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Imagine you made the first move.



ANCHORAGE
COMMUNITY ASSESSMENT PROJECT

2006 Comprehensive Report



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Introduction and Methodology

Introduction

The Cheshire cat in *Alice in Wonderland* tells Alice that if she doesn't know where she's going, then it doesn't matter which way she goes.

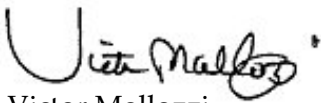
Anchorage residents know the direction our city should go. The community of our dreams is safe, healthy, compassionate, and no one is in need. We strive for a city where families are self-sufficient and self-reliant, neighborhoods are vibrant, helping families thrive rather than pulling them down; and no one goes hungry, suffers violence and abuse, or faces a night without shelter or medicine.

The Anchorage Community Assessment Project is a tool we can all use to chart our progress in reaching that city of our dreams. Regular community assessment keeps our finger on the pulse of Anchorage. It allows us to actively listen and engage the community on the issues that matter most, watch the trends on significant community indicators, and track our community's well-being.

Knowing the direction we want to head, we can turn our attention to selecting the path to get there. The information in this report motivates us to set goals and focus our efforts. It fosters a shared vision for change that galvanizes the partnerships, strategies, and action plans that will achieve long lasting change.

2006 is United Way of Anchorage's 50th year of improving people's lives and building a stronger community. This Anchorage Community Assessment Project Report launches United Way of Anchorage's next 50 years of caring for people and our community. Through this report, we can see how Anchorage is faring. Then, working with many community partners, we can measurably achieve the community of our dreams.

We believe that results you can see matter.



Victor Mollozzi

Co-Chair, Anchorage Community Assessment Project



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Acknowledgements

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About the Researcher



Applied Survey Research (ASR) is a nonprofit, social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning and developing custom strategies. The firm was founded on the principle that community improvement, sustainability and program success are closely tied to assessment of needs, evaluation of community goals and the development of appropriate responses.

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Executive Summary

The Anchorage Community Assessment Project provides a snapshot of our community's quality of life. How healthy are we? How are our children doing in school? Can people find work and afford the basics? Are people safe at school, at work, and in their neighborhoods? Are people civically engaged? And how are our parks, roads, and air quality?

With that comprehensive, broad view of Anchorage, we can gauge if we're satisfied with our quality of life and with the direction we are heading.

An assessment is the necessary starting point in an ongoing cycle that allows us to continually improve the place we call home. The Anchorage Community Assessment Project provides the data; from there, we must reach further and get the stories behind the data. By doing this, community goals take shape; community partnerships form around those goals, considering strategies and developing detailed action plans that result in lasting, measurable improvements for Anchorage residents.

Future community assessments will tell us whether we are making progress, whether our community goals continue to be the right ones, and what new directions we must take to ensure Anchorage remains a vibrant place to live, work, and play.

The steering committee has used the Community Assessment Project findings to identify community goals. These are not mandates but rather opportunities around which one or more organizations have an expressed interest in pooling efforts and resources. Following are highlights from the six areas covered, including findings as well as the community vision and goals for each.

Economy

Vision: Anchorage residents have employment opportunities and the support services necessary to achieve their highest individual level of self-sufficiency.

Findings

Job Opportunities. From 2000 through 2005, the unemployment rate for Anchorage rose from 4.9% to 5.4%, lower than the statewide rate but slightly higher than the nationwide rate. The majority of survey respondents indicated they felt there were opportunities to work in Anchorage.

Cost of Housing. A comparison of Anchorage and the rest of the state shows that housing prices are considerably higher in Anchorage than in Alaska overall. The average housing price in Anchorage rose 44% between 2001 and 2006, while statewide prices rose 41%. Nearly one-third of face-to-face survey respondents stated that they were spending more than half of their take-home income on housing costs.

Community Goals

- ❖ Anchorage residents have job opportunities that pay livable wages.
- ❖ There is adequate community infrastructure in place for families to achieve self-sufficiency.
- ❖ There is sufficient affordable housing for Anchorage residents.

