

Prepared for

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Mat-Su Borough Primary Healthcare Plan 2005-2015

JANUARY 2006



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Table of Contents

Executive Summary	6
Project Overview	6
Findings	7
Recommendations.....	11
Introduction.....	15
History of the Rural Healthcare Planning Network.....	15
Goal of the Plan	16
Relationship to State Health Facilities Planning Guidelines	16
Data Sources	16
Organization of the Report	16
Description of the Mat-Su Borough	18
Geographic Description of the Mat-Su Borough.....	18
Demographic and Housing Characteristics of the Mat-Su Borough	18
Access to Healthcare By the Population.....	20
The Health and Welfare of Residents of the Mat-Su Borough.....	25
Population Characteristics	25
Chronic Disease	26
Health Risks.....	29
Communicable Disease.....	30
Injury.....	31
Cause of Death.....	34
Maternal, Child, and Family Health	35
Current Providers and Service Utilization in the Mat-Su Borough.....	43
Existing Providers.....	43
Utilization	44
Where People Receive Care	47
The Model for Healthcare Services	50
Service Areas for the Mat-Su Borough.....	50
Healthcare models.....	52
Primary Care Projected Demand And Gap in services.....	54
Oral healthcare Projected Demand And Gap in Services	56
Behavioral Healthcare Projected Demand And Gap in Services.....	56
Emergency Medical Services Projected Demand And Gap in Services.....	57
Appendices.....	59

Appendix A: Key Informant Interview Questionnaire59
Appendix B: Data from Key Informant Interviews60
Appendix C: Data from Household Survey71
Appendix D: Household Survey Questionnaire111

List of Tables

Table 1 Service Area Population Projections: 2004 to 2015	7
Table 2 Service Area Population Density and Median Age: 2000	8
Table 3 Current Primary Care Providers and Projected Need	9
Table 4 Current Dentists and Projected Need.....	9
Table 5 Current Behavioral Health Providers and Projected Need	10
Table 6 Population by Age Group: 2000	19
Table 7 Population by Ethnicity: 2000	19
Table 8 Housing Characteristics: 2000	19
Table 9 Education and Poverty: 2000 Census	20
Table 10 Composition of Residents in the Mat-Su Borough, 2000.....	26
Table 11 Deaths Due to Chronic Disease in the Mat-Su Valley: 1993	26
Table 12 Deaths Due to Chronic Disease in the Mat-Su Valley: 2002	27
Table 13 Age Adjusted Death Rates for Coronary Heart Disease.....	28
Table 14 Age Adjusted Death Rates for Cancer (Per 100,000 Population, 1990-1998) .	28
Table 15 Chronic Disease Reported in the Mat-Su Borough: 1998 Health Status Telephone Survey	28
Table 16 Behavioral Risks in the Mat-Su Borough: 1996 – 2001 (95% Confidence Intervals)	29
Table 17 Health Risks Reported in the Mat-Su Borough: 1998 Health Status Telephone Survey	29
Table 18 Tobacco Use in the Anchorage/Mat-Su Borough Region 2000-2002 BRFSS .	30
Table 19 Gonorrhea Cases by Borough: 1999.....	30
Table 20 AIDS Cases by Borough of Residence at Diagnosis Data Cumulative as of June 30, 1999.....	31
Table 21 Deaths Due to Unintentional Injury in the Mat-Su Valley: 1993	32
Table 22 Deaths Due to Unintentional Injury in the Mat-Su Valley: 2002.....	32
Table 23 Traumatic Brain Injury: 1996-1998.....	33
Table 24 Potential Causes of Injury Reported in the Mat-Su Borough: 1998 Health Status Telephone Survey	33
Table 25 Family Violence Reported in the Mat-Su Borough: 1998 Health Status Telephone Survey	33
Table 26 Five Leading Causes of Death in the Mat-Su Valley: 1993	34

Table 27 Five Leading Causes of Death in the Mat-Su Valley: 2001	34
Table 28 Children in the Mat-Su Borough: 2000	35
Table 29 Racial Composition of Children (19 and Under) in the Mat-Su Borough, 2000	35
Table 30 Family Income: 2000	36
Table 31 School Children Ages 5 to 17 Receiving Public Assistance* Selected Districts, 2001-2002 School Year	36
Table 32 Percent of Mothers Receiving Less Than Adequate Prenatal Care 5-Year Average, 1997-2001.....	37
Table 33 Percent of Alaska Babies with Low Birth Weight, by Region 5-Year Average, 1997-2001	38
Table 34 Birth Rate for Teens by Region Per 1000 Girls, 5-Year Average, 1997-2001 .	38
Table 35 School District Enrollment: 1988 and 2004	39
Table 36 Percentage of Dropouts (Grades 9-12) by Region: 2001-2002	39
Table 37 Child and Adolescent Injuries in the Mat-Su Borough: 1994-1998	40
Table 38 Serious and Fatal Firearm Injuries, Ages 0-19 (Rate/100,000 Youth) 1991-1997	41
Table 39 Infant Mortality Rate by Region Per 1000 Live Births, 5-Year Average, 1997- 2001.....	42
Table 40 Child Death Rate by Region Per 100,000 Children (1-14) 5-Year Average, 1997-2001	42
Table 41 Mat-Su Borough Primary Care Providers.....	44
Table 42 Primary Care Telephone Survey	45
Table 43 Patient Origin by Provider Type.....	46
Table 44 Provider Practice Characteristics	47
Table 45 Third Party Payment Sources	47
Table 46 Location of Primary Care Services Used by Mat-Su Borough Residents	48
Table 47 Reasons for Seeking Primary Care Elsewhere	49
Table 48 Primary Care Service Areas.....	50
Table 49 Provider to Population Ratios	54
Table 50 Current Primary Care Providers and Projected Need	55
Table 51 Mat-Su Borough Population Projections: 2004 to 2015	55
Table 52 Current Practicing Dentists and Projected Need: 2004 to 2015	56
Table 53 Current Behavioral Health Professionals and Projected Need: 2004 to 2015 ..	57
Table 54 EMS Resources by Service Area.....	58

Executive Summary

PROJECT OVERVIEW

Four years ago, a group of rural healthcare providers concerned about primary care access outside the core area formed the Mat-Su Rural Healthcare Planning Network (RHPN). Initially, this network offered a forum for increased communication between rural providers to discuss best practices and to collaborate and plan for primary care access in underserved areas. Over time, the focus of the effort expanded to include the entire borough, although the group elected not to change its name. The RHPN included primary care (with EMS), oral health, and behavioral health services in its planning efforts.

The goal of the RHPN was to create a comprehensive, holistic, healthcare plan for the Mat-Su Borough. Having this plan will conserve local resources, while demonstrating the foresight and collaboration necessary to garner additional funding. Most importantly, this plan will help meet the healthcare access needs of all borough residents in the best manner possible.

In order to complete the healthcare plan, providers agreed that more data was required to properly identify the primary care needs of borough residents and to justify the need for additional resources. In 2002, the Denali Commission awarded the RHPN (through the Mat-Su Borough) a grant to conduct a primary care needs assessment and gap analysis of healthcare for rural Mat-Su Borough residents. A consulting firm, Information Insights, was hired to complete this work. After some work had been completed, it became clear that having a borough-wide plan would be preferable. Additional funding was secured from the Denali Commission to expand the project borough-wide.

Members of the RHPN signed a memorandum of agreement to collaborate on this project. The official members of the RHPN include Chickaloon Village Traditional Council, Mat-Su Health Services, Matanuska-Susitna Borough, Southcentral Foundation, Sunshine Community Health Center, Valley Healthy Communities Program, and Valley Hospital Association. Other frequent meeting attendees included staff from the Denali Commission, Mat-Su Public Health, and the Alaska Department of Health and Social Services. The meetings have always been open to anyone and the group has tried to reach out to the healthcare community in the Mat-Su Borough. Additionally, there has always been a public website where all the documents for the project are available. That website is <http://healthnetwork.infoinsights.com>. The full text of reports on the data collection activities are available on the website.

The project has tried to include every recognized community in the borough. Communities that have been included in project activities are: Big Lake, Buffalo/Soapstone, Butte, Chase, Chickaloon, Farm Loop, Fishhook, Gateway, Glacier View, Houston, Knik, Knik River, Lake Louise, Lakes (north and south), Lazy Mountain,

Meadow Lakes, Palmer, Petersville, Pt. McKenzie, Skwentna, Susitna, Sutton, Talkeetna, Tanaina, Trapper Creek, Wasilla, Willow and Y.

Data regarding these communities and their current healthcare availability and needs was collected through a review of existing plans, data and providers, community meetings held in each community, interviews with 50 key informants in the borough, and a survey of 400 impacted residents. After the data had been gathered, a needs assessment and gap analysis of the healthcare availability in these communities was completed. Using the results of the needs assessment and gap analysis, a thorough, holistic health plan was developed for the borough. An overview of the major findings follows.

It is important to remember that the data contained in this report, and upon which the plan was based, is a snapshot. The data were accurate at the time they were collected, but progress has marched on. The Mat-Su Borough is experiencing such rapid change that many things have continued to change in the time it took to compile the data and write this report. Efforts have been made to update materials as much as possible, but readers are advised to understand that some numbers may have changed since the data was collected.

FINDINGS

- The Mat-Su Borough is the fastest growing area of the state. The population growth rate in Alaska between 2000 and 2004 was 5%, in the Mat-Su Borough it was 18%.

Table 1 Service Area Population Projections: 2004 to 2015

Service Area	Average Annual Population Growth (2000-2004)	Population		
		2004*	Projected 2010	Projected 2015
Core Area	3.9%	32,336	40,675	49,245
Old Glenn Hwy	2.9%	4,822	5,724	6,604
Knik Goosebay Rd	7.2%	9,439	14,288	20,185
South Parks Hwy	4.3%	10,225	13,128	16,167
Glenn Hwy South	2.5%	2,196	2,542	2,872
Glenn Hwy North	2.1%	365	412	456
Upper Susitna Valley	2.3%	4,250	4,878	5,471
Off Road	-6.7%	112	74	52

*State Demographer Estimate

- The Mat-Su Borough is very large; it is over 25,000 square miles. It is the fourth largest geographic area of any county-level government unit in the country. The area is very diverse.

Table 2 Service Area Population Density and Median Age: 2000

Service Area	Population Density (people per square mile)	Median Age
Core Area	435.3	31.9
Old Glenn Hwy	38.4	36.3
Knik Goosebay Rd	66.8	33.3
South Parks Hwy	57.3	34.3
Glenn Hwy South	14.8	36.7
Glenn Hwy North	1.3	44.0
Upper Susitna Valley	4.6	40.6
Off Road	0.2	44.6

- Residents are widely dispersed throughout the borough with a driving distance of over 240 miles between Trapper Creek and Lake Louise. Some residents live off the road system entirely.
- Many residents of the Mat-Su Borough do not have health insurance or are only covered for catastrophic injuries or illness. Many residents work seasonally or are self-employed and are not likely to acquire insurance under the current system.
- The Mat-Su Borough has difficulty trying to recruit locally trained physicians or dentists because Alaska lacks a medical school or dental school.
- Residents of the Mat-Su Borough have trouble accessing healthcare for a variety of reasons: lack of insurance or inability to pay, lack of transportation, and an inadequate number of providers to meet the demands of a growing population.
- Healthcare providers in the Mat-Su Borough are remarkably willing to collaborate with each other.
- Current EMS volunteers are extremely dedicated, but in many areas of the borough there are not enough volunteers to provide adequate round-the-clock coverage.
- Many residents lack access to prevention-orientated healthcare and are not well educated about healthy lifestyle choices.
- Mat-Su Borough residents are likely to obtain healthcare near their place of employment. Nearly 40% of Mat-Su Borough residents work in Anchorage.

Table 3 Current Primary Care Providers and Projected Need

Service Area	Number of Current Providers*	Primary Care Physicians Needed		
		2004	2010	2015
Core Area	40	16.17	20.34	24.62
Old Glenn Hwy	0	3.21	3.82	4.40
Knik Goosebay Rd	0	6.29	9.53	13.46
South Parks Hwy	0	6.82	8.75	10.78
Glenn Hwy South	0	1.83	2.12	2.39
Glenn Hwy North	0	0.30	0.34	0.38
Upper Susitna Valley	2	3.54	4.07	4.56
Off Road	0	0.09	0.06	0.04
Total	42	38.25	49.03	60.63

*Includes primary care, pediatricians, OB/GYN, and internists.

- Residents of the Mat-Su Borough currently find it difficult to access information about providers and services that are available to them.
- Most primary care providers are currently located in the core area of the borough. As other areas of the borough grow, there will be opportunities for providers to practice or provide services in fast growing service areas such as Knik Goosebay Road and the South Parks Highway areas. Many areas of the borough either do not have enough providers currently, or will not in the future assuming the current rate of population growth continues.

Table 4 Current Dentists and Projected Need

Service Area	Number of Current Providers	Dentists Needed		
		2004	2010	2015
Core Area	34	16.17	20.34	24.62
Old Glenn Hwy	0	3.21	3.82	4.40
Knik Goosebay Rd	0	6.29	9.53	13.46
South Parks Hwy	0	6.82	8.75	10.78
Glenn Hwy South	0	1.83	2.12	2.39
Glenn Hwy North	0	0.30	0.34	0.38
Upper Susitna Valley	1	3.54	4.07	4.56
Off Road	0	0.09	0.06	0.04
Total	35	38.25	49.03	60.63

Table 5 Current Behavioral Health Providers and Projected Need

Service Area	Number of Current Providers	Behavioral Health Providers Needed		
		2004	2010	2015
Core Area	25	8.98	11.30	13.68
Old Glenn Hwy	0	1.34	1.59	1.83
Knik Goosebay Rd	0	2.62	3.97	5.61
South Parks Hwy	0	2.84	3.65	4.49
Glenn Hwy South	0	0.61	0.71	0.80
Glenn Hwy North	0	0.10	0.11	0.13
Upper Susitna Valley	1	1.18	1.36	1.52
Off Road	0	0.03	0.02	0.01
Total	26	17.70	22.71	28.07

Notes and assumptions for the tables.

1. The number of current providers reflects the number of actual providers in the area, not the level of full time equivalents (FTE). Not all current providers are working full time. Projected need is for FTEs.
2. Projected providers assumes each service area continues to experience the same rate of population growth for the upcoming ten years as it has for the previous five years (see page 3 for projected population and growth rates).
3. The level of current and projected providers needed is based on a provider to population ratio. The ratio used here is that used by Southcentral Foundation since they are serving clients in Alaska. However their ratios and those used here are within the ranges deemed reasonable by provider organizations and reflect national use data. The ratios for primary care providers and dentists were adjusted for different service areas because providers in rural areas are expected to serve fewer people. The reality for rural providers is that they spend more time with each patient since there are fewer support staff.

For the Core Area the ratio for primary care providers and dentists is 1 provider to 2,000 people in the population. For the collar areas of the Old Glenn Highway, Knik Goosebay Road, and the South Parks Highway, the ratio for primary care providers and dentists is 1:1,500. For the remaining service areas which are all rural, the ratio for primary care providers and dentists 1:1,200. The ratio for behavioral health providers is the same for all service areas (there are no additional tests for behavioral health providers to run in rural areas that urban providers would have support staff to administer) at 1:3,600.

One additional consideration when thinking about the required providers for the Mat-Su Borough is to consider the impact of tourists. For example, the Upper Susitna Valley has over 400,000 people pass through who visit Denali National Park each summer. Many tourists drive out the Glenn Highway to Glacier View. Other communities like Lake

Louise more than double in size in the summer as people come to their summer cabins. These and other areas in the borough also see sizable numbers of people visiting to snow machine.

RECOMMENDATIONS

The focus of the Matanuska-Susitna Borough Primary Healthcare Plan is medical, dental and behavioral healthcare. The plan could not effectively focus on other services such as services for seniors or those with disabilities. The goal of the plan is that healthcare services be available to all people in Mat-Su Borough regardless of race/ethnicity, ability to pay, access to private transportation, or geographic location in the borough. The following recommendations are made towards reaching that goal.

1. Borough Health and Social Services Task Force

Population growth made the Matanuska-Susitna Borough eligible for the State's Health and Human Services Matching Grant program two years ago. The Borough is currently using the basic health and social services powers it has to administer the grant. Local providers see the expansion of the Borough's health and social service powers as a way to attract additional funding for services, with the Borough acting as a pass-through for project funding. Before this Task Force is formed, the state's Director of Public Health should be consulted. During interviews with key informants, many people expressed an interest in seeing the merits of this idea being fully considered.

Recommendation: The Mat-Su Borough should form a Task Force to research and explore the need for health and social service powers, including the establishment of a commission or board to advise the Borough Assembly on matters related to health and social services.

2. Collaboration Between Primary Care Providers

The face of primary care in the Matanuska-Susitna Borough has changed drastically in the past year. A new hospital will open in January 2006, a Section 330 Community Health Center* was funded in Wasilla, and the Southcentral Foundation opened a clinic in Wasilla. Continued growth in population will bring additional changes to the primary care system.

Recommendation: Primary care providers (medical, dental, and behavioral health providers as well as the Native, non-Native, and Veterans care systems) are encouraged to continue their collaboration to ensure that high quality healthcare services are available to all residents of the Borough, no matter where they live.

* Section 330 Community Health Centers are federally funded health clinics that offer services on a sliding fee scale so people are charged according to their ability to pay. A region must demonstrate that there is unmet need in order to qualify for Section 330 funding.

Agencies serving Alaska Natives, the Veterans' Administration, private providers, and others should work towards sharing providers or facilities as a means of extending services to all parts of the Borough.

3. Section 330 Community Health Centers

There are currently two Section 330 Community Health Centers* in the Matanuska-Susitna Borough. One is located in Wasilla (Mat-Su Health Services) and the other is in Talkeetna (Sunshine Community Health Center) with a satellite clinic in Willow. These clinics provide sliding-fee based primary care services to people living in the heavily populated southern portion of the Borough and to the residents of communities along the Parks Highway. There are few primary care options available to those living in the eastern portion of the Borough along the Glenn Highway.

Recommendation: The Mat-Su Borough and the Rural Healthcare Planning Network should support the development and funding of a new or satellite Section 330 Community Health Center to serve the residents of the Glenn Highway North and South service areas as appropriate for the population.

Current facility needs for Community Health Centers include an expansion of the Sunshine Community Health Center to accommodate its designation as a Frontier Extended Stay Center, where patients needing limited observation can stay rather than going to the hospital in Wasilla. A facility to house a Community Health Center (either a new program or satellite of an existing center) in the Glenn Highway North or South service areas will be needed within the next five years. The Community Health Centers are encouraged to explore the possibility of contracting with local providers before expanding their existing facilities.

4. Transportation Coordination

Many low income residents of the Borough, especially those living in outlying areas, have difficulty finding reliable transportation to get to primary care appointments or other important destinations.

Recommendation: The MASCOT program is encouraged to continue to work with health and human services providers to create a regional transportation system that utilizes existing vehicles (owned by the health and human service providers) and is coordinated through a central dispatch. This system would provide more frequent service and cover a greater portion of the Borough.

* Section 330 Community Health Centers are federally funded health clinics that offer services on a sliding fee scale so people are charged according to their ability to pay. A region must demonstrate that there is unmet need in order to qualify for Section 330 funding.

5. Emergency Medical Services

The availability of emergency medical services is limited in many of the Borough's outlying communities. The level of training and expertise for EMS providers varies from community to community.

The Borough's EMS system currently has no full-time employees. It is very difficult to train and maintain "volunteer" EMS personnel and expect to develop the experience and knowledge level equal to a paid, full-time workforce. The higher level training and certification requires a greater time commitment from our volunteer personnel; a commitment which most of them cannot make.

Recommendation: The Mat-Su Borough should review its EMS protocols to identify gaps in service availability and coverage. The Mat-Su Borough should establish population criteria for the level of service that will be available in each community with an emphasis on providing more highly trained personnel in areas where medical services are limited or not available.

6. Healthcare Workforce

Nationally, there are shortages of doctors, nurses, dentists, dental hygienists, and counselors. Recruitment is even more difficult in Alaska where there are no medical or dental schools from which to draw new doctors and dentists. The state's winter weather and darkness can also be a deterrent to recruiting providers from other states.

Recommendation: Mat-Su Resource Conservation and Development, the Mat-Su Regional Advisory Council, the Mat-Su Borough School District, Southcentral Foundation, the University of Alaska Mat-Su College, Job Corp, and other agencies are encouraged to address staffing sustainability for healthcare (primary care, behavioral healthcare, oral healthcare, and associated allied health professionals) in the Mat-Su Borough through dialogue and collaboration. These groups should work to more effectively utilize the Alaska Family Practice Residency Center and ANP/PA mentorships the University of Alaska already operates.

7. Preventive Healthcare

Exercise, good nutrition, and regular checkups have been proven to prevent or delay the onset of many medical, dental and behavioral health problems.

Recommendation: All areas without a resident healthcare provider should have an annual health fair as well as other preventative health measures (such as a community treadmill, etc.) which are tailored to meet the specific needs of a community. These activities should be undertaken through a collaboration between the Mat-Su Public Health Service, Valley Healthy Communities Program, Alaska Health Fair, Inc., the Cooperative Extension Service, the Mat-Su Borough School District, the United Way of Mat-Su, and existing service providers.

