2024

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence Seward Medical Center

Seward, Alaska

To provide feedback about this CHNA or obtain a printed copy free of charge, please email Nathan Johnson at Nathan.Johnson@Providence.org.

Providence

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EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Seward Medical Center (PSMC) to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2024 CHNA was approved by the Providence Alaska Region Board on October 15, 2024, and made publicly available by December 28, 2024.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from sources including the American Community Survey and hospital-level data.

To actively engage the community, we conducted 14 key informant interviews with representatives from organizations that serve diverse populations, specifically seeking to gain deeper understanding of community strengths and opportunities.

We also conducted an online community survey of 285 local respondents, the Community Health and Well-being Monitor™. Survey participants were asked questions related to six dimensions of health: relationships and social connections; mental and emotional health; neighborhood and environment; physical health; work, learning and growth; and security and basic needs. During analysis, 2024 survey responses were compared with 2021 responses for benchmark trend results.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

The Seward CHNA Advisory Committee reviewed a summary of all qualitative data collected from key informant interviews, as well as relevant quantitative data regarding identified community health-related need areas.

After this in-depth data review, the Committee prioritized the need areas based on the following criteria:

- **Size and Scope**: What is the significance of the health issue in terms of the number/percent of people affected?
- **Severity:** How serious are the negative impacts of this issue on individuals, families, and the community?
- **Ability to Impact:** What is the probability that the community could succeed in addressing this health issue? (They took into consideration factors such as community resources, whether there are known interventions, and community commitment to addressing the need.)

Listed in order of priority, they selected the following as the most significant health needs in the PSMC service area:

PRIORITY 1: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Roughly thirty percent of factors affecting an individual's health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, appropriate access to preventive and acute care has an impact on individuals' ability to maintain good health. Appropriate healthcare access means receiving the right care at the right time and in the right place or setting - the timely use of personal health services to achieve the best outcomes. Barriers to achieving that include the lack of locally available and accessible primary, acute and specialty care and dental services, lack of means to pay or being uninsured, and can include cultural, language and even transportation challenges.

PRIORITY 2: BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors, also known as the "social determinants of health," are just as important to an individual's health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and opportunities, transportation, and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY 3: BEHAVIORAL HEALTH

Behavioral health is foundational to quality of life, physical health, and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole. Community conditions that support resilience and well-being, along with timely access to behavioral health care and services are fundamental to healthy individuals and a healthy community.

Providence Seward Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2025-2027 CHIP will be approved and made publicly available no later than May 15, 2025.

Results from the 2021 CHNA and 2022-2024 CHIP

PSMC responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2021 CHNA and 2022-2024 CHIP, made widely available to the public through posting on our website and distribution to

community partners. No written comments were received on the 2021 CHNA and 2022-2024 CHIP. The 2021 CHNA and 2022-2024 CHIP priorities were the following:

- Basic Needs / Economic Security
- Behavioral Health (mental health and substance use disorder)
- Healthy Behaviors / Physical Health

A few of the key outcomes from the previous CHIP are listed below:

- Addressing transportation barriers to help residents get their basic needs met
- Collaborating with community partners to ensure accurate, up-to-date information is available through the United Way 211 system and to educate residents about the benefits of the system
- Working with local primary care providers to ensure a seamless transition for patients presenting to the Emergency Department who do not have a primary care physician
- Collaborating with external behavioral health providers to enhance referral processes, streamline the use of screening tools, and ensure active follow-up with patients

INTRODUCTION

Who We Are

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Providence continues its mission of service through Providence Seward Medical Center (PSMC) and Providence Seward Mountain Haven.

PSMC is a critical-access hospital with 6 licensed beds with roughly 50 employees. PSMC provides quality healthcare to residents and visitors with an array of inpatient and outpatient services. These services include a 24-hour emergency department, laboratory and radiology services, and physical, speech, and occupational therapies.

Providence Seward Mountain Haven has 40 beds – four homes designed for 10 elders each – with about 95 employees. Seward Mountain Haven is part of the nationwide Green House Project, creating a new way of living in later years. In Green House homes, elders are actively involved in all facets of life, including cooking, planning menus and activities, picking furnishings and decor, and controlling their own schedules. Even direct caregivers offer a different kind of support, working in the home to build strong relationships while providing for elders' health needs and personal care. Elders who live in Green House homes like Seward Mountain Haven experience a better quality of life and improved health.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

SECTION I: CHNA FRAMEWORK AND PROCESS

Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion or socioeconomic status. Our health equity statement can be found online: https://www.providence.org/about/health-equity.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

Approach

Explicitly name our commitment to equity

Take an asset-based approach, highlighting community strengths

Use people first and non-stigmatizing language

Community Engagement

Actively seek input from the communities we serve using multiple methods

Implement equitable practices for community participation

Report findings back to communities

Quantitative Data

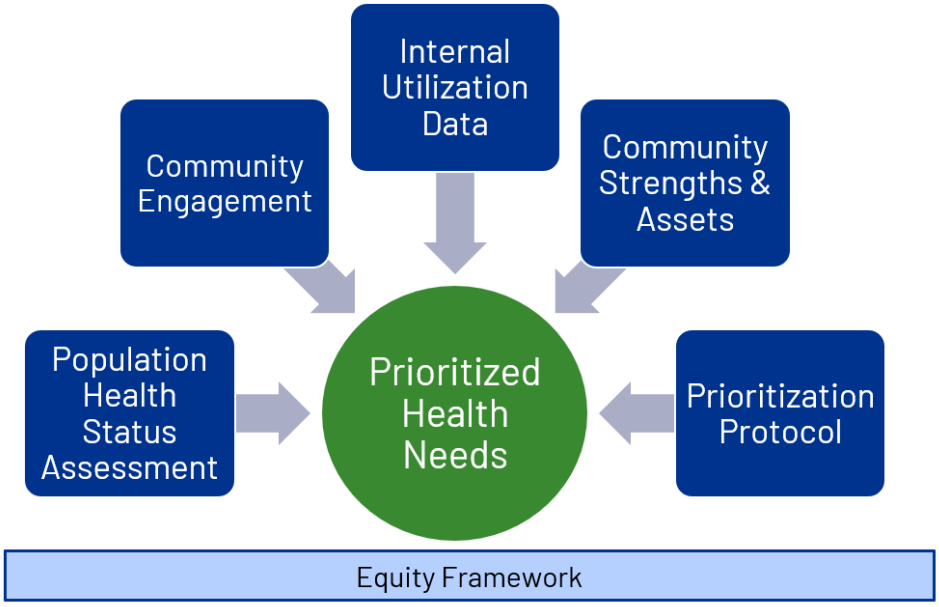
Report data at the census tract level to address masking of needs at county level

Disaggregate data when responsible and appropriate

Acknowledge inherent bias in data and screening tools

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



*modified MAPP Framework

Data Sources

In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
• Key informant interviews (including State of Alaska Division of Public Health) • Community Health & Well-Being Monitor™ • Internal hospital utilization data	• American Community Survey from the U.S. Census Bureau • U.S. Health Resources and Services Administration

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. Secondary data sources do not support sufficient sample sizes to provide data at the community level for Seward, Bear Creek, and Moose Pass. Therefore, publicly available data are provided for the Kenai Peninsula Borough, as these three communities are within the borough.

Other limitations include the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2021 CHNA and 2022-2024 CHIP reports, which were made widely available to the public via posting on the internet in December 2021 (CHNA) and May 2022 (CHIP), as well as through various channels with our community-based organization partners. No comments were received.

SECTION II: DESCRIPTION OF COMMUNITY

CHNA Service Area

Seward is located on Resurrection Bay, a fjord of the Gulf of Alaska on the Kenai Peninsula. Seward is situated on Alaska's southern coast and at the southern terminus of the Seward highway, which is the only road in or out of Seward. The greater Seward area, and CHNA service area, includes not only the City of Seward (population about 2,700), but the communities of Bear Creek (population about 2,100), and Moose Pass (population about 220). Bear Creek is located just north of and adjacent to the City of Seward. Moose Pass is located 28 miles north of Seward and is a very small community that is largely reliant upon the services available in Seward.

PSMC is the only hospital in the Seward area. The service area of PSMC is defined as the greater Seward community, as described above, based on the availability of data and geographic access to the facility. The service area was defined with input from the PSMC and Providence leadership teams, as well as the Seward CHNA Advisory Committee. Due to the remote location of these communities and local geography, PSMC only has one service area, rather than broader and high need service areas.

Table 1. CHNA Service Area for Providence Seward Medical Center

Community	ZIP Code
Seward/ Bear Creek	99664
Moose Pass	99613

The next nearest communities that offer services, including acute care hospital services, are the following:

- Soldotna, Alaska: 94 miles northwest
- Anchorage, Alaska: 125 miles north

Figure 1. Map of Alaska, Including Seward's Location

Community Demographics

Secondary data sources do not support sufficient sample sizes to provide data at the community level for Seward, Bear Creek, and Moose Pass. Therefore, the following demographics are provided for the Kenai Peninsula Borough, as these communities are located within the borough. These data should be used with that understanding. It is for this reason that PSMC has conducted an extensive community survey to ensure accurate community level data were available to drive the CHNA and CHIP processes. The tables below provide basic demographic and socioeconomic information about the Kenai Peninsula Borough and Alaska.

The following population demographics are from the 2022 American Community Survey 5-Year Estimates.

Table 2. Population Demographics for the Kenai Peninsula Borough and Alaska

Indicator	Kenai Peninsula Borough	Alaska
Population by Age Groups		
Total Population	59,235	734,821
Population Under Age 5	5.7% (3,365)	6.7% (48,991)
Population Under Age 18	22.1% (13,074)	24.4% (179,338)
Population Ages 18 to 34	20.1% (11,900)	25.2% (184,889)
Population Ages 35 to 54	24.3% (14,403)	25.2% (184,959)
Population Ages 55 to 64	14.9% (8,853)	12.4% (91,475)
Population Ages 65 and Over	18.6% (11,005)	12.8% (94,160)
Population by Sex		
Female	47.5% (28,149)	47.4% (348,172)
Male	52.5% (31,086)	52.6% (386,649)
Population by Race		
American Indian and Alaska Native	7.4% (4,389)	14.3% (104,957)
Asian Population	1.7% (1,021)	6.5% (47,464)
Black or African American Population	0.7% (424)	3.2% (23,395)
Native Hawaiian and Other Pacific Islander Population	0.4% (222)	1.5% (11,209)
Other Race Population	1.7% (1,006)	2.0% (14,597)
Two or more Races Population	8.5% (5,022)	11.3% (82,727)
White Population	79.6% (47,151)	61.3% (450,472)
Population by Ethnicity		
Hispanic Population	4.4% (2,623)	7.5% (54,890)

Source. U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates, Tables B01001, B02001 and B03003

Many demographic indicators in the Kenai Peninsula Borough are similar to those in the State of Alaska overall. Notable differences include:

- The percentages of aging adults in the Borough are substantially higher than the state. The Kenai Peninsula Borough has 33.5% of residents aged 55 and over (14.9% aged 55-64 and 18.6% aged 65 and over), compared to 25.2% statewide (12.4% aged 55-64 and 12.8% aged 65 and over)
- The percentage of the population identifying as White is 18.3 percentage points higher in the Borough (79.6%) than in Alaska overall (61.3%).
- Compared to statewide, considerably lower percentages of Borough residents identify as American Indian and Alaska Native, Asian, or Hispanic.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Table 3. SDOH Indicators for the Kenai Peninsula Borough and Alaska

Indicator	Kenai Peninsula Borough	Alaska
Median Household Income	$76,272	$86,370
Households Receiving SNAP Benefits	9.2% (2,138)	10.5% (27,659)
Population Below 200% Federal Poverty Level (FPL)	26.4% (15,272)	24.7% (177,333)
Households with Severe Housing Cost Burden	10.4% (2,415)	11.3% (29,776)
Limited English Households	0.4% (0,095)	2.2% (5,720)
Population Unemployed	7.2% (1,971)	6.4% (23,035)
Population with at Least a High School Diploma	94.2% (39,241)	93.5% (454,182)
Population Uninsured	12.7% (7,359)	11.7% (82,562)
Households without Internet	10.9% (2,521)	8.3% (21,866)

Source. U.S Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates.

- Median household income in the Borough is $10,098 less than statewide.
- While the percentage of households receiving SNAP benefits in the Borough (9.2%) is slightly lower than statewide (10.5%), a higher percentage of the population lives below 200% of the Federal Poverty Level (26.4% vs. 24.7%).
- The unemployment rate in the Borough is 7.2%, slightly higher than statewide rate of 6.4%.
- 10.9% of households in the Borough lack Internet access, which is higher than the statewide percentage (8.3%).

HEALTH PROFESSIONAL SHORTAGE AREA

The Kenai Peninsula Borough, in which Providence Seward Medical Center is located, is designated by The Federal Health Resources and Services Administration (HRSA) as a rural Health Professional Shortage Area (HPSA) for primary medical care, dental care, and mental health providers.

See Appendix 1 for additional details on HPSAs and Medically Underserved Areas and Medically Underserved Populations.

SECTION III: HEALTH-RELATED INDICATORS

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area.

Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED discharges typically contain primary diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care based. AED use serves as a proxy for inadequate access to or engagement in primary care.

Behavioral Health cases are ED discharges in which the primary diagnosis includes the following categories:

- Adjustment Disorders
- Anxiety and Personality Disorders
- Attention Deficit Hyperactivity Disorder
- Autism
- Bipolar Disorders
- Eating Disorders
- Learning Disorders
- Mood Disorders, Episodic
- Mood Disorders, Persistent
- Poisonings - Commonly Abused Drugs
- Psychosis
- Substance Use Disorders
- Trauma-Related Disorders

We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2023, our data showed the following key insights:

- 30% of all visits to the PSMC Emergency Department were considered potentially avoidable
- Patients with Medicaid (incl. HMO) had the highest percentage of visits considered potentially avoidable at 39.3%, followed by patients with Medicare (incl. HMO) at 35.5%.
- Adults ages 65 and older had the highest percentage of visits considered potentially avoidable, 33.6%, compared to other age groups and the patient population overall.
- The top two primary diagnosis groupings for AED cases were Chronic Obstructive Pulmonary Disease (12.4%) and skin infections (9.0%).
- In 2023, 5.0% of ED cases were related to behavioral health.
- Of all behavioral health ED visits, 65.2% of patients identified as male while 34.8% identified as female

For additional information regarding these findings, please contact Nathan Johnson at Nathan.Johnson@Providence.org.

SECTION IV: COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Seward Medical Center conducted 14 key informant interviews with representatives from 14 community-based organizations, including the State of Alaska Division of Public Health. During these interviews, community members and nonprofit and government key informants discussed the issues and opportunities of the diverse people, neighborhoods, and cities of the service area. All community input was collected between May and July 2024. Below is a high-level summary of the findings of these sessions.

See Appendix 2 for methodology, participant details, and in-depth findings

Community-Defined Health and Strengths

Key informants were asked to describe their vision of a healthy community and highlight community strengths. These questions are important for understanding what matters to community members and leveraging what is already working:

Vision for a Healthy Community
•Access to Basic Needs and Essential Services •Diversity, Inclusion, and Belonging •Social Connection and Engagement •Education and Economic Stability •Community Collaboration and Problem-Solving •Health and Wellness Culture

Community Strengths
•Strong Sense of Collaboration and Volunteerism •Focus on Health and Wellness •Opportunities for Youth •Educational and Recreational Support •Natural Beauty and Outdoor Engagement •Inclusive and Welcoming Culture

Community Needs

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Affordable Housing and Homelessness	Key informants identified affordable housing and homelessness as major challenges, with housing shortages and rising costs affecting various populations, including residents with low incomes, essential workers, youth, and older adults. The lack of affordable housing contributes to workforce shortages, especially in healthcare and essential services, as employees are unable to find adequate housing. Homelessness in the community is often "invisible", with many people living in unstable conditions like couch surfing. Seasonal workers also face housing difficulties, with homes being rented out as vacation properties in the summer, while winter brings job scarcity and unaffordable housing. Limited emergency shelters and health services exacerbate the problem, particularly for those with mental health or substance use/misuse challenges, and families with children. The absence of comprehensive support systems and resources for people experiencing

	homelessness, combined with the stigma surrounding shelters, further strains the community's ability to address these issues.
Behavioral Health Challenges and Access to Care (Mental Health and Substance Use/Misuse)	Key informants identified behavioral health challenges as critical issues in the community, exacerbated by systemic barriers such as stigma, limited services, and inadequate infrastructure. There is a significant shortage of mental health and substance use disorder (SUD) services, with long wait times for treatment and limited resources, especially for youth. Emergency departments and correctional facilities often serve as temporary solutions, but they are ill-equipped for long-term care. Geographic isolation further limits access, as residents must travel to larger cities for specialized services, a difficult task due to transportation costs and weather conditions. Stigma surrounding mental health and substance use/misuse prevents individuals from seeking help, especially in a small community where privacy is a concern. Discrimination, particularly against LGBTQIA+ individuals, adds to the reluctance to access care. Social isolation and loneliness, aggravated by the remote location, contribute to mental health challenges and substance use/misuse. Populations disproportionately affected include youth, individuals with SUDs, incarcerated individuals, those experiencing mental health crises, the LGBTQIA+ community, and women.
Access to Childcare and Preschools	Key informants emphasized the critical need for more accessible and affordable childcare in Seward, which is described as a "childcare desert" with too few facilities to meet demand. The shortage of preschools limits educational and developmental opportunities for young children, while the lack of childcare forces many parents to leave the workforce, affecting the community's overall economic stability. Although some programs have increased availability, they remain insufficient. Barriers to opening new childcare centers, such as regulatory hurdles and high operational costs, further limit expansion. The high cost of childcare, especially for low- and middle-income families, adds a significant financial strain. Groups most affected by these challenges include working parents, families with low incomes, young children needing early education, and existing childcare providers constrained by regulations. The decline of family-run childcare centers due to stringent regulations has worsened the problem, underscoring the need for a more balanced regulatory environment.

MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

Access to Healthcare Services	Key informants identified significant challenges in the healthcare system, including limited specialty services, transportation barriers, lack of preventive care, and workforce shortages. There are insufficient emergency and specialty services, requiring costly airlifts to Anchorage, and long travel times for routine care. Transportation is a major issue, particularly for populations like older adults and single mothers, who face high costs and limited options. Preventive care is scarce, despite recent improvements in diagnostic capabilities, and pediatric services are notably lacking. Workforce shortages further strain the system, with nonprofits stepping in to provide essential services like transportation. Social stigma, discrimination, and limited health literacy compound these issues, preventing

	many from seeking necessary care. Populations disproportionately affected include older adults, single mothers, families with low incomes, and individuals with chronic conditions, mental health issues, or without health insurance. Expanding home health services, addressing staff shortages, and reducing reliance on external care are critical next steps.
Economic and Food Securities	Key informants highlighted the connection between economic and food insecurity, noting that high living costs, low wages, and job instability leave many families unable to afford enough nutritious food. The high cost of fresh produce worsens food insecurity, while economic challenges are compounded by a shortage of skilled job opportunities, low wages, and lack of health benefits, especially for seasonal workers. Transportation barriers further limit access to essential services like grocery stores, food banks, and healthcare, exacerbating the problem. Food insecurity creates a cycle where unmet basic needs prevent individuals from prioritizing their health, leading to long-term health consequences and limiting economic opportunities. To address these systemic issues, informants stressed the need for investments in job skills training, affordable nutritious food, and improved public transportation. While emergency food assistance programs help, they do not address the root causes of food insecurity, which stem from broader economic and systemic challenges.
Domestic Violence and Child Neglect	Key informants identified domestic violence and child neglect as critical concerns in the community. The severe shortage of affordable childcare contributes to child neglect, as parents are often forced to leave their children unsupervised to maintain employment. Domestic violence is heavily stigmatized, with cultural and generational factors perpetuating its prevalence, and the lack of long-term shelters and legal accountability for perpetrators further exacerbates the issue. The community urgently needs more resources, shelters, and legal protections to effectively address both child neglect and domestic violence. The intertwining of economic insecurity, limited childcare, and domestic violence creates a cycle of neglect, stress, and abuse, which is difficult for families to escape without substantial support.

See Appendix 2 for methodology and participant details

Community Health and Well-Being Monitor™

Due to limited data available for Seward through state and federal sources, Providence fielded a survey from May through August of 2024. A total of 285 responses were received, including hand-administered and manually entered surveys. While technically a convenience sample, efforts were made to reach every resident in Seward via invitations through a range of community partners including blanket invitations via municipal services partners. The survey was well promoted through community, local government, and business channels.

The survey leveraged the questions from the Health and Well-Being Monitor™ developed by the Providence Institute for a Healthier Community to more holistically assess community strengths and indicators of well-being. The report groups findings into six dimensions of well-being: relationships and social connections; mental and emotional health; neighborhood and environment; physical health; work, learning and growth; and security and basic needs.

The following provides key findings from the Community Health and Well-being Monitor™:

Healthy Behaviors / Physical Health

- More than 1 in 3 respondents rate the state of their physical health as "low."
- In 2024, nearly 1 in 4 report having a chronic disease such as congestive heart failure, diabetes, asthma, etc. Of those reporting having a chronic disease, more than one third report not having the resources needed to treat the condition.
- Fifteen percent of respondents report using tobacco related products.

Basic Needs / Economic Security

- Those reporting their financial security as "low" increased from 39 percent in 2021 to 44 percent in 2024.
- Food insecurity went from 8 percent in 2021 to 12 percent in 2024.
- In 2021 Power and Water was identified as a top need by 15 percent of respondents and by 25 percent of respondents in 2024.

Behavioral Health

- In 2024, 30 percent of community members report that they or a family member needed mental health services, versus 23 percent in 2021.
- The percent of community members reporting having had thoughts of suicide during the last twelve months went from 7 percent in 2021 to 12 percent in 2024.
- Those reporting having "low" satisfaction with their mental or emotional wellbeing increased from 30 percent in 2021 to 35 percent in 2024.