Education

Vision: Children enter school ready to learn, and graduate from high school prepared for the workforce, higher education, and life.

Findings

Child Care. In 2004, more than 52,000 children in Anchorage needed child care. However, the 102 licensed child care centers in Anchorage had a total capacity of fewer than 5,000 available spaces. When asked about their child care arrangements, survey respondents were least satisfied with affordability and early learning opportunities.

Graduation Rate. The four-year high school graduation rate in Anchorage decreased from 65.2% in 2003-04 to 61.4% in 2004-05, while remaining slightly higher than statewide rates.

Community Goals

- ❖ Children enter school ready to learn.
- ❖ Children graduate from high school prepared for the workforce, higher education, and life.

Health

Vision: Anchorage residents practice healthy behaviors, and have access to quality health care services that maximize their physical and mental well-being.

Findings

Health Care Access and Utilization. Although the majority of survey respondents indicated that they were able to get needed medical attention in the last year, 19% of face-to-face survey respondents and 7% of telephone survey respondents reported that they use Anchorage's hospital emergency rooms as their main source of health care. For those needing mental health care in the past year, more than forty percent (43.3%) of face-to-face respondents, and 18.5% of telephone respondents, could not access services, due primarily to a lack of insurance coverage.

Almost one-third of face-to-face survey respondents and 41.9% of telephone survey respondents also said they have no dental care insurance, with many reporting that it has been more than a year since they received dental health care services.

Substance Abuse. Most respondents said that they believe that substance abuse is a problem in Anchorage, although responses ranged from “somewhat” of a problem to a “very big” problem. Related findings include:

- The percentage of Anchorage School District high school students who have used illegal drugs is generally the same or higher than rates nationwide.
- More than one-fifth of survey respondents reported having engaged in binge drinking (5 or more drinks in a 2-hour period) at least once in the past month.
- Approximately 14% of Alaskans either abuse alcohol or are dependent on alcohol, compared to 7% nationally.

Obesity. In 2005, over one-quarter of surveyed Anchorage residents were obese and 35% were overweight.

Community Goals

- ❖ Anchorage residents needing health care have access to it.
- ❖ Anchorage residents needing mental health care have access to local treatment.
- ❖ Anchorage residents needing dental care have access to it.
- ❖ Anchorage residents practice healthy behaviors related to alcohol, tobacco, and drug use, and residents needing treatment for substance abuse have access to local treatment.

Natural Environment

Vision: Anchorage is a livable city that preserves its natural beauty and air and water quality, and that promotes the recreational use of the natural environment.

Findings

Air Quality. In 2005, Anchorage air quality was measured and reported on 302 days; 275 of those days had good air quality, continuing a trend of improvement over the past five years.

Recreation. National forest or state parklands and tidelands make up 84% of Municipality of Anchorage land, while only 10% is inhabited; the remaining 6% is military reservation. Anchorage has over 10,800 acres of parks and approximately 41 park acres per 1,000 residents. More than 92% of respondents said they felt there are sufficient outdoor recreation opportunities in Anchorage.

Community Goals

- ❖ Anchorage is a livable city that preserves its natural beauty and air and water quality.
- ❖ Anchorage promotes recreational use of the natural environment.

Public Safety

Vision: Anchorage residents are safe in their homes, schools, and community.

Findings

Interpersonal Violence. Well over half of survey respondents said that domestic violence is a “big” or “very big” problem in Anchorage. According to the Anchorage Police Department, there were 3,054 reported domestic violence incidents in 2005. More than 2,700 involved weapons.

The number of Anchorage high school students who say they have been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past year is almost double the national average, and represents a more than 12-fold increase over such incidents ten years ago.