8. Access to Provider and Service Information

Many Borough residents, especially seniors, said that they had difficulty determining what services were available and which providers accept Medicaid or Medicare.

Recommendation: The United Way of Mat-Su and other partners are encouraged to continue their efforts to implement the 211 telephone and website clearinghouse for health and social services. The United Way is encouraged to compile and maintain a website of providers who are currently accepting new Medicare, Medicaid, and Denali Kid Care patients.

9. Veterans' Healthcare Services

Nearly a fifth (19.4%) of the residents of the Matanuska-Susitna Borough are military veterans. Most veterans who live in the Borough must go to Anchorage in order to receive Veterans' Administration funded healthcare services.

Recommendation: The Veterans' Administration should expand its contracting for healthcare services in the Mat-Su Borough so that veterans can receive services in their community. The VA is encouraged to utilize existing services within the Mat-Su community whenever possible.

10. Disaster Preparedness

Many groups in the Mat-Su Borough are working to improve disaster preparations and hold drills to ensure readiness and training.

Recommendation: The Mat-Su Borough should continue work to improve coordination among local, state, and federal agencies and any potential community resources regarding disaster preparedness efforts.

11. Healthcare Facilities

While the vast majority of the Mat-Su Borough's population lives within a reasonable distance of the Core Area and the services it provides, healthcare must be available to those who live further away. Communities in the outer reaches of the Borough are too small to each support their own facilities, so services should be provided in hub communities.

Recommendation: All providers are encouraged to use this plan to inform and justify service expansion. Whenever possible, providers should expand existing facilities and infrastructure and ensure that any planned facilities are sustainable before expanding or building new facilities.

Introduction

HISTORY OF THE RURAL HEALTHCARE PLANNING NETWORK

Four years ago, a group of rural healthcare providers concerned about primary care access outside the core area formed the Mat-Su Rural Healthcare Planning Network (RHPN). Initially, this network offered a forum for increased communication between rural providers to discuss best practices and to collaborate and plan for primary care access in underserved areas. Over time, the focus of the effort expanded to include the entire borough, although the group elected not to change its name. The RHPN included primary care (with EMS), oral health, and behavioral health services in its planning efforts.

Members of the RHPN signed a memorandum of agreement to collaborate on this project. The official members of the RHPN include Chickaloon Village Traditional Council, Mat-Su Health Services, Matanuska-Susitna Borough, Southcentral Foundation, Sunshine Community Health Center, Valley Healthy Communities Program, and Valley Hospital Association. Other frequent meeting attendees include staff from the Denali Commission, Mat-Su Public Health, and the Alaska Department of Health and Social Services. The meetings have always been open to anyone and the group has tried to reach out to the healthcare community in the Mat-Su Borough. Additionally, there has always been a public website where all the documents for the project are available.

The project has tried to include every recognized community in the borough. Communities that have been included in project activities are: Big Lake, Buffalo/Soapstone, Butte, Chase, Chickaloon, Farm Loop, Fishhook, Gateway, Glacier View, Houston, Knik, Knik River, Lake Louise, Lakes (north and south), Lazy Mountain, Meadow Lakes, Palmer, Petersville, Pt. McKenzie, Skwentna, Susitna, Sutton, Talkeetna, Tanaina, Trapper Creek, Wasilla, Willow and Y. There are additional people living in the Mat-Su Borough who do not reside in a community, but they are so scattered it was impractical to attempt to get their input beyond their potential inclusion in the community survey.

In order to complete the healthcare plan, providers agreed that more data was required to properly identify the primary care needs of borough residents and to justify the need for additional resources. In 2002, the Denali Commission awarded the RHPN (through the Mat-Su Borough) a grant to conduct a primary care needs assessment and gap analysis of healthcare for rural Mat-Su Borough residents. A consulting firm, Information Insights, was hired to complete this work. After some work had been completed, it became clear that having a borough-wide plan would be preferable. Additional funding was secured from the Denali Commission to expand the project borough-wide.

GOAL OF THE PLAN

The goal of the RHPN was to create a comprehensive, holistic, healthcare plan for the Mat-Su Borough. Having this plan will conserve local resources, while demonstrating the foresight and collaboration necessary to garner additional funding. Most importantly, this plan will help meet the healthcare access needs of all borough residents in the best manner possible. The group agreed the plan could not and should not try to address every health and social service problem in the borough. The plan focuses on primary medical care (including EMS), oral health, and behavioral health services.

RELATIONSHIP TO STATE HEALTH FACILITIES PLANNING GUIDELINES

In 1999, the Denali Commission was granted authority by Congress to address rural Alaska health care issues. Among other functions, this authority authorized the Denali Commission to support community planning as a means of identifying primary care facility needs. The Denali Commission provided funding to the Matanuska-Susitna Borough to support the activities of the RHPN and the development of this plan.

DATA SOURCES

Data regarding these communities and their current healthcare availability and needs was collected through a review of existing plans, data and providers, community meetings held in each community, interviews with 50 key informants in the borough, and a survey of 400 impacted residents. After the data had been gathered, a needs assessment and gap analysis of the healthcare availability in these communities was completed. Using the results of the needs assessment and gap analysis, a thorough, holistic health plan was developed for the borough.

ORGANIZATION OF THE REPORT

The next chapter of this report contains information about the Mat-Su Borough. It provides the lay of the land as well as demographic information about residents. The following chapter has information about the current health of Mat-Su Borough residents. The following chapter contains information on current providers in the Mat-Su Borough. The next chapter highlights how projections were made and the need for services now and in the future. The final three chapters contain the findings, the barriers to implementing the recommendations, and the recommendations. There are appendices with more information about the data collection activities.

It is important to remember that the data contained in this report, and upon which the plan was based, is a snapshot. The data was accurate at the time they were collected, but progress has marched on. The Mat-Su Borough is experiencing such rapid change that many things have continued to change in the time it took to compile the data and write

this report. Efforts have been made to update materials as much as possible, but readers are advised to understand that some numbers may have changed since the data was collected.

Description of the Mat-Su Borough

GEOGRAPHIC DESCRIPTION OF THE MAT-SU BOROUGH

The Matanuska-Susitna Borough is situated within the heart of Southcentral Alaska, encompassing more than 25,000 square miles (about the size of the state of West Virginia). It is the fourth largest geographic area of any county-level government unit in the country. The area is very diverse. The Mat-Su Borough had an average of 2.4 people per square mile, although this varies widely. In the core area of Palmer and Wasilla the population density is 435 people per square mile, while in the roadless areas the density is 0.2 people per square mile. Alaska averages 1.1 person per square mile. Residents are widely dispersed throughout the borough with a driving distance of over 240 miles between Trapper Creek and Lake Louise. Some residents live off the road system entirely.

The borough includes mountain ranges and valleys; glaciers, rivers, and lakes; wetlands, tundra, and boreal forest; farms, towns, suburban homes, and isolated cabins; and vast stretches of pristine wilderness. The borough includes portions of the Alaska Range with the tallest mountain in North America, Mount McKinley, just outside its northern borders; portions of the Chugach Mountains to the south; and virtually the entire Talkeetna and Clearwater Ranges in its interior.

DEMOGRAPHIC AND HOUSING CHARACTERISTICS OF THE MAT-SU BOROUGH

The Mat-Su Borough is the fastest growing area of Alaska. The estimated population of the Mat-Su Borough in 2004 was 72,278. The population in 2000 was 59,322. The percent change in population between April 1, 2000 and July 1, 2004 was 21.8%. Alaska's statewide population grew by 4.5% during that same time period. Even with this high rate of population growth in the Mat-Su Borough, the rate is slowing (as is the statewide rate). Between 1990 and 2000 the population growth rate in the Mat-Su Borough was 49.5%. Alaska's population grew by 14.0% during the same time.

As indicated in the table below, the Mat-Su Borough was very similar to the state with regard to the percentage of children 5 years old or younger, the percentage of children 18 years old or younger, the percentage of residents over 65 years old, and the percentage of the population that is female. The median age varies throughout the borough with younger people tending to live in the Palmer-Wasilla area and older people living in the rural areas. In the Palmer-Wasilla area the median age is 31.9 year old, while in the roadless areas the median age is 44.6 years old.

Table 6 Population by Age Group: 2000

% of residents...	Mat-Su Borough	Alaska
5 years old or younger	7.0%	7.6%
18 years old or younger	32.2%	30.4%
65 years old or older	5.9%	5.7%
Female	48.0%	48.3%

The Mat-Su Borough has substantially more white residents than Alaska does statewide. The borough also has only about one third as many Alaska Native residents as the state does overall.

Table 7 Population by Ethnicity: 2000

% of residents...	Mat-Su Borough	Alaska
White	87.6%	69.3%
Alaska Native /American Indian	5.5%	15.6%
Reporting more than 1 race	4.6%	5.4%
Other races (Black, Asian, Native Hawaiian, Pacific Islander)	2.4%	9.6%

Part of the reason the Mat-Su Borough has experienced such high rates of population growth in recent years is that the area offers lower housing costs relative to Anchorage, yet is close enough that workers can commute to Anchorage. Given its high rate of population growth, it is surprising that the borough actually has a higher percentage of residents living in the same house in 2000 as 1995 compared to the state. In 2002 the Mat-Su Borough had 27,485 housing units, and 20,556 households. The borough had only a slightly higher number of people per household relative to the state. A greater than average number of the housing units were single-family homes and in 2000 the Mat-Su Borough outpaced the state in homeownership rates by over 16 percentage points. Workers are paying for their housing deals with time—the Mat-Su Borough workers had a commute time that is more than double the average state commute.

Table 8 Housing Characteristics: 2000

Housing Characteristics	Mat-Su Borough	Alaska
Homeownership rate	78.9%	62.5%
People per household	2.84	2.74
Living in same house in 1995 and 2000 ¹ , pct age 5+,	49.4%	46.2%
Housing units in multi-unit structures, percent	9.9%	27.0%
Median value of owner-occupied housing units	\$125,800	\$144,200
Mean travel time to work (minutes), workers age 16+	40.7	19.6

The Mat-Su Borough is very similar to the state in the percentage of residents with a high school diploma, but the borough had a lower percentage of residents with a college degree. The median household income in the borough was nearly identical to the state's median household income. The borough had a higher percentage of residents living in poverty than the state. The Mat-Su Borough had about half as many foreign born residents as the state and, not surprisingly, also had fewer households where English was not the language spoken in the home.

Table 9 Education and Poverty: 2000 Census

Education and Poverty	Mat-Su Borough	Alaska
High school graduates, people age 25+	88.1%	88.3%
Bachelor's degree or higher, people age 25+	18.3%	24.7%
Median household income	\$51,221	\$51,571
Persons below poverty	11.0%	9.4%
Foreign born persons	2.6%	5.9%
Language other than English spoken at home, age 5+	5.1%	14.3%

ACCESS TO HEALTHCARE BY THE POPULATION

Asking people about their access to healthcare was the overriding theme of the data collection efforts. At the community forums held in each community residents were asked about their access to healthcare and what prevented them from having access if it was an issue for them. What was learned from the community forums is that there are two primary barriers to accessing health care: cost and transportation. Residents were asked similar questions on the household survey. Key informants were also asked about these issues.

Cost as a barrier

Many, many residents at the community forums said they did not have regular access to medical care. People stated that cost was a decision making factor when considering whether to seek emergency treatment in situations that did not seem immediately life-threatening. At least two people were seen at community forums who clearly needed medical care. For example, one woman was limping and said she had been told she needed a knee replacement. She did not have insurance, and did not qualify for Medicaid because she owned a small piece of property. She had no immediate plans to seek treatment for her knee problem.

While the answers to these questions about barrier to access were not surprising, the consistence and urgency with which people said they could not afford healthcare was stunning. Of course people without insurance who do not live near one of the Community Health Centers (located in Talkeetna and Wasilla) which offer service on a

sliding fee scale have the worst plight. In many of the rural communities in the borough, a substantial portion of the population does not have insurance. Many people are self or seasonally employed. Some of the more remote communities do not have any large employers aside from the government, so nearly everyone is without insurance. Even people with insurance are feeling the pinch. More costs are passed on to the consumer and people are worried about paying their medical bills. Many residents, both with and without insurance, said they do not go to the doctor unless it seemed serious.

As part of the data collection, a household survey of 400 borough residents was conducted. The vast majority of respondents—84%--indicated that they have some type of health coverage. Over 65% said they have private insurance coverage. Among those without insurance, the most common reason given for not having insurance was an inability to afford it. The high level of self-reported medical insurance coverage must be viewed through the lens of a telephone survey and the bias that introduces into a sample. Immediately the sample is slightly biased because only households with a telephone were contacted. Those too poor to have a telephone were excluded. Additionally, the survey did not include those people who have registered with the national “No Call” list. Cell phones were not included in the sample, and many of those who only have a cell phone are younger people who are less likely to have a job where health coverage is available.

Among the respondents who said they had private insurance, 4.8% of those reported that their coverage was only catastrophic or major medical type coverage. The next most common type of coverage was Medicare with just 7.8% of reporting that coverage. The survey sample divided the borough into four regions, the two rural regions were much less likely to report having private health insurance. Only 13.5% of respondents answered the question about why they did not have health insurance. The most common answer was an inability to afford it, which was cited by 35 of the 54 people answering. Other answers included not wanting insurance which 7 people reported or other reasons reported by 8 people.

People’s inability to afford the health care they need was the number one access issue raised by the key informants. It was the most frequently mentioned barrier to access and the top answer when people were asked to name the biggest health care issue. Respondents did not hesitate. Some people were saying, “Cost” in answer to the question before the question was even finished. The only group of respondents for which cost was not the dominant answer was providers.

Opinions among the key informants were about evenly split as to whether this issue was more pressing in either the urban or rural areas of the borough. About half of respondents felt that the issue was the same across all areas of the borough (with many respondents noting that the issue is the same across the country). The other half of respondents felt that the lack of insurance and inability to pay was a bigger issue in the rural areas of the borough. Many people felt that the jobs available in those areas were much less likely to offer insurance than jobs in the more urban areas of the borough.

Transportation as a barrier

The other consistent barrier to healthcare access is transportation. While the distance of transportation needed is more of an issue in the rural communities, transportation was an issue mentioned everywhere. This barrier was not expressed as strongly in the

community forums as the cost issue, but to some degree there was a selection bias—everyone who came to a community forum obviously had some means of transportation. Many residents at the community forums mentioned that they had older relatives or neighbors who had trouble getting around.

Since there is very little public transportation, unless you have a vehicle and driver's license, or very kind friends or family, there is no way to get places. Currently MASCOT, the public transportation system in the borough, has a small service area and abbreviated service hours. In a borough the size of West Virginia, scheduled public transportation is only available in the Palmer/Wasilla area and that service is very limited. MASCOT has only one route between Palmer and Wasilla which has 29 stops and only runs 6 times a day. MASCOT also makes one trip from Wasilla to Anchorage in the morning and one outgoing trip from Anchorage to Wasilla in the evening. For people in the communities of Knik, Big Lake, Houston, Meadow Lakes, or the Butte service is available with a 24-hour advance phone call. If you do not live in one of the seven communities served by MASCOT, there is no public transportation in the Mat-Su Borough. Rates are \$2.00 per bus ride for local routes and \$2.50 for a trip into/out of Eagle River or Anchorage. There is also a \$5.00 all day pass or an \$85 MASCOT monthly pass. This is expensive transportation.

At community forums in both rural and core area communities, people voiced the need for public transportation again and again. Seniors and those too ill to drive are unable to attend medical appointments. People without a reliable vehicle or a valid driver's license also cannot access health care. Additionally, improved transportation would benefit not just those lacking access to healthcare, but many others as well. In the community forums, residents mentioned their children's inability to participate in extracurricular activities because the only way for them to get home is on the school bus immediately after school. Others without a vehicle or driver's license are prevented from being self-sufficient because they cannot get to a job. Many of those who do not have a vehicle or license are also the people working retail jobs with later hours. The limited service hours of MASCOT makes it challenging for those people to get to and from work.

Surprisingly, 98% of those responding the household survey reported having reliable transportation. However, providers in the borough know that transportation is an issue. It is frequently mentioned when patients call to cancel appointments or when appointments are missed. Additionally, many providers in the borough offer transportation services which are well used. The survey did not probe what people meant by reliable transportation—respondents may have answered this question in the affirmative if they have a good friend they can count on or if they consistently use the transportation offered by their provider.

The lack of transportation to get to services was an issue that came up over and over with the key informants. Respondents cited it as a barrier to accessing care, even for people living in the core area or in the Upper Susitna where health care is available locally. Seniors were mentioned most frequently as the group facing transportation issues. Respondents felt seniors were less likely to drive and more likely to have health care needs. Other groups mentioned as those with potential transportation issues included households that share a car, especially if one parent stays at home during the day, or those in rural areas with cars that were not reliable enough for a trip to the urban area.

While a number of key informants noted that those in the rural areas are so used to driving distances for everything that they are undeterred by the distances, most respondents felt that the lack of adequate transportation was a bigger problem for people in rural areas. Several respondents noted that housing was more affordable in the rural areas, so those without the resources to maintain a vehicle were more likely to end up further away from the urban area. The transportation issue was mentioned as barrier to access. As a number of respondents noted, it does not matter if great services are available in the borough if people are unable to get to them.

Other barriers

The issue of there being too few providers to serve the population, especially behavioral health providers, was raised as a barrier to access by the key informants. The issue was multi-dimensional as respondents noted that there were not enough providers relative to the population to care for everyone and that certain types of specialists were lacking entirely while there is a shortage of other specialists.

Many key informants noted that there were not enough general or family practitioners to enable everyone to have a family doctor, if everyone could afford this. Many providers have full practices and are not taking new patients. The other dimension of this issue that was raised was the total lack of certain types of specialists and the inadequate supply of others. The shortage of behavioral health services was raised by numerous people. Respondents noted the lack of providers to handle any mental health crisis, the absence of mental health providers specializing in treating youth, the inadequate supply of substance abuse treatment services with a particular need for more detox was mentioned by many.

Other specialists which key informants felt the area needs included additional pediatric dentists since there is currently only one, dermatologists, pediatricians, and cardiologists. Many respondents expressed hope that with the new hospital, some specialists could be available in the borough once a week. The burden of traveling to Anchorage for treatment, especially for ongoing treatment or for those who are very sick was mentioned by many respondents. Respondents were pleased that dialysis is now available in the borough.

Another issue the key informants raised was the need for more providers who accept Medicare and Medicaid. This issue was not nearly as big an issue as the prohibitive expense of health care or the lack of transportation. However, nearly everyone mentioned it. One of the main reasons this was mentioned with such frequency is that the discussion of the high cost of health care nearly always led people to mention the difficulty of finding a provider who accepts Medicare or Medicaid. Many respondents were understanding about the inability of providers to accept a higher percentage of these patients, given the reimbursement situation. In the course of discussing people unable to afford health care, Denali Kid Care was typically mentioned. No one indicated any trouble finding providers who will accept this coverage.

This issue of finding providers who will accept Medicare or Medicaid was mentioned frequently in the community forums. Medicare was mentioned much more frequently than Medicaid. Many people at the forums either had Medicare and said it was worthless because no one would see you if that was your coverage. Others mentioned elderly

neighbors or relatives that could not find a provider who would see them. People mentioned driving to Anchorage in search of a provider who would accept this coverage.

Another issue that was raised in the community forums was that people had difficulty navigating the system. They struggled to figure out what services were available at which locations and what type of health coverage might be accepted. Other forum attendees complained of not being able to locate a support group or find a class for their health issue (such as diabetes education classes). Elderly forum participants said this was very challenging and sometimes they were not successful at finding what they needed.

The Health and Welfare of Residents of the Mat-Su Borough

POPULATION CHARACTERISTICS

The Matanuska-Susitna (Mat-Su) Borough is the fastest growing community of the state. Since 1970, the population of the Borough has grown from fewer than 10,000 residents to more than 70,000 in 2004 (estimate). Most of the growth is attributed to residents from Anchorage that take advantage of the more reasonable housing costs in the Valley.

The residents of the Borough are primarily White (87.6%) and Alaska Native (5.5%). The median household income is \$51,221. In 2000, 11.0% of the population had incomes below the federal poverty level.

The Wasilla and Palmer communities are the population center of the borough. Most business and industry are located here, including the majority of primary care services.

CHART 1 Population: 1970 to 2004

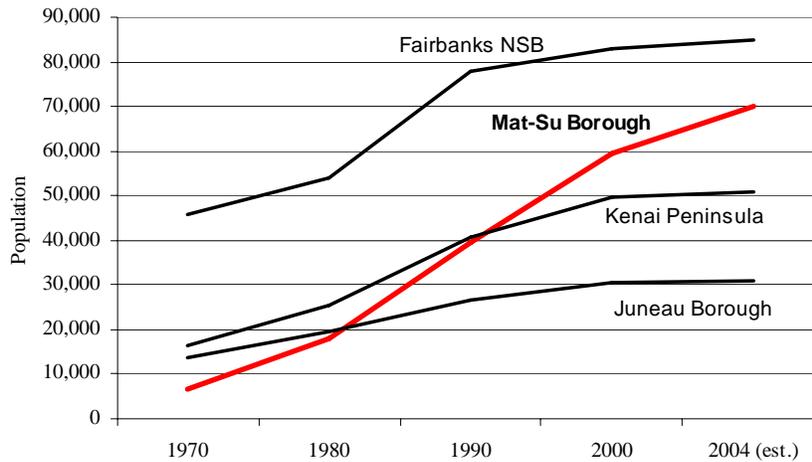


Table 10 Composition of Residents in the Mat-Su Borough, 2000

Race	% of Children
White	87.6%
Alaska Native	5.5%
Black	0.7%
Asian	0.7%
Native Hawaiian/Pacific Islander	0.1%
Mixed Race	5.4%

Alaska QuickFacts, US Bureau of the Census,
<http://quickfacts.census.gov/qfd/state/02/02170.html>

CHRONIC DISEASE

The US Centers for Disease Control (CDC) reports that the costs of health care for people with chronic diseases account for 75% of the nation's total health care costs and that five chronic diseases—heart disease, cancers, stroke, chronic obstructive pulmonary diseases, and diabetes—account for more than two-thirds of all deaths in the United States.

