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## **2023 Community Health Needs Assessment** Executive Summary

MAPP of the Southern Kenai Peninsula, Alaska

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## Welcome To Our Community Health Needs Assessment

MAPP stands for Mobilizing for Action through Planning and Partnerships. MAPP of the Southern Kenai Peninsula (SKP) is a health improvement coalition that facilitates citizens who are committed to making their community a better place for everyone. We accomplish this mission by providing information about emerging health issues and opportunities, convening conversations to develop a shared vision for well-being, by serving as a catalyst for community members to act on projects that support the shared vision, and by monitoring and sharing progress on our shared community measures.

The MAPP of the Southern Kenai Peninsula is proud to present its 2023 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic, and other qualitative and quantitative data from the Southern Kenai Peninsula. This report also includes secondary/disease incidence and prevalence data from the Kenai Peninsula Borough, Alaska, and United States. The data was reviewed and analyzed to determine the top priority needs and issues facing the region overall.

The primary purpose of this assessment was to identify the health needs and issues of the Southern Kenai Peninsula community. The CHNA also provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to identify community health priorities, develop interventions, and commit resources to improve the health status of the region more strategically.

Improving the health of the community is the foundation of the mission of the MAPP of the Southern Kenai Peninsula, and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care, and program interventions provided through the hospital, we hope that the information in this CHNA will encourage additional activities and collaborative efforts to improve the health status of the community.

## Acknowledgments

Mobilizing for Action through Planning and Partnerships (MAPP) of the Southern Kenai Peninsula (SKP) would like to thank the Community Health Needs Assessment (CHNA) Workgroup, Steering Committee and community residents who participated in the CHNA process.

This CHNA was funded in part by MAPP of the SKP, South Peninsula Hospital, and a sub-grant from the State of Alaska, Healthy & Equitable Communities award through the City of Homer.

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### MAPP CHNA Steering Committee

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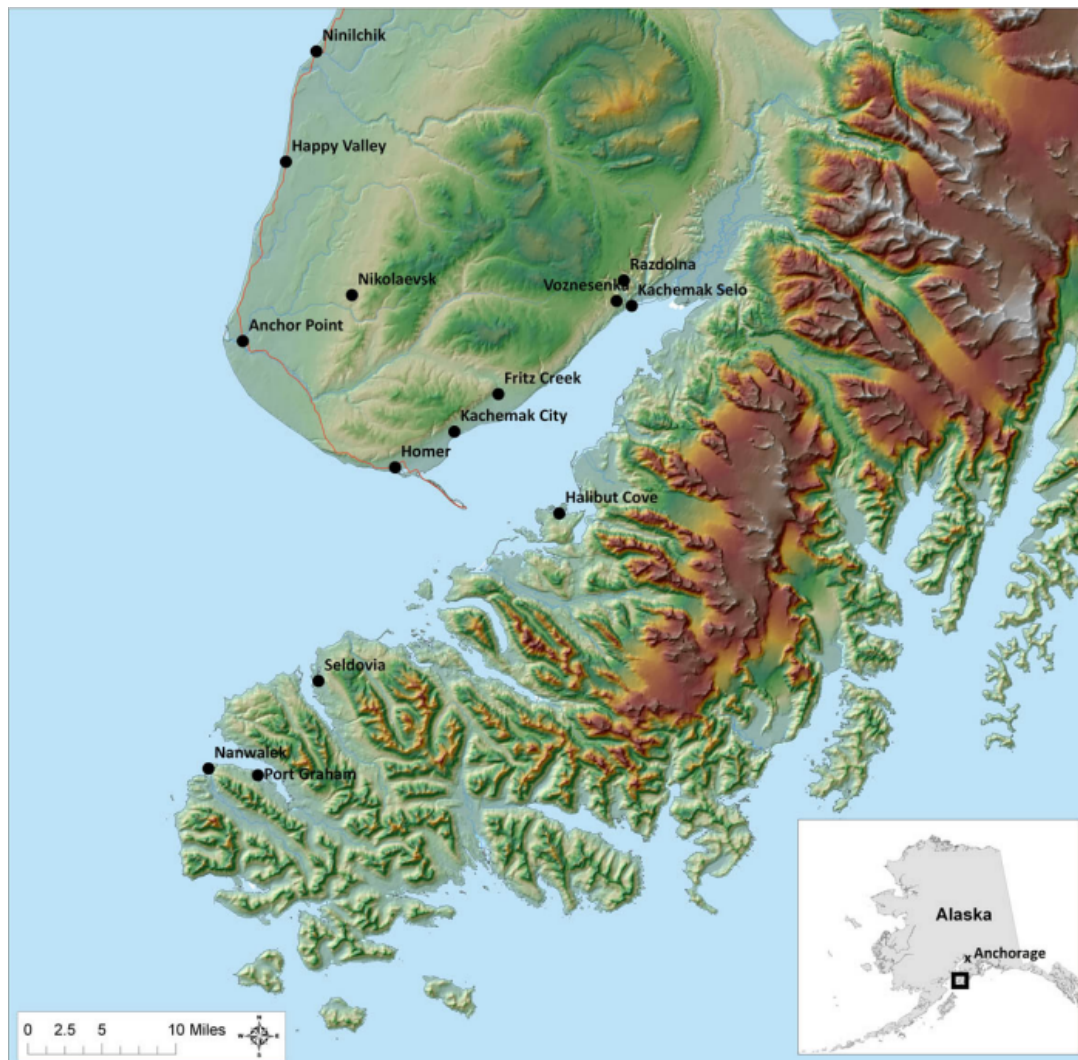
## Acronyms

|        |  |
|--------|--|
| AK     | Alaska   |
| CDC    | Center for Disease Control & Prevention                  |
| CHNA   | Community Health Needs Assessment                        |
| CHIP   | Community Health Improvement Plan                        |
| KP     | Kenai Peninsula  |
| KPB    | Kenai Peninsula Borough                                  |
| LPHS   | Local Public Health System                               |
| LPHSA  | Local Public Health System Assessment                    |
| MAPP   | Mobilizing for Action through Planning and Partnerships  |
| NACCHO | National Association of County and City Health Officials |
| NPHPS  | National Public Health Performance Standards             |
| SKP    | Southern Kenai Peninsula                                 |
| SPH    | South Peninsula Hospital                                 |



## Map of Southern Kenai Peninsula

The communities that make up the Southern Kenai Peninsula are illustrated in the map below, including Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Halibut Cove, Happy Valley, Homer, Kachemak City, Kachemak Selo, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Razdolna, Seldovia<sup>1</sup> and Voznesenka.



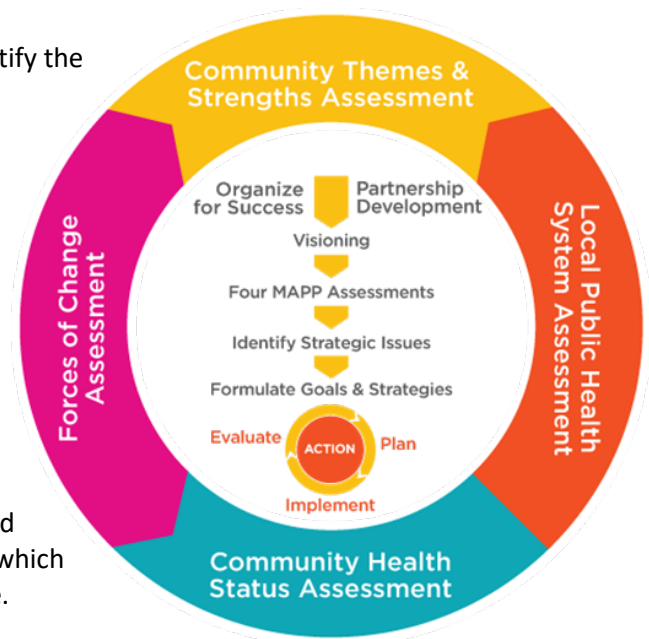
*Figure 1: Map of Southern Kenai Peninsula Communities, AK*

<sup>1</sup> Seldovia City is not included in South Peninsula Hospital's service area.