Neighborhood Safety. While 54% of telephone survey respondents said they were “not at all fearful” of crime in their neighborhood, only 20% said they were “not at all fearful” about crime in the city as a whole. Face-to-face respondents indicated higher overall fear of crime in their neighborhood than the telephone survey respondents, and one-quarter of these respondents said children do not have a safe place to play in their neighborhood. From 2001 to 2005, the reported violent crime rate in Anchorage rose from 6.5 to 7.3 per 1,000 residents. During that period, the total number of reported violent crimes (homicide, rape, robbery, and aggravated assault) grew, with the largest increase in aggravated assaults.

Community Goals

- ❖ Anchorage residents are safe in their homes and personal relationships.
- ❖ Anchorage residents are safe in their schools and communities.

Social Environment

Vision: Anchorage residents have the basic necessities of life, including food and shelter, and have the opportunity to engage in the civic, recreational, and cultural aspects of the community.

Findings

Basic Needs. More than one-fifth of face-to-face survey respondents, and 11.4% of telephone respondents indicated they had gone without basic needs at some time in the past year. The most common needs respondents went without were health care, food, rent and/or housing, and child care. Between 2001 and 2006, homelessness in the winter has increased over 80% in Anchorage. The number of homeless children in the Anchorage School District has increased as well, to more than 2,800 in 2005.

Civic Engagement. Nearly two-thirds of telephone survey respondents said that in the past year, they had participated in community events or activities. In addition, almost three-fourths of respondents said they contribute money to charitable organizations, while more than a third do volunteer work. More than 30% do both.

Community Goals

- ❖ Anchorage residents have their basic needs met.
- ❖ Anchorage residents are engaged in community and civic life.

Next Steps

Now that we have baseline information and community goals, partnerships and coalitions are forming around those goals. These teams will need to bring in a wide range of perspectives and expertise in order to identify strategies and develop action plans that will lead Anchorage into a safer, healthier, and more prosperous future. If you are interested in getting involved in leading Anchorage toward lasting, measurable community-level change, contact United Way of Anchorage at (907) 263-3800.

Community Goals

The steering committee has used the Community Assessment Project findings to identify community goals. These are not mandates or directions but rather opportunities around which one or more organizations have an expressed interest in pooling efforts and resources.

Turning Information into Action

Regular community assessment is how we keep our finger on the pulse of Anchorage. It is not an end in itself. The data it contains should provide the impetus for action that gets lasting, measurable improvements in the community. It allows us to actively engage the community on issues that matter, watch the trends on those issues, and track our community's well-being.

The information learned in the Anchorage Community Assessment Project fosters a shared vision for change. This shared vision promotes broader and deeper partnerships and collaborations. With shared goals, we can develop better integrated strategies and action plans that allow more informed decision making and investments that provide a greater social return.

As we conduct ongoing periodic assessments of our community, we will continue to monitor our progress toward our shared goals, re-assessing our measurements and strategies as needed. The process is continuous, as seen below:



Measuring Progress

For each community goal, indicators have been selected from the Community Assessment Project report that together will provide us with a picture of how well we're doing toward that goal. For instance, if we want to know whether children are emerging from high school ready for higher education and the workforce, we look at graduation rates and dropout rates, but we might also want

to consider children’s reading skills by grade level, participation in extracurricular activities, and the percentage of students taking the SAT. Each indicator alone gives us one piece of the puzzle. Together, these (and possibly other) indicators provide us with a fuller picture of the readiness of Anchorage’s children to go on to productive, successful lives.

For each indicator listed in the following section, a reference is given for its location in the full report.

Goals and Measurements

Economy

Vision

Anchorage residents have employment opportunities and the support services necessary to achieve their highest individual level of self-sufficiency.

Goal	As Measured By
Anchorage residents have job opportunities that pay livable wages.	Job opportunities (Fig. 14)
There is adequate community infrastructure in place for families to attain/maintain self-sufficiency.	Availability of child care (Fig. 69) Child care costs (Fig. 75)
There is sufficient affordable housing for Anchorage residents.	Housing costs (Fig. 24)

Education

Vision

Children enter school ready to learn, and graduate from high school prepared for the workforce, higher education, and life.

