Survey Results

1. Do you have a regular source of medical care (A regular source of medical care is where you usually go when you need to see a doctor)?

Response	Frequency	Percent
Yes	830	89.8%
No	94	10.2%
Total	924	100.0%

2. Have you needed health care in the last 12 months?

Response	Frequency	Percent
Yes	738	79.6%
No	189	20.4%
Total	927	100.0%

- 2a. If you needed health care during the past 12 months, were you able to receive it?

Response	Frequency	Percent
Yes, in my community	599	81.2%
Yes, outside my community	82	11.1%
No	104	14.1%

Multiple response question with 738 respondents offering 785 responses.

- 2b. If no, why couldn't you receive it?

Response	Frequency	Percent
No insurance/couldn't afford it	36	36.4%
Services not available	33	33.3%
Couldn't afford co-pay	14	14.1%
Insurance wouldn't cover it	11	11.1%
Waiting time too long	9	9.1%
Transportation issues	4	4.0%
Provider wouldn't accept Medicare/Medicaid	4	4.0%
Couldn't find doctor/provider to accept insurance	1	1.0%
Didn't know where to go	1	1.0%
Unable to understand phone instructions to make an appointment	1	1.0%
Other	7	7.1%

Multiple response question with 99 respondents offering 121 responses.

2c. What type of health care did you go without?

Response	Frequency	Percent
General health care	39	49.4%
Preventive care/annual exams	29	36.7%
Specialist (cardiologist, dermatologist, etc.)	26	32.9%
Care for a chronic (ongoing) problem	18	22.8%
Prescription medications	17	21.5%
Mental Health (counseling or other help)	11	13.9%
Emergency/Urgent care	11	13.9%
Alternative (homeopathic or acupuncture)	7	8.9%
Other	4	5.1%

Multiple response question with 79 respondents offering 162 responses.

3. Do you have any kind of health care coverage including TriCare, Medicare and Medicaid?

Response	Frequency	Percent
Yes	783	84.6%
No	143	15.4%
Total	926	100.0%

4a. Does your health insurance cover prescriptions?

Response	Frequency	Percent
Yes	701	92.6%
No	39	5.2%
Don't know	17	2.2%
Total	757	100.0%

4b. Does your health insurance cover treatment for substance abuse? (alcohol/drugs, etc.)

Response	Frequency	Percent
Yes	262	35.8%
No	93	12.7%
Don't know	377	51.5%
Total	732	100.0%

4c. Does your health insurance cover preventive care/annual exams?

Response	Frequency	Percent
Yes	609	81.7%
No	60	8.1%
Don't know	76	10.2%
Total	745	100.0%

4d. Does your health insurance cover long term care? (nursing home)

Response	Frequency	Percent
Yes	135	18.3%
No	198	26.9%
Don't know	403	54.8%
Total	736	100.0%

4e. Does your health insurance cover dental care?

Response	Frequency	Percent
Yes	643	84.8%
No	98	12.9%
Don't know	17	2.2%
Total	758	100.0%

4f. Does your health insurance cover in-home health care?

Response	Frequency	Percent
Yes	114	15.5%
No	132	17.9%
Don't know	491	66.6%
Total	737	100.0%

4g. Does your health insurance cover vision care?

Response	Frequency	Percent
Yes	617	81.4%
No	109	14.4%
Don't know	32	4.2%
Total	758	100.0%

4h. Does your health insurance cover mental health care?

Response	Frequency	Percent
Yes	365	49.9%
No	68	9.3%
Don't know	299	40.8%
Total	732	100.0%

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

Response	Frequency	Percent
Yes	157	17.3%
No	752	82.7%
Total	909	100.0%

6a. If you have dependent children, do they have health insurance? (including Denali KidCare)

Response	Frequency	Percent
Yes	376	81.0%
No	88	19.0%
Total	464	100.0%

6b. If you have dependent children, do they have dental insurance? (including Denali KidCare)

Response	Frequency	Percent
Yes	321	76.2%
No	100	23.8%
Total	421	100.0%

7. Have you needed mental health treatment (counseling or other help) in the last 12 months?

Response	Frequency	Percent
Yes	124	13.4%
No	800	86.6%
Total	924	100.0%

7a. If you needed mental health treatment (counseling or other help), were you able to receive it?

Response	Frequency	Percent
Yes	83	66.9%
No	41	33.1%
Total	124	100.0%

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

Response	Frequency	Percent
No insurance/couldn't afford it	12	30.8%
Couldn't afford co-pay	10	25.6%
Insurance wouldn't cover it	9	23.1%
Services not available	8	20.5%
Waiting time too long	7	17.9%
Didn't know where to go	4	10.3%
Couldn't find doctor/provider to accept insurance	1	2.6%
Transportation issues	1	2.6%
Provider would not accept Medicare/Medicaid	1	2.6%
Other	8	20.5%

Multiple response question with 39 respondents offering 61 responses.