## Community Health Assessment Background

In 2008, South Peninsula Hospital initiated the first Community Health Needs Assessment (CHNA) using a framework developed by the Center for Disease Control and Prevention (CDC) and National Association of County and City Health Officials (NACCHO) called Mobilizing for Action through Planning and Partnership (MAPP). Out of this 2008 exercise a local health coalition of community partners actively working together to improve community health was formed, MAPP of the Southern Kenai Peninsula. A CHNA has been conducted every three years<sup>2</sup> to assess the health of the community to inform new and existing community and agency efforts. The CHNA process is composed of six phases and the following four assessments:

- I. **Community Themes & Strengths Assessment**  
Qualitative input from community members to identify the issues they feel are important.
  - a. Perceptions of Community Health Survey
  - b. Wellness Dimension Focus Groups
- II. **Community Health Status Assessment**  
Quantitative community health data (representing cultural, economic, emotional, environmental, intellectual, physical, social, and spiritual wellness) that identifies priority health and quality of life issues.
- III. **Forces of Change Assessment**  
Identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
- IV. **Local Public Health System Assessment**  
A prescribed performance assessment tool collaboratively developed by national public health partners that measures how well different local public health system partners work together to deliver the 10 Essential Public Health Services.



*Figure 2: MAPP Framework Flowchart*

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of community strengths, needs, and opportunities. Using the combined results/observations from all four sub-assessments, a community process is then used to prioritize the opportunities that community members will collaboratively address for the next few years. However, the results from specific sub-assessments can also be utilized independently to inform organizational and community-level opportunities for improvement.

<sup>2</sup> Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. CHNAs were completed in 2009, 2013, 2016, 2020, and 2023. The 2020 assessment was a minimalized version.

In the summer of 2022, the MAPP Steering Committee learned of a new MAPP 2.0 framework being piloted but not yet available. The committee elected to move forward and use the MAPP 1.0 framework for the 2023 assessment, which appears in Figure 3 below.



**Figure 3: MAPP 1.0 Framework**

To view all assessments and for additional MAPP of the Southern Kenai Peninsula information, please visit [www.mappofskp.net](http://www.mappofskp.net). For additional questions, please contact Hannah Gustafson, MAPP of SKP Coordinator, at [mappofskp@gmail.com](mailto:mappofskp@gmail.com) or 907-317-2050.



## Data Limitations

There are a variety of limitations to both the secondary and primary data collected and utilized in this study.

The Secondary data may be incomplete and lack accuracy depending on a variety of factors including but not limited to:

- The time lag from the time the data was collected to the time it was reported.
- The research design, methodology, sampling design and sources (target audiences, recruitment methods) do not necessarily match the population of this study and were not consistent.
- Data collection methods (qualitative and quantitative techniques) varied, with a variety of different methodologies used by the sources.

The primary data collection included in the study also has potential limitations that include but are not limited to:

- Data was obtained from a convenience sample of key informant stakeholders willing to participate.
- Data was largely qualitative.

Both the primary and secondary data presented in this report via charts, graphs, tables and narrative are based on that unique data source, which may or may not represent a sample size that is representative of the SKP service area. The narrative introducing each chart, graph or table is intended to highlight some of the data that is represented in the respective chart, table or graph from that particular data source, and are not necessarily a finding reflecting the SKP service area.

## Community Themes and Strengths Assessment

### Eight Dimensions of Wellness

A broad group of community members, representing at least one of the eight different wellness perspectives, were invited to attend the focus group discussions. The discussions occurred during a half-day event the afternoon of November 5, 2022. A total of 30 community members participated in the discussion.

The following tables show the results of that discussion. Participants were asked to identify the Top 3 Strengths and Challenges for each dimension. The number in parentheses reflects the number of votes each statement received.

| <b>Cultural Wellness:</b> Individual awareness of one's own culture as well as understanding and respecting the diversity and richness of other cultures.  |  |
|--|--|
| <b>Cultural Wellness Strengths</b>   | <b>Cultural Wellness Challenges</b>  |
| <ul style="list-style-type: none"> <li>Community rallies around needs (4)</li> <li>Hard to live here so there is a sense of pride for being able to do it (challenges with seasons, expenses, driving) (3)</li> <li>Subsistence living (3)</li> <li>Local Facebook group that is the historical Homer site that focus on shared history (2)</li> <li>Community cares for our own (2)</li> <li>Local organizations do education on local history (1)</li> <li>Maritime and shared maritime history (1)</li> <li>Provide work opportunities for young people (1)</li> <li>Outdoor activities and appreciation for trails, water, etc. (1)</li> <li>Cultural events in Seldovia – summer camps to connect to village tribe culture</li> <li>Native youth leadership program at the high school</li> <li>Tribal communities have a strong cultural emphasis</li> <li>Burning basket as expression of part of the culture</li> <li>Pratt Museum draws on local heritage and is a way to connect to local history</li> <li>NRA Fundraising relates to culture for a part of the community</li> <li>High emphasis on environmental science and arts (art as a form of expression)</li> <li>First Friday local artists are showcased at gallery</li> </ul> | <ul style="list-style-type: none"> <li>Don't listen to one another as much as we should (3)</li> <li>Community rec center for all ages is needed/there is no place for all to come together (2)</li> <li>Cultural divide (political, social, spiritual) (2)</li> <li>Discrimination/not same treatment for Russian and Native populations (2)</li> <li>Older adults and loss of dignity (2)</li> <li>Lack awareness of what goes on in the community (1)</li> <li>Social isolation (1)</li> <li>Cliquey community – reluctance to expand/people are isolated and left out (1)</li> <li>No easily identifiable culture for City of Homer (1)</li> <li>Community is not very diverse (1)</li> <li>Close knit community that takes a while to break into (1)</li> <li>Bad crime which creates distrust (1)</li> <li>Disconnected communities</li> <li>Lack of infrastructure for things life giving/opportunities to engage in activities</li> <li>Limited options for those who do not drink</li> <li>Dating is tough in a small town</li> <li>Need more outside presence here – not seeing as much of that as had in prior years</li> <li>Do not talk about indigenous past</li> <li>Lack of understanding for local culture – there is no chance to learn about it</li> <li>Do not treat as a whole – there is a lack of services outside Homer</li> </ul> |

**Cultural Wellness:** Individual awareness of one's own culture as well as understanding and respecting the diversity and richness of other cultures.

| Cultural Wellness Strengths  | Cultural Wellness Challenges   |
|--|--|
| <ul style="list-style-type: none"> <li>• Appreciation for others – blending of Homesteaders and Hippies (more cultural acceptance)</li> <li>• Proud to grow up here (Homesteader mentality)</li> <li>• Drinking culture which is good for those who socialize</li> <li>• Support for local business</li> </ul> | <ul style="list-style-type: none"> <li>• The older you get the more left behind you feel</li> <li>• We are judgmental/stigma around those who are Russian old believers, Natives or have mental health issues</li> <li>• Loss of bowling alley and arcade which had helped people feel as though they were part of the community</li> <li>• There is no cultural center</li> </ul> |

*NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 8 for additional information.*

**Economic Wellness:** The ability to meet financial needs and adapt to unanticipated financial situations.

| Economic Wellness Strengths   | Economic Wellness Challenges  |
|---|---|
| <ul style="list-style-type: none"> <li>• Local small businesses (6)</li> <li>• Willingness of nonprofit sector to work together/share resources (5)</li> <li>• Community is marketable (3)</li> <li>• Volunteers helping fund and support large projects (2)</li> <li>• A couple large employers fueling economy (2)</li> <li>• Goodwill and crowd funding (2)</li> <li>• Food pantry (2)</li> <li>• Involved Chamber working with local business (2)</li> <li>• Tourism (1)</li> <li>• In the summer there are many opportunities to make good money (1)</li> <li>• UAA and other resources less costly than others (1)</li> <li>• Education level higher than average</li> <li>• Financial advisors</li> <li>• PFD</li> <li>• Homer Bucks</li> <li>• Social service organizations are connected to direct those in need</li> <li>• Great charitable partnerships</li> <li>• Food assistance</li> <li>• Spaces for artists to make money</li> <li>• Educational opportunities available for professional training</li> <li>• Homer is self-sufficient</li> <li>• 9 star job training</li> <li>• Education is available for well-paying jobs, college, trade</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of affordable housing (6)</li> <li>• Lack of childcare (5)</li> <li>• Aging population – housing and service needs are different (3)</li> <li>• High rent (3)</li> <li>• Lack of public transportation (2)</li> <li>• Jobs in caregiving are very low paying, limiting seniors/those with disabilities from participating in economy (2)</li> <li>• Low paying jobs (1)</li> <li>• Air BnB (1)</li> <li>• High cost of goods (1)</li> <li>• Fixed incomes shrink economy (older population tax incentives) (1)</li> <li>• Economic burden on student debt (1)</li> <li>• Lack of home care providers (1)</li> <li>• No front door services for those needing help – food pantry is only 1 day a week</li> <li>• Our local public assistance office is not currently staffed</li> <li>• High turnover in support jobs</li> <li>• Navigating health care system for seniors</li> <li>• NIMBY – Not in my backyard</li> <li>• Need recovery treatment resources</li> <li>• Lack of apprenticeship opportunities</li> <li>• Drumming up financial support for services in other communities</li> <li>• Outdated perceptions of outlying communities</li> <li>• Large population on fixed incomes</li> </ul> |

| <b>Economic Wellness:</b> The ability to meet financial needs and adapt to unanticipated financial situations.  |   |
|---|---|
| <b>Economic Wellness Strengths</b>  | <b>Economic Wellness Challenges</b>   |
| <ul style="list-style-type: none"> <li>• Community members rally to help folks in crisis</li> <li>• Creativity and diversity in local businesses (entrepreneurs)</li> <li>• Economic development district helps small business</li> <li>• Good support for artistic community</li> <li>• Between fishing, retail, public sector, there is a diverse array of employment opportunities</li> <li>• Community appeals to funders (state and federal grants)</li> <li>• Bigger businesses in smaller communities</li> <li>• Stable tax base, healthy sales tax revenue (city) (service areas)</li> <li>• Job opportunity – vacant jobs</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of understanding of what is available in other places</li> <li>• People with mental disabilities need help (they are challenged and need something to do – too much time)</li> <li>• Jobs centralized – long commutes</li> <li>• Commercial fishing industry</li> <li>• Vacant jobs</li> <li>• Seasonality of jobs/income</li> <li>• Expensive to leave Homer</li> <li>• Seasonal opportunity flux</li> <li>• Jobs vs. workforce mismatch – skills and experience desired vs. what locals have to offer</li> <li>• Lack of estate planning education</li> <li>• Siloed communities (not aware of opportunities or connections)</li> <li>• High vehicle prices</li> <li>• Decentralized information sources</li> <li>• Healthcare service line splits Ninilchik in half</li> <li>• Lack of knowledge of resources</li> <li>• Housing bought as investments – no housing for locals</li> <li>• Perpetual rental vs. home ownership – can I ever afford to buy?</li> <li>• Local education offerings could be improved</li> <li>• Lack of assistive living beds</li> <li>• People (seniors) with high medical bills need help</li> <li>• Utility costs</li> <li>• Gas prices</li> <li>• Uninsured/underinsured</li> <li>• Healthcare is very expensive</li> <li>• Rent doesn't match income</li> <li>• Lack of year round housing</li> </ul> |

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| <b>Emotional Wellness:</b> The ability to cope effectively with life and create personal enrichment through one's work and relationships.  |   |
|--|---|
| <b>Emotional Wellness Strengths</b>  | <b>Emotional Wellness Challenges</b>  |
| <ul style="list-style-type: none"> <li>• Willingness to build community (6)</li> <li>• Small community = better networking (4)</li> <li>• Human animal bonds (domestic and wild) (3)</li> <li>• Community connection (2)</li> <li>• Access to plenty of outside/physical activities (2)</li> </ul> | <ul style="list-style-type: none"> <li>• Access for kids (5)</li> <li>• Mental health access (3)</li> <li>• Lack of mutual aid (3)</li> <li>• Lack of transportation (3)</li> <li>• Winter (2)</li> </ul> |

| <b>Emotional Wellness:</b> The ability to cope effectively with life and create personal enrichment through one's work and relationships.  |   |
|--|---|
| <b>Emotional Wellness Strengths</b>  | <b>Emotional Wellness Challenges</b>  |
| <ul style="list-style-type: none"> <li>• Lovely setting and open spaces (2)</li> <li>• Us for us (1)</li> <li>• Volunteering (1)</li> <li>• T.I.C. (1)</li> <li>• Easier to connect</li> <li>• Annie Garay and community yoga</li> <li>• Facetimeing friends and family in the lower 48</li> <li>• Connections to nature</li> <li>• Sport fishing</li> <li>• Green dot</li> <li>• Resiliency coalition</li> <li>• Peer teaching/education/support</li> <li>• Arts/theater</li> </ul> | <ul style="list-style-type: none"> <li>• Increased professional access (2)</li> <li>• Stigma (1)</li> <li>• Youth in abusive settings – resources to escape (1)</li> <li>• Lack of safe spaces for queer folk (1)</li> <li>• Mental health – access developing males (1)</li> <li>• Need more peer support (1)</li> <li>• Education – SEL, mindfulness, bodily autonomy, self-advocacy (1)</li> <li>• Access to multiple hobbies (1)</li> <li>• Communicating advocacy/change/education opportunities (1)</li> <li>• Industry (fishing) creates stressful family dynamics (1)</li> <li>• Parental support for children/families coping with significant health/emotional issues</li> <li>• Professional access - backlogged/financial issues</li> <li>• Mental health needs not being met</li> <li>• Travel to get resources</li> <li>• T.I.C still not everywhere</li> <li>• Mobile crisis response</li> <li>• Volunteer burnout</li> <li>• Climate change</li> <li>• Pet ownership limit support E.C. housing</li> <li>• Seasonal employment</li> </ul> |