Heart disease and cancer together account for more than half of all deaths in the United States. Chronic obstructive pulmonary disease, which comprises bronchitis, emphysema, asthma, and chronic airway obstruction, is the fourth most common cause of death, and diabetes is the sixth.

Table 11 Deaths Due to Chronic Disease in the Mat-Su Valley: 1993

Cause of Death	Matanuska-Susitna Borough		Alaska
	Deaths	Age Adjusted Rate	Age Adjusted Rate
Cancer	53	223.7	223.8
Lung Cancer	15	63.6	75.3
Breast Cancer	4	**	32.8
Diseases of the Heart	47	249.6	241.4
Coronary Heart Disease	40	190.1	175.9
Cerebrovascular Disease (Stroke)	10	83.3	62.3
Diabetes	6	**	27.0
Diabetes, any mention	16	85.1	67.6
All Causes	201	932.7	914.8

** Rates based on fewer than 10 occurrences are not reported.

Source: Health Profiles, Alaska Bureau of Vital Statistics, <http://www.hss.state.ak.us/dph/bvs/Profiles/body14.html>

This was also true for the Mat-Su Valley in 1993. The combined age-adjusted death rates for cancer (223.7) and diseases of the Heart (249.6) were 473.3 deaths per 100,000 population, or 50.7% of the age-adjusted rate for all causes of death (932.7).

However, the combined rate for cancer (116.9) and diseases (182.7) of the heart fell to 299.6 per 100,000, or 39.7% of the rate for all causes, 754.2. The statewide rates decreased in a similar fashion. The differences between statewide/Mat-Su rates and the national rates may be due to the higher incidence of other causes of death, such as intentional and unintentional injury.

Table 12 Deaths Due to Chronic Disease in the Mat-Su Valley: 2002

Cause of Death	Matanuska-Susitna Borough		Alaska
	Deaths	Age Adjusted Rate	Age Adjusted Rate
Cancer	53	116.9	189.7
Lung Cancer	22	49.9	51.2
Breast Cancer	4	**	21.1
Diseases of the Heart	63	182.7	173.0
Coronary Heart Disease	45	124.2	118.2
Cerebrovascular Disease (Stroke)	15	55.8	55.4
Diabetes	6	**	21.7
Diabetes, any mention	24	71.2	67.8
All Causes	288	754.2	800.7

** Rates based on fewer than 10 occurrences are not reported.

Source: Health Profiles, Alaska Bureau of Vital Statistics, <http://www.hss.state.ak.us/dph/bvs/Profiles/body14.html>

The Mat-Su Borough had the highest rate of death due to coronary heart disease when compared to other similar municipalities on the road system. Mat-Su had an age-adjusted rate of 94.0 deaths per 100,000 population over the period from 1990 to 1998. The City and Borough of Juneau had the lowest rate of 68.6 deaths per 100,000.

Mat-Su Borough also had the second highest rate of death due to cancer between 1990 and 1998. The Kenai Peninsula Borough had the highest age-adjusted rate, 187.4 per 100,000 followed by Mat-Su's rate of 165.5. The City and Borough of Juneau also had the lowest rate for cancer deaths, 152.9 deaths per 100,000.

Table 13 Age Adjusted Death Rates for Coronary Heart Disease

Borough	Number	Rate
Mat-Su	328	94.0
Fairbanks NSB	417	92.0
Kenai Peninsula	312	85.9
Anchorage	1,243	79.1
Juneau	161	68.6

Source: Health Status in Alaska, Alaska Division of Public Health, September 2001

**Table 14 Age Adjusted Death Rates for Cancer
(Per 100,000 Population, 1990-1998)**

Borough	Number	Rate
Kenai Peninsula	490	187.4
Mat-Su	442	165.6
Anchorage	2,007	165.1
Fairbanks NSB	569	161.7
Juneau	267	152.9

Source: Health Status in Alaska, Alaska Division of Public Health, September 2001

The 1998 Health Status Telephone Survey conducted by the Valley Hospital Association found that 7% of respondents reported that they had been diagnosed with cancer, 17.8% with high blood pressure, and 17.7% had high cholesterol. Respondents also reported a number of respiratory diseases including asthma (12.6%), bronchitis (22.4%) and allergies (24.8%).

**Table 15 Chronic Disease Reported in the Mat-Su Borough: 1998
Health Status Telephone Survey**

Diagnoses	%
Allergies	24.8%
Bronchitis	22.4%
High blood pressure	17.8%
High cholesterol	17.7%
Asthma	12.6%
Diabetes	7.5%
Cancer	7.2%
Emphysema	1.9%

Source: Health Status Telephone Survey of Matanuska-Susitna Valley Residents, Valley Hospital Association, 1998

HEALTH RISKS

The State of Alaska began the annual Behavioral Health Risk Factor Survey (BHRFS) in 1990 as a means of collecting uniform data on preventive health practices and risky behaviors that contribute to chronic disease, injuries, and preventable diseases that are among the leading causes of morbidity and mortality.

In the 1996 BHRFS, the Mat-Su Borough was combined with Anchorage, Fairbanks North Star Borough, and the Southeast Fairbanks Census Area. In 2001, the Mat-Su Borough was combined with Anchorage. Comparison of the 1996 and 2001 data for the regions including the Mat-Su Borough show that there were slight decreases in the percentage of residents reporting binge drinking or currently smoking. There were somewhat larger increases in the percentage of respondents reporting chronic drinking and that they had no health care plan. The most striking change was in the percentage of respondents reporting that they were overweight. In 1996, the 95% CI range was 23.7% – 33.8% while in 2001 it was 58.4% - 68.4%.

**Table 16 Behavioral Risks in the Mat-Su Borough: 1996 – 2001
(95% Confidence Intervals)**

Behavioral Risk	1996*	2001*
Binge Drinking	14.0 – 22.7	13.5 – 21.8
Chronic Drinking	1.4 – 5.0	2.8 – 6.4
Overweight	23.7 – 33.8	58.4 – 68.4
Current Smoking	21.0 – 30.7	19.3 – 27.8
No Health Care Plan	9.9 – 17.5	14.1 – 22.4

* 95% Confidence Interval: The range of values within which the true value of a prevalence estimate would be expected to fall 95% of the time.

Source: 2000-2001 and 1996 Behavioral Risk Factor Surveys, Alaska Division of Public Health

**Table 17 Health Risks Reported in the Mat-Su Borough: 1998
Health Status Telephone Survey**

Health Risk	%
Use tobacco products	31.0%
Do not have health insurance	21.7%
Do not exercise	25.6%
Exercise, but less than 3 times/week	18.3%

Source: Health Status Telephone Survey of Matanuska-Susitna Valley Residents, Valley Hospital Association, 1998

The Health Status Telephone Survey conducted by the Valley Hospital Association in 1998 found that 31% of Mat-Su Borough residents use tobacco products (mostly cigarettes), 43.9% exercise less than the recommended 3 times per week (21.7% never and 18.3% once or twice a week), and 21.7% do not have health insurance.

**Table 18 Tobacco Use in the Anchorage/Mat-Su Borough Region
2000-2002 BRFSS**

Diagnoses	%
Adults who smoke	25.1%
Adults who use smokeless tobacco	4.7%

Source: Tobacco in the Great Land: A Portrait of Alaska's Leading Cause of Death, Alaska Division of Public Health, 2004

COMMUNICABLE DISEASE

The State of Alaska Department of Health and Social Services Section of Epidemiology is responsible for collecting information on the incidence of infectious diseases, including HIV/AIDS and sexually transmitted diseases. The State is responsible for coordinating surveillance and control efforts for all infectious diseases of public health importance, and discovering and controlling outbreaks as they occur.

Among the sexually transmitted diseases monitored by the state are gonorrhea and AIDS. In 1999, there were only 5 cases of gonorrhea reported in the Mat-Su Borough. The cumulative number of AIDS cases (20) reported in the borough is also relatively low.

Table 19 Gonorrhea Cases by Borough: 1999

Borough	Cases
Anchorage	158
Fairbanks NSB	27
Mat-Su	5
Kenai Peninsula	4
Juneau	3

Source: Health Status in Alaska, Alaska Department of Health and Social Services, September 2001

**Table 20 AIDS Cases by Borough of Residence at Diagnosis
Data Cumulative as of June 30, 1999**

Borough	Cases
Anchorage	296
Fairbanks NSB	41
Kenai Peninsula	24
Mat-Su	20
Juneau	21

Source: Health Status in Alaska, Alaska Department of Health and Social Services, September 2001

Tuberculosis (TB) is one of the more actively monitored infectious diseases in Alaska. The TB rate in the Mat-Su/Anchorage region was 7.2 cases per 100,000 population in 1995-1999, significantly below the rates found in more rural regions. The Northern Region rate for the same period was 75.5/100,000.

Influenza is also part of the statewide surveillance system. Since the beginning of the 2004 flu season, there were 82 cases of Influenza A and 10 cases of Influenza A/B cultured and verified in the Mat-Su/Anchorage Region.

INJURY

Injury (intentional and unintentional) is the third leading cause of death for Alaskans overall and the leading cause of death from age one through 44. The State of Alaska Injury Surveillance and Prevention Program (ISAPP) collects data on all injury deaths and hospital admissions and manages prevention programs aimed at reducing the number of serious and fatal injuries in the state.

The Alaska Department of Health and Social Services reported that there were 22 deaths due to unintentional injury in the Mat-Su Valley in 1993. Ten of the deaths involved motor vehicle accidents, air transport accidents and falls each accounted for 3 deaths. In 2002, the leading cause of death due to unintentional injury was poisoning while motor vehicle accidents accounted for another 13 deaths. The small number of deaths due to other causes make it difficult to determine trends or to compare Mat-Su age-adjusted rates to statewide rates.

Table 21 Deaths Due to Unintentional Injury in the Mat-Su Valley: 1993

Cause of Death	Matanuska-Susitna Borough		Alaska
	Deaths	Age Adjusted Rate	Age Adjusted Rate
Motor Vehicle Accidents	10	21.5	20.0
Air Transport Accidents	3	**	4.5
Falls	3	**	7.4
Drowning and Submersion	2	**	3.8
Accidental Discharge of Firearms	1	**	0.5
Exposure to Smoke, Fire, Flame	1	**	2.4
Suffocation/Choking	1	**	2.9
Other Accidental Deaths	1	**	5.0
Total Accidental Deaths	22	67.2	55.7

** Rates based on fewer than 10 occurrences are not reported

Table 22 Deaths Due to Unintentional Injury in the Mat-Su Valley: 2002

Cause of Death	Matanuska-Susitna Borough		Alaska
	Deaths	Age Adjusted Rate	Age Adjusted Rate
Poisoning	16	22.3	11.1
Motor Vehicle Accidents	13	25.2	16.4
Air Transport Accidents	5	**	2.7
Falls	2	**	3.9
Snow Machine Related Accidents	1	**	2.0
Suffocation/Choking	1	**	2.4
Other Accidental Deaths	5	**	11.4
Total Accidental Deaths	43	69.6	59.2

** Rates based on fewer than 10 occurrences are not reported

The Alaska Injury Prevention Center conducted a series of bike and ATV helmet observations in Alaskan communities between May 2000 and May 2001. They observed a total of 360 bike riders (of whom 82 were adults) in the Palmer/Wasilla area and found that only 38% of the adults wore bike helmets. Over the same period, they observed 61 ATV riders (of whom 33 were adults) and only 33% of the adults wore helmets.

The Mat-Su Borough had a relatively high number of traumatic brain injury cases when compared to boroughs of similar size. Between 1996 and 1998, there were 209 cases reported in Mat-Su, which was more than Southeast Alaska (182) and the Fairbanks North Star Borough (167), both of which had larger populations at the time.

Table 23 Traumatic Brain Injury: 1996-1998

Borough	Cases
Anchorage	681
Mat-Su	209
Southeast (including Juneau)	182
Fairbanks NSB	167
Kenai Peninsula	156

Source: Traumatic Brain Injuries in Alaska, 1996-1998, Dept. of Health and Social Services

As part of the 1998 Health Status Telephone Survey, respondents were asked about behaviors that often lead to intentional or unintentional injuries. The survey found that 25.1% of respondents sometimes or never wore seat belts and 22.6% sometimes or never require others to wear seat belts. Respondents were asked if they had ever considered suicide (16.9%) or attempted suicide (7.7%) and 6.5% said that they didn't have smoke alarms in their homes.

Table 24 Potential Causes of Injury Reported in the Mat-Su Borough: 1998 Health Status Telephone Survey

Potential Causes of Injury	%
Sometimes/never wear seatbelt	25.1%
Sometimes/never require others to wear seatbelt	22.6%
Thoughts of suicide	16.9%
Attempted suicide	7.7%
No smoke alarms in home	6.5%

Source: Health Status Telephone Survey of Matanuska-Susitna Valley Residents, Valley Hospital Association, 1998

The telephone survey respondents were also asked if they had ever been the victims of family violence. Sexual abuse (15.0%) was the most frequently cited form of family violence, followed by physical abuse (14.4%) and domestic violence (13.7%).

Table 25 Family Violence Reported in the Mat-Su Borough: 1998 Health Status Telephone Survey

Victim of ...	%
Domestic violence	13.7%
Physical abuse	14.4%
Sexual abuse	15.0%

Source: Satus Telephone Survey of Matanuska-Susitna Valley Residents, Valley Hospital Association, 1998

CAUSE OF DEATH

The five leading causes of death for residents of the Mat-Su Borough in 1993 and 2001 included diseases of the heart, malignant neoplasms, unintentional injuries, intentional injuries, and cerebrovascular diseases. The #1 cause of death in 1993 was malignant neoplasms while the leading cause in 2001 was diseases of the heart.

The age-adjusted rates (per 100,000 population) for diseases of the heart (249.6 in 1993 and 182.7 in 2001), malignant neoplasms (223.7 and 116.8), and cerebrovascular diseases (83.2 and 55.8) dropped considerably between 1993 and 2001. The rates for intentional and unintentional injuries remained the same.

Table 26 Five Leading Causes of Death in the Mat-Su Valley: 1993

Cause of Death	Matanuska Susitna Borough		Alaska
	Deaths	Age Adjusted Rate	Age Adjusted Rate
Malignant Neoplasms	53	223.7	223.8
Diseases of the Heart	47	249.6	241.3
Unintentional Injuries	22	67.2	55.7
Intentional Self-Harm	12	23.7	23.5
Cerebrovascular Diseases	10	83.2	62.2

Source: Health Profiles, Alaska Bureau of Vital Statistics, <http://www.hss.state.ak.us/dph/bvs/Profiles/body14.html>

Table 27 Five Leading Causes of Death in the Mat-Su Valley: 2001

Cause of Death	Matanuska-Susitna Borough		Alaska
	Deaths	Age Adjusted Rate	Age Adjusted Rate
Diseases of the Heart	63	182.7	173.0
Malignant Neoplasms	53	116.8	189.7
Unintentional Injuries	43	69.6	59.2
Cerebrovascular Diseases	15	55.8	55.3
Intentional Self-Harm	15	21.4	20.8

Source: Health Profiles, Alaska Bureau of Vital Statistics, <http://www.hss.state.ak.us/dph/bvs/Profiles/body14.html>

MATERNAL, CHILD, AND FAMILY HEALTH
General Demographics

There were 20,700 children and youth under the age of 20 living in the Mat-Su Borough in 2000 of whom 4,147 (20.0%) were under 4 years old or younger, 5,202 (25.1%) were between 5 and 9 years of age, 6,034 (29.1%) were between 10 and 14 years old, and 5,317 (25.7%) were 15 to 19 years old.

Of the 20,700 children and youth, 9,910 were female and 10,790 were male, a ratio of 108.9 males per 100 females.

The racial composition of the borough's children and youth reflects that of the population as a whole. The largest racial group among those under 20 years old is White (85%), followed by Alaska Native (11.7%), Black (0.7%), Asian (0.6%), Native Hawaiian/Pacific Islander (0.2%), and Mixed Race (1.9%).

There are 15,057 family households in the Mat-Su Borough, of which 12,109 (80.4%) households are a married couple. There were 1,868 (12.4%) female-headed households in the Borough in 2000.

Table 28 Children in the Mat-Su Borough: 2000

Age Group	#
Birth to 4 years old	4,147
5 to 9 years old	5,202
10 to 14 years old	6,034
15 to 19 years old	5,317
Total	20,700

Source: American Fact Finder, U.S. Census Bureau,
http://factfinder.census.gov/servlet/SAFFPeople?_sse=on

Table 29 Racial Composition of Children (19 and Under) in the Mat-Su Borough, 2000

Race	% of Children
White	85.0
Alaska Native	11.7
Black	0.7
Asian	0.6
Native Hawaiian/Pacific Islander	0.2
Mixed Race	1.9

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

Family Income and Poverty

The median income for families living in the Mat-Su Borough in 2000 was \$56,939. There were 1,175 (7.5%) families with incomes that fell below the federal poverty level. Families with children under 18 years old (11.3%) were more likely to be below the poverty level and families with related children under 5 years old (17.3%) had the highest number of families below poverty.

Female-headed households with no husband present were even more at risk of living in poverty. Nearly a quarter (23.5%) of all female headed households fell below the poverty level, while 51.9% of those with children under 5 years of age were living in poverty.

Table 30 Family Income: 2000

Family Income	Number	Percent (%)
Less than \$10,000	636	4.2
\$10,000 to \$14,999	609	4.0
\$15,000 to \$24,999	1,331	8.8
\$25,000 to \$34,999	1,441	9.5
\$35,000 to \$49,999	2,265	15.0
\$50,000 to \$74,999	3,926	25.9
\$75,000 to \$99,999	2,451	16.2
\$100,000 to \$149,999	1,834	12.1
\$150,000 to \$199,999	366	2.4
\$200,000 and more	288	1.9

Source: American Fact Finder, U.S. Census Bureau,
http://factfinder.census.gov/servlet/SAFFPeople?_sse=on

**Table 31 School Children Ages 5 to 17 Receiving Public Assistance*
 Selected Districts, 2001-2002 School Year**

School District	%
Mat-Su	37%
Anchorage	28%
Fairbanks North Star	23%
Juneau	22%

*Includes Temporary Assistance, Medicaid and Food Stamps
 Source: Kids Count Alaska 2003, Institute of Social and Economic Research,
 University of Alaska Anchorage

In 2000, 1,826 (8.9%) households in the Mat-Su Borough received an average of \$4,001 in Public Assistance. The Mat-Su School District reported that 37% of enrolled students between the ages of 5 and 17 received Temporary Assistance, Medicaid or Food Stamps during the 2001-2002 school years.

More than half (52.9%) of families with children under 6 years old have all parents in the labor force.

Births

The Alaska Vital Statistics Bureau reports that between 1990 and 2003, the number of births in the Mat-Su Borough grew from 686 to 904, an increase of 31.8%.

Fewer women are reporting drinking and smoking during pregnancy. In 1990, 2.3% reported drinking and 20.4% reported smoking. In 2003, these percentages dropped to 1.6% (drinking) and 15.4% (smoking).

**Table 32 Percent of Mothers Receiving Less Than Adequate Prenatal Care
5-Year Average, 1997-2001**

Region	% Less Than Adequate Care		
	Inadequate	Intermediate	Total
Southwest	49.7	9.6	59.3
Northern	40.9	6.5	47.4
Interior	31.6	6.0	37.6
Gulf Coast	29.7	3.4	33.1
Mat-Su	24.7	5.1	29.8
Southeast	25.5	2.2	27.7
Anchorage	17.5	2.3	19.8

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

Women were more likely to give birth in a hospital in 1990 than in 2003. During 1990, 94.2% of all births took place in hospitals. Home births (4.7%), and births at other facilities (1.0%) and outside Alaska account for the remainder of the births in 1990. In 2003, 88.3% of births took place at hospitals. Birthing centers accounted for 7.5% of births and 3.7% of the babies were delivered at home.

**Table 33 Percent of Alaska Babies with Low Birth Weight, by Region
5-Year Average, 1997-2001**

Region	% of Births
Anchorage	6.3
Mat-Su	6.2
Gulf Coast	5.9
Northern	5.8
Interior	5.6
Southwest	5.2
Southeast	3.8

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

The percentage of women receiving adequate+ or adequate pre-natal care increased from 65.4% to 74.0% between 1990 and 2003. Over the same period, the percentage of babies born pre-term increased from 5.8% to 9.6% and the percentage of babies born with low birth weight grew from 2.9% to 4.9%.

Between 1990 and 2003, the number of births to women under 20 years old who gave birth rose from 68 (9.9% of births) to 104 (11.5%). While there were no births to young women under 15 years old in 1990, there were 4 in 2003. The birth rate for teens in the Mat-Su region averaged 33.2/1000 girls over the five year period of 1997 to 2001.

