

INTRODUCTION

Description

The need for health care in Alaska is driven, in part, by ongoing demographic changes and by the expectations of Alaskans for better, more accessible and more responsive health care. As well, changes are occurring in health care delivery, health information technology and financing of health care. As a result, there is a growing need for more data, better data, and more timely data.

This report, *Alaska Health Care Data Book: Selected Measures (2007)* (AHCDB), summarizes the current state of our knowledge regarding many factors that impact the health of Alaskans, and provides a quantitative portrayal of our health care system. It is intended for use by a broad range of opinion-leaders, policy-makers, managers and other stakeholders. The report examines an array of demographic, social, economic, injury, disease, service delivery, workforce, facility and capacity measures. In recent years DHSS has produced other, related studies which have broadly examined health care in Alaska, including: *Healthy Alaskans 2010* (April 2002), *Moving Forward: Comprehensive Integrated Mental Health Plan 2006-2011* (April 2006), and the *Alaska Physician Supply Task Force Report* (August 2006). The presentation of the *Alaska Health Care Data Book: Selected Measures (2007)* serves as a continuation and update of those prior works.

This report was produced by Health Planning and Systems Development, Alaska Department of Health and Social Services (DHSS). Funding for this project was provided by a Primary Care Office (PCO) Cooperative Agreement (#68C500157) between the federal Health Resources and Services Administration (HRSA) and Alaska DHSS. HRSA requires that the Alaska PCO conduct an overall statewide assessment to ascertain unmet primary health care needs, to identify health disparities, and to determine health care workforce issues. A key issue is the degree of difference between capacity and need. The Alaska Health Care Data Book is now the backbone of that effort.

The Alaska Health Care Data Book makes more data available to the general public. The information relates to critical, evolving trends in health care, and to some of the socio-economic determinants of health. Additionally, varied elements of the service system, both within and outside of state government, need a single, integrated, data resource that addresses the broad range of data needs faced by health program managers, planners, evaluators and advocates. With the Alaska Health Care Data Book, we have the capacity for distribution, use and update of a single, holistic sourcebook.

The AHCDB presents information about health disparities, data useful in health care planning. Further, the AHCDB has the potential to improve both data-sharing, and, response-to-query. It may enhance both the quality and speed of technical assistance, workforce development efforts and shortage designations.

Organization

The Data Book is organized into four major sections. Data in each of the four main sections are categorized into several topical subsections. Each of these four parts begins with an overview, a series of short narratives which describe each section's main findings. There is a narrative description that corresponds to each table or figure found within that section. The narratives are ordered in the same sequence as the corresponding data-sets. Every data-set cites its original reference source and most give a related web-link. In sum, 176 data-sets are presented; including 166 tables, seven figures, and three maps.

Content

Section 1: Demographic, Social and Economic Profiles

The health status of any population is impacted by a wide variety of contextual factors. Section 1 introduces some of the main demographic, social and economic factors that affect the health of Alaskans. Tables are presented in the following categories and order: Population, Social Factors, Economic Status, and Work. Section 1 portrays several geographic and population-based disparities. Data regarding income, employment, poverty, race, age, and gender help create a picture of selected correlates of met and unmet need.

Section 2: Population Health Status and Risk Profile

A number of indicators are available to assess the health status and health risks of a population. Section 2 presents both the health status and risk profile of Alaskans according to selected key measures, grouped as follows: birth, children, dental health, injury and disease, behavioral health, health promotion and prevention, disabilities, seniors, and death. Much of this is presented both in statewide overview, and by census area.

Section 3: Health Care Workforce and Shortages

Sections 3 and 4 give an abbreviated, though substantial, inventory of Alaska's current health care resources. Health care services are delivered primarily through the labor of individual practitioners and their support personnel working in organizations. Section 3 describes these many providers, including their types, numbers and locations. A health care workforce can be catalogued in many ways. The major categories presented here include: physicians, mid-level practitioners, nursing, allied health, emergency medical services, behavioral health, and dental health.

Section 3 concludes with growth projections for this sector, as well as indications of workforce shortage. Data are presented regarding both current and anticipated problems in supply, demand and distribution of health care workforce at all levels, and across most health care occupations. Ample evidence is presented of workforce shortages for several types of health care occupations, in several localities. For instance, non-residents (e.g. travelers, locum tenens) are filling a substantial number of Alaskan health care provider job-slots. In a second example, data are presented regarding the current and growing shortage of physicians. Data suggest that the shortage of physicians will worsen. In concert, these evolving shortages will put an increasing premium on the "grow our own" approach to workforce development.

Section 4: Health Care Resources

The health status of a population is strongly influenced by the capacity to deliver health care services, shaped in part by resource availability. The Alaska Health Care Data Book provides data about several aspects of system capacity and health care infrastructure, including: health care access (e.g. distance-to-care, availability of primary care delivery sites, coverage), public financing (e.g. Medicaid, Medicare), facilities and other infrastructure (e.g. hospitals, residential treatment centers), system capacities (e.g. EMS, community health centers, and tribal health care), networks (e.g. Public Health Nursing outreach), long-term care providers (e.g. disability and senior services), prevention programs (e.g. immunization), and most recently, telemedicine.

Method

Data Types & Sources

Four types of information sources were used. These included: population-based data (e.g. Vital Statistics), administrative records (e.g. Occupational Licensure), survey data (e.g. Alaska Behavioral Risk Factor Surveillance Survey (BRFSS)), and anecdotal and/or narrative accounts (e.g. Primary Care Council (PCC) priorities). Guiding principles for data collection included: availability of complete and

current data, and data that was descriptive rather than inferential. No policy recommendations are separately derived or advocated.