8. In the last 5 years, if you left Kodiak Island to obtain health care in Anchorage was it because:

Response	Frequency	Percent
Referred to another provider by your family doctor	127	27.9%
Needed vision care	87	19.1%
Needed orthopedic (skeletal/bone) care	84	18.4%
Needed women's health treatment	64	14.0%
Needed cardiology specialty care	58	12.7%
Needed dental care	52	11.4%
Prefer out of town care	35	7.7%
Already had other business to take care of in a larger city	31	6.8%
Needed oncology (cancer) treatment	27	5.9%
Needed pediatric care	25	5.5%
Could not get appointment in a timely manner	25	5.5%
Not satisfied with quality of hospital health care	18	3.9%
Confidentiality issues	16	3.5%
Insurance requires care in Anchorage	14	3.1%
Non specific specialist/surgery	13	2.9%
Needed diabetic treatment	12	2.6%
Needed MRI	11	2.4%
Cost	10	2.2%
Needed a dermatologist	5	1.1%
Needed mental health treatment	4	0.9%
Needed a neurologist	4	0.9%
Needed geriatric (problems with aging) treatment	3	0.7%
Needed substance abuse/alcohol treatment	3	0.7%
Went to Veterans Affairs	2	0.4%
Other	22	4.8%

Multiple response question with 456 respondents offering 752 responses.

9. How long has it been since you last visited a dentist or a dental clinic for any reason? (Include visits to dental specialists, such as orthodontists)

Response	Frequency	Percent
Within the past year	651	71.5%
Within the past 2 years	126	13.8%
Within the past 5 years	54	5.9%
6 or more years ago	62	6.8%
Never	17	1.9%
Total	910	100.0%

10. Do you now smoke cigarettes every day, some days or not at all?

Response	Frequency	Percent
Every day	107	11.8%
Some days	54	5.9%
Not at all	748	82.3%
Total	909	100.0%

11. The definition of a drink of alcohol is 1 can or bottle of beer, or 1 glass of wine, or 1 can or bottle of wine cooler, or 1 cocktail or 1 shot of liquor. Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion? An occasion is considered about 2 hours

Response	Frequency	Percent
0	625	80.2%
1	64	8.2%
2	43	5.5%
3	16	2.1%
4	12	1.5%
5	5	0.6%
6	3	0.4%
7	1	0.1%
8	2	0.3%
10	5	0.6%
15	1	0.1%
20	2	0.3%
Total	779	100.0%

12. Would you say that, in general, your physical health (including physical illness and injury)

Response	Frequency	Percent
Excellent	150	16.6%
Very good	312	34.4%
Good	344	38.0%
Fair	83	9.2%
Poor	17	1.9%
Total	906	100.0%

13. How many days per week do you engage in physical activity (such as brisk walking or gardening) for a combined total of 30 minutes or more?

Response	Frequency	Percent
None	109	12.0%
1 - 2 days	251	27.7%
3 - 4 days	320	35.3%
5 or more days	226	24.9%
Total	906	100.0%

14. In the past year have you had an annual wellness check up for preventive purposes (i.e. pap and breast exam, male physical with prostate check)?

Response	Frequency	Percent
Yes	596	66.7%
No	298	33.3%
Total	894	100.0%

15./16. Body Mass Index in adults

Response	Frequency	Percent
Low BMI (Less than 18.5)	10	1.2%
Normal BMI (18.5 - 24.9)	283	32.7%
Overweight (BMI 25.0 - 29.9)	334	38.6%
Obese (BMI 30.0 or more)	238	27.5%
Total	865	100.0%

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

Response	Frequency	Percent
Yes	105	11.4%
No	819	88.6%
Total	924	100.0%

17a. What did you go without?

Response	Frequency	Percent
Dental care	54	52.9%
Health care	45	44.1%
Prescriptions	25	24.5%
Choosing food we wanted	25	24.5%
Food	21	20.6%
Heat/fuel/utilities	19	18.6%
Clothing	15	14.7%
Rent/housing	14	13.7%
Child care	9	8.8%
Other	8	7.8%

Multiple response question with 102 respondents offering 235 responses.