**Table 34 Birth Rate for Teens by Region
Per 1000 Girls, 5-Year Average, 1997-2001**

Region	Rate/1000
Northern	94.1
Southwest	78.2
Anchorage	47.5
Interior	46.8
Gulf Coast	38.7
Southeast	37.2
Mat-Su	33.2

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

In the 1998 Health Status Telephone Survey conducted by the Valley Hospital Association, 21% of telephone survey respondents reported that they had a child before they were 20 years old.

Education

The Mat-Su Borough School District is the fastest growing district in the state. Between 1988 and 2004, enrollment (average daily membership) grew from 8,605.75 to 14,304.06, an increase of 66.2%. The Mat-Su School District is growing more than twice as fast as the Anchorage School District (27.2%), which is the second fastest growing district.

Table 35 School District Enrollment: 1988 and 2004

School District	1988 Enrollment	2004 Enrollment	% Increase
Mat-Su Borough	8,605.75	14,304.06	66.2%
Anchorage	38,734.41	49,264.98	27.2%
Juneau	4,492.96	5,441.87	21.1%
Kenai Peninsula	8,003.33	9,561.95	19.5%
Fairbanks North Star Borough	13,194.95	14,594.39	10.6%

Source: Average Daily Membership by Districts FY88-FY04, Alaska Department of Education and Early Development, <http://www.eed.state.ak.us/stats/QuickFacts/ADM.pdf>

Table 36 Percentage of Dropouts (Grades 9-12) by Region: 2001-2002

Region	Percent (%)
Southwest	12.5
Northern	10.0
Interior	8.7
Anchorage	8.6
Southeast	7.1
Mat-Su	6.3
Gulf Coast	6.0

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

Of the 3,925 youth between the ages of 16 and 19, 3,142 (80.1%) were enrolled in school. There were 337 (8.6%) young people in this age group who were not enrolled in school and not high school graduates.

During the 2001-2002 school year, 6.3% of the students in 9th through 12th grades in the Mat-Su School District dropped out of school.

Injury

During the years 1994 to 1998, motor vehicles were the most common (26.4%) cause of serious or fatal injuries to children and adolescents in the Mat-Su Borough. Other causes were falls (14.1%), suicide (9.1%) and other (50.3%). In all, there were 481 serious and fatal injuries.

Mat-Su Borough youth have a relatively low rate of serious or fatal firearm injuries when compared to many other areas of the state. There were 19 firearm injuries to youth living in the borough from 1991 to 1997, or a rate of 16 injuries /100,000 youth.

Table 37 Child and Adolescent Injuries in the Mat-Su Borough: 1994-1998

Injury Category	#	%
Motor Vehicle	127	26.4%
Falls	68	14.1%
Suicide	44	9.1%
Other	242	50.3%
Total	481	99.9%

Source: Serious and Fatal Child and Adolescent Injuries in Alaska: 1994-1998, Alaska DHSS Division of Public Health

The Alaska Injury Prevention Center conducted a series of bike and ATV helmet observations in Alaskan communities between May 2000 and May 2001. They observed a total of 360 bike riders (of whom 278 were children or teens) in the Palmer/Wasilla area and found the only 35% of children and 9% of the teens wore bike helmets. Over the same period, they observed 61 ATV riders (of whom 28 were children or teens) and 62% of the children and 53% of the teens wore helmets.

In the 1998 Health Status Telephone Survey conducted by the Valley Hospital Association, 29.1% of respondents reported that they always require their children to wear bike helmets and 42.8% always require ATV helmets. Only 4.6% never require their children to wear ATV helmets while 42.8% never require bike helmets.

**Table 38 Serious and Fatal Firearm Injuries, Ages 0-19
(Rate/100,000 Youth) 1991-1997**

Region	Injuries	Rate/100,000 Youth
Yukon-Kuskokwim	71	105
Norton Sound	26	100
Northwest Arctic	16	75
Bristol Bay	11	54
Interior (not including Fairbanks)	20	53
North Slope	10	50
Kodiak	9	26
Prince William Sound/Copper River	6	26
Anchorage	125	22
Southeast	28	17
Mat-Su	19	16
Fairbanks North Star Borough	28	14
Kenai Peninsula	15	14
Aleutian-Pribilofs	3	*

Source: Serious and Fatal Firearm Injuries Among Children and Adolescents in Alaska: 1991-1997, Alaska DHSS Division of Public Health

Cause of Death

The Alaska Bureau of Vital Statistics reported that, in 2000, the most frequent cause of death of Alaskan children from birth to 4 years old was conditions originating in the pre-natal period. The most common cause of death for children and young adults between the ages of 5 and 14 and 15 and 24 was unintentional injuries.

The rate of children who die in the first 12 months of life in the Mat-Su Valley is slightly higher than the statewide rate. The state rate for 1997 to 2001 was 6.9/1000 live births while the rate for Mat-Su Borough was 7.2/1000 live births.

In 2000, there were 25 deaths of children and young adults including 7 children between birth and 4 years old, 7 children from 5 to 14 years old, and 11 young adults who were 15 to 24 years old. The child (1 to 14 years old) death rate for the borough is 37.5 deaths/100,000 children.

**Table 39 Infant Mortality Rate by Region
Per 1000 Live Births, 5-Year Average, 1997-2001**

Region	Rate/1,000
Southwest	12.9
Northern	10.2
Mat-Su	7.2
Southeast	6.2
Anchorage	6.2
Interior	5.6
Gulf Coast	5.3

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

**Table 40 Child Death Rate by Region Per 100,000 Children (1-14)
5-Year Average, 1997-2001**

Region	Rate/100,000
Southwest	77.8
Northern	68.5
Mat-Su	37.5
Interior	30.7
Gulf Coast	25.7
Anchorage	24.8
Southeast	10.1

Source: Kids Count Alaska 2003, Institute of Social and Economic Research, University of Alaska Anchorage

Current Providers and Service Utilization in the Mat-Su Borough

In order to understand the healthcare system in the Mat-Su Borough, efforts were made to learn what providers were serving the borough, where those providers' patients live and where patients get care.

EXISTING PROVIDERS

The first step toward understanding healthcare needs and access issues in Mat-Su was to compile a list of existing providers. The list was compiled using six sources:

- 2004-2005 MTA phone book;
- Public health list of Mat-Su providers;
- *Directory of Alaska Health Care Sites, Volume 2, March 2004*, produced by the Alaska Department of Health and Social Services, Primary Care and Rural Health Unit;
- Suggestions from members of the Rural Healthcare Planning Network;
- Providers mentioned at community forums; and
- Providers named by other providers during calls with providers and key informant interviews.

There was significant overlap between the lists, although some new information was gained from each list. The use of many data sources allowed duplicate providers to be removed from the final list as well as enabling the list to be closer to having no omissions. Many single-provider practices will have a name for their practice, e.g., Camelot Family Health which consists of one physician. Some lists named the practice name while others listed the provider's name. Many people would reference a provider by his or her name, e.g., "Did you get Dr. Anzilotti in Willow?", when his practice is called the Heart of Willow Clinic. All clinic and provider names were included on the list to help people find the individual or practice they want and avoid duplications or omissions.

The following provider totals were generated based on these methods.

Table 41 Mat-Su Borough Primary Care Providers

Provider Type	Estimated #
Primary care physicians (including pediatricians, OB/GYN, and internists)	42
Primary care mid-levels (ANP, PA, CNM)	22
Specialty physicians	51
Oral health providers (dentists & orthodontists)	35
Behavioral health providers	26
Chiropractors	10
Physical & occupational therapists	18

A method of learning the number of current providers that seems obvious is to check with the state for the number of licensed providers in an area. However, this method is much less reliable than might be imagined. It has several problems. As mentioned, many people commute between the Mat-Su Borough and Anchorage. This phenomenon does not exclude healthcare providers. The address on a license may be a provider's residence and does not reflect where they practice. Another issue with checking for current licenses is there is no way to know whether someone is currently practicing. Based on national data, the number of providers currently practicing is typically much lower than those with a current, valid license. (Many providers maintain their license during periods when they may not be practicing—it is much easier to maintain a license than to obtain one after an expiration.) The final problem is that licenses do not indicate what percentage of full time a provider is working. Thus for example, there may be 100 currently licensed providers with an address in the Mat-Su Borough, 20 may work in Anchorage, 10 may be retired, and another 20 might only work part time.

UTILIZATION

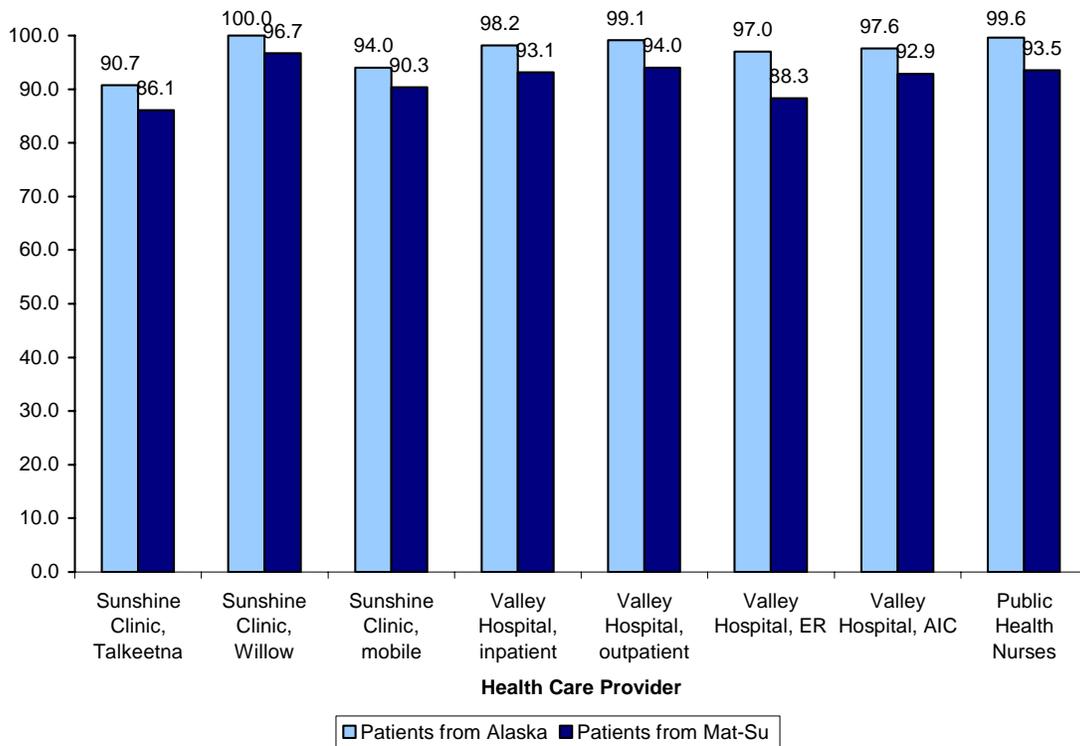
Once the existing providers and their locations were identified, the next step was to figure out who the providers were serving. Attempts were made to contact nearly all providers on the list (a few providers came onto the radar screen too recently to contact them for this report). The vast majority—84%—of the practices were successfully contacted. However, not everyone contacted was willing to answer the short questionnaire. Only 45% of the practices answered the questions, with physical and occupational therapists the most likely to answer the questionnaire. See Table 42 below for complete results.

Table 42 Primary Care Telephone Survey

Type of Provider	# of Clinics or Practices	Successful Contacts (% Contacted)	Completed Survey (% Completed)
Physicians	27	21 (77.8%)	11 (40.7%)
Dentists and Orthodontists	28	26 (92.9%)	13 (46.4%)
Chiropractors	11	8 (72.7%)	4 (36.4%)
Physical & Occupational Therapists	7	6 (85.7%)	5 (71.4%)
Total	73	61 (83.6%)	33 (45.2%)

All providers who were successfully contacted were asked for hard data on the numbers of people they served. However, smaller practices do not have data in a fashion that would allow them to easily share it. Additionally, they had concerns about HIPAA even though the only data sought were data with all identifying information stripped. A handful of large providers--Valley Hospital, AIC, the Sunshine Community Health Clinics and the Public Health Center—were willing and able to provide hard data concerning some aspects of their service provision. The findings are displayed in Chart 2 below.

CHART 2 Patients Origin by Provider (N=77,713)



As shown, the Sunshine Community Health Clinic in Talkeetna had the smallest percentage of patients who were residents of the Mat-Su Borough. This is not surprising given their location closer to the border of the borough and close to intensive tourist activities. The emergency room at Valley Hospital had the second lowest number of patients who were Mat-Su Borough residents. Again, this is predictable given that this is the only ER in the borough. All other facilities drew at least 90% of their patients from the borough's population.

Data gathered from the completed calls with borough providers indicates a fairly consistent and similar percentage of patients drawn from the Wasilla and Palmer area. Providers were grouped into the following categories: general practice clinics and physicians, dentists and orthodontists, and chiropractors, physical therapists and occupational therapists. Table 43 below highlights the results.

Table 43 Patient Origin by Provider Type

Provider Type	% of Patients from Wasilla & Palmer	% of Patients from Other Mat-Su Areas
General Practice Clinics & Physicians	84.3 %	15.7 %
Dentists & Orthodontists	92.3 %	7.7 %
Chiropractors, Physical Therapists & Occupational Therapists	89.4 %	10.6 %

Most providers estimated that more than seventy-five percent of their patients who live outside the Wasilla and Palmer area are primarily from more rural locations within the Mat-Su Borough. They estimated they have very few patients from the Eagle River or Chugiak areas.

The Mat-Su Borough still does not have enough specialists to prevent people from needing to travel to Anchorage for some specialties. However, referrals predominantly stayed within the Wasilla and Palmer area, unless it was a specialty that could not be served. With the continued rapid growth of the Mat-Su Borough, it is only a matter of time before those services are available in the borough.

Providers were asked about their capacity, both in terms of how many patient episodes they had in a year and how many providers were at the facility. The average number of providers per facility does not reflect the number of doctors per facility. The number of primary providers per facility was closer to 1.5 with assistants, nurses, and hygienists compensating the remaining value of the rate. The exact figures are available below in Table 44.

Table 44 Provider Practice Characteristics

Provider Type	Average providers/facility	Average treatment episodes/year	Average episodes/provider/year
General Practice Clinics & Physicians	2.43	6,373	2,626
Dentists & Orthodontists	2.95	5,219	1,771
Chiropractors, Physical Therapists & Occupational Therapists	1.23	5,836	4,750

Providers were also asked what type of insurance they accept since that is a primary driver of what providers people see and where and if they seek care. As shown in Table 45 below, for physicians roughly one quarter of patients had Medicare, while just over one third of patients had Medicaid, 30% of patients had private insurance, with the remaining 10% having no insurance coverage. Among the dentists contacted, the majority (63%) of their patients were covered by private insurance, with over one-fifth (22%) having no insurance, and 15% of their patients having Medicaid. A common theme among all providers sampled is the difficulty of accepting Medicare or Medicaid patients. Because of lower compensation rates and slow reimbursement times, providers are forced to limit these forms of insurance and many times refuse service to new Medicare and Medicaid clients.

Table 45 Third Party Payment Sources

Provider Type	% of Patients with...			
	Medicare	Medicaid	Private Insurance	No Insurance
General Practice Clinics & Physicians	23.7 %	36.3 %	29.5 %	10.5 %
Dentists & Orthodontists	0 %	15.1 %	63.1 %	21.8 %

WHERE PEOPLE RECEIVE CARE

Based on the community forums, most people get healthcare in Palmer and Wasilla. There were some exceptions such as people with military ties, seniors with Medicare, and anyone needing a certain specialists. Some people from every community travel to Anchorage for healthcare. The communities on the edges of the borough, not surprisingly, tend to get their healthcare less consistently from the Palmer/Wasilla area. Lake Louise and Glacier View residents sometimes go to Glenallen, while residents of the Upper Susitna (and Skwentna) go to Talkeetna.

The household survey also asked respondents about where they receive care. Among respondents, the vast majority are receiving their primary care in the Mat-Su Borough. Nearly 82% said they received their primary care in the borough with 74% of those people receiving care in the Palmer or Wasilla area. The rates are only slightly lower for

dental care with 78% of respondents reporting receiving dental care in the Mat-Su Borough with 77% of those receiving care in the Palmer or Wasilla area.

The case for specialists was very different with more people receiving care in Anchorage (49.7% of those seeing a specialist) than in the Mat-Su Borough (43.9% of those seeing a specialist). While 75% of those using behavioral health services received them in the Mat-Su Borough, only 34% of the sample reported using such services. Ancillary services like obtaining prescription drugs, x-rays, or physical therapy was the item people reported most frequently using in the Mat-Su Borough, with 84% using these services in the borough.

Table 46 Location of Primary Care Services Used by Mat-Su Borough Residents

Primary Care Type	Respondents Using Primary Care Services (n)	Mat-Su (n)	Palmer or Wasilla (n)	Anchorage (n)
Primary Care Medicine	98.0% (392)	81.9% (321)	73.7% (289)	15.5% (62)
Medical Specialist	85.5% (342)	46.2% (158)	43.9% (150)	49.7% (170)
Dental Care	96.3% (385)	78.2% (301)	76.6% (296)	17.4% (67)
Behavioral Health Care	34.0% (136)	77.9% (106)	75.0% (102)	20.6% (28)
Other Health Services	94.5% (378)	83.6% (316)	81.2% (307)	15.6% (59)

The main reason respondents gave for leaving the Mat-Su Borough to receive services varied depending on the service. The most common reasons were either that respondents had to leave for coverage or another reason. For specialist care, the most frequently cited reason was that there were higher quality or more skilled providers elsewhere. “Another reason” was a frequent answer choice—some of the reasons given include the following:

- Care too expensive in Mat-Su
- More choices in Anchorage
- Too long to wait for an appointment in Mat-Su
- Referred to Anchorage by their Mat-Su provider
- Have an established relationship with Anchorage provider because they used to live there or before service was available in Mat-Su
- Service not available in Mat-Su (this should have been coded as Closest provider not in Mat-Su)
- Provider in Anchorage recommended by acquaintance

Table 47 Reasons for Seeking Primary Care Elsewhere

Type of Primary Care	Receiving Care Elsewhere	Reason for Seeking Care Elsewhere...				
		Must for coverage	Convenience, already somewhere else	Higher quality /more skilled providers elsewhere	Closest provider not in Mat-Su	Another reason
Primary Care Medicine	24.3% (97)	33.0% (32)	16.5% (16)	17.5% (17)	4.1% (4)	28.9% (28)
Medical Specialist	52.0% (208)	18.3% (38)	11.1% (23)	32.7% (68)	19.2% (40)	18.8% (39)
Dental Care	23.0% (92)	23.9% (22)	21.7% (20)	15.2% (14)	0.0% (0)	39.1% (36)
Behavioral Health Care	8.3% (33)	(11)	(3)	(9)	(3)	(7)
Other Health Services	19.8% (79)	31.6% (25)	15.2% (12)	12.7% (10)	5.1% (4)	35.4% (28)

The Model for Healthcare Services

Once data had been collected about the existing services in the borough, the access challenges faced by residents, and the thoughts of key informants had been included, it was time to think about methods for determining the level of services needs through the borough. The borough is a large area with a growing population. It is also a very unique area, as was determined when trying to locate a useful model for determining service need.

SERVICE AREAS FOR THE MAT-SU BOROUGH

Because the Mat-Su Borough is such a large geographic area and the communities are so spread out, one of the first steps was to determine which communities could be grouped together for service provision. A number of existing service groupings were examined. Communities that are served by shared schools at some grade levels were examined. The clusters of communities that share emergency services were examined. Additionally, during interviews and in community forums residents were asked about their travel patterns within the borough.