Goal	As Measured By
Children enter school ready to learn.	Quality of child care (Figs. 73, 74)
Children graduate from high school prepared for the workforce, higher education, and life,	Graduation rate (Fig. 55) Dropout rate (Fig. 54) Reading by grade level (Fig. 31) Students taking the SAT (Fig. 50) After-school activities (Fig. 59) Connectedness among students (Fig. 60)

Health

Vision

Anchorage residents practice healthy behaviors, and have access to quality health care services that maximize their physical and mental well-being.

Goal	As Measured By
Anchorage residents needing health care have access to it.	Access to health care (Figs. 93, 99, 105) Emergency room use (Fig. 108)
Anchorage residents needing mental health care have access to local treatment.	Access to mental health care (Fig. 96) Mental health treatment (Fig. 133) Suicide rate (Figs. 147, 148, 149)
Anchorage residents needing dental care have access to it.	Access to dental health care (Fig. 98)
Anchorage residents practice healthy behaviors related to alcohol, tobacco, and drug use, and residents needing treatment for substance abuse have access to local treatment.	Tobacco use by youth (Fig. 125) Smoking rates (Fig. 126) Alcohol and drug use by youth (Figs. 127, 129) Alcohol use by adults (Fig. 128) Obesity (Fig. 138)

Natural Environment

Vision

Anchorage is a livable city that preserves its natural beauty and air and water quality, and that promotes the recreational use of the natural environment.

Goal	As Measured By
Anchorage is a livable city that preserves its natural beauty and air and water quality.	Preservation of open space (Fig. 165) Preservation of wetlands (Fig. 171)
Anchorage promotes recreational use of the natural environment.	Outdoor recreation opportunities (Fig. 175)

Public Safety

Vision

Anchorage residents are safe in their homes, schools, and community.

Goal	As Measured By
Anchorage residents are safe in their homes and personal relationships.	Domestic violence (Fig. 204) Child abuse (Fig. 209) Elder abuse (Fig. 210) Youth experiencing interpersonal violence (Figs. 202, 203)
Anchorage residents are safe in their schools and communities.	Safety perceptions (Figs. 192, 193) Safety in schools (Fig. 64) Property crime (Fig. 185) Violent crime (Fig. 184) Juvenile crime (Fig. 188)

Social Environment

Vision

Anchorage residents have the basic necessities of life, including food and shelter, and have the opportunity to engage in the civic, recreational, and cultural aspects of the community.

Goal	As Measured By
Anchorage residents have their basic needs met.	Hunger (Figs. 228, 233, 234) Homelessness (Figs. 235, 236)
Anchorage residents are engaged in community and civic life.	Voter participation (Fig. 220) Volunteering and charitable giving (Figs. 212, 214, 216)

Methodology

Community Assessment Model Summary

The CAP community assessment model provides a comprehensive view of the quality of life in the Municipality of Anchorage. It is based on credible primary and secondary data that are gathered for a series of indicators in six areas: Economy, Education, Health, Public Safety, the Natural Environment, and the Social Environment. This comprehensive report is a tool for concerned citizens from the private and public sectors to come together to review the numbers and turn them into a picture of where the municipality is headed.

The goal of the Community Assessment Project is to continually improve the quality of life for Municipality of Anchorage residents by:

- Raising public awareness of human needs, changing trends, emerging issues, and community problems;
- Providing accurate, credible and valid information on an ongoing basis to human service planners, and those providing funds;
- Providing information for individual institutions to guide decision-making about creation, management and redesign of programs; setting community goals using measurable quality of life indicators that will lead to positive healthy development for individuals, families, and communities; and
- Supporting and assisting with the establishment of collaborative action plans to achieve the community goals.

Technical Advisory Committees

For the purposes of this project, special groups known as Technical Advisory Committees (TACs) met in March and September of 2006 to develop the sets of indicators that would guide this project. These committees were represented by a rich mixture of professionals, advocates, and community volunteers, all of whom were experts in the following areas: the economy, education, health, public safety, and the social and natural environments.