Please see Appendix 5: Health and Well-Being Monitor™ Community Survey Report for details.

Challenges in Obtaining Community Input

Key stakeholder and community leader engagement and participation has remained high in support of qualitative interviews and analysis of community need. While sufficient community survey participation was achieved, response rates have been in decline throughout and in the wake of COVID and was negatively impacted by the increase in political outreach and polling fatigue typical of a Presidential election year.

SECTION V: SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after review of the quantitative data.

Identification and Prioritization of Significant Health Needs

The Seward CHNA Advisory Committee reviewed the data collected for each of the following community health-related needs:

- Healthy Behaviors / Physical Health
- Basic Needs / Economic Security
- Behavioral Health

After this in-depth data review, the Committee prioritized the need areas based on the following criteria:

- **Size and Scope**: What is the significance of the health issue in terms of the number/percent of people affected?
- **Severity:** How serious are the negative impacts of this issue on individuals, families, and the community?
- **Ability to Impact:** What is the probability that the community could succeed in addressing this health issue? (They took into consideration factors such as community resources, whether there are known interventions, and community commitment to addressing the need.)

2024 Priority Needs

In order of priority, below are the significant health needs identified through the 2024 Community Health Needs Assessment process:

PRIORITY 1: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Roughly thirty percent of factors affecting an individual's health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, appropriate access to preventive and acute care has an impact on individuals' ability to maintain good health. Appropriate healthcare access means receiving the right care at the right time and in the right place or setting - the timely use of personal health services to achieve the best outcomes. Barriers to achieving that include the lack of locally available and accessible primary, acute and specialty care and dental services, lack of means to pay or being uninsured, and can include cultural, language and even transportation challenges.

PRIORITY 2: BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors, also known as the "social determinants of health," are just as important to an individual's health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security and opportunities, transportation, and availability of affordable childcare are also significant factors in ensuring economic stability.

PRIORITY 3: BEHAVIORAL HEALTH

Behavioral health is foundational to quality of life, physical health, and the health of the community and includes our emotional, psychological, and social wellbeing. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole. The community conditions that support resilience and wellbeing, along with timely access to behavioral health care and services are fundamental to healthy individuals and a healthy community.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. While PSMC is the only hospital within the service area, the State of Alaska Division of Public Health and local health care providers deliver care. Additionally, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs.

See Appendix 3 for a full list of resources potentially available to address the significant health needs

SECTION VI: EVALUATION OF 2022-2024 CHIP

The 2021 CHNA and 2022-2024 CHIP priorities were the following:

- Basic Needs / Economic Security
- Behavioral Health (mental health and substance use disorders)
- Healthy Behaviors / Physical Health

This report evaluates the impact of the 2022-2024 Community Health Improvement Plan (CHIP). PSMC responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 4. Outcomes from 2022-2024 CHIP

Priority Needs	Strategy	Progress/Outcomes
BASIC NEEDS / ECONOMIC SECURITY and BEHAVIORAL HEALTH	Collaborate with community partners to identify viable solution to transportation barriers for basic needs (e.g., health and behavioral health services, groceries)	Seward Community Health Center (SCHC) leveraged grant funding to have the Seward City Bus make stops at the hospital following the tourist season, providing invaluable support to many local residents. Meanwhile, PSMC is actively building partnerships with local taxi services and exploring collaborations with non-medical transportation companies.
	Collaborate with community partners to ensure United Way 211 essential community services system has thorough information for the Seward community and educate the Seward residents about the benefits of the 211 system	SCHC has supplied updated resource contacts to United Way 211. Additionally, PSMC has worked with SCHC on a plan for revision of the Seward Resource Guide, which will also be made available to United Way 211.
BEHAVIORAL HEALTH and HEALTHY BEHAVIORS / PHYSICAL HEALTH	Establish a "warm handoff" process between PSMC Emergency Department (ED) and Seward primary care providers for patients who present at PSMC who do not have an established primary care provider	The PSMC Director of Nursing closely collaborated with an internist at SCHC, who is now departing. Recognizing the importance of continuity of care, the hospital is proactively reaching out to other local primary care providers to ensure a seamless transition for patients presenting to the ED without a primary care physician.

BEHAVIORAL HEALTH	PSMC, SeaView Community Services, and Seward Community Health Center will solidify referral processes, screening tool utilization and active follow-up with patients who present to the ED for behavioral health and/or issues related to substance use disorder.	The PSMC Social Worker collaborated closely with SeaView Mental Health Center to enhance referral processes, streamline the use of screening tools, and ensure active follow-up with patients. Additionally, the SeaView contract has been revised to accurately reflect the updated contractual obligations.

Addressing Identified Needs

The Community Health Improvement Plan developed for the PSMC service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how PSMC plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions PSMC intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between PSMC and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2025.

2024 CHNA GOVERNANCE APPROVAL

2024 Seward CHNA Governance Approval

This Community Health Needs Assessment was adopted by the Providence Alaska Region Board[1] on October 15, 2024. The final report was made widely available by December 28, 2024.

DocuSigned by:
Ella Goss
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11/26/2024

Ella Goss, MSN, RN — Date
Alaska Region Chief Executive
Providence

DocuSigned by:
Scott Wellmann
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11/25/2024

Scott Wellmann, MD — Date
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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

[1] **See Appendix 4:** Providence Alaska Region Board of Directors

APPENDICES

Appendix 1: Quantitative Data

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers).

The Kenai Peninsula Borough, in which Providence Seward Medical Center is located, is designated as a rural HPSA as follows:

Table_Apx 1. Health Professional Shortage Area

Discipline	HPSA Name	Designation Type	HPSA FTE Shortage*
Primary Care	ME - Kenai Peninsula Borough	Medicaid Eligible Population HPSA	4.74
Dental Health	Kenai Peninsula Borough	Geographic HPSA	6.77
Mental Health	Kenai Peninsula Borough	Geographic HPSA	2.66

Data Source: U.S. Department of Health & Human Services, Health Resources & Services Administration, https://data.hrsa.gov/tools/shortage-area/hpsa-find

** This attribute represents the number of full-time equivalent (FTE) practitioners needed in the HPSA so that it will achieve the population to practitioner target ratio.*

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary.

The Kenai Peninsula Service Area is designated as a rural, Exceptional Needs Medically Underserved Area for primary care. (*Data Source: U.S. Department of Health & Human Services, Health Resources & Services Administration, https://data.hrsa.gov/tools/shortage-area/mua-find)*

Appendix 2: Community Input

METHODOLOGY

Participants

The hospital completed 14 key informant interviews that included a total of 14 participants. The interviews took place between May and July 2024.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included a Public Health Nurse from the State of Alaska Division of Public Health as a key informant to ensure the input from a state, local, tribal, or regional governmental public health department.

Table_Apx 2. Key Community Key Informant Participants

Organization	Name	Title	Sector
Alaska SeaLife Center	Melissa Provost	Human Resources Manager	Marine Education and Research
Alaska Vocational Technical Center (AVTEC)	Cathy LeCompte	Director	Workforce Development
American Legion	Clare Sullivan	Seward Post 5 Commander	Veterans' Services
He Will Provide Food Pantry	Sharon Stevens-Ganser	Board President	Food Security
Major Marine Tours	Tom Tougas	Owner	Business
Providence Seward Medical Center and Mountain Health	Helena Jagielski	Hospital Administrator	Health Care
Qutekcak Native Tribe	Dolly Wiles	Tribal Administrator	Alaska Native Community
SeaView Community Services	Tommy Glanton	Chief Executive Officer	Health Care
Seward Community Health Center	Craig Ambrosiani	Executive Director	Federally Qualified Health Center

Seward High School	Ronn Hemstock	Teacher and Athletic Director	Education
Seward Prevention Coalition	Katie Cornwell	Executive Director	Child and Family Programming
Seward Senior Center	Dana Paperman	Executive Director	Senior Services
Spring Creek Prison	Lynne Lawrence	Corrections Nurse	Corrections Health Care
State of Alaska Division of Public Health	Amanda McKinley	Public Health Nurse	Public Health

Facilitation Guides

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2024 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from

the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

Limitations

While key informants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Interviews were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Vision of a Healthy Community

Key informants were asked to share their vision of a healthy community. The following themes emerged:

Diversity, Inclusion, and Belonging: A healthy community is characterized by diversity in ideas, beliefs, and backgrounds, with a shared sense of belonging. Inclusivity is a cornerstone, ensuring that everyone feels welcomed and respected, regardless of their demographic background. Social gatherings and community activities foster a sense of togetherness, which not only supports mental health but also strengthens social bonds, reducing isolation.

Access to Basic Needs and Essential Services: The foundation of a healthy community rests on ensuring access to basic needs, such as:

- Affordable Housing: Adequate, safe housing is essential to a stable, thriving community.
- Food Security: No one should have to worry about having enough food to eat.

- Healthcare Access: Equal access to healthcare, including mental health services and preventive care, is vital. This also includes specialized care that maintains quality, even in smaller communities.

A healthy community is supported by well-maintained infrastructure such as roads, sidewalks, and public spaces. Access to essential services like transportation, healthcare, and social programs ensures that all residents can fully participate in community life. Strong schools, well-funded public services, and safe communal spaces further contribute to the overall health and vibrancy of the community.

Social Connection and Engagement: A healthy community offers numerous opportunities for residents to connect. Events, activities, and shared spaces promote social engagement and encourage residents to check on each other's well-being. The COVID-19 pandemic disrupted these in-person interactions, weakening community ties. Revitalizing social networks through accessible, non-fee-based activities is key to rebuilding the social fabric of the community.

> *"It's about preventative care, spiritual care, and activities for all ages... a place for kids and families to be active."- Key Informant*

Education and Economic Stability: Strong schools and quality education are fundamental to a healthy community, serving not only as educational institutions but also as hubs for social engagement. Economic stability, bolstered by job opportunities, is equally important. Education and economic well-being are deeply intertwined, both contributing to the long-term health and growth of the community.

Community Collaboration and Problem-Solving: A healthy community is one that acknowledges its challenges and works together to solve them. Open and honest communication is necessary, whether addressing issues related to infrastructure, healthcare, or social concerns. Collaborative efforts, including engagement with local leadership, are crucial in crafting solutions. Creating spaces for community conversations allows residents to come together and tackle pressing issues such as housing, healthcare, and transportation.

Health and Wellness Culture: A healthy community prioritizes overall wellness, emphasizing physical, mental, and spiritual health. This includes not only access to healthcare services but also the promotion of physical activity, outdoor engagement, and mental health support. The community aims to foster a culture of wellness for all ages, with preventive care, spiritual support, and accessible opportunities for physical activity—such as sidewalks, biking paths, and outdoor spaces—seen as central to this vision.

Community Strengths

The interviewer asked key informants to identify one of the community's strengths and discuss how these strengths can be leveraged to address community needs. This is a critical question because every community possesses unique strengths. While the Community Health Needs Assessment (CHNA) primarily focuses on identifying service gaps and challenges, it is equally important to highlight and build upon the community's existing strengths.

Strong Sense of Collaboration and Volunteerism: One of the community's defining strengths is its collaborative spirit. Volunteers play a pivotal role in supporting essential services such as the fire department, emergency medical services (EMS), and various social programs. This culture of volunteerism strengthens the social fabric, with the community consistently coming together to solve

problems and care for one another. This unity fosters a strong social network and enhances community resilience.

> *"Volunteerism...strengthens the fabric of our community... if all of these programs pulled their volunteers, our community would collapse." -Key Informant*

> *"We do have a real tight-knit community... they're all willing to volunteer and to help and to come together for healthcare." -Key Informant*

Focus on Health and Wellness: The community boasts several resources, including robust nonprofit collaboration, health services, and prevention programs that promote health equity and offer vital support. These resources also provide mental health support, social services, and healthcare assistance. A positive trend is the gradual development of a health-focused culture, with growing efforts to offer more preventive care and accessible healthcare services. Although there are gaps—such as the need for more specialty healthcare services—the community is moving in the right direction.

> *"For a small community... we have a lot of resources, especially around health."—Key Informant*

> *"They have many, many nonprofits that provide the arts, provide outdoor winter recreation, summer recreation. – Key Informant*

Opportunities for Youth and Young Professionals: The community offers youth opportunities to gain work experience early, including for high-paying jobs that foster financial independence and support education. Economic prosperity is increasing, with job opportunities now available year-round rather than seasonally. The shift toward young leadership has revitalized local problem-solving efforts and growth initiatives. Young professionals are becoming more engaged in leadership roles, injecting fresh ideas and energy into the community's development.

Strong Educational and Recreational Support: Schools are central to the community, providing both educational and social opportunities. Youth programs, especially in swimming and winter sports, encourage social engagement, physical activity, and health. The community's investment in educational and extracurricular programs for youth is seen as a critical strength, fostering both personal development and community involvement.

Natural Beauty and Outdoor Engagement: The community's natural surroundings are a significant asset, offering a beautiful environment that promotes outdoor activities and contributes to both physical and mental well-being. Improvements in parks and recreation initiatives are fostering greater engagement in outdoor activities, particularly during the winter, which further supports residents' health.

Inclusive and Welcoming Culture: Although small in population, the community is recognized for its inclusive and welcoming nature. Those willing to participate and contribute find a supportive and connected environment that values involvement, further strengthening the social fabric.

> *"When there's people in need, there always seems to be people that come out of the woodwork to help." – Key Informant*

"We're not all Yupik, we're not all Athabaskan... We're all many cultures, many people, and unite together to work on problems."- Key Informant

To improve health equity, the community can capitalize on its collaborative culture, robust volunteer base, and existing resources to enhance communication, raise awareness, and address health needs through coordinated, inclusive efforts. Key informants emphasized the importance of leveraging the community's collaborative spirit to improve communication platforms—such as social media or local networks—to share information about available programs and services more effectively. Increasing awareness of existing health and social services is essential, as many residents are unaware of what is available. Collaborative problem-solving through groups like the Seward Prevention Coalition, along with agency partnerships, can promote health equity and provide innovative solutions. Additionally, organizing community activities can foster social connections and encourage residents to engage with one another. Expanding local health services—such as bringing in specialists and providing home health care—would reduce the need for residents to travel to larger cities for care. Further, interagency cooperation, including the creation of a larger clinic or public-private partnerships, could streamline services and improve access to healthcare.

High Priority Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Three additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Affordable Housing and Homelessness
2. Behavioral Health Challenges and Access to Care (Mental Health and Substance Use/Misuse)
3. Access to Childcare and Preschools

Affordable Housing and Homelessness

Most key informants identified affordable housing and homelessness as significant challenges in Seward, noting them as the primary need. The lack of affordable housing and lack of resources for people experiencing homelessness impact a wide range of populations, contributing to systemic issues in the community such as workforce shortages and gaps in healthcare and social services.

Lack of Affordable Housing and Rising Costs: The housing crisis is worsening due to skyrocketing prices and a lack of available homes, making it unaffordable for both buyers and renters. Many people, including healthcare workers, are accepting jobs in the area but cannot find safe or affordable housing, which negatively impacts the workforce, particularly in essential services like health care.

Lack of Emergency and Homeless Shelters: There are limited facilities for people experiencing homelessness, with the only shelters available focusing on specific groups (e.g., victims of domestic violence and sexual assault). There is a need for basic services like hygiene centers (places to get clean) and resources for people who are homeless. The existing support systems are minimal, with limited hours and no referral mechanisms to shelters or appropriate services. There is a stigma attached to building shelters, as some residents fear that people from other areas, like Anchorage, might come to the community for services, exacerbating the problem.

Limited Health and Social Services: There are minimal direct service providers for personal care and home health care, and people needing long-term or assisted living care must leave the community.

Seasonality and Tourism: The town's seasonality due to tourism means that in the summer, jobs are abundant, but housing becomes less available as properties are often rented out as short-term or vacation rentals. In the winter, housing might be available, but jobs become scarce, and the housing that is available is too expensive for people to afford on lower winter wages. This cycle prevents long-term leases and adds instability for year-round residents.

Invisibility of Homelessness: Homelessness can be "invisible" in the community. Many people experiencing homelessness are "couch surfing" or living in unstable arrangements rather than being on the streets. This invisibility makes it harder for the community to grasp the full extent of the need.

Key informants shared the following populations are most affected by the housing and homelessness crisis in the community:

- People with low incomes: People with limited income are unable to afford the skyrocketing housing prices, whether they are renters or potential homeowners. The cost of housing is particularly challenging for those who work in jobs that do not pay enough to cover rising rent or mortgage expenses, especially during off-peak seasons.
- Essential Workers (Healthcare, Law Enforcement, Education, etc.): Many workers in essential fields, such as healthcare providers, law enforcement officers, teachers, and corrections officers, are unable to find affordable housing. The housing shortage affects their ability to live in the community where they work, sometimes forcing them to live in temporary housing (e.g., campers), creating both personal and professional strains. Workforce issues in health care and other vital services are exacerbated because housing availability makes it difficult to recruit and retain employees.

"Affordable Housing is the key to the whole community. " -Key Informant

- **Youth:** A significant portion of youth in the community is either unstably housed (e.g., couch surfing) or without adult supervision. These youths face long-term risks due to unstable housing situations, affecting their well-being and future opportunities.
- **Older adults:** Elders requiring home health care or assisted living are particularly impacted, as these services are scarce or prohibitively expensive in the community. Many older residents must leave the area to receive proper care.
- **Incarcerated Individuals:** Incarcerated individuals also face difficulties in finding housing after reentry, which can impede their reintegration into society and increase the risk of recidivism.
- **Seasonal Workers:** Seasonal workers are greatly affected by the town's tourism-driven economy. During the summer months, they face housing shortages due to the prevalence of short-term vacation rentals. In the winter, while housing may become more available, jobs are fewer, making it difficult for seasonal workers to sustain themselves financially in the off-season.
- **People with Mental Health and Substance Use/Misuse Challenges:** Many people experiencing homelessness may also suffer from mental health disorders or substance use/misuse issues, which are exacerbated by the lack of housing stability and resources such as shelters, supportive

services, and affordable health care. These individuals are more likely to use emergency services (like the Emergency Department) because they lack other options for care.

- **Families with Children:** Families, especially those with children, have difficulty finding safe and affordable housing, impacting their quality of life, stability, and access to necessary services.

Behavioral health challenges and access to care (mental health and substance use/misuse)

Key informants identified behavioral health challenges and access to care (specifically mental health and substance use/misuse) as a significant need within the community. Mental health and substance use issues are deeply interconnected, presenting overlapping challenges. Both are influenced by systemic barriers such as stigma, limited access to services, social determinants of health, and inadequate infrastructure and staffing.

Access to Behavioral Health Care and Services: There is a pronounced shortage of services for both mental health and substance use disorders (SUD). Wait times for substance use treatment, ranging from 3 to 6 months, reflect the broader lack of mental health support, particularly for youth and within schools. Emergency departments often serve as a fallback for both mental health crises and substance use issues, though these settings are ill-suited for long-term care. Individuals with mental health needs or substance use disorders frequently find themselves in environments poorly equipped to meet their needs. For example, patients awaiting mental health care or involuntary commitment are often held in emergency departments or correctional facilities, which are not conducive to healing. There is an urgent need for more comprehensive crisis care for those with severe mental health conditions. There is a shortage of public safety officers trained to handle mental health crises, which exacerbates the difficulty in responding to emergencies involving individuals with severe mental health conditions. The community lacks the local resources necessary to manage these cases, forcing individuals to seek services outside the area, compounding the issue with transportation barriers.

Geographic Isolation: The remote location of the Seward community makes it difficult to access specialized behavioral health services, as residents often need to travel to Anchorage or other larger cities for psychiatric care or substance use/misuse treatment, which is challenging due to transportation costs and weather conditions.

Stigma and Social Barriers: A pervasive stigma surrounding both mental health and substance use/misuse deters individuals from seeking help. In a small community, the visibility of accessing services can be high, further discouraging people from pursuing care.

Discrimination: Community members are grappling with mental health challenges related to identity, self-esteem, and discrimination, particularly among LGBTQIA+ youth. Discrimination, particularly against LGBTQIA+ individuals, creates a social barrier that discourages seeking mental health support. This discrimination, often seen on social media or in public, adds to the fear and reluctance to access care. The absence of trusted counselors and safe spaces exacerbates these struggles, leaving emotional and mental health needs unmet.

Social Isolation and Loneliness: The "loneliness pandemic" is directly linked to both mental health challenges and substance use/misuse. Seward's remote location increases vulnerability to these issues, as individuals may turn to substances to cope with emotional and psychological distress.

Key informants noted that some populations are disproportionately affected by stigma, limited access to services, and social barriers:

- **Youth and Families:** Youth face significant barriers to accessing mental health services, such as needing parental consent. Schools provide limited mental health services, often with insufficient staffing (e.g., a clinician available only half a day per week). Adolescents and young adults (18 to 24 years old) are particularly affected by mental health challenges, including ADHD, bipolar disorder, trauma responses, and substance use disorders. Youth also struggle with identity and self-esteem issues, particularly LGBTQIA+ youth, who face additional discrimination. Some behavioral health services in schools require parental permission, which acts as a barrier for youth who need mental health care but cannot obtain their parents' consent due to stigma or lack of awareness. Families dealing with behavioral health crises often lack local support, requiring them to seek services outside the community.
- **Individuals with Substance Use Disorders:** Both youth and adults with substance use disorders face significant behavioral health challenges, with a growing community need for prevention and treatment. Marijuana and other substances were noted as growing issues, particularly among young people. Informants highlighted the need for prevention and intervention programs that reduce access and exposure to substances.
- **Incarcerated Individuals**: People in the local correctional facility have a high demand for behavioral health services, as they often experience both mental health and substance use/misuse challenges. Infectious diseases, particularly due to needle use, are common. Prisons lack the staff and resources to address these interconnected issues, leaving incarcerated persons without adequate care.
- **Individuals Experiencing Mental Health Conditions:** Those undergoing mental health crises, especially those requiring psychiatric intervention, are underserved due to a shortage of appropriate facilities and resources. These individuals often end up in emergency rooms for extended periods due to a lack of psychiatric beds.
- **LGBTQIA+ Community:** LGBTQIA+ individuals, particularly youth, face discrimination and identity-related mental health challenges. Stigma and discrimination create barriers to accessing mental health care and community support for this group.
- **Women:** A notable portion of women in the community report poor mental health, often linked to substance use and domestic violence.