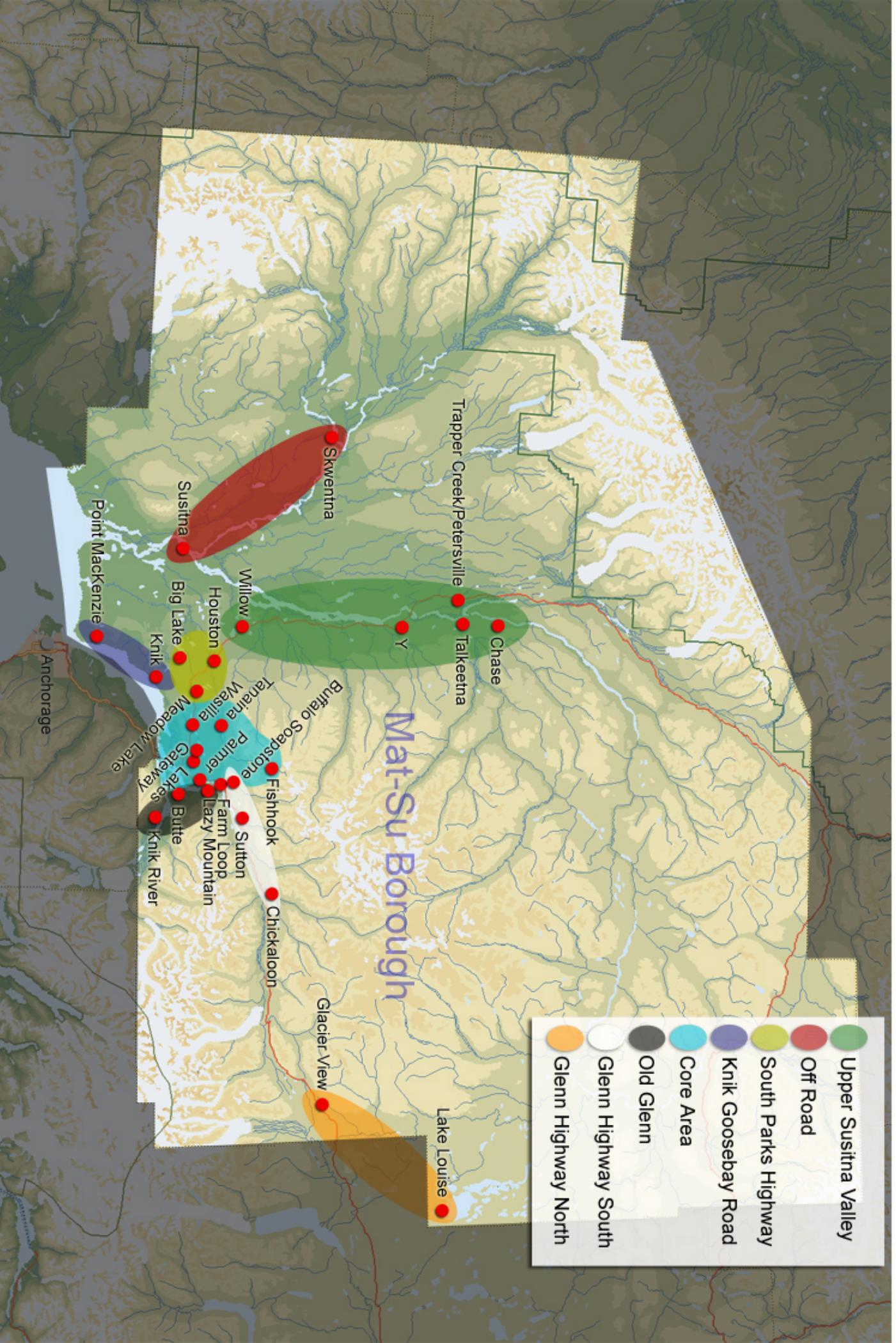
The state has developed a levels of community system that it uses for categorizing types of communities by size and access to roads. However, it was not the ideal model for the borough because it was not developed with the idea of clustering communities.

After looking at other patterns of service delivery, the characteristics of communities and through discussion with the RHPN, the communities were grouped into the following eight service areas. See Appendix A for a map of the areas.

Table 48 Primary Care Service Areas

Service Area	Communities
Core area	Farm Loop, Fishhook, Gateway, Lakes (north & south), Palmer, Tanaina, Wasilla
Old Glenn Hwy	Butte, Knik River, Lazy Mountain
Glenn Hwy South	Buffalo/Soapstone, Chickaloon, Sutton
Glenn Hwy North	Glacier View, Lake Louise
Knik Goosebay Rd	Knik/ Fairview, Point MacKenzie
South Parks Hwy	Big Lake, Houston, Meadow Lakes
Upper Susitna Valley	Chase, Petersville, Talkeetna, Trapper Creek, Willow, Y
Off Road	Skwentna, Susitna

Mat-Su Healthcare Plan Service Areas



HEALTHCARE MODELS

Given all that was known about the health of residents of the Mat-Su Borough and the status of the healthcare system in the borough, the next step was to seek out planning constructs. Efforts were made to find communities Outside that were similar to the Mat-Su Borough so their provider levels could be examined. Counties were sought on three criteria--counties with similar populations, counties with similar growth rates, and counties of similar size and population density. None of the Outside counties were a good match. Most of the counties that also had very high rates of growth like the Mat-Su Borough were near a very large city (e.g. outside San Antonio or Atlanta). Those counties with similar populations were not growing like the Mat-Su Borough and had population densities an order of magnitude higher than the borough. The large counties with low population densities that might have been a good match were in Arizona and Nevada. Those counties were only about 3/4th the size of the Mat-Su Borough and were poor matches because the area is deserted with the nearest city of any size hundreds of miles away (e.g., 211 miles to Las Vegas).

Another approach taken was to look for recommended provider to population ratios. Loose recommendations were found regarding the ratio of providers to population needed to qualify an area as a Health Professional Shortage Area (HPSA) area as designated by the federal government. However, that is not a desired standard, but viewed as the edge of acceptable provider to population ratios.

Provider planning models created by the Indian Health Service and the University of Oregon Health Sciences were examined. Both of these models calculate the needed number of providers based on the average number of visits made by certain populations.

The Indian Health Service model was rejected because the assumptions regarding the numbers of healthcare visits per person per year were deemed to be much higher than appropriate for the general population of the Mat-Su Borough. Usage among those covered by the Indian Health Service is higher than average for a variety of reasons.

The Indian Health Service model does allow for different assumptions to be used regarding the number of visits per patient per year. The model was run several times using different usage assumptions. One assumed 2 visits per person per year, another 4 visits per person per year, another was the IHS default workload which assumes 3.7 visits per person per year, and finally a scenario using the CDC rate for office visits to all physicians nationwide which was 3.14 visits per person per year. The IHS model makes its calculations based on overall population without regard to the age or gender of the population. The IHS model projects primary care providers, which include physicians and mid-levels.

The University of Oregon model was also based on a projected number of visits by each member of the population. This was deemed unrealistic because a certain portion of the population is not going to use healthcare services under any circumstances. This model may be run using one of two scenarios. One scenario assumes 65% of all visits will be to primary care physicians and another that assumes 80% of visits will be to primary care

physicians. The University of Oregon model also estimated the number of inpatients annually and the number of inpatient procedures annually. The University of Oregon model required input by sex and age group, so included factors beyond just population in the calculations. This model does not include mid-level providers in its projections.

Estimates were also generated for mid-level providers, oral health providers, and behavioral health providers. These were based on the usage rates from all 20 community health centers in Alaska. The population served by the community health centers is 68,598. While not ideal, these were the only figures which could be located that provided the necessary information to calculate needed providers. Making decisions based on the community health centers' usage was rejected because the population seen by the centers was not deemed to be representative of the general population.

Using these different models yielded quite different projections in the number of providers needed to serve a certain population. This was due to differences in their underlying assumptions about the number of visits a provider can handle annually. For example, the University of Oregon model uses figures from the American Medical Association and assumes one primary care physician can have 4,900 visits annually. This is very similar to the number of visits for a primary care provider that the Medical Group Management Association (MGMA) assumes. These figures are also in line with the UDS (Uniform Data System) figures which are collected by HHS/HRSA/Bureau of Primary Care for Community Health Centers, Migrant Health Centers, Health Care for the Homeless programs, Public Housing Primary Care programs, and any section 330 funded Health Center.

Another method examined was to review the number of providers per 100,000 population by type of provider. For some types of providers this information was located for Alaska, but for other providers, only the national level of providers could be located. Even knowing the number of a certain type of provider in Alaska was not all that informative for these purposes since this inquiry needed to know how many providers are practicing in the Mat-Su Borough.

Finally, the group moved toward acceptance of a model based on the panel size a provider can treat. This is a method that uses a ratio of population to provider in order to determine need. A number of suggested panel sizes were considered, such as those recommended by the American Medical Association and others. This was a preferable method of projecting provider need. Using the CDC's usage data assumes that every single person will use as much healthcare in the future as those who have already used healthcare in the past did, which is not a sound assumption.

Ultimately, the assumption of providers needed per population is based on the ratios used by the Southcentral Foundation. Using ratios that are currently being employed by Alaskan providers felt like a better fit and stronger assumption than using nationwide figures. Southcentral Foundation's ratio is 1 provider to 2,000 population for primary care physicians and dentists. This ratio was the starting point, but was not used for all communities because the core area, the slightly-less-dense collar area surrounding the core, and the outlying areas are so different. It would not be appropriate to use one model for everything.

Consequently, the 1:2,000 ratio was adjusted for outlying areas of the borough based on extenuating circumstances such as low population density. Providers in rural areas typically see fewer patients because they provide more aspects of the patient’s care. For example, if the patient needs x-rays the provider is the one who takes the x-ray unlike in a more urban setting where the patient would be sent to someone else for the x-ray. Rural providers can spend between a half hour and an hour with a patient, instead of ten to fifteen minutes as in urban areas.

Projected need was calculated using the starting point of 1:2,000 and then modifying that ratio to meet the unique needs of each area. The following ratios were used.

Table 49 Provider to Population Ratios

Sub-regions	Service Areas	Panel Size
Core	Wasilla-Palmer	1:2,000
Collar	Old Glenn Hwy Knik Goosebay Rd South Parks Hwy	1:1,500
Rural	Glenn Hwy South Glenn Hwy North Upper Susitna Valley Off Road	1:1,200

The base ratio for behavioral health was 1:3,600. This ratio was used for all service areas, since behavioral health providers do not face the same issues in terms of additional work in rural areas. It should be noted that the ratios used by Southcentral Foundation do not include mid-level providers. This plan considers mid-level providers a very important part of the system of care. The only reason they were not part of the calculation about how many providers may be needed to meet current and future needs is that no models could be found which incorporated mid-levels and had sound assumptions. Southcentral Foundation and other providers have substantially lower ratios for mid-level providers. The ratio is in the neighborhood of 1:600-800.

PRIMARY CARE PROJECTED DEMAND AND GAP IN SERVICES

The existing primary care providers in the borough are comprised of a mix of physicians and mid-level providers. The vast majority of the existing primary care providers are currently gathered in the Core Area. There are more mid-level providers than physicians outside the Core Area. The fastest growing areas within the borough are just outside the Core Area in the Knik Goosebay Road and South Parks Highway service areas. There are currently a handful of providers in these areas; the number is sure to increase as the population expands. As mentioned, the model only includes physicians because no appropriate model could be found that incorporated both. The plan values mid-level providers and regards them as a crucial piece of the healthcare system.

The table below shows the projected need for primary care physicians by service area for 2004, 2010, and 2015. This is based on estimated population and the varying panel sizes discussed above.

Table 50 Current Primary Care Providers and Projected Need

Service Area	Number of Current Providers*	Primary Care Physicians Needed		
		2004	2010	2015
Core Area	40	16.17	20.34	24.62
Old Glenn Hwy	0	3.21	3.82	4.40
Knik Goosebay Rd	0	6.29	9.53	13.46
South Parks Hwy	0	6.82	8.75	10.78
Glenn Hwy South	0	1.83	2.12	2.39
Glenn Hwy North	0	0.30	0.34	0.38
Upper Susitna Valley	2	3.54	4.07	4.56
Off Road	0	0.09	0.06	0.04
Total	42	38.25	49.03	60.63

*Includes primary care, pediatricians, OB/GYN, and internists.

- 1) The number of current providers reflects the number of actual providers in the area, not the level of full time equivalents (FTE). Not all current providers are working full time. Projected need is for FTEs.
- 2) Projected providers assumes each service area continues to experience the same rate of population growth for the upcoming ten years as it has for the previous five years.

Table 51 Mat-Su Borough Population Projections: 2004 to 2015

Service Area	Average Annual Population Growth (2000-2004)	Population		
		2004*	Projected 2010	Projected 2015
Core Area	3.9%	32,336	40,675	49,245
Old Glenn Hwy	2.9%	4,822	5,724	6,604
Knik Goosebay Rd	7.2%	9,439	14,288	20,185
South Parks Hwy	4.3%	10,225	13,128	16,167
Glenn Hwy South	2.5%	2,196	2,542	2,872
Glenn Hwy North	2.1%	365	412	456
Upper Susitna Valley	2.3%	4,250	4,878	5,471
Off Road	-6.7%	112	74	52

3) One additional consideration when thinking about the required providers for the Mat-Su Borough is to consider the impact of tourists. For example, the Upper Susitna Valley has over 400,000 people pass through who visit Denali National Park each summer. Many tourists drive out the Glenn Highway to Glacier View. Other communities like Lake Louise more than double in size in the summer as people come to their summer cabins. These and other areas in the borough also see sizable numbers of people visiting to snow machine.

ORAL HEALTHCARE PROJECTED DEMAND AND GAP IN SERVICES

Oral healthcare providers are even more concentrated in the Core Area than are primary care providers. With primary care providers there are mid-levels in the South Parks Hwy, Glenn Hwy South, Glenn Hwy North, and Upper Susitna Valley service areas. Since there are no equivalent type dental providers, the dentists listed below represent all access to dental care available in the Mat-Su Borough.

As mentioned in the previous section, the number of current providers may exaggerate the availability of care, since all these dentists may not be working full time. As with primary care, the need for providers is based on continued population growth at the rate experienced in the recent past. Oral health providers are not nearly as impacted by the tourist influx as primary care providers.

Table 52 Current Practicing Dentists and Projected Need: 2004 to 2015

Service Area	Number of Current Providers	Dentists Needed		
		2004	2010	2015
Core Area	34	16.17	20.34	24.62
Old Glenn Hwy	0	3.21	3.82	4.40
Knik Goosebay Rd	0	6.29	9.53	13.46
South Parks Hwy	0	6.82	8.75	10.78
Glenn Hwy South	0	1.83	2.12	2.39
Glenn Hwy North	0	0.30	0.34	0.38
Upper Susitna Valley	1	3.54	4.07	4.56
Off Road	0	0.09	0.06	0.04
Total	35	38.25	49.03	60.63

BEHAVIORAL HEALTHCARE PROJECTED DEMAND AND GAP IN SERVICES

Behavioral health is the accepted terminology for the field that encompasses mental health services and substance abuse treatment. As noted above, the ratio of behavioral

health providers to population has not been adjusted for different service areas. The ratio is the same for all service areas because there are no additional tests for behavioral health providers to run in rural areas that urban providers would have support staff to administer. The ratio is 1:3,600.

Behavioral health providers offer a unique challenge in determining if need has been met because the providers are not all interchangeable. While primary care providers, be they physicians or mid-levels, offer many of the same services, some behavioral health providers are trained in substance abuse treatment while others are more qualified to handle mental illness.

As mentioned in the previous section, the number of current providers may exaggerate the availability of care, since all these providers may not be working full time. As with primary care, the need for providers is based on continued population growth at the rate experienced in the recent past. Behavioral health providers are not nearly as impacted by the tourist influx as primary care providers.

Table 53 Current Behavioral Health Professionals and Projected Need: 2004 to 2015

Service Area	Number of Current Providers	Behavioral Health Providers Needed		
		2004	2010	2015
Core Area	25	8.98	11.30	13.68
Old Glenn Hwy	0	1.34	1.59	1.83
Knik Goosebay Rd	0	2.62	3.97	5.61
South Parks Hwy	0	2.84	3.65	4.49
Glenn Hwy South	0	0.61	0.71	0.80
Glenn Hwy North	0	0.10	0.11	0.13
Upper Susitna Valley	1	1.18	1.36	1.52
Off Road	0	0.03	0.02	0.01
Total	26	17.70	22.71	28.07

EMERGENCY MEDICAL SERVICES PROJECTED DEMAND AND GAP IN SERVICES

The Borough's EMS system currently has no full-time employees; in fiscal year 2004 the system made over 5,700 runs. It is very difficult to train and maintain "volunteer" EMS personnel and expect to develop the experience and knowledge level equal to a paid, full-time workforce. The higher level training and certification requires a greater time commitment from the volunteer personnel; a commitment most people cannot make. There are five levels of EMS personnel from Emergency Trauma Tech (ETT) at the low end to paramedic at the high end. To be an ETT requires 40 hours of training. The next level of training (EMT) requires 120 hours of training. The middle level, EMT 2, is the first level able to start an IV and create an airway.

Currently there is one location in the entire borough that is staffed continuously and those staff are not hired as full-time employees. While there is borough-wide EMS coverage, it is provided through a web of coverage woven with volunteers and through agreements with other agencies such as the Dept. of Forestry, the State Troopers, and the military. In an ideal world the borough would like to have continuous paramedic coverage in the core area and EMT3 coverage everywhere else in the borough. This is extremely costly because of the number of personnel required to enable continuous coverage. Night shifts are difficult to staff. The borough provides the training, equipment, and physician supervision to the EMS program.

In the community forums several EMS volunteers noted the difficulty having volunteers lined up to provide continuous coverage. This is especially difficult during holidays and during the summer when many people are seasonally employed (or enjoying the weather).

Other EMS issues raised at the community forums were payment issues related to ambulance trips. One problem was seniors and others with no transportation calling for an ambulance when they did not require one, but needed a ride to a medical appointment or to see a provider in a non-emergency situation. This problem was mentioned more frequently than the second problem, which was people arguing about using the ambulance due to fear of the cost. Primarily this was mentioned in a context where someone else called 911 for the patient, but then the patient did not want to use the service. EMS providers mentioned that many people who do eventually call for an ambulance should have gone to the hospital sooner, but due to cost, waited until they were very sick and clearly could not avoid being hospitalized.

Other problems for the EMS program are that, with few exceptions, once a patient is picked up by EMS that person must be taken to the hospital. Depending on where in the borough they started it can take over four hours for one run—to pick up patient, take them to the hospital, return to the community, return the ambulance to ready condition, and complete all necessary paperwork. This is a huge amount of time for volunteers, as well as time that ambulance is not available to others.

Table 54 EMS Resources by Service Area

Service Area	Number of Current Units
Core Area	6 ambulances & 1 Medic One (Wasilla, Palmer)
Old Glenn Hwy	1 ambulance (Butte)
Knik Goosebay Rd	None
South Parks Hwy	3 winter/4 summer ambulances (Big Lake, Houston, Meadow Lakes)
Glenn Hwy South	1 ambulance (Sutton)
Glenn Hwy North	1 ambulance & 1 non-transport first responder (Glacier View, Lake Louise)
Upper Susitna Valley	4 ambulances (Talkeetna, Trapper Creek, Willow, Y)
Off Road	None

Appendices

APPENDIX A: KEY INFORMANT INTERVIEW QUESTIONNAIRE

- 1) What prevents people in the borough from getting the health care they need? Is that true for the urban and rural areas of the borough?

- 2) What are the health care challenges facing the Mat-Su? Are they the same for the urban and rural areas of the borough?

- 3) Among the issues you raised in the first two questions, what do you think is the biggest issue preventing all Mat-Su residents from getting the health care they need right here in the borough? Is that issue the same for the urban and rural areas of the borough?

- 4) What are the strengths of the local health care services? Is there anything that's great that shouldn't be changed? Are the strengths different in urban versus rural areas of the borough?

- 5) What do you think could be done to improve healthcare services in the borough? Would that be the same thing in all areas of the borough?

- 6) Are there other health care concerns/issues? Or other things you'd like to add?

APPENDIX B: DATA FROM KEY INFORMANT INTERVIEWS
Question 1

What prevents people in the borough from getting the health care they need? Is that true for the urban and rural areas of the borough? (Nearly all respondents gave more than one answer.)

Response	Number
High cost/no money/no insurance	30
Lack of transportation	18
Distance	10
Too few providers to serve population	8
Lack of providers accepting Medicare or Medicaid	7
Lack of education re: importance of health care	2
Lack of access to preventive care	2
Providers' hours not convenient	1
No idea	1

High cost/no money/no insurance

- They send a lot of people to Anchorage or to Talkeetna because those are sliding fee scale clinics.
- Cost, lack of insurance. The issue is the same across the whole country, so it's not something that is just affecting the rural or urban area of the borough.
- Economics. The economic condition of many people is just survival, so health care is out of the question unless it is an emergency. The increased cost for people out of the core areas to get to services in the core area make it that much harder. Especially for the elderly and for kids.
- The differences between the rural and urban areas are that the Core area has transportation-- MASCOT, taxis, Medicaid will pay for transportation for people. The rural areas are poorer and people only have temporary jobs or seasonal jobs. For people working in the summer they have to make hay while the sun shines and they don't have time for health care in the summer. They have to make money while they can.
- Another issue is the cost of medication. Much of it is not covered by Medicaid or Medicare, so if people don't have private insurance they can't afford their medications.
- The lack of health insurance type programs is a major barrier to care. So much of the economy in Mat-Su is a service economy. The jobs might pay living wages, but there is no health insurance offered or if it is than it eats up such a share of the pay that the job doesn't pay a living wage anymore.

Lack of transportation

- If they don't have transportation they have no access.
- People have to understand that the poor have transportation issues, primarily they have no vehicles.
- Definitely transportation is an issue. People don't have gas money and they can't track down the bus and figure that out. Their clients are very low income. \$20 to get to an appointment is too much.
- Transportation to and from treatment facilities is a problem too. There are elderly people who can't drive anymore. Some of them are afraid to drive to Anchorage even if they do still drive. Anchorage is too busy and there's too much traffic; it is scary and confusing so they don't go.

Distance

- It is the same urban and rural. Although in the rural areas, distance is an issue too. She actually thinks that the people who live further out are better about not whining about driving. They drive a lot and are used to it. Doing anything involves driving, so it's not big deal. The people further out are more motivated--she doesn't have to nag people in Glacier View for immunizations. She thinks people who live so far out are less likely to use entitlement programs because they are difficult to use when you live far out. She thinks people are little less poor who live that far out.
- The geographic location is another barrier. The length of time it takes to travel to Palmer is prohibitive for a lot of people.