Existing data sources were used wherever possible (e.g. *Healthy Alaskans 2010* indicators and targets; sources on special populations; provider shortage data, etc.). An effort was made by the study team to use recent literature regarding health care in Alaska, with particular emphasis on Alaska DHSS publications issued since 2000. Reports in the public domain were used whenever possible, some of these in regular published forums (e.g. *Alaska Trends*, issued by Alaska Department of Labor and Workforce Development). Often, the needed data-sets were either not published, not otherwise in the public domain or significantly out of date. In these instances, project team members contacted administrative or research managers to acquire needed data via personal communication.

Examples of the available data included: federal and state demographic and socio-economic data sources, health risk behavior surveys, occupational licensure databases, state professional society databases, and special studies (e.g. using trauma registry, vital records, and regional DHSS program administrative data). Data-sets which could be presented according to geographic distribution were of particular interest. The reader will find numerous community-level, census area, and/or regional presentations in this report. Reference citations are indicated at the bottom of each data-set presented.

Disparities

Data collection and reporting focused on potential barriers to health care access. For instance, we sought to further characterize those populations which may lack access to preventive and primary care services. Emphasis was placed on examining those special populations which have historically experienced major health disparities. Geographic, age, and sex group disparities were examined. Focus was given to the geographic differences in demography, health status, population disparities, and difference in health care resource and delivery. The report documents existing health disparities, providing benchmarks for assessing changes over time, and comparing place-specific data to the state's assorted measures. The examination of disparities took into account baselines and updates of *Healthy Alaskans 2010* indicators and other special studies.

Data Limitations

Data were presented according to geographic distribution wherever possible. Most preferred was presentation according to census area, and then clustered according to the six standard regions used by the Alaska Department of Labor and Workforce Development. In some cases, data at this level were not available and statewide or population data were presented.

Temporal Aspects

This Data Book was not intended to include extensive trend or "time series" data. However, numerous time-series data sets were collected and presented.

The definition of "year" is always an issue that confronts public sector analysts. Three types of "year" appear in the Data Book: calendar year (CY: January 1-December 31), state fiscal year (SFY: July 1-June 30), and federal fiscal year (FFY: October 1-September 30). Data sets that refer to time periods other than calendar year are noted in the table title.

Data Sources

The data compiled for the Alaska Health Care Data Book came from a variety of sources. Some sources were able to provide accurate data in a timely manner, while others could not provide the requested data due to barriers within their organizational structure. The study team hopes to include additional and more detailed data sets in future assessments.

Workforce Estimates

The workforce data presented in this section come from a variety of sources. There are however, two types of workforce information sources that require special mention. One is the state's occupational licensure database. All tables which present occupational licensure data are based on the residential addresses provided by the licensees on their applications. Licensees may actually work in communities other than their stated community of residence. In addition, the number of licensees is often different from the number actually employed in a given occupational category. For instance, a licensee may be employed as a non-direct care administrator.

Based on these two issues, there may be some disparity between the number of licensed practitioners and the actual number of practitioners working in an area. In all cases, those tables that present licensure data include only "active, unrestricted" licenses.

The other type of workforce information source that requires special mention is the federal and state wage and hourly occupational data. Note that those workers who are self-employed, in partnerships, are incorporated, or are in the military are typically not included.

Improvements for possible updates:

We believe progress can be made in the following areas of this publication:

- Present a greater portion of the data-sets according to geography (in general), and in particular, according to census area.
- Present more data-sets that contain time-series.
- Present a greater portion of the data-sets aligned on the same time-frame, using the same definition of "year."
- Improve consensus and process by which agency data are provided in an annual cycle for the Data Book.
- Present workforce data that are both timely and beyond the level of licensure (including current data regarding employment, turnover and vacancy).

Dissemination Plan

The Alaska Health Care Data Book is being broadly disseminated to a variety of stakeholders. The data will be useful for both educational purposes and for community and statewide planning and evaluation work. It is the project team's hope that the Data Book becomes a standard reference for both Health Planning and Systems Development and its partner agencies regarding key barriers to health care access, and related subjects.

Topical Reports and Briefing Papers: The study team plans topical reports of Data Book findings, briefing papers and web-based resources that will be available both in hard-copy and posted on the Internet.

Priority Communities: The study team wants to facilitate partner and community-based follow-up to the extent possible. Leadership in selected priority communities will be provided with copies of the AHCD, webpage summaries and links to relevant sources.

Partner Organizations: Dissemination is planned to include a wide variety of partner organizations both within and external to state government. Principal among these will be the Alaska Primary Care Association (APCA). Three other key groups include members of the Alaska Primary Care Council, Alaska Mental Health Trust Authority and the Alaska Health Strategies Planning Council.

Web-Postings: Web reports will be developed, posted, and disseminated. Summary, maps and tables will be posted on the Department of Health and Social Services, Health Planning and Systems Development website.

Training Sessions: The study team believes it is important to provide data and training sessions (two to four per year) on needs assessment to community-based organizations to assist in their application for resources and CHC funding. We will provide training at the Alaska Health Summit and/or other similar meetings, and will post these on the Internet. The presentations will demonstrate ways in which data concerning needs, resources and targets can help to inform state-based priorities and strategic planning activities including both sustaining and managing growth of the primary care system (e.g. use in future community health center and Denali Commission health facilities applications).

Evaluation of Alaska Health Care Data Book

The project team will be soliciting feedback on the document throughout the year. These comments will be documented, reviewed and then used in possible updates. Please send your comments or suggestions to: Robert Sewell at robert.sewell@alaska.gov

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