Access to Childcare and Preschools

Key informants highlighted the urgent need for more accessible and affordable childcare services, while also having more responsive and flexible regulations to allow for meeting the needs of the community; they emphasized the importance of balancing safety and oversight without stifling the ability to provide care. Seward was referred to as a "childcare desert," meaning there are far too few childcare facilities to meet the demand. The lack of preschools further exacerbates the problem, limiting educational and developmental opportunities for young children. The entire community, including employers, is affected by the childcare crisis. Parents struggling to find reliable childcare are less able to participate in the workforce, which in turn impacts the overall economic stability of the community. While some programs

have increased childcare availability, these efforts have proven inadequate in meeting the community's growing needs.

Limited Availability of Childcare: The community faces a severe shortage of childcare and preschool options, especially for children aged 0 to 3 years. Many parents are forced to stay home or delay returning to work after having a child, underscoring a critical gap in early childhood support. Even once children turn three, the limited availability of spots in childcare facilities leads to long waiting periods, creating uncertainty and stress for parents seeking care options.

Barriers to Opening Childcare Centers: Despite community efforts and available grant funding, too few individuals are willing to open childcare centers. Regulatory hurdles and operational challenges, particularly cumbersome state regulations, discourage potential providers from entering the market. These regulations, which limit the number of children home-based providers can care for, further restrict existing providers from expanding to meet the demand.

Impact on Working Families: The shortage of affordable, accessible childcare forces parents into difficult decisions. Some may be left with no choice but to leave children unsupervised to maintain employment, raising concerns about child neglect. According to key informants, this issue reflects a broader social problem in which the economic necessity of working clashes with ensuring children's safety and well-being.

> *" The decision to have a child is almost a commitment to say, either I'm not going to work or I'm going to have to work from a remote capacity in some way because there isn't a great option available in the community that provides that quality childcare."— Key Informant*

Decline of Family-Run Childcare: In the past, there were more family-run childcare centers in the community. However, increasingly stringent state regulations have reduced the number of these providers. This decline suggests a need to reassess the regulatory environment to encourage more in-home or small-scale childcare options.

Cost of Childcare: Childcare is described as both rare and expensive, particularly for low- and middle-income families. Even when available, the cost is often prohibitive, adding an economic burden to families already struggling with the high cost of living. This financial barrier compounds the strain on families, especially those reliant on dual incomes.

Key informants identified several groups particularly affected by the childcare challenges in Seward:

- **Working Parents:** Dual-income households are especially impacted by the lack of available and affordable childcare, with some parents forced to stay home or seek alternative work arrangements, limiting their ability to contribute to the workforce. Families with very young children (ages 0 to 3 years) are hit hardest by the absence of care options for infants and toddlers, creating a significant barrier for parents needing to work or pursue other activities.
- **Families with Low Incomes:** These families are disproportionately affected by the high cost of childcare. Even when services are available, the financial burden is substantial, making it difficult for families with low incomes to access care and maintain economic stability.

- **Children Needing Early Childhood Education:** The limited availability of preschools and early childhood education services restricts the developmental and educational opportunities available to young children in the community.
- **Childcare Providers:** Existing providers, especially home-based ones, are constrained by state regulations limiting the number of children they can care for, reducing their capacity to meet the growing demand for childcare.

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by key informants:

4. Access to Healthcare Services
5. Economic Security, including Food Security
6. Domestic Violence and Child Neglect

Access to Healthcare Services

Key informants have identified that the healthcare system faces a variety of challenges, including limited specialty services, severe transportation barriers, a lack of preventive and routine care, and workforce shortages. Social stigmas and lack of health literacy exacerbate these problems, making it difficult for residents to access care. However, recent improvements and ongoing efforts, such as adding diagnostic capabilities and exploring ground transportation solutions, offer hope for enhanced healthcare accessibility. Key informants discussed how expanding home health services, addressing staffing shortages, and fostering a more inclusive community are critical next steps.

Limited Emergency and Specialty Services:

- **Emergency Care Capacity**: The community struggles with emergency services, often needing to transfer patients to Anchorage via helicopter, even when it's not medically necessary. There is a need for 24/7 emergency room services and ground transportation options to reduce the dependence on costly airlifts.
- **Lack of Specialty Care**: The community lacks specialty healthcare services, forcing residents to travel 2.5 hours to Anchorage or Kenai. This is a significant barrier, especially during winter when travel becomes even more difficult. Many residents either use the Emergency Department (ED) for non-emergent care or forgo treatment altogether.

Transportation Barriers: Transportation is a major issue. With the bus running only twice a week and taxi services being cost-prohibitive, accessing healthcare—especially in emergencies or for ongoing treatment—is difficult. This disproportionately affects populations like older adults and single mothers. Traveling long distances for care, especially in winter, poses safety risks and often prevents people from seeking timely help, worsening their health conditions.

Lack of Preventive Care: Preventive healthcare services, such as colonoscopies, wellness checkups, and specialized care, are scarce. Although mammogram machines and some diagnostic tools like EKGs and infusion centers have recently been added, more services are needed to reduce residents' need to travel. The community also faces a shortage of healthcare providers, including both general practitioners

and specialists, limiting access to timely, adequate care. Additionally, there is insufficient dental care available.

Pediatric Care: The community lacks pediatric services. Expectant mothers must leave the community a month before their due date to receive care in Anchorage, highlighting the urgent need for more localized healthcare services.

Workforce Shortages and Healthcare Infrastructure

- **Staffing Issues**: Although funding for healthcare initiatives is not a problem, finding skilled professionals to provide care is challenging. This shortage impacts not just healthcare but also the local school system, as teachers are affected by the community's health needs.
- **Reliance on Nonprofit Organizations**: Nonprofit organizations are handling much of the healthcare burden, especially by providing transportation for patients to Anchorage. The lack of infrastructure for ground-based transport and specialty care within the community increases reliance on external support.

Discrimination and Stigma: Communities of Color, individuals identifying as LGBTQIA+, and individuals with mental health conditions experience discrimination within the community. Social stigma, often magnified on social media, discourages people from seeking healthcare. This lack of inclusion further restricts healthcare access.

Health Literacy and Awareness: Many residents lack awareness of the importance of preventive care and the complexity of the healthcare system is difficult to navigate, especially for people without insurance. As a result, non-urgent conditions are often treated in the emergency room, contributing to inefficient healthcare delivery.

Home Health: There is an acute shortage of home health services, particularly for aging adults and individuals with chronic conditions. The need for mid-level nursing care and home-based healthcare services is pressing, as existing hospice care is mostly volunteer-run and insufficient to meet the community’s needs.

Disproportionately Impacted Populations

- **Older Adults**: Older adults with chronic conditions, such as those needing infusions or specialized testing, face difficulties accessing in-home health services and preventive care. Many must travel long distances for routine care, which can be dangerous in bad weather. A lack of affordable, reliable transportation further limits their ability to access necessary services.
- **Single Mothers**: Single mothers experience barriers to accessing healthcare for themselves and their children due to transportation and cost challenges. The shortage of pediatric care and preventive services often forces them to rely on emergency services or forgo care altogether. The lack of childcare options further complicates their ability to manage healthcare needs.
- **Families with Low Income**: Families with lower incomes face financial barriers to traveling for specialized services and staying overnight when needed. The lack of preventive care also disproportionately impacts them, forcing greater reliance on emergency care, which is often less effective for managing chronic conditions.

- **People without Health Insurance**: Without health insurance, many residents rely on emergency rooms for non-emergency issues due to limited access to routine and specialized care. The lack of affordable preventive options particularly affects this group.
- **Individuals with Chronic Conditions**: Those with chronic conditions requiring specialized care are burdened by the need to travel frequently to Anchorage or Kenai. The lack of local services creates logistical and financial challenges, and the absence of home health care further complicates their situations.
- **People with Mental Health Conditions**: Misdiagnoses and improper referrals to mental health services occur because of a lack of other appropriate care options. Stigma and discrimination make it harder for people to seek mental health care, with fear of being unwelcome a common deterrent.
- **LGBTQIA+ Community**: Discrimination against LGBTQIA+ individuals creates a hostile environment where many avoid seeking healthcare due to feeling unwelcome or afraid, leading to delayed or missed treatment.
- **Children and Adolescents**: The community lacks adequate pediatric services and preventive care for children and adolescents, including school physicals and routine checkups. Limited childcare services also negatively impact children's early development and health.
- **Incarcerated Individuals**: Those who are incarcerated face significant obstacles in accessing specialized care, often requiring transportation to other cities. This not only complicates logistics but also leads to delays in receiving needed treatment.
- **Individuals with Limited Digital Access**: Residents without reliable internet or digital literacy—particularly older adults—face additional barriers to accessing healthcare information and services. The lack of paper-based resources further limits their ability to engage with available healthcare programs.

A key informant captured the situation aptly, saying, *"Two things you're not allowed to do in Seward are be born and die."*

Economic Security, including and Food Security

Key informants highlighted the strong link between economic and food insecurity in Seward, where many families and individuals experience challenges with the high cost of living and lack of reliable transportation. They emphasized the interconnected nature of these issues and the need for comprehensive strategies to address them. Low wages and job instability significantly contribute to food insecurity, as many families cannot afford enough food. This is further worsened by the high cost of fresh produce, while economic insecurity is compounded by a shortage of skilled job opportunities and disparities in wages and health benefits.

The inability to meet basic needs, such as food and shelter, directly impacts people's ability to prioritize healthcare. When working hard to make ends meet, individuals have little capacity to focus on their health, leading to worsening conditions and long-term health consequences. Economic insecurity creates a cycle in which unmet basic needs hinder access to healthcare, and poor health further limits

economic opportunities, making it difficult for individuals to improve their circumstances without external support.

To address these issues, key informants discussed the need for investments in job training, public transportation, and affordable access to nutritious food.

Job Skills Training: A gap in job skills and technical training prevents local residents from accessing available job opportunities, leaving many positions unfilled or filled by individuals from outside the community. By building local talent through targeted training programs, economic security for residents could improve. Additionally, seasonal workers in Seward, who are often college-aged, are paid lower wages than year-round workers, impacting their economic stability.

Lack of Health Insurance: Seasonal workers often do not receive health insurance from their employers, which worsens both their economic and healthcare insecurity. Without insurance, these workers face increased out-of-pocket healthcare costs, further straining their financial resources.

Systemic Issues: Informants stressed that food insecurity is linked to broader systemic problems, such as low wages, unemployment, and lack of affordable housing. While emergency food assistance programs are vital, they are only temporary solutions and do not address the root economic causes of food insecurity.

High Cost of Living and Food: The high cost of fresh produce and essential items makes it difficult for people to maintain a nutritious diet. With the high cost of living in general, many are forced to choose between food, healthcare, and other basic necessities. This financial strain pushes people toward cheaper, less healthy food options, which has long-term negative effects on public health, particularly for lower-income households. Additionally, access to financial assistance programs and services is limited, and application processes are often cumbersome.

The local food bank plays a crucial role in meeting the community's food needs, but transportation challenges limit access for some residents. Without reliable transportation, individuals are unable to benefit from the services available.

Transportation Barriers: The lack of public transportation in Seward exacerbates economic and food insecurity, making it difficult for individuals without vehicles to access essential services like grocery stores, the food bank, and healthcare. It also limits their ability to commute to work, compounding both food insecurity and economic stress.

Domestic Violence and Child Neglect

Key informants identified domestic violence and child neglect as critical concerns within the community. A severe shortage of affordable childcare has exacerbated the issue of child neglect, particularly as working parents are often forced to make difficult choices regarding their children's care. Domestic violence remains heavily stigmatized, with deep-rooted cultural and generational factors contributing to its prevalence. The lack of long-term shelters and legal accountability for perpetrators further intensifies the problem. While the introduction of the SART program is a positive step, there is an urgent need for more resources, shelters, and legal protections to effectively address both child neglect and domestic violence.

Lack of Childcare: Child neglect has emerged as a growing issue, primarily driven by the absence of affordable and accessible childcare options. Parents often face a painful dilemma: leave their children home alone or forgo employment, leading to neglect out of necessity. The limited childcare options available are frequently prohibitively expensive, making them inaccessible for many families. This exacerbates the problem, as parents need to work to cover basic expenses but cannot afford adequate care for their children. The shortage of affordable childcare and ongoing economic insecurity are closely intertwined with the issues of domestic violence and child neglect. When parents are forced to leave their children unsupervised or face financial stress, tensions within the household may rise, increasing the risk of domestic conflict or violence. Without affordable childcare and economic support, families remain trapped in cycles of neglect, stress, and abuse.

Stigma and Gender Roles: Domestic violence carries significant stigma in the community, compounded by traditional gender roles and a predominantly male population. Cultural norms surrounding gender roles and the stigma associated with reporting domestic violence create barriers for victims seeking help or speaking out about their experiences.

Generational Cycles of Abuse and Trauma: Domestic violence is often described as part of generational cycles of abuse, deeply influenced by colonization and historical trauma. These entrenched issues, shaped by cultural and historical contexts, perpetuate the persistence of domestic violence in the community.

Lack of Legal Accountability: Despite the prevalence of domestic violence, there is a notable absence of legal accountability, with few prosecutions for such cases. This lack of recourse allows cycles of abuse to continue, discouraging those experiencing domestic violence from coming forward and undermining the effectiveness of interventions.

Limited Resources for Persons Experiencing Domestic Violence: The community lacks a dedicated domestic violence shelter. A temporary shelter is available, but it only provides safety for two to three days—which is insufficient time for people experiencing domestic violence who need long-term protection and support. This lack of resources leaves many without the support needed to escape abusive environments and rebuild their lives.

Appendix 3: Community Resources Available to Address Significant Health Needs

PSMC cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 3. Community Resources Available to Address Significant Health Needs

Health-related Need	Organization or Program	Contact Information
Chiropractic	**Progressive Chiropractic**	11694 Seward Hwy, Seward, AK 99664 224-8680
	Seward Chiropractic Clinic	208 4th Ave., Seward, AK 99664 224-5280
Dental Health Services	**Chugachmiut Health Services Dental Program** The dental clinic provides services to beneficiaries and their family members, and staff travel to our four remote villages to provide state-of-the-art dental care to residents.	201 Third Ave, Seward, AK 99664 907-224-4925 https://www.chugachmiut.org/health-social-services/clinics/seward/
	Dr. Moriarty Dental Clinic (**Seward Family Dentistry**)	400 4th Ave, Seward, AK 99664 907-224-3071 https://sewardfamilydentistry.com/
Medical and Behavioral Health Services	**Chugachmiut Health Services/North Star Health Center** This is the hub of Chugachmiut's healthcare system in the region. Located in Seward, NSHC is dedicated to quality primary care with a focus on preventative patient education and screening. The clinic provides acute and chronic illness care, emergency care, illness prevention education, routine screening exams, well childcare and immunizations, prenatal care, and behavioral health.	201 Third Ave, Seward, AK 99664 907-224-3490 https://www.chugachmiut.org/health-social-services/clinics/seward/
	Glacier Family Medicine Clinic The clinic offers a full range of services for the family, including prenatal care, well child exams, immunizations, urgent care, specialty referral, and more.	11724 Seward Hwy, Suite D, Seward, AK 99664 907-224-8733 http://www.glacierfamilymedicine.com/

	Providence Seward Mountain Haven Long Term Care Services include Skilled Nursing Care, Intermediate Nursing Care, Physical, Speech and Occupational Therapies, Full Dietary Services including Certified Dietitians, Social Services, Activity Therapy, and Spiritual Services.	2203 Oak Street, Seward, AK 99664 907-224-2800 https://www.providence.org/locations/ak/seward-mountain-haven
	SeaView Community Services Services include Behavioral & Mental Health Counseling, Disability Services, Domestic Violence & Sexual Assault Program, Substance Abuse Recovery, Infant Learning Program, Public Assistance, Emergency Assistance, Prevention Programs.	302 Railway Avenue, Seward, AK 99664 907-224-5257 https://www.seaviewseward.org/
	Seward Community Health Center Services include Family medicine, urgent care, wellness visits, chronic disease management, minor office procedures, immunizations, labs, well childcare, prenatal perinatal and post-partum care, pediatrician, nutritional counseling, wound care, school, sport, CDL and FAA physicals, health education, care coordination, patient prescription assistant program, family health and planning. They do not discriminate based on ability to pay.	417 First Avenue, Seward, AK 99664 907-224-2273 https://www.sewardhealthcenter.org/
	Kenai Public Health Center Public Health Nurse visits Seward twice a month. Provides a wide variety of health assessment, health promotion, and disease prevention services. Available to all Alaskans. No one is denied services due to an inability to pay.	630 Barnacle Way, Suite A, Kenai, AK 99611 907-335-3400 https://dhss.alaska.gov/dph/nursing/pages/kenai-public-health-center.aspx
Occupational and speech therapy	**Providence Rehabilitation Services** Providence offers outpatient physical therapy, occupational therapy, and speech therapy for patients of all ages.	2203 Oak Street, Seward, AK 99664 907-224-2800 https://www.providence.org/locations/ak/seward-medical-center/rehabilitation-services
Physical therapy	**Advanced Physical Therapy**	234 4th Ave, Seward, AK, 99664 907-224-7848 https://www.aptak.com/
	Providence Rehabilitation Services Providence offers outpatient physical therapy, occupational therapy, and speech therapy for patients of all ages.	2203 Oak Street, Seward, AK 99664 907-224-2800

		https://www.providence.org/locations/ak/seward-medical-center/rehabilitation-services
Alaska Native Services	**Chugachmiut Health Services/ North Star Health Center**	201 Third Ave, Seward, AK 99664 907-224-3490 https://www.chugachmiut.org/health-social-services/clinics/seward/
	Qutekcak Native Tribe Changing with the tides, in harmony with our people, land and heritage. Providing social services, elder and youth programs.	221 Third Avenue, Seward, AK 99664 907-224-3118 https://qutekcak.org/
Children's Services	**Office of Children's Services Kenai, Alaska**	907-283-3136
Crisis Intervention	**Seward Crisis Line**	907-224-3027
	Alaska Careline	877-266-HELP (4357)
	Seward Domestic Violence Crisis Line	907-362-1843
Food and Nutrition	**Alaska Family Nutrition Program—Kenai/ Seward**	601 Frontage Road, Suite 102, Kenai 907-283-4172 https://dhss.alaska.gov/dpa/Pages/nutri/default.aspx
	He Will Provide Food Pantry	2101 Seward Hwy, Seward, AK 99664 907-362-3033
Public Assistance	**Qutekcak Native Tribe Public Assistance Program**	221 Third Ave, Seward, AK 99664 907-224-3118
	SeaView Community Services Public Assistance Program	302 Railway Avenue, Seward, AK 99664 907-224-5257 https://www.seaviewseward.org/
Recovery Support	**Alcoholics Anonymous (AA)**	907-224-3843 http://www.aakenaipeninsula.org/
	Narcotics Anonymous (NA)	866-258-6329 https://akna.org/
Senior and Disability Services	**Hope Community Services** In Seward, Hope operates two assisted living homes and supports several other individuals in their own homes. The program is supported by an active Seward Community Resource Team who advocate	PO Box 1933, Seward, AK 99664 907-260-9469 https://www.hopealaska.org/

	and fundraise on behalf of their neighbors who experience disabilities.	
	Independent Living Center An aging and disability resource center promoting choice, independence, and quality of life for persons and families living with disability.	201 Third Avenue, Seward, AK 99664 907-224-8711 http://www.peninsulailc.org/
	Seward Senior Center, including Meals on Wheels Serving the nutritional, transportation, recreational and social needs of Seward seniors since 1978. Ensuring honor, dignity, security and independence for the older Alaskan; assisting seniors in maintaining meaningful, quality lives.	336 Third Ave., Seward, AK 99664 907-224-5604 www. Sewardsenior.org

Appendix 4: CHNA Process Governance and Oversight

Table_Apx 4. Seward Community Health Needs Assessment Advisory Committee Members

Name	Organization
Jeff Wolf, Chair	Chugachmiut Corporation
Skip Reierson, Vice Chair	Petro 49, Inc. / Petro Marine
Samantha Allen	Seward Chamber of Commerce
Craig Ambrosiani	Seward Community Health Center
Amy Bukac, M.D.	Providence
Martha Fleming	Community Member
Helena Jagielski	Providence Seward Medical Center
Linda Lynch	Seward Volunteer Ambulance Corps
Maya Moriarty	Seward Family Dentistry
Dana Paperman	Seward Senior Center
Kat Sorensen	City of Seward
Clare Sullivan	American Legion