Too few providers to serve population

- Availability is also an issue--the lack of providers. For example, he needs to see the dentist right now, but has to wait a month for an appointment.
- There are limited offerings versus what's available in Anchorage. There aren't enough pediatricians or dermatologists. There is no psychiatric care, especially none focused on adolescents.
- The second issue is the availability of specific services closer to home. Anchorage has a lot more to offer. In Alaska in general, due to its small population, adequate health care is limited.

Lack of providers accepting Medicare or Medicaid

- There is limited access for the growing number of Medicare patients. It is hard to find specialists who take Medicare.
- There are problems with Medicaid funding, especially because not many preventative services are covered. Also, while there aren't that many providers who refuse Medicaid entirely, many limit the percentage of their Medicaid patients which makes it difficult for people to find providers.

Question 2

What are the health care challenges facing the Mat-Su? Are they the same for the urban and rural areas of the borough? (Nearly all respondents gave more than one answer.)

Response	Number
High cost/no money/no insurance	17
Too few providers to serve population	12
No prevention available or no understanding of importance	9
Lack of transportation	9
Continued population growth in Mat-Su	9
Distance	7
Too few behavioral health providers and services	7
Lack of providers accepting Medicare or Medicaid	4
Lack of borough health powers	2
Providers' hours not convenient	2

High cost/no money/no insurance

- She thinks the Valley has pretty good comprehensive care with a lot of services offered, but for so many people who don't have the ability to pay for those services, it doesn't matter what is available. So many people don't have insurance and for those who do, even the 20% they have to pay can be prohibitively expensive. It is a hard situation.
- Cost is the issue. People can't afford to go to the doctor, so problems go from minor to major. For many people the issue is not just seeing the doctor, but also getting the medication afterwards. Even if they can afford the appointment, they can't afford the medication too.
- Affordability is a huge issue.
- People don't have insurance. There are a lot of people whose children are covered by the Denali Kid Care and Medicaid, but there are lots of new people who don't know about Denali Kid Care. Health care is so expensive, people are shut out.
- Cost is such an issue, especially for dental care. There are no low cost dentists. Unless people have medical benefits, they can't afford to get care. There are so many non-union construction workers and self-employed people and seasonal workers that have no insurance.
- She refers people to Anchorage to Neighborhood Health, but they have no transportation and no money. Many of the Russian immigrants also have no one to translate.

Too few providers to serve population

- Availability--the number of providers and the location of providers (all in the core area).
- Many specialties are lacking in the Valley. The population is aging and there are lots and lots of kids. There aren't enough pediatricians or internists.
- The shortage of medical professionals--doctors and nurses.
- The growing population and the limited number of providers is going to become a bigger problem.

- It is hard to get providers, especially dentists, to come to the rural areas. There are not enough people to take advantage of a provider to keep them in business. There might be enough people to make it work, but by the time people hear about it the provider has had to leave.

No prevention available or no understanding of importance

- Another problem is that people wait until something is an emergency and don't go for care before the problem is serious. The biggest challenge is the lack of preventative care. Since people don't have funds to go for prevention, they don't get it.
- There is not enough education regarding the importance of prevention and the acceptance of the need for health care are challenges.
- There aren't enough prevention providers. There need to be more.
- He has two big worries. 1) There aren't enough resources to meet prevention needs now. It would be a huge job to meet those needs now. So if the population really grows the way they have predicted, it looks like meeting that need will become impossible.

Lack of transportation

- People have been using the ambulance as transportation to medical appointments because they have no other transportation options.
- Transportation is an issue for a fair number of rural residents in the borough. Many people don't have a vehicle. They might have a snowmachine they can take to the road, but they don't have a vehicle at the road. There is very little public transportation in the borough and that thwarts people's efforts to get around. There are a lot of people who live off the road system scattered throughout the borough. There are a lot of people along the Glenn Highway, out toward Glenallen.
- She said MASCOT service level has gone up and down, but that they have never served the communities on the Glenn. They are currently making runs to Willow and Talkeetna.
- A challenge for those in the senior population is their ability to get there. Many of them don't drive, so it doesn't matter what services are available since they can't get to them. One of her residents needed dialysis three days a week, but couldn't go. She didn't drive and couldn't keep asking friends to take her and then wait for hours till she was ready to go home. There is service with MASCOT, but it is limited. If people don't have family, friends, neighbors, or church members who will take care of them and give them rides, they will be out of luck.

Continued population growth in Mat-Su

- The major population influx is the big thing that's going to challenge the health care system. There could be 100,000 people in the Valley before too long and there is no infrastructure to handle that situation. Anchorage is out of room to build, so those people are coming to the Valley either on the bridge over the Knik Arm or on the four lane highway from Anchorage, but it's inevitable.
- The growing population and the limited number of providers is going to become a bigger problem.
- The growth. Mat-Su is the fastest growing area in the state.

Distance

- She feels like the same issues are present throughout the borough, but that the urban area will benefit sooner from any improvements. She feels like improvements will take longer to get to the rural areas, especially on the Glenn. She is worried that once the bulk of people in urban area have their needs addressed the urgency to do something will abate and the situation on the Glenn will never be addressed.
- Distance is the big issue. Especially when it's an emergency; it is hard to get to town.

Too few behavioral health providers and services

- Substance abuse is a huge problem and the root cause of most other problems. Depression is under-diagnosed throughout the borough. Mental health issues in general are under-diagnosed throughout the borough.
- Mental health services are really lacking. Counseling, especially for children is almost entirely absent and there is no one who takes Denali Kid Care or Medicaid. It can take up to four months to get an appointment for a kid. There is a lot of counseling in the Valley, but they don't take Denali Kid Care and Medicaid. There is a big need for more pediatric psychiatric facilities.
- Mental health is a huge issue and there are not a lot of resources.

Question 3

Among the issues you raised in the first two questions, what do you think is the biggest issue preventing all Mat-Su residents from getting the health care they need right here in the borough? Is that issue the same for the urban and rural areas of the borough? (Many respondents gave more than one answer.)

Response	Number
High cost/no money/no insurance	31
Lack of education about health issues/importance of prevention	8
Lack of transportation	6
Distance	4
Too few providers to serve population	3
Too few behavioral health providers and services	3
Lack of providers accepting Medicare or Medicaid	3

High cost/no money/no insurance

- Money is the biggest issue. People don't have insurance, but they work so they don't qualify for any programs. People can't afford it and so end up just not getting health care.
- The financial--people just don't know where to turn.
- Cost is the biggest issue. Especially because so many people in their community are retired.
- Affordability is the issue, especially because Alaskans are an independent group and feel that the money could be put somewhere else. People don't realize that down the road we are really going to need these services, people are taking too short-sighted a view of the situation.
- Cost--people can't afford it so they don't go anywhere.
- There are fewer employers providing insurance than there used to be. It used to be easier to afford insurance on your own. Now, fewer employers offer it and the ones who do ask for more of a contribution from the employees. Those people who don't get insurance from their employer can't afford to buy it on their own.
- The lack of insurance--there is a huge number of self-employed people in the Valley. People are carpenters and seasonal workers who don't have insurance. Thirty percent of their patients are

self-pay. Denali Kid Care has helped the kids, but the adults are stuck. They work so make too much for Medicaid, but not enough to buy insurance. The area is still growing, but is rural enough that it has lots of small businesses and those folks can't afford insurance.

Lack of education about health issues/importance of prevention

- A lack of knowledge by people that they need to go to the doctor.
- There is no clearinghouse where people can get information on where to get services for physical health, mental health needs, or dental issues. While there are providers in the Valley, people don't know where to turn.
- There is no preventative care. Education about the value of prevention is an issue and the money to pay for prevention is the other issue.
- Not enough access to prevention. The hospitals in Anchorage do more prevention. Valley Hospital doesn't do enough; they have one health fair a year or something.
- We have to change how people get into health care. They don't go in until they are sick, but need to go earlier for prevention.
- People don't know where to go. It is hard for her to keep up with the changes. Providers come and go; makes it hard to track and hard for people to get good consistency of care. People need more education and a directory would help. She stressed that it shouldn't just be a directory of Valley Hospital related people, but should include everyone.
- Younger people--under 30--tend to not think going to the doctor is that important. They are still young enough they think they'll be fine. She also thinks people don't want to come to the core area or to town, especially for preventive stuff when they feel fine. And especially people who live out in the woods.

Lack of transportation

- Transportation and inclination [are the biggest issues]. Transportation is such a big issue even though there is a clinic in the area because people have "Talkeetna cars"--cars you could drive around the area, but not to Wasilla.
- There is no transportation for people to get to providers in Anchorage who must for coverage.
- Transportation is the biggest issue. People who just can't figure out how to use MASCOT or other things. The issues are really the same all across the borough.

Question 4

What are the strengths of the local health care services? Is there anything that's great that shouldn't be changed? Are the strengths different in urban versus rural areas of the borough? (Nearly all respondents gave more than one answer.)

Response	Number
New hospital	13
Providers in area good, skilled, caring, committed	12
Increase in number of providers and specialists	12
Sunshine Clinic	12
Collaboration between providers	7
EMS	6
None	1
No comment	1

New hospital

- He was just at Valley Hospital for a kidney issue and cancer and he thinks they have talented physicians and great nurses. He hopes that carries over into the new hospital. [I asked him what his concern about the new hospital was.] He worries that because it is so big it will lose the local feeling and the family flavor will be gone.
- The new hospital will have more services which is good (they are going to have cardiac care).
- Valley Hospital is a good hospital for most things, although they don't have the specialists like Providence does. With the new hospital there might be more specialists.
- While he doesn't personally know the new management of the Valley Hospital, he thinks they are committed to providing good services and that they really care about folks.
- The area is improving, the new hospital is a good thing.

Providers in area good, skilled, caring, committed

- Physicians in the community are fairly interested in the community and in providing high quality care and being active with the hospital. In the process of trying to meet the needs there are some interesting collaborations. She works with Children's Place which is a center for abused and neglected children. And there have been mergers and collaborations to meet the needs of the community. She thinks MAP is a good thing; it helps them get the most out of limited resources.
- The providers in the Valley know the patients well and that's a real strength.
- They get excellent providers who are more than willing to work with people on payment issues. The providers offer excellent care, once people get to the services.
- There are some good providers and many will work with patients to get a payment plan that works for them.

Increase in number of providers and specialists

- She feels it is good that things are improving; more variety and specialties is a good thing.
- Southcentral Foundation has moved to the Valley which is a real strength for Alaska Natives.
- She was on the phone today with a specialist. It is a good development to have more specialists in the Valley.

- There are a lot of different options now. There are physicians, P.A.s, nurse practitioners, specialists, D.O.s, chiropractors, naturopaths. People can find whatever service they are looking for. She thinks there is a lot of tolerance of non-physician providers by physicians.
- He views Chickaloon as up and coming. They are trying to expand and are getting bigger all the time.
- The increase in the availability of specialty care is good. There is a dialysis center now, some cancer treatments are available in the Valley and other specialty are moving out. She thinks more will come as people continue to move out to the Valley.

Sunshine Clinic

- She agreed that Sunshine was wonderful and has made all the difference. There used to be nothing in the Upper Su area and now they have lots of services and a private doctor in town too.
- Sunshine is doing a good job with outreach, they have expended and now have dental. They have the sliding fee scale, but she thinks people don't know that.
- All the expanding that Sunshine has done is excellent--getting a dentist and social worker is good. Plus getting services in Willow is good too.
- Sunshine Clinic is fantastic. All the providers are very professional and they are not just worried about what they can do for you now, but also what they can do for you in the future. However, they just don't have all the services that the area needs.
- He thinks Sunshine is a great asset for the Upper Valley and even an asset for the borough as an example of what might be done.

Collaboration between providers

- The awareness of the issues and the willingness by providers and agencies to address the needs. The health care community in the borough is very pro-active. They are trying to meet the needs. [I asked her who they were.] She said Southcentral, Valley Hospital, the private providers, etc.
- The ability to collaborate and work together is a big asset. He thinks MAP is a great thing for meeting the needs of the borough. Agency representatives can come together and identify the gaps and figure out how to fill the gaps. People are working to fill the gaps and meet the community's needs.
- The Valley is in a fascinating, young state of collaboration and coordination between providers. The level of collaboration is so much better than it is in Anchorage.

EMS

- EMS is the biggest strength. They are well-trained, quick to respond. The more rural the area, the better the EMS people need to be. In urban areas, the EMS only have to care for you for a few minutes. In the outlying areas they have to keep you alive for an hour or more.
- The EMS people are fascinating. Last week they had a snowmachiner who tried to jump a ravine and didn't make it and broke his back. They work miracles. They are really exceptional. On a regular basis they go miles and miles out into the woods to rescue people. Half the time the Troopers are able to get to people because they go with the EMS folks. He is in awe of them and thinks they are fascinating.

Question 5

What do you think could be done to improve healthcare services in the borough? Would that be the same thing in all areas of the borough? (Nearly all respondents gave more than one answer.)

Response	Number
Improve access to care for those unable to afford care	19
Increase the number of providers available to serve population	11
Obtain borough health powers or improve health planning	9
Increase availability of behavioral health providers and services	9
Improve public transportation	8
Improve communication about existing services and financial help	6
Increase prevention available and understanding of its importance	6
Increase the number of providers accepting Medicare or Medicaid	4
People are doing everything they can	1
Improved EMS coverage	1

Improve access to care for those unable to afford care

- Someone needs to figure out ways to have options for uninsured and under-insured to get care. They need to remove the barriers that keep people from getting care and use the existing resources in the best possible way.
- It would be nice to get one or even two 330 clinics to help those who need the sliding fee scale. It would be really nice to have an urgent care facility that was sliding fee scale. The whole health care system is too money and insurance focused. There are no HMOs up here, but maybe having one would be cheaper. There have been problems with HMOs, but they do keep costs down.
- Further diffusion of available, affordable health care (e.g., not all in Talkeetna). It is great that they have Sunshine, but there needs to be at least one additional clinic in Wasilla and perhaps another clinic on the other side of the core area, with a satellite clinic further out the Glenn, maybe in Chickaloon.
- A community health center is what is really needed. He knows Behavioral Health of Mat-Su applied and hopes they get it as that would really help. He thinks it would be good for a local agency to get the grant because it will help if community members know the agency. It would get used more than if Providence came up and opened the clinic.
- Getting more 330 clinics is a real priority.
- More money, emphasize that more money is needed to meet these needs. And more facilities on the highway between Wasilla and Fairbanks.
- There needs to be either more employers providing insurance or a state plan to provide insurance. There aren't many Alaska Natives in the area, so almost everyone is without coverage.

Increase the number of providers available to serve population

- He is working to get a health care training center for the state in Mat-Su. The state needs to address the issue of the lack of providers.
- More providers need to be recruited to give people more choices.

- They are trying to get a nursing program going at the Mat-Su College to meet some of the needs.
- Recruiting more providers to the area, especially pediatricians, maybe through the new hospital.
- Another issue is that there are not enough general practitioners--the need is huge relative to the number of providers.

Obtain borough health powers or improve health planning

- There are also funding sources the borough could tap if they had health powers. There are grants and other programs that could be accessed if there were health powers. Right now their share of the block grant is going to Anchorage because they can't get it without health powers.
- In the next ten to twenty years in Alaska the boroughs should start to assume some responsibility for health. But he doesn't think the borough or the population is ready yet. Mat-Su is not getting their fair share of state resources per capita. As it continues to grow, the situation will only get worse and worse. At some point people will just start to recognize and think about it. John Q. Public will see that the unorganized areas have higher incomes, but aren't being taxed the way Mat-Su residents are. Mat-Su has lower per capita income than many other places in the state.
- The borough needs to be involved in health planning. They are resisting it for some reason. If they want to have good quality of life to attract new jobs they need to work to make sure there is adequate health care. They only need one professional person, a health planner, so that someone is looking 20 years down the road. Right now it is all just finger-in-the-dike reactions to current issues and no one is taking the long view. They have enough health powers to do that. They can't regulate anything or impose sanctions on anybody for failure to adhere to regulations, but they could have a planner. They have a planning department already, they should just add a health planner.

Increase availability of behavioral health providers and services

- More specialist services. For example, all people with mental health issues that require in-patient treatment must get on a waiting list and then go to Anchorage when there is finally room. Substance abuse is an issue. There is limited in-patient treatment in the Valley and no detox.
- Substance abuse services are limited; Nugen's has residential and outpatient. Mental health services are lacking. People still must go to API. There is no place in the Valley to handle a mental health crisis.

Improve public transportation

- If there was transportation--either shuttle or bus service or something, both within the Talkeetna area and down to Wasilla that would be huge.
- They need to get more transportation, even if MASCOT just came up one day a week, that would help. People could schedule appointments in town for that day. Basically people in their area feel abandoned. People in the core area don't even remember that there are people outside Wasilla and Palmer. Whenever they plan to try and fix problems, it is only about fixing it in Wasilla and Palmer.
- Transportation. The delivery of services needs to improve. It doesn't matter if there are the best services in the world if people can't get to them.
- Expanding MASCOT will also help the situation. MASCOT needs to expand their service further out the Glenn. They need to have more runs, currently there are only a few a day.

Improve communication about existing services and financial help

- She thinks some people perceive barriers where there are not barriers. For example, the doctor they want to see is not taking new patients, so they assume no one is and don't call someone else. She's not taking new patients, but her colleagues are.

- There needs to be more communication about the fact that Sunshine is a sliding fee clinic so people understand the fee structures. They have good providers so all they need is good communication maybe some public service announcements would help.

Increase prevention available and understanding of its importance

- More education is needed about prevention, but she's not sure how to do that. Healthy people attend health fairs, so those don't really work as outreach. She thinks doing stuff through the schools would be good. And maybe having radio spots.
- Outreach is needed. There needs to be talk about prevention. Valley Hospital is doing a good job with injury prevention, especially with drowning prevention, but there needs to be more injury prevention work. In terms of policy, the borough should close the bars sooner. Having bars open till 5 A.M., especially when Anchorage's bars close at 2 A.M. is a bad thing.

Question 6

Are there other health care concerns/issues? Or other things you'd like to add? (Not everyone responded to this question, but some people had more than one thing to add.)

Response	Number
This data collection effort is a good idea	3
Need to deal with domestic violence	1
Need to deal with disabilities	1

This data collection effort is a good idea

- Information gathering efforts like this are a good step. Things are changing so fast in the Valley that no one has the complete picture anymore. It is very helpful to assess what's out there. This will help better coordinate and integrate services. Then we can figure out where the gaps are and fill them in.
- This information gathering that we're doing is a good thing. We might see solutions that others haven't just because we see more of the picture and can link people up. Don't despise small beginnings.
- It is important to do a survey like this. The borough is too diverse, there is a need to share information.

