Alaska 2015-2016 Primary Care Needs Assessment

Alaska Division of Public Health
Section of Health Planning and Systems Development

May 20, 2016

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PART I
Primary Care in Alaska

The Alaska Primary Care Office (PCO) within the Division of Public Health partnered with other key stakeholders to conduct a statewide Primary Care Needs Assessment. The purpose is to provide a robust point-in-time assessment and baseline of Alaska's primary care system in order to identify gaps and to help plan and project for the future of primary care delivery. For purposes of this assessment, behavioral health and dental services were also included. The needs assessment is a requirement of the Health Resources and Services Administration (HRSA) Primary Care Office Cooperative Agreement.

This project was supported by the following:

- HRSA;
- Department of Health and Social Services/Division Public Health/Sections of:
    - Health Planning and Systems Development,
    - Women's, Children's and Family Health,
    - Public Health Nursing
    - Chronic Disease and Health Promotion;
- Alaska Primary Care Association;
- Denali Commission.

The Alaska PCO convened an advisory workgroup comprising representatives from key stakeholder organizations to inform the needs assessment. Workgroup membership reflected the complexity and diversity of the Alaska healthcare system and included representatives from the private sector, state government, tribal health organizations, Section 330 community health centers, and the Alaska State Hospital and Nursing Home Association. The workgroup convened in mid-January 2015 to advise the Alaska PCO on the structure and format of the needs assessment.

Phase I of the assessment includes the following components:

- Overview of components of Alaska's primary care system and analysis of data gathered, including review of current workforce studies and report of current shortage desigations;
- Borough/census area-based population health information displayed in two one-page matrices as well as profile sheets showing key health outcome and health access indicators and health workforce information for each of 29 boroughs/census areas;
- Key informant interviews with 35 primary care clinicians and practice administrators to gather in-depth feedback regarding issues and barriers impacting primary care practice in Alaska (informants represent a broad cross section of the state including primary care community health centers, tribal providers, non-tribal providers, com-

munity clinics, for-profit and nonprofit providers, geographic regions and a variety of provider disciplines and types);
- Resources/facilities/services inventory (data gathered via mail-out and on-line surveys to primary care, behavioral health and dental providers in the state);
- Survey of Division of Public Health, Section of Public Health Nursing assessing services provided by public health nurses in communities across Alaska.

Phase II of the Needs Assessment Project, projected to begin by mid-summer 2016, will focus on the widespread dissemination of the findings and facilitating the use of the information in order to target primary care related issues, disparities and needs in communities throughout the state. The completed 2015-16 Alaska Primary Care Needs Assessment will provide communities with an effective tool for examining their own local primary health care systems as well as critical health indicators and health access factors specific to community census areas. The findings from this needs assessment will directly relate to community census area and to Healthy Alaskans 2020 (HA2020) planning. Discussions and planning utilizing HA 2020 plans and findings from this needs assessment will aid in developing responses to the ongoing changes in the nation's health care system in a knowledgeable manner that is specific to communities. The Alaska PCO anticipates that statewide partners and community stakeholders will be interested in further analysis of the data gathered during this assessment and stands ready to respond to queries.

The Alaska PCO is located within the Section of Health Planning and Systems Development (HPSD), within the Division of Public Health. The section manages programs that strengthen health care access with a focus on rural areas and underserved populations. The Section also conducts statewide health planning to help sustain organized and efficient health care delivery in Alaska. Work by the Section focuses on health care delivery, workforce development, health care financing and reimbursement strategies and facility planning. Included within the section are both the Alaska Office of Rural Health (AORH) and the Alaska PCO.

The AORH is a pivotal center for addressing rural health issues in Alaska. As part of the Alaska Department of Health and Social Services, the AORH has statewide responsibilities for assessing, reporting and responding to rural health needs, issues, and resources in Alaska.

The Alaska PCO has been a recipient since 1994 of Health Resources and Services Administration's (HRSA's) Primary Care Office Cooperative Agreement, which is managed by HRSA's Bureau of Health Workforce. The purpose of the cooperative agreement is "to improve primary care service delivery and workforce availability in the State or territory to meet the needs of underserved populations."[1]

There are three core functions that primary care offices are expected to address. These core functions include:

[1] US DHHS, Health Services and Resources Administration, Bureau of Clinician Recruitment and Service, Division of Policy and Shortage Designation. Primary Care Services Resources Coordination and Development, Funding Opportunity Announcement (HRSA-14-001). Available from: http://www.grantreviewinfo.net/Downloads/2014110145810.HRSA-14-001%20Final.pdf?Program=396

1) Providing technical assistance to expand access to primary care for underserved populations including: coordination of the National Health Service Corps and NURSE Corps programs and provider recruitment and retention; collaboration with Health Center planning and development; and collaboration with other HRSA partners and organizations to support access to primary care services;
2) Conducting a statewide primary care needs assessment;
3) Coordinating the Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps) designations process within the state to ensure consistent, accurate assessment of underservice including data collection, verification, and analysis.

The Alaska PCO accomplishes its mission by working across government and healthcare settings, communities and organizations. The Alaska PCO staff work directly with other division and department directors and staff as well as statewide stakeholders and partners to develop policies and programs that increase access to primary care.

Alaska Overview

Alaska presents unique challenges in access to and delivery of primary care services most notably because of the state's vast size, number of isolated communities, and the amount of area that is medically underserved. Cultural and linguistic variations also lend to this challenge. With an area of 663,268 square miles, Alaska is approximately one fifth the size of the contiguous United States and has the lowest population density of one person per square mile. Alaska has an estimated population of 737,625[2] with the densest population area in Anchorage and the Matanuska-Susitna Valley.

Alaska is not organized into counties as are most other states. Rather, the state is organized into boroughs with North Slope Borough being the largest geographically at 9,430 square miles. Alaska's unorganized borough covers 78,149 square miles. The unorganized borough is divided into census areas for purposes of statistical record keeping, the largest of which is the Yukon-Koyukuk Census Area covering 5,588 square miles.

With the exception of the urban boroughs of Anchorage, Fairbanks, Juneau, and Sitka, all of Alaska's boroughs and census areas are considered frontier by the State Offices of Rural Health.[3] The frontier nature of Alaska, with the official nickname of The Last Frontier, presents additional challenges to delivery of primary care. Many communities are located at considerable distance from hospitals and without road access. For many small communities physicians, dentists, and mid-level providers are available on an itinerant basis only. Treatment for serious conditions must occur at larger hospitals in urban centers for which air travel is necessary.

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[2] Department of Labor and Workforce Development, Research and Analysis. 2015 Population By Borough/Census Area and Economic Region. http://laborstats.alaska.gov/pop/popest.htm.

[3] National Center for Frontier Communities. Full list of frontier counties based on 2010 Census data. http://frontierus.org/mapping-process-and-data/.

Statewide approximately 14 percent of the population is American Indian or Alaska Native.[4] Alaska's Native population accounts for a majority of the inhabitants of the state's Northern and Southwest regions as well as the Yukon-Koyukuk Census Area in the interior. Tribal health organizations, organized under the Alaska Native Tribal Health Consortium (ANTHC), provide a vital component to the state's safety net of primary care providers by providing primary care to approximately 200 communities. The Alaska Community Health Aide Program, supported by the Consortium, provides Community Health Aides/Practitioners to over 170 villages to assess and refer patients for medical care.

Historically the only sources of health care for many remote villages were nurses who traveled the state on foot, by dogsled, by steamship and train. Today the Department of Health and Social Services, Section of Public Health Nursing has a network of health centers in 22 communities and provides itinerant safety net services to 280 small communities and villages. Some of the functions performed by public health nurses include immunization of children and adults, education of the public on disease prevention, connecting people with heath care and social services, and promotion of injury prevention and healthy living.

An important component of Alaska's health care safety net is community health centers that provide care for communities including Medicaid beneficiaries, the un-insured and low income individuals. These centers are both tribal and non-tribal organizations. In 2015 HRSA awarded a New Access Point Grant to the Girdwood Health Center, bringing to a total 29 CHC grantees throughout the state operating 167 centers.[5]

General acute care hospitals are located in Anchorage, Juneau, Soldotna, Fairbanks, Petersburg, Kodiak, Sitka, Homer, and Wasilla. Rural primary care hospitals are located in Seward and Wrangell.[6] Alaska Native Tribal Hospitals are located in Anchorage, Barrow, Bethel, Dillingham, Kotzebue, Sitka, and Nome. Alaska's system of hospitals includes 14 Critical Access Hospitals which, in addition to locations listed, also includes the Cordova Community Medical Center. Alaska's largest non-government employer is Providence Health and Services, which operates the state's largest hospital, Providence Alaska Medical Center, in Anchorage as well as the hospitals in Seward, Kodiak, and Valdez.[7]

For purposes of this needs assessment, behavioral health and dental care are considered primary care if they are provided as a general outpatient service. Dental care in Alaska is offered by an array of providers including private dentists, CHCs offering dental services, and tribally operated systems (see Dental Health Overview later in Part I). Behavioral health services are offered by a variety of provider types including private practitioners, non-profit organizations, community mental health centers, CHCs offering integrated behavioral health

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4 United States Census Bureau. American Fact Finder, 2014 ACS 5-year estimates. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml.

5 DHSS Division of Public Health, Section of Health Planning and Systems Development, Alaska Primary Care Office. State Health Care Environment 2015. September, 2015.

6 Alaska Division of Health Care Services, Health Facilities Licensing and Certification. http://dhss.alaska.gov/dhcs/Pages/hflc/default.aspx.

7 Alaska Department of Labor and Workforce Development. Alaska Economic Trends, Alaska's 100 Largest Private-Sector Employers, Employment in 2010, July 2011. http://laborstats.alaska.gov/trends/jul11art1.pdf.

and primary care, hospital-operated outpatient centers, and tribal health organizations (see Behavioral Health Overview later in Part I). The State's Division of Behavioral Health provides grants to an extensive array of private non-profit, tribal, and public agencies in all areas of the state to support prevention and treatment services.

Tribal System

Alaska has 229 federally recognized tribes formed almost exclusively of individual village tribes, accounting for about 140,000 people spread out in communities across 586,412 square miles of predominantly roadless land.

Federally recognized tribes in Alaska constitute over a third of all federally recognized Native American tribes in the United States. Alaska Native villages are situated mostly along the coast and rivers of rural Alaska. As part of its trust responsibility to Alaska Native people, the federal government provides funding through the Alaska Tribal Health System for health care services for the American Indian/Alaska Native (AI/AN) population.

The Alaska Native Tribal Health Consortium was organized as a statewide non-profit health service organization owned by Alaska Natives through its constituent tribes and tribal organizations. ANTHC employs over 2,500 people[8] and helps provide support for and coordination of the statewide health services formerly provided by the Indian Health Service. ANTHC has responsibility for essential statewide services, including the Alaska Native Medical Center (ANMC), a 150-bed facility in Anchorage that serves as the referral center for specialty care. ANMC is co-managed by ANTHC in conjunction with Southcentral Foundation, the tribal health organization serving Anchorage and selected other communities.

The Alaska Tribal Health System includes villages from over 30 tribes and tribal organizations in geographic regions with the tribal health organizations' main hubs serving outlying villages. The ATHS service regions consist of Anchorage/Mat-Su, Rural Anchorage Service Unit, Arctic Slope, Maniilaq, Norton Sound, Bristol Bay area, Yukon-Kuskokwim, Southeast, and Interior. Each tribe or tribal health organization is autonomous and serves a specific geographical area. Tribal health organizations often provide the only health care in rural Alaska. Many of these clinics are now receiving Section 330 HRSA funds and are operating as community health centers, seeing both beneficiaries and non-beneficiaries.

From the standpoint of primary care the Alaska tribal health system is important both because it provides services in rural Alaska and because of the opportunities it provides for recruiting health practitioners through the National Health Service Corps, Indian Health Service Loan Repayment, and State Loan Repayment Programs. This is the result of automatic HPSA status for Alaska Native and American Indian populations.

[8] Alaska Native Tribal Health Consortium. Overview, About Alaska Native Tribal Health Consortium. http://anthc.org/who-we-are/overview.

Levels of Service

Village-based medical services are based in clinics that rely largely on Community Health Aides/Practitioners, Behavioral Health Aides and Dental Health Aides/Therapists. Village-based clinics also receive itinerant services from regional health services and contract health care providers, as well as public health nurses. (These provider types are described later in this section).

Sub-regional clinics offer many of the services available at the main tribal health organization including dental, laboratory, and radiology. Sub-regional clinics are generally staffed by mid-level providers and serve a group of villages, many of which also have village clinics.

Regional services are provided by hospitals operated by tribal health organizations that coordinate services with their affiliated village clinics.

The ANTHC supports statewide service by providing research on community health projects and community improvement.

Medical or dental care provided by the Indian Health Service or tribal health organization is called Direct Care. There is an IHS Contract Health Services Program that covers medical or dental care provided in non-IHS or non-tribal facilities.

The Indian Health Service (IHS) manages the Alaska Area Native Health Service Office (one of 11 IHS Area Offices) that works in conjunction with nine tribally operated service units to provide comprehensive health services to Alaska Natives. IHS-funded services are delivered by tribal health organizations or under contract with non-tribal service providers. About 99 percent of the IHS Alaska Area budget is allocated to Alaska Native Tribes and Tribal Organizations.

The other tribally administered hospitals are located in the six rural communities of Sitka, Barrow, Bethel, Dillingham, Kotzebue and Nome. IHS holds title to these hospitals (former U.S. Public Health Service hospitals) as well as three tribal health centers (St. Paul Island, Annette Island and Tanana Village) and is responsible for their maintenance.

Primary Care Workforce

Introduction – Shortage and maldistribution

Alaska's health care system has suffered a shortage and mal-distribution of primary care health providers for many years, especially in rural communities. The difficulties in recruiting and retaining qualified clinicians are complex, but the impact of the extreme geographic isolation of Alaska's clinical settings cannot be denied. In turn, retention challenges destabilize work settings and lead to further retention problems.

HPSAs/MUA/MUPs

U.S. DHHS Health Resources and Services Administration (HRSA) has designated most of Alaska's geographic area as Health Professional Shortage Areas (HPSAs) based on the lack

of primary care physicians, dentists, and psychiatrists. HPSAs, which can apply to geographic areas, population groups, and health care facilities, cover 96 percent of Alaska's land mass (549,466 square miles of Alaska's total 570,638 square miles) and 39 percent of Alaska's population (284,047 people of 737,625 total population). HPSA designation is the initial step which allows providers to apply for Medicaid incentives and facilities to apply to be a site for National Health Service Corps and other federal programs that support recruitment.

Alaska also has Medically Underserved Areas/Populations (MUAs/MUPs). MUA/MUPs are designated by HRSA as areas that have too few primary care physicians, a high infant mortality, high poverty, or a high elderly population. MUA/MUP status is one of the requirements for clinics to become Federally Qualified Health Centers (FQHCs), qualifying the clinics for specific kinds of reimbursement under Medicaid and Medicare. MUA/MUPs cover 95 percent of the Alaska land mass (543,396 square miles of Alaska's total 570,638 square miles) and 78 percent of Alaska's population (577,619 people of 737,625 total population)

Table 1 shows the number of Health Professional Shortage Area designations and Medically Underserved Areas designations in each census area and borough. Some HPSAs are designated by geographic area and Community Health Centers and tribal sites are automatically granted facility HPSAs.

Table 1. Number of Health Professional Shortage Areas and Medically Underserved Areas and Populations, by Census Area/Borough

	PRIMARY CARE			DENTAL HEALTH			MENTAL HEALTH			
	Geographic Areas	CHC Facility	Alaska Native or Native American Tribal Population	Geographic Areas	CHC Facility	Alaska Native or Native American Tribal Population	Geographic Areas	CHC Facility	Alaska Native or Native American Tribal Population	Medically Underserved Areas
Aleutians East Census Area	1			1			1			1
Aleutians West Census Area	1	1	2	1	1		1	1		1
Anchorage Borough		4	4		4	1		4	1	1
Bethel Census Area	1[†]	3	2	1[†]	3		1[†]	3		2
Bristol Bay Borough	1	1		1	2		1[††]	1		1
Denali Borough	1			1			1			1
Dillingham Census Area		1	2		1	1	1[††]	1	1	1
Fairbanks North Star Borough		2	3		2	2		2	2	
Haines Borough							1			1
Hoonah-Angoon Census Area	1			1			1			
Juneau City and Borough		2			2			2		
Kenai Peninsula Borough		3	4		3	2	1	3	2	1
Ketchikan Gateway Borough			1			1	1[†††]		1	
Kodiak Island Borough		2	1		2			2		1
Kusilvak Census Area	1[†]			1[†]			1[†]			1
Lake and Peninsula Borough							1[††]			1
Matanuska-Susitna Borough	1	2	3	1	2	1	1	1	1	1
Nome Census Area	1	1	5	1	1	4	1	1	3	1
North Slope Borough	1		4	1		1	1		1	1
Northwest Arctic Borough		1		1	1		1	1		1
Petersburg Borough							1[†††]			
Prince of Wales-Hyder Census Area	1		1				1[†††]		1	1
Sitka City and Borough			1			1			1	
Skagway Municipality	1	1		1	1		1	1		1
Southeast Fairbanks Census Area	1				0	0	1	1		1
Valdez-Cordova Census Area	2	2	4		2	1	1	2	1	3
Wrangell City and Borough		1			1		1[†††]	1		1*
Yakutat Borough	1	1		1	1		1	1		1
Yukon-Koyukuk Census Area	1	1		1	1		1	1		3
STATEWIDE TOTAL	**17**	**29**	**37**	**14**	**30**	**15**	**24**	**29**	**15**	**28**

Data Source: SDMS Designation Demographic and Health Data Export, 4/18/16

* Medically Underserved Population

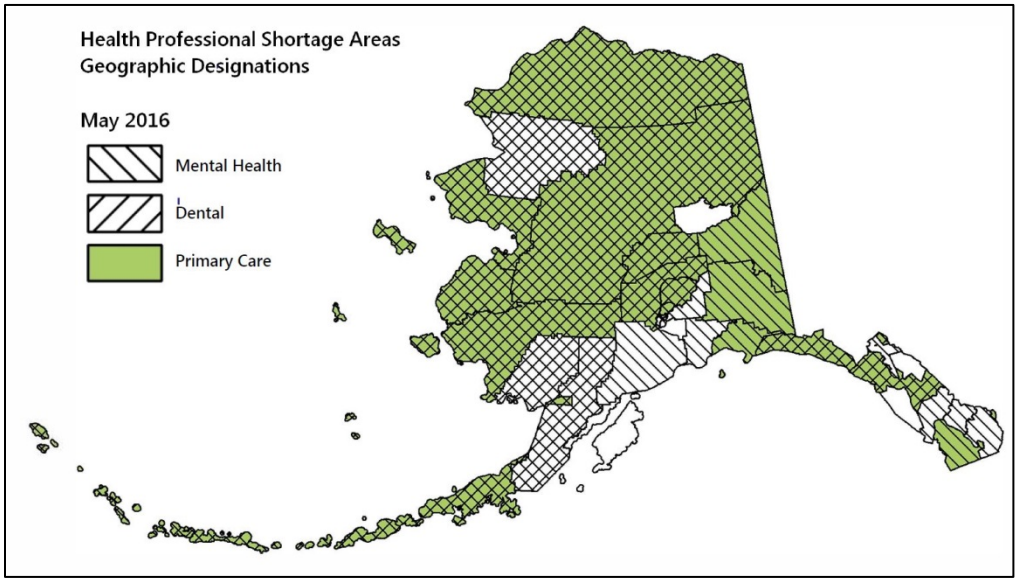
[†] Bethel/Kusilvak

[††] Bristol Bay/Dillingham/Lake and Peninsula

[†††] Southern Southeast: Ketchikan, Petersburg, Prince of Wales-Hyder, and Wrangell

The Alaska Division of Public Health, Section of Health Planning and Systems Development applies to HRSA for HPSA and MUA/MUP status designation. Each type of designation has a specific provider-to-population ratio as a base requirement.

Figure 2. Map of Alaska Health Professional Shortage Area Designations (HPSA)



Shortages in primary care workforce severely affect Alaska's rural/frontier areas. However, primary care and behavioral health practices in the communities of Anchorage and Fairbanks also repeatedly encounter barriers in recruiting providers. Several of these practices have appealed to the Alaska PCO multiple times to re-examine the possibility of identifying HPSAs in these urban areas, but thus far the Alaska PCO has been unable to do so due to the ratio of providers to population in those areas.

The demand for physicians continues to grow faster than supply in Alaska as well as across the nation. By the year 2025, projections for primary care physicians indicate a shortfall of between 14,900 and 35,600 primary care physicians nationally.[9] In Alaska, an additional 237 primary care physicians will be needed by 2030. [10] This is a 49 percent increase of the state's current 486 active family medicine/general practice physicians.[11] Factors driving Alaska's increase need include increased utilization due to aging, population growth, and a greater insured population following the Affordable Care Act.

The influence of training location

Doctors tend to cluster in big cities, and are generally far more scarce in rural areas and in other small communities as well as certain parts of some big cities. Medical schools are heav-

[9] Association of American Medical Colleges. Physician Supply and Demand Through 2025, Key Findings. https://www.aamc.org/download/457558/data/physician_supply_demand_2025_keyfindings_2016update.pdf

[10] Robert Graham Center. Alaska: Projecting Primary Care Physician Workforce. http://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Alaska.pdf.

[11] Association of American Medical Colleges. 2015 State Data Book Snapshots. https://www.aamc.org/download/447146/data/alaskaprofile.pdf.

ily concentrated in the northeastern United States, which creates a geographic skew among physicians. An important source of rural family physicians is rural family medicine residencies. Physicians tend to locate and practice near where they trained, and residents who train in rural locations are more likely to settle in rural areas than their urban counterparts.[12]

Alaska has no dental school or in-state medical school, and it was the last state in the United States to develop a residency program. The Alaska Family Medicine Residency (AFMR) was developed in the 1990s by a consortium of state leaders with the intent to train family physicians for the unique aspects of practice in the most remote parts of the state. It is the only residency program based in Alaska. Since its inception, the AFMR has been affiliated with the University of Washington. Residents receive extra training in rural settings, emergency medicine, orthopedics, obstetrics, pediatrics, neonatal intensive care, and trans-cultural medicine to prepare them for the unique challenges of "bush" practice. AFMR has a high retention rate of physicians. Alaska ranks second in the nation for the percent of physicians retained in the state from Graduate Medical Education (GME).[13]

Two interstate programs assist Alaska with physician training. The Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) program has partnered with the University of Washington to allow accepted Alaska residents to spend their first few years of medical school at the University of Alaska Anchorage campus followed by additional classroom and clinical instruction at the University of Washington's Seattle campus. Alaska residents only compete for acceptance with other students from Alaska. When accepted, they pay Washington State resident tuition and a portion of these costs are supported by State of Alaska.

Historically, ten students were admitted to the Alaska WWAMI program each year. However, through the combined efforts of the Alaska WWAMI program, the University of Alaska, and the State of Alaska, the WWAMI class size was doubled in the past few years.

The fifteen states that comprise the Western Interstate Commission for Higher Education (WICHE) provide their residents with opportunities to attend member schools at reduced non-resident tuition rates. WICHE's Professional Student Exchange Program offers Alaska residents access to degree programs in dentistry, occupational therapy, optometry, pharmacy, physical therapy, physician assistant, and podiatry.

A new program beginning in the fall of 2016 will allow University of Alaska Anchorage students to earn a Doctor of Pharmacy degree without leaving the state. The program is a collaboration between UAA and the Idaho State University College of Pharmacy. University of Alaska has training programs for nursing, behavioral health, clinical assistants, dental assistants, dental hygiene, pharmacy technicians, social work, and allied health.

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12 Rosenthal TC. Outcomes of rural training tracks: a review. Journal of Rural Health 2000;16(3):213-6.

13 Association of American Medical Colleges. Alaska Physician Workforce Profile. https://www.aamc.org/download/447146/data/alaskaprofile.pdf. This profile also shows Alaska ranking 11th in the nation for "total active patient care primary care physicians per 100,000 population" and 50th in residents/fellows in primary care ACGME programs per 100,000 population.

In the tribal system there is also a statewide program to train community health aides, behavioral health aides, and dental health aides. Vacancy rates in Alaska's healthcare professions tend to be lower in occupations that have training programs in the state.[14]

Workforce research in Alaska

Concerns about current and potential shortages of health care professionals in Alaska have led to several studies of supply and demand, recruitment, and retention of physicians and other health care providers in the state. The Alaska Health Workforce Coalition was formed in 2010 as a public-private partnership to address health workforce challenges in Alaska.[15] Membership includes state government, the University of Alaska, healthcare providers, employers, and professional associations. Other workforce analysis initiatives include the Physician Supply Task Force, the Status of Recruitment Resources and Strategies (SORRAS) I and II projects, Alaska Health Workforce vacancy studies, and analyses by the Alaska Department of Labor and Workforce Development.[16]

Workforce vacancy study – key findings

Alaska Health Workforce vacancy studies were conducted in 2007, 2009, and most recently in 2012 by Alaska Center for Rural Health at the University of Alaska. These studies sought to answer questions on health workforce and better understand shortages and vacancies in the state. The 2012 Health Workforce Vacancy Study[17] assessed the current demand for health workers by occupation, as estimated through vacant, budgeted positions and reported by employers for a specific time-period. Key findings substantiate studies and anecdotal evidence that, despite the marked progress in training health personnel, critical vacancies in several occupations persist.

Rural areas continue to suffer from very high vacancies in traditional primary care occupations, which provide basic health care and serve as frontline providers. Estimated rural vacancy rates were:

- 21 percent for Family Physicians,
- 17 percent for Family Nurse Practitioners and
- 19 percent for Physician Assistants.

Tribal health-specific occupations, serving Alaska's most remote communities, saw some of the highest rural vacancy rates across the entire survey:

- Community Health Aide/Practitioners 18 percent (102 vacancies),
- Behavioral Health Aide/Therapists and Village Counselors 19 percent (18 vacancies),

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[14] Branch, K. Alaska Center for Rural Health AHEC, UAA. Alaska Health Workforce Vacancy Study: 2012 Findings Report (August 2014). Available at https://www.uaa.alaska.edu/acrh-ahec/projects/vacancy/2012workforce.cfm.

[15] Health Workforce Planning Coalition, Alaska Health Workforce Plan, 2010. http://labor.alaska.gov/awib/forms/healthcare_workforce_plan.pdf.

[16] Stimpfle, E. and Dean Rasmussen, D. Alaska's Health Care Industry: Employment and costs continue their rapid rise. Alaska Economic Trends, August 2011. http://laborstats.alaska.gov/trends/aug11art1.pdf.

[17] University of Alaska Anchorage. Alaska Health Workforce Vacancy Study, 2012. https://www.uaa.alaska.edu/acrh-ahec/projects/vacancy/2012workforce.cfm.

- Dental Health Aide/Therapists 21 percent (10 vacancies).

Psychiatrists are in high demand across Alaska with an estimated rural vacancy rate of 15 percent and urban vacancy rate of 22 percent; combined estimated vacancies were 19 statewide with the majority (17) existing in urban regions.

Counselors, Behavioral Health Therapists and Clinicians vacancies are dramatically higher in rural regions in all but two occupations in this category. This disparity is particularly evident with Clinical Psychologists (13 percent vs 6 percent), Clinical Social Workers (15 percent vs 8 percent), Mental and Behavioral Health Clinicians and Counselors (12 percent vs 6 percent) and other Behavioral Health Counselors (21 percent vs 3 percent).

While the General Dentist vacancy rate was a low 2 percent, Dental Health Aides/ Therapists in the tribal health system (described above) had a significant rate, and the impending retirements of many Alaska dentists is cause for attention.

Health Care Providers in Alaska

Primary care physicians and mid-level providers

Primary care services in Alaska are provided by a spectrum of clinicians, including primary care physicians, mid-level providers (physician assistants and nurse practitioners), and Community Health Aides and Community Health Practitioners.

Health care provider statistics are available from multiple sources, and each has its own limitations. The Alaska Department of Commerce, Community, and Economic Development maintains a searchable professional license database. Entering a licensing board type (e.g. medical, dental, social work, nursing) allows users to download a listing of current licensees. However, for a variety of reasons (retirement, leaving the State), not all licensed providers are currently practicing in the state. In addition, since providers working in Indian Health Service facilities do not have to be licensed in the state in which they are working makes it difficult to ascertain the number of licensed physicians working in the state. AAMC's Alaska Physician Workforce Profile shows that Alaska ranked eighth in the nation for ratio of active patient primary care physicians per 100,000 population overall.[18] Most physicians are located in communities with at least 1,000 people; 69 percent are located in the Anchorage/Mat-Su region.[19]

[18] Association of American Medical Colleges. 2015 State Data Book Snapshots. Available from: https://www.aamc.org/download/447146/data/alaskaprofile.pdf.

[19] Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing. Accessed 5-18-16. Available at https://www.commerce.alaska.gov/CBP/Main/SearchInfo.aspx.

Table 3. Licensed physicians, by region, Alaska, 2016

Region	Number and % of Physicians		Providers per 100,000 population
Statewide	1936	100%	262
Anchorage/Mat-Su	1335	69%	335
Gulf Coast	141	7%	174
Interior	213	11%	189
Northern	17	1%	61
Southeast	193	10%	259
Southwest	37	2%	87

Source: Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing. Accessed 5-18-16.
Note: includes current licensees with Alaska residences, all specialties

Providers other than physicians include nurse practitioners, certified nurse midwives, and physician assistants who serve in private clinics as well as several of the community health centers. Clinics run by communities or tribal organizations employ mid-level providers when the community does not have a population base sufficient to support a physician practice, or when there is a shortage. Mid-level clinics also include workplace clinics focusing on occupational health and urgent response for oil companies on the North Slope. Especially in rural areas, Alaska relies on mid-level providers more than most states. Less restrictive than in many other states, Alaska's state practice and licensure law allows for all nurse practitioners to have full practice rights.[20]

Community Health Aides

The Community Health Aide (CHA) program was developed in the 1950s in response to a number of health concerns including the tuberculosis epidemic, high infant mortality, and high rate of injuries in rural Alaska. In 1968, the CHA Program received formal recognition and congressional funding. The long history of cooperation and coordination between the federal and state governments and the tribal health organizations has facilitated improved health status in rural Alaska.

The village based Community Health Aides and Practitioners are a vital link in the delivery system. The CHA program currently consists of a network of 379 certified Community Health Aides / Practitioners (CHA/Ps) in over 170 rural Alaska villages.[21] CHA/Ps work within the guidelines of an electronic *Alaska Community Health Aide/Practitioner Manual*, which outlines assessment and treatment protocols. There is an established referral relation-

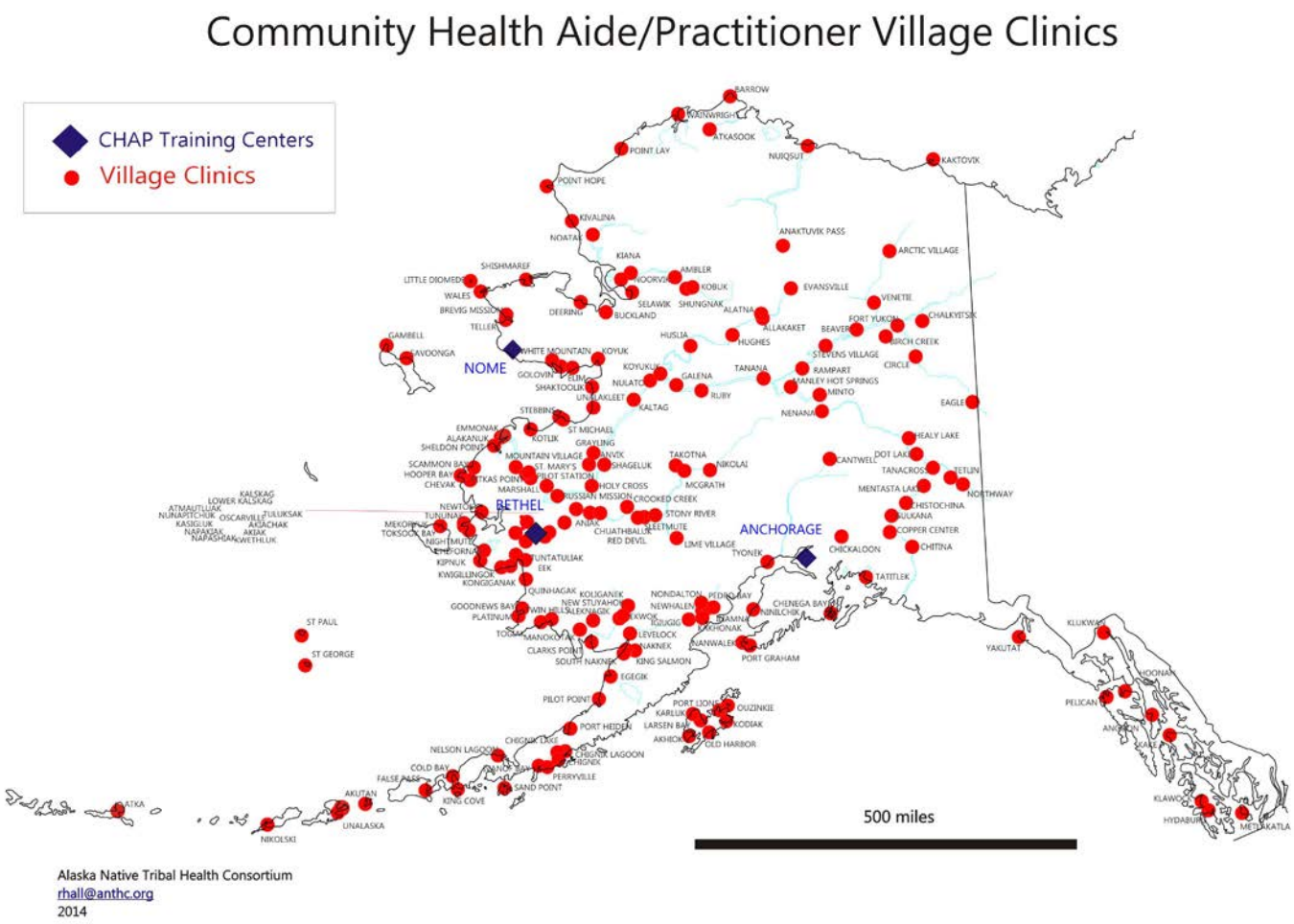
[20] American Association of Nurse Practitioners. State Practice Environment. 2016. https://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment/66-legislation-regulation/state-practice-environment/1380-state-practice-by-type. Full practice rights include: evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the State Board of Nursing.

[21] Alaska Native Tribal Health Consortium, Alaska CHAP, Office of Statewide Services. Community Health Aide Program Certification Board Newsletter, Issue 2, Volume 18, March 2016. http://www.akchap.org/resources/chap_library/CHAPCB_Newsletters/2016_CHAPCB_Newsletter_Vol_18_Issue_2_(March).pdf.

ship, which includes mid-level providers, physicians, regional hospitals, and the Alaska Native Medical Center. In addition, providers such as public health nurses, physicians, and dentists make visits to villages to see clients in collaboration with the CHA/Ps.

Community Health Aides are selected by their communities to receive training in one of four centers in Alaska. The three to four week training sessions are designed so that the students will be away from home for only short periods. Between sessions the CHAs work in their clinics completing a skills list and practicum. Completion of the four session training curriculum and successful completion of a clinical skills preceptorship and examination, qualify the CHA as a Community Health Practitioner (CHP). CHA/Ps at any level of training may obtain certification by the Community Health Aide Program Certification Board. The CHAP program has operated successfully in Alaska for over 50 years.

Figure 4. Locations of Community Health Aide/Practitioner Village Clinics [22]



[22] MAP does not include the CHAP training center in Fairbanks.

Behavioral health

Many rural Alaska communities have either part-time workers helping with behavioral health needs or no behavioral health services other than the occasional itinerant provider. The 2012 Alaska Health Workforce Vacancy Study showed that the vacancy rates for all behavioral health occupations were about 10 percent, with the psychiatrist vacancy rate at 22 percent statewide.[23]

Behavioral health professionals with current active licenses in Alaska include 85 psychiatrists, 172 clinical psychologists (PhD); 599 licensed professional counselors; 75 marriage and family therapists; 686 social workers (bachelor's and master's level); and 40 psychological associates.[24]

Most of the state's psychiatrists work in the Anchorage area. Many are in private practice, and others work partially or wholly as contractors or employees within the tribal system, the military or not-for-profit service agencies. Several Alaska-based and out-of-state psychiatrists itinerate to regional medical centers to provide psychiatric assessments and to oversee treatment for residents.