Table_Apx 5. Providence Alaska Region Board Members

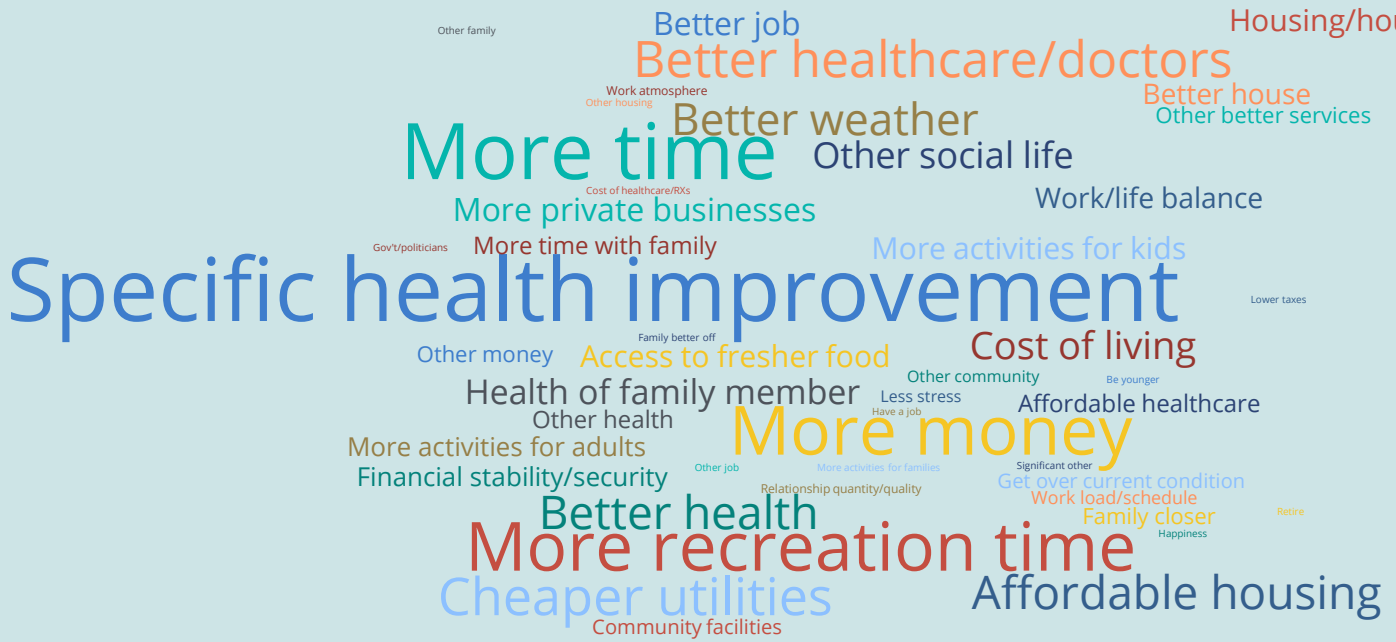
Name	Organization
Lisa Aquino	CEO, Anchorage Neighborhood Health Center
Sharolyn Baldwin, MD	Chief of Staff, Providence Hospital
Thomas Barrett	President, Alyeska Pipeline (retired)
Patricia Branson	Mayor, City of Kodiak
Carol Gore	Weidner Apartment Homes
Ella Goss	Region Chief Executive, Providence Alaska
Jyll Green	Nurse Practitioner
Stephanie Kesler	Community Member
Karen King	President & CEO, Spawn Idea
Donna Logan	Community Member
Sean Parnell	Chancellor, University Alaska Anchorage
Pamela Shirrell	Retired Public Health Nurse
Scott Wellmann, MD	Pediatric Cardiologist, Alaska Children's Heart Center & Providence Children's Hospital
Jeffrey Wolf	RN Case Manager, Chugachmiut Corporation
Greg Norkus, MD	Providence Kodiak Island Medical Center

Appendix 5: Health and Well-being Monitor™ Community Survey Report

Community Health & Well-being Monitor
2024 Results Report
Seward, Alaska

With Seward 2021 Benchmark Trend Results

September 2024



2024 Word Cloud

Prepared by:

Providence SWEDISH

Providence Institute for a Healthier Community

Summary Six Dimension of Health

What Your Community is Telling You

Seward 2024

Relationships & Social Connections

- *Personal relationships* have trended toward the middle: 45% now rate their relationships as moderate, vs. 29% in 2021. The shift towards moderate ratings comes from fewer rating both high and low this year.
- Like relationships, more rate moderately on *feeling like part of a community* (40%, vs. 35% in 2021). However, *community efficacy* is down: Fewer rate high than in 2021 (21%, vs. 27%).
- Perceived *discrimination* trended down slightly to 19%, vs. 21% in 2021. However, perceived *gender discrimination* was up (10%, vs. 4%).

Mental & Emotional Health

- State of *emotional health* is down, with only 32% ratings themselves highly in this area, compared to 40% in 2021.
- However, the importance of *religion and spirituality* was up somewhat: 40% now rate highly, vs. 36% in 2021.
- *Purpose and meaning* also trended up slightly: 46% now rate highly, compared to 43% in 2021.

Neighborhood and Environment

Neighborhood ratings showed mostly positive movement this year:

- Most (68%) now rate their neighborhoods positively, up significantly from 2021 (48%).
- Ratings *of community as a place to raise children* was also up: 53% rate positively on this measure, vs. 42% in 2021. However, low ratings were also up (29% vs. 23% in 2021).
- Positive ratings of *community as a place to grow old* gained 10% pts over 2021: 43% positive this year, compared to 33% in 2021.

Physical Health

- *Physical health* continues to need improvement: Only 20% in the community rate highly (down from 23% in 2021).
- *Fruit and vegetable* consumption has improved a little, with fewer residents reporting zero days per week eating fresh food (13%, vs. 19% in 2021).
- *Exercise days* trended up, with significantly fewer residents indicating zero days of exercise each week (3%, vs. 11% in 2021).

Work, Learning & Growth

- W*ork satisfaction* has decreased. Fewer rate positively (37%, vs. 41% in 2021), and higher proportion rate low (38%, vs. 27% in 2021).
- Perceived *opportunities for learning and growth* are also down: Only 29% rate highly on this measure, compared to 40% in 2021. Education needs have also increased from 15% in 2021 to 24% this year.
- *Job insecurity* was down significantly, however: Just 5% are job insecure, vs. 22% in 2021.

Security & Basic Needs

- *Financial security* shifted down this year, with only 26% rating highly, compared to 30% in 2021. More also rate low than in 2021 (44%, vs. 29%).
- However, the *ability to meet basic needs* was up significantly: 47% now rate highly, compared to 32% in 2021. *Access to medical care and health information* was mixed, with more high and low ratings than in 2021.
- Some 59% of Seward residents report one specific basic need that they needed help with, most commonly power & water, and education.

Six Dimension of Health

*How Your Community Can Flourish**

Seward 2024

The good news: Your community is telling you that improvements in multiple Dimensions of Health can exert a powerful influence on your community's well-being.

Better news: These are inter-related. Improvement in any Dimension contributes to overall well-being *and* is likely to positively influence other areas as well.

Physical Health

- **1st most impactful indicator** of overall well-being: Current state of physical health (*each impacts the other*)
- **8th most impactful indicator** of overall well-being: Regular exercise (*each impacts the other*)
- Both are influenced by mental/emotional health and sense of purpose and meaning.
- Physical health is also strongly impacted by community efficacy and relationships.
- Regular exercise is strongly related to fresh food consumption.

Security & Basic Needs

- **6th most impactful indicator** of overall well-being: Financial security
- The ability to meet basic needs (another security measure) is most important to driving success in financial security.
- Access to medical care and information (the third security measure), and access to fresh fruits and vegetables are also important.
- Financial security is also related to one's mental/emotional state and relationships with others.

Work, Learning & Growth

- **5th most impactful indicator** of overall well-being: Opportunities for learning & growth
- Perceived opportunities are strongly related to relationships, mental/emotional state, and neighborhood.
- Additionally, sense of purpose and meaning, religion and spirituality, and ability to meet basic needs are important.

Mental & Emotional Health

- **2nd most impactful indicator** of overall well-being: Current state of mental/emotional health (*each impacts the other*)
- **3rd most impactful indicator**: Sense of purpose and meaning (*each impacts the other*)
- Key to driving positive outcomes in both of these areas is physical health.
- Relationships, fresh food, and opportunities are also important to mental/emotional health.
- Religion and spirituality and community efficacy play a strong role in sense of purpose and meaning.

Relationships & Social Connections

- **4th most impactful indicator** of overall well-being: Relationships with other people
- **7th most impactful indicator** of overall well-being: Community efficacy
- Both are influenced by feeling like part of a community and physical health.
- Additionally, mental/emotional state, neighborhood quality, and opportunities are important to relationships.
- Purpose and meaning has a strong relationship to community efficacy.

Neighborhood and Environment

- While neighborhood is less directly impactful on overall well-being than are other measures, neighborhood quality is important in fostering relationships with others and in perceived opportunities.
- Community as a place to grow old is also related to relationship satisfaction.
- Promote neighborhood quality and community spaces children and seniors alike feel welcome and safe.

*The impact of each indicator on overall well-being (and on other indicators) was measured using a relative regression technique. This model identifies the strength of each indicator in driving positive results.

Demographics*

Gender Identity	%
Male	64%
Female	35%
Self-describe	1%

Age	%
NET: 18-34	***24%***
18-24	1%
25-34	23%
NET: 35-54	***35%***
35-44	22%
45-54	13%
NET: 55+	***41%***
55-64	22%
65-74	13%
75 or older	5%

*Respondent data were weighted to reflect actual demographic distributions within the community. We did this to correct the total sample from under or over-representing specific groups that may have been less or more likely to take the survey. The tables on this page represent the weighted demographic proportions that were used for reporting.

Ethnicity	%
American Indian or Alaska Native	13%
Asian or Pacific Islander	7%
Black or African American	3%
White or Caucasian	66%
Hispanic or Latino	6%
Other	16%

Household	%
Single, living alone or with other adults	25%
Couple with no children at home	41%
Single with children at home	3%
Couple with children at home	22%
Three generations in household	1%
Other	8%

Employment	%
NET: Employed	***82%***
Employed full time	76%
Employed part time	6%
NET: Not employed	***18%***
Not currently employed	4%
Student	0%
Retired	14%

Income	%
NET: Less than $50k	***37%***
Less than $25,000	5%
$25,000-$49,999	32%
NET: $50k-$99.9k	***31%***
$50,000-$74,999	16%
$75,000-$99,999	15%
NET: $100k+	***32%***
$100,000-$124,999	10%
$125,000-$149,999	8%
$150,000-$199,999	13%
$200,000 or more	1%

Education	%
Did not finish high school	5%
High school diploma / GED	44%
Vocational / Technical school	3%
Some College	17%
NET: College Grad+	***31%***
Bachelor's Degree	20%
Graduate School	11%

Sample Size	n=
2024	285

Core4 Well-being Index Score

The Core4™ are measures of satisfaction across four well-being areas.

Scores are averaged across these four measures to create the composite score below.

Core4 Index Score: C

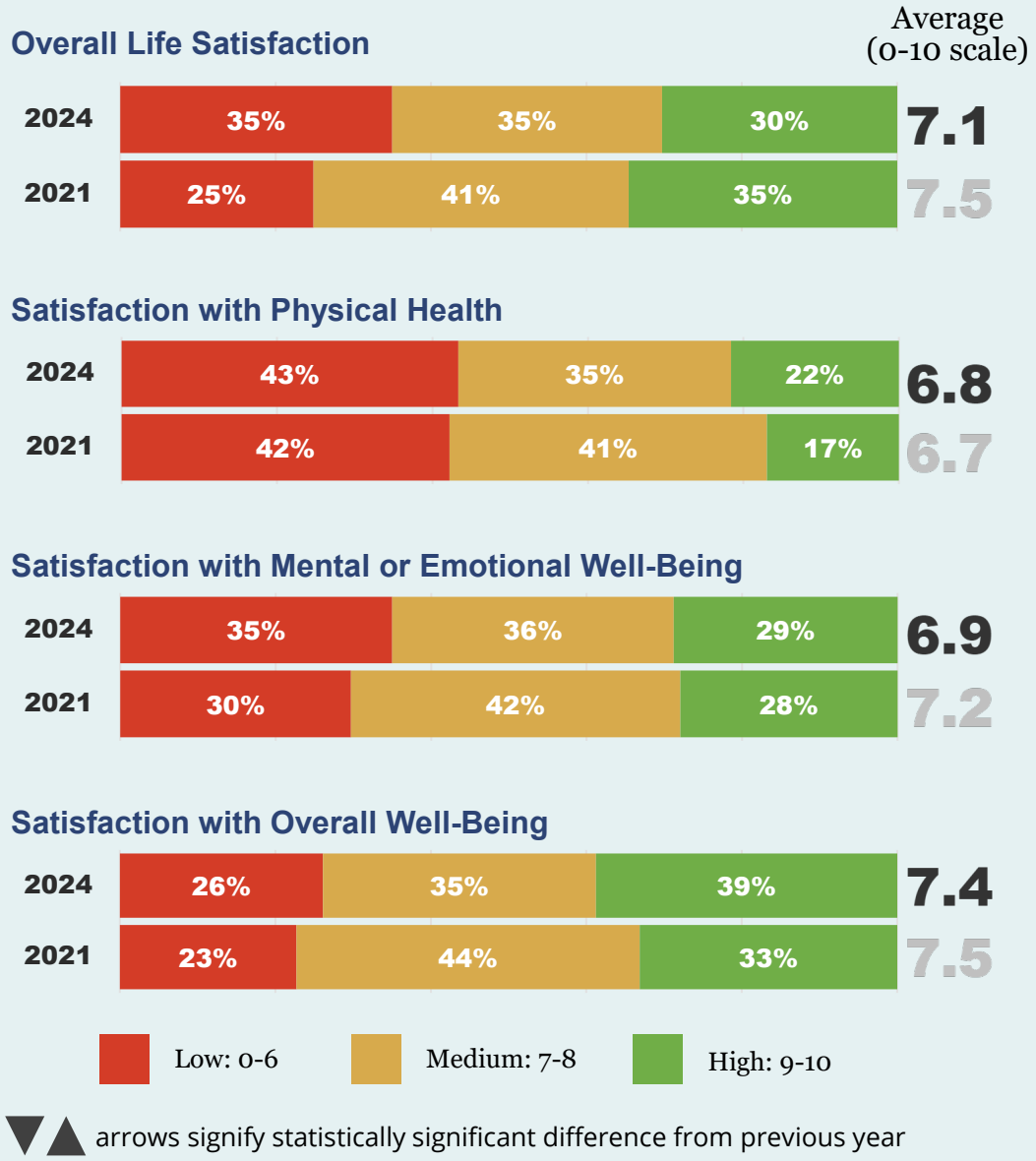
Key Influences

These measures are the most likely to impact your overall Core4 Index Score. They span across 5 of the 6 dimensions of health and well-being and are in rank order:

- Physical health (PH)
- Mental/emotional health (MES)
- Sense of purpose and meaning (MES)
- Relationships with others (RSC)
- Opportunities for learning and growth (WLG)
- Financial security (SBN)
- Community efficacy (RSC)
- Regular exercise (PH)

Core4 Well-being Score:

Averages on 0-10 scale, where 10=completely satisfied



Well-being Segments

The HWBM Well-being segments give a picture of how each member of your community is doing across all four Core4 measures.

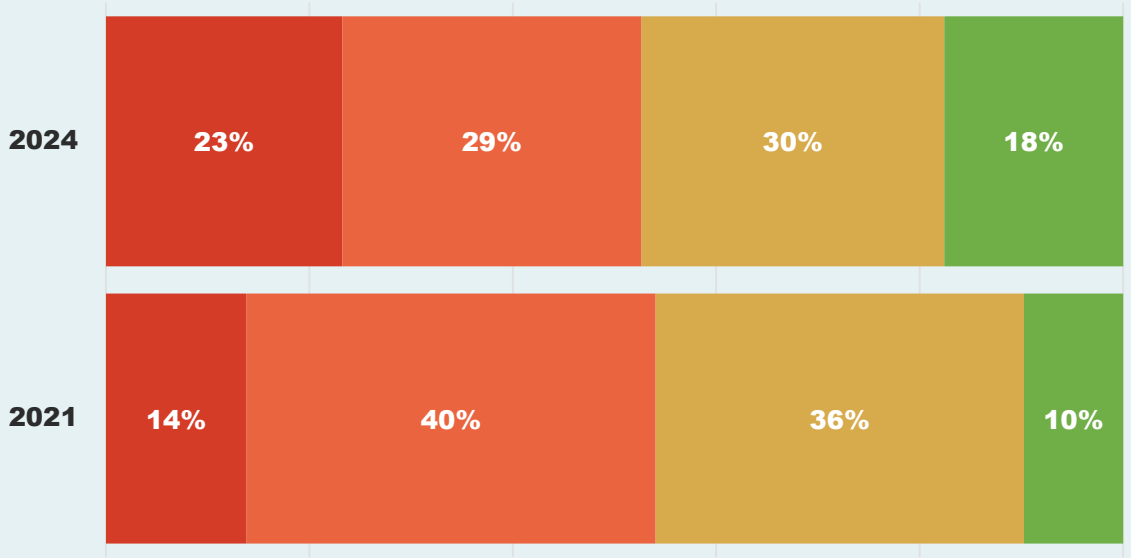
- People who score highest (9-10) on all four are FLOURISHING.
- Those whose scores are all positive (7-10) are DOING WELL.
- People with a mix of lower and higher scores (0-10) are MIXED.
- People whose scores are all low (0-6) are STRUGGLING.

Key Findings

- This year sees a shift to the middle segments among Seward residents compared to 2021:
    - More are both Flourishing or Struggling than in 2021; fewer are Mixed and Doing Well.
- This leaves slightly more who are in the Doing Well/Flourishing segments than in 2021 (48%, vs. 46% in 2021) and slightly fewer who are Mixed/Struggling versus 2021 (52%, vs. 54% in 2021).

Well-Being Segments Trends

Averages on 0-10 scale, where 10=completely satisfied



Struggling: All Low Scores (0-6)	Mixed: Varied High & Low (0-10)	Doing Well: All Positive (7-10)	Flourishing: All Very High (9-10)

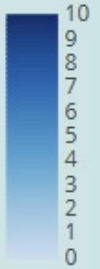
▼▲ arrows signify statistically significant difference from previous year

Core4 Scores and Well-Being Segments

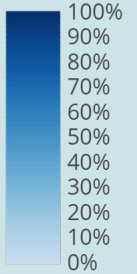
Core4 scores in your community are lowest among American Indian/Alaska Natives and singles. These groups, along with men, those ages 18-34, and lower-income earners (<$50k per year), are the most likely to be Struggling.

Women, those ages 55+, couples, and $100k+ earners score highest overall on the Core4 Index. These groups, along with those with no kids in the household, are most likely to be Flourishing.

	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Core4 Index Score	7.0	6.9	7.4	6.1	7.0	7.6	4.8	7.1	7.3	7.0	7.0	5.6	7.6	6.6	6.8	7.7



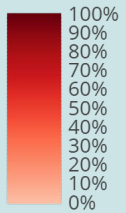
	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Struggling	23%	28%	13%	44%	20%	14%	78%	18%	18%	24%	25%	51%	13%	38%	22%	7%
Mixed	29%	27%	35%	27%	39%	23%	13%	31%	32%	30%	32%	31%	32%	18%	35%	38%
Doing Well	30%	29%	32%	24%	31%	32%	7%	32%	30%	40%	20%	9%	32%	24%	37%	29%
Flourishing	18%	17%	20%	6%	10%	31%	3%	18%	21%	6%	24%	9%	23%	21%	6%	25%



Core4 Composite Measures

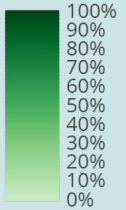
The groups most likely to score low across Core4 composite measures include those age 18-34, Alaska Natives, singles, and the lowest-income earners (<$50k/year).

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
Low Scores (0-6)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Overall life	35%	40%	24%	48%	34%	29%	86%	29%	30%	34%	38%	64%	26%	45%	32%	27%
Physical health	43%	46%	38%	65%	43%	31%	83%	42%	36%	42%	47%	74%	34%	50%	48%	31%
Mental or emotional well-being	35%	36%	31%	57%	33%	23%	80%	28%	39%	41%	36%	66%	25%	46%	38%	20%
Overall well-being	26%	28%	21%	46%	25%	15%	79%	22%	21%	31%	26%	54%	16%	40%	25%	12%



The groups most likely to score high across Core4 composite measures include those age 55+, couples, those with no kids in the household, and $100+/year earners. Women also score above average in all measures but overall well-being (where men score higher).

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
High Scores (9-10)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Overall life	30%	25%	40%	12%	24%	47%	7%	34%	29%	25%	35%	15%	40%	26%	30%	35%
Physical health	22%	19%	26%	9%	19%	31%	3%	23%	24%	13%	27%	10%	29%	23%	7%	34%
Mental or emotional well-being	29%	25%	36%	11%	26%	42%	10%	31%	29%	22%	34%	16%	37%	27%	24%	35%
Overall well-being	39%	42%	34%	11%	39%	55%	8%	39%	47%	29%	38%	14%	45%	41%	33%	42%



Well-being Segment Demographics

The HWBM Well-being segments differ across demographic characteristics in your community. Understanding these demographic characteristics can help you to better target groups most in need of additional help or resources.

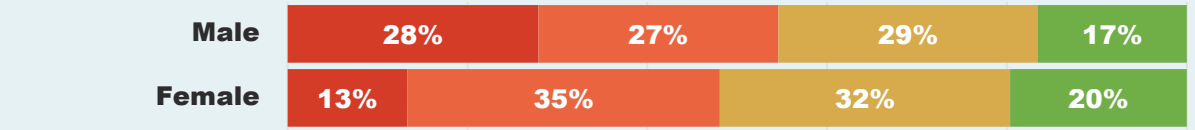
While we can identify trends across demographics and well-being segments, it is important to note that some portion of each demographic falls into each segment. However, these profiles provide a good overview of who is most likely to be flourishing, struggling, etc.