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| <b>Environmental Wellness:</b> A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.   |   |
|---|---|
| <b>Environmental Wellness Strengths</b>   | <b>Environmental Wellness Challenges</b>  |
| <ul style="list-style-type: none"> <li>• There are a variety of ways people can connect to the natural world (e.g. clean air, quiet, walk to work, fish) (5)</li> <li>• A healthy environment supports our local economy (4)</li> <li>• Kachemak Bay/Cook Inlet connects us to other coastal communities (2)</li> <li>• We have facilities and people that support community convening (2)</li> <li>• Easy access to many recreational opportunities (2)</li> <li>• Kachemak Bay/Cook Inlet connects us to all (1)</li> </ul> | <ul style="list-style-type: none"> <li>• Habitat degradation resulting from population growth (3)</li> <li>• Lack of housing stock (3)</li> <li>• Built environment is not universally accessible (2)</li> <li>• Distance between agencies for people without transportation (2)</li> <li>• Emergency response access into homes can be a challenge (2)</li> <li>• Inequitable access to natural world/recreation (1)</li> <li>• Our interdependence with the natural word isn't well recognized (1)</li> </ul> |



| <b>Environmental Wellness: A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.</b>   |  |
|---|--|
| <b>Environmental Wellness Strengths</b>   | <b>Environmental Wellness Challenges</b>   |
| <ul style="list-style-type: none"> <li>Increased healthcare facilities in outlying areas (1)</li> <li>We have choices on built environments we inhabit (e.g. schools, churches)</li> <li>Healthy maritime ecosystem</li> <li>Geographical dispersion</li> <li>Community infrastructure (e.g. water/sewer) in Homer</li> <li>Our natural environment is something we are all connected to in some way, is a unifying characteristic</li> </ul> | <ul style="list-style-type: none"> <li>Severe weather events are impacting our communities (e.g. hay shortage) (1)</li> <li>Geographical dispersion creates health and safety challenges (1)</li> <li>Climate change is impacting local ecosystem</li> <li>Building relationships/connections between different spaces/places – there needs to be multiple entry points</li> <li>Lack of transportation for people who don't have their own</li> <li>Built environment if not pedestrian friendly</li> <li>Lack of transitional facilities (e.g. veterans, seniors, treatment)</li> <li>Housing stock doesn't meet needs of an aging demographic</li> <li>Community infrastructure (e.g. sewer, water, broadband) in outlying areas</li> </ul> |

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| <b>Intellectual Wellness: Staying curious, engaging in creative activities, and learning new things</b>  |  |
|--|--|
| <b>Intellectual Wellness Strengths</b>   | <b>Intellectual Wellness Challenges</b>  |
| <ul style="list-style-type: none"> <li>Community REC – ways to learn outside of school (6)</li> <li>Writers' Conference (but costs money) (6)</li> <li>Funding for community activities (new to people activities) 907 Veterans Charter Fishing (3)</li> <li>Art – Creative Intelligence (opportunities for art learning) (3)</li> <li>Good Wi-Fi library and other resources (info access) (2)</li> <li>Library – opportunities for group learning (1)</li> <li>Entry points for learning about different lived experiences (1)</li> <li>Hospice of Homer Film Festival about age (1)</li> <li>Fireweed/Forest Schools new ideas about education (1)</li> <li>Curiosity vs. intellectual</li> <li>Access to alternative medicine</li> <li>Independent Living Disabilities Art Show – “We are able”</li> <li>Destigmatizing Disabilities Film Festival</li> <li>Human connection – Veterans Buddy program</li> </ul> | <ul style="list-style-type: none"> <li>Polarization (6)</li> <li>Stigma about invisible disabilities (6)</li> <li>Afraid to ask what we don't know (6)</li> <li>Limited dedicated space for out of school learning (3)</li> <li>Some schools are less open to new philosophies (2)</li> <li>Lack of awareness of specific groups' needs and contributions (2)</li> <li>Not aware of abilities compared to disabilities (2)</li> <li>Not appreciating differences - neurodiversity (1)</li> <li>Don't go deeper superficial connections – Veterans “Thank you for your service” (1)</li> <li>Lack of awareness of multiple intelligences (1)</li> <li>Misunderstanding of what different resources exist (1)</li> </ul> |

| Intellectual Wellness: Staying curious, engaging in creative activities, and learning new things                                 |                                  |
|--|----------------------------------|
| Intellectual Wellness Strengths  | Intellectual Wellness Challenges |
| <ul style="list-style-type: none"> <li>• People are moving beyond their comfort zone</li> <li>• High scholastic level</li> </ul> |                                  |

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| Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.  |  |
|---|--|
| Physical Wellness Strengths   | Physical Wellness Challenges   |
| <ul style="list-style-type: none"> <li>• Natural environment – easier in summer, more active lifestyle - walk/bike/hike, community rec center, SPARC, skiing terrain, rope tow, arts in the community, specialty at spit, workout facility options, youth program ski equipment, sports programs for youth (9)</li> <li>• Youth programs – Sprout, Head Start, library programs, arts, sports, programs for youth (6)</li> <li>• Men’s residential recovery – need more MAT (2)</li> <li>• SPARC – nonprofit, wheelchair accessible, large safe space (1)</li> <li>• Increased service form SVT/Ninilchik/Anchor Point/NTC too</li> <li>• Neighborhood connections and support</li> <li>• Multiple PT services</li> <li>• Nature – environment, terrain, sports programs, community rec programs, arts, MAT, Sprout, Head Start, libraries</li> <li>• Telehealth more access otherwise</li> </ul> | <ul style="list-style-type: none"> <li>• Lack of sidewalks and bike paths (8)</li> <li>• The cost of outdoor recreation can be a limitation to accessing the environment during inclement weather, etc. (6)</li> <li>• Aging challenges of living here (wood chopping, shoveling snow) (4)</li> <li>• Lack of public transportation (3)</li> <li>• Lack of elder care (3)</li> <li>• Social anxiety in small town – lack of anonymity (2)</li> <li>• Wait list for primary care (2)</li> <li>• Cold and icy – unsafe to get outside (2)</li> <li>• Conditions of bike path not ideal – not maintained (1)</li> <li>• Isolation (1)</li> <li>• Perception that can’t do it – knowledge of opportunities (1)</li> <li>• Lack of volunteers</li> <li>• Lack of childcare (1)</li> <li>• Siloing – staying in your own lane – no coordination (1)</li> <li>• COVID impact healthcare/wellness</li> <li>• Lack of affordable, long term housing</li> <li>• Physical classes geared toward elders</li> <li>• Historical knowledge leaves community as elders leave</li> <li>• Lack of nonskilled eldercare</li> <li>• Recovery – focus on wellness – change mindset back to wellness</li> <li>• Loss of primary care providers</li> <li>• Affordability of healthcare</li> <li>• Dogs on beach or neighborhoods with human – animal conflict</li> <li>• Beginner activities - activities to reengage – hard to start</li> <li>• Food insecurity – winter especially</li> <li>• Lack of sunlight</li> </ul> |

| <b>Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.</b> |  |
|---|--|
| <b>Physical Wellness Strengths</b>  | <b>Physical Wellness Challenges</b>  |
|   | <ul style="list-style-type: none"> <li>• SKP is not very wheelchair accessible</li> <li>• Lack of awareness for support groups</li> <li>• Lack of space for preschoolers in programs – cost barrier for private</li> <li>• Lack of activities for teenagers – late night, safe spaces</li> <li>• Free play opportunities for youth</li> <li>• Harder in off season – winter</li> <li>• Accessibility – transport, equipment, cost</li> <li>• Transport cost for private facilities</li> <li>• Geography and travel, charter flights, access to larger communities</li> <li>• Services clearing house to help connect services</li> <li>• Telehealth – zero in person</li> <li>• Access to specialty wait list</li> <li>• Mental health/counseling resources</li> <li>• Wildlife – human interactions – negative, risk</li> </ul> |