18. What physician specialty care would you like to see on Kodiak Island?

Response	Responses	Percent
Cardiologist	49	16.2%
Pediatrician	47	15.5%
OBGYN	42	13.9%
Dermatologist	40	13.2%
Oncologist	27	8.9%
Neurologist	23	7.6%
Ear, Nose, Throat Specialist	20	6.6%
Ophthalmologist	16	5.3%
Endocrinologist	15	5.0%
Orthopedist	14	4.6%
Pain management	12	4.0%
Urology	10	3.3%
Naturopathy/Homeopathy	9	3.0%
Dental Specialist	9	3.0%
Allergist	9	3.0%
Podiatrist	7	2.3%
Rheumatology	7	2.3%
Mental health	5	1.7%
Women's Health Treatment	4	1.3%
MRI	4	1.3%
Nephrologist (Kidney)	3	1.0%
Other	19	6.3%

Multiple response question with 303 respondents offering 391 responses.

19. Thinking about your community, what additional health care services are needed locally?

Response	Responses	Percent
Lower costs/financial assistance for patients/free clinic	33	13.1%
Elderly care/assisted living	20	7.9%
OBGYN/female health care	19	7.5%
Long term care	15	6.0%
Oncologist & treatment center	14	5.6%
Substance use rehab/counseling	12	4.8%
More specialized dental care/dental clinics	11	4.4%
Mental health services/counseling	11	4.4%
Cardiologist	11	4.4%
Pediatric care/pediatrician	10	4.0%
Vision care/ophthalmologist	10	4.0%
More health prevention programs	10	4.0%
More permanent specialist/specialty care	9	3.6%
Gym, recreational facilities	9	3.6%
Dermatologist	8	3.2%
Diagnostic equipment (MRI, X-ray)	7	2.8%
More permanent doctors	7	2.8%
Neurologist	6	2.4%
Hospice	6	2.4%
Audiology	6	2.4%
Surgical care/surgeons	5	2.0%
Better doctors	3	1.2%
Uninsured patients	2	0.8%
Other	29	11.5%

Multiple response question with 252 respondents offering 273 responses. 20.

20. Overall, how satisfied are you with hospital services on Kodiak Island?

Response	Frequency	Percent
Very satisfied	453	52.0%
Somewhat satisfied	381	43.7%
Not at all satisfied	37	4.2%
Total	871	100.0%

21. Overall, how satisfied are you with doctor services on Kodiak Island?

Response	Frequency	Percent
Very satisfied	459	52.2%
Somewhat satisfied	380	43.2%
Not at all satisfied	41	4.7%
Total	880	100.0%

22. How much of your total household take-home pay (income after taxes) goes to rent/housing costs? Housing costs are considered any type of payment having to do with housing, such as rent or mortgage payments and utilities.

Response	Frequency	Percent
Less than 30%	264	31.5%
Between 30% - 49%	344	41.1%
Between 50% - 74%	177	21.1%
75% or more	52	6.2%
Total	837	100.0%

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

Response	Frequency	Percent
Caucasian	597	67.8%
Alaskan Native/Native American	90	10.2%
Filipino	77	8.7%
Asian	42	4.8%
Hispanic/Latino	25	2.8%
Multi-ethnic	20	2.3%
Pacific Islander	8	0.9%
African American	6	0.7%
Other	16	1.8%
Total	881	100.0%

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

Response	Frequency	Percent
Less than \$10,000	27	3.2%
\$10,000 to \$14,999	42	5.0%
\$15,000 to \$24,999	57	6.8%
\$25,000 to \$34,999	97	11.6%
\$35,000 to \$49,999	127	15.2%
\$50,000 to \$74,999	167	19.9%
\$75,000 to \$99,999	149	17.8%
\$100,000 to \$149,999	127	15.2%
\$150,000 to \$199,999	31	3.7%
\$200,000 or more	14	1.7%
Total	838	100.0%

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

Response	Frequency	Percent
No high school diploma	35	3.9%
High school diploma or GED	148	16.6%
Some college, no degree	235	26.4%
AA degree	103	11.6%
Four year college degree	228	25.6%
Master's degree or higher	141	15.8%
Total	890	100.0%

26. Respondent age

Response	Frequency	Percent
18 - 24 years	37	4.4%
25 - 34 years	127	15.0%
35 - 44 years	182	21.4%
45 - 54 years	260	30.6%
55 - 59 years	93	11.0%
60 - 64 years	64	7.5%
65 - 74 years	65	7.7%
75 - 84 years	16	1.9%
85 years or more	5	0.6%
Total	849	100.0%

27. Gender

Response	Frequency	Percent
Male	307	35.2%
Female	566	64.8%
Total	873	100.0%

28. What is your zip code?

Response	Frequency	Percent
99564	1	0.1%
99608	4	0.5%
99615	871	98.6%
99643	3	0.3%
99669	1	0.1%
99672	1	0.1%
99708	1	0.1%
99761	1	0.1%
Total	883	100.0%