Table 5. Number and location of licensed psychiatrists in Alaska[25]

Census Area/Borough	Number of Licensed Psychiatrists
Sitka City and Borough	1
Matanuska-Susitna Borough	4
Kodiak Island Borough	1
Ketchikan Gateway Borough	1
Kenai Peninsula Borough	2
Juneau City and Borough	8
Fairbanks North Star Borough	9
Anchorage Municipality	59
TOTAL	**85**

Telemedicine has become a tool for increasing access to psychiatric services with links to remote sites across the state, through the tele-behavioral health program based at the Alaska Psychiatric Institute, the tele-behavioral health network based at the Alaska Native Tribal Health Consortium, and through the Department of Corrections. The Department of Corrections in Anchorage has two psychiatrists and one psychiatric advanced nurse practitioner providing tele-behavioral health services to eight prisons outside the area, and on-site services to their remaining facilities.

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[23] Branch, K. Alaska Center for Rural Health AHEC, UAA. Alaska Health Workforce Vacancy Study: 2012 Findings Report (August 2014). Available at https://www.uaa.alaska.edu/acrh-ahec/projects/vacancy/2012workforce.cfm.

[24] State of Alaska; Department of Commerce, Community and Economic Development; Division of Corporations, Business and Professional Licensing. https://www.commerce.alaska.gov/CBP/Main/SearchInfo.aspx.

[25] Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing. Accessed 1/14/16, and Shortage Designation Management System, Designation Demographic and Health Data Export, 4/18/16.

Behavioral Health Aides

To help bridge the gaps in services, the Alaska Native Tribal Health Consortium has developed a training certification program for village-based behavioral health aides (BHAs). Under the direction of the Tribal Health Directors, ANTHC used the Community Health Aide program as a model to train and deploy a workforce of Behavioral Health Aides (BHAs). A partnership was formed between the federally recognized Community Health Aide Program Certification Board (CHAPCB) and a subcommittee of the Tribal Behavioral Health Directors, the Behavioral Health Academic Review Committee (BHARC), to amend the existing Standards and Procedures to include standards for Behavioral Health Aides/ Practitioners certification and practice. Where possible, BHA services are integrated into primary care settings.

The BHA is a counselor, health educator, and advocate to help address community behavioral health needs which include alcohol, drug, and tobacco abuse and mental health problems such as grief, depression, suicide, and related issues. BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment.

There are currently 33 certified BHAs in the state.[26] According to the 2012 Alaska Health Workforce Vacancy Study, estimated vacancy rates for BHAs ranged from 15 to 50 percent in rural regions with most vacancies in the North region.[27]

[26] Alaska Native Tribal Health Consortium, Alaska CHAP, Office of Statewide Services. Community Health Aide Program Certification Board Newsletter, Issue 2, Volume 18, March 2016. Available at http://www.akchap.org/resources/chap_library/CHAPCB_Newsletters/2016_CHAPCB_Newsletter_Vol_18_Issue_2_(March).pdf.

[27] Branch, K. Alaska Center for Rural Health AHEC, UAA. Alaska Health Workforce Vacancy Study: 2012 Findings Report (August 2014). Available at https://www.uaa.alaska.edu/acrh-ahec/projects/vacancy/2012workforce.cfm.

Table 6. Alaska Tribal Health System, Behavioral Health Aide Locations

Anchorage/Mat-Su Region

Mat-Su Borough

Southcentral Foundation
- Chickaloon
- Eklutna
- Wasilla

Gulf Coast Region

Kodiak Island Borough

Kodiak Area Native Assoc.
- Akhiok
- Karluk
- Kodiak
- Port Lions
- Old Harbor
- Ouzinkie

Kenai Peninsula Borough

Chugachmiut
- Nanwalek
- Port Graham*
- Seward*

Kenaitze Indian Tribe
- Kenai

Native Village of Tyonek
- Tyonek

Ninilchik Traditional Council
- Ninilchik

Seldovia Village Tribe
- Seldovia

Valdez Cordova Census Area

Chugachmiut
- Chenega Bay
- Tatitlek*

Copper River Native Association
- Copper Center
- Gakona
- Tazlina

Mt. Sanford Tribal Consortium
- Mentasta Lake

Interior Region

Fairbanks North Star Borough

Tanana Chiefs Conference
- Fairbanks

Southeast Fairbanks Census Area

Tanana Chiefs Conference
- Eagle
- Tanacross
- Tetlin
- Tok

Yukon-Koyukuk Census Area

Tanana Chiefs Conference
- Allakaket
- Bettles*
- Galena
- Hughes*
- Huslia*
- Kaltag
- Minto
- Nenana
- Nulato
- Ruby*
- Stevens Village*
- Tanana

Council of Athabascan Tribal Governments
- Arctic Village*
- Beaver*
- Birch Creek*
- Fort Yukon
- Venetie*

Southcentral Foundation
- McGrath*
- Nicolai
- Takotna*

Yukon-Kuskokwim Health Corp.
- Grayling*

Southwest Region

Aleutians East Borough

Eastern Aleutian Tribes
- King Cove
- Sand Point

Aleutians West Census Area

Aleutian/Pribilof Islands Assoc.
- Atka*
- Nikolski*
- St. George*
- St. Paul
- Unalaska

Bethel Census Area

Bristol Bay Area Health Corp.
- Goodnews Bay*
- Platinum*

Yukon-Kuskokwim Health Corp.
- Akiachak
- Crooked Creek*
- Kwethluk
- Tuntutuliak*
- Akiak
- Eek
- Kwigillingok*
- Tununak*
- Aniak
- Kasigluk
- Mekoryuk*
- Upper Kalskag
- Atmautluak
- Kipnuk
- Oscarville*
- Chefornak*
- Kongiganak
- Tuluksak*

Bristol Bay Borough

Bristol Bay Area Health Corp.
- King Salmon*
- Naknek*
- South Naknek

Kusilvak Census Area

Bristol Bay Area Health Corp.
- Aleknagik*

Yukon-Kuskokwim Health Corp.
- Chevak*
- Russian Mission
- Hooper Bay
- St. Mary's
- Marshall*
- Scammon Bay
- Mountain Village
- Pilot Station

Dillingham Census Area

Bristol Bay Area Health Corp.
- Clark's Point*
- New Stuyahok
- Dillingham
- Portage Creek*
- Ekwok
- Togiak
- Kolignanek*
- Twin Hills*
- Manokotak

Lake and Peninsula Borough

Bristol Bay Area Health Corp.
- Levelock*
- Port Heiden*
- Newhalen*
- Ugashik*
- Kokhanok
- Pilot Point*
- Iliamna*
- Pedro Bay*
- Igiugig*
- Nondalton*

Northern Region

Northwest Arctic Borough

Maniilaq Association
- Ambler*
- Kotzebue
- Noatak
- Deering
- Noorvik
- Kiana
- Point Hope
- Kivalina
- Selawik
- Shungnak

North Slope Borough

Arctic Slope Native Association
- Barrow

Tanana Chiefs Conference
- Anaktuvik Pass*

Nome Census Area

Norton Sound Health Corp.
- Brevig Mission
- Gambell
- Golovin
- Koyuk
- Nome
- Savoonga
- Shaktoolik
- Shishmaref
- St. Michael*
- Stebbins
- Teller
- Unalakleet
- Wales
- White Mountain

Southeast Region

Haines Borough

SEARHC
- Haines

Hoonah-Angoon Census Area

SEARHC
- Angoon

Juneau City-Borough

SEARHC
- Juneau

Ketchikan Gateway Borough

Ketchikan Indian Community
- Ketchikan

Prince of Wales-Hyder Census Area

Metlakatla Indian Community
- Metlakatla

SEARHC
- Craig
- Hydaburg
- Klawock

Yakutat City Borough

SEARHC
Yakutat

Petersburg Borough

SEARHC
- Kake
- Petersburg

* indicates community is served by itinerant BHA

Source: ANTHC Behavioral Health Special Projects Coordinator (via email 5/18/16)

Dental Health Overview

According to the Alaska Division of Corporations, Business and Professional Licensing, there were 585 dentists with a current, active license and an Alaska address as of mid-January, 2016. This is a ratio of 79.3 dentists per 100,000 individuals, based on Alaska Department of Labor population estimates for 2015. These ratios do not account for changes in hours worked (FTEs) which could be influenced by aging of the workforce.

While the dentist-population ratio for Alaska overall looks favorable, there is a problem of distribution between urban and rural areas. As shown in Table 7, 62 percent of the dentists work in the Anchorage/Mat-Su area. The Northern and Southwest regions have the lowest number of dentists. Many of the villages in Alaska, accessible only by boat, bush plane or snowmobile, receive no on-site dental services. Regional Tribal Health Organization dental departments have historically provided care through itinerant visits to villages in their area from the regional hub. The frequency of dental visits depends on factors such as geography, weather and the availability of a dentist. The priority for services during these itinerant visits is children.[28]

Table 7. Licensed dentists, by region, Alaska, 2016

Region	Number and % of Dentists		Dentists per 100,000 population
Statewide total	585	100%	79
Anchorage/Mat-Su	364	62%	91
Gulf Coast	57	10%	70
Interior	86	15%	76
Northern	10	2%	36
Southeast	52	9%	70
Southwest	16	3%	38

Source: Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing. Accessed 1-14-16.

Much of rural and remote Alaska has received designation for dental-health professional shortage areas (dental-HPSA). HRSA estimates that it would take about 13 additional dentists to provide dental services in these areas of the state, in which about 144,115 Alaskans live. The dentist-population ratio does not take into account actual full-time equivalent work hours and transportation time providing dental services in rural/remote areas of the state.[29]

Demographic trends in Alaska and nationwide indicate that over the next decade the number of dentists retiring will be greater than the number of dental graduates to replace them, thus further restricting dental access. A significant number of Alaska dentists aged 60 years

[28] Shoffstall-Cone S, Williard M. Alaska Dental Health Aide Program. International Journal of Circumpolar Health. 2013;72:10.3402/ijch.v72i0.21198. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753165/.

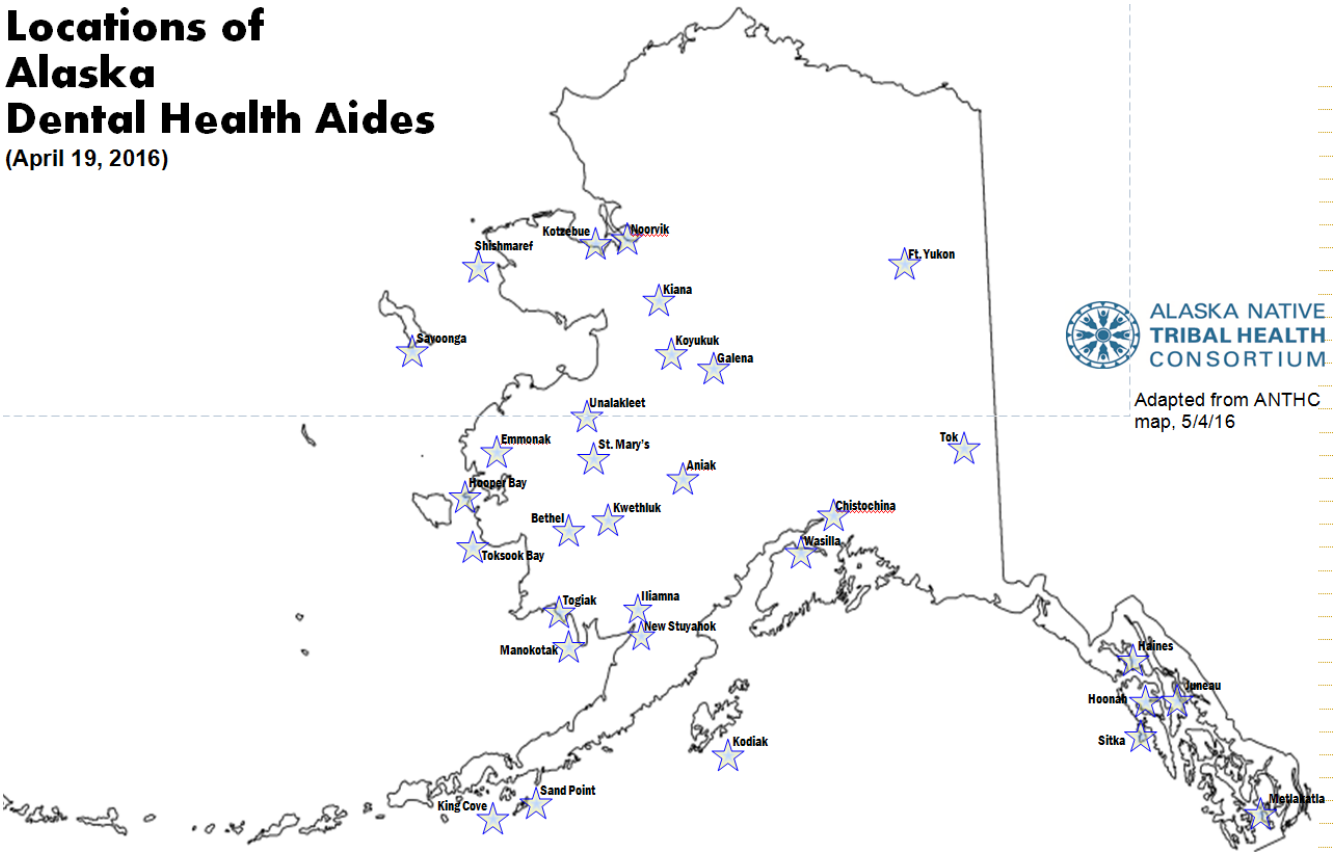
[29] State of Alaska, Department of Health and Social Services, Division of Public Health, July 2010. http://dhss.alaska.gov/dph/wcfh/Documents/oralhealth/docs/OralHealthPlan2012.pdf.

and older will likely retire in the next few years. The workforce implications are especially significant for rural areas, Medicaid recipients and the elderly.[30]

Dental Health Aides

By early 2000, sobering statistics about Alaska Natives' oral health and the chronic difficulties in staffing professional dental services led executives from across the Alaska Tribal Health System to develop a better system of oral health care delivery in Alaska. From these discussions arose the Alaska Dental Health Aide Initiative, a multifaceted approach to increase both the number of dental providers in rural Alaska and the level of dental services available to Alaska Native people. The resulting Dental Health Aide (DHA) Program is modeled after and part of the Community Health Aide/Practitioner (CHAP) Program. The DHA program, like the CHAP program, selects American Indian/Alaska Native people with strong ties to their communities. [31]

Figure 8. Map: Location of Alaska Dental Health Aides



30 Ibid.

31 Shoffstall-Cone S, Williard M. Alaska Dental Health Aide Program. International Journal of Circumpolar Health. 2013;72:10.3402/ijch.v72i0.21198. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753165/.

The DHA program includes four types of dental care providers: the Primary Dental Health Aide, the Expanded Function Dental Health Aide, the Dental Health Aide Hygienist, and Dental Health Aide Therapist.[32]

Table 9. Tribal dental health aide provider types

DHA Type	Skill set	Number working in Alaska (5/3/16) [33]
Primary Dental Health Aide	Delivers preventive services at the village level	3
Expanded Function Dental Health Aide	Simple to complex tooth restorations and supra-gingival dental cleanings	12
Dental Health Aide Hygienist	Provide local anesthesia without dentist on site[34]	7
Dental Health Aide Therapist	Fluoride varnish application, nutritional counseling, oral hygiene instruction; treatment plans; sealants, traumatic restorative treatment, dental cleanings, dental radiology and/or dental assisting	30

A goal of the Dental Health Aide program is to get providers who will stay for long periods of time in underserved communities, thus improving continuity of care. It stands to reason that educating someone from the community to go back to the community would be more successful than recruiting people from the outside. The barrier has been that even with full scholarships available to Alaska Natives to go to dental school, few have availed themselves of this opportunity. In Alaska's rural communities, the graduation rates from high school have been low. Students may not have viewed going to a four-year college as a viable option due to various reasons including cost, geographic barriers and for some, the challenges associated with being a first-generation college student. So far, the option of a two-year certificate program has proven to be a more attainable goal for many recruits from rural Alaska communities, while it also strengthens the health safety net.[35]

Pharmacy

The Alaska Division of Corporations, Business and Professional Licensing reported 594 pharmacists with current, active licenses and an Alaska address in mid-January, 2016. This is an overall ratio of 80.5 pharmacists per 100,000 individuals in Alaska, based on Alaska Department of Labor population estimates for 2015. Similarly to other health professions,

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32 Ibid.

33 Alaska Native Tribal Health Consortium, Alaska CHAP, Office of Statewide Services. Community Health Aide Program Certification Board Newsletter, Issue 2, Volume 18, March 2016. http://www.akchap.org/resources/chap_library/CHAPCB_Newsletters/2016_CHAPCB_Newsletter_Vol_18_Issue_2_(March).pdf.

34 Previously, a dentist had to be physically present for anesthesia to be administered, so patients needing local anesthesia were required to travel into the regional hub for treatment, even though a hygienist had traveled out to their village to provide care. Shoffstall-Cone S, Williard M. Alaska Dental Health Aide Program. International Journal of Circumpolar Health. 2013;72:10.3402/ijch.v72i0.21198. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3753165/.

35 Ibid.

most pharmacists work in the Anchorage/Mat-Su regions and the fewest in the Northern and Southwest regions.

Table 10. Licensed pharmacists, by region, 2016

Region	Number and % of Pharmacists		Pharmacists per 100,000 population
Statewide	594	100%	81
Anchorage/Mat-Su	368	62%	92
Gulf Coast	63	11%	78
Interior	71	12%	63
Northern	10	2%	36
Southeast	63	11%	85
Southwest	19	3%	45

Source: Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing. Accessed 1-14-16.

Alaska's Recruitment and Retention Tools

Alaska aims to improve the supply and distribution of healthcare workforce. The shortages and mal-distribution of primary care providers in Alaska have led to workforce development strategies such as the creation of the Community Health Aide, Dental Health Aide, and Behavioral Health Aide programs in Alaska's tribal health system, expansion of the University of Alaska's nursing program to remote settings, development of the Alaska Area Health Education Center (AHEC), development of the SHARP support-for-service program, and creation of the Alaska Health Workforce Coalition.

The impact of healthcare workforce shortages is felt more acutely in Alaska than in other states, in part because Alaska does not provide training for many healthcare occupations. One example of a statewide university-industry partnership that focuses on strengthening and diversifying Alaska's health workforce is the Alaska Area Health Education Center (AHEC). Alaska's AHEC program engages Alaskans from disadvantaged backgrounds into health careers; coordinates clinical experiences for health professions students to rural communities and with underserved populations to encourage employment in these areas; and facilitates connections to continuing education for providers in underserved areas to enhance health workforce retention. The AHEC has five regionally based centers, serving the Interior, Western, South Central, Southeastern and Northwestern regions.

The Alaska Workforce Investment Board (AWIB) has targeted health care as one of the industries critical to Alaska's workforce and economic needs. Agencies including the Department of Health and Social Services, the Alaska Mental Health Trust, the Alaska State Hospital and Nursing Home Association (ASHNHA), and the Alaska Primary Care Association, have identified health care workforce development as one of the most critical priorities in assuring health care access in Alaska.

Support-for-service-programs

One task of the Alaska PCO is to manage and coordinate programs to recruit and retain health care professionals to serve in healthcare shortage areas. These programs include Alaska's SHARP Program as well as the federal National Health Service Corps, and HRSAs NURSE Corps. The purpose of these programs is to address the worsening shortage of certain health professionals in Alaska by increasing the number and improving the distribution of healthcare professionals who provide direct patient care.

Overarching system demands and rationales for Alaska's SHARP effort and the National Health Service Corps and NURSE Corps include:

- Increasing level of education loan debt held by healthcare practitioners;
- More out-of-state competition for those clinicians that Alaska needs;
- Lack of training programs in Alaska for several key healthcare occupations;
- For many occupations that Alaska does train, demand far outstrips available supply;
- In several health occupations, there is geographic mal-distribution of practitioners;
- Anticipated increased need for the healthcare workforce due to Medicaid expansion and reform;
- High rates of employee turnover in most healthcare occupations; and
- High demand from clinicians and employers for support-for-service programs.

The provision of support-for-service to healthcare personnel is intended to help ensure that residents throughout the state, including recipients of Medicaid, Medicare, and the uninsured, have improved access to healthcare services.

SHARP is a public-private partnership working to improve the recruitment, retention and distribution of health professionals for Alaska. It does this by providing education loan repayment benefit and direct incentive to healthcare professionals in support of their work with Alaska's priority populations. The goal is that increased recruitment and retention will increase the number and decrease the transience of Alaska's healthcare workforce, and thus increase the amount, timeliness and continuity of care provided to our priority populations.

Established in 2009, the program currently has two components, SHARP-1 and SHARP-2. SHARP-I is Alaska's traditional HRSA State Loan Repayment Program partnership grant, the purpose of which is to recruit and retain selected primary health care professionals to serve in federally designated Health Professional Shortage Areas (HPSAs)[36] in exchange for the repayment of qualifying educational loans. SHARP-2 is funded by non-federal sources, and includes a broader range of settings and disciplines. SHARP practitioners work in medical, dental and behavioral health occupations in all regions of Alaska.

SHARP-1 is derived from a federal HRSA partnership grant entitled State Loan Repayment Program, which Alaska has now competitively received three times. SHARP-2 is based on Alaska statute AS 18.29, and is supported by non-federal funds. SHARP-I leverages federal,

[36] See HPSA map on page I-9 (Figure 2).

state, Alaska Mental Health Trust Authority, and employer funding to support recruiting and retaining primary care providers in federally designated Health Care Professional Shortage Areas. SHARP-2 leverages State of Alaska General funds and employer funding to support Alaska communities with a focus on rural, remote and safety net providers. SHARP is operated by the State of Alaska, Department of Health and Social Services. From SFY'14 onward, employer match has become a more prominent part of each year's program budget.

By the end of 2015, SHARP had provided $8,898,765 in clinician support for service, including required partial employer match (about 25 percent) of $1,159,165. Over 60 healthcare agencies have participated in SHARP, with clinicians practicing in highly varied settings: community health centers, hospitals, community behavioral health centers, varied clinics, most tribal health organizations, the Department of Corrections, and Alaska Psychiatric Institute, amongst others. As of April 2016, SHARP had 116 clinicians with active contracts; the cumulative total is 194 practitioners.

National Health Service Corps (NHSC) is another program where providers can benefit from loan repayment in exchange for working in approved areas in Alaska. Sites must be in Health Professional Shortage Areas and provide services regardless of patients' ability to pay. Licensed health care providers may earn up to $50,000 toward student loans in exchange for a two-year commitment through the NHSC Loan Repayment Program. Health professionals participating in the NHSC Loan Repayment Program may serve as primary care medical, dental, or mental/behavioral health clinicians at an approved NHSC site. Accepted participants must find a position at an NHSC-approved site and fulfill a 2-year commitment. Grantees may choose to serve longer for additional loan repayment support. As of May 1, 2016, 20 National Health Service Corps sites in Alaska were posting 37 vacancies. There were 72 clinicians in Alaska receiving loan repayment from the NHSC.

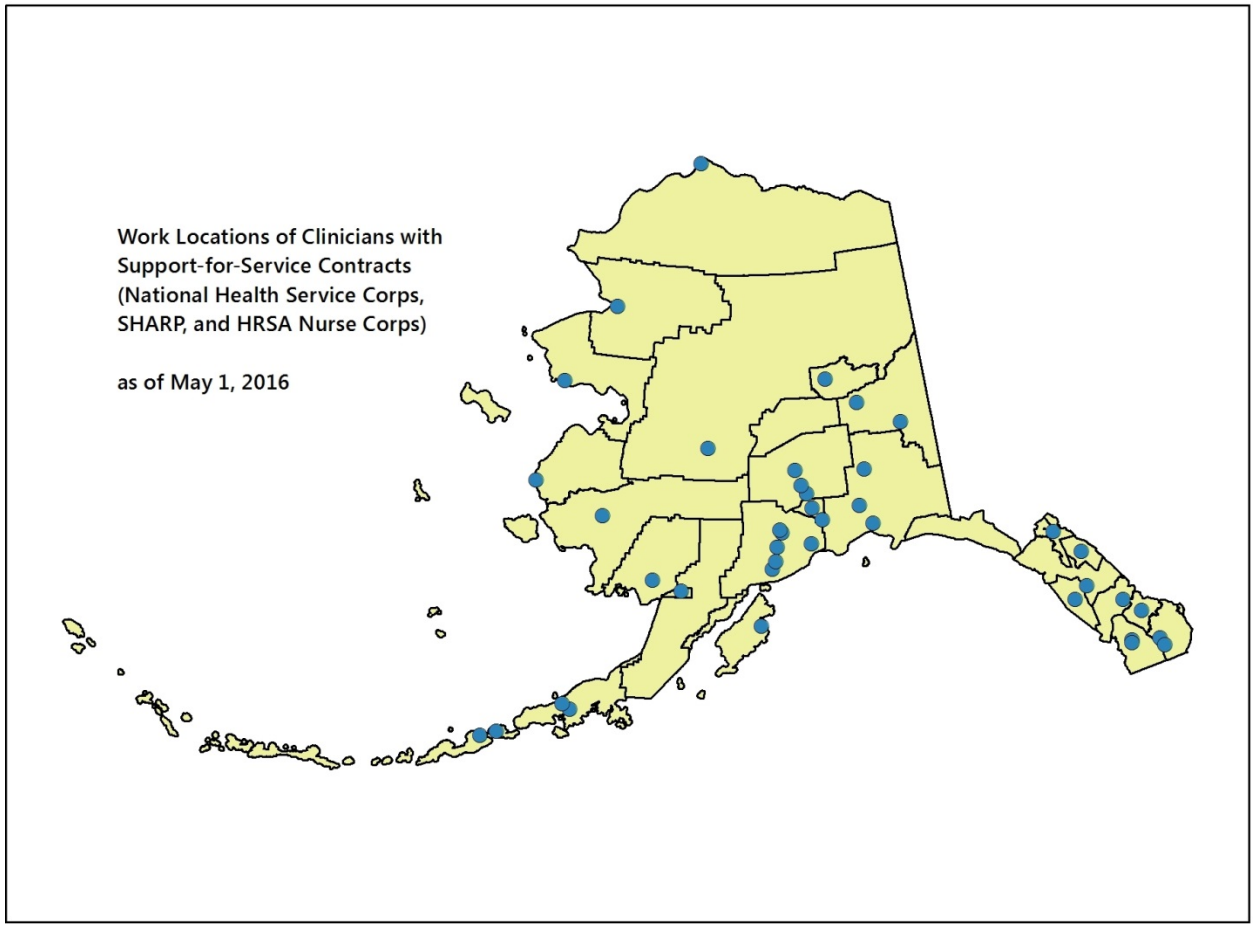
The National Health Service Corps also has a scholarship program. Under this program, students pursuing a career in primary health care are eligible to receive funding for their education in exchange for practicing in rural, urban, and frontier communities with limited access to care, upon graduation and licensure. NHSC Scholars must practice at an NHSC-approved site in a Health Professional Shortage Area (HPSA) with a minimum score that is determined annually. As of May 1, 2016, two NHSC physician scholars were working in underserved communities in Alaska. Also there were three Alaskan NHSC scholarship recipients attending medical schools in other states and one in dental school in another state.

The National Health Service Corps (NHSC) Students to Service Loan Repayment Program (S2S LRP) provides up to $120,000 to medical students (MD and DO) in their final year of school in return for a commitment to provide primary health care full time for at least 3 years or half time for at least 6 years at an approved NHSC site in a HPSA of greatest need. As of May 1, 2016, Alaska had no individuals in this program.

The HRSA NURSE Corps Scholarship Program provides scholarships to nursing students in exchange for a minimum two-year full-time service commitment (or part-time equivalent), at an eligible health care facility with a critical shortage of nurses. The HRSA NURSE Corps

loan repayment program provides financial support to registered nurses, advanced practice registered nurses, and nurse faculty who have qualifying educational loans and are working fulltime at critical shortage facilities or eligible schools of nursing. As of May 1, 2016, Alaska had two HRSA NURSE Corps scholars and no NURSE Corps loan repayment recipients working in the state.

Figure 11. Locations of Clinicians with NHSC, SHARP, or NURSE Corps contracts



The Indian Health Service offers health care professionals the opportunity to ease the burden of qualified health profession-related student loans and help Indian health programs meet the staffing needs of priority sites. Under the IHS loan repayment program, applicants agree to serve two years at an Indian health program in exchange for up to $20,000 per year (up to $40,000 for the initial two-year contract) in loan repayment funding (and up to an additional $4,000 per year to offset the tax liability). Loan repayment recipients with more than $40,000 in loan debt can extend their initial two-year contract and receive up to an additional $20,000 per year (plus up to $4,000 for taxes) until their original qualifying educational loan debt is paid. In fiscal year 2015, 180 loan repayment awards were made in Alaska.[37]

[37] Indian Health Service, IHS Loan Repayment Program. Program Performance Data, 2016. https://www.ihs.gov/dhps/programperformancedata/lrp/.

The Indian Health Service Scholarship Program consists of three scholarships. The Preparatory and Pre-Graduate Scholarships, authorized under Section 103 of the IHCIA, prepare students to enter a health profession training program. The Preparatory Scholarship provides financial assistance for American Indian and Alaska Native (AI/AN) students from federal or state-recognized Tribes enrolled in compensatory or preparatory courses leading to entry into health professional schools; these courses include nursing, pharmacy, physician assistant, medical technology and others. The Pre-Graduate Scholarship provides financial support for AI/AN students from federal or state-recognized Tribes enrolled in courses leading to a bachelor's degree in specific pre-professional areas which will allow for application to a postgraduate health professions program such as medicine, dentistry, podiatry, optometry and others as needed by Indian health programs. In FY 2015, there were 13 scholarship awards in Alaska.[38]

J1 Visa

Alaska's J-1 Visa Conrad 30 Waiver program enables the state health department to find that it is in the public interest for a foreign medical graduate to be hired for a hard-to-fill position that provides care to an underserved population. Up to 30 J-1 physicians are allowed per year under the J-1 Visa Conrad 30 program. Additionally, under the J-1 Visa Conrad 30 "Flex 10" option, up to 10 J-1 physicians annually can work in a medical facility that is not located in a health professional shortage area but that serves residents of shortage areas. Currently there are three Conrad 30 physicians serving as subspecialists in Anchorage, Alaska.

3RNet

The Alaska Office of Rural Health manages Alaska's state page on the Rural Recruitment and Retention Network (3RNet) website. On this site, agencies post information about healthcare job opportunities and candidates register with their information. During the last two years, 35 Alaska facilities have posted primary care job opportunities. Almost all are Section 330 community health centers. Current primary care job openings in Alaska posted on 3RNet include 19 physicians, 9 nurse practitioners, 2 physician assistants, 3 psychologists,7 social workers, 2 licensed professional counselors, 2 dentists, and 1 certified nurse midwife. Clinicians are being sought in all regions of the state including Adak, Akutan, Anchorage, Barrow, Bethel, Cordova, Dillingham, Dutch Harbor, Fairbanks, Galena, Glennallen, Haines, Homer, Juneau, King Cove, Kodiak, Kotzebue, Metlakatla, Nome, Sand Point, Seward, Sitka, Unalaska, Valdez and Wrangell. 3RNet data shows that there have been 510 views of locations and 1,965 views of posted opportunities in Alaska during the last 30 days.[39]

With the help of 3RNet data, the Alaska Office of Rural Health and Alaska PCO have continually received phone and email inquiries regarding availability of healthcare jobs and support-for-service opportunities. From July 1, 2015 to March 31, 2016, the database shows more than 350 responses to recruitment inquiries from clinicians and sites. Those inquiries

[38] Indian Health Service. IHS Scholarship Programs, 2016. https://www.ihs.gov/dhps/programperformancedata/scholarship/.

[39] 3RNet, Rural Recruitment and Retention Network. 2016. http://www.3RNet.org.

have been further classified according to occupational category: 36 behavioral health, 38 dental, 265 medical and 12 other.

Reasons for Recruitment and Retention Challenges

Varied studies have shown that shortage and mal-distribution of licensed health care practitioners creates serious barriers to accessing care, especially in priority populations (e.g. Medicaid, Medicare and the uninsured). Training more healthcare workers only partially addresses this problem because: (a) competition for clinicians is severe and growing nationally, and clinicians respond to nationwide labor market dynamics; (b) training does little to address mal-distribution; and (c) clinicians incur huge educational debt while in training that must be addressed for both personal and system reasons.[40]

Health care sites have problems with adequate staffing, including high turnover, high vacancy rates, high discontinuity of care, staff transience leading to burnout and staff dissatisfaction, reduced institutional expertise, and lost billing revenues. Clinicians have challenges with large education debt, high cost of living in rural and remote locations, and resulting financial pressures.

Primary Care Recruitment Challenges

Recruitment challenges have been documented in Alaska's support-for-service programs, particularly SHARP. Issues that affect recruitment of health care professionals in Alaska include:[41]

- Lack of accessible training opportunities: There are not enough opportunities available to train local population;
- Lacking applied experiences: Applicants to rural locations are generally just out of training and seeking entry level positions;
- Limited recruitment pool: There isn't a wide variety among recruits. Limitations also include small populations and levels of interest. The support-for service programs increase the pool of candidates that are interested in applying for jobs, and support-for-service benefit in Alaska;
- Lacking public investment (e.g. infrastructure, taxes, funding assistance): CHC/Primary care sites are not well supported by other public funds including local taxes and other federal/state funding partners. SHARP and NHSC have been mechanisms to pump public funds into the largely private non-profit healthcare practice sector;
- Narrow focus on recruitment strategies: Recruitment strategies do not maximize available resources and likely applicants. For instance, half of Alaska's population lives in Anchorage, and Anchorage lacks HPSAs.

[40] SHARP program logic model 4/26/16.

[41] Renger, R. dba Just Evaluation Services, contractor for logic model root cause analysis of factors impacting access to health care in Alaska (2008), obtained from SHARP program in 2016.

- Positions not attractive to recruits: Recruits are not interested in applying for a job package. Support-for-service programs work to increase the attractiveness of the "job package;"
- CHC/Primary care sites have difficulty offering competitive salaries: Support-for-service directly expands the financial value of the clinician's employment contract.

Primary Care Retention Challenges

In 2012, directors of Primary Care Offices and other health workforce leaders in 11 states joined to form the Multi-State/NHSC Retention Collaborative. The Collaborative's goal is to document and understand the retention of clinicians within their states who serve in the National Health Service Corps (NHSC) and in similar state incentive programs. The software used by the retention collaborative is the Practice Sights Recruitment and Retention Management System. Practice Sights routinely surveys clinicians who are serving in loan repayment, scholarship and other incentive programs, and provides ongoing data to inform the retention of these clinicians.

Between January 1, 2012, and March 31, 2016, 219 clinicians serving in Alaska's SHARP program and the National Health Service Corps loan repayment and scholarship programs completed yearly and end-of-service retention surveys through Practice Sights, with the help of the Alaska PCO.

Practice Sights rates clinicians' satisfaction with various aspects of their work and practice location. Most of the clinicians surveyed felt they were doing important work and were pleased with their clinic and community. Ninety-one percent reported that staff in their practice supported their professional judgment, and 71 percent felt that they had good backup from partners or supervising clinicians.

The areas of lowest satisfaction reported were: work encroaching on personal time (25 percent satisfaction); being well-compensated given their training and experience (25 percent satisfaction); living close enough to family (29 percent satisfaction); and recent staff turnover (30 percent satisfaction). It is not clear from the survey instrument how these satisfaction ratings influenced retention.

Further comments and suggestions from respondents centered on the unique needs of working in rural/frontier sites. This includes the need for more networking among clinicians, more training, more support for the clinical sites to address turnover and organizational challenges, and the need for more flexibility in work schedules.

Of the 65 clinicians who were completing their service contracts with NHSC or SHARP at the time they were surveyed in Practice Sights, 31 percent had fairly certain plans to leave their service practice, and half of them planned to remain in Alaska.