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| <b>Social Wellness: A sense of connection, belonging, safety and a reliable support system.</b>  |   |
|--|---|
| <b>Social Wellness Strengths</b>   | <b>Social Wellness Challenges</b>   |
| <ul style="list-style-type: none"> <li>• Nature (3)</li> <li>• Small close knit personal community groups with like-minded values (3)</li> <li>• Friendly community (2)</li> <li>• Volunteerism as a culture (2)</li> <li>• Word of mouth in small community (2)</li> <li>• Geographic realities necessitate cooperation (1)</li> <li>• MAPP (1)</li> <li>• Overlapping community social web</li> <li>• Family connection and ties</li> <li>• Connection to neighbors even if you live out of town</li> <li>• Organizations – large variety</li> <li>• Lots of activities</li> <li>• Pet friendly community</li> <li>• Service oriented community</li> </ul> | <ul style="list-style-type: none"> <li>• Social isolation status post pandemic (3)</li> <li>• Lack of funding for case managers to ensure folks are connected to resources (3)</li> <li>• Lack of childcare/capacity for childcare (2)</li> <li>• Social cliques (2)</li> <li>• Siloed communities (2)</li> <li>• Lack of indoor activities (1)</li> <li>• Winter (1)</li> <li>• Polarized opinions (1)</li> <li>• Visual community calendar – neutral information location (1)</li> <li>• Lack of capacity to bring long term change to set pattern of behavior (1)</li> <li>• Folks are looking for recovery (1)</li> <li>• Lack of leadership in recovery due to people moving, passing, etc. (1)</li> <li>• Back roads and trails not safe</li> <li>• Snowbirds - folks that leave for winter</li> <li>• Sober vs. non sober ways to be social – cultural norms with alcohol</li> <li>• Lack of established mentorship communication</li> </ul> |

| <b>Social Wellness:</b> A sense of connection, belonging, safety and a reliable support system. |  |
|---|--|
| <b>Social Wellness Strengths</b>  | <b>Social Wellness Challenges</b>  |
|   | <ul style="list-style-type: none"> <li>• Relying on technology as opposed to personal interaction</li> <li>• Elderly folks lack volunteers for social interaction</li> <li>• Lack of options for organized activities for teens</li> <li>• Generational and geographical cliques</li> <li>• Ingrained in how things were built and not very open to feedback and change – incorporate feedback channels</li> <li>• Lack of tools to overcome insecurities and trauma</li> <li>• How do you keep the connectivity going if someone moves</li> <li>• COVID created challenge to connect and participate in community activities</li> <li>• Organizational isolation</li> <li>• Ability (connection) to self-isolated groups</li> <li>• How do you hand down neighborhood culture to new folks</li> </ul> |

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| <b>Spiritual Wellness:</b> A sense of purpose and meaning in life.  |   |
|---|---|
| <b>Spiritual Wellness Strengths</b>   | <b>Spiritual Wellness Challenges</b>  |
| <ul style="list-style-type: none"> <li>• Lots of avenues for people exploring spirituality/to seek spirituality (5)</li> <li>• Mindfulness activities (yoga) (5)</li> <li>• Land connectedness (3)</li> <li>• Lots of offerings for people seeking (2)</li> <li>• Higher power concept is unifying (2)</li> <li>• Unity in mourning and challenges (example Duffy, Drew) (2)</li> <li>• Room to explore spirituality that isn't mainstream (1)</li> <li>• Bible Institute (1)</li> <li>• Renewed desire to participate in community in person – real relationships (1)</li> <li>• Fireworks (1)</li> <li>• We do overcome tribalism (1)</li> <li>• Beauty of where we live promotes wellness for our spirituality</li> <li>• Unified community event with spiritual purpose</li> <li>• Spiritual culture/wellbeing feels supported</li> <li>• Lots of diversity – lots of support and avenues</li> <li>• Physical activities</li> </ul> | <ul style="list-style-type: none"> <li>• The need to be right (5)</li> <li>• Churches politicized (4)</li> <li>• Connecting resources and people and needs (4)</li> <li>• Meeting people where they are at regardless of beliefs – this doesn't have to be compromising your beliefs (3)</li> <li>• Sense of hopelessness worldwide (2)</li> <li>• Spirituality in community can feel competitive (2)</li> <li>• Hustle culture – we focus on surviving capitalism and don't have permission to focus on this aspect (2)</li> <li>• Stigma/judgment – big churches feels like people can fall through the cracks (2)</li> <li>• Redefining purpose after COVID (1)</li> <li>• Talking circles could be powerful (1)</li> <li>• There can be missions out of country but not meeting local needs (1)</li> <li>• VA Chaplain could share with churches on sharing/communicating with Vets (1)</li> <li>• Geographical separation</li> </ul> |

| Spiritual Wellness: A sense of purpose and meaning in life.   |  |
|---|--|
| Spiritual Wellness Strengths  | Spiritual Wellness Challenges  |
| <ul style="list-style-type: none"> <li>• Churches helping meet basic needs/community events</li> <li>• Re-engagement at a local level – flesh and blood relationships</li> <li>• Lots of resources (Many Rivers, SVT, SPARC)</li> <li>• Communal appreciation for nature</li> </ul> | <ul style="list-style-type: none"> <li>• Post 2020 not as confident spiritually – confident in why I’m here (challenge and opportunity for growth)</li> <li>• Unity is wanted but can be a challenge</li> <li>• So many churches it feels like churches get lost- churches need to work together</li> <li>• Lack of money can affect lack of spiritual needs counseling/wellness/coach/mentorships</li> <li>• Need to learn how to embrace all people</li> <li>• Be more intentional with indigenous spiritual beliefs</li> <li>• Less listening happening, lack of tolerance</li> <li>• Tribal tendencies in communication – judgment based on spiritual home</li> <li>• Lack of trauma informed care is a barrier to taking care of spiritual needs</li> <li>• Social needs directly affect spiritual well being</li> <li>• Limited jobs and resources can affect your sense of purpose</li> <li>• Maybe a varying opinion on “spirituality” and what that is and how it is understood by community</li> <li>• When basic needs are not met (housing/isolation/food) it is hard to have meaning for life</li> <li>• Lots of churches/separation</li> <li>• (VA Nurse) Chaplain would like to speak with vets – Chaplain would like to know how to engage with vets</li> <li>• Spiritual component for end of life (hospice) needed – elderly need cared for spiritually</li> </ul> |

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## Perceptions of Community Health

### Perceptions of Community Health Survey

The survey was open for community response between August 2022 and February 2023. A total of 1,020 surveys were included in the assessment. In addition to the Perceptions of Community Health Survey, 9 focus groups were completed with 58 participants, intercept surveys were conducted at 11 locations with a total of 201 respondents, and 7 stakeholders were interviewed.

| Areas Impacted by COVID-19   | 2023 Perceptions Survey<br>(1,020 responses) |
|--|--|
| Did not experience any challenges  | 22.1%  |
| Job security (unemployed, fired or laid off, less work to do than before, less income, etc.)     | 20.2%  |
| Access to medical care   | 18.9%  |
| Paying bills (medical or other)  | 18.3%  |
| Access to food (affordable groceries, getting SNAP benefits, feeding family or loves ones, etc.) | 18.1%  |
| Housing (paying rent, facing eviction, foreclosure, maintenance, etc.)                           | 16.6%  |
| Utilities (electric, gas, or water shut-offs or difficulty paying for them)                      | 15.0%  |
| Other  | 12.5%  |
| Transportation (getting to places you need to go, riding public transit, driving a car, etc.)    | 11.1%  |
| Affording other basic needs (not mentioned)  | 10.2%  |
| Access to childcare  | 8.2%   |
| Safety at home (abuse, interpersonal violence, family violence, or domestic violence)            | 3.0%   |

Source: Perception of Community Health Survey

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## Which THREE aspects are our community's greatest strengths?