APPENDIX C: DATA FROM HOUSEHOLD SURVEY

1) Are you 18 years of age or older?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	400	100.0	100.0	100.0

2) How long have you lived in the Mat-Su area?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than one year	8	2.0	2.0	2.0
1-2 years	6	1.5	1.5	3.5
3-5 years	63	15.8	15.8	19.3
6-10 years	78	19.5	19.5	38.8
11-19 years	82	20.5	20.5	59.3
20 years or more	163	40.8	40.8	100.0
Total	400	100.0	100.0	

Crosstabulation: Geographic group by How Long Lived in Mat-Su		10 years or less	11-19 years	20 years or more	Total
Upper Susitna	Count	18	11	21	50
	% within Geographic group	36.0%	22.0%	42.0%	100.0%
Glenn Highway	Count	15	7	28	50
	% within Geographic group	30.0%	14.0%	56.0%	100.0%
Core Tracts	Count	47	31	47	125
	% within Geographic group	37.6%	24.8%	37.6%	100.0%
Collar Tracts	Count	75	33	67	175
	% within Geographic group	42.9%	18.9%	38.3%	100.0%
Total	Count	155	82	163	400
	% within Geographic group	38.8%	20.5%	40.8%	100.0%

3) How far do you live from the Palmer/Wasilla area?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Live in Palmer/Wasilla area	183	45.8	45.8	45.8
	Less than 5 miles	71	17.8	17.8	63.5
	6-10 miles	50	12.5	12.5	76.0
	11-15 miles	20	5.0	5.0	81.0
	16-20 miles	8	2.0	2.0	83.0
	21-40 miles	14	3.5	3.5	86.5
	41-70 miles	38	9.5	9.5	96.0
	71-100 miles	16	4.0	4.0	100.0
	Total	400	100.0	100.0	

4) How frequently do you travel to the Palmer/Wasilla area?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Live in Palmer/Wasilla area	158	39.5	39.6	39.6
	Less than once a month	9	2.3	2.3	41.9
	Once a month	10	2.5	2.5	44.4
	Twice a month	19	4.8	4.8	49.1
	1-2 times a week	40	10.0	10.0	59.1
	3-4 times a week	28	7.0	7.0	66.2
	5 times a week	8	2.0	2.0	68.2
	Every day	127	31.8	31.8	100.0
	Total	399	99.8	100.0	
Missing	Blank	1	.3		
Total		400	100.0		

Crosstabulation: Geographic Group by How Frequently Travel to Core		Twice a month or less	Once a week or more/Live in Core	Total
Upper Susitna	Count	29	21	50
	% within Geographic group	58.0%	42.0%	100.0%
Glenn Highway	Count	0	50	50
	% within Geographic group	.0%	100.0%	100.0%
Core Tracts	Count	3	121	124
	% within Geographic group	2.4%	97.6%	100.0%
Collar Tracts	Count	6	169	175
	% within Geographic group	3.4%	96.6%	100.0%
Total	Count	38	361	399
	% within Geographic group	9.5%	90.5%	100.0%

5) Do you or someone in your household have reliable transportation?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	8	2.0	2.0	2.0
	Yes	392	98.0	98.0	100.0
	Total	400	100.0	100.0	

6) If no, do you or someone in your household lack a ...?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Reliable vehicle	3	.8	37.5	37.5
	Valid driver's license	1	.3	12.5	50.0
	Both	1	.3	12.5	62.5
	Other	3	.8	37.5	100.0
	Total	8	2.0	100.0	
Missing	Valid skip	392	98.0		
Total		400	100.0		

- Too old
- Can't because of medication taking
- Take Valley vans

7) How many adults live in your household including yourself?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 adult	77	19.3	19.4	19.4
	2 adults	259	64.8	65.2	84.6
	3-4 adults	59	14.8	14.9	99.5
	5-6 adults	2	.5	.5	100.0
	Total	397	99.3	100.0	
Missing	Blank	2	.5		
	Don't know	1	.3		
	Total	3	.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Number of Adults in Household		1 or 2 adults	More than 2 adults	Total
Upper Susitna	Count	48	2	50
	% within Geographic group	96.0%	4.0%	100.0%
Glenn Highway	Count	41	9	50
	% within Geographic group	82.0%	18.0%	100.0%
Core Tracts	Count	100	24	124
	% within Geographic group	80.6%	19.4%	100.0%
Collar Tracts	Count	147	26	173
	% within Geographic group	85.0%	15.0%	100.0%
Total	Count	336	61	397
	% within Geographic group	84.6%	15.4%	100.0%

8) How many children (under 18 years old) live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No children	235	58.8	59.5	59.5
	1 child	63	15.8	15.9	75.4
	2 children	56	14.0	14.2	89.6
	3-4 children	35	8.8	8.9	98.5
	5 or more children	6	1.5	1.5	100.0
	Total	395	98.8	100.0	
Missing	Blank	4	1.0		
	Don't know	1	.3		
	Total	5	1.3		
Total		400	100.0		

Crosstabulation: Geographic Group by Number of Children		No children	1 or 2 children	More than 2 children	Total
Upper Susitna	Count	35	12	2	49
	% within Geographic group	71.4%	24.5%	4.1%	100.0%
Glenn Highway	Count	32	13	5	50
	% within Geographic group	64.0%	26.0%	10.0%	100.0%
Core Tracts	Count	67	41	14	122
	% within Geographic group	54.9%	33.6%	11.5%	100.0%
Collar Tracts	Count	101	53	20	174
	% within Geographic group	58.0%	30.5%	11.5%	100.0%
Total	Count	235	119	41	395
	% within Geographic group	59.5%	30.1%	10.4%	100.0%

9) In what geographic area do you and members of your household typically obtain your primary physical health care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Palmer/Wasilla area	289	72.3	73.7	73.7
	Other area of Mat-Su	32	8.0	8.2	81.9
	Anchorage	62	15.5	15.8	97.7
	Another location	9	2.3	2.3	100.0
	Total	392	98.0	100.0	
Missing	Don't know	1	.3		
	Don't use health care	7	1.8		
	Total	8	2.0		
Total		400	100.0		

9) In what geographic area do you and members of your household typically obtain your primary physical health care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other area of Mat-Su	2	.5	5.4	5.4
	Anchorage	31	7.8	83.8	89.2
	Another location	4	1.0	10.8	100.0
	Total	37	9.3	100.0	
Missing	No second answer	363	90.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Where Primary Care		In Mat-Su	Anchorage	Another location	Total
Upper Susitna	Count	34	10	4	48
	% within Geographic group	70.8%	20.8%	8.3%	100.0%
Glenn Highway	Count	41	7	1	49
	% within Geographic group	83.7%	14.3%	2.0%	100.0%
Core Tracts	Count	102	19	2	123
	% within Geographic group	82.9%	15.4%	1.6%	100.0%
Collar Tracts	Count	144	26	2	172
	% within Geographic group	83.7%	15.1%	1.2%	100.0%
Total	Count	321	62	9	392
	% within Geographic group	81.9%	15.8%	2.3%	100.0%

10) What is the main reason you or members of your household leave Mat-Su for primary physical health care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Must for coverage (VA, etc.)	32	8.0	33.0	33.0
	Convenience--already somewhere else on a regular basis	16	4.0	16.5	49.5
	Think higher quality/more skilled providers elsewhere	17	4.3	17.5	67.0
	Closest providers not in Mat-Su	4	1.0	4.1	71.1
	Another reason	28	7.0	28.9	100.0
	Total	97	24.3	100.0	
Missing	Blank	3	.8		
	Don't know	1	.3		
	Valid skip	299	74.8		
Total		303	75.8		
Total		400	100.0		

10) What is the main reason you or members of your household leave Mat-Su for primary physical health care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Convenience--already somewhere else on a regular basis	1	.3	7.7	7.7
	Think higher quality/more skilled providers elsewhere	3	.8	23.1	30.8
	Closest providers not in Mat-Su	2	.5	15.4	46.2
	Another reason	7	1.8	53.8	100.0
	Total	13	3.3	100.0	
Missing	Blank	2	.5		
	Valid skip	299	74.8		
	No second answer	86	21.5		
Total		387	96.8		
Total		400	100.0		

11) In what geographic area do you and members of your household typically obtain your specialist physical health care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Palmer/Wasilla area	150	37.5	43.9	43.9
	Other area of Mat-Su	8	2.0	2.3	46.2
	Anchorage	170	42.5	49.7	95.9
	Another location	14	3.5	4.1	100.0
	Total	342	85.5	100.0	
Missing	Don't know	10	2.5		
	Don't use health care	48	12.0		
	Total	58	14.5		
Total	400	100.0			

11) In what geographic area do you and members of your household typically obtain your specialist physical health care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other area of Mat-Su	1	.3	2.3	2.3
	Anchorage	37	9.3	84.1	86.4
	Another location	6	1.5	13.6	100.0
	Total	44	11.0	100.0	
Missing	Don't use health care	2	.5		
	No second answer	354	88.5		
	Total	356	89.0		
Total	400	100.0			

Crosstabulation: Geographic Group by Where Specialist Care		In Mat-Su	Anchorage	Another location	Total
Upper Susitna	Count	19	20	4	43
	% within Geographic group	44.2%	46.5%	9.3%	100.0%
Glenn Highway	Count	15	27	1	43
	% within Geographic group	34.9%	62.8%	2.3%	100.0%
Core Tracts	Count	54	52	2	108
	% within Geographic group	50.0%	48.1%	1.9%	100.0%
Collar Tracts	Count	70	71	7	148
	% within Geographic group	47.3%	48.0%	4.7%	100.0%
Total	Count	158	170	14	342
	% within Geographic group	46.2%	49.7%	4.1%	100.0%

12) What is the main reason you or members of your household leave Mat-Su for specialist physical health care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Must for coverage (VA, etc.)	38	9.5	18.3	18.3
	Convenience--already somewhere else on a regular basis	23	5.8	11.1	29.3
	Think higher quality/more skilled providers elsewhere	68	17.0	32.7	62.0
	Closest providers not in Mat-Su	40	10.0	19.2	81.3
	Another reason	39	9.8	18.8	100.0
	Total	208	52.0	100.0	
Missing	Blank	5	1.3		
	Don't know	2	.5		
	Valid skip	185	46.3		
	Total	192	48.0		
Total		400	100.0		

12) What is the main reason you or members of your household leave Mat-Su for specialist physical health care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Convenience--already somewhere else on a regular basis	3	.8	12.0	12.0
	Think higher quality/more skilled providers elsewhere	4	1.0	16.0	28.0
	Closest providers not in Mat-Su	6	1.5	24.0	52.0
	Another reason	12	3.0	48.0	100.0
	Total	25	6.3	100.0	
Missing	Blank	4	1.0		
	Valid skip	184	46.0		
	No second answer	187	46.8		
	Total	375	93.8		
Total		400	100.0		

13) In what geographic area do you and members of your household typically obtain your dental care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Palmer/Wasilla area	295	73.8	76.6	76.6
	Other area of Mat-Su	6	1.5	1.6	78.2
	Anchorage	67	16.8	17.4	95.6
	Another location	17	4.3	4.4	100.0
	Total	385	96.3	100.0	
Missing	Don't know	2	.5		
	Don't use health care	13	3.3		
	Total	15	3.8		
Total		400	100.0		

13) In what geographic area do you and members of your household typically obtain your dental care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other area of Mat-Su	4	1.0	19.0	19.0
	Anchorage	12	3.0	57.1	76.2
	Another location	5	1.3	23.8	100.0
	Total	21	5.3	100.0	
Missing	Don't use health care	2	.5		
	No second answer	377	94.3		
	Total	379	94.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Where Oral Health Care		In Mat-Su	Anchorage	Another location	Total
Upper Susitna	Count	29	15	5	49
	% within Geographic group	59.2%	30.6%	10.2%	100.0%
Glenn Highway	Count	44	5	1	50
	% within Geographic group	88.0%	10.0%	2.0%	100.0%
Core Tracts	Count	92	23	4	119
	% within Geographic group	77.3%	19.3%	3.4%	100.0%
Collar Tracts	Count	136	24	7	167
	% within Geographic group	81.4%	14.4%	4.2%	100.0%
Total	Count	301	67	17	385
	% within Geographic group	78.2%	17.4%	4.4%	100.0%

14) What is the main reason you or members of your household leave Mat-Su for dental care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Must for coverage (VA, etc.)	22	5.5	23.9	23.9
	Convenience--already somewhere else on a regular basis	20	5.0	21.7	45.7
	Think higher quality/more skilled providers elsewhere	14	3.5	15.2	60.9
	Another reason	36	9.0	39.1	100.0
	Total	92	23.0	100.0	
Missing	Blank	5	1.3		
	Don't know	1	.3		
	Valid skip	302	75.5		
	Total	308	77.0		
	Total	400	100.0		

14) What is the main reason you or members of your household leave Mat-Su for dental care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Think higher quality/more skilled providers elsewhere	1	.3	10.0	10.0
	Closest providers not in Mat-Su	2	.5	20.0	30.0
	Another reason	7	1.8	70.0	100.0
	Total	10	2.5	100.0	
Missing	Blank	4	1.0		
	Don't know	1	.3		
	Valid skip	302	75.5		
	No second answer	83	20.8		
	Total	390	97.5		
	Total	400	100.0		

15) In what geographic area do you and members of your household typically obtain your behavioral health care (mental health services, counseling, or substance abuse treatment)? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Palmer/Wasilla area	102	25.5	75.0	75.0
	Other area of Mat-Su	4	1.0	2.9	77.9
	Anchorage	28	7.0	20.6	98.5
	Another location	2	.5	1.5	100.0
	Total	136	34.0	100.0	
Missing	Don't know	11	2.8		
	Don't use health care	253	63.3		
	Total	264	66.0		
Total	400	100.0			

15) In what geographic area do you and members of your household typically obtain your behavioral health care (mental health services, counseling, or substance abuse treatment)? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Anchorage	6	1.5	75.0	75.0
	Another location	2	.5	25.0	100.0
	Total	8	2.0	100.0	
Missing	Don't know	2	.5		
	Don't use health care	3	.8		
	No second answer	387	96.8		
	Total	392	98.0		
Total	400	100.0			

Crosstabulation: Geographic Group by Where Behavioral Health Care		In Mat-Su	Anchorage	Another location	Total
Upper Susitna	Count	12	5	0	17
	% within Geographic group	70.6%	29.4%	.0%	100.0%
Glenn Highway	Count	9	0	1	10
	% within Geographic group	90.0%	.0%	10.0%	100.0%
Core Tracts	Count	29	9	1	39
	% within Geographic group	74.4%	23.1%	2.6%	100.0%
Collar Tracts	Count	56	14	0	70
	% within Geographic group	80.0%	20.0%	.0%	100.0%
Total	Count	106	28	2	136
	% within Geographic group	77.9%	20.6%	1.5%	100.0%

16) What is the main reason you or members of your household leave Mat-Su for behavioral health care? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Must for coverage (VA, etc.)	11	2.8	33.3	33.3
	Convenience--already somewhere else on a regular basis	3	.8	9.1	42.4
	Think higher quality/more skilled providers elsewhere	9	2.3	27.3	69.7
	Closest providers not in Mat-Su	3	.8	9.1	78.8
	Another reason	7	1.8	21.2	100.0
	Total	33	8.3	100.0	
Missing	Blank	2	.5		
	Valid skip	365	91.3		
	Total	367	91.8		
Total		400	100.0		

16) What is the main reason you or members of your household leave Mat-Su for behavioral health care? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Closest providers not in Mat-Su	1	.3	50.0	50.0
	Another reason	1	.3	50.0	100.0
	Total	2	.5	100.0	
Missing	Blank	1	.3		
	Valid skip	365	91.3		
	No second answer	32	8.0		
	Total	398	99.5		
Total		400	100.0		

17) In what geographic area do you and members of your household typically obtain your other health services (physical therapy, x-rays, prescription drugs, etc.)? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Palmer/Wasilla area	307	76.8	81.2	81.2
	Other area of Mat-Su	9	2.3	2.4	83.6
	Anchorage	59	14.8	15.6	99.2
	Another location	3	.8	.8	100.0
	Total	378	94.5	100.0	
Missing	Don't know	4	1.0		
	Don't use health care	18	4.5		
	Total	22	5.5		
Total		400	100.0		

17) In what geographic area do you and members of your household typically obtain your other health services (physical therapy, x-rays, prescription drugs, etc.)? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other area of Mat-Su	7	1.8	17.9	17.9
	Anchorage	22	5.5	56.4	74.4
	Another location	10	2.5	25.6	100.0
	Total	39	9.8	100.0	
Missing	No second answer	361	90.3		
Total		400	100.0		

Crosstabulation: Geographic Group by Where Other Services		In Mat-Su	Anchorage	Another location	Total
Upper Susitna	Count	28	16	2	46
	% within Geographic group	60.9%	34.8%	4.3%	100.0%
Glenn Highway	Count	39	9	0	48
	% within Geographic group	81.3%	18.8%	.0%	100.0%
Core Tracts	Count	105	13	0	118
	% within Geographic group	89.0%	11.0%	.0%	100.0%
Collar Tracts	Count	144	21	1	166
	% within Geographic group	86.7%	12.7%	.6%	100.0%
Total	Count	316	59	3	378
	% within Geographic group	83.6%	15.6%	.8%	100.0%

18) What is the main reason you or members of your household leave Mat-Su for other health services? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Must for coverage (VA, etc.)	25	6.3	31.6	31.6
	Convenience--already somewhere else on a regular basis	12	3.0	15.2	46.8
	Think higher quality/more skilled providers elsewhere	10	2.5	12.7	59.5
	Closest providers not in Mat-Su	4	1.0	5.1	64.6
	Another reason	28	7.0	35.4	100.0
	Total	79	19.8	100.0	
Missing	Blank	2	.5		
	Don't know	3	.8		
	Valid skip	316	79.0		
	Total	321	80.3		
Total	400	100.0			

18) What is the main reason you or members of your household leave Mat-Su for other health services? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Think higher quality/more skilled providers elsewhere	2	.5	33.3	33.3
	Closest providers not in Mat-Su	1	.3	16.7	50.0
	Another reason	3	.8	50.0	100.0
	Total	6	1.5	100.0	
Missing	Blank	2	.5		
	Valid skip	316	79.0		
	No second answer	76	19.0		
	Total	394	98.5		
Total	400	100.0			

19) Do you and members of your household anticipate using the new Valley Hospital once it opens?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	48	12.0	12.9	12.9
	Yes	323	80.8	87.1	100.0
	Total	371	92.8	100.0	
Missing	Don't know	29	7.3		
Total		400	100.0		

Crosstabulation: Geographic Group by Use New Valley Hospital		No	Yes	Total
Upper Susitna	Count	13	33	46
	% within Geographic group	28.3%	71.7%	100.0%
Glenn Highway	Count	6	38	44
	% within Geographic group	13.6%	86.4%	100.0%
Core Tracts	Count	13	103	116
	% within Geographic group	11.2%	88.8%	100.0%
Collar Tracts	Count	16	149	165
	% within Geographic group	9.7%	90.3%	100.0%
Total	Count	48	323	371
	% within Geographic group	12.9%	87.1%	100.0%

20) Do you and members of your household have public or private health coverage?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	44	11.0	11.1	11.1
	Yes	337	84.3	84.9	96.0
	Some yes, some no	16	4.0	4.0	100.0
	Total	397	99.3	100.0	
Missing	Blank	2	.5		
	Don't know	1	.3		
	Total	3	.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Have Health Coverage		Yes	No	Some yes, some no	Total
Upper Susitna	Count	39	8	3	50
	% within Geographic group	78.0%	16.0%	6.0%	100.0%
Glenn Highway	Count	42	5	2	49
	% within Geographic group	85.7%	10.2%	4.1%	100.0%
Core Tracts	Count	109	10	4	123
	% within Geographic group	88.6%	8.1%	3.3%	100.0%
Collar Tracts	Count	147	21	7	175
	% within Geographic group	84.0%	12.0%	4.0%	100.0%
Total	Count	337	44	16	397
	% within Geographic group	84.9%	11.1%	4.0%	100.0%

21) If yes, what type of health coverage do you and members of your household have? (First answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private (Blue Cross, Atena, etc.)	243	60.8	68.8	68.8
	Private (catastrophic only)	19	4.8	5.4	74.2
	Medicare	30	7.5	8.5	82.7
	Medicaid	10	2.5	2.8	85.6
	Veterans' Administration	6	1.5	1.7	87.3
	Denali Kid Care	12	3.0	3.4	90.7
	Native Health Service	10	2.5	2.8	93.5
	Other	23	5.8	6.5	100.0
	Total	353	88.3	100.0	
	Missing	Blank	1	.3	
Don't know		2	.5		
Valid skip		44	11.0		
Total		47	11.8		
Total	400	100.0			

21) If yes, what type of health coverage do you and members of your household have? (Second answer)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private (catastrophic only)	1	.3	1.0	1.0
	Medicare	26	6.5	24.8	25.7
	Medicaid	10	2.5	9.5	35.2
	Veterans' Administration	7	1.8	6.7	41.9
	Denali Kid Care	9	2.3	8.6	50.5
	Native Health Service	10	2.5	9.5	60.0
	Workers' Compensation	20	5.0	19.0	79.0
	Other	22	5.5	21.0	100.0
	Total	105	26.3	100.0	
	Missing	Valid skip	42	10.5	
No second answer		253	63.3		
Total		295	73.8		
Total	400	100.0			

Crosstabulation: Geographic Group by Type of Coverage		Private	Government program	Other	Total
Upper Susitna	Count	32	8	1	41
	% within Geographic group	78.0%	19.5%	2.4%	100.0%
Glenn Highway	Count	30	8	6	44
	% within Geographic group	68.2%	18.2%	13.6%	100.0%
Core Tracts	Count	85	19	10	114
	% within Geographic group	74.6%	16.7%	8.8%	100.0%
Collar Tracts	Count	115	33	6	154
	% within Geographic group	74.7%	21.4%	3.9%	100.0%
Total	Count	262	68	23	353
	% within Geographic group	74.2%	19.3%	6.5%	100.0%

22) What is the primary reason you and/or members of your household do not have insurance?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cannot afford	35	8.8	64.8	64.8
	Don't qualify for government programs	4	1.0	7.4	72.2
	Don't want or need	7	1.8	13.0	85.2
	Other	8	2.0	14.8	100.0
	Total	54	13.5	100.0	
Missing	Blank	6	1.5		
	Don't know	1	.3		
	Valid skip	339	84.8		
	Total	346	86.5		
Total		400	100.0		

23) In the past two years have you or someone in your household used primary physical health care (including routine preventative examinations)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	46	11.5	11.6	11.6
	Yes	351	87.8	88.4	100.0
	Total	397	99.3	100.0	
Missing	Blank	1	.3		
	Don't know	2	.5		
	Total	3	.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Used Primary Care		Yes	No	Total
Upper Susitna	Count	41	9	50
	% within Geographic group	82.0%	18.0%	100.0%
Glenn Highway	Count	46	4	50
	% within Geographic group	92.0%	8.0%	100.0%
Core Tracts	Count	107	18	125
	% within Geographic group	85.6%	14.4%	100.0%
Collar Tracts	Count	157	15	172
	% within Geographic group	91.3%	8.7%	100.0%
Total	Count	351	46	397
	% within Geographic group	88.4%	11.6%	100.0%

24) If no one in your household has used primary physical health care, was it because you...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Didn't need it	30	7.5	75.0	75.0
	Had no coverage for it	4	1.0	10.0	85.0
	Too expensive	1	.3	2.5	87.5
	Another reason	5	1.3	12.5	100.0
	Total	40	10.0	100.0	
Missing	Blank	6	1.5		
	Don't know	3	.8		
	Valid skip	351	87.8		
Total		360	90.0		
Total		400	100.0		

25) In the past two years have you or someone in your household used specialist physical health care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	144	36.0	36.1	36.1
	Yes	255	63.8	63.9	100.0
	Total	399	99.8	100.0	
Missing	Blank	1	.3		
Total		400	100.0		