Some retention issues similar to those noted by Practice Sights were also reflected in a root-cause-analysis prepared for the Alaska PCO and Alaska Office of Rural Health in 2008, and recently summarized by Alaska's SHARP support-for-service program. These issues were the

need for more networking among clinicians, more training, more support for the clinical sites to address turnover and organizational challenges, and compensation packages to cover high education debts and the inconvenience of extreme rural living. Sometimes the working environment was not optimal with the job environment not providing the necessary support for staff performance and satisfaction. Also noted was lack of appreciation for one another, and intra- and inter departmental relationships being strained.[42]

Especially in rural/frontier clinics, training opportunities are limited for local populations due to lack of resources, access issues, quality of education, and other challenges. The quantity of applicants is affected by the low numbers of locals who have sufficient expertise to apply for rural primary care positions. Sometimes vacated positions are purposely not filled due to a lack of resources or inefficient assessment of work flow. Due to lack of human resources in frontier clinics, staff members are sometimes persuaded or pressured to increase duties, being expected to do more than their position requires. This is accelerated when there are other vacancies. Also noted were limited opportunities for the families of the staff (school, work and leisure opportunities).[43]

> "The health care industry touches almost every Alaskan, from the newborn infant in Ketchikan General Hospital to the elder in Barrow's assisted living facility. The overall health of the state's citizenry is intimately tied to the adequacy and competence of the health care workforce." [44]

Although health care is one of the largest and most dynamic industries in Alaska, many citizens, especially in rural and frontier areas, continue to experience challenges with accessing care, and clinics continue to struggle with recruiting and retaining health care providers. Sometimes only the most dedicated are the ones who stay and experience the tremendous opportunities offered. The following was in an e-mail message sent to the state's SHARP Program by a provider:

> "If possible, shake everyone's hand for me who is involved in any part of the SHARP program. I am very happy and grateful that I have been provided an opportunity to serve and assist in an area where I am needed while giving me my life back. My school debt is now completed, but I choose to continue going where I can make a difference to those that need it the most."

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42 Renger, R. dba Just Evaluation Services, contractor for logic model root cause analysis of factors impacting access to health care in Alaska (2008), obtained from SHARP program 4/26/16.

43 Renger, R. op. cit.

44 Stimpfle, E. and Rasmussen, D. State of Alaska, Department of Labor and Workforce Development, Research and Analysis. August 2011. Available from: http://laborstats.alaska.gov/trends/aug11art1.pdf.

PART II
Measures of Health Status and Access

The following data sheets and matrices were developed specifically to provide community-level (census/borough area) data that communities could utilize in analyzing population health and health access issues. The intent was that communities could utilize these data as a tool for community health improvement. The Primary Care Needs Assessment Advisory Workgroup was engaged in selecting the specific health access and health outcome indicators to include in the profile sheets and matrices. Information about health care resources in the community, including health care workforce, facilities, and the number and types of Health Professional Shortage Areas (HPSAs) in that community are also included.

At the end of this section, we have included all the source references, should users wish to further drill down on certain data points. The Alaska Primary Care Office anticipates that community stakeholders may have questions or need assistance in analyzing data and stands ready to respond to queries.

Aleutians East Borough

Population	2,854	rank	21 of 29
Land Area	6,982 mi^2	rank	16 of 29
Largest community	Akutan	population	933

Health Care Access Indicators

	Aleutians East Borough	Alaska	U.S.
Population below poverty level	16.4%	10.1%	15.6%
Population without health insurance	60.9%	19.1%	14.2%
Unable to afford to see a doctor	14.7%	13.6%	13.1%
Received health care in the past year	72.4%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	33.5%	45.8%	68.8%
Pap smear screening within past 3 years	94.9%	77.9%	75.2%
Prenatal care in first trimester	75.3%	73.4%	70.8%
Dental visit in the past year	60.7%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	11.1%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	6
Hospitals	0
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Aleutians East Borough	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	0.33	10.69
Dentists	0.33	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.98	1.50

Health Status Indicators

	Aleutians East Borough	Alaska	U.S.
Self-reported "good" or better health status	73.5%	85.8%	83.1%
Obesity prevalence	37.0%	29.7%	29.5%
High cholesterol prevalence	33.3%	37.9%	38.4%
Hypertension prevalence	36.6%	26.3%	31.4%
Asthma prevalence	6.8%	7.6%	8.9%
Diabetes prevalence	11.8%	7.8%	10.0%
One or more permanent teeth removed	41.4%	42.3%	43.6%
Days of poor mental health in past month	3.5	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	19.4%	9.1%	5.9%
Binge drinking prevalence	33.1%	20.2%	16.0%
Smoking prevalence	36.3%	20.3%	18.1%
Smokeless tobacco prevalence	7.1%	4.9%	4.2%
Population aged 65+	5.1%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole borough
Dental Care	Geographic: whole borough
Mental Health	Geographic: whole borough

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Aleutians West Census Area

Population	5,649	rank	17 of 29
Land Area	4,390 mi^2	rank	21 of 29
Largest community	Unalaska	population	4,605

Health Care Access Indicators

	Aleutians West Census Area	Alaska	U.S.
Population below poverty level	8.9%	10.1%	15.6%
Population without health insurance	25.8%	19.1%	14.2%
Unable to afford to see a doctor	11.4%	13.6%	13.1%
Received health care in the past year	67.8%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	37.7%	45.8%	68.8%
Pap smear screening within past 3 years	68.2%	77.9%	75.2%
Prenatal care in first trimester	59.3%	73.4%	70.8%
Dental visit in the past year	70.4%	63.8%	65.3%
Optimal water fluoridation	9.6%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	4
Hospitals	0
Community Mental Health Centers	3

Health Care Workforce

Licensed health care providers per 1,000 population	Aleutians West Census Area	Alaska
Physicians (DO or MD)	0.18	2.65
Nurses (RN)	2.10	10.69
Dentists	0.35	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.40	1.50

Health Status Indicators

	Aleutians West Census Area	Alaska	U.S.
Self-reported "good" or better health status	84.6%	85.8%	83.1%
Obesity prevalence	38.4%	29.7%	29.5%
High cholesterol prevalence	31.3%	37.9%	38.4%
Hypertension prevalence	22.6%	26.3%	31.4%
Asthma prevalence	4.6%	7.6%	8.9%
Diabetes prevalence	8.7%	7.8%	10.0%
One or more permanent teeth removed	49.1%	42.3%	43.6%
Days of poor mental health in past month	1.1	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	5.4%	9.1%	5.9%
Binge drinking prevalence	10.4%	20.2%	16.0%
Smoking prevalence	19.8%	20.3%	18.1%
Smokeless tobacco prevalence	7.2%	4.9%	4.2%
Population aged 65+	5.7%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, Tribal populations, CHC Facility
Dental Care	Geographic: whole census area, CHC Facility
Mental Health	Geographic: whole census area, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Anchorage Municipality

Population	298,908	rank	1 of 29
Land Area	1,707 mi^2	rank	27 of 29
Largest community	Anchorage	population	298,908

Health Care Access Indicators

	Anchorage Municipality	Alaska	U.S.
Population below poverty level	8.3%	10.1%	15.6%
Population without health insurance	16.3%	19.1%	14.2%
Unable to afford to see a doctor	13.8%	13.6%	13.1%
Received health care in the past year	76.8%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	48.3%	45.8%	68.8%
Pap smear screening within past 3 years	85.1%	77.9%	75.2%
Prenatal care in first trimester	73.6%	73.4%	70.8%
Dental visit in the past year	71.3%	63.8%	65.3%
Optimal water fluoridation	96.6%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	23.9%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	2
Hospitals	7
Community Mental Health Centers	3

Health Care Workforce

Licensed health care providers per 1,000 population	Anchorage Municipality	Alaska
Physicians (DO or MD)	3.99	2.65
Nurses (RN)	13.64	10.69
Dentists	1.03	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.87	1.50

Health Status Indicators

	Anchorage Municipality	Alaska	U.S.
Self-reported "good" or better health status	86.2%	85.8%	83.1%
Obesity prevalence	28.9%	29.7%	29.5%
High cholesterol prevalence	33.8%	37.9%	38.4%
Hypertension prevalence	28.3%	26.3%	31.4%
Asthma prevalence	9.9%	7.6%	8.9%
Diabetes prevalence	7.5%	7.8%	10.0%
One or more permanent teeth removed	35.1%	42.3%	43.6%
Days of poor mental health in past month	3.2	3.1	3.6
Low birth weight rate	6.2%	5.8%	8.0%
Heart disease mortality rate	87.0	144.2	167.0
Cancer mortality rate	129.8	172.6	161.2
Heavy drinking prevalence	8.2%	9.1%	5.9%
Binge drinking prevalence	19.3%	20.2%	16.0%
Smoking prevalence	18.5%	20.3%	18.1%
Smokeless tobacco prevalence	3.6%	4.9%	4.2%
Population aged 65+	8.1%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal populations, CHC Facility
Dental Care	Tribal populations, CHC Facility
Mental Health	Tribal populations, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Bethel Census Area

Population	18,153	rank	6 of 29
Land Area	40,570 mi^2	rank	3 of 29
Largest community	Bethel	population	6,205

Health Care Access Indicators

	Bethel Census Area	Alaska	U.S.
Population below poverty level	23.7%	10.1%	15.6%
Population without health insurance	25.9%	19.1%	14.2%
Unable to afford to see a doctor	14.1%	13.6%	13.1%
Received health care in the past year	59.0%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	40.9%	45.8%	68.8%
Pap smear screening within past 3 years	72.9%	77.9%	75.2%
Prenatal care in first trimester	70.4%	73.4%	70.8%
Dental visit in the past year	53.0%	63.8%	65.3%
Optimal water fluoridation	17.6%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	75.5%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	17
Hospitals	1
Community Mental Health Centers	2

Health Care Workforce

Licensed health care providers per 1,000 population	Bethel Census Area	Alaska
Physicians (DO or MD)	1.28	2.65
Nurses (RN)	6.06	10.69
Dentists	0.56	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.11	1.50

Health Status Indicators

	Bethel Census Area	Alaska	U.S.
Self-reported "good" or better health status	83.6%	85.8%	83.1%
Obesity prevalence	30.1%	29.7%	29.5%
High cholesterol prevalence	33.0%	37.9%	38.4%
Hypertension prevalence	25.9%	26.3%	31.4%
Asthma prevalence	6.3%	7.6%	8.9%
Diabetes prevalence	5.7%	7.8%	10.0%
One or more permanent teeth removed	59.1%	42.3%	43.6%
Days of poor mental health in past month	2.5	3.1	3.6
Low birth weight rate	5.6%	5.8%	8.0%
Heart disease mortality rate	103.9	144.2	167.0
Cancer mortality rate	107.7	172.6	161.2
Heavy drinking prevalence	4.4%	9.1%	5.9%
Binge drinking prevalence	15.6%	20.2%	16.0%
Smoking prevalence	30.0%	20.3%	18.1%
Smokeless tobacco prevalence	30.9%	4.9%	4.2%
Population aged 65+	6.2%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, Tribal populations, CHC Facility
Dental Care	Geographic: whole census area, CHC Facility
Mental Health	Geographic: whole census area, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Bristol Bay Borough

Population	887	rank	28 of 29
Land Area	505 mi^2	rank	28 of 29
Largest community	Naknek	population	490

Health Care Access Indicators

	Bristol Bay Borough	Alaska	U.S.
Population below poverty level	7.2%	10.1%	15.6%
Population without health insurance	22.6%	19.1%	14.2%
Unable to afford to see a doctor	22.5%	13.6%	13.1%
Received health care in the past year	62.0%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	45.4%	45.8%	68.8%
Pap smear screening within past 3 years	30.9%	77.9%	75.2%
Prenatal care in first trimester	75.5%	73.4%	70.8%
Dental visit in the past year	78.2%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	0
Community Mental Health Centers	0

Health Care Workforce

Licensed health care providers per 1,000 population	Bristol Bay Borough	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	2.12	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	4.25	1.50

Health Status Indicators

	Bristol Bay Borough	Alaska	U.S.
Self-reported "good" or better health status	85.1%	85.8%	83.1%
Obesity prevalence	35.5%	29.7%	29.5%
High cholesterol prevalence	48.0%	37.9%	38.4%
Hypertension prevalence	25.1%	26.3%	31.4%
Asthma prevalence	7.9%	7.6%	8.9%
Diabetes prevalence	12.5%	7.8%	10.0%
One or more permanent teeth removed	36.8%	42.3%	43.6%
Days of poor mental health in past month	3.0	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	4.3%	9.1%	5.9%
Binge drinking prevalence	19.5%	20.2%	16.0%
Smoking prevalence	29.1%	20.3%	18.1%
Smokeless tobacco prevalence	11.8%	4.9%	4.2%
Population aged 65+	6.7%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, CHC Facility
Dental Care	Geographic: whole census area, Tribal populations, CHC Facility
Mental Health	Geographic: whole census area, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Denali Borough

Population	1,781	rank	25 of 29
Land Area	12,748 mi^2	rank	13 of 29
Largest community	Healy	population	1,083

Health Care Access Indicators

	Denali Borough	Alaska	U.S.
Population below poverty level	12.8%	10.1%	15.6%
Population without health insurance	22.4%	19.1%	14.2%
Unable to afford to see a doctor	11.5%	13.6%	13.1%
Received health care in the past year	68.0%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	40.5%	45.8%	68.8%
Pap smear screening within past 3 years	84.5%	77.9%	75.2%
Prenatal care in first trimester	69.6%	73.4%	70.8%
Dental visit in the past year	51.9%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	14.3%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	0
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Denali Borough	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	3.92	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.12	1.50

Health Status Indicators

	Denali Borough	Alaska	U.S.
Self-reported "good" or better health status	88.0%	85.8%	83.1%
Obesity prevalence	23.9%	29.7%	29.5%
High cholesterol prevalence	39.0%	37.9%	38.4%
Hypertension prevalence	31.4%	26.3%	31.4%
Asthma prevalence	1.6%	7.6%	8.9%
Diabetes prevalence	4.9%	7.8%	10.0%
One or more permanent teeth removed	50.5%	42.3%	43.6%
Days of poor mental health in past month	2.5	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	11.3%	9.1%	5.9%
Binge drinking prevalence	28.8%	20.2%	16.0%
Smoking prevalence	20.8%	20.3%	18.1%
Smokeless tobacco prevalence	5.4%	4.9%	4.2%
Population aged 65+	5.5%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole borough
Dental Care	Geographic: whole borough
Mental Health	Geographic: whole borough

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Dillingham Census Area

Population	5,007	rank	19 of 29
Land Area	18,569 mi^2	rank	10 of 29
Largest community	Dillingham	population	2,386

Health Care Access Indicators

	Dillingham Census Area	Alaska	U.S.
Population below poverty level	18.1%	10.1%	15.6%
Population without health insurance	29.8%	19.1%	14.2%
Unable to afford to see a doctor	12.8%	13.6%	13.1%
Received health care in the past year	71.3%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	45.0%	45.8%	68.8%
Pap smear screening within past 3 years	83.5%	77.9%	75.2%
Prenatal care in first trimester	72.0%	73.4%	70.8%
Dental visit in the past year	69.5%	63.8%	65.3%
Optimal water fluoridation	24.2%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	4
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Dillingham Census Area	Alaska
Physicians (DO or MD)	2.38	2.65
Nurses (RN)	7.73	10.69
Dentists	0.60	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.19	1.50

Health Status Indicators

	Dillingham Census Area	Alaska	U.S.
Self-reported "good" or better health status	83.5%	85.8%	83.1%
Obesity prevalence	33.0%	29.7%	29.5%
High cholesterol prevalence	22.5%	37.9%	38.4%
Hypertension prevalence	27.1%	26.3%	31.4%
Asthma prevalence	4.3%	7.6%	8.9%
Diabetes prevalence	5.1%	7.8%	10.0%
One or more permanent teeth removed	52.7%	42.3%	43.6%
Days of poor mental health in past month	3.1	3.1	3.6
Low birth weight rate	7.5%	5.8%	8.0%
Heart disease mortality rate	110.1	144.2	167.0
Cancer mortality rate	146.8	172.6	161.2
Heavy drinking prevalence	1.8%	9.1%	5.9%
Binge drinking prevalence	8.9%	20.2%	16.0%
Smoking prevalence	35.3%	20.3%	18.1%
Smokeless tobacco prevalence	11.7%	4.9%	4.2%
Population aged 65+	7.7%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal populations, CHC Facility
Dental Care	Tribal populations, CHC Facility
Mental Health	Geographic: whole census area, Tribal populations, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Fairbanks North Star Borough

Population	98,645	rank	3 of 29
Land Area	7,343 mi^2	rank	15 of 29
Largest community	Fairbanks	population	32,116

Health Care Access Indicators

	Fairbanks North Star Borough	Alaska	U.S.
Population below poverty level	8.0%	10.1%	15.6%
Population without health insurance	14.3%	19.1%	14.2%
Unable to afford to see a doctor	14.4%	13.6%	13.1%
Received health care in the past year	75.3%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	51.5%	45.8%	68.8%
Pap smear screening within past 3 years	84.5%	77.9%	75.2%
Prenatal care in first trimester	75.1%	73.4%	70.8%
Dental visit in the past year	65.3%	63.8%	65.3%
Optimal water fluoridation	6.6%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	23.7%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Fairbanks North Star Borough	Alaska
Physicians (DO or MD)	2.11	2.65
Nurses (RN)	8.56	10.69
Dentists	0.82	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.33	1.50

Health Status Indicators

	Fairbanks North Star Borough	Alaska	U.S.
Self-reported "good" or better health status	85.5%	85.8%	83.1%
Obesity prevalence	26.2%	29.7%	29.5%
High cholesterol prevalence	40.0%	37.9%	38.4%
Hypertension prevalence	27.6%	26.3%	31.4%
Asthma prevalence	8.5%	7.6%	8.9%
Diabetes prevalence	5.8%	7.8%	10.0%
One or more permanent teeth removed	36.5%	42.3%	43.6%
Days of poor mental health in past month	3.4	3.1	3.6
Low birth weight rate	5.8%	5.8%	8.0%
Heart disease mortality rate	81.2	144.2	167.0
Cancer mortality rate	108.1	172.6	161.2
Heavy drinking prevalence	7.9%	9.1%	5.9%
Binge drinking prevalence	17.0%	20.2%	16.0%
Smoking prevalence	20.3%	20.3%	18.1%
Smokeless tobacco prevalence	3.6%	4.9%	4.2%
Population aged 65+	7.2%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal populations, CHC Facility
Dental Care	Tribal populations, CHC Facility
Mental Health	Tribal populations, CHC Facility

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Haines Borough

Population	2,493	rank	22 of 29
Land Area	2,320 mi^2	rank	26 of 29
Largest community	Haines	population	1,768

Health Care Access Indicators

	Haines Borough	Alaska	U.S.
Population below poverty level	7.7%	10.1%	15.6%
Population without health insurance	27.3%	19.1%	14.2%
Unable to afford to see a doctor	11.8%	13.6%	13.1%
Received health care in the past year	64.5%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	36.1%	45.8%	68.8%
Pap smear screening within past 3 years	70.3%	77.9%	75.2%
Prenatal care in first trimester	71.3%	73.4%	70.8%
Dental visit in the past year	55.0%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	35.0%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	0
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Haines Borough	Alaska
Physicians (DO or MD)	2.76	2.65
Nurses (RN)	7.88	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.79	1.50

Health Status Indicators

	Haines Borough	Alaska	U.S.
Self-reported "good" or better health status	86.1%	85.8%	83.1%
Obesity prevalence	16.7%	29.7%	29.5%
High cholesterol prevalence	25.0%	37.9%	38.4%
Hypertension prevalence	28.8%	26.3%	31.4%
Asthma prevalence	6.9%	7.6%	8.9%
Diabetes prevalence	4.7%	7.8%	10.0%
One or more permanent teeth removed	46.9%	42.3%	43.6%
Days of poor mental health in past month	2.7	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	196.5	144.2	167.0
Cancer mortality rate	157.2	172.6	161.2
Heavy drinking prevalence	9.1%	9.1%	5.9%
Binge drinking prevalence	13.8%	20.2%	16.0%
Smoking prevalence	21.0%	20.3%	18.1%
Smokeless tobacco prevalence	1.5%	4.9%	4.2%
Population aged 65+	13.1%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	None
Dental Care	None
Mental Health	Geographic: whole borough

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Hoonah-Angoon Census Area

Population 2,178 rank 24 of 29
Land Area 6,551 mi^2 rank 17 of 29
Largest community Hoonah population 783

Health Care Access Indicators

	Hoonah-Angoon Census Area	Alaska	U.S.
Population below poverty level	15.0%	10.1%	15.6%
Population without health insurance	28.6%	19.1%	14.2%
Unable to afford to see a doctor	18.0%	13.6%	13.1%
Received health care in the past year	67.2%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	59.5%	45.8%	68.8%
Pap smear screening within past 3 years	80.4%	77.9%	75.2%
Prenatal care in first trimester	69.3%	73.4%	70.8%
Dental visit in the past year	53.5%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	36.0%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	6
Hospitals	0
Community Mental Health Centers	0

Health Care Workforce

Licensed health care providers per 1,000 population	Hoonah-Angoon Census Area	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	6.11	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	3.76	1.50

Health Status Indicators

	Hoonah-Angoon Census Area	Alaska	U.S.
Self-reported "good" or better health status	82.4%	85.8%	83.1%
Obesity prevalence	37.3%	29.7%	29.5%
High cholesterol prevalence	14.8%	37.9%	38.4%
Hypertension prevalence	32.7%	26.3%	31.4%
Asthma prevalence	12.2%	7.6%	8.9%
Diabetes prevalence	4.3%	7.8%	10.0%
One or more permanent teeth removed	78.5%	42.3%	43.6%
Days of poor mental health in past month	3.4	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	98.7	144.2	167.0
Cancer mortality rate	133.2	172.6	161.2
Heavy drinking prevalence	6.3%	9.1%	5.9%
Binge drinking prevalence	17.1%	20.2%	16.0%
Smoking prevalence	24.0%	20.3%	18.1%
Smokeless tobacco prevalence	1.7%	4.9%	4.2%
Population aged 65+	15.1%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area
Dental Care	Geographic: whole census area
Mental Health	Geographic: whole census area

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Juneau City and Borough

Population	33,277	rank	5 of 29
Land Area	2,702 mi^2	rank	24 of 29
Largest community	Juneau	population	33,277

Health Care Access Indicators

	Juneau City and Borough	Alaska	U.S.
Population below poverty level	6.4%	10.1%	15.6%
Population without health insurance	16.2%	19.1%	14.2%
Unable to afford to see a doctor	12.0%	13.6%	13.1%
Received health care in the past year	74.9%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	44.5%	45.8%	68.8%
Pap smear screening within past 3 years	83.2%	77.9%	75.2%
Prenatal care in first trimester	84.1%	73.4%	70.8%
Dental visit in the past year	71.7%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	17.0%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Juneau City and Borough	Alaska
Physicians (DO or MD)	2.94	2.65
Nurses (RN)	9.93	10.69
Dentists	0.88	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.39	1.50

Health Status Indicators

	Juneau City and Borough	Alaska	U.S.
Self-reported "good" or better health status	88.8%	85.8%	83.1%
Obesity prevalence	27.2%	29.7%	29.5%
High cholesterol prevalence	40.4%	37.9%	38.4%
Hypertension prevalence	28.8%	26.3%	31.4%
Asthma prevalence	6.9%	7.6%	8.9%
Diabetes prevalence	6.0%	7.8%	10.0%
One or more permanent teeth removed	38.0%	42.3%	43.6%
Days of poor mental health in past month	3.2	3.1	3.6
Low birth weight rate	5.1%	5.8%	8.0%
Heart disease mortality rate	136.3	144.2	167.0
Cancer mortality rate	156.2	172.6	161.2
Heavy drinking prevalence	9.7%	9.1%	5.9%
Binge drinking prevalence	24.0%	20.2%	16.0%
Smoking prevalence	18.9%	20.3%	18.1%
Smokeless tobacco prevalence	3.1%	4.9%	4.2%
Population aged 65+	9.3%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	CHC Facility
Dental Care	CHC Facility
Mental Health	CHC Facility

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Kenai Peninsula Borough

Population	57,763	rank	4 of 29
Land Area	16,075 mi^2	rank	12 of 29
Largest community	Kenai	population	7,229

Health Care Access Indicators

	Kenai Peninsula Borough	Alaska	U.S.
Population below poverty level	9.3%	10.1%	15.6%
Population without health insurance	21.3%	19.1%	14.2%
Unable to afford to see a doctor	14.0%	13.6%	13.1%
Received health care in the past year	74.7%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	45.7%	45.8%	68.8%
Pap smear screening within past 3 years	79.5%	77.9%	75.2%
Prenatal care in first trimester	75.5%	73.4%	70.8%
Dental visit in the past year	63.6%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	19.4%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	6
Hospitals	3
Community Mental Health Centers	4

Health Care Workforce

Licensed health care providers per 1,000 population	Kenai Peninsula Borough	Alaska
Physicians (DO or MD)	1.92	2.65
Nurses (RN)	10.07	10.69
Dentists	0.72	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.50	1.50

Health Status Indicators

	Kenai Peninsula Borough	Alaska	U.S.
Self-reported "good" or better health status	82.5%	85.8%	83.1%
Obesity prevalence	30.2%	29.7%	29.5%
High cholesterol prevalence	39.9%	37.9%	38.4%
Hypertension prevalence	33.0%	26.3%	31.4%
Asthma prevalence	10.7%	7.6%	8.9%
Diabetes prevalence	8.6%	7.8%	10.0%
One or more permanent teeth removed	45.7%	42.3%	43.6%
Days of poor mental health in past month	3.0	3.1	3.6
Low birth weight rate	4.6%	5.8%	8.0%
Heart disease mortality rate	133.1	144.2	167.0
Cancer mortality rate	185.8	172.6	161.2
Heavy drinking prevalence	8.1%	9.1%	5.9%
Binge drinking prevalence	21.8%	20.2%	16.0%
Smoking prevalence	21.0%	20.3%	18.1%
Smokeless tobacco prevalence	3.2%	4.9%	4.2%
Population aged 65+	12.6%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal populations, CHC Facility
Dental Care	Tribal populations, CHC Facility
Mental Health	Geographic: whole census area, Tribal populations, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Ketchikan Gateway Borough

Population	13,778	rank	7 of 29
Land Area	4,858 mi^2	rank	20 of 29
Largest community	Ketchikan	population	8,277

Health Care Access Indicators

	Ketchikan Gateway Borough	Alaska	U.S.
Population below poverty level	11.5%	10.1%	15.6%
Population without health insurance	19.1%	19.1%	14.2%
Unable to afford to see a doctor	14.2%	13.6%	13.1%
Received health care in the past year	74.9%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	41.8%	45.8%	68.8%
Pap smear screening within past 3 years	82.0%	77.9%	75.2%
Prenatal care in first trimester	82.9%	73.4%	70.8%
Dental visit in the past year	60.0%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	17.6%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Ketchikan Gateway Borough	Alaska
Physicians (DO or MD)	3.18	2.65
Nurses (RN)	11.79	10.69
Dentists	0.80	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.45	1.50

Health Status Indicators

	Ketchikan Gateway Borough	Alaska	U.S.
Self-reported "good" or better health status	84.8%	85.8%	83.1%
Obesity prevalence	27.7%	29.7%	29.5%
High cholesterol prevalence	38.7%	37.9%	38.4%
Hypertension prevalence	26.7%	26.3%	31.4%
Asthma prevalence	10.6%	7.6%	8.9%
Diabetes prevalence	8.1%	7.8%	10.0%
One or more permanent teeth removed	44.5%	42.3%	43.6%
Days of poor mental health in past month	3.6	3.1	3.6
Low birth weight rate	5.4%	5.8%	8.0%
Heart disease mortality rate	89.9	144.2	167.0
Cancer mortality rate	100.1	172.6	161.2
Heavy drinking prevalence	7.5%	9.1%	5.9%
Binge drinking prevalence	17.7%	20.2%	16.0%
Smoking prevalence	21.6%	20.3%	18.1%
Smokeless tobacco prevalence	3.7%	4.9%	4.2%
Population aged 65+	10.8%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal population
Dental Care	Tribal population
Mental Health	Geographic: whole census area, Tribal populations

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Kodiak Island Borough

Population	13,819	rank	8 of 29
Land Area	6,550 mi^2	rank	18 of 29
Largest community	Kodiak	population	6,288

Health Care Access Indicators

	Kodiak Island Borough	Alaska	U.S.
Population below poverty level	11.4%	10.1%	15.6%
Population without health insurance	26.8%	19.1%	14.2%
Unable to afford to see a doctor	12.3%	13.6%	13.1%
Received health care in the past year	70.5%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	36.0%	45.8%	68.8%
Pap smear screening within past 3 years	85.3%	77.9%	75.2%
Prenatal care in first trimester	77.6%	73.4%	70.8%
Dental visit in the past year	74.6%	63.8%	65.3%
Optimal water fluoridation	22.4%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	18.1%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	7
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Kodiak Island Borough	Alaska
Physicians (DO or MD)	1.60	2.65
Nurses (RN)	8.12	10.69
Dentists	0.73	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.01	1.50

Health Status Indicators

	Kodiak Island Borough	Alaska	U.S.
Self-reported "good" or better health status	84.6%	85.8%	83.1%
Obesity prevalence	28.9%	29.7%	29.5%
High cholesterol prevalence	33.5%	37.9%	38.4%
Hypertension prevalence	27.8%	26.3%	31.4%
Asthma prevalence	5.1%	7.6%	8.9%
Diabetes prevalence	5.9%	7.8%	10.0%
One or more permanent teeth removed	40.8%	42.3%	43.6%
Days of poor mental health in past month	2.7	3.1	3.6
Low birth weight rate	5.2%	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	8.0%	9.1%	5.9%
Binge drinking prevalence	20.3%	20.2%	16.0%
Smoking prevalence	18.1%	20.3%	18.1%
Smokeless tobacco prevalence	2.9%	4.9%	4.2%
Population aged 65+	7.4%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal populations, CHC Facility
Dental Care	CHC Facility
Mental Health	CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Kusilvak Census Area

Population	8,195	rank	13 of 29
Land Area	17,081 mi^2	rank	11 of 29
Largest community	Hooper Bay	population	1,210

Health Care Access Indicators

	Kusilvak Census Area	Alaska	U.S.
Population below poverty level	33.0%	10.1%	15.6%
Population without health insurance	29.2%	19.1%	14.2%
Unable to afford to see a doctor	24.0%	13.6%	13.1%
Received health care in the past year	49.9%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	31.2%	45.8%	68.8%
Pap smear screening within past 3 years	81.9%	77.9%	75.2%
Prenatal care in first trimester	61.8%	73.4%	70.8%
Dental visit in the past year	54.2%	63.8%	65.3%
Optimal water fluoridation	10.9%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	12
Hospitals	0
Community Mental Health Centers	0

Health Care Workforce

Licensed health care providers per 1,000 population	Kusilvak Census Area	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	0.12	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.37	1.50

Health Status Indicators

	Kusilvak Census Area	Alaska	U.S.
Self-reported "good" or better health status	85.1%	85.8%	83.1%
Obesity prevalence	24.7%	29.7%	29.5%
High cholesterol prevalence	25.8%	37.9%	38.4%
Hypertension prevalence	26.8%	26.3%	31.4%
Asthma prevalence	6.7%	7.6%	8.9%
Diabetes prevalence	2.1%	7.8%	10.0%
One or more permanent teeth removed	74.8%	42.3%	43.6%
Days of poor mental health in past month	1.6	3.1	3.6
Low birth weight rate	5.8%	5.8%	8.0%
Heart disease mortality rate	93.4	144.2	167.0
Cancer mortality rate	142.0	172.6	161.2
Heavy drinking prevalence	2.1%	9.1%	5.9%
Binge drinking prevalence	11.6%	20.2%	16.0%
Smoking prevalence	34.0%	20.3%	18.1%
Smokeless tobacco prevalence	39.7%	4.9%	4.2%
Population aged 65+	6.6%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area
Dental Care	Geographic: whole census area
Mental Health	Geographic: whole census area

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Lake and Peninsula Borough

Population 1,668 rank 26 of 29
Land Area 23,450 mi^2 rank 8 of 29
Largest community Newhalen population 196

Health Care Access Indicators

	Lake and Peninsula Borough	Alaska	U.S.
Population below poverty level	18.0%	10.1%	15.6%
Population without health insurance	38.3%	19.1%	14.2%
Unable to afford to see a doctor	32.1%	13.6%	13.1%
Received health care in the past year	74.9%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	37.8%	45.8%	68.8%
Pap smear screening within past 3 years	69.1%	77.9%	75.2%
Prenatal care in first trimester	76.2%	73.4%	70.8%
Dental visit in the past year	40.6%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	4
Hospitals	0
Community Mental Health Centers	0

Health Care Workforce

Licensed health care providers per 1,000 population	Lake and Peninsula Borough	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	0.60	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.20	1.50

Health Status Indicators

	Lake and Peninsula Borough	Alaska	U.S.
Self-reported "good" or better health status	86.0%	85.8%	83.1%
Obesity prevalence	28.7%	29.7%	29.5%
High cholesterol prevalence	35.8%	37.9%	38.4%
Hypertension prevalence	29.7%	26.3%	31.4%
Asthma prevalence	6.9%	7.6%	8.9%
Diabetes prevalence	9.2%	7.8%	10.0%
One or more permanent teeth removed	45.5%	42.3%	43.6%
Days of poor mental health in past month	3.0	3.1	3.6
Low birth weight rate	5.8%	5.8%	8.0%
Heart disease mortality rate	149.3	144.2	167.0
Cancer mortality rate	207.0	172.6	161.2
Heavy drinking prevalence	5.0%	9.1%	5.9%
Binge drinking prevalence	10.8%	20.2%	16.0%
Smoking prevalence	26.6%	20.3%	18.1%
Smokeless tobacco prevalence	8.9%	4.9%	4.2%
Population aged 65+	5.2%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	None
Dental Care	None
Mental Health	Geographic: whole borough

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Matanuska-Susitna Borough

Population 100,178 rank 2 of 29
Land Area 24,608 mi^2 rank 7 of 29
Largest community Wasilla population 8,468

Health Care Access Indicators

	Matanuska Susitna Borough	Alaska	U.S.
Population below poverty level	10.2%	10.1%	15.6%
Population without health insurance	19.2%	19.1%	14.2%
Unable to afford to see a doctor	15.4%	13.6%	13.1%
Received health care in the past year	74.2%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	41.3%	45.8%	68.8%
Pap smear screening within past 3 years	78.0%	77.9%	75.2%
Prenatal care in first trimester	73.3%	73.4%	70.8%
Dental visit in the past year	57.9%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	18.3%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	3
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Matanuska Susitna Borough	Alaska
Physicians (DO or MD)	1.44	2.65
Nurses (RN)	10.59	10.69
Dentists	0.52	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.28	1.50

Health Status Indicators

	Matanuska Susitna Borough	Alaska	U.S.
Self-reported "good" or better health status	84.6%	85.8%	83.1%
Obesity prevalence	30.7%	29.7%	29.5%
High cholesterol prevalence	38.7%	37.9%	38.4%
Hypertension prevalence	30.3%	26.3%	31.4%
Asthma prevalence	9.6%	7.6%	8.9%
Diabetes prevalence	7.8%	7.8%	10.0%
One or more permanent teeth removed	45.8%	42.3%	43.6%
Days of poor mental health in past month	3.4	3.1	3.6
Low birth weight rate	5.9%	5.8%	8.0%
Heart disease mortality rate	63.9	144.2	167.0
Cancer mortality rate	136.7	172.6	161.2
Heavy drinking prevalence	6.8%	9.1%	5.9%
Binge drinking prevalence	16.6%	20.2%	16.0%
Smoking prevalence	21.8%	20.3%	18.1%
Smokeless tobacco prevalence	5.1%	4.9%	4.2%
Population aged 65+	8.7%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Census tracts 1.01, 1.02, 4.01, and 4.02, Tribal populations, CHC Facility
Dental Care	Census tracts 1.01, 1.02, 4.01, 4.02, 5.01, and 5.02, Tribal populations, CHC Facility
Mental Health	Geographic: whole borough

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Nome Census Area

Population	10,040	rank	9 of 29
Land Area	22,963 mi^2	rank	9 of 29
Largest community	Nome	population	3,819

Health Care Access Indicators

	Nome Census Area	Alaska	U.S.
Population below poverty level	27.6%	10.1%	15.6%
Population without health insurance	29.8%	19.1%	14.2%
Unable to afford to see a doctor	15.4%	13.6%	13.1%
Received health care in the past year	65.2%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	51.2%	45.8%	68.8%
Pap smear screening within past 3 years	81.7%	77.9%	75.2%
Prenatal care in first trimester	72.7%	73.4%	70.8%
Dental visit in the past year	49.6%	63.8%	65.3%
Optimal water fluoridation	61.2%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	12.5%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	15
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Nome Census Area	Alaska
Physicians (DO or MD)	0.90	2.65
Nurses (RN)	5.33	10.69
Dentists	0.40	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.21	1.50