Quality of Life Indicators

The community assessment model relied on quality of life indicators as the primary measures to illustrate the status of a system or issue that might otherwise be too large and complex to understand. As an example, we might ask ourselves, “Do people have adequate access to health care?” Increased use of the emergency room for non-emergency purposes could be an indicator that they do not.

The TACs used special criteria to develop the quality of life indicators used for this project. These criteria stipulated that indicators needed to be understandable to the general user and the public, responsive quickly and noticeably to change, relevant for policy decisions, and available annually. During the brainstorming sessions, the TACs developed nearly one hundred quality-of-life indicators.

Primary Data

Data Legend



Denotes a telephone survey question, 2006.



Denotes a face-to-face survey question, 2006.



Denotes an “Anchorage Community Survey” question, 2005.



Denotes a Behavioral Risk Factor Surveillance question, 2004 and 2005.



Denotes a Youth Behavioral Risk Survey question, 2005.

*

An asterisk denotes that there were fewer than 200 cases, and therefore it was not statistically appropriate to calculate a percent change.

Telephone Survey

Measures of community progress depend upon consistent, reliable and scientifically accurate sources of data. One of the types of data gathered for this project is primary (original) data. The primary data were obtained from a telephone survey and a face-to-face survey of a sample of Municipality of Anchorage residents. There is much to be learned from people’s perceptions of their community, especially when those perceptions contradict the empirical evidence about its conditions. For instance, in the area of public safety, crime rates may be going down while perceptions of danger are going up.

Applied Survey Research (ASR) conducted a telephone survey, in both English and Spanish, with over 400 randomly selected city residents. The intent of the survey was to measure the opinions, attitudes, desires and needs of a demographically representative sample of Anchorage’s residents.

Telephone Sample Selection and Data Weighting

Telephone contacts were attempted with a random sample of residents 18 years or older in the Municipality of Anchorage. Surveys were completed with 404 respondents in the Municipality, and each completed survey took an average of 15 minutes.

Data from the survey were “weighted” to better reflect the number of male and female respondents. Data weighting is a procedure that adjusts for discrepancies between demographic proportions within a sample and the population from which the sample was drawn. For example, within the survey, the sample was 60% female and 40% male, whereas the population in the Municipality of Anchorage is evenly split between the two genders.¹ When the data were weighted to adjust for the over-sampling of females, answers given by each female respondent were weighted slightly

¹ U.S. Census Bureau, 2004 American Community Survey, Demographic Profiles, 2006.

downward, and answers given by each male respondent were weighted slightly upward, which compensated for the disproportionate sampling. Due to this weighting, some of the data sets presented in this report may not sum to 100%.

Telephone Sample

ASR is 95% confident that the opinions of survey respondents do not differ from those of the general population of the Municipality of Anchorage by more than +/- 5%. This “margin of error” is useful in assessing how likely it is that the responses observed in the sample would be found in the population of all residents in the Municipality of Anchorage if every resident were to be polled. For example, within the sample, 18.3% of respondents indicated that they used the emergency room or a hospital as their primary source of care. Therefore, we are 95% confident that across all residents of the Municipality of Anchorage, the percentage of people using the emergency room or a hospital for primary care is between 13.3% and 23.3% (18.3% +/- 5%).

Face-to-Face Community Survey, 2006

In addition to the telephone survey, trained community volunteers and Applied Survey Research staff went into the community and distributed surveys to residents and selected groups and organizations throughout the municipality. Self-administered or face-to-face (community) surveys were distributed, which averaged about eight minutes in length. Face-to-face surveys enabled the project to reach those groups that may have been under-represented in the telephone survey including those who do not have a telephone, may have lower incomes, work multiple jobs and may not be able to answer the telephone survey, and those who have difficulty with their non-native language. Over 1,100 face-to-face surveys were collected at multiple sites and community agencies throughout Anchorage.