### Top 5 Community Strengths, Historical Perspective

|   | 2008 Perceptions Survey (831 responses)        | 2012 Perceptions Survey (1,171 responses) | 2015 Perceptions Survey (680 responses) | 2019/2020 Perceptions Survey (469 responses) | 2023 Perceptions Survey (1,020 responses) |
|---|--|---|---|--|---|
| 1 | People help each other                         | Natural beauty (79%)                      | Natural beauty (63%)                    | Natural beauty (21%)                         | Natural beauty (56%)                      |
| 2 | Respect for varied viewpoints                  | People help each other (68%)              | People help each other (36%)            | People help each other (11%)                 | People help each other (28%)              |
| 3 | Natural beauty                                 | Healthy environment (53%)                 | Cultural/arts opportunities (29%)       | Schools (10%)                                | Recreational opportunities (25%)          |
| 4 | Diverse private/public nonprofit organizations | Schools (48%)                             | School (27%)                            | Cultural/arts opportunities (8%)             | Cultural/arts opportunities (25%)         |
| 5 | Other  | Cultural/arts opportunities (47%)         | Recreational opportunities (24%)        | Access to health care (8%)                   | Schools (21%)                             |

Source: Perception of Community Health Survey

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## Which THREE aspects of our community most need to be improved?

### Top 5 Community Areas for Improvement, Historical Perspective

|   | 2015 Perceptions Survey (590 responses)           | 2019/2020 Perceptions Survey (469 responses) | 2023 Perceptions Survey (1,020 responses) |
|---|---|--|---|
| 1 | Jobs and economic opportunities (48%)             | Jobs and economic opportunities (13%)        | Housing (58%)                             |
| 2 | Public transport (38%)                            | Substance abuse treatment (13%)              | Public transportation (24%)               |
| 3 | Substance abuse treatment (36%)                   | Housing (12%)                                | Jobs and economic opportunities (20%)     |
| 4 | Housing (26%)                                     | Public transportation (12%)                  | Substance abuse treatment (17%)           |
| 5 | Access to job training and higher education (17%) | Respect for varied viewpoints (10%)          | Behavioral health services (17%)          |

Source: Perception of Community Health Survey

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Please check the **THREE** factors that **MOST NEGATIVELY** affect the health of you and your family and the **THREE** factors which **MOST NEGATIVELY** affect the health of the community.

**Top 3 Factors Negatively Impacted Individuals and Their Family, Historical Perspective**

|   | 2008 Perceptions Survey (834 responses) | 2012 Perceptions Survey (506 responses) | 2015 Perceptions Survey (649 responses) | 2019/2020 Perceptions Survey (444 responses) | 2023 Perceptions Survey (1,020 responses) |
|---|---|---|---|--|---|
| 1 | Economic costs                          | Economic costs (73%)                    | Physical health (86%)                   | Economic health (68%)                        | Economic health (36%)                     |
| 2 | Physical health                         | Physical health (68%)                   | Environmental health (73%)              | Physical health (88%)                        | Mental/emotional health (36%)             |
| 3 | Education and training costs            | Mental/emotional health (47%)           | Education/cost and availability (73%)   | Mental/emotional health (57%)                | Physical health (35%)                     |

Source: Perception of Community Health Survey

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**Top 3 Factors Negatively Impacting Community, Historical Perspective**

|   | 2008 Perceptions Survey (834 responses) | 2012 Perceptions Survey (454 responses) | 2015 Perceptions Survey (649 responses) | 2019/2020 Perceptions Survey (444 responses) | 2023 Perceptions Survey (1,020 responses) |
|---|---|---|---|--|---|
| 1 | Substance abuse                         | Substance abuse (79%)                   | Substance abuse (97%)                   | Substance abuse (97%)                        | Substance abuse (66%)                     |
| 2 | Economic costs                          | Economic costs (54%)                    | Interpersonal violence (96%)            | Mental/emotional health (82%)                | Mental/emotional health (54%)             |
| 3 | Mental/emotional health                 | Mental/emotional health (52%)           | Mental/emotional health (75%)           | Economic health (72%)                        | Economic health (41%)                     |

Source: Perception of Community Health Survey

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When asked if any issues prevent personal use of services or activities available in the community, the top five responses were:

#### Top 5 Issues Preventing Use of Services, Historical Perspective

|   | 2008 Perceptions Survey (831 responses) | 2012 Perceptions Survey (886 responses) | 2015 Perceptions Survey (567 responses) | 2019/2020 Perceptions Survey (402 responses) | 2023 Perceptions Survey (1,020 responses) |
|---|---|---|---|--|---|
| 1 | Cost                                    | Cost (47%)                              | Cost (51%)                              | Cost (53%)                                   | Cost (33%)                                |
| 2 | Transportation                          | Schedule conflicts (42%)                | Not enough time (38%)                   | Schedule conflicts (47%)                     | Schedule conflicts (33%)                  |
| 3 | Distrust agency or provider             | Not enough time (36%)                   | Schedule conflicts (38%)                | Not enough time (39%)                        | Not enough time (26%)                     |
| 4 | Confidentiality                         | Lack of anonymity (14%)                 | Lack of anonymity (16%)                 | Lack of anonymity (18%)                      | Transportation (12%)                      |
| 5 | Lack of anonymity                       | Distrust agency/provider (13%)          | Transportation (15%)                    | Awareness (15%)                              | Awareness (12%)                           |

Source: Perception of Community Health Survey

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Respondents were asked to rate the following statements for themselves:

#### Eight Dimensions of Wellness, Historical Perspective, Perceptions of Community Health Survey

| Eight Dimensions of Wellness   | Survey Year | Always | Frequently | Sometimes | Never |
|--|-------------|--------|------------|-----------|-------|
| I have a sense of purpose and meaning in my life.  | 2023        | 54%    | 30%        | 15%       | 1%    |
|  | 2019/2020   | 53%    | 36%        | 11%       | 1%    |
|  | 2015        | 25%    | 55%        | 19%       | 1%    |
| I have a sense of connection, belonging, safety, and a reliable support system.          | 2023        | 50%    | 30%        | 18%       | 2%    |
|  | 2019/2020   | 50%    | 35%        | 14%       | 1%    |
|  | 2015        | 64%    | 25%        | 10%       | 1%    |
| I have the ability to perform daily activities without undue fatigue or physical stress. | 2023        | 42%    | 37%        | 18%       | 3%    |
|  | 2019/2020   | 42%    | 41%        | 16%       | 2%    |
|  | 2015        | 29%    | 48%        | 20%       | 2%    |
| I have the opportunity to expand my knowledge and skills and use my creative abilities.  | 2023        | 38%    | 36%        | 24%       | 2%    |
|  | 2019/2020   | 43%    | 37%        | 18%       | 2%    |
|  | 2015        | **     | **         | **        | **    |
| I can cope effectively with life stresses, and my work and relationships are enriching.  | 2023        | 32%    | 44%        | 23%       | 1%    |
|  | 2019/2020   | 30%    | 51%        | 18%       | 2%    |
|  | 2015        | 29%    | 55%        | 15%       | 1%    |
| My surroundings are adequate for me (from my home to the wider community or environment) | 2023        | 52%    | 31%        | 15%       | 2%    |
|  | 2019/2020   | 53%    | 35%        | 11%       | 1%    |
|  | 2015        | 28%    | 43%        | 28%       | 1%    |
|  | 2023        | 42%    | 27%        | 22%       | 9%    |