Health Status Indicators

	Nome Census Area	Alaska	U.S.
Self-reported "good" or better health status	82.1%	85.8%	83.1%
Obesity prevalence	29.3%	29.7%	29.5%
High cholesterol prevalence	36.0%	37.9%	38.4%
Hypertension prevalence	28.8%	26.3%	31.4%
Asthma prevalence	6.0%	7.6%	8.9%
Diabetes prevalence	4.7%	7.8%	10.0%
One or more permanent teeth removed	62.8%	42.3%	43.6%
Days of poor mental health in past month	2.6	3.1	3.6
Low birth weight rate	6.2%	5.8%	8.0%
Heart disease mortality rate	105.0	144.2	167.0
Cancer mortality rate	120.7	172.6	161.2
Heavy drinking prevalence	3.1%	9.1%	5.9%
Binge drinking prevalence	13.3%	20.2%	16.0%
Smoking prevalence	39.2%	20.3%	18.1%
Smokeless tobacco prevalence	10.8%	4.9%	4.2%
Population aged 65+	6.8%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, Tribal populations, CHC Facility
Dental Care	Geographic: whole census area, Tribal populations, CHC Facility
Mental Health	Geographic: whole census area, Tribal populations, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

North Slope Borough

Population	9,895	rank	10 of 29
Land Area	88,839 mi^2	rank	2 of 29
Largest community	Barrow	population	4,554

Health Care Access Indicators

	North Slope Borough	Alaska	U.S.
Population below poverty level	10.2%	10.1%	15.6%
Population without health insurance	25.3%	19.1%	14.2%
Unable to afford to see a doctor	7.3%	13.6%	13.1%
Received health care in the past year	72.3%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	52.5%	45.8%	68.8%
Pap smear screening within past 3 years	74.9%	77.9%	75.2%
Prenatal care in first trimester	56.3%	73.4%	70.8%
Dental visit in the past year	52.2%	63.8%	65.3%
Optimal water fluoridation	53.4%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	59.6%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	North Slope Borough	Alaska
Physicians (DO or MD)	0.41	2.65
Nurses (RN)	3.50	10.69
Dentists	0.41	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.31	1.50

Health Status Indicators

	North Slope Borough	Alaska	U.S.
Self-reported "good" or better health status	80.5%	85.8%	83.1%
Obesity prevalence	42.1%	29.7%	29.5%
High cholesterol prevalence	35.9%	37.9%	38.4%
Hypertension prevalence	18.8%	26.3%	31.4%
Asthma prevalence	4.3%	7.6%	8.9%
Diabetes prevalence	4.6%	7.8%	10.0%
One or more permanent teeth removed	70.7%	42.3%	43.6%
Days of poor mental health in past month	2.4	3.1	3.6
Low birth weight rate	7.1%	5.8%	8.0%
Heart disease mortality rate	132.1	144.2	167.0
Cancer mortality rate	141.7	172.6	161.2
Heavy drinking prevalence	5.5%	9.1%	5.9%
Binge drinking prevalence	15.8%	20.2%	16.0%
Smoking prevalence	39.7%	20.3%	18.1%
Smokeless tobacco prevalence	10.9%	4.9%	4.2%
Population aged 65+	4.7%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole borough, Tribal populations
Dental Care	Geographic: whole borough, Tribal populations
Mental Health	Geographic: whole borough, Tribal populations

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Northwest Arctic Borough

Population	7,867	rank	14 of 29
Land Area	35,635 mi^2	rank	4 of 29
Largest community	Kotzebue	population	3,267

Health Care Access Indicators

	Northwest Arctic Borough	Alaska	U.S.
Population below poverty level	22.8%	10.1%	15.6%
Population without health insurance	32.6%	19.1%	14.2%
Unable to afford to see a doctor	10.4%	13.6%	13.1%
Received health care in the past year	61.2%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	49.9%	45.8%	68.8%
Pap smear screening within past 3 years	75.8%	77.9%	75.2%
Prenatal care in first trimester	75.8%	73.4%	70.8%
Dental visit in the past year	49.5%	63.8%	65.3%
Optimal water fluoridation	45.9%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	11
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Northwest Arctic Borough	Alaska
Physicians (DO or MD)	0.64	2.65
Nurses (RN)	6.05	10.69
Dentists	0.26	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.64	1.50

Health Status Indicators

	Northwest Arctic Borough	Alaska	U.S.
Self-reported "good" or better health status	87.2%	85.8%	83.1%
Obesity prevalence	29.2%	29.7%	29.5%
High cholesterol prevalence	34.7%	37.9%	38.4%
Hypertension prevalence	31.6%	26.3%	31.4%
Asthma prevalence	6.8%	7.6%	8.9%
Diabetes prevalence	3.9%	7.8%	10.0%
One or more permanent teeth removed	59.0%	42.3%	43.6%
Days of poor mental health in past month	1.2	3.1	3.6
Low birth weight rate	6.8%	5.8%	8.0%
Heart disease mortality rate	134.1	144.2	167.0
Cancer mortality rate	147.5	172.6	161.2
Heavy drinking prevalence	11.3%	9.1%	5.9%
Binge drinking prevalence	21.3%	20.2%	16.0%
Smoking prevalence	42.5%	20.3%	18.1%
Smokeless tobacco prevalence	13.6%	4.9%	4.2%
Population aged 65+	6.4%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	CHC Facility
Dental Care	Geographic: whole borough, CHC Facility
Mental Health	Geographic: whole borough, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Petersburg Census Area

Population 3,199 rank 20 of 29
Land Area 2,918 mi^2 rank 22 of 29
Largest community Petersburg population 2,941

Health Care Access Indicators

	Petersburg Census Area	Alaska	U.S.
Population below poverty level	9.4%	10.1%	15.6%
Population without health insurance	24.0%	19.1%	14.2%
Unable to afford to see a doctor	11.6%	13.6%	13.1%
Received health care in the past year	67.0%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	35.7%	45.8%	68.8%
Pap smear screening within past 3 years	90.7%	77.9%	75.2%
Prenatal care in first trimester	75.4%	73.4%	70.8%
Dental visit in the past year	68.0%	63.8%	65.3%
Optimal water fluoridation	100.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	7.5%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Petersburg Census Area	Alaska
Physicians (DO or MD)	1.87	2.65
Nurses (RN)	9.66	10.69
Dentists	0.62	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.31	1.50

Health Status Indicators

	Petersburg Census Area	Alaska	U.S.
Self-reported "good" or better health status	88.4%	85.8%	83.1%
Obesity prevalence	30.7%	29.7%	29.5%
High cholesterol prevalence	36.1%	37.9%	38.4%
Hypertension prevalence	26.1%	26.3%	31.4%
Asthma prevalence	4.7%	7.6%	8.9%
Diabetes prevalence	8.0%	7.8%	10.0%
One or more permanent teeth removed	32.4%	42.3%	43.6%
Days of poor mental health in past month	2.1	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	204.0	172.6	161.2
Heavy drinking prevalence	6.7%	9.1%	5.9%
Binge drinking prevalence	11.8%	20.2%	16.0%
Smoking prevalence	21.7%	20.3%	18.1%
Smokeless tobacco prevalence	3.5%	4.9%	4.2%
Population aged 65+	11.4%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	None
Dental Care	None
Mental Health	Geographic: whole borough

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Prince of Wales-Hyder Census Area

Population	6,446	rank	16 of 29
Land Area	5,262 mi^2	rank	19 of 29
Largest community	Craig	population	1,180

Health Care Access Indicators

	Prince of Wales-Hyder	Alaska	U.S.
Population below poverty level	15.6%	10.1%	15.6%
Population without health insurance	34.9%	19.1%	14.2%
Unable to afford to see a doctor	16.6%	13.6%	13.1%
Received health care in the past year	83.2%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	36.2%	45.8%	68.8%
Pap smear screening within past 3 years	81.4%	77.9%	75.2%
Prenatal care in first trimester	73.8%	73.4%	70.8%
Dental visit in the past year	57.9%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	44.6%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	9
Hospitals	0
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Prince of Wales-Hyder	Alaska
Physicians (DO or MD)	0.93	2.65
Nurses (RN)	5.76	10.69
Dentists	0.31	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.40	1.50

Health Status Indicators

	Prince of Wales-Hyder	Alaska	U.S.
Self-reported "good" or better health status	76.9%	85.8%	83.1%
Obesity prevalence	47.2%	29.7%	29.5%
High cholesterol prevalence	39.4%	37.9%	38.4%
Hypertension prevalence	29.5%	26.3%	31.4%
Asthma prevalence	6.7%	7.6%	8.9%
Diabetes prevalence	10.2%	7.8%	10.0%
One or more permanent teeth removed	54.4%	42.3%	43.6%
Days of poor mental health in past month	4.0	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	142.0	144.2	167.0
Cancer mortality rate	161.9	172.6	161.2
Heavy drinking prevalence	2.2%	9.1%	5.9%
Binge drinking prevalence	15.1%	20.2%	16.0%
Smoking prevalence	25.1%	20.3%	18.1%
Smokeless tobacco prevalence	1.6%	4.9%	4.2%
Population aged 65+	10.7%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, Tribal populations
Dental Care	None
Mental Health	Geographic: whole census area, Tribal populations

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Sitka City and Borough

Population	8,929	rank	12 of 29
Land Area	2,870 mi^2	rank	23 of 29
Largest community	Sitka	population	8,929

Health Care Access Indicators

	Sitka	Alaska	U.S.
Population below poverty level	8.0%	10.1%	15.6%
Population without health insurance	19.7%	19.1%	14.2%
Unable to afford to see a doctor	8.9%	13.6%	13.1%
Received health care in the past year	80.1%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	42.6%	45.8%	68.8%
Pap smear screening within past 3 years	79.1%	77.9%	75.2%
Prenatal care in first trimester	84.9%	73.4%	70.8%
Dental visit in the past year	70.7%	63.8%	65.3%
Optimal water fluoridation	100.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	20.2%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	0
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Sitka	Alaska
Physicians (DO or MD)	3.97	2.65
Nurses (RN)	17.88	10.69
Dentists	0.77	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.10	1.50

Health Status Indicators

	Sitka	Alaska	U.S.
Self-reported "good" or better health status	89.9%	85.8%	83.1%
Obesity prevalence	22.4%	29.7%	29.5%
High cholesterol prevalence	32.5%	37.9%	38.4%
Hypertension prevalence	31.4%	26.3%	31.4%
Asthma prevalence	11.6%	7.6%	8.9%
Diabetes prevalence	5.1%	7.8%	10.0%
One or more permanent teeth removed	39.6%	42.3%	43.6%
Days of poor mental health in past month	3.0	3.1	3.6
Low birth weight rate	6.6%	5.8%	8.0%
Heart disease mortality rate	104.6	144.2	167.0
Cancer mortality rate	141.5	172.6	161.2
Heavy drinking prevalence	9.5%	9.1%	5.9%
Binge drinking prevalence	15.6%	20.2%	16.0%
Smoking prevalence	13.6%	20.3%	18.1%
Smokeless tobacco prevalence	2.9%	4.9%	4.2%
Population aged 65+	12.0%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Tribal population
Dental Care	Tribal population
Mental Health	Tribal populations

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Skagway Municipality

Population	1,040	rank	27 of 29
Land Area	452 mi^2	rank	29 of 29
Largest community	Skagway	population	983

Health Care Access Indicators

	Skagway Municipality	Alaska	U.S.
Population below poverty level	4.5%	10.1%	15.6%
Population without health insurance	23.8%	19.1%	14.2%
Unable to afford to see a doctor	19.6%	13.6%	13.1%
Received health care in the past year	80.7%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	53.1%	45.8%	68.8%
Pap smear screening within past 3 years	100.0%	77.9%	75.2%
Prenatal care in first trimester	69.3%	73.4%	70.8%
Dental visit in the past year	79.5%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	0
Community Mental Health Centers	0

Health Care Workforce

Licensed health care providers per 1,000 population	Skagway Municipality	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	4.85	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	2.91	1.50

Health Status Indicators

	Skagway Municipality	Alaska	U.S.
Self-reported "good" or better health status	94.7%	85.8%	83.1%
Obesity prevalence	21.2%	29.7%	29.5%
High cholesterol prevalence	40.6%	37.9%	38.4%
Hypertension prevalence	29.4%	26.3%	31.4%
Asthma prevalence	4.1%	7.6%	8.9%
Diabetes prevalence	9.7%	7.8%	10.0%
One or more permanent teeth removed	52.4%	42.3%	43.6%
Days of poor mental health in past month	1.9	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	89.0	144.2	167.0
Cancer mortality rate	130.9	172.6	161.2
Heavy drinking prevalence	21.7%	9.1%	5.9%
Binge drinking prevalence	49.4%	20.2%	16.0%
Smoking prevalence	21.0%	20.3%	18.1%
Smokeless tobacco prevalence	1.5%	4.9%	4.2%
Population aged 65+	7.9%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, CHC Facility
Dental Care	Geographic: whole census area, CHC Facility
Mental Health	Geographic: whole census area, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Southeast Fairbanks Census Area

Population 6,899 rank 15 of 29
Land Area 24,768 mi^2 rank 6 of 29
Largest community Delta Junction population 1,100

Health Care Access Indicators

	Southeast Fairbanks Census Area	Alaska	U.S.
Population below poverty level	13.6%	10.1%	15.6%
Population without health insurance	23.4%	19.1%	14.2%
Unable to afford to see a doctor	12.5%	13.6%	13.1%
Received health care in the past year	69.2%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	45.8%	45.8%	68.8%
Pap smear screening within past 3 years	78.4%	77.9%	75.2%
Prenatal care in first trimester	61.1%	73.4%	70.8%
Dental visit in the past year	55.6%	63.8%	65.3%
Optimal water fluoridation	11.1%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	21.9%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	7
Hospitals	0
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Southeast Fairbanks Census Area	Alaska
Physicians (DO or MD)	0.72	2.65
Nurses (RN)	3.02	10.69
Dentists	0.57	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.72	1.50

Health Status Indicators

	Southeast Fairbanks Census Area	Alaska	U.S.
Self-reported "good" or better health status	85.4%	85.8%	83.1%
Obesity prevalence	32.7%	29.7%	29.5%
High cholesterol prevalence	30.7%	37.9%	38.4%
Hypertension prevalence	29.2%	26.3%	31.4%
Asthma prevalence	6.0%	7.6%	8.9%
Diabetes prevalence	9.1%	7.8%	10.0%
One or more permanent teeth removed	54.7%	42.3%	43.6%
Days of poor mental health in past month	2.0	3.1	3.6
Low birth weight rate	4.8%	5.8%	8.0%
Heart disease mortality rate	242.0	144.2	167.0
Cancer mortality rate	273.1	172.6	161.2
Heavy drinking prevalence	3.9%	9.1%	5.9%
Binge drinking prevalence	16.3%	20.2%	16.0%
Smoking prevalence	21.1%	20.3%	18.1%
Smokeless tobacco prevalence	6.0%	4.9%	4.2%
Population aged 65+	10.4%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area
Dental Care	Tribal populations, CHC Facility
Mental Health	Geographic: whole census area, CHC Facility

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Valdez-Cordova Census Area

Population 9,529 rank 11 of 29
Land Area 34,238 mi^2 rank 5 of 29
Largest community Valdez population 4,011

Health Care Access Indicators

	Valdez-Cordova Census Area	Alaska	U.S.
Population below poverty level	9.8%	10.1%	15.6%
Population without health insurance	23.2%	19.1%	14.2%
Unable to afford to see a doctor	13.8%	13.6%	13.1%
Received health care in the past year	73.6%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	36.4%	45.8%	68.8%
Pap smear screening within past 3 years	71.9%	77.9%	75.2%
Prenatal care in first trimester	76.3%	73.4%	70.8%
Dental visit in the past year	67.5%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	16.2%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	4
Hospitals	1
Community Mental Health Centers	3

Health Care Workforce

Licensed health care providers per 1,000 population	Valdez-Cordova Census Area	Alaska
Physicians (DO or MD)	0.94	2.65
Nurses (RN)	9.20	10.69
Dentists	0.31	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.73	1.50

Health Status Indicators

	Valdez-Cordova Census Area	Alaska	U.S.
Self-reported "good" or better health status	85.9%	85.8%	83.1%
Obesity prevalence	27.1%	29.7%	29.5%
High cholesterol prevalence	40.1%	37.9%	38.4%
Hypertension prevalence	27.5%	26.3%	31.4%
Asthma prevalence	5.2%	7.6%	8.9%
Diabetes prevalence	7.6%	7.8%	10.0%
One or more permanent teeth removed	40.7%	42.3%	43.6%
Days of poor mental health in past month	2.6	3.1	3.6
Low birth weight rate	4.4%	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	8.1%	9.1%	5.9%
Binge drinking prevalence	17.3%	20.2%	16.0%
Smoking prevalence	15.4%	20.3%	18.1%
Smokeless tobacco prevalence	4.3%	4.9%	4.2%
Population aged 65+	9.3%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Census tracts 1 and 2, Tribal populations, CHC Facility
Dental Care	Tribal populations, CHC Facility
Mental Health	Geographic: whole census area, Tribal populations, CHC Facility

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Wrangell City and Borough

Population	2,442	rank	23 of 29
Land Area	2,541 mi^2	rank	25 of 29
Largest community	Wrangell	population	2,442

Health Care Access Indicators

	Wrangell City and Borough	Alaska	U.S.
Population below poverty level	9.9%	10.1%	15.6%
Population without health insurance	21.3%	19.1%	14.2%
Unable to afford to see a doctor	14.4%	13.6%	13.1%
Received health care in the past year	80.9%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	47.6%	45.8%	68.8%
Pap smear screening within past 3 years	98.6%	77.9%	75.2%
Prenatal care in first trimester	75.4%	73.4%	70.8%
Dental visit in the past year	84.1%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	7.1%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	1
Community Mental Health Centers	1

Health Care Workforce

Licensed health care providers per 1,000 population	Wrangell City and Borough	Alaska
Physicians (DO or MD)	0.83	2.65
Nurses (RN)	7.90	10.69
Dentists	0.42	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.83	1.50

Health Status Indicators

	Wrangell City and Borough	Alaska	U.S.
Self-reported "good" or better health status	75.3%	85.8%	83.1%
Obesity prevalence	39.3%	29.7%	29.5%
High cholesterol prevalence	53.2%	37.9%	38.4%
Hypertension prevalence	50.3%	26.3%	31.4%
Asthma prevalence	19.4%	7.6%	8.9%
Diabetes prevalence	12.1%	7.8%	10.0%
One or more permanent teeth removed	60.4%	42.3%	43.6%
Days of poor mental health in past month	4.7	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	181.0	144.2	167.0
Cancer mortality rate	184.6	172.6	161.2
Heavy drinking prevalence	1.0%	9.1%	5.9%
Binge drinking prevalence	14.0%	20.2%	16.0%
Smoking prevalence	26.9%	20.3%	18.1%
Smokeless tobacco prevalence	1.5%	4.9%	4.2%
Population aged 65+	25.1%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	CHC Facility
Dental Care	CHC Facility
Mental Health	Geographic: whole borough, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Yakutat City and Borough

Population	613	rank	29 of 29
Land Area	7,649 mi^2	rank	14 of 29
Largest community	Yakutat	population	613

Health Care Access Indicators

	Yakutat City and Borough	Alaska	U.S.
Population below poverty level	4.7%	10.1%	15.6%
Population without health insurance	24.1%	19.1%	14.2%
Unable to afford to see a doctor	27.0%	13.6%	13.1%
Received health care in the past year	83.4%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	69.1%	45.8%	68.8%
Pap smear screening within past 3 years	94.6%	77.9%	75.2%
Prenatal care in first trimester	65.0%	73.4%	70.8%
Dental visit in the past year	78.3%	63.8%	65.3%
Optimal water fluoridation	0.0%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	*	23.6%	15.4%

Health Care Resources

Community Health Center Sites	1
Hospitals	0
Community Mental Health Centers	0

Health Care Workforce

Licensed health care providers per 1,000 population	Yakutat City and Borough	Alaska
Physicians (DO or MD)	0.00	2.65
Nurses (RN)	0.00	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	1.58	1.50

Health Status Indicators

	Yakutat City and Borough	Alaska	U.S.
Self-reported "good" or better health status	83.8%	85.8%	83.1%
Obesity prevalence	22.7%	29.7%	29.5%
High cholesterol prevalence	17.4%	37.9%	38.4%
Hypertension prevalence	21.4%	26.3%	31.4%
Asthma prevalence	1.9%	7.6%	8.9%
Diabetes prevalence	4.2%	7.8%	10.0%
One or more permanent teeth removed	78.8%	42.3%	43.6%
Days of poor mental health in past month	3.1	3.1	3.6
Low birth weight rate	*	5.8%	8.0%
Heart disease mortality rate	*	144.2	167.0
Cancer mortality rate	*	172.6	161.2
Heavy drinking prevalence	15.2%	9.1%	5.9%
Binge drinking prevalence	24.6%	20.2%	16.0%
Smoking prevalence	23.8%	20.3%	18.1%
Smokeless tobacco prevalence	10.0%	4.9%	4.2%
Population aged 65+	9.3%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

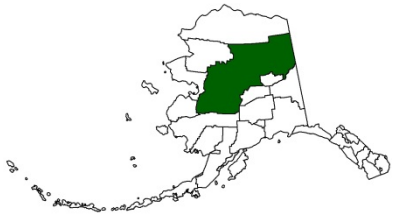
Primary Care	Geographic: whole borough, CHC Facility
Dental Care	Geographic: whole borough, CHC Facility
Mental Health	Geographic: whole borough, CHC Facility

** data not available at this level*

Refer to Data Sources *sheet for full explanations and sources*

Yukon-Koyukuk Census Area

Population 5,493 rank 18 of 29
Land Area 145,493 mi^2 rank 1 of 29
Largest community Fort Yukon population 564



Health Care Access Indicators

	Yukon-Koyukuk Census Area	Alaska	U.S.
Population below poverty level	24.1%	10.1%	15.6%
Population without health insurance	37.5%	19.1%	14.2%
Unable to afford to see a doctor	20.0%	13.6%	13.1%
Received health care in the past year	66.1%	79.8%	87.1%
Sigmoidoscopy or colonoscopy screening within past 5 years	44.8%	45.8%	68.8%
Pap smear screening within past 3 years	77.1%	77.9%	75.2%
Prenatal care in first trimester	62.5%	73.4%	70.8%
Dental visit in the past year	63.8%	63.8%	65.3%
Optimal water fluoridation	23.8%	42.4%	67.1%
Diabetic Medicare enrollees not receiving an HbA1c test	30.8%	23.6%	15.4%

Health Care Resources

Community Health Center Sites	24
Hospitals	0
Community Mental Health Centers	3

Health Care Workforce

Licensed health care providers per 1,000 population	Yukon-Koyukuk Census Area	Alaska
Physicians (DO or MD)	0.37	2.65
Nurses (RN)	1.28	10.69
Dentists	0.00	0.78
Mid-level providers (Physician Assistant or Nurse Practitioner)	0.91	1.50

Health Status Indicators

	Yukon-Koyukuk Census Area	Alaska	U.S.
Self-reported "good" or better health status	77.2%	85.8%	83.1%
Obesity prevalence	29.5%	29.7%	29.5%
High cholesterol prevalence	45.3%	37.9%	38.4%
Hypertension prevalence	32.8%	26.3%	31.4%
Asthma prevalence	6.9%	7.6%	8.9%
Diabetes prevalence	9.0%	7.8%	10.0%
One or more permanent teeth removed	56.7%	42.3%	43.6%
Days of poor mental health in past month	2.5	3.1	3.6
Low birth weight rate	5.1%	5.8%	8.0%
Heart disease mortality rate	181.0	144.2	167.0
Cancer mortality rate	184.6	172.6	161.2
Heavy drinking prevalence	9.3%	9.1%	5.9%
Binge drinking prevalence	24.9%	20.2%	16.0%
Smoking prevalence	39.3%	20.3%	18.1%
Smokeless tobacco prevalence	4.4%	4.9%	4.2%
Population aged 65+	12.2%	8.5%	13.7%

Health Professional Shortage Area (HPSA) Designations

Primary Care	Geographic: whole census area, CHC Facility
Dental Care	Geographic: whole census area, CHC Facility
Mental Health	Geographic: whole census area, CHC Facility

** data not available at this level*
Refer to Data Sources *sheet for full explanations and sources*

Data Sources

Population (2015)
Alaska Department of Labor and Workforce Development, Research and Analysis, Alaska Population Estimates, Alaska Population Estimates by place.
http://laborstats.alaska.gov/pop/popest.htm

Land area (2014)
U.S. Census Gazetteer File.
http://www2.census.gov/geo/docs/maps-data/data/gazetteer/2015_Gazetteer/2015_gaz_counties_02.txt.

Maps (2010)
Borough/census area shapefiles from Alaska Department of Labor and Workforce Development.
http://labor.alaska.gov/research/census/maps.htm#gis

Health Care Access Indicators

Population below poverty level (2010-2014)
Table S1701: Poverty Status in the past 12 months. Population for whom poverty status is determined. U.S. Census Bureau, American Community Survey 5-Year estimates. http://factfinder.census.gov/

Population without health insurance (2010-2014)
Table S2701: Health Insurance Coverage Status. Percent of total civilian population uninsured. U.S. Census Bureau, American Community Survey 5-Year estimates. http://factfinder.census.gov/

Unable to Afford to See a Doctor (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults who could not see a doctor in the past 12 months due to cost. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Received health care in the past year (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percent of population that received health care in the past 12 months. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Sigmoidoscopy or colonoscopy screening with past 5 years (Boroughs 2008-2014; Alaska 2014; U.S. 2012)
Percentage of adults aged 50 and over who have had a sigmoidoscopy or colonoscopy within the past 5 years. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Pap smear within past 3 years (Boroughs 2010-2014; Alaska 2014; U.S. 2012)
Percentage of women aged 21-65 who have had a pap smear screening test within the past 3 years. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Prenatal care in first trimester (Boroughs 2010-2014; Alaska 2009-2013; U.S. 2007)
Percent of infants born to women who received prenatal care in the first trimester. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx; National Center for Health Statistics, http://www.healthindicators.gov/ Indicators/Prenatal-care-first-trimester-percent_1131/Profile/ClassicData.

Dental visit in the past year (Boroughs 2010-2014; Alaska 2014; U.S. 2014)
Percentage of adults with any dental visit within the past year. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Optimal water fluoridation (2014)
Calculated as percent of population in jurisdiction served by water systems with optimal water fluoridation. Centers for Disease Control and Prevention, https://nccd.cdc.gov/DOH_MWF/Default/Water System List.aspx.

Diabetic Medicare enrollees not receiving an HbA1c test (2012)
Percent of diabetic Medicare enrollees aged 65-75 not receiving a hemoglobin A1c test in the past year. Dartmouth Atlas of Health Care.
http://www.healthindicators.gov/Indicators/HbA1c-test-diabetic-Medicare-beneficiaries-percent_29/Profile/ClassicData

Health Status Indicators

Self-reported "good" or better health status (Boroughs/Census Areas 2012-2014; Alaska 2014; U.S. 2014)
Adults reporting that their health status was "good," "very good" or "excellent." Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Obesity prevalence (Boroughs/Census Areas 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults whose body mass index (BMI) is over 30. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

High cholesterol prevalence (Boroughs 2009-2013; Alaska 2014; U.S. 2013)
Percentage of adults who have ever been told their blood cholesterol was high. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Hypertension prevalence (Boroughs 2011-2014; Alaska 2014; U.S. 2013)
Percentage of adults who have ever been told their blood pressure was high. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Asthma prevalence (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults who have been told they currently have asthma. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx

and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Diabetes prevalence (Boroughs 2012-2013; Alaska 2014; U.S. 2014)
Percentage of adults who have ever been told they have diabetes (not including gestational diabetes). Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

One or more permanent teeth removed (Boroughs 2010-2014; Alaska 2014; U.S. 2014)
Percentage of adults who have had any permanent teeth extracted. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Days of poor mental health in past month (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Number of days in the past 30 days that adults reported their mental health (including stress, depression, and problems with emotions) was not good. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Low birth weight (Boroughs 2010-2014; Alaska 2009-2013; U.S. 2013)
Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics. http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx. Centers for Disease Control and Prevention, National Vital Statistics System. http://www.cdc.gov/nchs/births.htm.

Heart disease mortality rate (Boroughs and Alaska 2009-2013; U.S. 2014)
Boroughs: crude rate per 100,000 population; Alaska and U.S.: age adjusted rate per 100,000 population. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx; National Center for Health Statistics http://www.cdc.gov/nchs/data/databriefs/db229.pdf.

Cancer mortality rate (Boroughs and Alaska 2009-2013; U.S. 2014)
Boroughs: crude rate per 100,000 population; Alaska and U.S.: age adjusted rate per 100,000 population. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx; National Center for Health Statistics, http://www.cdc.gov/nchs/data/databriefs/db229.pdf.

Heavy drinking (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults who report heavy drinking, defined as having more than two drinks per day (men) or more than one drink per day (women). Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx and Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Binge drinking (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults who report binge drinking in the past 30 days, defined as having 5 or more drinks on one occasion (men) or 4 or more drinks on one occasion (women). Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx; Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Smoking prevalence (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults who are current smokers. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx; Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Smokeless tobacco prevalence (Boroughs 2012-2014; Alaska 2014; U.S. 2014)
Percentage of adults who currently use chewing tobacco, snuff, or snus every day or most days. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx; Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/index.html.

Elderly population (2010-2014)
Table S0101: Age and Sex. U.S. Census Bureau, American Community Survey 5-Year estimates. http://factfinder.census.gov/

Health Care Resources

Community Health Centers (2016)
Health Resources and Services Administration Data Warehouse and Alaska Department of Health and Social Services, Section of Health Planning and Systems Development. http://dhss.alaska.gov/dph/HealthPlanning/Pages/SafetyNetDirectory.aspx

Hospitals (2016)
Alaska Department of Health and Social Services, Division of Health Care Services, Licensing and Certification Unit. http://dhss.alaska.gov/dhcs/Pages/hflc/default.aspx

Community Mental Health Centers (2016)
Alaska Department of Health and Social Services, Statewide Suicide Prevention Council. http://dhss.alaska.gov/SuicidePrevention/Pages/Resources/mhcenters.aspx

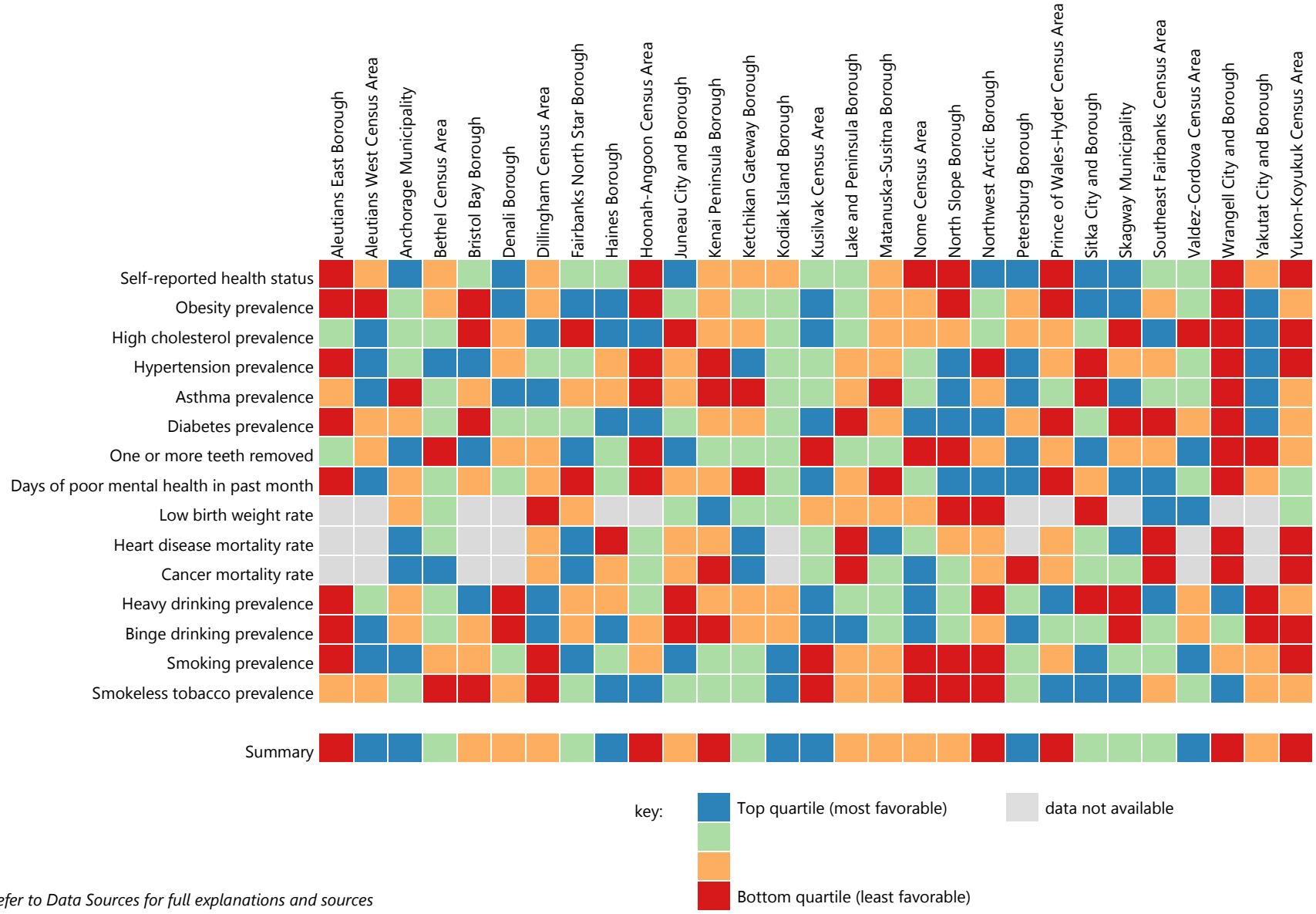
Health Care Workforce

Licensed health care providers per 1,000 population (2015)
Includes physicians (DOs and MDs), nurses (RN), dentists (DDS and DMD), and mid-level practitioners (PA and NP) with current full licenses and Alaska addresses. Department of Commerce, Community, and Economic Development, Corporations, Business, and Professional Licensing. https://www.commerce.alaska.gov/CBP/Main/SearchInfo.aspx. Calculated with population from Alaska Department of Labor and Workforce Development.

Health Professional Shortage Area Designations

Health Professional Shortage Area Designations (2016)
Health Resources and Services Administration. http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

Health Status Indicator Matrix



Refer to Data Sources for full explanations and sources

About the data grids:

The health access data grid and health status data grid provide a high level visualization of borough and census area indicator data. Data for each indicator were grouped into four quartiles (using Excel's QUARTILE.EXC function, or N+1 basis). The colors shown on the matrix represent ordered rankings and do not imply significant difference. Summary quartiles are averages of all indicator quartiles.

Health Status Data Sources

Self-reported "good" or better health status (2012-2014) Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Obesity prevalence (2012-2014) Percentage of adults whose body mass index (BMI) is over 30. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

High cholesterol prevalence (2009-2013) Percentage of adults who have ever been told their blood cholesterol was high. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Hypertension prevalence (2011-2014) Percentage of adults who have ever been told their blood pressure was high. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Asthma prevalence (2012-2014) Percentage of adults who have been told they currently have asthma. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Diabetes prevalence (2012-2013) Percentage of adults who have ever been told they have diabetes (not including gestational diabetes). Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

One or more permanent teeth removed (2010-2014) Percentage of adults who have had any permanent teeth extracted. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Days of poor mental health in past month (2012-2014) Number of days in the past 30 days that adults reported their mental health (including stress, depression, and problems with emotions) was not good. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Low birth weight (2010-2014) Percentage of infants weighing less than 2,500 grams (5 pounds, 8 ounces) at birth. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx.

Heart disease mortality rate (2009-2013) Crude rate per 100,000 population. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx.

Cancer mortality rate (2009-2013) Crude rate per 100,000 population. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx.