Key Findings

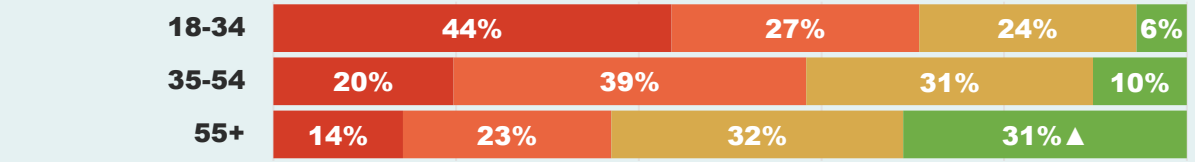
- FLOURISHING. Most likely flourishing in your community include those ages 55+, couples, those with no kids in the household, and $100k+ earners.
- DOING WELL. Those most likely doing well include those ages 35+, those with kids in the household, and middle-income earners ($50k-$99.9k/year).
- MIXED. Women, those ages 35-54, and those earning $50k+ per year are most likely mixed.
- STRUGGLING. Most likely to be struggling in your community are men, those ages 18-34, single people, and individuals earning less than $50k per year.

* Multi-generational households excluded from analysis here and throughout the report due to small sample size (n2).

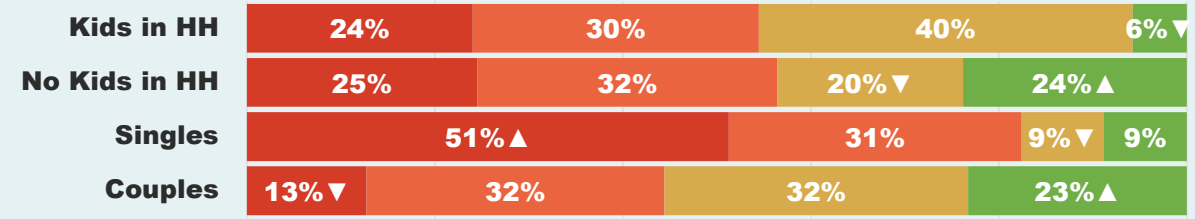
Gender



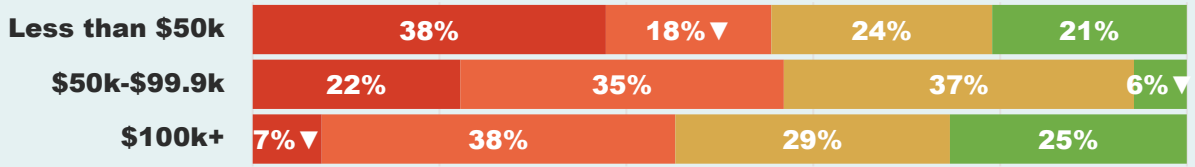
Age



Household*



Yearly Household Income



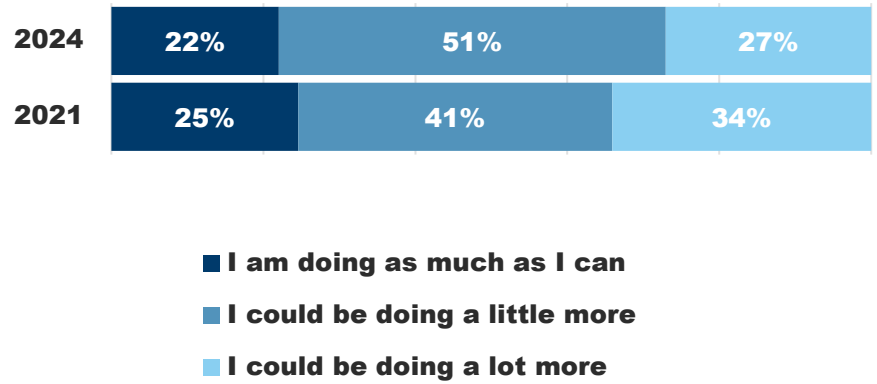
Struggling: All Low Scores (0-6)	Mixed: Varied High & Low (0-10)	Doing Well: All Positive (7-10)	Flourishing: All Very High (9-10)

▼▲ arrows signify statistically significant differences from others not in group

Individual Can-Do

Your Can-Do™ score gives insights into your community's current CAPACITY to improve well-being and MOTIVATION to change. Capacity is the % of respondents who say they can be doing more to improve their health. Motivation is indexed by the percentage who say they can do "a little more" or "a lot more."

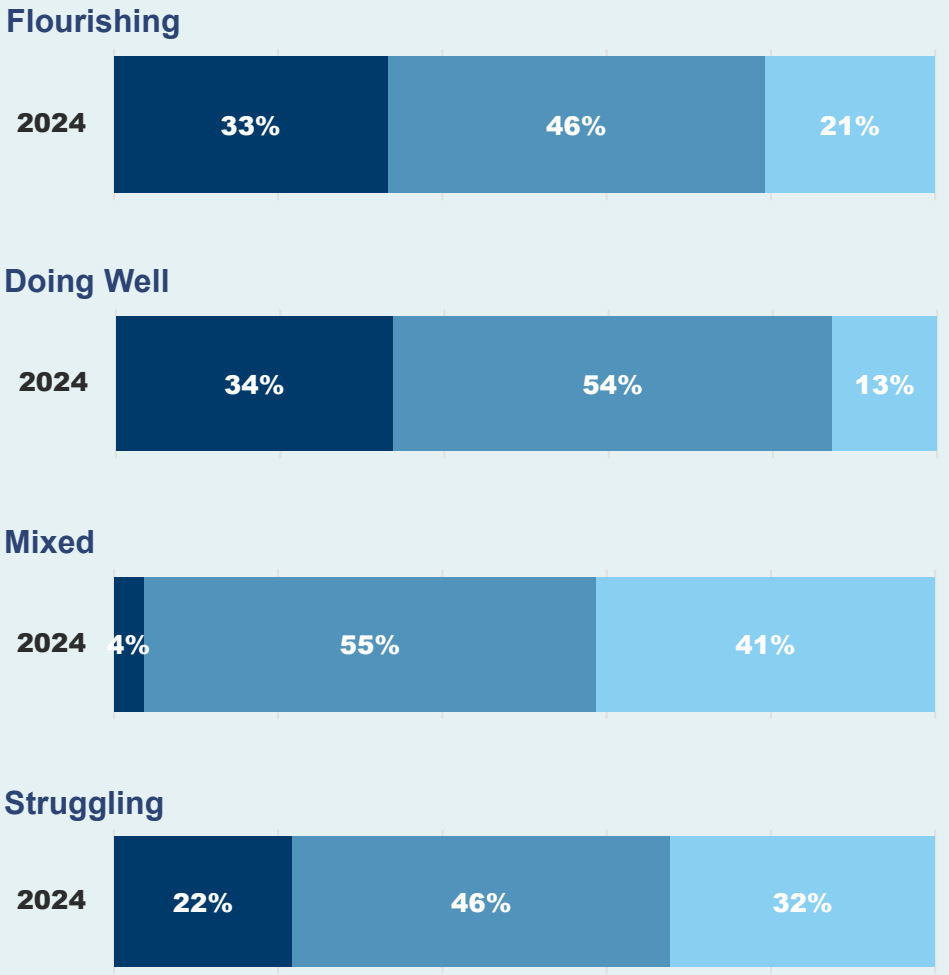
When it comes to maintaining or improving your health, which of these statements best describes you. (16)



Key Findings

- **Capacity** to change is slightly higher than in 2021, with 78% able to do "a little" or "a lot" more, compared to 75% in 2021.
- **Motivation** to change is down a bit, though, with 27% indicating they could do "a lot" more, versus 34% in 2021.
- The capacity to change is highest among those who may need the most help: Struggling and Mixed.

Can-do by Well-being Level (2024)



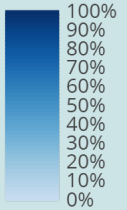
▼▲ arrows signify statistically significant difference from previous year

Individual Can-Do

The groups most likely to have capacity to change ("could be doing a lot /a little more") include men, those ages 54 and younger, Native Alaskans and Caucasians, those with kids in the household, and $100k+ earners.

Those with the least capacity ("doing as much as I can") include women, those age 55+, and those earning <$50k/year.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
I could be doing a lot more	27%	20%	39%	36%	39%	12%	27%	28%	33%	48%	20%	29%	27%	28%	30%	23%
I could be doing a little more	51%	62%	32%	62%	49%	46%	62%	59%	21%	42%	59%	48%	57%	35%	49%	71%
I am doing as much as I can	22%	18%	29%	3%	12%	42%	11%	13%	46%	10%	21%	23%	16%	36%	22%	6%

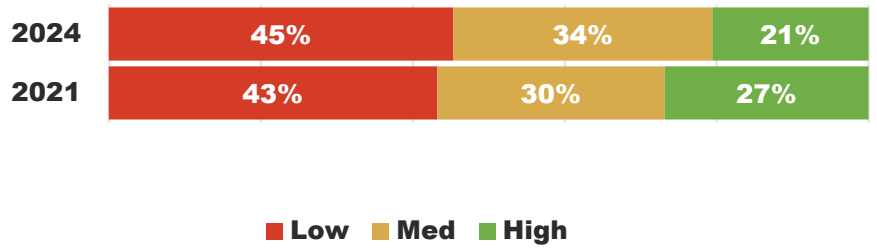


Community Efficacy

Community Efficacy is an individual's belief that they can influence well-being on a community-level.

While, Can-Do provides insights into respondents' capacities to improve their individual well-being.

Community Efficacy



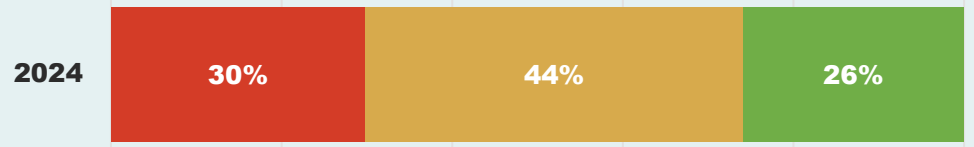
Key Findings

- Community efficacy is down, with only 21% believing strongly that they can impact their communities, versus 27% in 2021.
- Community efficacy is mostly moderate or low among all but those who are Flourishing.

Community Efficacy by Well-being Level

Flourishing

Doing Well



Mixed

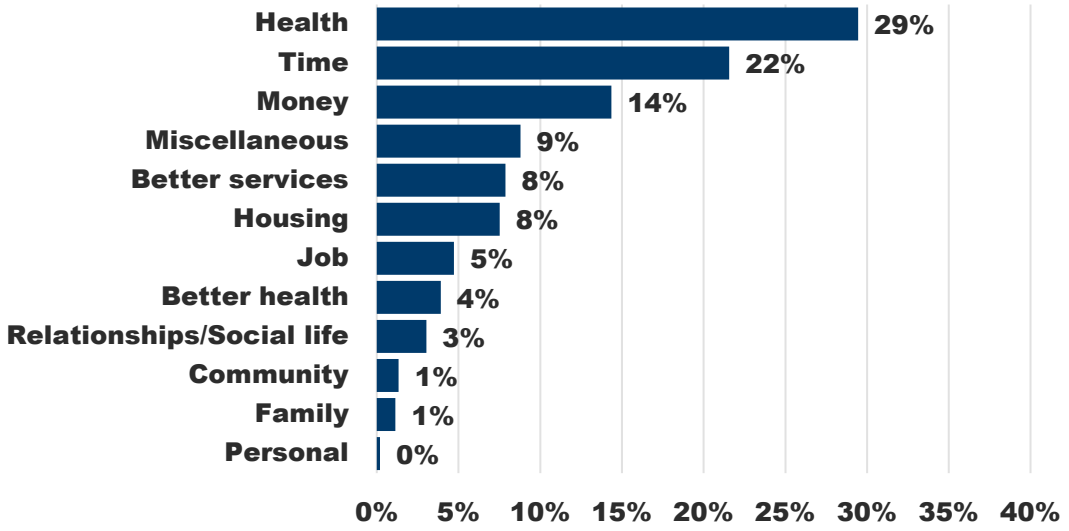
Struggling

▼▲ arrows signify statistically significant difference from previous year

"One Thing..."

Before asking specifics about respondent's health and well-being, we asked them to tell us, in their own words, the "one thing" that would make their lives better. We coded the individual responses (shown in the chart at the right) into broad categories (reflected below):

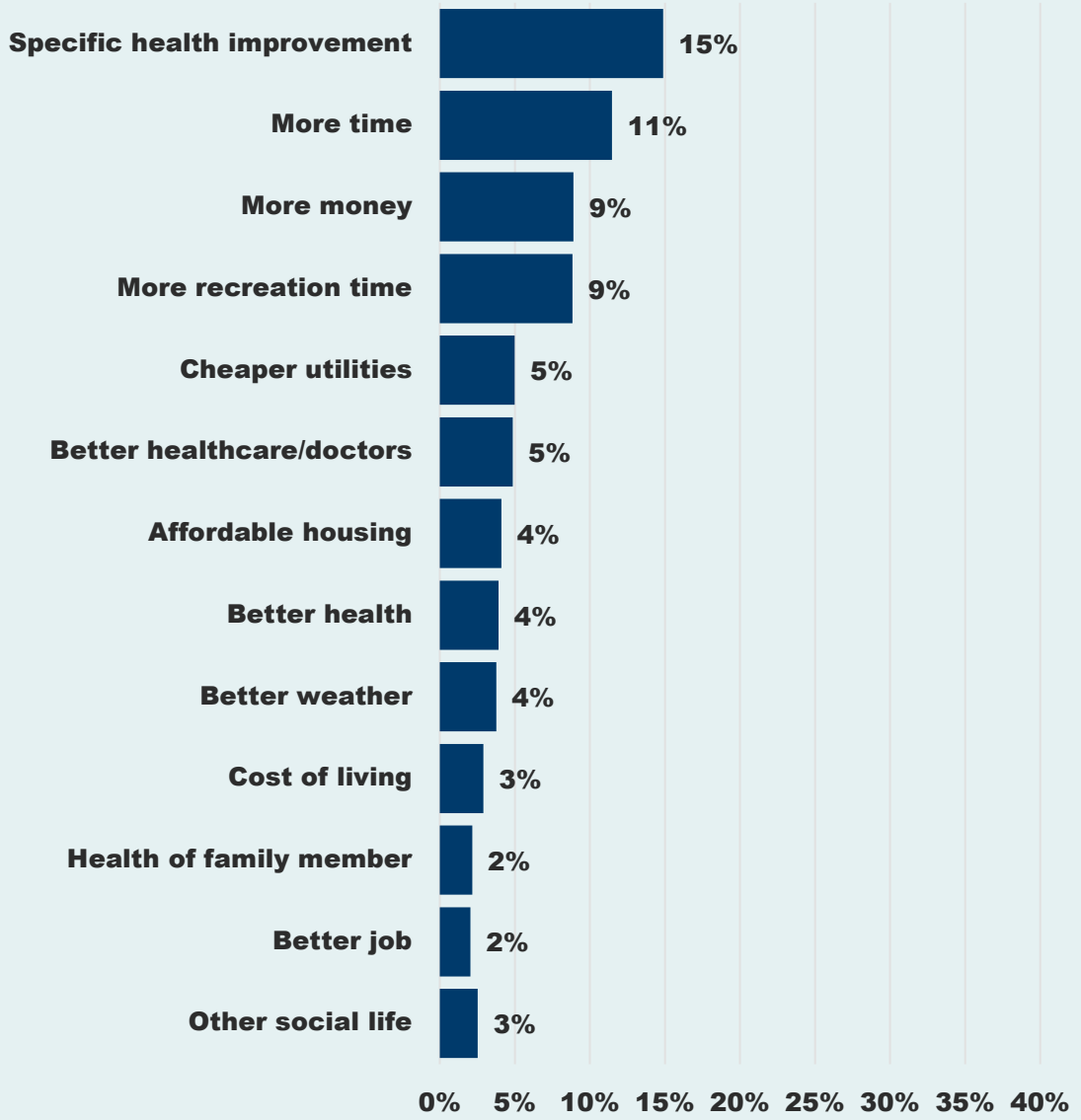
If you were to name one thing that would make your life better, what would that be? (Categories)



Key Findings

- *A specific health improvement (e.g. lose weight, exercise)* is the top item residents say would make their lives better.
- *More time* and *more money* rate 2nd and 3rd.
- Notably, many also call for *cheaper utilities*, or for *better services* (for example: Activities for adults, kids and families, or a vet clinic).

"One Thing..." (Individual Responses)



- Relationship rating (q6g)
- Sense of community belonging (q7e)
- Community efficacy (q7c)

Relationships & Social Connections

Healthy relationships are vital to health. Strong family ties, friendships, and partnerships can increase our sense of security, self-esteem, and belonging and provide a buffer against stress, anxiety, and depression. Low social connection is linked to declines in physical health, healing and mental health.

How Your Community Can Flourish

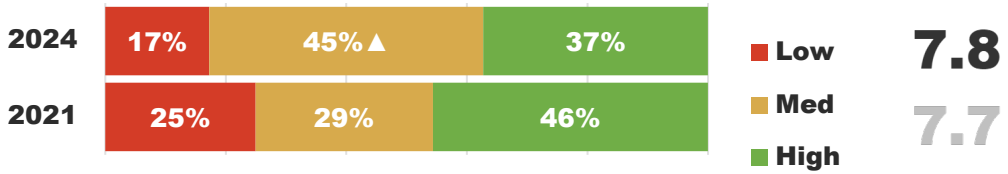
Relationships with other people have the **4th strongest impact on overall well-being.** Community efficacy has the **7th highest impact on overall well-being.**

Among the key indicators with the most impact on relationships: Mental/emotional state, feeling like part of a community, physical health, neighborhood quality, and opportunities. Community belonging and physical health are also top indicators of **community efficacy**, along with purpose and meaning.

Key Findings

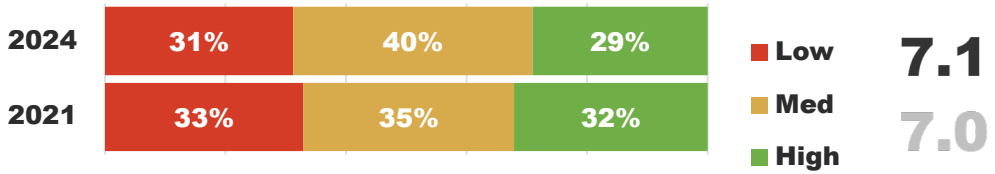
Personal relationships trend toward moderate

- Relationships with other people: Significantly more rate their relationships with others moderately (45%) than did in 2021 (29%), with fewer rating both high and low this year.

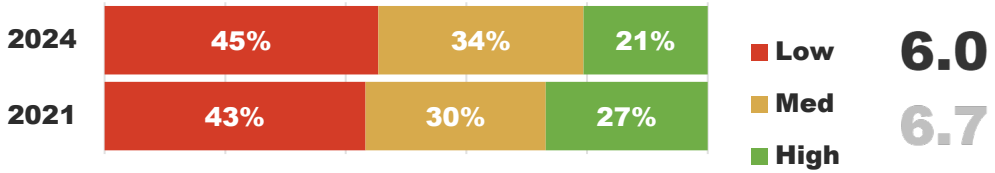


Community connections have shifted

- Part of a community/sense of belonging: More rate moderately (40%) than in 2021 (35%), like relationships, with fewer rating both high and low this year.



- Community efficacy: However, community efficacy is down, with fewer rating high this year (21%, vs. 27% in 2021), and more rating both moderate (34%, vs. 30%) and low (45%, vs. 43%).



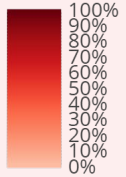
▼▲ arrows signify statistically significant difference from previous year

Relationships & Social Connections

Singles and middle-income earners ($50k-$99.9k/year) are more likely than average to rate low across all relationship areas. In addition:

- Alaska Natives and those with kids in the household rate low on *personal relationships*. Those ages 18-34 and Alaska Natives rate low on community efficacy. Women, those ages 35-54, and those with no kids at home rate low on having a *sense of belonging*.

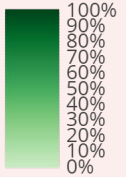
		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
Low Scores (0-6)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Personal relationships	17%	17%	17%	11%	22%	17%	24%	19%	18%	28%	16%	26%	16%	15%	25%	12%
Sense of belonging	31%	28%	38%	29%	44%	22%	24%	34%	33%	42%	31%	40%	31%	19%	46%	31%
Community efficacy	45%	44%	47%	75%	46%	27%	81%	45%	32%	40%	52%	71%	39%	45%	52%	39%



Those ages 55+ are more likely than average to rate highly across all relationship measures. In addition:

- Women and couples rate highly on *personal relationships*. Women, other BBPIC groups, couples, and lower-income earners rate higher on *community efficacy*. Other racial groups and lower income-earners rate higher on *sense of belonging*.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
High Scores (9-10)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Personal relationships	37%	34%	44%	14%	29%	58%	12%	40%	39%	34%	42%	20%	48%	32%	39%	42%
Sense of belonging	29%	27%	32%	12%	20%	47%	8%	24%	46%	27%	25%	13%	31%	41%	24%	19%
Community efficacy	21%	16%	30%	6%	19%	30%	3%	19%	30%	25%	21%	12%	26%	28%	14%	18%



- Discrimination (10)
- Frequency of discrimination(10.1)

Discrimination

The impact of discrimination on well-being can be significant and detrimental on our health. Mental health, relationships, and physical health impacts include stress, anxiety, depression and chronic diseases. It can also erode confidence and a sense of belonging. Security and basic needs impacts include limiting opportunities to education, housing, employment and healthcare. It is crucial to address and combat discrimination in order to promote equality, inclusivity and overall well-being.