| Eight Dimensions of Wellness   | Survey Year | Always | Frequently | Sometimes | Never |
|--|-------------|--------|------------|-----------|-------|
| I have enough money for my basic needs, and I can adapt for unplanned expenses.                          | 2019/2020   | 41%    | 34%        | 20%       | 4%    |
|  | 2015        | 45%    | 33%        | 20%       | 3%    |
| I am connected to my own culture and traditions, and I see the diversity and richness of other cultures. | 2023        | 42%    | 33%        | 19%       | 4%    |
|  | 2019/2020   | 43%    | 34%        | 19%       | 3%    |
|  | 2015        | **     | **         | **        | **    |

**\*\*Data are unavailable or not comparable because 2015 questions were slightly different**

**NOTE: Data for 2023 is only for those who responded to the question and excludes those who responded "prefer to not answer"**

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## Intercept Survey

**Respondents were asked to rate the following statements for themselves:**

### Eight Dimensions of Wellness, Intercept Survey

| Eight Dimensions of Wellness   | Always | Frequently | Sometimes | Never |
|--|--------|------------|-----------|-------|
| I have a sense of purpose and meaning in my life.  | 68.4%  | 20.4%      | 10.2%     | 1.0%  |
| I have a sense of connection, belonging, safety, and a reliable support system.                          | 61.2%  | 24.5%      | 11.2%     | 3.1%  |
| I have the ability to perform daily activities without undue fatigue or physical stress.                 | 54.6%  | 33.3%      | 10.1%     | 2.0%  |
| I have the opportunity to expand my knowledge and skills and use my creative abilities.                  | 64.3%  | 25.5%      | 9.2%      | 1.0%  |
| I can cope effectively with life stresses, and my work and relationships are enriching.                  | 50.0%  | 36.7%      | 13.3%     | 0.0%  |
| My surroundings are adequate for me (from my home to the wider community or environment)                 | 58.2%  | 31.6%      | 6.1%      | 4.1%  |
| I have enough money for my basic needs, and I can adapt for unplanned expenses.                          | 52.6%  | 33.0%      | 10.3%     | 4.1%  |
| I am connected to my own culture and traditions, and I see the diversity and richness of other cultures. | 57.5%  | 22.3%      | 19.2%     | 1.1%  |

**Source: Intercept Survey**

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## Community Focus Groups

### Top Identified Community Needs/Problems – Focus Group Participants



Source: Focus Groups

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## Community Stakeholder Interviews

### Top Identified Community Needs/Problems – Stakeholder Interviews

|  |   |                                     |                                  |                                       |  |
|--|---|-------------------------------------|----------------------------------|---------------------------------------|--|
| Affordable year-round housing                | Increase in short-term rental (Airbnb and VRBO) | Lack of workforce housing           | No homeless Shelter              | Year-round recreational opportunities | Need for a community center                            |
| Afterschool places for youth                 | Lack of safe streets                            | People experiencing substance use   | Lack of substance abuse services | Increase in assault/violence          | Access to care (staffing shortages, lack of providers) |
| Aging population and lack of senior services | People diagnosed with cancer                    | People experiencing food insecurity | Lack of public transportation    | People experiencing mental health     | Lack of mental health services                         |
|  | Support for LGBTQIA community                   | Prevalence of Human trafficking     | Support for youth                | Access to childcare                   |  |

Source: Stakeholder Interviews

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## Forces of Change Assessment

Issues identified were brainstormed on December 7, 2022. Participants continued to complete the assessment individually via shared Google Doc following the session. A total of 14 community members participated in the discussion.

### Wellness Dimension Key

|   |   |
|---|---|
| <b>Cultural:</b> <i>Individual awareness of one's own culture as well as understanding and respecting the diversity and richness of other cultures.</i> | <b>Intellectual:</b> <i>Staying curious, engaging in creative activities, and learning new things</i>     |
| <b>Economic:</b> <i>The ability to meet financial needs and adapt to unanticipated financial situations.</i>  | <b>Physical:</b> <i>The ability to perform daily activities without undue fatigue or physical stress.</i> |
| <b>Emotional:</b> <i>The ability to cope effectively with life and create personal enrichment through one's work and relationships.</i>                 | <b>Social:</b> <i>A sense of connection, belonging, safety, and a reliable support system.</i>            |
| <b>Environmental:</b> <i>A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.</i>                   | <b>Spiritual:</b> <i>A sense of purpose and meaning in life.</i>  |

The areas colored in the Impacted Wellness Dimensions highlight the dimensions impacted by that force. The blocks with no color indicate that dimension is not impacted by that force.

| Forces<br>(Trends, Events, Factors)  | Threats Posed  | Opportunities Created  | Impacted Wellness Dimensions |     |     |     |
|--|--|--|------------------------------|-----|-----|-----|
| 1. Housing Crisis/Homelessness   | <ul style="list-style-type: none"> <li>Outmigration</li> <li>Impacts workforce</li> <li>Large portion of salary going towards housing limits resources towards other essentials</li> <li>Impacts physical and mental health</li> <li>People suffer from exposure</li> <li>Increased demand on emergency services</li> <li>Increased trespassing and arrests</li> </ul> | <ul style="list-style-type: none"> <li>Creative problem solving (i.e. yurts, tiny homes)</li> <li>High demand allows developers to invest big while getting a return on their investment</li> <li>Crosses political lines, all agree it's an issue</li> <li>Bring additional services to the community</li> <li>Create transitional housing</li> </ul> | CUL                          | INT | ENV | SOC |
|  |  |  | ECO                          | EMO | PHY | SPI |
| 2. Increased funding/availability of funding                                 | <ul style="list-style-type: none"> <li>Creates instability managing programs</li> <li>Will impact workforce, programs and the community when it goes away</li> <li>Contributes to inflation</li> <li>Causes reliance on public assistance programs</li> <li>Possible outmigration to more affordable areas</li> </ul>  | <ul style="list-style-type: none"> <li>Ability to creatively problem solve/try new solutions</li> <li>Increased collaboration</li> <li>Build infrastructure and increase capacity</li> </ul>   | CUL                          | INT | ENV | SOC |
|  |  |  | ECO                          | EMO | PHY | SPI |
| 3. Workforce (staffing shortage, remote workforce, women who left workforce) | <ul style="list-style-type: none"> <li>Businesses are closing/reducing hours</li> <li>Increased burn out/turnover</li> <li>Reduces quality of services</li> <li>Impacts access to services</li> <li>Impacts personal/family income</li> <li>Loss of institutional memory</li> </ul>  | <ul style="list-style-type: none"> <li>Professional development and growth</li> <li>Workforce development/training</li> <li>More jobs open to lower skilled people that would not have otherwise been</li> <li>Shared resources among businesses</li> </ul>  | CUL                          | INT | ENV | SOC |