Heavy drinking (2012-2014) Percentage of adults who report heavy drinking, defined as having more than two drinks per day (men) or more than one drink per day (women). Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Binge drinking (2012-2014) Percentage of adults who report binge drinking in the past 30 days, defined as having 5 or more drinks on one occasion (men) or 4 or more drinks on one occasion (women). Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

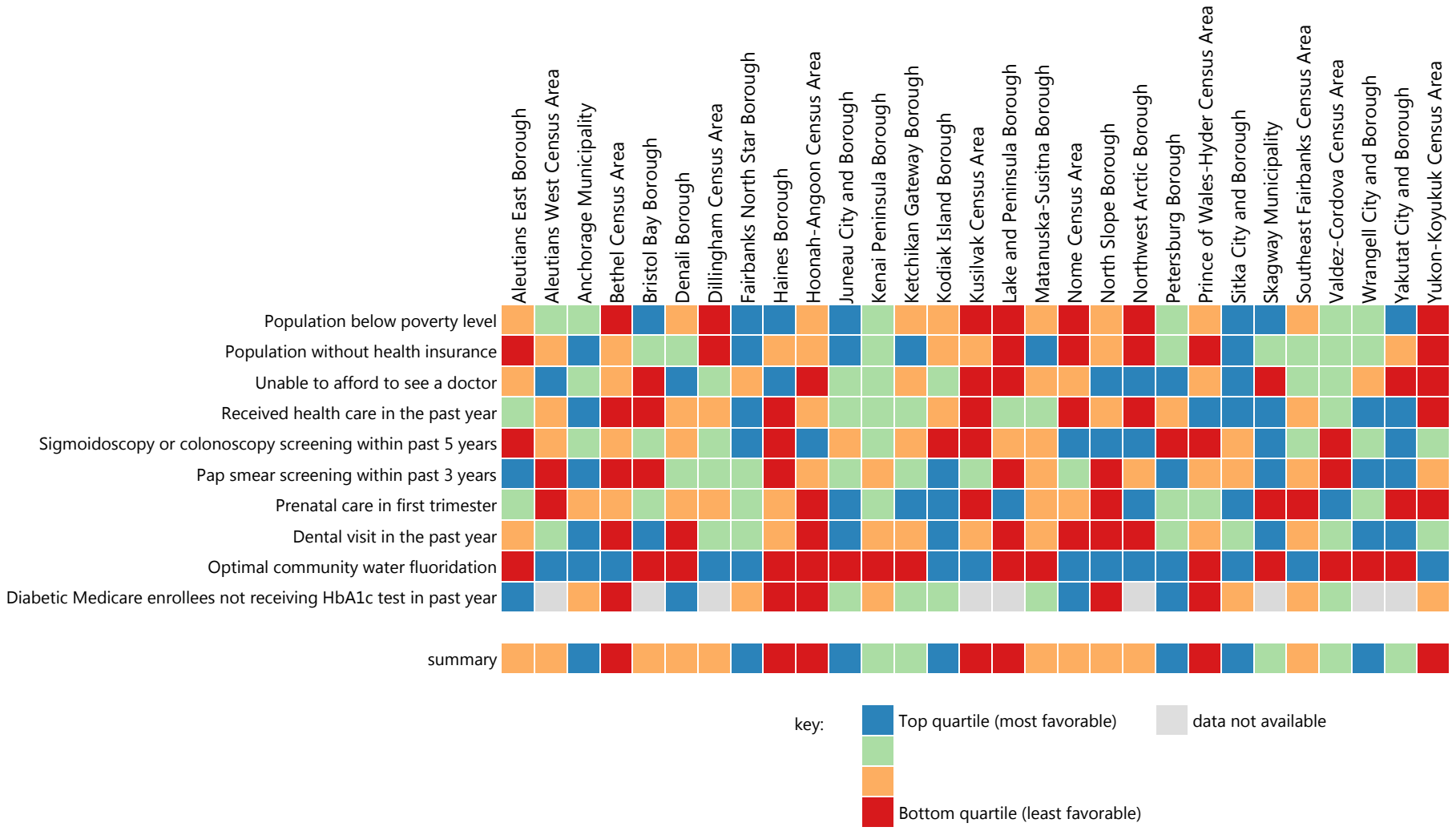
Smoking prevalence (2012-2014) Percentage of adults who are current smokers. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Smokeless tobacco prevalence (2012-2014) Percentage of adults who currently use chewing tobacco, snuff, or snus every day or most days. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

This presentation is based on a format from the Maryland Primary Care Office. (http://phpa.dhmh.maryland.gov/IDEHASharedDocuments/PCO_Needs_Assessment_11_16_11.pdf).

Color schemes from Colorbrewer 2.0 (colorbrewer2.org).

Health Access Indicator Matrix



Refer to Data Sources for full explanations and sources

About the data grids:

The health access data grid and health status data grid provide a high level visualization of borough and census area indicator data. Data for each indicator were grouped into four quartiles (using Excel's QUARTILE.EXC function, or N+1 basis). The colors shown on the matrix represent ordered rankings and do not imply significant difference. Summary quartiles are averages of all indicator quartiles.

Health Access Data Sources

Population below poverty level (2010-2014) Table S1701: Poverty Status in the past 12 months. Population for whom poverty status is determined. U.S. Census Bureau, American Community Survey 5-Year estimates. http://factfinder.census.gov/.

Population without health insurance (2010-2014) Table S2701: Health Insurance Coverage Status. Percent of total civilian population uninsured. U.S. Census Bureau, American Community Survey 5-Year estimates. http://factfinder.census.gov/.

Unable to Afford to See a Doctor (2012-2014) Percentage of adults who could not see a doctor in the past 12 months due to cost. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Received health care in the past year (2012-2014) Percent of population that received health care in the past 12 months. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Sigmoidoscopy or colonoscopy screening with past 5 years (2008-2014) Percentage of adults aged 50 and over who have had a sigmoidoscopy or colonoscopy within the past 5 years. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska. gov/dph/Chronic/Pages/brfss/default.aspx.

Pap smear within past 3 years (2010-2014) Percentage of women aged 21-65 who have had a pap smear screening test within the past 3 years. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss.alaska.gov/dph/ Chronic/Pages/brfss/default.aspx.

Prenatal care in first trimester (2010-2014) Percent of infants born to women who received prenatal care in the first trimester. Alaska Department of Health and Social Services, Division of Public Health, Bureau of Vital Statistics, http://dhss.alaska. gov/dph/VitalStats/Pages/data/default.aspx.

Dental visit in the past year (2010-2014) Percentage of adults with any dental visit within the past year. Behavioral Risk Factor Surveillance Survey (BRFSS). Alaska Department of Health and Social Services, Division of Public Health, http://dhss. alaska.gov/dph/Chronic/Pages/brfss/default.aspx.

Optimal water fluoridation (2015) Calculated as percent of population in jurisdiction with access to optimal water fluoridation. Centers for Disease Control and Prevention, https://nccd.cdc.gov/ DOH_MWF/Default/WaterSystemList.aspx.

Diabetic Medicare enrollees not receiving an HbA1c test (2012) Percent of diabetic Medicare enrollees aged 65-75 not receiving a hemoglobin A1c test in the past year. Dartmouth Atlas of Health Care. http://www.healthindicators.gov/Indicators/HbA1c-test-diabetic-Medicare-beneficiaries-percent_29/Profile/ClassicData.

This presentation is based on a format from the Maryland Primary Care Office (http://phpa.dhmh.maryland.gov/IDEHASharedDoc uments/ PCO_Needs_Assessment_11_16_11.pdf).

Color schemes from Colorbrewer 2.0 (colorbrewer2.org).

PART III:
Key Informant Interviews

Previous page:

A tag cloud or "Wordle" is a visual representation of text. We utilized the "Wordle" to highlight common themes that arose in the key informant interviews.

This Wordle represents the top 250 words (excluding common words such as *the)* found in the notes from the key informant interviews. The relative size of words increases with the frequency of the word use, e.g. "patients" was the most frequently-used word in the notes, followed by "clinic," "care," etc.

This Wordle was generated at www.wordle.net.

PART III:
Key Informant Interviews

The Alaska Primary Care Office (PCO) is required by its federal funding agency, Health Resources Services Administration (HRSA), to conduct a statewide primary care needs assessment every five years. The Alaska PCO convened an advisory workgroup comprising representatives from key stakeholder organizations to inform the needs assessment. Workgroup membership reflected the complexity and diversity of the Alaska healthcare system and included representatives from the private sector, state government, Section 330 community health centers, and the Alaska State Hospital and Nursing Home Association. The workgroup convened in mid-January 2015 to advise the Alaska PCO on the structure and format of the needs assessment.

As the workgroup discussed the various aspects of primary care that needed to be represented in this needs assessment, it became clear that some data were best collected through one-on-one structured key informant interviews. The Alaska Primary Care Association (APCA) volunteered to assist in administering this component of the needs assessment and, working under a memorandum of agreement with the Alaska PCO, recruited key informants, arranged and conducted interviews, and provided the Alaska PCO with detailed summary notes of the interviews.

This report serves to summarize the 35 key informant interviews and reflects common themes and observations of these key stakeholders who practice or assist in the administration of primary care delivery across Alaska.

Methodology

The APCA executive director sent e-mail invitations to 88 potential key informants representing a range of practice types and locations. Forty-six of those invited initially responded positively; ultimately 35 interviews were completed. Reasons prospective interviewees declined the invitation included the length of the interview, scheduling conflicts, or changing their minds about participating. The Alaska PCOE retains each consent to participate.

Informants were selected to represent the diverse healthcare system in Alaska. The advisory workgroup, led by the Alaska PCO, developed an ideal, representative profile of the key informant panel, which resulted in a list of desired characteristics:

- A variety of practice types, including:

  - Community Health Center (CHC)- tribal
  - Community Health Center non tribal
  - Tribal provider (non-CHC)
  - For-profit, private practice
  - Non-profit private practice
- A variety of Alaska geographic regions
- A variety of provider types, including:
  - Mid-level providers (physician assistant and nurse practitioner)
  - Physicians
  - Tribal health provider types (community health aides, behavioral health aides, dental health aides)
  - Dentists integrated into primary care
  - Behavioral health providers integrated into primary care
  - Executive directors or chief operating officers, village health directors.

Interviews were conducted between March and June 2015. Interviews were conducted by three University of Alaska graduate students who were trained to administer the interview using a script with structured but open-ended questions and optional probing questions to prompt thoughtful responses on a number of topics related to the provision of primary care. Once the executive director of the APCA received an affirmative answer from a prospective interviewee, the contact information was sent to one of the interviewers for scheduling and administration of the interview. All interviews were performed telephonically, at the convenience of the respondent (many interviews were done after regular business hours to better accommodate schedules of providers). The interviewers explained to the key informants that their names would be credited for their participation in the needs assessment, but that their comments would not be associated with them personally, and results would only be reported in the aggregate. Interviews were not recorded, but detailed notes were taken for each interview.

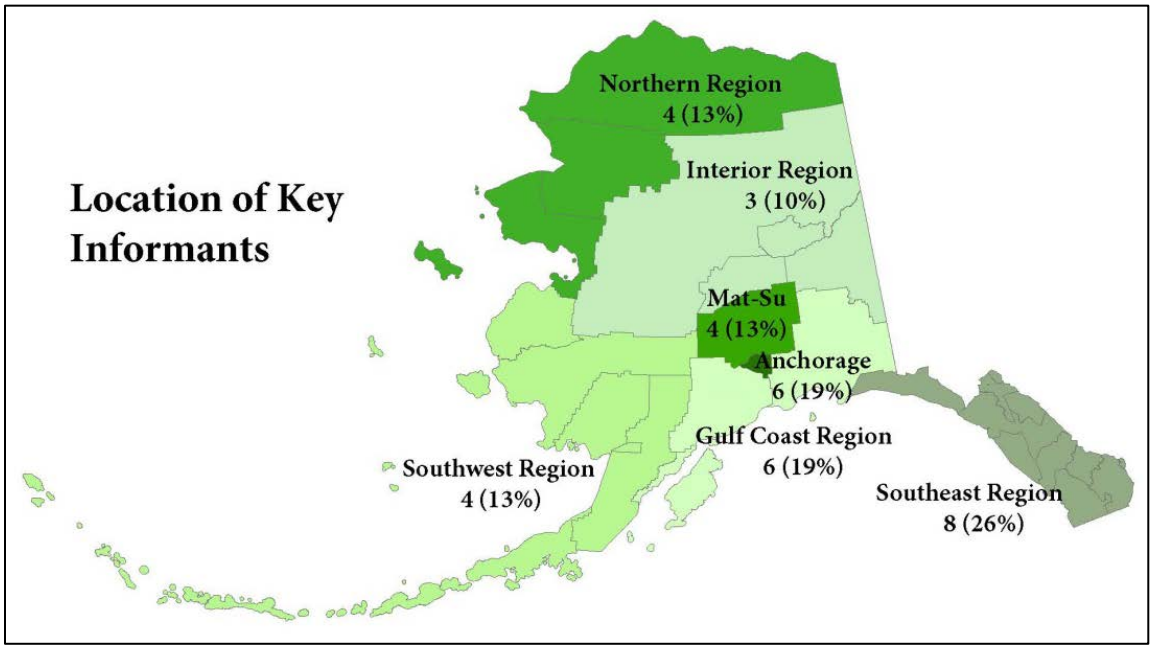
Two staff from the Alaska PCO reviewed and coded all 35 detailed notes individually and then met to discuss the themes that emerged from the interviews. Rural, as it is used in this analysis, refers to areas of Alaska outside Anchorage, Wasilla, Juneau, or Fairbanks.

The 35 informants who were interviewed represented the complexities of the Alaska healthcare system:

- 8 of the 35 (23%) key informants were administrators
- 28 (80%) were providers:
  - 4 behavioral health providers
  - 4 oral health professionals
  - 1 pharmacist
  - 19 primary care medical providers
- 22 practices (63%) were rural
- 27 of the 35 (77 %) practices were non-profit
- 21 of the 35 (60%) were Community Health Centers
- 13 of the 35 (37%) were part of the Tribal Health System

- 7 of 35 (20%) were non-tribal Community Health Centers
- All seven public health regions of the state were represented.

Figure 1. Map: Location of Key Informants by Public Health Region



Findings

A review of the detailed notes taken for each of the 35 interviews resulted in identification of several themes. Findings are presented organized here by thematic area. The open-ended questions and probing follow-up questions resulted in mentions of topics and themes both in response to specific questions and spontaneously while discussing broader topics. Therefore, summaries are presented here by theme rather than by question.

Financial Barriers to Care

Overall, the financial side of providing and accessing primary care was the biggest barrier to accessing care mentioned by informants from all types of practices (CHC, for-profit, tribal). A physician at a for-profit urban practice noted that some patients "struggle with the financial burden of receiving medical care even in cases where the co-pay is $5." Comments from key informants highlight the limitations of the safety net.

Uninsured patients particularly were mentioned as having barriers to accessing care. Said one CHC provider, "uninsured patients are eligible for a sliding-scale fee or a payment plan, but there are restrictions on which services are covered under these financial accommodations -- no specialty care, dental work, or pharmaceuticals." A dentist from a CHC noted, "cost of care is a barrier to accessing care and certainly limits access to quality care. Patients have to compromise between the care they receive versus what they need. For example, if a patient cannot afford a root canal,

> "[Patients] struggle with the financial burden of receiving medical care even in cases where the co-pay is $5."

the affected tooth is pulled out." Another provider relayed a story, "another clinic had to turn away a child with a fracture because there was no insurance, no ability to pay."

More specifically, four respondents acknowledged fear, mistrust, and apprehension about high medical bills as a barrier to seeking and accessing care among both insured and uninsured patients. Although CHCs by definition have sliding fee scales, all four respondents were working within CHCs. Said one provider, "Patients are scared to go to the clinic because they do not know what the medical bill will be." From another, "There is no trust in the health care system; people don't want to get medical attention if they're going to be billed astronomical prices for their care."

The fact that costs are not known up front may contribute to the fears of high costs. The unknown nature of medical billing, both in terms of what prices are charged and what is covered (if one has coverage) was also mentioned. An interviewee from a for-profit clinic gave this example: "some labs end up not being covered, and the patient does not know this until after the services have been rendered." One provider at a CHC suggested that transparent pricing, such as a pricing sheet, would help both providers and patients understand potential cost, stating, "we get questions like, 'what is this going to cost me' and we don't have the answer."

Two physicians, both in urban areas, also mentioned that a subset of patients seeks care in hospital emergency departments due to difficulties accessing care.

"People with no insurance--it is extremely difficult to get specialty care for those people."

Specialty Care and Referrals

When specialty care is needed, primary care providers make referrals to specialists. However, as one respondent explained, "Specialty care or referrals are complicated by the type of insurance patients hold." Key informants described multiple systems of care and coverage and how they would be applicable to different patients, including Veterans Administration, tribal, Medicaid, Medicare, private insurance, sliding fee scale, and donated care for the uninsured.

Reinforcing the theme that access to specialty care, including the need for travel, is dependent on the type of coverage a patient has, a health care provider at a rural CHC observed, "Tribally affiliated people, people with insurance, and vets… there is a system in place for those people. Medicare and Medicaid, we are able to get most of their needs met. People with no insurance--it is extremely difficult to get specialty care for those people." Another provider summarized, "people who don't have resources just don't get specialty care."

"People who don't have resources just don't get specialty care."

In some rural areas of the state tribal organizations, as the only health care available, provide care to non-beneficiaries. Commenting on the challenges of coordinating care for non-tribal patients, a provider at a rural tribal facility noted, "One statewide issue that needs more attention is improving the care system for non-IHS beneficiaries in

rural areas. There is no care coordination for these patients in terms of assistance with making appointments, referrals, etc. If these patients have insurance, there is no consideration for rural issues such as lodging and travel arrangements when traveling for medical care. Patients fall through the safety net."

> "The referral process can be improved if there are dedicated and capable patient case managers who can assist with referral."

Another noted, "Fostering collaborations with specialists is difficult because providers cannot make formal referrals since patients cannot afford specialty care." Five respondents, health providers at both for-profit and CHCs, commented on a perceived lack of available providers accepting Medicaid patients, particularly for specialty care, which complicated referrals.

Safety-net programs for uninsured patients, such as Anchorage Project Access and the Bridge program were mentioned by some interviewees as meeting some needs, but one said, "There's not enough donated specialty care," and another mentioned difficulties qualifying for these programs from outside of Anchorage.

Two primary care physicians at non-tribal facilities (one for-profit, one CHC) commented on challenges surrounding the coordination and record keeping of referrals, with one stating, "Not receiving reports from specialists is a problem." Another provider at a for-profit clinic in a non-rural area noted that records were shared between practices when needed.

Informants were asked about staffing requirements for managing referrals and follow up. Positions mentioned most frequently included nurse case managers, referral specialists or coordinators. In some cases, a medical assistant or scheduler was noted as filling in the role. Said one administrator, "the referral process can be improved if there are dedicated and capable patient case managers who can assist with referrals."

Care Coordination/Case Management

A majority of the respondents indicated that care coordination and case management are valuable services in a practice. A review of the interviews shows that twenty-five respondents noted that care/case management is either already provided by their facility or it would be very valuable to the facility. Six respondents indicated that care coordination/case management is needed, helpful and supportive of increased quality. One respondent, a physician assistant stated that, "A case manager really helps out with following up care for our patients," and, "In our grant, I specifically asked for a case manager, the case manager helps with all the details of patient follow-up care, making sure that all the equipment is running right for the patients. Case managers are essential in this field." This value is reinforced in the feedback from a majority of the other respondents as well. Of the 24 respondents who answered the question, "What would your ideal care team look like?" half of them stated that their ideal team would include one or more care/case managers.

> "Case managers are essential in this field."

A common challenge in providing care coordination/case management is that it is often not reimbursed by payers. Two key informant respondents reflected this issue stating that lack of reimbursement is an obstacle to providing case management in their facilities. However, in spite of this issue, over a third of the total respondents (13) reported that their facility does have case/care managers on staff. Respondents reported that care coordinators/case managers provide support in addressing a number of care issues. They assist with arranging travel, facilitating referrals to care, relaying information to the care team, and coordinating with payers on eligibility and reimbursement.

Behavioral health coverage

Four physician respondents made note of the Medicaid and Medicare requirement of psychiatrist oversight of behavioral health treatment and identified it as a barrier to treatment among populations who might otherwise benefit from a masters-level clinician. As a physician in Anchorage noted, "The accessibility of care for patients with behavioral health issues is problematic for those covered by Medicaid." Another remarked, "Behavioral health services are provided at the clinic, but cannot take on Medicaid or Medicare patients because a psychiatrist would have to be hired to oversee the care in order to receive reimbursements."

> "Behavioral health services are provided at the clinic, but cannot take on Medicaid or Medicare patients because a psychiatrist would have to be hired to oversee the care in order to receive reimbursements."

Nine of the respondents identified access to behavioral health care as an issue, either due to limitations related to funding or wait lists caused by limits in the number of available treatment providers. Two respondents noted that there is a wait time of up three to four weeks for a behavioral health appointment while one rural respondent stated that, "If patients needs evaluation from a psychiatrist, the appointment time is up to one month." One physician noted that, with regard to behavioral health services, "We have a hard time finding services for our patients. We just don't have it. There just doesn't seem to be enough capacity in our community." Another respondent, a dentist, reflected that, "Thirty-five to 40 percent of patients are either diagnosed or undiagnosed with mental health and/or substance issues." He further noted that, "Prevention and treatment of these behavioral issues would have a positive impact on oral health."

Substance abuse was a specific issue identified by seven of the respondents, with one physician assistant commenting that, "A lot of time mental health is tied to substance abuse. There is not treatment out here, and the bed wait list is a long time." He also noted that, with regard to available treatment, "There is a big huge gap within the valley." When asked about the value of a standardized screening tool for providers, two respondents stated that it would be beneficial if such a screening tool would specifically help identify substance abuse issues.

> "I would like a comprehensive approach to medical and behavioral health care."

Four primary care providers responded that their ideal care team would include one or more behavioral health specialists. One

behavioral health provider responded that an ideal care team would increase the staff available in order to provide more treatment services. One practice administrator stated, "I would like a comprehensive approach to medical and behavioral health care," including, "other allied health people."

Travel and Transportation

In discussing challenges to providing care or helping patients to access care, one of the most common issues identified by respondents relates to travel and transportation to services. When addressing the issue of travel, respondents were most often referring to travel over significant distance, often by boat or airplane, in order to access services located in a different region from where the patient resides. Transportation was most often used in reference to the ability to get back and forth to the primary care clinic site from more locally accessible distances, or from an area that is connected by a road system. Twenty-five of the total respondents identify travel and transportation as a challenge in providing care. This was attributed to many things including, patients' willingness to travel, weather conditions, and the prohibitive costs involved.

> "Transportation is a huge problem for patients who need specialty care. The community health center is 800 miles from Anchorage, and round-trip tickets cost about $1,000."

The need to travel in order to access specialty care was a common concern expressed by respondents. One physician stated, "Coordinating travel to Anchorage to see a specialist is a barrier to accessing specialty care." Another physician stated, "Travel is the biggest issue" in accessing care. A respondent from a rural part of the state noted that, "Transportation is a huge problem for patients who need specialty care. The community health center is 800 miles from Anchorage, and round-trip tickets cost about $1,000. Patients grapple with the financial burden of paying for transportation arrangements." Fourteen respondents identified that cost related to travel and transportation is an obstacle in accessing or providing care, particularly specialty care. A provider with a tribal health care system in the Northern Region of the state stated, "Travel is a barrier to accessing specialty care. Funding and arranging travel are difficult."

Additionally, the need for health care practitioners to travel was identified as a factor in providing care. Six respondents discussed provider travel as a routine aspect of care delivery in the health care system. These respondents noted that providers within their organization routinely have to travel out to remote sites to provide care. Of these six respondents, three noted that dental care is a service that involved provider travel in order to serve more rural communities. Physician travel was associated with burnout by two respondents. One program manager noted, "Current physicians are overburdened and required to travel extensively."

> A range of responses on EHR usability:
>
> "cumbersome"
>
> "horrible"
>
> "frustrating"
>
> "tremendously satisfied"
>
> "better for patient care and efficiency"
>
> "Oh my gosh, yes"

Electronic Health Records

Feedback regarding satisfaction with the use of electronic health records (EHR) in practices was varied across the respondent group. Ten respondents indicated mixed feelings about their value. Statements included feedback like, the EHR "is a useful tool but still has a ways to go," or the EHR is useful but the respondent is "not fond of it" and three respondents indicated that while their EHR is useful, it slows down the work process. Five respondents referred to their EHR as "cumbersome" and nine indicated that they are not satisfied with their EHR. One physician stated that, "The EHR is horrible and not physician-minded." Electronic health records were referred to as "frustrating" by four respondents.

On the other hand, nine respondents expressed satisfaction with their EHR and indicated that it has been very helpful with things like coordinating care and ease of data entry and extraction. One respondent stated that their clinic is "tremendously satisfied" with their EHR, another stated "oh my gosh yes" that their EHR is useful. A practice administrator stated that the EHR "has been better for patient care and efficiency."

Billing & reimbursement

Expectations surrounding the ability to bill and receive compensation for services was mentioned throughout interviews in the context of both providing clinical care and conducting practice management activities. When asked about use of telehealth and telemedicine, six respondents named billing and reimbursement as main challenges (five from for-profit practices and one from a CHC). Comments reflected confusion about whether such services were billable, and by whom. One CHC administrator said, "Only the provider who was seeing the person could get paid. We take the time to set up and put the people in there and we don't get compensated."

One provider, on the topic of EHR, recommended, "Optimizing EHR use by acknowledging the time demands required and getting paid for that time." Additionally, in response to the question about the possible implementation of a behavioral health screening tool, a provider expressed interest "with the condition of being incentivized…there has to be compensation for the work or service being provided."

Frustration with the level of reimbursement for specific services was described by another provider: "I can monitor a patient's heart, put them on monitors, have them walk on the treadmill for a half an hour and monitor their heart rate and blood pressure, document all the information and I only got paid $19 for that work."

> "The situation has improved over the years, but Medicaid reimbursement is still slow and requires quite a bit of follow-up."

Working with Medicaid

Eleven interviewees noted concerns specific to Medicaid reimbursement. Chief among these were delays in payments affecting practice financial stability. While one respondent attributed delayed Medicaid payments to layoffs at the practice, two other respondents remarked that payment delays had improved over time, with one adding, "The situation has improved over the years, but Medicaid reimbursement is still slow and requires quite a bit of follow-up and back billing... as a result, there is delay in cash." Three other key informants said their clinics' size or financial reserves enabled them to "weather" payment delays, noting this might not be the case in smaller clinics. Said one provider, "Medicaid creates a lot frustration. There are long delays in receiving payment, six to eight months. Fortunately, the clinic has had enough money in reserve to survive those long periods of no payment."

Difficulties and delays in authorization were also mentioned. A pharmacist noted, "There are issues with not knowing which drugs Medicaid will ultimately cover. The pharmacy ends up providing a patient with the medication and waits to receive reimbursement or not."

Two respondents remarked on the Medicaid billing processes specifically. One provider said, "The system is inefficient and creates a lot of reimbursement problems. There are significant lag periods as a Medicaid enrollee progresses through the three-tier system, creating opportunities for duplication of records." Another noted, "In regards to Medicaid, the technology is behind other insurance carriers and needs to meet industry standards."

"In regards to Medicaid, the technology is behind other insurance carriers and needs to meet industry standards."

Alternate payment structures

Two physician respondents mentioned alternative payment structures in the context of billing and reimbursement. A physician at a rural CHC said, "Value-based reimbursement should be more important that volume-based reimbursement." A physician at a for-profit clinic in an urban area characterized per-member per-month financing as a "good system to implement."

While there was some recognition of the benefits of the integration of primary care and behavioral health, implementation remains problematic in terms of reimbursement. Noted one interviewee: "behavioral health services are not properly compensated within an integrated model specifically with Medicare and Medicaid."

Challenges of doing business in rural/island locations

Four informants from rural, non-tribal practices commented on the practical challenges of providing care in rural areas. One provider said, "It's a challenge of keeping supplies on hand. In some rural areas, there is no place to get essential supplies," further elaborating with the example, "Oxygen is a huge problem getting in rural areas; in a lot of places there isn't an oxygen vender which makes it really hard to get oxygen to a patient." Another provider noted difficulties with durable medical equipment (DME) for patients, stating, "On this island we can't get crutches; nobody can afford the DME license…we have to rely on good will and donations. I have to wait two weeks to get a set of crutches or a boot."

Another rural provider said, "The pharmacy has to rely on floatplanes to fly the medications into the island. If the pharmacy runs out of medications, there are no other pharmacies on the island from which to acquire supplies. Then patients have no access to the medicines." Not only are the mechanics of providing care more difficult in rural areas, but they were noted to be more expensive as well. As a physician in a rural practice summed it up, "Rural health is expensive."

Administrative burden

The administrative processes surrounding coding, billing, authorization, and reimbursement for services were mentioned throughout the interviews, and in responses to questions ranging from primary care access, to telehealth, to staffing. "Administrative burden" was a frequently-mentioned key word, with eight respondents using the phrase to describe the payment process. Key informants from for-profit organizations (five of nine) were more likely to mention administrative burden than those employed by tribal organizations (two of 13).

Several respondents linked administrative burden to the cost of care overall, due to the cost of staff needed to manage billing and authorizations. One physician in a for-profit urban practice said, "Practices need to dedicate staff members just to deal with billing because of the complicated process, contributing to rising health care costs. Patients are paying for that administrative component. In order to manage the administrative requirements, a practice has to hire more staff, which increases the cost of providing care."

Four respondents remarked that a decrease in administrative burden would increase their time with patients. One rural CHC administrator said, "More and more time is taken from the clinic people for administrative work, which takes from people. If we didn't have to pay people for billing, grant work, and administrative work, we would be able to focus more on treating people."

Understanding the cost of care

The concept of educating patients on the cost of care was mentioned specifically by six interviewees, all non-tribal facilities. These mentions of patient education varied from reasons for the high cost of care, payment options, payment responsibilities, and signing up for assistance programs (Medicaid, Medicare, or sliding fee scale). One provider mentioned, "Patient education on billing is needed, but providers do not have time to teach patients. These services have to be billable."

> "If we didn't have to pay people for billing, grant work, and administrative work, we would be able to focus more on treating people."

Personnel

Questions related to clinic staffing yielded a wide variety of perspectives on issues including recruitment, retention, and salary.

Seven respondents characterized retention of staff as a challenge with excessively high turnover, while 14 characterized turnover as stable or as expected. Another seven respondents gave a mixed answer, depending on the type of position, or mentioned sometime problems that had improved over time. Respondents in rural areas (defined here as outside Anchorage, Wasilla, Juneau, or Fairbanks) were more likely to characterize retention as problematic or a mix (12) than those in non-rural areas (two). Nine rural respondents and five non-rural respondents described turnover rates as stable.

One respondent, describing staff turnover as a significant problem, gave the example that 20 different people cycled through three front desk positions in a three-year time period. On the other hand, one respondent mentioned longevity of providers' tenure at the clinic as an aspect of the clinic he was proud of, noting, "Patients can develop a relation with their providers due to the consistency of seeing the same person."

As to reasons for high turnover rates, burnout was mentioned specifically by five healthcare providers. One rural provider posited that the politics of working in a small community was "the number one reason physicians leave."

Salary was mentioned by five clinicians and two administrators, and another mentioned the high cost of living in rural Alaska a challenge related to the ability to retain providers.

Geographic isolation of work sites was identified by five respondents as a challenge in recruiting providers. One respondent noted that recruiting is challenging for their organization due to isolation and also the high demand that results from being the only health provider practicing in a geographic area.

Aspects of rural practice were mentioned by physicians practicing outside of Anchorage, as one described practice as "full spectrum."

SHARP loan repayment (Alaska's state and federally-funded loan repayment program) was mentioned by 11 respondents as helping with recruitment and retention with comments including, "very helpful," "amazing," "useful for recruiting," and "worked out very well."

> "How stressful it is to providers that they can't provide care to patients because of funding. It's different when a patient doesn't want to make a good choice, but when a patient does, and you can't provide the services for them, it's really hard. I'm really tired of fighting against funding issues."

Key informants were asked about their own plans for staying in their current positions. When asked where they saw themselves in five years in relation to their current practice, 20 of 35 respondents indicated they were likely to stay in their current job, nine said they were not likely to stay, four mentioned retirement or partial retirement, and two were not sure.

One provider, describing her plans to leave her current job and relocate to work for a tribal organization, noted, "some of the appeal is there is a system of care for specialty and continued care. How stressful it is to providers that they can't provide care

to patients because of funding. It's different when a patient doesn't want to make a good choice, but when a patient does, and you can't provide the services for them, it's really hard. I'm really tired of fighting against funding issues, and providing ongoing care. Alaska doesn't have enough specialty care providers, we need more. We're the safety net and we don't have enough providers for patients so we are not taking more patients."

"

Telehealth also reduces the professional isolation that is experienced when practicing in less populated areas [allowing providers] to interact with other providers during consultations.

"

Administrative personnel were more likely to report plans to stay in their current positions (seven of eight) versus medical providers (eight of 17). Those working in tribal facilities were less likely (six of 13) to report plans to stay in their current positions than those in non-tribal practices (14 of 22).

Telehealth

The majority of the interviewees reflected a basic understanding of telehealth/telemedicine with some indicating more extensive use of the practice within their systems than others. The two types of equipment most often identified as being used in their facilities included telephones (10 respondents) and video teleconferencing (12 respondents). Eight respondents identified tele-behavioral health as a key service offered via telehealth in their practice sites. Other services included e-ICU and tele-radiology (two respondents) and tele-pharmacy (one respondent).

The challenges identified with using telehealth varied with issues around reimbursement for telehealth services and technical issues being noted most often. Problems related to connectivity and bandwidth were specifically identified by ten respondents with only one out of the 35 respondents, noting that connectivity issues are "rare." Four respondents noted that reimbursement and payment are challenges in providing services via telehealth. Another challenge mentioned with regard to using telehealth related to patient trust, with three interviewees noting that patients do not want to talk to "someone on a screen."

The ability to consult with other providers was identified as a significant benefit of telehealth with one physician respondent stating that telehealth is "most important for connecting providers together." Another respondent stated, "Telehealth also reduces the professional isolation that is experienced when practicing in less populated areas [allowing providers] to interact with other providers during consultations." Additionally, two respondents, a dentist and a behavioral health clinician, reported that telehealth is also used to conduct staff meetings, particularly when weather prevents travel to clinic sites. Six respondents total reported that telehealth is routinely used for consultation, particularly for specialty care.

Some key informants indicated that there is limited need or value in using telehealth. Three respondents, two from nontribal community health centers and one from a private practice setting, stated that their practices do not use telehealth at all and one additional respondent, who works in a private practice in an urban area, noted that they do not use telehealth for primary care because there is no need, as all of the clinic's patients live in the same

geographic area as the clinic, or can travel to the clinic for care. One dentist stated, "There is no replacement for being able to see patients live and conducting a visual inspection." One physician respondent stated that, "Mobile carts are not useful and [are] costly. Money is wasted on equipment and not invested in recruiting physicians."

On the other hand, three respondents, a physician in an urban private practice setting, and dentist and a behavioral health clinician practicing in rural/frontier areas, indicated that telehealth has been very beneficial to practice with one stating that "telehealth is used every single day and the clinic cannot function without it" and another indicating that it allows for care to be provided for "people who would not otherwise have access."

Language

When asked about whether language presents a challenge to providing care to patients, four respondents stated that language does present a barrier. Two of those respondents indicated that it is a substantial challenge stating, "There is a language barrier even with the use of the LanguageLine," [telephone translation service] and, "The primary challenge (in providing care) is dealing with the language barrier." Three respondents noted that language barriers are a minor problem while five respondents stated that language is not a problem.

No-shows

Five respondents indicated that no-shows are a significant challenge in managing patient care. These respondents included medical, dental and behavioral health clinicians. One behavioral health clinician noted that this presents an access barrier with regard to available appointment times. "There is an issue with the availability of appointments due to the high volume of no-shows. About thirty percent of appointments are no-shows and the reason is unknown." A dental provider reported, "The biggest challenge of (their health care facility) is the prevalent no-shows and lack of follow-up."

Trust and Relationships

Five respondents discussed the importance of establishing trust and facilitating relationships with patients and communities in providing health care in rural Alaska. The issue of trust and respect came up in relationship to various topics addressed in the interview process including the use of telehealth, implementing a screening tool, billing for services, and delivering care in small and/or Alaska Native communities. Cultural sensitivity was an underlying theme in much of the feedback about approaching health care in rural Alaska. One respondent noted that "wellness will not look the same for all populations and all locations" and that "it is important to note that each village has different cultural sensitivities and adaptation to this is needed."

> "Wellness will not look the same for all populations and all locations."