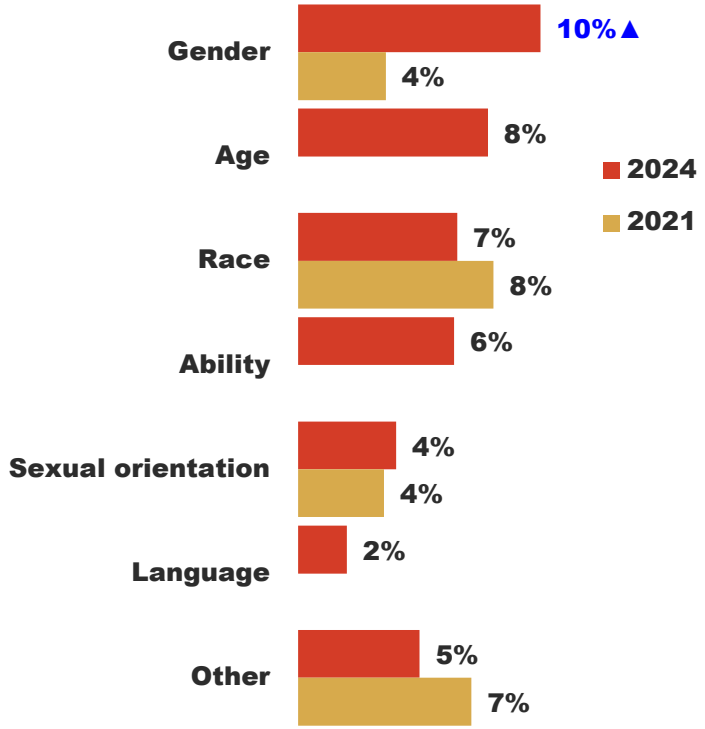
How Your Community Can Flourish

Promote a culture of belonging, help residents feel like they are a part of the community, ensure that resident's basic needs are met (a Security and Basic Needs measure).

Key Findings

Reported discrimination slightly higher than in 2021

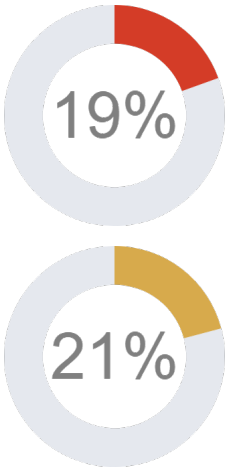
- Discrimination is slightly lower than in 2021, with 19% having experienced some form of discrimination in the past 12 months, vs. 21% in 2020.
- Top areas of discrimination this year include gender (10%, up significantly from 2021), age (8%), and race (7%).



Other areas mentioned this year include:

- Religion
- Political affiliation
- Addiction

Experienced <u>Any</u> Discrimination

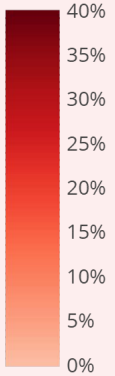


Discrimination

Groups most likely to experience any form of perceived discrimination include women, other BBIPOC groups, those with kids at home, singles, and those earning $99.9k or less each year. Aside from this, some areas that standout include:

- Alaska Natives and those with kids at home are more likely to experience discrimination based on ability level;
- Other racial groups are more likely to experience discrimination based on age and race;
- Perceived discrimination based on sexual orientation is highest among those ages 18-34;
- Perceived gender-related discrimination is highest among those with kids at home.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
% selecting each	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Any	19%	14%	27%	23%	32%	6%	19%	22%	23%	32%	14%	22%	17%	23%	22%	13%
Gender	10%	7%	13%	12%	16%	4%	2%	12%	12%	19%	6%	9%	10%	8%	15%	7%
Age	8%	8%	6%	7%	11%	5%	2%	9%	13%	11%	7%	6%	8%	7%	14%	3%
Race	7%	6%	8%	10%	8%	3%	3%	4%	16%	10%	4%	8%	5%	11%	6%	2%
Ability	6%	8%	4%	0%	14%	3%	16%	7%	9%	18%	3%	3%	8%	7%	10%	1%
Sexual orientation	4%	2%	6%	10%	3%	1%	1%	6%	0%	2%	2%	3%	2%	6%	3%	3%
Language	2%	3%	0%	0%	4%	2%	0%	1%	5%	5%	1%	0%	3%	0%	6%	0%
Other	5%	6%	3%	1%	11%	2%	14%	8%	1%	11%	3%	2%	7%	6%	6%	4%



- Emotional Well-being current state rating (q6h)
- Religion/Spirituality importance (q7a)
- Sense of Purpose & Meaning (q7b)

Mental, Emotional & Spiritual Health

Recognizing your own and others' emotions and responding appropriately makes a difference. It is the ability to cultivate positive thoughts, practice self-compassion, express emotions, and consciously choose your responses; including engaging in support systems to help cope. A strong sense of spirituality provides important benefits to health. It is linked with a sense of meaning and purpose which offers a sense of direction, shapes goals, influences behavior, and provides comfort during life's challenges.

How Your Community Can Flourish

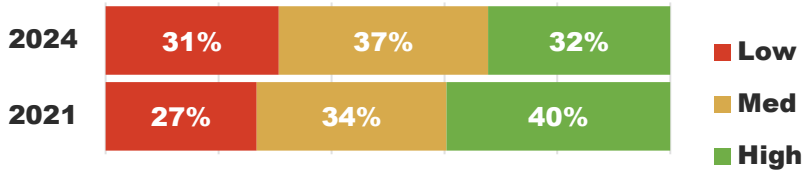
Mental/emotional well-being current state has the **2nd strongest impact on overall well-being.** Sense of purpose and meaning is **3rd**.

Key indicators with most impact on driving positive outcomes in mental/emotional well-being are: Physical health, relationships with others, eating fresh fruits and vegetables, opportunities, and purpose and meaning; **indicators with the most impact on sense of purpose are:** Physical health, mental/emotional health, religion and spirituality, and community efficacy.

Key Findings

Mental/Emotional Health has trended down from 2021

- Mental/Emotional Health: Fewer rate highly this year (32%, versus 40% in 2021). More give moderate (37%, vs. 34%) and low ratings (31%, vs. 27%).



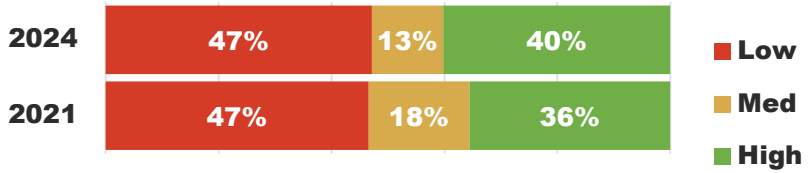
Average (0-10 scale)

7.1

7.6

Religion and Spirituality is up

- Religion and Spirituality: Some 40% rate religion and spirituality highly, versus 36% in 2021. Nearly half, however, continue to rate low on this measure (47%).

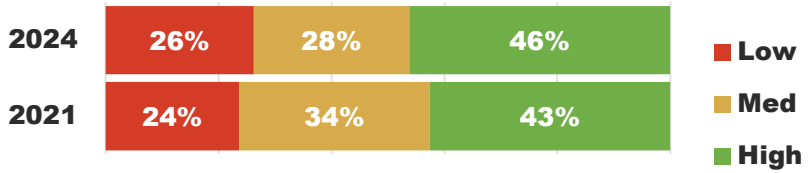


6.0

6.4

Purpose and Meaning has trended toward the ends

- Purpose and Meaning: Nearly half rate themselves highly on this measure, up from 2021 (46% vs. 43% in 2021), but more also rate low (26%, vs. 24%).



7.4

7.7

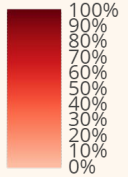
▼▲ arrows signify statistically significant difference from previous year

Mental, Emotional & Spiritual Health

Those ages 18-34, Alaska Natives, and singles are more likely than average to score low across all mental, emotional, and spiritual health measures. In addition:

- Those earning $50k/year or less score low on *mental/emotional state* and *purpose & meaning*. Those ages 35-54, those with kids, and middle-income earners score low on *religion and spirituality*.

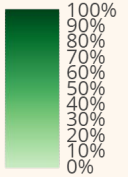
Low Scores (0-6)		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Mental/emotional state	31%	32%	27%	55%	26%	21%	80%	25%	32%	34%	32%	62%	19%	45%	27%	17%
Religion & spirituality	47%	51%	41%	66%	64%	21%	76%	50%	27%	54%	50%	64%	46%	40%	57%	46%
Purpose & meaning	26%	28%	24%	43%	24%	18%	77%	22%	16%	25%	28%	59%	14%	37%	30%	10%



Those ages 55+ and $100k/year earners are more likely than average to rate highly across all mental/emotional health measures. In addition:

- Couples rate highly on *mental/emotional state*. Other racial groups and lower income earners rate higher on *religion and spirituality*. Couples and other racial groups rate higher on and *purpose and meaning*.

High Scores (9-10)		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Mental/emotional state	32%	31%	35%	11%	34%	43%	9%	37%	29%	34%	35%	16%	43%	28%	24%	45%
Religion & spirituality	40%	40%	42%	13%	20%	73%	11%	35%	62%	27%	41%	21%	44%	47%	27%	45%
Purpose & meaning	46%	46%	44%	28%	34%	68%	7%	44%	65%	40%	44%	23%	51%	49%	33%	55%



- Neighborhood Quality Rating (6a)
- Cmty Good Place to Raise Kids (8a)
- Cmty Good Place to Grow Old (8b)

Neighborhood & Environment

In important ways, your location defines your health. Safe, connected, walkable neighborhoods with access to nutritional food, good education for children, and human services make it easier to enjoy well-being. Being in nature not only makes you feel better emotionally, it contributes to your physical well-being. It soothes, restores and connects. People who live near parks and natural areas are more physically active, live longer, and these open spaces draw people together, enhancing social connections.

How Your Community Can Flourish

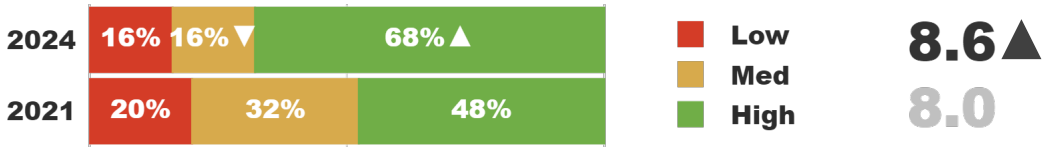
On its own, Neighborhood & Environment is less directly impactful than other dimensions on overall well-being.

However, there are key indicators here that greatly impact other measures: Neighborhood quality and community as a good place to grow old are impactful on relationships with other people. Neighborhood quality also plays an outsize role in perceived opportunities for learning and growth.

Key Findings

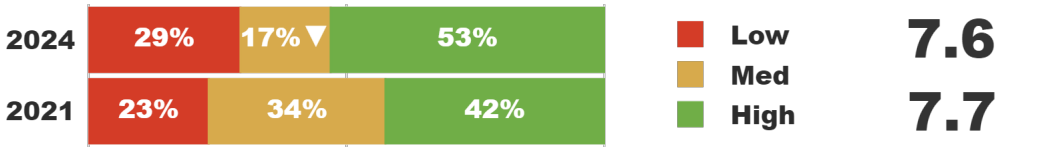
Satisfaction with neighborhoods is up

- Neighborhood Quality: Positive ratings of increased significantly this year, with 68% rating high (vs. 48% in 2021).



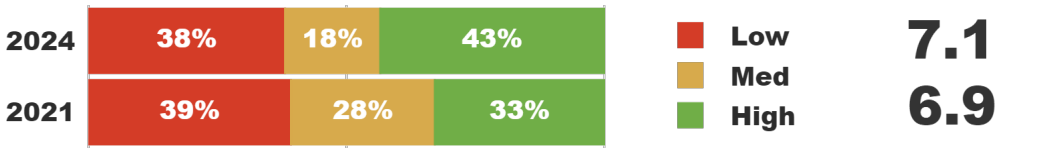
Mixed results for community as a good place to raise children

- Raise Children: Some 53% rated their neighborhood highly as a place to raise children, up from 42% in 2021. However, low ratings also increased, though by not as much (29%, vs. 23%).



Community as a place to grow old gains positive ratings

- Grow Old: Ratings of Seward as a good place to grow old increased 10% pts versus 2021 (43%, vs. 33%), pulling from moderate scores. Low ratings were unchanged (38%, vs. 39%).



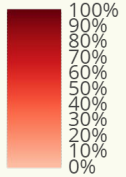
▼▲ arrows signify statistically significant difference from previous year

Neighborhood & Environment

Those ages 35-54 are more likely than average to score low across all neighborhood and environment measures. In addition:

- Alaska Natives, those with kids at home, singles, and those earning middle incomes ($50-$99.9k/year) are more likely to rate their *neighborhood quality* low. Those ages 18-34 and $100k+ earners rate lower on community as a *good place to raise children*. Community as a *good place to grow old* rates lower among Caucasians, singles, and $100k+ earners.

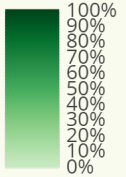
		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
Low Scores (0-6)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Neighborhood quality	16%	17%	12%	8%	23%	15%	21%	19%	17%	24%	15%	22%	16%	15%	23%	11%
Good place to raise children	29%	29%	28%	40%	37%	16%	8%	34%	30%	28%	32%	33%	29%	21%	30%	39%
Good place to grow old	38%	39%	35%	36%	49%	30%	22%	49%	24%	42%	41%	43%	40%	23%	40%	54%



Men, those ages 55+ and other racial groups are more likely than average to rate highly across all neighborhood and environment measures. In addition:

- Alaska Natives and lower-income earners (<$50k/year) are more likely to rate higher on community as a *good place to raise children* and as a *good place to grow old*.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
High Scores (9-10)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Neighborhood quality	68%	73%	60%	68%	59%	76%	69%	61%	74%	57%	71%	58%	71%	71%	59%	72%
Good place to raise children	53%	60%	41%	46%	40%	68%	65%	43%	62%	48%	53%	41%	56%	63%	52%	43%
Good place to grow old	43%	51%	31%	45%	32%	52%	68%	30%	60%	33%	44%	41%	41%	57%	44%	28%



- Work or Job rating (q6d)
- Opportunities for Learning and Growth (q6g)
- Sense of Purpose and Meaning - *see Mental & Emotional Health* (q7b)
- Job Insecurity/unemployment (q9e)

Work, Learning & Growth

Employment, education and opportunities for personal growth are bedrocks of well-being. Using available resources to develop and create opportunities that resonate with your unique gifts, skills, and talents contributes to meaning and purpose, and helps you remain active and involved throughout life.

Opportunities for ongoing growth brings a sense of purpose and meaning. A work life or career consistent with your personal values, interests, beliefs and balances both work and can contributes greatly to all six dimensions of well-being.

How Your Community Can Flourish

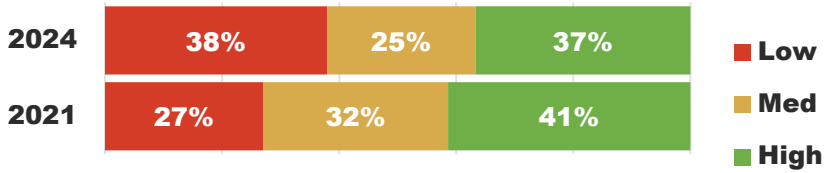
Opportunities for learning and growth have the **5th highest impact on overall well-being**.

Key indicators most likely to drive positive opportunities include: Relationships with others, mental/emotional state, neighborhood, sense of purpose and meaning, religion and spirituality, and ability to meet basic needs.

Key Findings

Work satisfaction is down versus 2021

- Work Satisfaction: More than third (38%) now rate their work satisfaction low, up from 27% in 2021. Fewer this year rate highly (37%, vs. 41% in 2021).



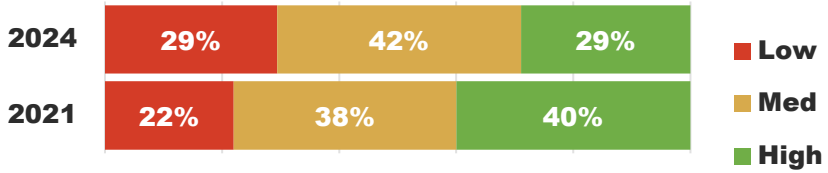
Average (0-10 scale)

7.3

7.3

Perceived opportunities for learning & growth is also down

- Opportunities: Fewer than a third (29%) rate their opportunities highly, compared to 40% in 2021.
- Close to 1 in 5 report a need for education (*see TotalHealth 9*).

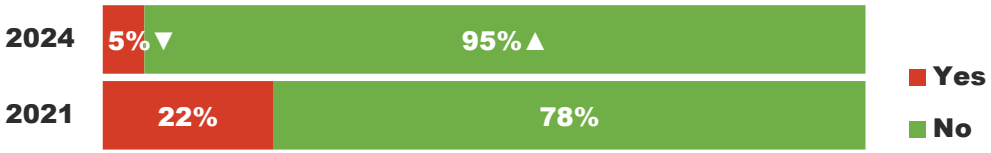


7.3▼

7.9

Job insecurity remains relatively low

- Job Insecurity: Despite lower job satisfaction, far fewer report job insecurity (5%) than did in 2021 (22%).



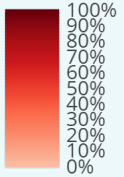
▼▲ arrows signify statistically significant difference from previous year

Work, Learning & Growth

Men are more likely than average to score low across both work, learning, and growth measures. In addition:

- Those ages 55+ and other racial groups score low on *work satisfaction*, while those age 18-34, Alaska Natives, singles, and those earning <$50k/year score low on *opportunities*.

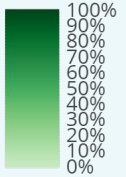
Low Scores (0-6)	Total	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
		Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Work satisfaction	38%	46%	24%	14%	26%	63%	28%	37%	49%	36%	34%	30%	37%	36%	39%	39%
Opportunities	29%	35%	19%	49%	30%	17%	79%	26%	19%	30%	31%	57%	20%	38%	30%	19%



Women are more likely than average to rate highly on both work, learning, and growth measures. In addition:

- Native Alaskans, singles, and those earning <$50k/year rate higher on *work satisfaction*. Those age 55+ and those earning $100k+/year rate higher on *opportunities*.

High Scores (9-10)	Total	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
		Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Work satisfaction	37%	33%	42%	41%	38%	33%	62%	33%	33%	33%	41%	44%	36%	53%	22%	33%
Opportunities	29%	25%	35%	23%	22%	39%	17%	33%	25%	21%	33%	29%	30%	27%	24%	36%



- Future financial security (7d)
- Ability to Meet Basic Needs (6e)
- Access to Health Care and Information (6c)

Security & Basic Needs

Having enough, and freedom from worry. We need enough money for food, rent or mortgage, health care, medical bills and basic expenses of daily living. Lack of access to basic needs and personal safety are linked at all stages of life to physical and mental illness, post-traumatic stress, shorter lifespans and poorer quality of life. The experience of others affects you. 2019 Monitor™ research found that overall community well-being was measurably lower for ALL where rates of homelessness are higher. Research shows that 'extras' don't really contribute to our well-being-unless it is for fun activities and friends, or expenses that match our values.

How Your Community Can Flourish

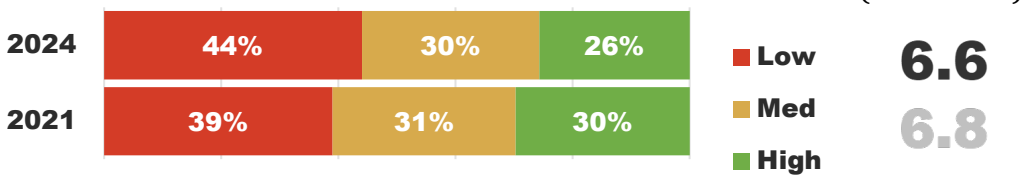
Financial security has the **6th highest impact on overall well-being.**

Key indicators with the most impact on financial security: Ability to meet basic needs, ability to get medical care and information, access to fresh fruits and vegetables, mental/emotional state, and relationships with others.

Key Findings

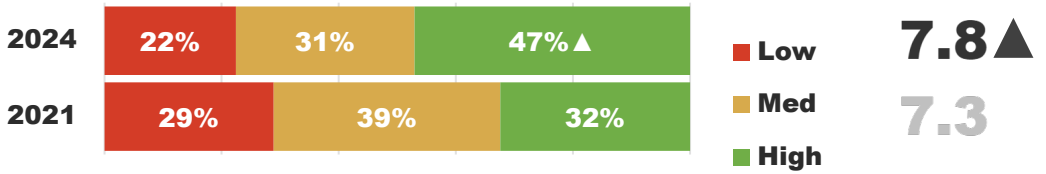
Financially security has trended down

- Financial Security: More rate low this year (44%) than did in 2021 (39%). High ratings are down (26%, vs. 30% in 2021).



The ability to meet basic needs has improved significantly

- Meet Basic Needs: Although financial security is down a bit, the ability to meet basic needs has increased significantly, with close to half rating highly (47%), versus only a third (32%) in 2021.



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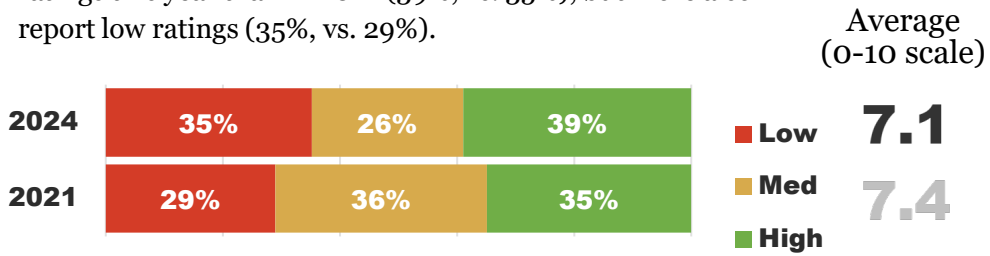
- Future financial security (7d)
- Ability to Meet Basic Needs (6e)
- Access to Health Care and Information (6c)

Security & Basic Needs

Key Findings (cont.)

Access to medical care and health information mixed

- Access to Medical Care/Information: More report high ratings this year than in 2021 (39%, vs. 35%), but more also report low ratings (35%, vs. 29%).