Anchorage Community Survey, 2005

The Anchorage Community Survey is a biannual study conducted by the Justice Center at the University of Alaska Anchorage as part of the Center’s Anchorage Community Indicators Project. The 2005 survey took place over a five-month period beginning in October of 2004 and ending in February of 2005. A randomly selected sample of 2,485 adult residents participated in the telephone survey. This data is used in the report to show trend lines in selected survey questions.

Behavioral Risk Factors Survey, 2003 and 2004

The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Conducted by the state health departments with support from the Centers for Disease Control (CDC), BRFSS provides state-specific information about issues such as asthma, diabetes, health care access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and more. This ongoing data collection program is designed to measure behavioral risk factors in the adult population (18 years of age or older) living in households, therefore health characteristics estimated from the BRFSS pertain only to this population. The CDC provides the states with core components and optional modules that will be supported for the coming year. Each state selects their

optional modules, chooses any state-added questions, and constructs its questionnaire. For the 2004 BRFSS, over 2,600 Alaskan households were interviewed.

Anchorage School District Youth Risk Behavior Survey, 2005

The 2005 YRBS was a replica of the 1995 YRBS with the exception that active parental consent was used in 2005 and additional questions were added. As a result, the 2005 survey results are comparable to 1995.

In 2004-2005 there were 13,596 students in grades 9-12 attending eligible Anchorage high schools. Some groups, such as alternative schools and home schooled students were excluded from the survey sample. Among the eligible Anchorage high schools, there were approximately 583 eligible classrooms. Of these, 36 classes (781 students) were randomly selected to be included in the state survey, 21 classes (565 students) were randomly selected to be included in the local survey, and 2 classes (39 students) were selected for both state and local surveys. This resulted in 59 classes or 1,385 eligible students chosen to participate in the state or local survey to achieve a +/-5% precision of results. State and local survey results were combined to attain the greatest number of surveys possible.

Parent permission forms were required before students could participate. Survey administrators at each high school worked diligently to collect permission slips and were specially trained to conduct the survey in a consistent and confidential manner. Each administrator was given a script to read to students that established guidelines for student privacy and anonymity and the importance of the survey. Each student was given an unmarked envelope in which to seal his or her survey before turning it in. These survey envelopes remained sealed until received at a central state collection site. No individual identifiers were recorded on the surveys or sealed envelopes.

A total of 884 students completed the survey resulting in a survey response rate of 64%. Data were analyzed by the state Department of Health and Social Services section of Chronic Disease Prevention and Health Promotion. Analysis included performance of extensive edit checks to identify survey inconsistencies. When inconsistencies were found, responses were excluded from the analysis. For example, if a student reported in one question having never been in a physical fight, but then reported in another question being hurt in a physical fight, the data on that student were excluded for the two questions related to physical fighting. These inconsistencies were rare.

The 2005 YRBS results provide descriptive data on the who, what, where, and when of the self-reported behaviors in a number of major risk categories. The YRBS survey does not attempt to answer the questions of why and how. The descriptive data apply only to students attending public high schools (grades 9-12) in the Municipality of Anchorage, Alaska.

Data was gathered by gender and grade, but because there are fewer than 100 respondents in some categories, the data cannot be reported by gender and grade. It is also not reported by race for the same reason.

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; federal, state and local government agencies; academic institutions; economic development groups; health care institutions; and computerized sources through online databases and the internet. Whenever possible, comparison data for the state of Alaska and 5-year trend data were collected.

Healthy Alaskans 2010

Healthy Alaskans 2010 includes a set of health objectives for the state to achieve over the first decade of the new century. This document uses the framework of the national *Healthy People 2010* report, and reflects Alaska's health-related goals and objectives that include health promotion, health protection, preventive services and access to care, and public health infrastructure. People, communities, professional organizations and others can use these objectives to track changes in health status, identify changes that need to be made, and to help plan and develop programs to improve the health of Alaskans.