Scope of Practice

Of significance, it is valuable to note that four respondents stated that one of the challenges in delivering care in Alaska is that clinicians often have to have a broad scope of practice to include issues that would otherwise be treated by a specialist, because there is a lack of

specialists available. As one physician respondent stated, "We don't have back-up services. We see people for everything. There is no specialty care here. We have to play a variety of roles because of that. We have the responsibility to see them and make time. We have to." Another physician noted, "in small towns, a [primary care provider] performs various procedures that would otherwise be done by a specialist. The challenge with this situation is that a small community may not have the facility in which to perform procedures."

Community

Another theme that emerges in reviewing the interview responses is the importance of the relationship and connection to the community in providing care. Nine respondents identified the issue of the connection to the community as a factor. When asked where they see themselves in five years in relationship to their practice, six respondents stated that they planned to stay in the communities they had been practicing in because they "like it" there. Respondents used words like connect(ed), collaboration, and engage/engagement when discussing their relationship with their communities. A physician respondent stated that, "I am a firm believer that the health of the individual is directly related to health of the community. Integration of community, with health clinics, presentations, physical exams, and child vaccinations for low income people, we are really connected with the community. We go to the Elders Lunch. This is adaptable, because there is some type of community center in each area, we go there to reach out to the community, gain trust, and help people stay healthy."

Summary

While there was some variance with regard to issues of interest or concern to respondents, there were some key common areas of interest across the respondent group.

These included:

- challenges with regard to reimbursement and cost of care;
- the need for care coordination and case management;
- barriers in accessing specialty care for patients;
- the need for comprehensive behavioral health services and the barriers to providing care related to regulations limiting the providers eligible for reimbursement;
- obstacles and issues in workforce recruitment and retention; and
- significant issues related to the need for extensive travel in order to access and provide care.

The cultural and geographic landscapes of Alaska require a dynamic and fluid system of care in order to address the health needs of families and communities. The feedback gathered in this analysis describes the experiences and challenges in providing and accessing care throughout the state.

APPENDIX: Key Informant Interview Tool / Script

The Primary Care Office (PCO) is in the Alaska Department of Health and Social Services, Division of Public Health, in the Section of Health Planning & Systems Development. The PCO conducts periodic statewide health planning to strengthen health care access, especially for rural areas and underserved populations.

I'm helping the PCO gather information for a statewide primary care needs assessment, which is required by HRSA, our federal granting agency, every few years. We are contacting a select cohort of staff at representative primary care facilities around the state in order to gather input and information for this report.

Your responses will not be connected with your name, though we will acknowledge our participants. Your participation is completely voluntary. The results of this needs assessment will be widely shared and available online. Phase II of the process will involve widely sharing the data and working with communities to help them use the data to help impact the health of their communities.

This first question is about challenges to accessing primary care. What are the most challenging things you deal with in providing primary care services to your community or patients?

Possible probing questions, if needed:

- How do patients get to your clinic? Do they experience difficulties with transportation?
- What about language?
- What about awareness of clinic in community?
- How long does it take for a new patient to get an appointment? How about a current patient?
- How do you deal with patients in your exam room who have behavioral health issues?

What challenges do you experience when your patients need specialty care or follow up after referrals?

Possible prompts if needed:

- Do you have a specific person on staff who helps coordinate specialty care or other referrals?
- How do you deal with travel and other logistics?
- What about patients with dental issues?
- What about patients who don't have insurance?

The state is researching the possibility of a standard screening tool for identifying mental health and substance abuse issues in children, adolescents and young adults. Would you be

interested in using such a tool in your practice? Do you have any comments or specific information to add or that you'd like to see?

Telehealth and telemedicine are ways some clinics have dealt with specialty care issues. We would like to learn more about how your clinic uses telehealth technology. What types of telehealth equipment do you have at your facility?

Possible prompt:

- For example, an AFHCAN cart?
- Do you use this telehealth equipment on a regular basis? Why/why not?
- What challenges have you encountered using telehealth in your practice? What is working well?
- Does your practice use an electronic health record, or EHR?

Tell us about your experience using your EHR. Has it been a useful tool?

Possible prompting questions if needed:

- Which EHR does your practice use, and how long have you had it?
- Have you changed EHR vendors? Do you plan on changing vendors in the near future?
- Are you able to extract data from it?
- How do you use data from your EHR for clinical quality improvement?

The next question relates to billing, reimbursement, and other administrative requirements that may affect your work. Please share your experiences with reimbursement or billing that either help improve or cause barriers to providing the clinical care you want to provide.

Possible prompts if needed:

- Do you have some examples?
- Has this changed over time? To what would you attribute that?
- What possible solutions would you like to see implemented?

What sorts of system changes do you think would help increase the quality time that you spend with patients?

Next, we would like to know about your clinic's staffing. Tell us how your practice's staffing has been designed to meet the needs of your patients, and how that is—or is not—working.

Possible probing questions, if needed:

- How do you feel about your patient panel size?
- How is your staff turnover rate?
- What's your experience with recruiting new staff?
- What has been your experience (and your staff's or colleagues') with loan repayment programs?
- What would your ideal care team look like?

Now that we're wrapping up the interview, there are just a couple of final questions. Where do you see yourself in five years, in relation to this practice?

What are you particularly proud of that you or your practice does well? How adaptable might that process be for another clinic?

Is there anything else we didn't cover that you think would be relevant?

Thank you for your time.

KEY INFORMANTS

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Jennifer Claffey, RN | PeaceHealth, Prince of Wales
John Cullen, MD | Valdez Medical Clinic, LLC
Sean Domagalski | Samuel Simmonds Hospital
Barb Doty, MD | Solstice Family Care
Jill Dowell, LCSW | Juneau Alliance for Mental Health, Inc.
Marilyn Eaton, MD | Iliuliuk Family & Health Services
Ann Nora Ehret, MD | Iliuliuk Family & Health Services
Jenni Gallagher, NP | Peninsula Community Health Services
Litia Garrison | Southeast Alaska Regional Health Consortium
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Laina Winters, LCSW | Mat-Su Health Services
Thad Woodard, MD | Alaska Center for Pediatrics
Jon Zasada | Anchorage Neighborhood Health Center

PART IV:
Provider Survey

Study Design

In order to examine the primary care structure and services available in Alaska, the State Primary Care Office (PCO) conducted a statewide survey of providers across the three areas of primary care: medical, dental and behavioral health. Not only does this align with metrics applied by the Health Resources Services Administration in looking at health care systems, but it is also a more comprehensive approach to conceptualizing community health. For the purposes of this study, primary care was defined as health care at a basic level (as opposed to specialized) where people make initial contact to seek treatment in an outpatient setting.

Based on these parameters, the survey universe encompassed both public and private sectors across various administrative structures. These included: private practices, village clinics, community health centers, nonprofit health clinics, hospital clinics, community mental health centers, and sub-regional clinics. Sites could be staffed in any variety of configurations, whether physician or midlevel led, staffed primarily by community health aides, or served by itinerant clinical staff.

In formulating a potential respondent list three data sources were chosen:

- National Provider Identifier (NPI) Database from the Centers for Medicaid and Medicare Services
- Alaska Business License Database available from the Alaska Divisions of Corporations, Business and Professional Licensing; and
- State of Alaska Primary Care Office Safety Net Directory.

Sources were chosen based on whether it could be clearly determined if a provider listed was a primary care versus a specialized health care provider, and if there was a mailing address available. Through extensive outreach and research, these lists were refined and de-duplicated so that a reasonable estimation of the number of practices fitting the criteria for inclusion could be ascertained.

Data was collected on a self-administered questionnaire disseminated by mail and email with instructions that responses could be returned via mail, fax, or email. The questionnaire was also made available electronically in a web-based format.

The questionnaire was based on a format used for a rural health care facility needs assessment for the Denali Commission in 2000. This survey instrument was designed to capture the type and scope of services, level of staffing available, vacancy rates, and the gaps

in needed staff in health clinics. The survey format included multiple structured questions regarding various services that could be provided across the three disciplines: medical, dental and behavioral health. Respondents could choose "yes," "no" or "itinerant/contract basis only" to identify which services are available in their practice setting. If a respondent answered "no" or "itinerant/contract basis only," they were directed to a corresponding "if not, why not" question in which they could choose one or more of the following responses: not needed in this size community, not wanted by community, inadequate funding, inadequate space, inadequate equipment, inadequate staff available, or other. Respondents were also asked whether the services should be provided on a regular basis to meet local program or community goals by indicating "yes" or "no." Questions about number and type of staff practicing within each site were similarly structured. Various types of administrative, medical, behavioral health, dental and other staff were listed and respondents were asked to indicate, in number of full-time equivalents, the number of positions filled, number of vacancies, and the number of additional positions needed in order to adequately serve their community. The questionnaire was also designed to try to identify and quantify the perceived barriers to providing care, such as transportation, travel, seasonal population, and language barriers. Additional questions asked about the use of telehealth, patient panel size and the volume of encounters that occurred in the past year.

After initial data clean up to remove duplicate and erroneous responses, survey responses were sorted and quantified by census area or borough in order to determine if each service specified was available in that region or not, or only available on an itinerant or contract basis only. Services examined were sorted into various categories. These encompassed preventive care, behavioral health, dental, laboratory, radiological, pharmacy, patient care management, and other supportive services. Responses within census areas and boroughs were also evaluated against one another to determine the percentage of respondents in a given area who offer specific services routinely, not at all, or on an itinerant or contract basis only.

Responses related to available staffing were quantified by position type, and examined by positions filled versus vacancies both statewide and in rural areas versus urban areas. Responses related to itinerant staff were quantified by position type and evaluated by public health region. Dichotomous questions regarding the use of electronic health records, telehealth and patient population were evaluated by numbers of positive versus negative responses within the total respondent group.

Outreach

A respondent list was developed using the three data sources mentioned and included medical, behavioral and dental health providers. The original total population that resulted from incorporating information from all three sources included 654 medical providers, 863 behavioral health providers, and 550 dental providers. Each survey was coded with a unique identifier so that responses could be tracked against the original respondent list. A mailing list was generated and surveys were mailed out by first class mail via the U.S. Postal Service. Of those, ten percent were returned to sender by the USPS due to bad address.

The mail-out process had limited success with less than nine percent of surveys returned and, of those, twenty-five percent were incomplete. The respondent list was then reviewed in depth in order to further reduce duplication, eliminate specialists, and obtain viable contact information including phone and fax numbers and email addresses. Exhaustive research was conducted via internet and through extensive telephone and email outreach. Where possible, individual providers listed were able to be linked with clinic sites and providers that had moved out of state, retired or otherwise ceased practicing in the state were removed. Through this process, the original list was condensed to a list of unduplicated sites with viable contact information. This reduced the population to 276 medical, 498 behavioral health and 293 dental possible survey participants. This group represented the potential universe of private for-profit and non-profit health care sites across the state. Attempts were then made to contact prospective respondents via telephone on a weekly basis for six to eight weeks in order to encourage individuals to complete and submit the survey.

In addition to the private provider community, the respondent group for this survey included Federally Qualified Health Centers (FQHC), tribal health clinics, as well as outpatient primary care hospital clinics. The tribal health clinic system includes approximately 234 clinic sites including behavioral health sites. There are 167 FQHCs, of which a majority are tribally owned. There are also 15 non-tribal FQHC managing organizations. Additionally there are 22 outpatient primary care hospital clinics.

Outreach to this respondent group was conducted via telephone and email contact directly to executive directors, chief executive offices, clinic directors, practice site managers, program managers and others. Given their critical role in the Alaska health care system, individual meetings via teleconference and in person were conducted with each of the 29 Tribal Health Organizations in order to more effectively partner with these stakeholders and obtain completed surveys from this system. Non-tribal community health center directors were contacted directly by phone and email by the Alaska Primary Care Office. The Alaska State Hospital Nursing Home Association assisted with outreach to hospital administrators, sending a letter to hospital leadership expressing support for the project and encouraging participation. Outreach was conducted over the course of a nine month period, with final responses being submitted to the Alaska PCO in April of 2016.

Challenges

In designing the survey, the intent of this study was not only to be able to map out the services available in different geographic regions, but to also be able to compare responses across respondent groups. One of the goals of the study was to compare services and staffing available in various settings, private practices versus public health entities, and urban versus rural providers for example. However, due to inadequate response rates, an analysis across respondent types was not possible.

Additionally, there were inadequate response rates to specific questions to yield meaningful results, and so those questions had to be eliminated from the evaluation. In other cases, the wide variance in response to certain questions suggested that a significant portion of the respondent group either did not understand the question because it was not worded clearly

enough, or that certain terms in the question were not clearly defined. For example, when asked whether respondents felt certain services should be offered on a regular basis in order to meet local program or community goals, the responses to that question indicated that respondents did not know if this meant that their particular practice site should offer the services, or if someone in the community should offer them, or whether the question was asking if additional services are needed in the community where the service may already be available. In those instances, the questions were removed from the final analysis as well.

Another challenge to this study was that the survey instrument itself was not conducive to capturing the dynamic nature of some organizations in terms of staffing and providing services. Often in many settings in rural and frontier Alaska one staff person must fulfill many roles. A community health aide may also be responsible for all of the other functional roles in a village clinic from administrative to maintenance. Clinical directors may also have to serve as executive directors or financial officers. Physicians may also serve as chief administrators and help provide coverage in emergency rooms. Clinical staff may serve as full-time equivalent employees in one setting within a health system, but are also required to travel as itinerant providers in other regions served by the organization. Respondents struggled with how to convey this on the survey instrument. Respondents also struggled with how to convey that, while certain services are available in certain sites, they are only available via telehealth. For example, behavioral health services may be routinely available in many village clinic sites, but are only available via video teleconferencing. The survey instrument did not have a mechanism for capturing that particular dynamic with regard to each service specified.

In conducting outreach to prospective respondents in order to obtain completed surveys, research staff also discovered that the comprehensive nature of the survey itself often seemed to create confusion for potential respondents. Because the survey was designed to be able to capture staffing and services that could be available in a health center setting as well as a private practice, respondents often were not clear that the survey applied to them.

Analysis

A total of 512 surveys were submitted to the Alaska Primary Care Office. After removing duplicates and erroneous responses, there were 394 survey responses across different types of practices, type of service, and geographic areas. The Mat-Su region had the lowest representation, compared to proportion of state population.

Table 1. Respondents by Practice Types

	Number of Respondents	Percentage of Total
Tribal	159	40.3%
Non-Tribal	235	59.7%
For-profit	172	43.5%
Non-profit	222	56.5%
"Sliding fee scale"	208	52.7%
Non-profit, Non-tribal	61	15.4%
Total	**394**	**100.0%**

Table 2. Respondents by Practice Types

	Survey Respondents
Primary Care	227
Behavioral Health	195
Dental	158
(adds up to more than 394 because practices may provide more than one type of service)	

Table 3. Respondents by Practice Location

	Survey Respondents		2015 Population Estimates	
Anchorage	86	21.8%	298,908	40.5%
Gulf Coast	55	14.0%	81,111	11.0%
Interior	63	16.0%	112,818	15.3%
Mat-Su	30	7.6%	100,178	13.6%
Northern	28	7.1%	27,802	3.8%
Southeast	68	17.3%	74,395	10.1%
Southwest	64	16.2%	42,413	5.7%
	394	**100.0%**	**737,625**	**100.0%**

Table 4. Respondents by Practice Location

Survey Respondents		
Rural	228	57.9%
Urban/Suburban	166	42.1%
	394	**100.0%**

Behavioral Health Services

Individual/Group Therapy

In 23 of 29 census areas/boroughs, 50 percent or more respondents indicated that YES this service is routinely provided.

Psychiatric Evaluations

While it is noteworthy that in 14 of the 29 the census areas, 50 percent or more of the respondents indicated that psychiatric evaluation is not offered on a routine basis, in 9 of the 29, 50 percent or more respondents indicate that they DO provide it on a routine basis, and in 7 of the 29, 50 percent or more respondents indicate that is it provided on an itinerant basis. (Numbers are not unduplicated. Bristol Bay has 50 percent in one category and 50 percent in another.)

Medication Management

In 16 of 29 census areas, more than 50 percent of respondents indicated that YES, this service is routinely provided.

Table 5. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following basic behavioral health services related to...

	Individual/Group/Family Therapy			Psychiatric Evaluation			Medication Management		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	2	0	4	0	0	6	0	0	6
	33.3%	0.0%	66.7%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Aleutians West Census Area	2	0	4	1	1	4	2	0	4
	33.3%	0.0%	66.7%	16.7%	16.7%	66.7%	33.3%	0.0%	66.7%
Anchorage Municipality	36	21	1	14	42	1	29	25	1
	62.1%	36.2%	1.7%	24.6%	73.7%	1.8%	52.7%	45.5%	1.8%
Bethel Census Area	32	1	0	29	3	1	30	2	1
	97.0%	3.0%	0.0%	87.9%	9.1%	3.0%	90.9%	6.1%	3.0%
Bristol Bay Borough	2	0	0	0	1	1	0	1	1
	100.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%
Denali Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	14	5	0	4	15	0	6	13	0
	73.7%	26.3%	0.0%	21.1%	78.9%	0.0%	31.6%	68.4%	0.0%
Haines Borough	3	0	0	2	1	0	2	1	0
	100.0%	0.0%	0.0%	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%
Hoonah-Angoon Census Area	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Juneau City and Borough	13	5	0	3	14	0	7	11	0
	72.2%	27.8%	0.0%	17.6%	82.4%	0.0%	38.9%	61.1%	0.0%
Kenai Peninsula Borough	16	4	1	5	14	2	11	7	2
	76.2%	19.0%	4.8%	23.8%	66.7%	9.5%	55.0%	35.0%	10.0%
Ketchikan Gateway Borough	6	2	0	3	4	0	5	2	1
	75.0%	25.0%	0.0%	42.9%	57.1%	0.0%	62.5%	25.0%	12.5%
Kodiak Island Borough	8	2	2	2	9	0	4	6	0
	66.7%	16.7%	16.7%	18.2%	81.8%	0.0%	40.0%	60.0%	0.0%
Kusilvak Census Area	14	0	0	12	0	2	12	0	2
	100.0%	0.0%	0.0%	85.7%	0.0%	14.3%	85.7%	0.0%	14.3%
Lake and Peninsula Borough	1	0	0	0	0	1	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Matanuska-Susitna Borough	15	11	0	3	22	0	16	10	0
	57.7%	42.3%	0.0%	12.0%	88.0%	0.0%	61.5%	38.5%	0.0%
Nome Census Area	11	0	5	3	1	12	9	0	7
	68.8%	0.0%	31.3%	18.8%	6.3%	75.0%	56.3%	0.0%	43.8%
North Slope Borough	1	2	4	0	3	4	3	1	3
	14.3%	28.6%	57.1%	0.0%	42.9%	57.1%	42.9%	14.3%	42.9%
Northwest Arctic Borough	3	0	0	0	2	1	2	0	1
	100.0%	0.0%	0.0%	0.0%	66.7%	33.3%	66.7%	0.0%	33.3%
Petersburg Borough	3	1	0	2	2	0	3	1	0
	75.0%	25.0%	0.0%	50.0%	50.0%	0.0%	75.0%	25.0%	0.0%
Prince of Wales-Hyder Census Area	4	1	0	5	0	0	5	0	0
	80.0%	20.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Sitka City and Borough	3	1	0	1	3	0	3	1	0
	75.0%	25.0%	0.0%	25.0%	75.0%	0.0%	75.0%	25.0%	0.0%
Skagway Municipality	1	0	0	0	0	1	0	1	0
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Southeast Fairbanks Census Area	*	*	*	*	*	*	*	*	*
Valdez-Cordova Census Area	3	2	1	1	3	2	2	3	2
	50.0%	33.3%	16.7%	16.7%	50.0%	33.3%	28.6%	42.9%	28.6%
Wrangell City and Borough	3	0	0	2	0	1	2	0	1
	100.0%	0.0%	0.0%	66.7%	0.0%	33.3%	66.7%	0.0%	33.3%
Yakutat City and Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Yukon-Koyukuk Census Area	6	0	0	5	0	1	6	0	0
	100.0%	0.0%	0.0%	83.3%	0.0%	16.7%	100.0%	0.0%	0.0%
ALASKA TOTAL	**205**	**60**	**22**	**100**	**142**	**40**	**162**	**87**	**33**
	71.4%	**20.9%**	**7.7%**	**35.5%**	**50.4%**	**14.2%**	**57.4%**	**30.9%**	**11.7%**

Substance Abuse Treatment

While in over half the census areas 50 percent or more respondents indicated that YES this service is offered on a routine basis (16 of 29 census areas), in 11 of the 29 census areas, 50 percent or greater respondents indicated that they do NOT offer the service on a routine basis.

Emergency Intervention

In 18 of 29 census areas, more than 50 percent of respondents indicate that YES this service is routinely provided.

Case Management

In 18 of 29 census areas, over 50 percent of respondents indicate that YES this service is routinely provided.

Table 6. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following basic behavioral health services related to...

	Substance Abuse Treatment			Emergency Intervention			Case Management		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	0	6	0	2	0	4	0	6	0
	0.0%	100.0%	0.0%	33.3%	0.0%	66.7%	0.0%	100.0%	0.0%
Aleutians West Census Area	2	1	3	3	0	3	2	1	3
	33.3%	16.7%	50.0%	50.0%	0.0%	50.0%	33.3%	16.7%	50.0%
Anchorage Municipality	12	41	2	14	22	3	19	31	1
	21.8%	74.5%	3.6%	35.9%	56.4%	7.7%	37.3%	60.8%	2.0%
Bethel Census Area	32	1	0	31	1	1	31	2	0
	97.0%	3.0%	0.0%	93.9%	3.0%	3.0%	93.9%	6.1%	0.0%
Bristol Bay Borough	1	1	0	1	0	1	1	0	1
	50.0%	50.0%	0.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%
Denali Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	8	10	0	8	7	0	7	11	0
	44.4%	55.6%	0.0%	53.3%	46.7%	0.0%	38.9%	61.1%	0.0%
Haines Borough	3	0	0	2	1	0	2	1	0
	100.0%	0.0%	0.0%	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%
Hoonah-Angoon Census Area	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Juneau City and Borough	9	9	0	4	9	0	4	13	1
	50.0%	50.0%	0.0%	30.8%	69.2%	0.0%	22.2%	72.2%	5.6%
Kenai Peninsula Borough	14	6	0	7	7	1	10	8	2
	70.0%	30.0%	0.0%	46.7%	46.7%	6.7%	50.0%	40.0%	10.0%
Ketchikan Gateway Borough	1	4	1	2	2	1	2	5	0
	16.7%	66.7%	16.7%	40.0%	40.0%	20.0%	28.6%	71.4%	0.0%
Kodiak Island Borough	7	2	2	10	1	1	8	1	2
	63.6%	18.2%	18.2%	83.3%	8.3%	8.3%	72.7%	9.1%	18.2%
Kusilvak Census Area	13	1	0	12	0	1	13	1	0
	92.9%	7.1%	0.0%	92.3%	0.0%	7.7%	92.9%	7.1%	0.0%
Lake and Peninsula Borough	0	1	0	0	0	1	1	0	0
	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%
Matanuska-Susitna Borough	10	15	1	10	12	0	11	15	0
	38.5%	57.7%	3.8%	45.5%	54.5%	0.0%	42.3%	57.7%	0.0%
Nome Census Area	6	2	8	15	0	1	7	0	7
	37.5%	12.5%	50.0%	93.8%	0.0%	6.3%	50.0%	0.0%	50.0%
North Slope Borough	2	2	3	3	1	3	2	2	3
	28.6%	28.6%	42.9%	42.9%	14.3%	42.9%	28.6%	28.6%	42.9%
Northwest Arctic Borough	1	2	0	3	0	0	3	0	0
	33.3%	66.7%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	3	1	0	2	0	0	3	0	1
	75.0%	25.0%	0.0%	100.0%	0.0%	0.0%	75.0%	0.0%	25.0%
Prince of Wales-Hyder Census Area	4	1	0	4	0	0	4	1	0
	80.0%	20.0%	0.0%	100.0%	0.0%	0.0%	80.0%	20.0%	0.0%
Sitka City and Borough	3	1	0	3	0	1	1	1	1
	75.0%	25.0%	0.0%	75.0%	0.0%	25.0%	33.3%	33.3%	33.3%
Skagway Municipality	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	*	*	*	*	*	*	*	*	*
Valdez-Cordova Census Area	2	4	0	5	1	0	4	2	0
	33.3%	66.7%	0.0%	83.3%	16.7%	0.0%	66.7%	33.3%	0.0%
Wrangell City and Borough	3	0	0	*	*	*	3	0	0
	100.0%	0.0%	0.0%				100.0%	0.0%	0.0%
Yakutat City and Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yukon-Koyukuk Census Area	6	0	0	6	0	0	6	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
ALASKA TOTAL	147	112	20	152	65	22	149	102	22
	52.7%	40.1%	7.2%	63.6%	27.2%	9.2%	54.6%	37.4%	8.1%

Dental Health

Diagnostic

In 19 of 29 census areas, over 50 percent of respondents indicated that YES this service is routinely provided.

Preventive

In 18 of 29 census areas, over 50 percent of respondents indicated that YES this service is routinely provided.

Restorative

In 17 of 29 census areas, over 50 percent of respondents indicated that YES this service is routinely provided.

Table 7. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following basic dental services related to...

	Diagnostic			Preventive			Restorative		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	0	0	6	0	0	6	0	0	6
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Aleutians West Census Area	2	0	5	2	0	5	2	0	5
	28.6%	0.0%	71.4%	28.6%	0.0%	71.4%	28.6%	0.0%	71.4%
Anchorage Municipality	26	25	0	26	25	0	26	25	0
	51.0%	49.0%	0.0%	51.0%	49.0%	0.0%	51.0%	49.0%	0.0%
Bethel Census Area	5	1	26	4	1	27	3	2	27
	15.6%	3.1%	81.3%	12.5%	3.1%	84.4%	9.4%	6.3%	84.4%
Bristol Bay Borough	1	1	0	0	1	1	0	1	1
	50.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%
Denali Borough	1	0	0	1	0	0	0	0	1
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	14	5	0	14	5	0	14	5	0
	73.7%	26.3%	0.0%	73.7%	26.3%	0.0%	73.7%	26.3%	0.0%
Haines Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	2	0	1	3	0	0	2	0	1
	66.7%	0.0%	33.3%	100.0%	0.0%	0.0%	66.7%	0.0%	33.3%
Juneau City and Borough	4	8	0	4	8	0	4	8	0
	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%
Kenai Peninsula Borough	15	6	2	16	5	2	14	8	1
	65.2%	26.1%	8.7%	69.6%	21.7%	8.7%	60.9%	34.8%	4.3%
Ketchikan Gateway Borough	2	4	0	2	4	0	3	3	0
	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%	50.0%	50.0%	0.0%
Kodiak Island Borough	10	3	0	10	3	0	10	3	0
	76.9%	23.1%	0.0%	76.9%	23.1%	0.0%	76.9%	23.1%	0.0%
Kusilvak Census Area	4	0	10	3	0	11	3	0	11
	28.6%	0.0%	71.4%	21.4%	0.0%	78.6%	21.4%	0.0%	78.6%
Lake and Peninsula Borough	1	0	0	0	0	1	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Matanuska-Susitna Borough	6	13	1	8	12	1	5	14	1
	30.0%	65.0%	5.0%	38.1%	57.1%	4.8%	25.0%	70.0%	5.0%
Nome Census Area	4	0	12	4	0	12	2	0	14
	25.0%	0.0%	75.0%	25.0%	0.0%	75.0%	12.5%	0.0%	87.5%
North Slope Borough	3	1	4	6	0	2	3	2	3
	37.5%	12.5%	50.0%	75.0%	0.0%	25.0%	37.5%	25.0%	37.5%
Northwest Arctic Borough	1	0	1	1	0	1	2	0	0
	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	100.0%	0.0%	0.0%
Petersburg Borough	2	1	0	2	1	0	2	1	0
	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%
Prince of Wales-Hyder Census Area	4	1	1	5	1	0	4	1	1
	66.7%	16.7%	16.7%	83.3%	16.7%	0.0%	66.7%	16.7%	16.7%
Sitka City and Borough	1	1	0	1	1	0	1	1	0
	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%
Skagway Municipality	0	0	1	0	0	1	0	1	0
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Southeast Fairbanks Census Area	7	0	0	7	0	0	7	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Valdez-Cordova Census Area	5	2	1	6	1	1	4	3	1
	62.5%	25.0%	12.5%	75.0%	12.5%	12.5%	50.0%	37.5%	12.5%
Wrangell City and Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yukon-Koyukuk Census Area	16	0	4	16	0	4	16	0	4
	80.0%	0.0%	20.0%	80.0%	0.0%	20.0%	80.0%	0.0%	20.0%
ALASKA TOTAL	140	72	75	145	68	75	131	78	78
	48.8%	25.1%	26.1%	50.3%	23.6%	26.0%	45.6%	27.2%	27.2%

Crown & Bridge

In almost half the census areas, 50 percent or more respondents indicate that they do NOT offer this service on a routine basis. (NOTE, an affirmative answer to NO in the survey questionnaire meant that the respondent was indicating that their agency/practice does not offer the services at all - not even on an itinerant basis.)

Dentures

In 15 of 29 census areas, over 50 percent of respondents indicated that they do NOT offer this service on a routine basis.

Tooth Extraction

In 13 of the census areas, 50 percent or more respondents indicate they offer this service on a routine basis, and in 9 of the census areas 50 percent or more respondents indicate that they offer this service on an itinerant basis only. In 8 census areas, 50 percent or more respondents indicate that they do NOT offer this service.

Table 8. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following basic dental health services related to...

	Crown & Bridge			Dentures			Tooth Extraction			Dental X-Ray		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	0	0	6	0	0	6	0	0	6	0	0	6
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Aleutians West Census Area	2	3	2	2	3	2	2	1	4	1	1	4
	28.6%	42.9%	28.6%	28.6%	42.9%	28.6%	28.6%	14.3%	57.1%	16.7%	16.7%	66.7%
Anchorage Municipality	23	27	1	21	29	1	25	26	0	1	27	0
	45.1%	52.9%	2.0%	41.2%	56.9%	2.0%	49.0%	51.0%	0.0%	3.6%	96.4%	0.0%
Bethel Census Area	0	31	1	0	31	1	3	2	27	2	2	27
	0.0%	96.9%	3.1%	0.0%	96.9%	3.1%	9.4%	6.3%	84.4%	6.5%	6.5%	87.1%
Bristol Bay Borough	0	1	1	0	1	1	0	1	1	0	1	1
	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%
Denali Borough	0	0	1	0	0	1	0	0	1	0	1	0
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	13	6	0	10	8	1	12	6	1	1	5	1
	68.4%	31.6%	0.0%	52.6%	42.1%	5.3%	63.2%	31.6%	5.3%	14.3%	71.4%	14.3%
Haines Borough	1	0	0	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	0	1	2	0	1	2	1	0	2	2	3	0
	0.0%	33.3%	66.7%	0.0%	33.3%	66.7%	33.3%	0.0%	66.7%	40.0%	60.0%	0.0%
Juneau City and Borough	4	8	0	3	9	0	3	9	0	0	8	0
	33.3%	66.7%	0.0%	25.0%	75.0%	0.0%	25.0%	75.0%	0.0%	0.0%	100.0%	0.0%
Kenai Peninsula Borough	14	8	1	12	10	1	14	8	1	5	6	1
	60.9%	34.8%	4.3%	52.2%	43.5%	4.3%	60.9%	34.8%	4.3%	41.7%	50.0%	8.3%
Ketchikan Gateway Borough	2	4	0	2	4	0	2	4	0	2	4	0
	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%
Kodiak Island Borough	4	5	4	4	5	4	4	3	6	1	8	1
	30.8%	38.5%	30.8%	30.8%	38.5%	30.8%	30.8%	23.1%	46.2%	10.0%	80.0%	10.0%
Kusilvak Census Area	0	12	2	0	13	1	3	0	11	3	0	10
	0.0%	85.7%	14.3%	0.0%	92.9%	7.1%	21.4%	0.0%	78.6%	23.1%	0.0%	76.9%
Lake and Peninsula Borough	0	0	1	0	0	1	0	0	1	0	0	1
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Matanuska-Susitna Borough	5	14	1	5	14	1	5	14	1	1	16	0
	25.0%	70.0%	5.0%	25.0%	70.0%	5.0%	25.0%	70.0%	5.0%	5.9%	94.1%	0.0%
Nome Census Area	3	1	12	1	14	1	5	0	11	4	0	12
	18.8%	6.3%	75.0%	6.3%	87.5%	6.3%	31.3%	0.0%	68.8%	25.0%	0.0%	75.0%
North Slope Borough	2	3	3	2	3	3	3	2	3	2	1	3
	25.0%	37.5%	37.5%	25.0%	37.5%	37.5%	37.5%	25.0%	37.5%	33.3%	16.7%	50.0%
Northwest Arctic Borough	2	0	0	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	2	1	0	2	1	0	2	1	0	0	1	0
	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	0.0%	100.0%	0.0%
Prince of Wales-Hyder Census Area	2	3	1	2	3	1	4	1	1	2	2	0
	33.3%	50.0%	16.7%	33.3%	50.0%	16.7%	66.7%	16.7%	16.7%	50.0%	50.0%	0.0%
Sitka City and Borough	1	1	0	1	1	0	1	1	0	2	1	0
	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	66.7%	33.3%	0.0%
Skagway Municipality	0	1	0	0	1	0	0	1	0	0	0	1
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
Southeast Fairbanks Census Area	1	6	0	0	7	0	7	0	0	1	0	5
	14.3%	85.7%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	16.7%	0.0%	83.3%
Valdez-Cordova Census Area	4	4	0	3	5	0	4	4	0	3	2	2
	50.0%	50.0%	0.0%	37.5%	62.5%	0.0%	50.0%	50.0%	0.0%	42.9%	28.6%	28.6%
Wrangell City and Borough	1	0	0	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	0	1	0	0	1	0	1	0	0	0	0	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	*	*	*
Yukon-Koyukuk Census Area	1	19	0	1	19	0	16	0	4	3	0	17
	5.0%	95.0%	0.0%	5.0%	95.0%	0.0%	80.0%	0.0%	20.0%	15.0%	0.0%	85.0%
ALASKA TOTAL	88	160	39	76	183	28	122	84	81	41	89	92
	30.7%	55.7%	13.6%	26.5%	63.8%	9.8%	42.5%	29.3%	28.2%	18.5%	40.1%	41.4%

Preventive Health Services – Table 9 and 10

In the majority of census areas, 50 percent or more respondents indicated that YES they do offer these services on a routine basis.

Table 9. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following basic preventive health services related to...

	Prenatal and Perinatal Services			Breast and Cervical Cancer Screening			Well-Child Services		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	6	0	0	6	0	0	6	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Aleutians West Census Area	6	0	0	5	1	0	6	0	0
	100.0%	0.0%	0.0%	83.3%	16.7%	0.0%	100.0%	0.0%	0.0%
Anchorage Municipality	4	22	2	19	10	0	22	7	0
	14.3%	78.6%	7.1%	65.5%	34.5%	0.0%	75.9%	24.1%	0.0%
Bethel Census Area	32	0	0	3	28	1	32	0	0
	100.0%	0.0%	0.0%	9.4%	87.5%	3.1%	100.0%	0.0%	0.0%
Bristol Bay Borough	2	0	0	1	0	1	2	0	0
	100.0%	0.0%	0.0%	50.0%	0.0%	50.0%	100.0%	0.0%	0.0%
Denali Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	6	1	0	6	0	1	3	4	0
	85.7%	14.3%	0.0%	85.7%	0.0%	14.3%	42.9%	57.1%	0.0%
Haines Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	4	0	1	4	0	1	4	0	1
	80.0%	0.0%	20.0%	80.0%	0.0%	20.0%	80.0%	0.0%	20.0%
Juneau City and Borough	2	6	0	6	2	0	5	3	0
	25.0%	75.0%	0.0%	75.0%	25.0%	0.0%	62.5%	37.5%	0.0%
Kenai Peninsula Borough	8	2	2	11	0	1	10	2	0
	66.7%	16.7%	16.7%	91.7%	0.0%	8.3%	83.3%	16.7%	0.0%
Ketchikan Gateway Borough	2	4	0	5	1	0	4	2	0
	33.3%	66.7%	0.0%	83.3%	16.7%	0.0%	66.7%	33.3%	0.0%
Kodiak Island Borough	6	2	2	4	2	4	8	2	0
	60.0%	20.0%	20.0%	40.0%	20.0%	40.0%	80.0%	20.0%	0.0%
Kusilvak Census Area	14	0	0	4	9	1	14	0	0
	100.0%	0.0%	0.0%	28.6%	64.3%	7.1%	100.0%	0.0%	0.0%
Lake and Peninsula Borough	1	0	0	0	0	1	1	0	0
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%
Matanuska-Susitna Borough	9	7	0	15	2	0	14	4	0
	56.3%	43.8%	0.0%	88.2%	11.8%	0.0%	77.8%	22.2%	0.0%
Nome Census Area	16	0	0	16	0	0	16	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
North Slope Borough	7	0	0	1	2	3	6	1	0
	100.0%	0.0%	0.0%	16.7%	33.3%	50.0%	85.7%	14.3%	0.0%
Northwest Arctic Borough	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Prince of Wales-Hyder Census Area	5	1	0	5	0	1	5	0	1
	83.3%	16.7%	0.0%	83.3%	0.0%	16.7%	83.3%	0.0%	16.7%
Sitka City and Borough	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skagway Municipality	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	6	0	0	1	0	5	6	0	0
	100.0%	0.0%	0.0%	16.7%	0.0%	83.3%	100.0%	0.0%	0.0%
Valdez-Cordova Census Area	7	0	0	6	1	0	7	0	0
	100.0%	0.0%	0.0%	85.7%	14.3%	0.0%	100.0%	0.0%	0.0%
Wrangell City and Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	*	*	*	*	*	*	*	*	*
Yukon-Koyukuk Census Area	20	0	0	3	4	13	20	0	0
	100.0%	0.0%	0.0%	15.0%	20.0%	65.0%	100.0%	0.0%	0.0%
ALASKA TOTAL	173	45	7	131	62	33	201	25	2
	76.9%	20.0%	3.1%	58.0%	27.4%	14.6%	88.2%	11.0%	0.9%

Table 10. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following basic preventive health services related to...