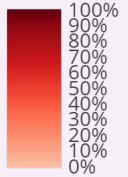
▼▲ arrows signify statistically significant difference from previous year

Security & Basic Needs

No single group rates lower than average across all security and basic needs measures. However:

- Those ages 18-34, Alaska Natives, other racial groups, those with kids at home, singles, and those earning lower incomes ($50-$99.9k/year) are more likely to rate their *financial security* low. Those 18-34, Alaska Natives, singles, and lower-income earners also rate lower on *ability to meet basic needs*. Those ages 55+ and other racial groups rate low on *access to health care/information*.

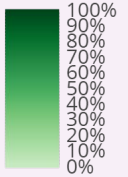
		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
Low Scores (0-6)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Financial security	44%	46%	40%	69%	49%	26%	76%	33%	63%	56%	35%	69%	29%	68%	38%	22%
Ability to meet basic needs	22%	19%	27%	29%	27%	15%	30%	23%	27%	25%	21%	39%	15%	29%	25%	13%
Access to medical care/info	35%	35%	33%	31%	28%	44%	7%	31%	59%	32%	29%	33%	29%	39%	30%	36%



Similarly, no single group rates above average on all security and basic needs measures. However:

- Women, those ages 55+, and couples rate higher on *financial security*. *Ability to meet basic needs* rates higher among women, those ages 55+, Caucasians, couples, and $100k+/year earners. Those age 18-34, Alaska Natives, those with no kids at home, and lower-income earners rate higher on *access to medical care/information*.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
High Scores (9-10)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Financial security	26%	20%	37%	10%	15%	44%	11%	24%	31%	21%	29%	17%	31%	27%	25%	25%
Ability to meet basic needs	47%	45%	52%	27%	52%	55%	13%	57%	34%	46%	52%	16%	65%	29%	51%	64%
Access to medical care/info	39%	40%	39%	48%	34%	38%	66%	35%	33%	21%	49%	42%	42%	48%	31%	36%



Total Health 9

The Community Health and Well-Being Monitor tracks nine specific critical basic needs in the community through the **Total Health 9 assessment**.

The question text for this assessment is on the right-hand side of this page, and this year's findings are on the following page.

Question Text

Below is a list of things that people sometimes worry about. Please tell us which of these, if any, you are worried about at the present time?

Select all that apply to you.

Abbreviation	Item Description
Food	Are you worried that you or others in your home won't have enough food to eat?
Transportation	Are you worried about getting to work, school, groceries or appointments because you don't have a way to get there?
Housing	Are you living without stable housing, currently homeless or worried about losing your housing?
Power & Water	Are you worried about paying your water and/or power bills?
Job	Are you without a stable job, or do you need help getting a better job?
Education	Do you need additional education or training to get the job and income you need?
Personal safety	Do you ever feel unsafe in your relationship or at home?
Child care	Are you living without stable child care, unable to find good child care, or worried about losing your child care?
Health care	Are you unable to get the medical or mental health care you need, or worried about losing your access to healthcare?

Below is a list of things that people sometimes worry about. Please tell us which of these, if any, you are worried about at the present time?

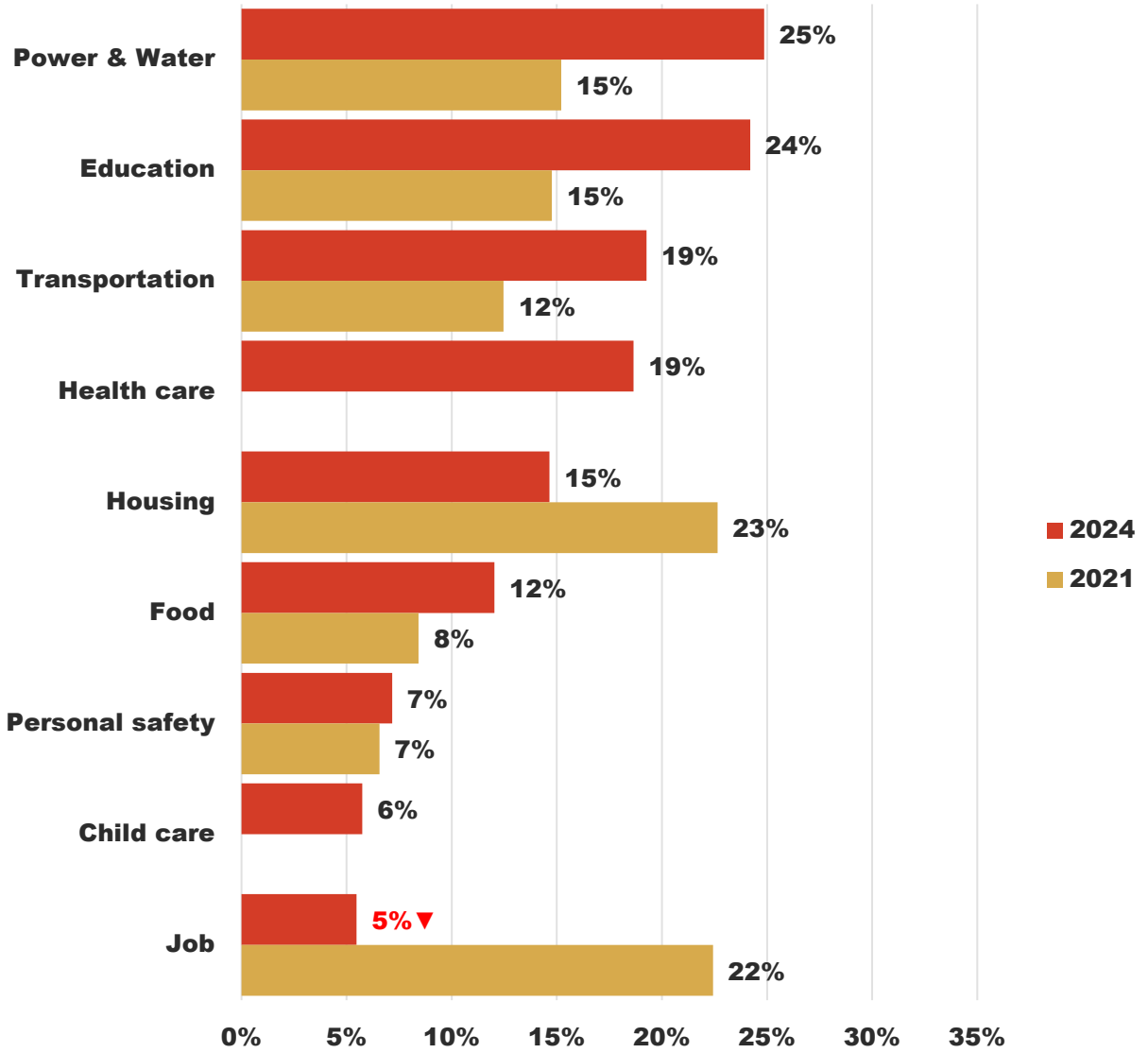
Total Health 9

More than half this year (59%) reported being insecure in at least one area measured through the Total Health 9. Across those needs also measured in 2021, many were up, however those related to housing and job trended down**.**

Top Five Needs in 2024:

1. Power & Water: 25%
2. Education: 24%
3. Health care: 19%
4. Job: 14%
5. Housing: 15%

Key Findings



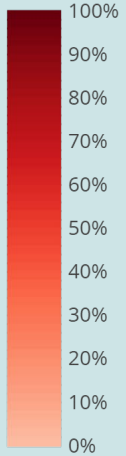
Total Health 9

Below is a list of things that people sometimes worry about. Please tell us which of these, if any, you are worried about at the present time?

Stated needs are highest among those ages 18-34, Alaska Natives and other racial groups, singles, and lower-income earners (<$50k/year). Specifically,

- Those ages 18-34, Alaksa Natives, singles, and lower-income earners express an above-average need for education and transportation.
- Other racial groups and lower-income earners have a higher need for power & water, health care, housing, food, and job.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
% selecting each	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Any	59%	61%	54%	80%	55%	50%	89%	53%	67%	61%	54%	85%	44%	75%	57%	43%
Power & Water	25%	24%	24%	20%	29%	24%	20%	24%	38%	29%	15%	24%	17%	38%	14%	20%
Education	24%	23%	24%	65%	22%	2%	67%	17%	24%	20%	26%	54%	11%	40%	21%	9%
Transportation	19%	23%	11%	45%	4%	17%	59%	16%	10%	4%	25%	47%	7%	31%	20%	5%
Health care	19%	14%	26%	16%	23%	16%	3%	19%	31%	25%	17%	24%	17%	21%	10%	24%
Housing	15%	13%	16%	24%	24%	2%	23%	14%	21%	22%	11%	23%	10%	22%	6%	14%
Food	12%	12%	11%	12%	18%	7%	13%	14%	15%	13%	11%	17%	9%	21%	12%	1%
Personal safety	7%	9%	3%	3%	11%	6%	15%	8%	7%	10%	6%	7%	7%	11%	9%	1%
Child care	6%	2%	13%	10%	9%	0%	3%	7%	6%	16%	2%	8%	5%	2%	9%	7%
Job	5%	5%	6%	5%	10%	2%	3%	4%	10%	5%	4%	12%	1%	10%	3%	2%



- Physical Health Current State Rating(6b)
- Behavior: Days fruit & veggies (9a)
- Behavior: Days exercise > 30 minutes (9b)

Physical Health

Physical health is both a state of being and a practice. Behaviors such as diet, exercise, sleep and stress have a profound effect on disease conditions and well-being. Physical health is also directly linked to hygiene routines, use of tobacco, alcohol and other drugs, the use of personal protective equipment, workplace safety and following safety guidelines, not taking unnecessary risks and the wise use of healthcare resources, including regular checkups and recommended screenings.

How Your Community Can Flourish

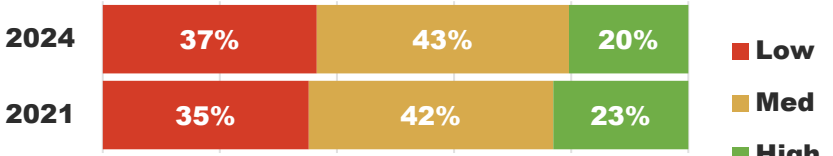
Physical health has the highest impact on overall well-being. Regular exercise has the **8th highest impact.**

Key indicators with the most impact on physical health and regular exercise: Mental/emotional health and sense of purpose and meaning. In addition, physical health is strongly related to community efficacy, relationships, and exercise. Regular exercise is strongly related to fresh food consumption.

Key Findings

Physical health continues to need improvement

- State of Physical Health: Similar to 2021, fewer than a quarter rate themselves highly in this area (20%, vs. 23% in 2021). Instead, most rate moderate (43%) or low (37%).



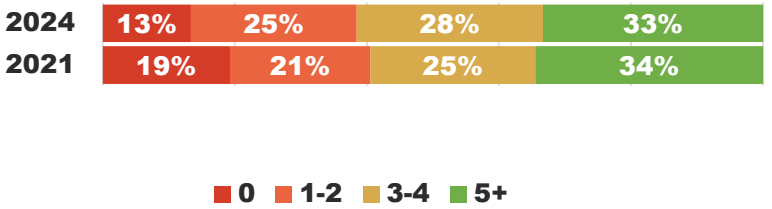
Average (0-10 scale)

6.6

6.9

This year sees slight improvement in consumption of fresh fruits and vegetables, and in regular exercise.

- Fruits & Vegetables: While the majority consume fresh foods fewer than 5 days per week, the proportion who eat fruits and vegetables zero days is down (13%, vs. 19% in 2021).

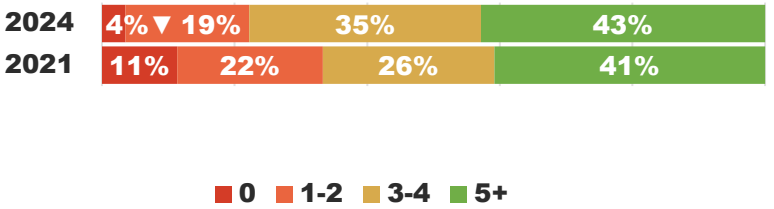


Average (0-7 scale)

3.3

3.3

- Exercise: Similarly, the proportion with zero exercise days per week dropped this year (4%, vs. 11% in 2021).



4.2

3.8

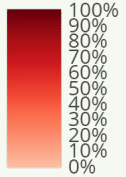
▼▲ arrows signify statistically significant difference from previous year

Physical Health

Those ages 18-34, Alaska Natives, singles, and <$50k/year earners are more likely than average to rate low across all physical health measures. In addition:

- Those earning $50-$99k/year rate lower on physical health, and other racial groups consume fewer fresh fruits and vegetables than average.

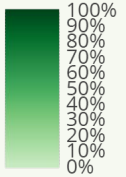
		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
Low Scores (0-6)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Physical health	37%	35%	39%	61%	34%	24%	84%	31%	33%	40%	38%	71%	25%	45%	44%	19%
<3 days fresh fruits/veg	38%	42%	30%	58%	37%	28%	74%	32%	44%	42%	31%	61%	22%	56%	31%	25%
<3 days exercise	22%	22%	23%	35%	21%	16%	66%	14%	17%	18%	26%	56%	10%	29%	23%	13%



Couples rate higher than average across all physical health measures. In addition:

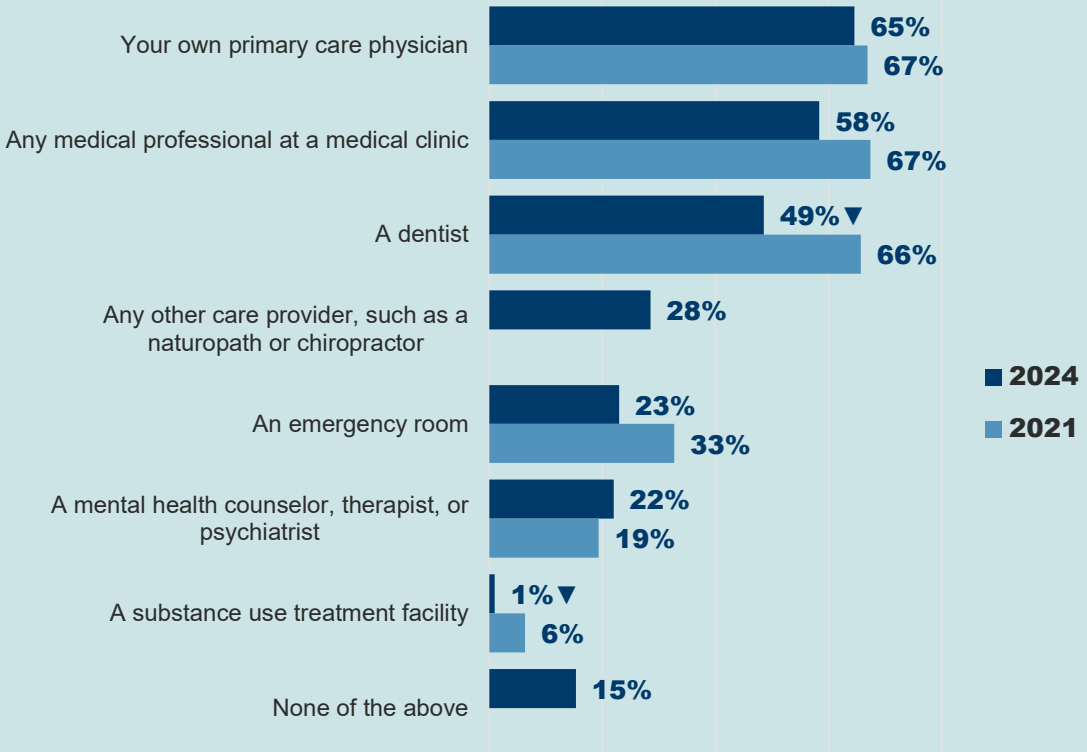
- Women, those ages 55+, and other racial groups are more likely to give higher physical health ratings. Women, those ages 55+, and $100k+ earners are more likely to each fresh food 5+ times/week. Mean, those ages 35-54, Caucasians, and those earning $50+/year are more likely to exercise 5+ times/week.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
High Scores (9-10)	Total	Male	Female	18-34	35-54	55+	AK Native	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Physical health	20%	14%	32%	10%	17%	29%	6%	20%	27%	16%	24%	14%	26%	26%	13%	21%
5+ days fresh fruits/veg	33%	30%	40%	9%	33%	48%	15%	37%	32%	31%	38%	12%	46%	27%	35%	38%
5+ days exercise	43%	48%	32%	37%	55%	35%	21%	62%	13%	46%	46%	25%	55%	24%	49%	59%

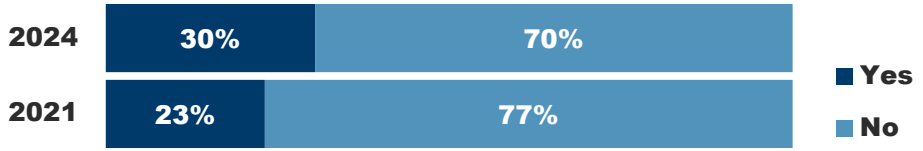


Tailored Questions

Q11. Have you visited any of the following at least once in the past year??

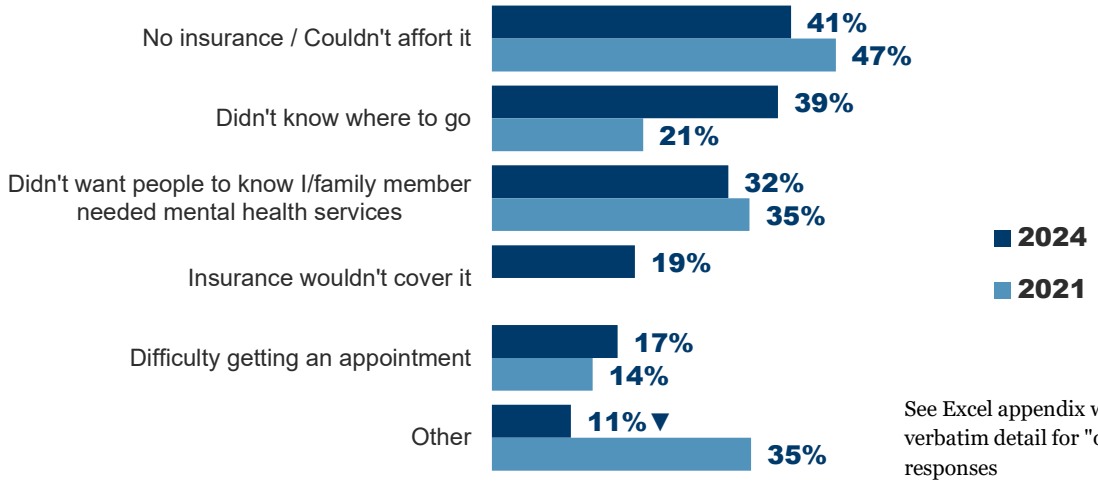


A2: In the last 12 months, have you or a family member needed mental health services (counseling or other help)?



A2a: Were you able to receive the needed mental health services?

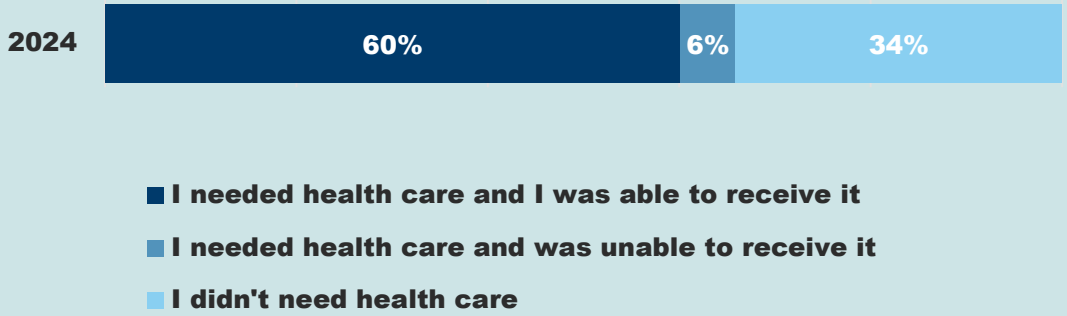
A2b: Why couldn't you receive needed mental health services?



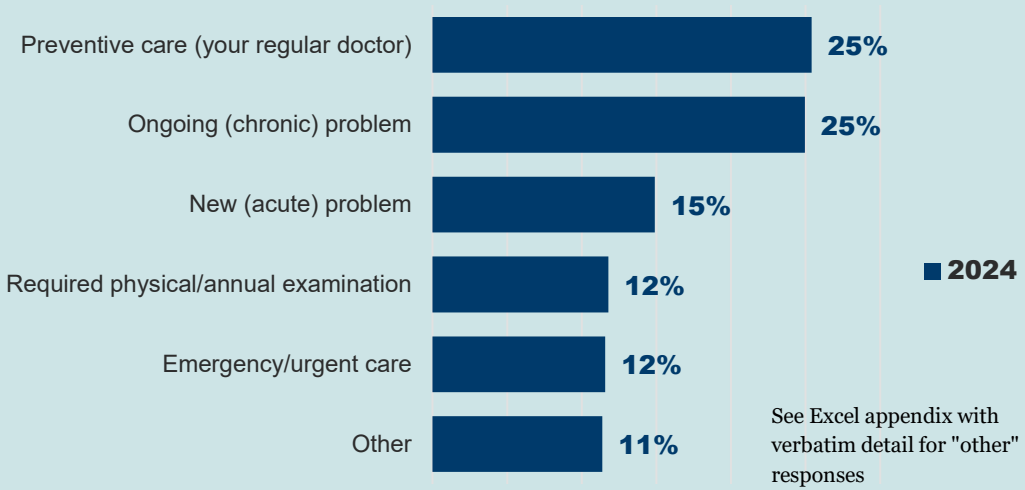
See Excel appendix with verbatim detail for "other" responses

▼▲ arrows signify statistically significant difference from previous year

A3. Have you needed health care in the last 12 months and were you able to receive it?