Crosstabulation: Geographic Group by Used Specialist Care		Yes	No	Total
Upper Susitna	Count	26	24	50
	% within Geographic group	52.0%	48.0%	100.0%
Glenn Highway	Count	34	16	50
	% within Geographic group	68.0%	32.0%	100.0%
Core Tracts	Count	72	53	125
	% within Geographic group	57.6%	42.4%	100.0%
Collar Tracts	Count	123	51	174
	% within Geographic group	70.7%	29.3%	100.0%
Total	Count	255	144	399
	% within Geographic group	63.9%	36.1%	100.0%

26) If no one in your household has used specialist physical health care, was it because you...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Didn't need it	117	29.3	94.4	94.4
	Too expensive	1	.3	.8	95.2
	Another reason	6	1.5	4.8	100.0
	Total	124	31.0	100.0	
Missing	Blank	21	5.3		
	Valid skip	255	63.8		
	Total	276	69.0		
Total		400	100.0		

27) In the past two years have you or someone in your household used dental health care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	64	16.0	16.1	16.1
	Yes	334	83.5	83.9	100.0
	Total	398	99.5	100.0	
Missing	Blank	2	.5		
Total		400	100.0		

Crosstabulation: Geographic Group by Used Dental Health Care		Yes	No	Total
Upper Susitna	Count	36	14	50
	% within Geographic group	72.0%	28.0%	100.0%
Glenn Highway	Count	44	5	49
	% within Geographic group	89.8%	10.2%	100.0%
Core Tracts	Count	106	19	125
	% within Geographic group	84.8%	15.2%	100.0%
Collar Tracts	Count	148	26	174
	% within Geographic group	85.1%	14.9%	100.0%
Total	Count	334	64	398
	% within Geographic group	83.9%	16.1%	100.0%

28) If no one in your household has used dental health care, was it because you...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Didn't need it	36	9.0	69.2	69.2
	Had no coverage for it	6	1.5	11.5	80.8
	Too expensive	4	1.0	7.7	88.5
	Another reason	6	1.5	11.5	100.0
	Total	52	13.0	100.0	
Missing	Blank	12	3.0		
	Don't know	2	.5		
	Valid skip	334	83.5		
	Total	348	87.0		
Total		400	100.0		

29) In the past two years have you or someone in your household used behavioral health care (mental health services, counseling, or substance abuse treatment)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	327	81.8	83.0	83.0
	Yes	67	16.8	17.0	100.0
	Total	394	98.5	100.0	
Missing	Blank	2	.5		
	Don't know	4	1.0		
	Total	6	1.5		
Total		400	100.0		

Crosstabulation: Geographic Group by Used Behavioral Health Care		Yes	No	Total
Upper Susitna	Count	6	43	49
	% within Geographic group	12.2%	87.8%	100.0%
Glenn Highway	Count	5	43	48
	% within Geographic group	10.4%	89.6%	100.0%
Core Tracts	Count	17	107	124
	% within Geographic group	13.7%	86.3%	100.0%
Collar Tracts	Count	39	133	172
	% within Geographic group	22.7%	77.3%	100.0%
Total	Count	67	326	393
	% within Geographic group	17.0%	83.0%	100.0%

30) If no one in your household has used behavioral health care, was it because you...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Didn't need it	267	66.8	97.1	97.1
	Had no coverage for it	1	.3	.4	97.5
	Too expensive	2	.5	.7	98.2
	Another reason	5	1.3	1.8	100.0
	Total	275	68.8	100.0	
Missing	Blank	54	13.5		
	Don't know	2	.5		
	Valid skip	69	17.3		
	Total	125	31.3		
Total	400	100.0			

31) In the past two years have you or someone in your household used other health services (physical therapy, x-rays, prescription drugs, etc.)?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	61	15.3	15.4	15.4
	Yes	336	84.0	84.6	100.0
	Total	397	99.3	100.0	
Missing	Blank	3	.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Used Other Services		Yes	No	Total
Upper Susitna	Count	34	16	50
	% within Geographic group	68.0%	32.0%	100.0%
Glenn Highway	Count	37	12	49
	% within Geographic group	75.5%	24.5%	100.0%
Core Tracts	Count	112	12	124
	% within Geographic group	90.3%	9.7%	100.0%
Collar Tracts	Count	153	21	174
	% within Geographic group	87.9%	12.1%	100.0%
Total	Count	336	61	397
	% within Geographic group	84.6%	15.4%	100.0%

32) If no one in your household has used other health services, was it because you...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Didn't need it	45	11.3	90.0	90.0
	Too expensive	1	.3	2.0	92.0
	Another reason	4	1.0	8.0	100.0
	Total	50	12.5	100.0	
Missing	Blank	12	3.0		
	Don't know	1	.3		
	Valid skip	337	84.3		
	Total	350	87.5		
Total		400	100.0		

33) Have you or anyone in your household been diagnosed with cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	346	86.5	87.6	87.6
	Yes	49	12.3	12.4	100.0
	Total	395	98.8	100.0	
Missing	Blank	4	1.0		
	Don't know	1	.3		
	Total	5	1.3		
Total		400	100.0		

34) Did you or are they receiving treatment for the cancer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	15	3.8	31.3	31.3
	Yes	33	8.3	68.8	100.0
	Total	48	12.0	100.0	
Missing	Blank	5	1.3		
	Valid skip	347	86.8		
	Total	352	88.0		
Total		400	100.0		

35) Have you or anyone in your household been diagnosed with heart disease?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	351	87.8	88.9	88.9
	Yes	44	11.0	11.1	100.0
	Total	395	98.8	100.0	
Missing	Blank	4	1.0		
	Don't know	1	.3		
	Total	5	1.3		
Total		400	100.0		

36) Did you or are they receiving treatment for the heart disease?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	7	1.8	17.1	17.1
	Yes	34	8.5	82.9	100.0
	Total	41	10.3	100.0	
Missing	Blank	7	1.8		
	Valid skip	352	88.0		
	Total	359	89.8		
Total		400	100.0		

37) Have you or anyone in your household been diagnosed with diabetes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	342	85.5	86.6	86.6
	Yes	53	13.3	13.4	100.0
	Total	395	98.8	100.0	
Missing	Blank	4	1.0		
	Don't know	1	.3		
	Total	5	1.3		
Total		400	100.0		

38) Did you or are they receiving treatment for the diabetes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	1.5	11.5	11.5
	Yes	46	11.5	88.5	100.0
	Total	52	13.0	100.0	
Missing	Blank	5	1.3		
	Valid skip	343	85.8		
	Total	348	87.0		
Total		400	100.0		

39) Have you or anyone in your household been diagnosed with high blood pressure?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	268	67.0	67.8	67.8
	Yes	127	31.8	32.2	100.0
	Total	395	98.8	100.0	
Missing	Blank	4	1.0		
	Don't know	1	.3		
	Total	5	1.3		
Total		400	100.0		

40) Did you or are they receiving treatment for the high blood pressure?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	.5	1.6	1.6
	Yes	122	30.5	98.4	100.0
	Total	124	31.0	100.0	
Missing	Blank	6	1.5		
	Valid skip	270	67.5		
	Total	276	69.0		
Total		400	100.0		

41) Have you or anyone in your household been diagnosed with hepatitis C?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	385	96.3	97.7	97.7
	Yes	9	2.3	2.3	100.0
	Total	394	98.5	100.0	
Missing	Blank	6	1.5		
Total		400	100.0		

42) Did you or are they receiving treatment for the hepatitis C?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	8	2.0	72.7	72.7
	Yes	3	.8	27.3	100.0
	Total	11	2.8	100.0	
Missing	Blank	4	1.0		
	Valid skip	385	96.3		
Total		389	97.3		
Total		400	100.0		

43) How many times per week do you engage in exercise activities that make you sweat and breath hard of at least 20 to 30 minutes in duration?

N	Valid	376
	Missing	24
Mean		3.42
Median		3.00

44) Are you or anyone in your household overweight?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	171	42.8	43.7	43.7
	Yes	220	55.0	56.3	100.0
	Total	391	97.8	100.0	
Missing	Blank	5	1.3		
	Don't know/refused	4	1.0		
	Total	9	2.3		
Total		400	100.0		

Crosstabulation: Geographic Group by Overweight		Yes	No	Total
Upper Susitna	Count	24	26	50
	% within Geographic group	48.0%	52.0%	100.0%
Glenn Highway	Count	24	25	49
	% within Geographic group	49.0%	51.0%	100.0%
Core Tracts	Count	71	50	121
	% within Geographic group	58.7%	41.3%	100.0%
Collar Tracts	Count	101	70	171
	% within Geographic group	59.1%	40.9%	100.0%
Total	Count	220	171	391
	% within Geographic group	56.3%	43.7%	100.0%

45) What age group do you belong to?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-29 years old	35	8.8	8.9	8.9
	30-39 years old	62	15.5	15.7	24.6
	40-49 years old	110	27.5	27.9	52.5
	50-59 years old	103	25.8	26.1	78.7
	60-69 years old	48	12.0	12.2	90.9
	70 years old or older	36	9.0	9.1	100.0
	Total	394	98.5	100.0	
Missing	Blank	6	1.5		
Total		400	100.0		

Crosstabulation: Geographic Group by Age		Under 40 years old	40-59 years old	60 years old or older	Total
Upper Susitna	Count	5	34	11	50
	% within Geographic group	10.0%	68.0%	22.0%	100.0%
Glenn Highway	Count	14	23	12	49
	% within Geographic group	28.6%	46.9%	24.5%	100.0%
Core Tracts	Count	25	70	27	122
	% within Geographic group	20.5%	57.4%	22.1%	100.0%
Collar Tracts	Count	53	86	34	173
	% within Geographic group	30.6%	49.7%	19.7%	100.0%
Total	Count	97	213	84	394
	% within Geographic group	24.6%	54.1%	21.3%	100.0%

46) What is the last level of education you completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High school diploma or GED	95	23.8	24.2	24.2
	Some college	142	35.5	36.1	60.3
	Undergraduate degree	73	18.3	18.6	78.9
	Graduate or professional degree	59	14.8	15.0	93.9
	Other	24	6.0	6.1	100.0
	Total	393	98.3	100.0	
Missing	Blank	7	1.8		
Total		400	100.0		

Crosstabulation: Geographic Group by Level of Education		Less than undergraduate degree	Undergrad or graduate degree	Other	Total
Upper Susitna	Count	30	18	2	50
	% within Geographic group	60.0%	36.0%	4.0%	100.0%
Glenn Highway	Count	34	11	3	48
	% within Geographic group	70.8%	22.9%	6.3%	100.0%
Core Tracts	Count	72	41	9	122
	% within Geographic group	59.0%	33.6%	7.4%	100.0%
Collar Tracts	Count	101	62	10	173
	% within Geographic group	58.4%	35.8%	5.8%	100.0%
Total	Count	237	132	24	393
	% within Geographic group	60.3%	33.6%	6.1%	100.0%

47) What gender are you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	142	35.5	36.0	36.0
	Female	252	63.0	64.0	100.0
	Total	394	98.5	100.0	
Missing	Blank	6	1.5		
Total		400	100.0		

48) From the list I'll read, which range includes your household's income?

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Less than \$15,000	29	7.3	8.3	8.3	
	\$15,001 to \$25,000	30	7.5	8.6	16.9	
	\$25,001 to \$40,000	66	16.5	18.9	35.8	
	\$40,001 to \$60,000	73	18.3	20.9	56.7	
	\$60,001 to \$80,000	61	15.3	17.5	74.2	
	\$80,001 to \$100,000	51	12.8	14.6	88.8	
	\$100,001 or more	39	9.8	11.2	100.0	
	Total	349	87.3	100.0		
	Missing	Blank	14	3.5		
		Don't know	37	9.3		
Total		51	12.8			
Total		400	100.0			

Crosstabulation: Geographic Group by Household Income		Less than \$40,000	\$40,000 to \$80,000	More than \$80,000	Total
Upper Susitna	Count	25	19	2	46
	% within Geographic group	54.3%	41.3%	4.3%	100.0%
Glenn Highway	Count	11	22	12	45
	% within Geographic group	24.4%	48.9%	26.7%	100.0%
Core Tracts	Count	41	35	33	109
	% within Geographic group	37.6%	32.1%	30.3%	100.0%
Collar Tracts	Count	48	58	43	149
	% within Geographic group	32.2%	38.9%	28.9%	100.0%
Total	Count	125	134	90	349
	% within Geographic group	35.8%	38.4%	25.8%	100.0%

APPENDIX D: HOUSEHOLD SURVEY QUESTIONNAIRE

Hi, my name is _____ and I'm conducting a short survey about health care needs in the Mat-Su. I'm not selling anything. I'd just like to get your experiences related to health care. This information is being collected for a local health care planning group trying to improve health care in the Valley. By participating you will be entered in a drawing to win \$200. Do you have 10 minutes to answer our questions?

Great, thank you. If you have no opinion or don't know for some of these questions, I'd like to know that as well.

1) Are you 18 years of age or older?

Yes

No (*ask to speak to an adult and repeat intro, if no adult is available thank them and hang up*)

2) How long have you lived in the Mat-Su area?

Less than one year

1-2 years

3-5 years

6-10 years

11-19 years

20 years or more

3) How far do you live from the Palmer/Wasilla area?

Live in Palmer/Wasilla area

Less than 5 miles

6-10 miles

11-15 miles

16-20 miles

21-40 miles

41-70 miles

71-100 miles

Don't know

4) How frequently do you travel to the Palmer/Wasilla area?

Live in Palmer/Wasilla area

Less than once a month

Once a month

Twice a month

1-2 times a week

3-4 times a week

5 times a week

Every day

Don't know

5) Do you or someone in your household have reliable transportation?

Yes (*skip to #7*)

No

Don't know

6) If no, do you or someone in your household lack a...

Reliable vehicle

Valid driver's license

Both

Other _____

N/A (have reliable transportation)

7) How many adults live in your household including yourself?

1 (just respondent)

2

3-4

5-6

7 or more adults

8) How many children (under 18 years old) live in your household?

- 0
- 1
- 2
- 3-4
- 5 or more children

9) In what geographic area do you and members of your household typically obtain your primary physical health care? (*check all that apply*)

- Palmer/Wasilla area (*skip to #11*)
- Other area of Mat-Su (*skip to #11*)
- Anchorage
- Another location _____
- Don't use health care (*skip to #11*)
- Don't know (*skip to #11*)

10) What is the main reason you or members of your household leave Mat-Su for primary physical health care (*check all that apply*)

- Must for coverage (VA, etc.)
- Convenience—already somewhere else on a regular basis
- Think higher quality/more skilled providers elsewhere
- Closest providers not in Mat-Su
- Another reason _____
- Don't know

11) In what geographic area do you and members of your household typically obtain your specialist physical health care? (*check all that apply*)

- Palmer/Wasilla area (*skip to #13*)
- Other area of Mat-Su (*skip to #13*)
- Anchorage
- Another location _____
- Don't use health care (*skip to #13*)
- Don't know (*skip to #13*)

12) What is the main reason you or members of your household leave Mat-Su for specialist physical health care (*check all that apply*)

- Must for coverage (VA, etc.)
- Convenience—already somewhere else on a regular basis
- Think higher quality/more skilled providers elsewhere
- Closest providers not in Mat-Su
- Another reason _____
- Don't know

13) In what geographic area do you and members of your household typically obtain your dental care? (*check all that apply*)

- Palmer/Wasilla area (*skip to #15*)
- Other area of Mat-Su (*skip to #15*)
- Anchorage
- Another location _____
- Don't use health care (*skip to #15*)
- Don't know (*skip to #15*)

14) What is the main reason you or members of your household leave Mat-Su for dental care (*check all that apply*)

- Must for coverage (VA, etc.)
- Convenience—already somewhere else on a regular basis
- Think higher quality/more skilled providers elsewhere
- Closest providers not in Mat-Su
- Another reason _____
- Don't know

15) In what geographic area do you and members of your household typically obtain your behavioral health care (mental health services, counseling, or substance abuse treatment)? *(check all that apply)*

- Palmer/Wasilla area *(skip to #17)*
- Other area of Mat-Su *(skip to #17)*
- Anchorage
- Another location _____
- Don't use health care *(skip to #17)*
- Don't know *(skip to #17)*

16) What is the main reason you or members of your household leave Mat-Su for behavioral health care (mental health services, counseling, or substance abuse treatment)? *(check all that apply)*

- Must for coverage (VA, etc.)
- Convenience—already somewhere else on a regular basis
- Think higher quality/more skilled providers elsewhere
- Closest providers not in Mat-Su
- Another reason _____
- Don't know

17) In what geographic area do you and members of your household typically obtain your other health services (physical therapy, x-rays, prescription drugs, etc.)? *(check all that apply)*

- Palmer/Wasilla area *(skip to #19)*
- Other area of Mat-Su *(skip to #19)*
- Anchorage
- Another location _____
- Don't use health care *(skip to #19)*
- Don't know *(skip to #19)*

18) What is the main reason you or members of your household leave Mat-Su for other health services (physical therapy, x-rays, prescription drugs, etc.)? *(check all that apply)*

- Must for coverage (VA, etc.)
- Convenience—already somewhere else on a regular basis
- Think higher quality/more skilled providers elsewhere
- Closest providers not in Mat-Su
- Another reason _____
- Don't know

19) Do you and members of your household anticipate using the new Valley Hospital once it opens?

- Yes
- No
- Don't know

20) Do you and members of your household have public or private health coverage?

- Yes
- No *(skip to #22)*
- Some yes, some no
- Don't know

21) If yes, what type of health coverage do you and members of your household have? *(pick as many as applicable)*

- Private (Blue Cross, Aetna, etc.)
- Private (catastrophic/major med only)
- Medicare
- Medicaid
- Veterans' Administration
- Denali Kid Care
- Native Health Service
- Workers' Compensation
- Other _____
- Don't know
- Skip to #23*

22) What is the primary reason you and/or members of your household do not have insurance?

- Cannot afford
- Don't qualify for government programs
- Don't want or need
- Other _____
- Don't know

23) In the past two years have you or someone in your household used primary physical health care (including routine preventative examinations)?

- Yes (*skip to #25*)
- No
- Don't know

24) If no one in your household has used primary physical health care (including routine preventative examinations) was it because you...

- Didn't need it
- Had no coverage for it
- Too expensive
- Another reason _____
- Don't know

25) In the past two years have you or someone in your household used specialist physical health care?

- Yes (*skip to #27*)
- No
- Don't know

26) If no one in your household has used specialist physical health care was it because you...

- Didn't need it
- Had no coverage for it
- Too expensive
- Another reason _____
- Don't know

27) In the past two years have you or someone in your household used dental health care?

- Yes (*skip to #29*)
- No
- Don't know

28) If no one in your household has used dental health care was it because you...

- Didn't need it
- Had no coverage for it
- Too expensive
- Another reason _____
- Don't know

29) In the past two years have you or someone in your household used behavioral health care (mental health services, counseling, or substance abuse treatment)?

- Yes (*skip to #31*)
- No
- Don't know

30) If no one in your household has used behavioral health care (mental health services, counseling, or substance abuse treatment) was it because you...

- Didn't need it
- Had no coverage for it
- Too expensive
- Another reason _____
- Don't know

31) In the past two years have you or someone in your household used other health services (physical therapy, x-rays, prescription drugs, etc.)?

- Yes (*skip to #33*)
- No
- Don't know

32) If no one in your household has used other health services (physical therapy, x-rays, prescription drugs, etc.) was it because you...

- Didn't need it
- Had no coverage for it
- Too expensive
- Another reason _____
- Don't know

33) Have you or anyone in your household been diagnosed with cancer?

- Yes
- No (*skip to #35*)
- Don't know

34) Did you or are they receiving treatment for the cancer?

- Yes
- No
- Don't know

35) Have you or anyone in your household been diagnosed with heart disease?

- Yes
- No (*skip to #37*)
- Don't know

36) Did you or are they receiving treatment for the heart disease?

- Yes
- No
- Don't know

37) Have you or anyone in your household been diagnosed with diabetes?

- Yes
- No (*skip to #39*)
- Don't know

38) Did you or are they receiving treatment for the diabetes?

- Yes
- No
- Don't know

39) Have you or anyone in your household been diagnosed with high blood pressure?

- Yes
- No (*skip to #41*)
- Don't know

40) Did you or are they receiving treatment for the high blood pressure?

- Yes
- No
- Don't know

41) Have you or anyone in your household been diagnosed with hepatitis C?

- Yes
- No (*skip to #43*)
- Don't know

42) Did you or are they receiving treatment for the hepatitis C?

- Yes
- No
- Don't know

43) How many times per week do you engage in exercise activities that make you sweat and breath hard such as cycling, swimming, dancing, jogging, active sports or brisk walking of at least 20 to 30 minutes duration?

- _____
- Don't know

44) Are you or anyone in your household overweight?

- Yes
- No
- Don't know/refused

We have just a few questions for classification purposes.

45) What age group do you belong to?

- 18-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- 70 years old or older

46) What is the last level of education you completed?

- High school diploma or GED
- Some college
- Undergraduate degree
- Graduate or professional degree
- Other _____

47) What gender are you?

- Male
- Female

48) From the list I'll read, which range includes your household's income?

- Less than \$15,000
- \$15,001 to \$25,000
- \$25,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 or more
- Don't know

Those are all of the questions; thank you so much for your time. Now if I can get your name and a telephone number where you can be reached if you win the drawing.

First Name _____

Telephone Number _____

If you would like more information about the Mat-Su Rural Health Care Network, please visit our web site at <http://healthnetwork.infoinsights.com> or e-mail Sylvan Robb at sylvan@ialaska.com.