

HEALTHCARE

INDICATOR 5: Percentage of population without health insurance

Story Behind the Baseline

Without access and coverage for healthcare services, which include behavioral health in all geographic areas, there is an increased risk of Alaska's population having poor physical and mental health outcomes. A common goal across the healthcare industry is for all Alaskans to have adequate health insurance and access to healthcare services.

In 2018, 8.9% of Alaskans were uninsured compared to 12.6% nationally. Even with access to health insurance, barriers continue to exist in receiving services statewide. There are often long wait times for the first

appointment for a new patient, and many primary care providers have stopped accepting new patients on Medicare or Medicaid. Extended wait times often lead to a patient not accessing care or seeking care in a more expensive setting, such as an emergency room, or they recover from the acute illness without being examined or receiving a diagnosis. Location of services in Alaska also presents a barrier as air travel is often necessary in order to seek proper healthcare. Telehealth appointments can offer a range of necessary services; however, barriers such as the type of services offered and available technology limit telehealth capacity.



Population: Alaska and U.S.

Data Source:

- [U.S. Census Bureau. American Community Survey Tables for Health Insurance Coverage. Table HI-05](#)

What Works?

Alaskans must be healthy if the state is to thrive. When a population is healthy, more people attend work and school, participate in their communities, engage in traditional cultural practices, and care for their families. Uninsured rates decreased between 2013 and 2018 following the introduction of the Affordable Care Act. Among states, Alaska had the fifth highest (behind Texas, Oklahoma, Georgia, and Florida) proportion of uninsured population in 2018. In many states across the nation, state health departments have partnered with federally qualified health centers (FQHCs) and rural health clinics (RHCs). These facilities can be accessed by patients with or without insurance and offer a sliding scale fee schedule to those without health insurance.

Sources:

- [U.S. Census Bureau American Community Survey](#)
- [Alaska Medicaid Dashboard](#)
- [Healthy Alaskans](#)
- [Alaska Healthcare Transformation Project](#)
- [Alaska Medicaid Redesign](#)

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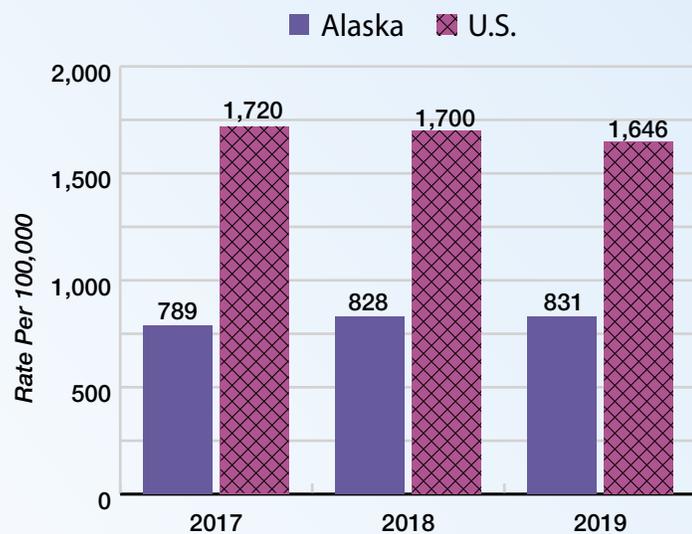
INDICATOR 6: Rate of non-fatal hospitalized falls (rate per 100,000; ages 65+)

Story Behind the Baseline

Among Alaska residents ages 65 and over, falls are the leading cause of serious injury and loss of independence. Falls are also the most common cause of traumatic brain injury and are an especially serious risk for older adults. When an older adult sustains a serious traumatic brain injury in a fall, the injury may result in long-term cognitive changes, reduced ability to function, and changes in emotional health. In addition to traumatic brain injury, falls can cause broken bones, including wrist, arm, ankle, and hip fractures. Many people who fall, even if they are not injured, become afraid of falling. This fear may cause a person to cut down on their regular everyday activities. When a person is less active, they become weaker and increase their chances of falling.

Risk factors for falls in older adults include lower body weakness, vitamin D deficiency, difficulties with walking and balance, vision problems, environmental hazards such as ice, uneven steps, clutter that can be tripped over, and the use of drugs and alcohol.

In 2018, there were an estimated 3 million emergency department visits, more than 950,000 hospitalizations or transfers to another facility (e.g., trauma center), and approximately 32,000



Population: Alaska and U.S. (Ages 65+)

Data Sources:

- [Alaska Trauma Registry](#)
- [Center for Disease Control and Prevention, CDC WISQARS](#)

deaths resulting from fall-related injuries among older adults. Deaths from falls are increasing, with the largest increase occurring among persons ages 85 years or older. To describe the percentages and rates of non-fatal falls by age group, and demographic characteristics and trends in falls and fall-related injuries over time, data was analyzed from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) and was compared with data from 2012, 2014, and 2016. In 2018, 27.5% of older adults reported falling at least once in the past year and 10.2% reported an injury from a fall in the past year. The percentages of older adults reporting a fall increased between 2012 and 2016 and decreased slightly between 2016 and 2018.

What Works?

Regardless of age group, higher percentages of older adults who reported no physical activity in the past month or reported difficulty with one or more functional characteristics (difficulty walking up or down stairs, dressing and bathing, and performing errands alone) reported falls and fall-related injuries. These risk factors are frequently modifiable, suggesting that regardless of age, many falls might be prevented. The Centers for Disease Control and Prevention (CDC) created the Stopping Elderly Accidents, Deaths & Injuries (STEADI) initiative, which offers tools and resources for healthcare providers to screen their older patients for fall risk, assess modifiable fall risk factors, and to intervene with evidence-based fall prevention interventions. These include medication management, vision screening, home modifications, referral to physical therapists who can address problems with gait, strength, and balance, and referral to effective, community-based fall prevention programs.

There are several evidence-based fall prevention programs that can be implemented by community-based organizations to decrease the number of falls experienced by older Alaskans. Currently, there are funds allocated through the Older Americans Act, which go through the Division of Senior and Disabilities Services, to implement evidence-based fall prevention activities specifically for older adults, as well as fall prevention programs implemented by the Division of Public Health.

As the proportion of older adults living in the United States continues to grow, so too will the number of falls and fall-related injuries; however, many of these falls are preventable. To help keep older adults living independently and injury-free, reducing fall risk and fall-related injuries is essential.

Sources:

- [Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
- Ambrose AF, Paul G, Hausdorff JM. Risk Factors for Falls Among Older Adults: A Review of the Literature. *Maturitas* 2013; 75:51–61.
- Vellas BJ, Wayne SJ, Romero LJ, Baumgartner RN, Garry PJ. Fear of Falling and Restriction of Mobility in Elderly Fallers. *Age and Ageing* 1997;26:189–193.
- [CDC Home and Recreational Safety Preventing Falls: A Guide to Implementing Effective Community Based Fall Prevention Programs](#)