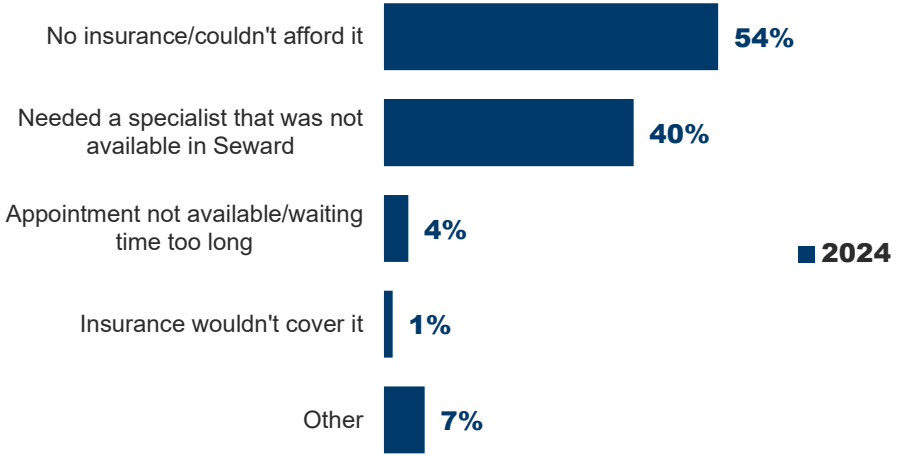


A3a: What was the primary reason for your most recent health care visit?



See Excel appendix with verbatim detail for "other" responses

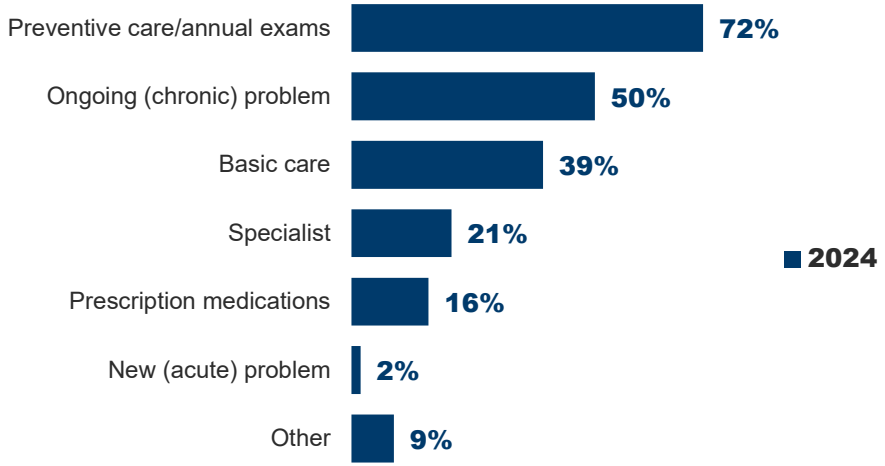
A3b. Why couldn't you receive health care?



See Excel appendix with verbatim detail for "specialist" responses

See Excel appendix with verbatim detail for "other" responses

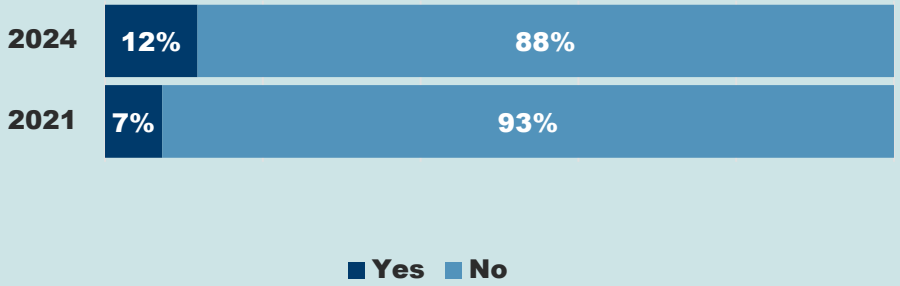
A3c. What type of health care did you go without?



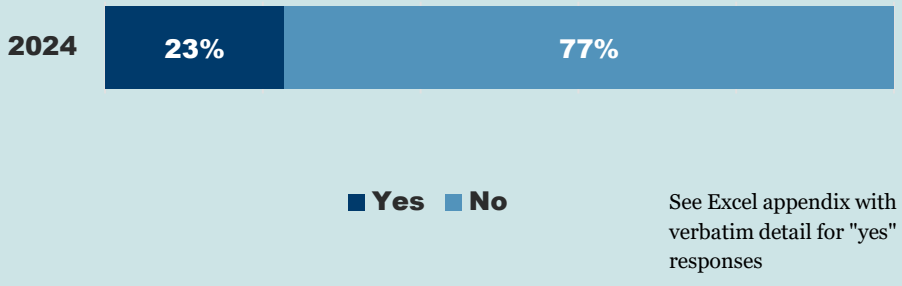
See Excel appendix with verbatim detail for "specialist" responses

See Excel appendix with verbatim detail for "other" responses

A4. Have you had any thoughts of suicide at any time in the past 12 months?

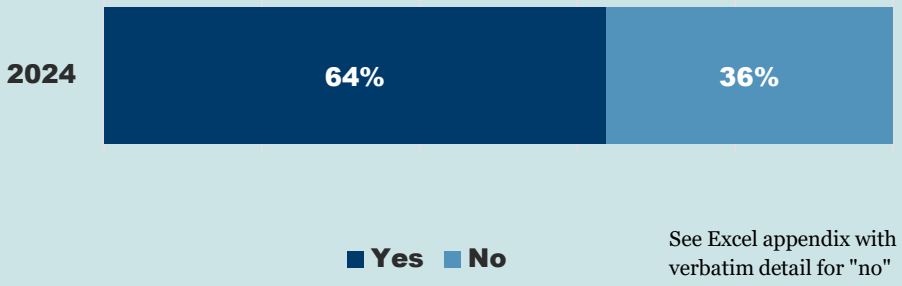


A5. Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?



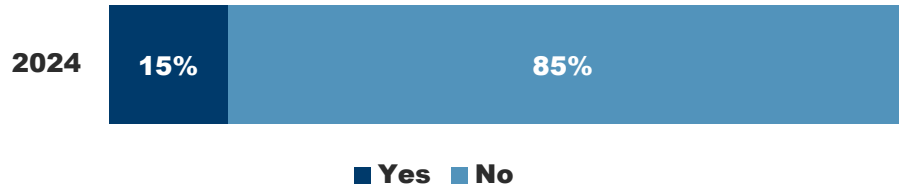
See Excel appendix with verbatim detail for "yes" responses

A5a. Do you have the resources needed to treat your chronic disease?

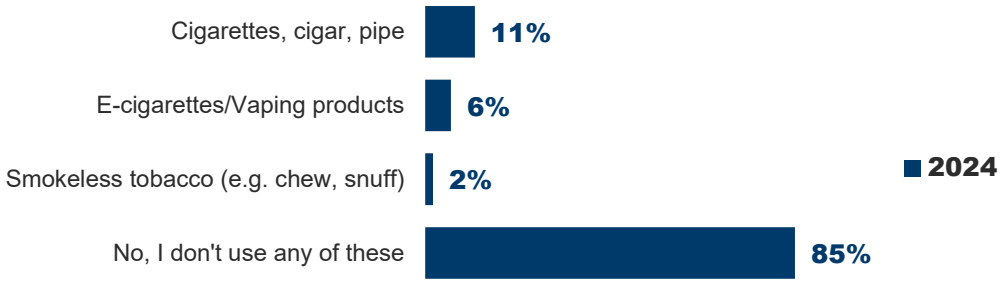


See Excel appendix with verbatim detail for "no" responses

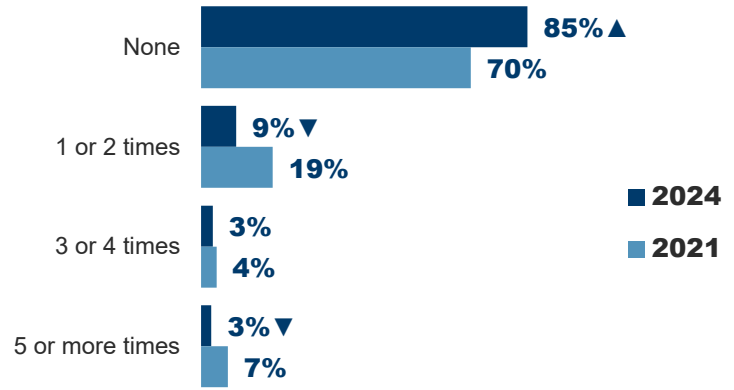
A6. Do you use any tobacco related products?



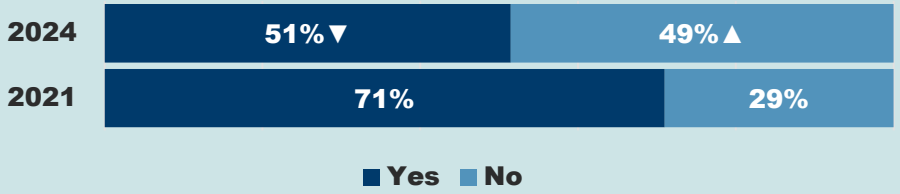
A6. Do you use any of the following tobacco related products?



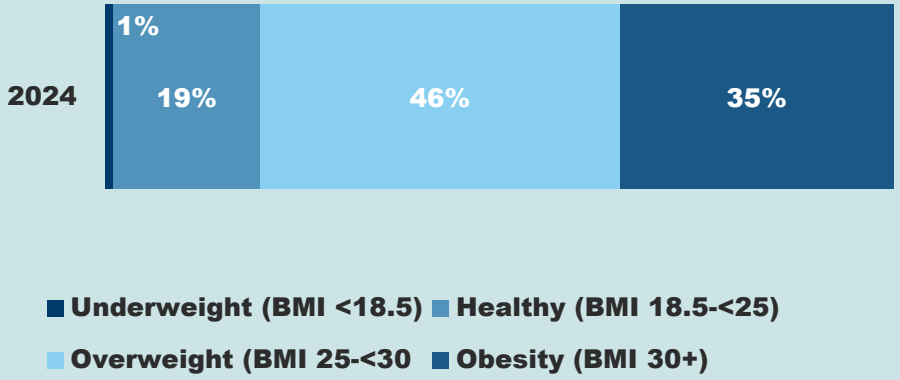
A7. During the past 30 days, about how often did you have 5 or more drinks containing any kind of alcohol within a two-hour period?



A12. If you were sick, could you easily find someone to help you with daily chores?

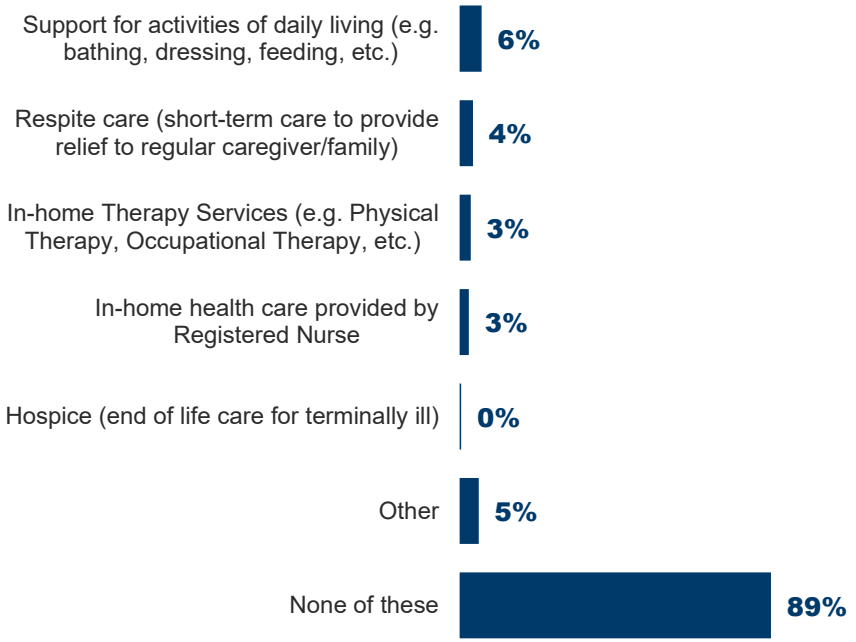


Body Mass Index (BMI)



Q6r6. I often feel isolated from others.

A8. Mark any services below that you or a member of your household needed in Seward during the last 12 months.

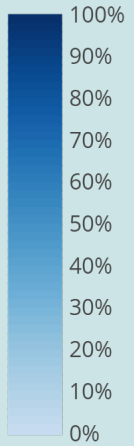


See Excel appendix with verbatim detail for "other" responses

Tailored Questions

Q11. Have you visited any of the following at least once in the past year?

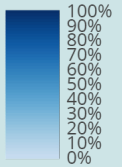
		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Your own primary care physician	65%	58%	78%	46%	51%	87%	25%	70%	66%	50%	69%	48%	71%	60%	69%	65%
Any medical professional at a medical clinic	58%	57%	62%	45%	77%	50%	36%	70%	41%	73%	59%	42%	72%	31%	71%	77%
A dentist	49%	47%	51%	36%	56%	50%	30%	65%	21%	56%	50%	23%	64%	26%	50%	74%
An emergency room	23%	22%	26%	13%	30%	22%	19%	27%	13%	16%	28%	24%	25%	16%	21%	33%
A mental health professional	22%	20%	23%	19%	28%	18%	18%	30%	12%	20%	25%	22%	25%	18%	19%	30%
A substance use treatment facility	1%	0%	1%	3%	1%	0%	2%	1%	4%	0%	1%	3%	0%	3%	0%	0%
Any other care provider	28%	25%	36%	19%	35%	28%	10%	39%	7%	33%	29%	18%	35%	9%	37%	42%
None of the above	15%	22%	3%	36%	13%	5%	56%	8%	10%	11%	17%	28%	10%	22%	14%	9%



Tailored Questions

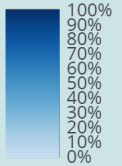
A2: In the last 12 months, have you or a family member needed mental health services (counseling or other help)?

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	30%	27%	35%	33%	43%	18%	27%	35%	32%	34%	30%	36%	29%	31%	32%	29%
No	70%	73%	65%	67%	57%	82%	73%	65%	68%	66%	70%	64%	71%	69%	68%	71%



A2a: Were you able to receive the needed mental health services?

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	59%	60%	62%	55%	65%	52%	66%	65%	39%	65%	58%	43%	69%	50%	52%	78%
No	41%	40%	38%	45%	35%	48%	34%	35%	61%	35%	42%	57%	31%	50%	48%	22%

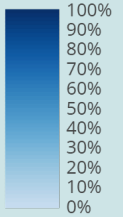


Data for "A2b: Why couldn't you receive needed mental health services?" excluded due to low base sizes across subgroups.

Tailored Questions

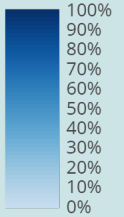
A3. Have you needed health care in the last 12 months and were you able to receive it?

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
I needed health care and I received it	60%	55%	70%	47%	75%	55%	44%	76%	34%	74%	60%	50%	70%	35%	77%	73%
I needed health care and didn't receive it	6%	4%	7%	14%	3%	3%	0%	6%	10%	2%	6%	12%	2%	10%	4%	3%
I didn't need health care	34%	41%	23%	39%	23%	41%	56%	18%	56%	24%	34%	38%	28%	55%	19%	24%



A3a. What was the primary reason for your most recent visit (among those who needed HC and received it)?

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Preventive care (your regular doctor)	25%	20%	34%	46%	16%	26%	8%	29%	15%	21%	28%	28%	26%	19%	30%	25%
Ongoing (chronic) problem	25%	29%	19%	6%	24%	36%	18%	25%	29%	14%	30%	14%	29%	20%	22%	31%
New (acute) problem	15%	14%	16%	23%	23%	1%	30%	13%	9%	23%	11%	16%	15%	14%	12%	19%
Required physical/annual examination	12%	10%	14%	8%	17%	7%	1%	11%	17%	20%	8%	7%	14%	6%	21%	6%
Emergency/urgent care	12%	15%	7%	1%	11%	17%	8%	9%	23%	5%	15%	17%	10%	16%	4%	16%
Other	11%	12%	10%	16%	8%	13%	34%	12%	7%	16%	7%	19%	7%	26%	12%	3%

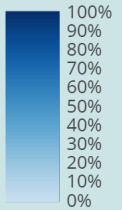


Data for "A3b: Why couldn't you receive health care?" and "A3c: What type of health care did you go without?" excluded due to low base sizes across subgroups.

Tailored Questions

A4. Have you had any thoughts of suicide at any time in the past 12 months?

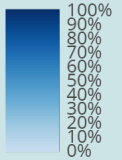
		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	12%	6%	19%	19%	16%	3%	25%	9%	23%	15%	11%	27%	5%	21%	9%	4%
No	88%	94%	81%	81%	84%	97%	75%	91%	77%	85%	89%	73%	95%	79%	91%	96%



Tailored Questions

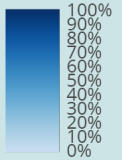
A5: Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?

	Total	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
		Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	12%	6%	19%	19%	16%	3%	25%	9%	23%	15%	11%	27%	5%	21%	9%	4%
No	88%	94%	81%	81%	84%	97%	75%	91%	77%	85%	89%	73%	95%	79%	91%	96%



A5a: Do you have the resources needed to treat your chronic disease? (Among those with a chronic disease)

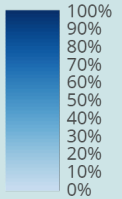
	Total	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
		Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	64%	62%	65%	74%	37%	85%	60%	67%	55%	74%	60%	64%	62%	66%	56%	72%
No	36%	38%	35%	26%	63%	15%	40%	33%	45%	26%	40%	36%	38%	34%	44%	28%



Tailored Questions

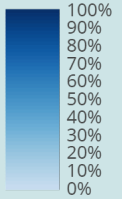
A6: Do you use any of the following tobacco related products?

	Total	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
		Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Cigarettes, cigar, pipe	11%	9%	16%	21%	16%	1%	15%	10%	17%	19%	7%	15%	8%	19%	13%	1%
Smokeless tobacco	2%	2%	1%	4%	2%	0%	2%	2%	2%	6%	0%	1%	2%	2%	3%	1%
E-cigarettes/Vaping products	6%	3%	11%	14%	7%	0%	22%	5%	6%	10%	5%	13%	4%	11%	4%	2%
No, I don't use any of these	85%	89%	77%	70%	79%	99%	73%	87%	82%	75%	90%	77%	89%	76%	83%	96%



A7: During the past 30 days, about how often did you have 5 or more drinks containing any kind of alcohol within a two-hour period?

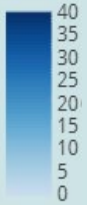
	Total	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
		Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
None	85%	86%	83%	73%	85%	93%	87%	83%	86%	80%	87%	75%	89%	86%	76%	93%
1 or 2 times	9%	8%	11%	7%	13%	7%	13%	13%	4%	15%	8%	16%	7%	7%	16%	5%
3 or 4 times	3%	2%	5%	11%	1%	0%	0%	3%	5%	1%	4%	7%	2%	3%	5%	1%
5 or more times	3%	3%	1%	9%	1%	0%	0%	2%	5%	4%	1%	2%	2%	3%	4%	1%



Tailored Questions

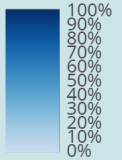
Body Mass Index (BMI)

	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
BMI	29.7	29.7	30.0	32.2	29.6	28.3	36.6	28.4	29.3	29.4	30.2	33.0	28.7	30.6	30.4	27.9



A12: If you were sick, could you easily find someone to help you with daily chores?

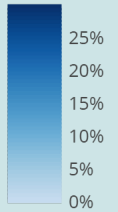
	Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	51%	42%	69%	45%	59%	49%	24%	57%	45%	57%	53%	32%	64%	40%	63%	54%
No	49%	58%	31%	55%	41%	51%	76%	43%	55%	43%	47%	68%	36%	60%	37%	46%



Tailored Questions

A8. Mark any services below that you or a member of your household needed in Seward during the last 12 months.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Any	11%	12%	10%	2%	10%	17%	6%	15%	3%	11%	12%	15%	10%	3%	21%	11%
Support for activities of daily living	6%	9%	2%	0%	4%	12%	0%	10%	0%	5%	7%	10%	5%	1%	15%	4%
Respite care	4%	5%	1%	0%	4%	5%	0%	6%	0%	5%	3%	1%	5%	0%	8%	4%
In-home Therapy Services	3%	3%	3%	0%	3%	6%	1%	5%	1%	3%	4%	1%	4%	1%	8%	1%
In-home health care provided by RN	3%	3%	1%	0%	1%	5%	0%	4%	0%	0%	4%	0%	4%	0%	7%	1%
Hospice	0%	0%	1%	0%	0%	1%	0%	1%	0%	0%	0%	1%	0%	1%	0%	0%
Other	5%	6%	5%	1%	3%	10%	6%	7%	2%	3%	7%	11%	4%	1%	11%	5%



Q6r6. I often feel isolated from others.

		Gender		Age			Race/Ethnicity			HH Composition				HH Income		
	Total	Male	Female	18-34	35-54	55+	Native AK	White	Other	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Describes me very well (9-10)	9%	4%	20%	3%	9%	13%	3%	3%	29%	6%	11%	7%	11%	18%	3%	5%
Describes me somewhat (7-8)	15%	16%	12%	11%	8%	24%	12%	20%	8%	11%	19%	24%	13%	8%	21%	19%
Doesn't describe me (0-6)	75%	80%	68%	85%	84%	62%	84%	77%	64%	83%	70%	69%	76%	74%	76%	76%