	Immunizations			Family Planning Services		
	Yes	No	Itinerant or Contract Basis Only	Yes	No	Itinerant or Contract Basis Only
Aleutians East Borough	6	0	0	6	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Aleutians West Census Area	6	0	0	5	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Anchorage Municipality	22	7	0	18	11	0
	75.9%	24.1%	0.0%	62.1%	37.9%	0.0%
Bethel Census Area	32	0	0	32	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Bristol Bay Borough	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Denali Borough	0	0	1	1	0	0
	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	6	1	0	6	1	0
	85.7%	14.3%	0.0%	85.7%	14.3%	0.0%
Haines Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	4	0	1	4	0	1
	80.0%	0.0%	20.0%	80.0%	0.0%	20.0%
Juneau City and Borough	5	3	0	6	2	0
	62.5%	37.5%	0.0%	75.0%	25.0%	0.0%
Kenai Peninsula Borough	10	2	0	11	1	0
	83.3%	16.7%	0.0%	91.7%	8.3%	0.0%
Ketchikan Gateway Borough	4	1	1	4	1	1
	66.7%	16.7%	16.7%	66.7%	16.7%	16.7%
Kodiak Island Borough	8	2	0	8	2	0
	80.0%	20.0%	0.0%	80.0%	20.0%	0.0%
Kusilvak Census Area	14	0	0	14	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Lake and Peninsula Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Matanuska-Susitna Borough	13	4	1	12	5	0
	72.2%	22.2%	5.6%	70.6%	29.4%	0.0%
Nome Census Area	16	0	0	16	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
North Slope Borough	7	0	0	7	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Northwest Arctic Borough	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Prince of Wales-Hyder Census Area	5	0	1	5	0	1
	83.3%	0.0%	16.7%	83.3%	0.0%	16.7%
Sitka City and Borough	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skagway Municipality	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	6	0	0	6	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Valdez-Cordova Census Area	7	0	0	7	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Wrangell City and Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	*	*	*	*	*	*
Yukon-Koyukuk Census Area	20	0	0	20	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
ALASKA TOTAL	203	20	5	200	23	3
	89.0%	8.8%	2.2%	88.5%	10.2%	1.3%

Laboratory and Radiological Services – Table 11

CLIA Waived Tests

In the majority of census areas, 50 percent or more respondents indicate that YES they do provide this service on a routine basis.

Specimen Collection for Shipment to Referral Lab

In the majority of census areas, 50 percent or more respondents indicate that YES they do provide this service on a routine basis.

Provider Performed Microscopy

In 13 of the 29 census areas, 50 percent of respondents say YES they do provide this service, while in 12 census areas, 50 percent or more respondents indicate that they do NOT offer this service on a routine basis.

Table 11. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following laboratory or radiological services?

	CLIA Waived Tests			Specimen Collection for Shipment for Referral Lab			Provider Performed Microscopy		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	6	0	0	6	0	0	6	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Aleutians West Census Area	6	0	0	6	0	0	4	1	1
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	66.7%	16.7%	16.7%
Anchorage Municipality	21	7	0	21	8	0	9	16	3
	75.0%	25.0%	0.0%	72.4%	27.6%	0.0%	32.1%	57.1%	10.7%
Bethel Census Area	31	0	0	31	0	0	3	28	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	9.7%	90.3%	0.0%
Bristol Bay Borough	1	1	0	2	0	0	0	1	1
	50.0%	50.0%	0.0%	100.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Denali Borough	1	0	0	1	0	0	0	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	7	0	0	6	1	0	6	0	1
	100.0%	0.0%	0.0%	85.7%	14.3%	0.0%	85.7%	0.0%	14.3%
Haines Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	4	1	0	4	0	1	2	3	0
	80.0%	20.0%	0.0%	80.0%	0.0%	20.0%	40.0%	60.0%	0.0%
Juneau City and Borough	7	1	0	6	2	0	4	4	0
	87.5%	12.5%	0.0%	75.0%	25.0%	0.0%	50.0%	50.0%	0.0%
Kenai Peninsula Borough	11	0	0	12	0	0	8	3	1
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	66.7%	25.0%	8.3%
Ketchikan Gateway Borough	5	1	0	5	1	0	3	3	0
	83.3%	16.7%	0.0%	83.3%	16.7%	0.0%	50.0%	50.0%	0.0%
Kodiak Island Borough	9	1	0	9	1	0	7	3	0
	90.0%	10.0%	0.0%	90.0%	10.0%	0.0%	70.0%	30.0%	0.0%
Kusilvak Census Area	13	0	0	13	0	0	4	9	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	30.8%	69.2%	0.0%
Lake and Peninsula Borough	1	0	0	1	0	0	0	0	1
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Matanuska-Susitna Borough	15	1	0	17	1	0	8	9	0
	93.8%	6.3%	0.0%	94.4%	5.6%	0.0%	47.1%	52.9%	0.0%
Nome Census Area	16	0	0	16	0	0	5	1	10
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	31.3%	6.3%	62.5%
North Slope Borough	6	1	0	6	0	0	2	2	2
	85.7%	14.3%	0.0%	100.0%	0.0%	0.0%	33.3%	33.3%	33.3%
Northwest Arctic Borough	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Prince of Wales-Hyder Census Area	5	0	1	5	0	1	4	2	0
	83.3%	0.0%	16.7%	83.3%	0.0%	16.7%	66.7%	33.3%	0.0%
Sitka City and Borough	3	0	0	3	0	0	3	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skagway Municipality	1	0	0	1	0	0	0	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Southeast Fairbanks Census Area	6	0	0	6	0	0	1	0	5
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	16.7%	0.0%	83.3%
Valdez-Cordova Census Area	7	0	0	7	0	0	3	4	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	42.9%	57.1%	0.0%
Wrangell City and Borough	1	0	0	1	0	0	0	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Yakutat City and Borough	*	*	*	*	*	*	*	*	*
Yukon-Koyukuk Census Area	20	0	0	20	0	0	2	4	14
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	10.0%	20.0%	70.0%
ALASKA TOTAL	208	14	1	210	14	2	89	96	39
	93.3%	6.3%	0.4%	92.9%	6.2%	0.9%	39.7%	42.9%	17.4%

Laboratory and Radiological Services – Table 12

Ultrasound

In the majority of census areas, 50 percent or more of respondents indicate that NO they do not provide this service on a routine basis.

Colposcopy

In the majority of census areas, 50 percent or more of respondents indicate that NO they do not provide this service on a routine basis.

X-Ray

In the majority of census areas, 50 percent or more of respondents indicate that NO they do not provide this service on a routine basis. However, in 13 of the census areas, 50 percent or more of the respondents indicate that they do provide this service.

Table 12. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following laboratory or radiological services?

	Ultrasound			Colposcopy			X-Ray		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	0	6	0	0	6	0	4	2	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	66.7%	33.3%	0.0%
Aleutians West Census Area	1	5	0	0	6	0	4	2	0
	16.7%	83.3%	0.0%	0.0%	100.0%	0.0%	66.7%	33.3%	0.0%
Anchorage Municipality	4	23	1	8	20	0	8	19	1
	14.3%	82.1%	3.6%	28.6%	71.4%	0.0%	28.6%	67.9%	3.6%
Bethel Census Area	0	31	0	0	31	0	3	28	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	9.7%	90.3%	0.0%
Bristol Bay Borough	1	1	0	0	2	0	1	1	0
	50.0%	50.0%	0.0%	0.0%	100.0%	0.0%	50.0%	50.0%	0.0%
Denali Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	4	2	1	4	3	0	1	6	0
	57.1%	28.6%	14.3%	57.1%	42.9%	0.0%	14.3%	85.7%	0.0%
Haines Borough	1	0	0	0	1	0	1	0	0
	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	0	5	0	0	5	0	2	3	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	40.0%	60.0%	0.0%
Juneau City and Borough	2	6	0	3	5	0	3	5	0
	25.0%	75.0%	0.0%	37.5%	62.5%	0.0%	37.5%	62.5%	0.0%
Kenai Peninsula Borough	4	7	1	6	6	0	4	7	1
	33.3%	58.3%	8.3%	50.0%	50.0%	0.0%	33.3%	58.3%	8.3%
Ketchikan Gateway Borough	1	5	0	1	5	0	1	5	0
	16.7%	83.3%	0.0%	16.7%	83.3%	0.0%	16.7%	83.3%	0.0%
Kodiak Island Borough	1	9	0	3	7	0	1	8	1
	10.0%	90.0%	0.0%	30.0%	70.0%	0.0%	10.0%	80.0%	10.0%
Kusilvak Census Area	0	13	0	0	13	0	4	9	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	30.8%	69.2%	0.0%
Lake and Peninsula Borough	0	1	0	0	1	0	1	0	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Matanuska-Susitna Borough	9	8	0	6	11	0	4	13	0
	52.9%	47.1%	0.0%	35.3%	64.7%	0.0%	23.5%	76.5%	0.0%
Nome Census Area	2	14	0	1	15	0	4	12	0
	12.5%	87.5%	0.0%	6.3%	93.8%	0.0%	25.0%	75.0%	0.0%
North Slope Borough	1	3	2	0	5	1	1	4	1
	16.7%	50.0%	33.3%	0.0%	83.3%	16.7%	16.7%	66.7%	16.7%
Northwest Arctic Borough	2	0	0	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Prince of Wales-Hyder Census Area	1	4	1	1	5	0	4	2	0
	16.7%	66.7%	16.7%	16.7%	83.3%	0.0%	66.7%	33.3%	0.0%
Sitka City and Borough	3	0	0	3	0	0	3	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skagway Municipality	0	0	1	0	1	0	1	0	0
	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	1	0	5	0	6	0	1	5	0
	16.7%	0.0%	83.3%	0.0%	100.0%	0.0%	16.7%	83.3%	0.0%
Valdez-Cordova Census Area	2	5	0	2	5	0	4	3	0
	28.6%	71.4%	0.0%	28.6%	71.4%	0.0%	57.1%	42.9%	0.0%
Wrangell City and Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	*	*	*	*	*	*	*	*	*
Yukon-Koyukuk Census Area	2	4	14	0	19	1	3	17	0
	10.0%	20.0%	70.0%	0.0%	95.0%	5.0%	15.0%	85.0%	0.0%
ALASKA TOTAL	45	153	26	43	179	2	68	152	4
	20.1%	68.3%	11.6%	19.2%	79.9%	0.9%	30.4%	67.9%	1.8%

Patient Care Management Services – Table 13

In a majority of the census areas, 50 percent or more respondents indicate that YES they do provide this service on a routine basis.

Table 13. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following patient care management services

	Counseling and Follow-Up Services to Assist Patients to enroll in Health Care Coverage			Care Coordination		
	Yes	No	Itinerant or Contract Basis Only	Yes	No	Itinerant or Contract Basis Only
Aleutians East Borough	2	0	4	2	0	4
	33.3%	0.0%	66.7%	33.3%	0.0%	66.7%
Aleutians West Census Area	5	1	1	4	0	2
	71.4%	14.3%	14.3%	66.7%	0.0%	33.3%
Anchorage Municipality	19	59	0	27	24	1
	24.4%	75.6%	0.0%	51.9%	46.2%	1.9%
Bethel Census Area	4	2	0	5	1	0
	66.7%	33.3%	0.0%	83.3%	16.7%	0.0%
Bristol Bay Borough	2	0	0	2	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Denali Borough	0	0	1	0	1	0
	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	9	21	0	12	6	1
	30.0%	70.0%	0.0%	63.2%	31.6%	5.3%
Haines Borough	1	1	1	2	1	0
	33.3%	33.3%	33.3%	66.7%	33.3%	0.0%
Hoonah-Angoon Census Area	4	1	0	3	1	0
	80.0%	20.0%	0.0%	75.0%	25.0%	0.0%
Juneau City and Borough	8	14	0	9	8	1
	36.4%	63.6%	0.0%	50.0%	44.4%	5.6%
Kenai Peninsula Borough	10	20	1	10	10	0
	32.3%	64.5%	3.2%	50.0%	50.0%	0.0%
Ketchikan Gateway Borough	4	5	0	5	3	0
	44.4%	55.6%	0.0%	62.5%	37.5%	0.0%
Kodiak Island Borough	13	1	0	11	1	0
	92.9%	7.1%	0.0%	91.7%	8.3%	0.0%
Kusilvak Census Area	4	1	0	5	0	0
	80.0%	20.0%	0.0%	100.0%	0.0%	0.0%
Lake and Peninsula Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Matanuska-Susitna Borough	11	17	2	13	12	1
	36.7%	56.7%	6.7%	50.0%	46.2%	3.8%
Nome Census Area	16	0	0	15	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
North Slope Borough	4	3	1	6	0	1
	50.0%	37.5%	12.5%	85.7%	0.0%	14.3%
Northwest Arctic Borough	2	1	0	3	0	0
	66.7%	33.3%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	1	5	0	1	2	1
	16.7%	83.3%	0.0%	25.0%	50.0%	25.0%
Prince of Wales-Hyder Census Area	4	2	1	5	1	1
	57.1%	28.6%	14.3%	71.4%	14.3%	14.3%
Sitka City and Borough	4	1	1	5	0	0
	66.7%	16.7%	16.7%	100.0%	0.0%	0.0%
Skagway Municipality	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	6	0	1	6	0	0
	85.7%	0.0%	14.3%	100.0%	0.0%	0.0%
Valdez-Cordova Census Area	5	3	0	6	0	1
	62.5%	37.5%	0.0%	85.7%	0.0%	14.3%
Wrangell City and Borough	5	0	0	4	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	1	1	0	0	1	0
	50.0%	50.0%	0.0%	0.0%	100.0%	0.0%
Yukon-Koyukuk Census Area	16	1	0	17	0	0
	94.1%	5.9%	0.0%	100.0%	0.0%	0.0%
ALASKA TOTAL	163	160	14	181	72	14
	48.4%	47.5%	4.2%	67.8%	27.0%	5.2%

Services to Help Individuals to Use the Clinic – Table 14

Language Interpretation

It is evenly divided between YES and NO answers - in 12 census areas 50 percent or more respondents indicate YES and in 12 census areas 50 percent or more indicate NO.

Sliding Fee Scale/Reduced Fees

In a majority of census areas, 50 percent or more respondents indicated that YES they do provide these services on a routine basis.

Alternate Hours/Extended Hours

In a majority of census areas, 50 percent or more respondents indicated that YES they do provide these services on a routine basis.

Table 14. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following patient care management services and services to help individuals to use clinic?

	Language Interpretation			Sliding Fee Scale/Reduced Rates			Alternate/Extended Hours		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	0	0	6	6	0	0	0	6	0
	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Aleutians West Census Area	2	3	2	6	1	0	5	2	0
	28.6%	42.9%	28.6%	85.7%	14.3%	0.0%	71.4%	28.6%	0.0%
Anchorage Municipality	30	42	5	36	41	0	43	32	2
	39.0%	54.5%	6.5%	46.8%	53.2%	0.0%	55.8%	41.6%	2.6%
Bethel Census Area	5	1	0	4	2	0	3	3	0
	83.3%	16.7%	0.0%	66.7%	33.3%	0.0%	50.0%	50.0%	0.0%
Bristol Bay Borough	1	0	1	2	0	0	1	1	0
	50.0%	0.0%	50.0%	100.0%	0.0%	0.0%	50.0%	50.0%	0.0%
Denali Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	0	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Fairbanks North Star Borough	14	16	2	16	14	2	18	13	1
	43.8%	50.0%	6.3%	50.0%	43.8%	6.3%	56.3%	40.6%	3.1%
Haines Borough	0	2	1	3	0	0	1	2	0
	0.0%	66.7%	33.3%	100.0%	0.0%	0.0%	33.3%	66.7%	0.0%
Hoonah-Angoon Census Area	2	0	3	5	0	0	1	2	0
	40.0%	0.0%	60.0%	100.0%	0.0%	0.0%	33.3%	66.7%	0.0%
Juneau City and Borough	8	13	0	11	9	1	8	12	1
	38.1%	61.9%	0.0%	52.4%	42.9%	4.8%	38.1%	57.1%	4.8%
Kenai Peninsula Borough	8	20	3	15	16	0	16	14	0
	25.8%	64.5%	9.7%	48.4%	51.6%	0.0%	53.3%	46.7%	0.0%
Ketchikan Gateway Borough	3	5	1	7	2	0	6	3	0
	33.3%	55.6%	11.1%	77.8%	22.2%	0.0%	66.7%	33.3%	0.0%
Kodiak Island Borough	7	6	1	11	2	1	10	3	1
	50.0%	42.9%	7.1%	78.6%	14.3%	7.1%	71.4%	21.4%	7.1%
Kusilvak Census Area	5	0	0	5	0	0	4	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	80.0%	20.0%	0.0%
Lake and Peninsula Borough	1	0	0	1	0	0	0	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Matanuska-Susitna Borough	13	15	1	13	15	1	16	13	0
	44.8%	51.7%	3.4%	44.8%	51.7%	3.4%	55.2%	44.8%	0.0%
Nome Census Area	16	0	0	16	0	0	1	12	3
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	6.3%	75.0%	18.8%
North Slope Borough	2	4	1	4	3	0	4	3	0
	28.6%	57.1%	14.3%	57.1%	42.9%	0.0%	57.1%	42.9%	0.0%
Northwest Arctic Borough	2	0	1	3	0	0	3	0	0
	66.7%	0.0%	33.3%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	1	4	1	2	3	1	5	1	0
	16.7%	66.7%	16.7%	33.3%	50.0%	16.7%	83.3%	16.7%	0.0%
Prince of Wales-Hyder Census Area	4	2	2	5	2	1	3	3	2
	50.0%	25.0%	25.0%	62.5%	25.0%	12.5%	37.5%	37.5%	25.0%
Sitka City and Borough	4	2	0	1	4	0	3	2	0
	66.7%	33.3%	0.0%	20.0%	80.0%	0.0%	60.0%	40.0%	0.0%
Skagway Municipality	0	0	1	1	0	0	1	0	0
	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	6	0	1	7	0	0	2	5	0
	85.7%	0.0%	14.3%	100.0%	0.0%	0.0%	28.6%	71.4%	0.0%
Valdez-Cordova Census Area	3	3	2	4	4	0	3	4	1
	37.5%	37.5%	25.0%	50.0%	50.0%	0.0%	37.5%	50.0%	12.5%
Wrangell City and Borough	2	3	0	5	0	0	5	0	0
	40.0%	60.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	0	1	1	1	1	0	1	1	0
	0.0%	50.0%	50.0%	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%
Yukon-Koyukuk Census Area	16	1	0	17	0	0	4	13	0
	94.1%	5.9%	0.0%	100.0%	0.0%	0.0%	23.5%	76.5%	0.0%
ALASKA TOTAL	156	144	36	208	120	7	167	154	11
	46.4%	42.9%	10.7%	62.1%	35.8%	2.1%	50.3%	46.4%	3.3%

Community Health Services – Table 15

Education on Availability and Appropriate Use of Services

In a majority of census areas, 50 percent or more respondents indicate that YES they do provide this services on a routine basis.

Off-site services

In a majority of census areas, 50 percent or more respondents indicate that YES they do provide this services on a routine basis.

Home Health Visits

In a majority of census areas, 50 percent or more respondents indicate that YES they do provide this service on a routine basis. In 11 of the 29 census areas, respondents indicate that NO they do not routinely provide this service.

Table 15. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following community health services

	Education on Availability and Appropriate Use of Services			Off Site Services (e.g., school, senior center)			Home Health Visits		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	4	0	2	4	0	2	5	1	0
	66.7%	0.0%	33.3%	66.7%	0.0%	33.3%	83.3%	16.7%	0.0%
Aleutians West Census Area	6	0	0	4	1	1	5	0	0
	100.0%	0.0%	0.0%	66.7%	16.7%	16.7%	100.0%	0.0%	0.0%
Anchorage Municipality	32	19	0	19	56	0	11	38	1
	62.7%	37.3%	0.0%	25.3%	74.7%	0.0%	22.0%	76.0%	2.0%
Bethel Census Area	32	1	0	29	3	1	31	2	0
	97.0%	3.0%	0.0%	87.9%	9.1%	3.0%	93.9%	6.1%	0.0%
Bristol Bay Borough	2	0	0	1	0	1	0	2	0
	100.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	100.0%	0.0%
Denali Borough	0	1	0	0	1	0	1	0	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	0	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Fairbanks North Star Borough	15	3	0	9	18	2	4	13	0
	83.3%	16.7%	0.0%	31.0%	62.1%	6.9%	23.5%	76.5%	0.0%
Haines Borough	2	0	1	2	0	1	3	0	1
	66.7%	0.0%	33.3%	66.7%	0.0%	33.3%	75.0%	0.0%	25.0%
Hoonah-Angoon Census Area	3	0	1	2	2	0	3	1	2
	75.0%	0.0%	25.0%	50.0%	50.0%	0.0%	50.0%	16.7%	33.3%
Juneau City and Borough	9	8	0	5	15	0	5	12	0
	52.9%	47.1%	0.0%	25.0%	75.0%	0.0%	29.4%	70.6%	0.0%
Kenai Peninsula Borough	16	4	0	12	18	1	8	12	1
	80.0%	20.0%	0.0%	38.7%	58.1%	3.2%	38.1%	57.1%	4.8%
Ketchikan Gateway Borough	4	3	1	5	3	1	1	6	1
	50.0%	37.5%	12.5%	55.6%	33.3%	11.1%	12.5%	75.0%	12.5%
Kodiak Island Borough	11	1	0	10	4	0	10	2	0
	91.7%	8.3%	0.0%	71.4%	28.6%	0.0%	83.3%	16.7%	0.0%
Kusilvak Census Area	14	0	0	9	4	1	13	1	0
	100.0%	0.0%	0.0%	64.3%	28.6%	7.1%	92.9%	7.1%	0.0%
Lake and Peninsula Borough	1	0	0	0	0	1	0	1	0
	100.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Matanuska-Susitna Borough	14	9	0	5	23	0	5	17	0
	60.9%	39.1%	0.0%	17.9%	82.1%	0.0%	22.7%	77.3%	0.0%
Nome Census Area	16	0	0	16	0	0	16	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
North Slope Borough	6	0	0	7	1	0	6	1	0
	100.0%	0.0%	0.0%	87.5%	12.5%	0.0%	85.7%	14.3%	0.0%
Northwest Arctic Borough	3	0	0	3	0	0	1	2	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	33.3%	66.7%	0.0%
Petersburg Borough	3	1	0	1	3	2	2	1	1
	75.0%	25.0%	0.0%	16.7%	50.0%	33.3%	50.0%	25.0%	25.0%
Prince of Wales-Hyder Census Area	4	1	1	4	3	1	9	0	2
	66.7%	16.7%	16.7%	50.0%	37.5%	12.5%	81.8%	0.0%	18.2%
Sitka City and Borough	5	0	0	3	2	0	2	2	1
	100.0%	0.0%	0.0%	60.0%	40.0%	0.0%	40.0%	40.0%	20.0%
Skagway Municipality	1	0	0	0	1	0	1	0	0
	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	*	*	*	5	1	0	*	*	*
				83.3%	16.7%	0.0%			
Valdez-Cordova Census Area	7	0	0	6	2	0	2	5	0
	100.0%	0.0%	0.0%	75.0%	25.0%	0.0%	28.6%	71.4%	0.0%
Wrangell City and Borough	4	0	0	4	1	0	3	1	0
	100.0%	0.0%	0.0%	80.0%	20.0%	0.0%	75.0%	25.0%	0.0%
Yakutat City and Borough	0	1	0	1	1	0	1	0	0
	0.0%	100.0%	0.0%	50.0%	50.0%	0.0%	100.0%	0.0%	0.0%
Yukon-Koyukuk Census Area	6	0	0	19	0	0	5	1	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	83.3%	16.7%	0.0%
ALASKA TOTAL	221	52	6	186	163	15	153	122	10
	79.2%	18.6%	2.2%	51.1%	44.8%	4.1%	53.7%	42.8%	3.5%

Community Health Services – Table 16

Personal Care Services

In 23 of 29 census areas, 50 percent or more respondents indicate that NO they do not provide this service on a routine basis.

Community Behavioral Health Education and Health Promotion

In a majority of census areas, 50 percent or more respondents indicate that YES they do provide this service on a routine basis.

Collaboration with Other agencies/entities in the community

In a majority of census areas, 50 percent or more respondents indicate that YES they do provide this service on a routine basis.

Table 16. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following community health services?

	Personal Care Services			Community Behavioral Health Education & Health Promotion			Collaboration with other agencies/entities in the community		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	0	6	0	5	0	1	6	0	0
	0.0%	100.0%	0.0%	83.3%	0.0%	16.7%	100.0%	0.0%	0.0%
Aleutians West Census Area	3	2	0	5	0	0	6	0	0
	60.0%	40.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Anchorage Municipality	3	23	0	24	25	1	53	18	4
	11.5%	88.5%	0.0%	48.0%	50.0%	2.0%	70.7%	24.0%	5.3%
Bethel Census Area	3	29	0	31	1	1	32	0	1
	9.4%	90.6%	0.0%	93.9%	3.0%	3.0%	97.0%	0.0%	3.0%
Bristol Bay Borough	0	2	0	1	0	1	1	0	1
	0.0%	100.0%	0.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%
Denali Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	0	1	0	1	0	0	1	0	0
	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	0	5	0	10	9	0	21	7	0
	0.0%	100.0%	0.0%	52.6%	47.4%	0.0%	75.0%	25.0%	0.0%
Haines Borough	*	*	*	2	0	2	3	0	0
				50.0%	0.0%	50.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	0	1	0	6	0	1	5	0	0
	0.0%	100.0%	0.0%	85.7%	0.0%	14.3%	100.0%	0.0%	0.0%
Juneau City and Borough	2	6	0	6	10	1	18	2	0
	25.0%	75.0%	0.0%	35.3%	58.8%	5.9%	90.0%	10.0%	0.0%
Kenai Peninsula Borough	3	9	0	13	8	0	22	6	3
	25.0%	75.0%	0.0%	61.9%	38.1%	0.0%	71.0%	19.4%	9.7%
Ketchikan Gateway Borough	1	4	1	2	4	1	8	1	0
	16.7%	66.7%	16.7%	28.6%	57.1%	14.3%	88.9%	11.1%	0.0%
Kodiak Island Borough	7	3	0	10	1	1	12	2	0
	70.0%	30.0%	0.0%	83.3%	8.3%	8.3%	85.7%	14.3%	0.0%
Kusilvak Census Area	3	11	0	13	0	1	13	0	1
	21.4%	78.6%	0.0%	92.9%	0.0%	7.1%	92.9%	0.0%	7.1%
Lake and Peninsula Borough	0	1	0	0	0	1	0	0	1
	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Matanuska-Susitna Borough	2	15	0	10	13	1	20	7	1
	11.8%	88.2%	0.0%	41.7%	54.2%	4.2%	71.4%	25.0%	3.6%
Nome Census Area	2	14	0	16	0	0	16	0	0
	12.5%	87.5%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
North Slope Borough	1	3	1	7	1	0	8	1	0
	20.0%	60.0%	20.0%	87.5%	12.5%	0.0%	88.9%	11.1%	0.0%
Northwest Arctic Borough	0	2	0	3	0	0	3	0	0
	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Petersburg Borough	0	1	0	3	1	0	5	0	1
	0.0%	100.0%	0.0%	75.0%	25.0%	0.0%	83.3%	0.0%	16.7%
Prince of Wales-Hyder Census Area	1	4	0	9	0	2	6	1	1
	20.0%	80.0%	0.0%	81.8%	0.0%	18.2%	75.0%	12.5%	12.5%
Sitka City and Borough	1	1	0	3	1	1	7	0	0
	50.0%	50.0%	0.0%	60.0%	20.0%	20.0%	100.0%	0.0%	0.0%
Skagway Municipality	0	1	0	1	0	0	1	0	0
	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	*	*	*	6	0	0	6	1	0
				100.0%	0.0%	0.0%	85.7%	14.3%	0.0%
Valdez-Cordova Census Area	2	5	0	6	0	1	8	0	0
	28.6%	71.4%	0.0%	85.7%	0.0%	14.3%	100.0%	0.0%	0.0%
Wrangell City and Borough	*	*	*	4	0	0	5	0	0
				100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	*	*	*	1	0	0	2	0	0
				100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yukon-Koyukuk Census Area	0	4	1	21	0	0	21	0	0
	0.0%	80.0%	20.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
ALASKA TOTAL	34	154	3	219	75	17	309	47	14
	17.8%	80.6%	1.6%	70.4%	24.1%	5.5%	83.5%	12.7%	3.8%

Emergency Medical Services – Table 17

First Responder Services

In 16 of the 29 census areas (greater than half), 50 percent or more respondents indicate that YES they provide this services on a routine basis. In 10 of the census areas, respondents indicated that NO they did not routinely provide this service.

Ambulance Services

In a majority of census areas, 50 percent or more respondents indicate that they do NOT provide this service.

Advanced Cardiac Life Support in Clinic

There is a fairly even divide between YES and NO responses - in 13 census areas, 50 percent or more respondents indicate YES they provide this service and in 12 census areas 50 percent of more respondents indicate NO they do not.

Table 17. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following emergency medical services?

	First Responder Services			Ambulance Services			Ability to Provide Advanced Cardiac Life Support in Clinic		
	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only	Yes	No	Itinerant / Contract Basis Only
Aleutians East Borough	6	0	0	5	1	0	6	0	0
	100.0%	0.0%	0.0%	83.3%	16.7%	0.0%	100.0%	0.0%	0.0%
Aleutians West Census Area	5	1	0	2	4	0	3	2	1
	83.3%	16.7%	0.0%	33.3%	66.7%	0.0%	50.0%	33.3%	16.7%
Anchorage Municipality	4	24	0	1	27	0	7	21	0
	14.3%	85.7%	0.0%	3.6%	96.4%	0.0%	25.0%	75.0%	0.0%
Bethel Census Area	32	0	0	0	32	0	3	28	1
	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	9.4%	87.5%	3.1%
Bristol Bay Borough	1	1	0	1	1	0	1	0	1
	50.0%	50.0%	0.0%	50.0%	50.0%	0.0%	50.0%	0.0%	50.0%
Denali Borough	0	1	0	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	2	5	0	1	6	0	3	4	0
	28.6%	71.4%	0.0%	14.3%	85.7%	0.0%	42.9%	57.1%	0.0%
Haines Borough	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	3	0	0	2	1	0	2	1	0
	100.0%	0.0%	0.0%	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%
Juneau City and Borough	2	6	0	0	8	0	2	6	0
	25.0%	75.0%	0.0%	0.0%	100.0%	0.0%	25.0%	75.0%	0.0%
Kenai Peninsula Borough	3	9	0	4	8	0	2	8	1
	25.0%	75.0%	0.0%	33.3%	66.7%	0.0%	18.2%	72.7%	9.1%
Ketchikan Gateway Borough	1	5	0	0	6	0	2	4	0
	16.7%	83.3%	0.0%	0.0%	100.0%	0.0%	33.3%	66.7%	0.0%
Kodiak Island Borough	6	3	1	2	8	0	1	8	1
	60.0%	30.0%	10.0%	20.0%	80.0%	0.0%	10.0%	80.0%	10.0%
Kusilvak Census Area	14	0	0	1	13	0	4	9	1
	100.0%	0.0%	0.0%	7.1%	92.9%	0.0%	28.6%	64.3%	7.1%
Lake and Peninsula Borough	1	0	0	0	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%
Matanuska-Susitna Borough	2	14	0	1	15	0	7	10	0
	12.5%	87.5%	0.0%	6.3%	93.8%	0.0%	41.2%	58.8%	0.0%
Nome Census Area	16	0	0	3	12	1	7	0	9
	100.0%	0.0%	0.0%	18.8%	75.0%	6.3%	43.8%	0.0%	56.3%
North Slope Borough	5	1	0	3	3	0	2	3	1
	83.3%	16.7%	0.0%	50.0%	50.0%	0.0%	33.3%	50.0%	16.7%
Northwest Arctic Borough	*	*	*	*	*	*	*	*	*
Petersburg Borough	0	1	0	0	1	0	1	0	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Prince of Wales-Hyder Census Area	4	2	0	3	2	0	4	2	0
	66.7%	33.3%	0.0%	60.0%	40.0%	0.0%	66.7%	33.3%	0.0%
Sitka City and Borough	1	2	0	1	2	0	3	0	0
	33.3%	66.7%	0.0%	33.3%	66.7%	0.0%	100.0%	0.0%	0.0%
Skagway Municipality	1	0	0	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	6	0	0	0	6	0	6	0	0
	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Valdez-Cordova Census Area	3	3	1	2	4	1	3	4	0
	42.9%	42.9%	14.3%	28.6%	57.1%	14.3%	42.9%	57.1%	0.0%
Wrangell City and Borough	*	*	*	*	*	*	1	0	0
							100.0%	0.0%	0.0%
Yakutat City and Borough	*	*	*	*	*	*	*	*	*
Yukon-Koyukuk Census Area	20	0	0	1	19	0	16	4	0
	100.0%	0.0%	0.0%	5.0%	95.0%	0.0%	80.0%	20.0%	0.0%
ALASKA TOTAL	140	78	2	36	181	2	89	115	17
	63.6%	35.5%	0.9%	16.4%	82.6%	0.9%	40.3%	52.0%	7.7%

Emergency Medical Services – Table 18

Dedicated area for dealing with emergency patients

In 19 of the 29 census areas, 50 percent or more respondents indicate that YES they provide these services on a routine basis.

Radio communications between clinic and emergency medical personnel

In 18 of 29 census areas, 50 percent or more respondents indicate that YES they provide this services on a routine basis.

Table 18. Services: Number and percentage of responses by borough/census area and statewide total.

Does your agency currently provide the following emergency medical services?

	Dedicated Area for Dealing with Emergency Patients			Radio Communications Between Clinic and Emergency Medical Personnel		
	Yes	No	Itinerant or Contract Basis Only	Yes	No	Itinerant or Contract Basis Only
Aleutians East Borough	6	0	0	6	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Aleutians West Census Area	5	1	0	5	1	0
	83.3%	16.7%	0.0%	83.3%	16.7%	0.0%
Anchorage Municipality	5	23	0	4	24	0
	17.9%	82.1%	0.0%	14.3%	85.7%	0.0%
Bethel Census Area	29	3	0	31	1	0
	90.6%	9.4%	0.0%	96.9%	3.1%	0.0%
Bristol Bay Borough	1	1	0	2	0	0
	50.0%	50.0%	0.0%	100.0%	0.0%	0.0%
Denali Borough	0	1	0	0	1	0
	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Dillingham Census Area	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Fairbanks North Star Borough	2	5	0	2	5	0
	28.6%	71.4%	0.0%	28.6%	71.4%	0.0%
Haines Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Hoonah-Angoon Census Area	2	1	0	1	0	1
	66.7%	33.3%	0.0%	50.0%	0.0%	50.0%
Juneau City and Borough	2	6	0	1	7	0
	25.0%	75.0%	0.0%	12.5%	87.5%	0.0%
Kenai Peninsula Borough	3	8	1	2	9	1
	25.0%	66.7%	8.3%	16.7%	75.0%	8.3%
Ketchikan Gateway Borough	2	4	0	1	5	0
	33.3%	66.7%	0.0%	16.7%	83.3%	0.0%
Kodiak Island Borough	7	3	0	7	3	0
	70.0%	30.0%	0.0%	70.0%	30.0%	0.0%
Kusilvak Census Area	13	1	0	14	0	0
	92.9%	7.1%	0.0%	100.0%	0.0%	0.0%
Lake and Peninsula Borough	0	1	0	1	0	0
	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%
Matanuska-Susitna Borough	5	12	0	0	16	0
	29.4%	70.6%	0.0%	0.0%	100.0%	0.0%
Nome Census Area	16	0	0	16	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
North Slope Borough	6	0	0	5	1	0
	100.0%	0.0%	0.0%	83.3%	16.7%	0.0%
Northwest Arctic Borough	*	*	*	*	*	*
Petersburg Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Prince of Wales-Hyder Census Area	4	2	0	3	2	0
	66.7%	33.3%	0.0%	60.0%	40.0%	0.0%
Sitka City and Borough	3	0	0	3	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Skagway Municipality	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Southeast Fairbanks Census Area	6	0	0	0	6	0
	100.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Valdez-Cordova Census Area	5	2	0	4	3	0
	71.4%	28.6%	0.0%	57.1%	42.9%	0.0%
Wrangell City and Borough	1	0	0	1	0	0
	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Yakutat City and Borough	*	*	*	*	*	*
Yukon-Koyukuk Census Area	20	0	0	5	15	0
	100.0%	0.0%	0.0%	25.0%	75.0%	0.0%
ALASKA TOTAL	147	74	1	118	99	2
	66.2%	33.3%	0.5%	53.9%	45.2%	0.9%

Staffing

Responses to the questions regarding staffing yielded the following data on filled and vacant positions by full-time equivalent (FTE) based on a 40-hour workweek.

Administrative Staff

The survey asked about itinerant/contract/PRN staff for clinical positions. To interpret these numbers, it should be noted that survey respondents were asked to record numbers of these positions in terms of numbers of persons, not numbers of FTEs. Respondents were further asked the average number of days per month that itinerant/contract/PRN staff was working at their agency. This method may cause the itinerant numbers to look inflated.

Respondents reported a higher number of billing, clerical/reception and medical records filled FTEs in urban areas rather than rural. Respondents indicated a higher number of filled and vacant maintenance/janitorial FTEs in rural areas. Overall, the largest numbers of vacancies by respondents are clerical/reception, billing, and maintenance staff.

Table 19. Administrative Staff

	Medical Director or Clinical Director	Chief Administrator, Director, or Clinic Manager	CFO or Financial Director	Practice Manager or Business Manager	Billing or Collections Staff	Computer Information Staff	Clerical, Reception or Travel	Medical Records Staff	Maintenance or Janitorial Staff	Other
Filled FTE										
Rural	52.5	94.4	43.0	39.2	124.0	92.0	252.1	97.5	268.1	59.1
Urban/ Suburban	92.2	57.7	24.6	100.2	139.0	26.4	264.2	78.3	37.7	29.8
TOTAL	**144.7**	**152.1**	**67.6**	**139.4**	**263.0**	**118.4**	**516.2**	**175.8**	**305.8**	**88.9**
Vacant FTE										
Rural	4.5	7.5	1	3.9	5	5.5	7.25	2	16.6	16.5
Urban/ Suburban	5	9	1	2	13	6.7	24.8	5	2	13
TOTAL	**9.5**	**16.5**	**2.0**	**5.9**	**18.0**	**12.2**	**32.1**	**7.0**	**18.6**	**29.5**

Medical Staff

Respondents indicate more physician vacant FTEs in rural areas rather than urban; more filled and vacant FTE for mid-levels in rural areas rather than urban. Respondents indicate much larger filled and vacant FTEs in rural than urban areas. Respondents indicate much higher filled and vacant FTEs for community health aides in rural rather than urban areas. Respondents indicate twice as many filled and vacant FTEs for medical assistants in urban rather than rural areas. Respondents indicate a higher number of filled and vacant FTEs for certified nurse's aides in rural rather than urban areas. Respondents report the majority of itinerant physicians and mid-level providers are in the Interior, Northern, and Southwest regions. Respondents indicate there are more physicians working as itinerants than mid-level providers. Overall, respondents indicate the top 3 vacant positions are mid-level providers, community health aides, and physicians.

Table 20. Medical Staff

	Physician	Mid-Level	Nurse	Community Health Aide	Care Coordi-nator	Medical Assistant	Certified Nurse's Aide	Emergency Medical Technician
Filled FTE								
Rural	107.2	132.3	222.1	440.3	34.5	107.0	39.3	26.3
Urban/ Suburban	148.7	93.1	74.9	1.5	10.0	217.3	4.0	0.4
TOTAL	**255.9**	**225.4**	**297.0**	**441.8**	**44.5**	**324.3**	**43.3**	**26.7**
Vacant FTE								
Rural	33.3	34.4	36.8	75.3	7.0	11.2	3.0	0.0
Urban/ Suburban	12.0	27.6	5.0	0.0	6.0	23.5	0.0	0.4
TOTAL	**45.3**	**62.0**	**41.8**	**75.3**	**13.0**	**34.7**	**3.0**	**0.4**
Number of itinerant/contract/PRN staff:								
Anchorage	0	0	0	0	0	0	0	0
Gulf Coast	11	9	8	3	0	0	0	7
Interior	38	22	1	0	0	0	0	0
Mat-Su	1	3	0	0	0	0	0	0
Northern	38	11	16	10	1	0	0	2
Southeast	8	4	6	0	0	0	1	0
Southwest	34	22	8	11	1	0	0	20
TOTAL	**129**	**70**	**40**	**24**	**2**	**0**	**1**	**29**

Dental Staff

Respondents indicate higher numbers of filled FTEs for dentists, hygienists and dental assistants in rural than in urban. Respondents indicate the highest number of itinerant positions are dentists, followed by dental assistants.

Table 21. Dental Staff

	Dentist	Dental Hygienist	Dental Assistant	Dental Health Aides (All types)	Lab Technician	Other
Filled FTE						
Rural	101.6	98.3	216.5	83.3	11.0	1.0
Urban/Suburban	95.6	78.7	157.6	2.0	8.6	3.0
TOTAL	**197.1**	**177.0**	**374.1**	**85.3**	**19.6**	**4.0**
Vacant FTE						
Rural	4.75	4	7	3	2	0
Urban/Suburban	6	4	14	0	0	0
TOTAL	**10.75**	**8**	**21**	**3**	**2**	**0**
Number of itinerant/contract/PRN staff:						
Anchorage	6	6	8	0	0	0
Gulf Coast	4	2	4	0	0	0
Interior	25	24	22	0	0	0
Mat-Su	0	0	0	0	0	0
Northern	15	2	15	3	1	0
Southeast	15	11	10	0	0	0
Southwest	16	5	15	6	0	0
TOTAL	162	101	148	18	2	0

Behavioral Health Staff

Respondents report more filled and vacant FTEs for psychiatrists in urban rather than rural areas. Respondents indicate more filled FTEs for Masters Mental Health Clinicians in urban than rural areas and more filled and vacant FTEs for Community Behavioral Health Aides in urban than rural areas. Respondents indicate the majority of behavioral health itinerant staff are in the Southwest region. Of itinerant staff reported by respondents, the majority are psychiatrists or licensed behavioral health clinicians. Overall, respondents indicate the top 2 vacancy types are Community Behavioral Health Aides and licensed behavioral health clinicians.

Table 22. Behavioral Health Staff

	Psychiatrist	Psychiatric Mental Health Nurse Practitioner	Psycholo-gist (PhD)	Licensed Behavioral Health Clinician (LPC, LMFT, LCSW)	Masters Mental Health Clinician	Substance Abuse Counselor (CDC)	Community Behavioral Health Aide	Case Manager	Peer Counselor/ Support Specialist	Other
Filled FTE										
Rural	13.9	8.5	18.3	110.6	33.3	56.5	86.6	30.0	3.3	16.0
Urban/ Suburban	27.1	9.0	18.8	114.1	65.2	39.0	139.5	74.7	4.0	18.3
TOTAL	**41.0**	**17.5**	**37.1**	**224.7**	**98.5**	**95.5**	**226.1**	**104.7**	**7.3**	**34.3**
Vacant FTE										
Rural	2.0	4.5	2.0	14.3	3.5	6.0	11.5	2.5	0.0	0.0
Urban/ Suburban	7.5	2.0	1.0	8.2	4.0	0.0	18.0	7.8	2.0	4.5
TOTAL	**9.5**	**6.5**	**3.0**	**22.5**	**7.5**	**6.0**	**29.5**	**10.3**	**2.0**	**4.5**
Number of itinerant/contract/PRN staff:										
Anchorage	0	1	0	0	0	0	0	0	0	0
Gulf Coast	4	0	0	1	0	0	0	0	0	0
Interior	1	0	1	0	0	0	0	0	0	0
Mat-Su	1	0	1	0	0	0	0	0	0	0
Northern	2	0	1	14	0	0	0	1	0	0
Southeast	5	0	0	3	0	0	0	0	0	0
Southwest	20	5	0	14	0	3	2	4	0	0
TOTAL	**33**	**6**	**4**	**32**	**0**	**3**	**2**	**5**	**0**	**0**

Practice and Population Characteristics

Because of the remoteness of many Alaskan communities, transportation to appointments in other communities is often a barrier to access to care.

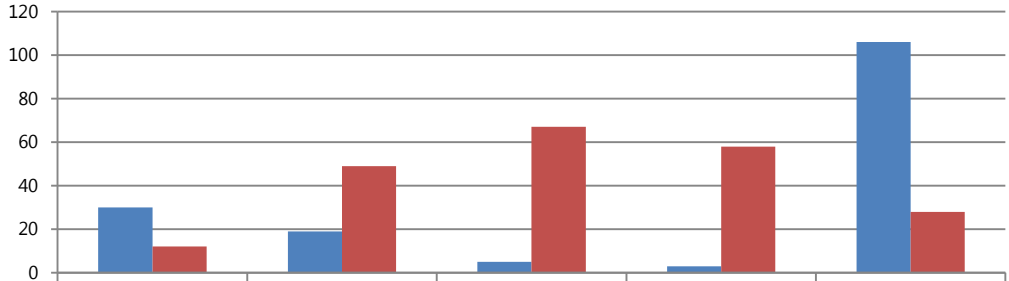
Transport

It is interesting to note the difference in impact of transportation to other communities for care between for-profit respondents and non-profit respondents. There is also a greater need for transportation to other communities for care for rural rather than urban respondents.

Note that responses are similar between rural and urban respondents while there is a sizeable variance between for-profit and non-profit.

Table 23. Transport to other communities by practice type

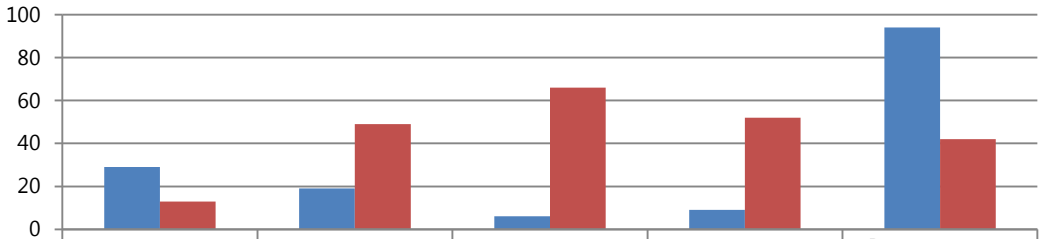
How many times per month do you arrange transport to other communities for care?



	0	1 to 10	10 to 20	20 or more	Do not arrange transport
For-profit	30	19	5	3	106
Non-profit	12	49	67	58	28

Table 24. Transportation to other communities by practice location

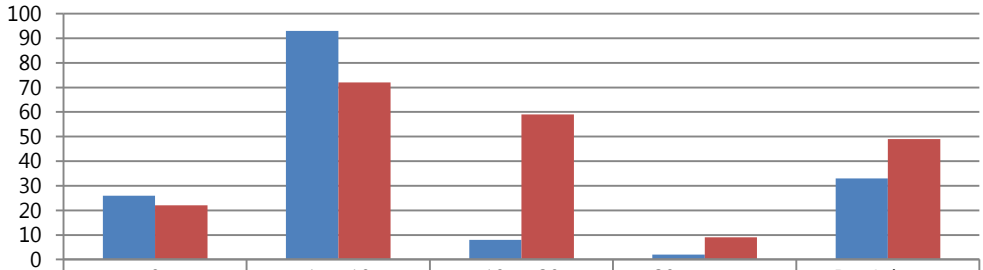
How many times per month do you arrange transport to other communities for care?



	0	1 to 10	10 to 20	20 or more	Do not arrange transport
Urban	29	19	6	9	94
Rural	13	49	66	52	42

Table 25. Transportation to the Clinic by practice type

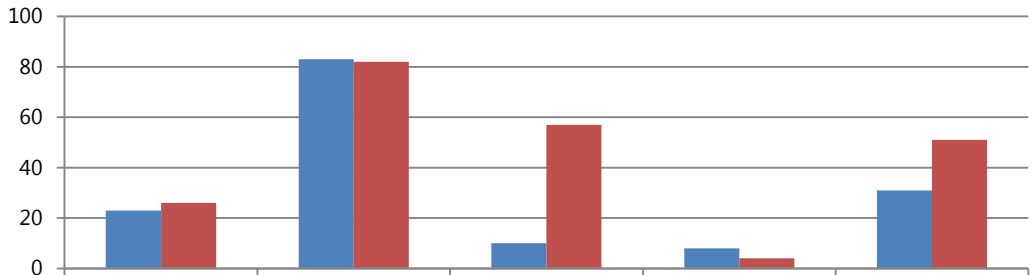
How many times per month are appointments missed or cancelled due to patients' transportation issues?



	0	1 to 10	10 to 20	20 or more	Don't know
For-profit	26	93	8	2	33
Non-profit	22	72	59	9	49

Table 26. Transportation to the Clinic by practice location

How many times per month are appointments missed or cancelled due to patients' transportation issues?

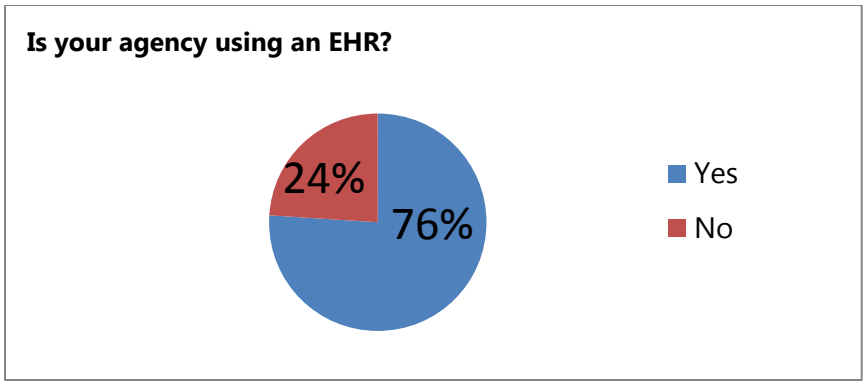


	0	1 to 10	10 to 20	20 or more	Don't know
Urban	23	83	10	8	31
Rural	26	82	57	4	51

Use of Electronic Health Records

Overall, the majority of respondents (76 percent) indicated current use of an electronic health record or EHR. Differences were observed across provider types; 53.7 percent of behavioral health-only provider respondents and 62.3 percent dental-only provider respondents reported use of an EHR, while among providers of primary medical either alone or in combination with dental or behavioral health services, 88.9 percent reported EHR use.

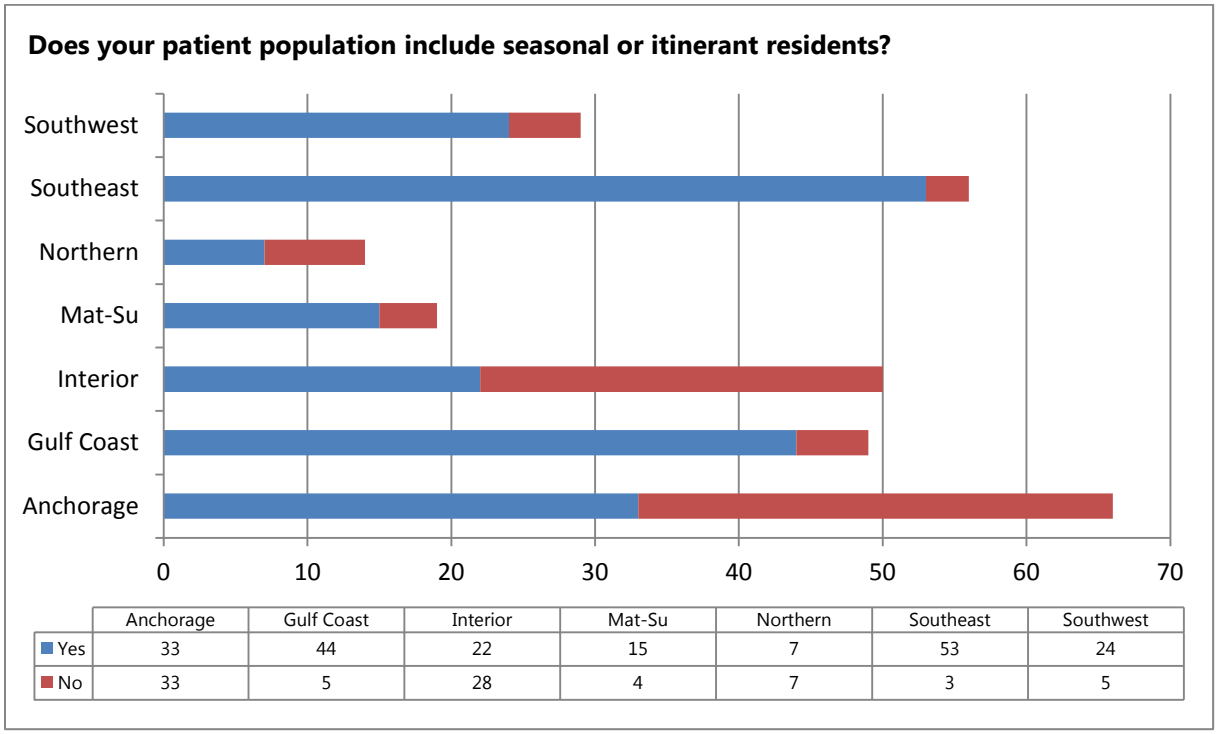
Table 27. Use of EHR



Seasonal population

Survey respondents were asked whether patient populations included seasonal or itinerant residents, for example, tourists, fisherman, or loggers or others located in the community only on a seasonal basis.

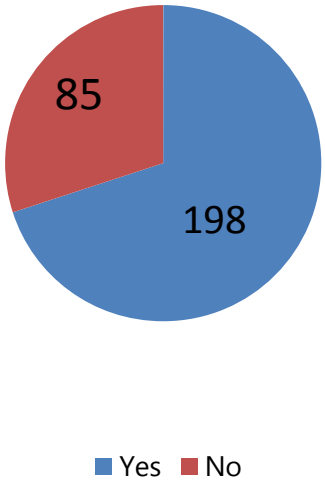
Table 28. Seasonal or itinerant residents, by geographic region



	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest
Yes	33	44	22	15	7	53	24
No	33	5	28	4	7	3	5

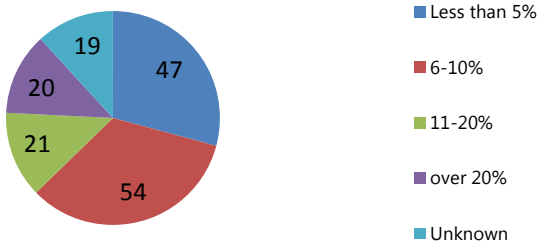
Table 29. Seasonal or itinerant residents

Does your patient population include seasonal residents?

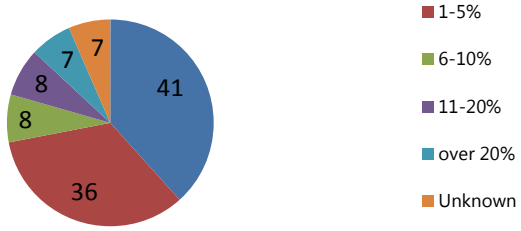


If your patient population includes seasonal or itinerant residents...

What percent of your total patient population is seasonal or itinerant in a calendar year?



What percentage experiences a language barrier when accessing services at your agency?



Does your facility need to increase the number of staff employed during the times of year that the seasonal or itinerant residents are present in the community?

Respondents report there is a seasonal impact on their patient population with the majority occurring in Southeast, Gulf Coast, Anchorage, and Southwest. (Note: there is a low response rate from Mat-Su). A majority of respondents indicated no need to increase staffing to address seasonal impact. Some respondents noted use of the language line telephonic interpreter services.

Telehealth

Answers to the open-ended question were coded into categories. Behavioral health services were the most frequently-mentioned services provided via telehealth and rural respondents reported providing more services via telehealth than urban respondents.

Table 30. Use of Telehealth

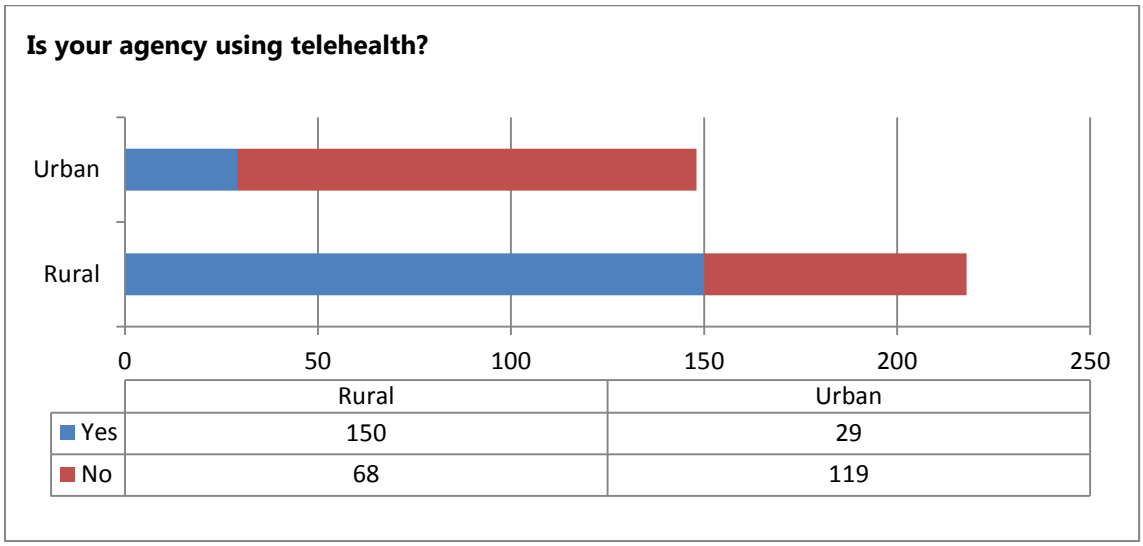
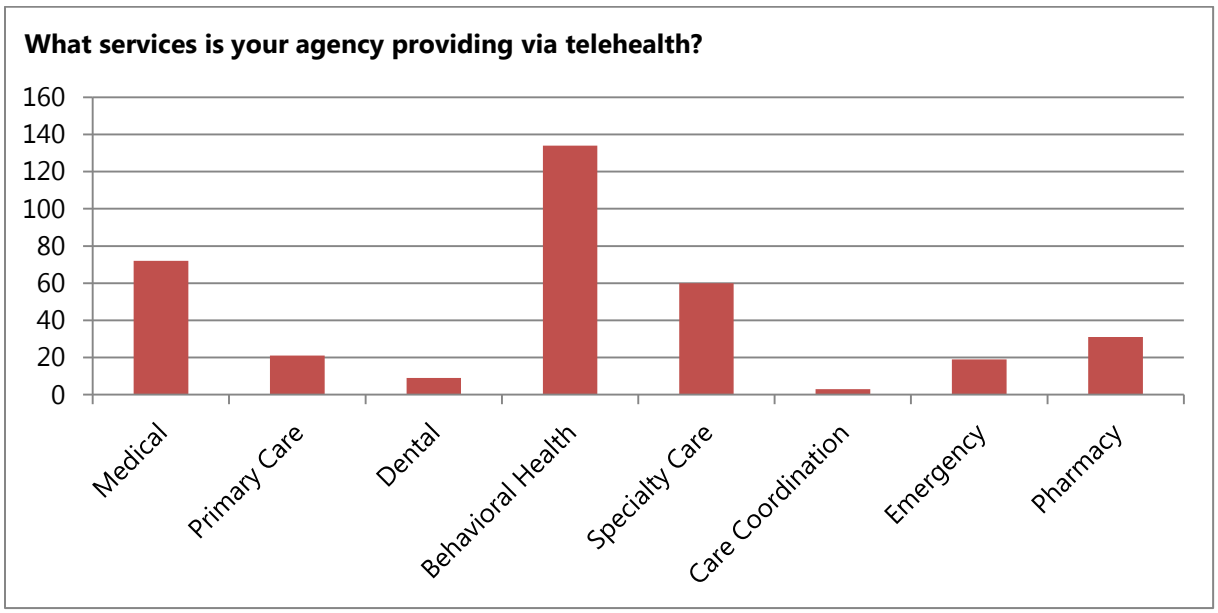


Table 31. Services Provided by Telehealth



Summary

Overall, survey responses demonstrated the variance between levels of service across different areas of the state. Throughout the process of gathering data, we were reminded of the difficulty of conducting a complete inventory of services in Alaska. The wide variety of practice types and settings was reflected in the responses received.

PART V
Public Health Nursing

Public Health Nursing survey

In order to examine the scope of services throughout the state, the Alaska Primary Care Office (Alaska PCO) conducted a survey of Public Health Nurses. Public Health Nurses employed by the State of Alaska, Division of Public Health, provide population-based nursing services at the individual, community, and system levels. With respect to individuals, Public Health Nurses provide services such as essential screening for domestic violence, alcohol use, health lifestyle, and immunization status. In addition, safety net services provided include well-child exams, sexually transmitted infectious disease investigation and treatment, immunizations, case management for tuberculosis, and reproductive health. In order to maximize individual health, Public Health Nurses also help facilitate community health initiatives, and conduct health education in various settings throughout the state. Public Health Nursing services provide the safety net with regard to specific services for clients who otherwise fall through the cracks within the health system. Where patients cannot easily access or afford even minimal copays for certain key services like reproductive health through the lifespan and well-child exams, Public Health Nurses often fill those gaps in communities across the state.

Study Design

Data was collected on a self-administered questionnaire disseminated to all Public Health Nurses through the Section Chief of Public Health Nursing. The questionnaire was a modified version of the statewide provider survey that was retooled to try to capture the type and scope of services provided by Public Health Nursing in 301 communities across the state. The survey format included multiple structured questions regarding various Public Health Nursing services and activities. Respondents could choose "yes," "no," or "itinerant/contract basis only" to identify which services they provide in various communities. If a respondent answered "no" or "itinerant/contract basis only," they were directed to a corresponding "if not, why not" question in which they could choose one or more of the following responses: not needed in this size community, not wanted by community, inadequate funding, inadequate space, inadequate equipment, inadequate staff available, or other. Respondents were also asked whether the services should be provided on a regular basis to meet local program or community goals by indicating "yes" or "no."

Responses regarding services were sorted and quantified by population size in order to examine the level of services delivered across different community sizes. Services examined were sorted into various categories. These encompassed preventive care, laboratory, patient care management, and other supportive services.

Challenges

The most significant challenge in this study was that the survey instrument itself was not adequately tooled to the specific nature of the type of services delivered by Public Health Nursing. For example, while some nurses will do some basic clinical tests, like urine tests for pregnancy, it is not within their scope to perform a broader range of clinical testing. However, all potential laboratory service questions asked on the statewide provider survey were left on the Public Health Nursing questionnaire. Because the scope of services performed by nurses in different communities varies in relationship to the specific gaps and needs within communities, the full range of questions was left on the questionnaire in order to capture the full range of services delivered. This may have caused some confusion to respondents for which many of the service questions did not apply.

Additionally, some questions were later removed from the final analysis because it was determined that they were not germane to the intent of the evaluation. For example, the question regarding whether respondents felt certain services should be offered on a regular basis in order to meet local program or community goals was excluded from the analysis.

While this perspective may be useful in other areas of consideration, the intention of this study was simply to determine the services and types of care in which Public Health Nurses help fill gaps and provide safety net services within the system. Also, in quantifying the responses, it became clear that certain services were not applicable to Public Health Nursing and so those questions were also eliminated from the final analysis. Lastly, the questions asking "if not, why not" regarding various services were eliminated as the response most often chosen by respondents was "other" without further clarification. It was determined that the question, as worded, did not have relevance to the delivery of Public Health Nursing services.

Analysis

In a majority of Alaska communities, Public Health Nurses indicate that they collaborate with other agencies in the community. The survey question gave the option of answering this question “on an itinerant basis,” and the majority of Public Health Nurses selected that option. This collaborative approach to safety net services enables focused provision of safety net services. In the majority of communities, breast and cervical cancer screenings, well-child services, and immunizations are

provided by Public Health Nurses primarily on an itinerant basis. Family Planning services are provided by Public Health Nurses in 44.3 percent of Alaska communities and in 40 percent of communities nurses indicated that they do not provide family planning services. This demonstrates the complementary nature of Public Health Nursing services. Nurses indicated they provide "other services" under laboratory, radiological, or pharmacy services. These specific services were offered in several communities and included Tuberculosis Directly Observed Therapy, Expedited Partner Therapy and Sexually Transmitted Infections Treatment. Public Health Nurses reported that they provided safety net services during 63,254 visits for 36,759 clients in the past 12 months. Public Health Nurses report a seasonal impact in 54.3 percent of the communities where they work; however, they report that a majority of communities have 20 percent or less increase in patient population, and a majority of those communities do not have patients who experience a language barrier. They also report in 94.1 percent of communities they do not need to increase the number of staff in order to address seasonal populations.

There are communities in Alaska where Public Health Nurses do provide direct safety net services. For these communities, Public Health Nursing has awareness, data, and response plans for safety net services as needed.

The role of Public Health Nurses working for the Department of Health and Social Services is to support and complement services offered by primary care providers through focused safety net Public Health Nursing services. In that role, there are occasions when clients "fall through the cracks" and appeal to Public Health Nursing for safety net services. For example, if finances are a barrier to access to care, such as high deductible or co-pay, Public Health Nursing provides safety net services to fill the gap with a sliding fee scale. In addition, no one is turned away based on an inability to pay. When possible if there is an unmet need in a community, nurses will collaborate with local or regional providers and step up to meet the need in that community, as long as it's within their capacity and scope of work. They will simultaneously work through temporary solutions and capacity building options with the local and regional health care providers, depending on the identified gap.

Data

Surveys were completed for 301 Alaska communities which are served by Public Health Nursing on a regular or itinerant basis. Of these 301 Alaska communities, approximately 220 are communities where Public Health Nurses respond to requests from the community or the Public Health Nurse is aware of a health improvement opportunity for the community. The following tables provide data based on all 301 Alaskan communities.

Table 1. Basic Preventive Safety Net Services by Community – Public Health Nursing

Breast and Cervical Cancer Screening			Well-Child Services			Immunizations		
Yes	No	Itinerant or Contract Basis Only	Yes	No	Itinerant or Contract Basis Only	Yes	No	Itinerant or Contract Basis Only
25	252	21	44	51	205	59	45	196
8.4%	84.6%	7.0%	14.7%	17.0%	68.3%	19.7%	15.0%	65.3%

Table 2. Community Health Services by Community – Public Health Nursing

Family Planning Services			Collaboration w/ other agencies/entities in the community		
Yes	No	Itinerant or Contract Basis Only	Yes	No	Itinerant or Contract Basis Only
47	120	133	89	41	169
15.7%	40.0%	44.3%	29.8%	13.7%	56.5%

Table 3. Other Services

Does PHN provide laboratory, radiological, or pharmacy services not already mentioned? If so, please list them below. (Open-Ended Response)	
TB DOT (Tuberculosis Directly Observed Therapy)	13
EPT (Expedited Partner Therapy)	6
STI (Sexually Transmitted Infections) Treatment	4

Table 4. Number of Visits and Clients

How many total safety net encounters/visits did your agency have in the last calendar year?	
Visits	63,254
Clients	36,759

Table 5. Seasonal and Itinerant Patient Populations		
Does your patient population include individuals who are located in your community only on a seasonal or itinerant basis (examples; tourists, fisherman, loggers)?		
Yes	126	54.3%
No	106	45.7%
If YES, what percent of your total patient population is seasonal or itinerant in a calendar year?		
Less than 5%	22	20.0%
6-10%	38	34.5%
11-20%	7	6.4%
over 20%	29	26.4%
Unknown	14	12.7%
If your practice does serve a seasonal or itinerant population, what percent of this population experience a language barrier when accessing services?		
0	34	35.8%
1-5%	43	45.3%
6-10%	6	6.3%
11-20%	6	6.3%
over 20%	3	3.2%
Unknown	3	3.2%
Does your facility need to increase the number of staff employed during the times of year that the seasonal/itinerant population are present in the community?		
Yes	8	5.9%
No	128	94.1%

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PART VI
Final Summary

The 2015-2016 Alaska Needs Assessment has spanned two years in its development. During that time, we have heard from a wide array of primary care, dental and behavioral health providers as well as the state's Public Health Nurses. We have researched several sources for updated data on the status of workforce in Alaska. We have researched several primary care-related health access and health indicator factors according to census area. We have drilled down to probe more deeply into issues that create barriers and challenges for primary care providers and practices. The findings that we have identified from this assessment are not necessarily new information, but support and expand the knowledge base we have about primary care.

We will continue to drill down into the data from this assessment for new and expanded knowledge. With our Phase II of the assessment, we intend to widely share and disseminate this information to communities, statewide partners and stakeholders. We hope to be able to engage with communities and statewide partners and stakeholders to address these issues on a statewide level as well as engaging communities in utilizing the information to impact positive community change.

Findings that we would like to highlight from this assessment include the following:

Recruitment and retention

Nationally, our country is facing a rapidly approaching crisis of not having sufficient primary care providers to meet the demand. Alaska will need an additional 237 primary care physicians by 2030, a 49% increase of the 486 active family medicine/general practice physicians. [1] This issue is reflected in the needs assessment, both in the survey findings and in the Key Informant interviews. In particular, the majority of survey respondents indicate their highest vacancies are physicians, mid-level providers, Community Health Aides, Community Behavioral Health Aides, Care Coordinators, Nurses, and Front Desk/Reception/Medical Records staff.

Isolation is an important factor that may have an impact on retention in particular. This could be clinical isolation or it could be physical remoteness/distance from extended family. If we want to effectively address the recruitment and retention problems in Alaska, one of the factors to be addressed needs to be identifying ways to counter the sense of isolation.

[1] Robert Graham Center. Alaska: Projecting Primary Care Physician Workforce. Accessed May 19, 2016. Available from: http://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Alaska.pdf.

Weaknesses in the primary care safety net were reported as a factor in retention of clinicians.

Care coordination

With the advent of Medicaid Expansion and Reform, there will be significant changes in expectations of providers and practices. Providers and administrators acknowledge the shift from volume of patients to value of care and health outcomes. Both the survey and the Key Informant Interviews identified care coordinators as essential members of the care team. However, they also identified concern that their services are not billable. These issues will need to be effectively addressed for providers to make the needed shift from volume to value.

Access to Specialty Care for uninsured

Key informants repeatedly identified the issue of uninsured having difficulty accessing specialty care.

Transportation

Both surveys and Key Informant Interviews reported challenges with transportation for patients. This was an issue for both rural and urban areas.

Bridges/dentures

The majority of respondents to the survey indicated that neither bridge work nor dentures were available in rural areas.

Lack of access to Behavioral Health Services

The issue of lack of access to behavioral health services was raised by multiple key informants. The survey indicated high vacancies for community behavioral health aides and licensed behavioral health providers. Key informants identified system problems contributing to the lack of access such as billing restrictions.

Health Professional Shortage Areas (HPSAs)

Upon examination of current established HPSAs overlaid with the statewide matrix, there are areas that need re-examination for possible HPSA application.