| Forces<br>(Trends, Events, Factors)                               | Threats Posed  | Opportunities Created   | Impacted Wellness Dimensions |     |     |     |
|---|--|---|------------------------------|-----|-----|-----|
|   | <ul style="list-style-type: none"> <li>Isolation which impacts mental health</li> <li>Pressure on housing system</li> <li>Not as connected to community</li> </ul>   | <ul style="list-style-type: none"> <li>More opportunities for those who can work from home</li> <li>Increased family time</li> <li>Work/life balance</li> <li>Easier to share information/data</li> <li>People are buying/using local</li> <li>Influx of people into community</li> <li>Telehealth/remote services</li> </ul> | ECO                          | EMO | PHY | SPI |
| 4. Current Economic Environment                                   | <ul style="list-style-type: none"> <li>Creates inequity</li> <li>Causes reliance on public assistance</li> <li>Outmigration</li> <li>Strain on existing resources</li> <li>Increased crime</li> <li>Stress/impacts physical and mental health</li> </ul> | <ul style="list-style-type: none"> <li>Help prioritize where to spend resources</li> <li>Connect people to available supports</li> </ul>  | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |
| 5. Increased awareness of mental health/trauma informed practices | <ul style="list-style-type: none"> <li>Outpacing existing infrastructure/services</li> <li>Competition for funding</li> <li>Increased conflict</li> <li>Misunderstanding if not trained</li> <li>False representation</li> </ul>                         | <ul style="list-style-type: none"> <li>Reduced stigma</li> <li>Increased self-awareness</li> <li>More advocating for services</li> <li>Redistribute funding toward prevention</li> <li>Highlighted places where healing can occur</li> <li>People are seeking services</li> <li>Continued training</li> </ul>                 | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |
| 6. Trend to understand and seek truth/facts                       | <ul style="list-style-type: none"> <li>Mistrust</li> <li>Adds stress</li> <li>Impacts people seeking services</li> </ul>   | <ul style="list-style-type: none"> <li>Willingness to listen</li> <li>Self-reflection</li> <li>People are doing research before making decisions</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |



| Forces<br>(Trends, Events, Factors)                       | Threats Posed   | Opportunities Created  | Impacted Wellness Dimensions |     |     |     |
|---|---|--|------------------------------|-----|-----|-----|
| 7. Lack of Childcare                                      | <ul style="list-style-type: none"> <li>Impacts ability to meet development needs/special needs of children</li> <li>People leaving workforce</li> <li>Impacts economic stability of individual/family</li> <li>May limit number deciding to have children</li> <li>Impact on mental health of the family</li> </ul>                           | <ul style="list-style-type: none"> <li>Cottage industry/home business opportunities</li> <li>Look at daycare as infrastructure</li> <li>Might encourage state to increase rates</li> </ul>   | CUL                          | EDU | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |
| 8. Political Climate (also impacting spiritual community) | <ul style="list-style-type: none"> <li>Divisiveness in the community</li> <li>Supreme Court making decisions impacting local level</li> <li>Trouble making effective policies</li> <li>People ignore important information</li> <li>People are less likely to speak up</li> <li>Loss of community</li> <li>Declining mental health</li> </ul> | <ul style="list-style-type: none"> <li>More people are paying attention and participating in discussion</li> <li>Increased voter turnout</li> <li>More dialogue</li> <li>Trauma informed leadership</li> <li>Create safe spaces</li> </ul> | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |
| 9. Limited Transportation                                 | <ul style="list-style-type: none"> <li>Reduces ability to find employment</li> <li>Difficulty accessing services</li> </ul>   | <ul style="list-style-type: none"> <li>Collaboration across different political groups to address</li> <li>People are talking/problem solving</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |
| 10. Community Involvement                                 | <ul style="list-style-type: none"> <li>People do not have as much time to volunteer</li> <li>Same people always involved</li> <li>Creates toxicity (i.e. Homer Communications)</li> </ul>   | <ul style="list-style-type: none"> <li>Creating local solutions</li> <li>Respectful communication within community</li> </ul>  | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |

| Forces<br>(Trends, Events, Factors)               | Threats Posed   | Opportunities Created  | Impacted Wellness Dimensions |     |     |     |
|---|---|--|------------------------------|-----|-----|-----|
| 11. Lot of organizations supporting community     | <ul style="list-style-type: none"> <li>Those not connected are not getting the message/do not have opportunity</li> <li>Economy and education knocks people out</li> </ul>  | <ul style="list-style-type: none"> <li>Creates better outreach</li> <li>More options to get needed support</li> </ul>  | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |
| 12. Pandemic (current state)                      | <ul style="list-style-type: none"> <li>Those still avoiding interaction are not forming bonds</li> <li>Isolation impacts physical and mental health</li> <li>Increased community conflict</li> <li>Instability of workforce</li> <li>Susceptibility to those immune compromised</li> <li>Economic impact to businesses/artists</li> <li>Delayed care/lack of preventative care</li> <li>Jails were closed impacting ability to visit with family</li> </ul> | <ul style="list-style-type: none"> <li>Isolation minimizes spread of infection</li> <li>COVID relief funding</li> <li>Seeking care for health conditions delayed during height of pandemic</li> <li>Return of in person gatherings</li> <li>Development of therapeutics</li> <li>More appreciation of traditional things that have been done for years</li> <li>Ability to care for self (exercise, nutrition)</li> <li>Provide care in new ways</li> <li>Opportunity to prioritize family and social connections</li> </ul> | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |
| 13. Food Insecurity                               | <ul style="list-style-type: none"> <li>Nutrition issues</li> <li>Stressor</li> </ul>  | Community involvement/support  | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |
| 14. Overt Discrimination/Increased Stigmatization | <ul style="list-style-type: none"> <li>Violence/Threats of safety</li> <li>Inequities</li> <li>Poor quality of life</li> <li>Social isolation</li> <li>Access to services</li> <li>May delay seeking treatment</li> </ul>   | <ul style="list-style-type: none"> <li>Increased conversation</li> <li>Understanding and acceptance</li> <li>New services/supports</li> <li>Inclusive practices</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |   |  | ECO                          | EMO | PHY | SPI |

| Forces<br>(Trends, Events, Factors)                                       | Threats Posed  | Opportunities Created  | Impacted Wellness Dimensions |     |     |     |
|---|--|--|------------------------------|-----|-----|-----|
| 15. Education (impact of online learning, available community resources)  | <ul style="list-style-type: none"> <li>Challenge with interpersonal interactions</li> <li>Delayed entry into workforce</li> <li>Shifting educational system</li> <li>Concept of homework is gone</li> <li>Dependent on funding from state</li> </ul> | <ul style="list-style-type: none"> <li>Will bring new schools of thought</li> <li>Technology infrastructure</li> <li>New teaching modalities, better support for students</li> <li>More job opportunities for those who are tech savvy</li> <li>Kenai Peninsula College allows students to stay local for education</li> <li>High school students can earn college credits</li> <li>Provides workforce training</li> <li>Space for community gatherings</li> </ul> | CUL                          | INT | ENV | SOC |
|   |  |  | ECO                          | EMO | PHY | SPI |
| 16. Licensing agencies/infrastructure is breaking down                    | <ul style="list-style-type: none"> <li>Crippling access to skilled service and professionals at local level</li> <li>Poor health</li> <li>Poor quality of life</li> </ul>  | <ul style="list-style-type: none"> <li>Federal partners are more willing to lower standards when comes to hiring</li> <li>Bringing in more diverse people</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |  |  | ECO                          | EMO | PHY | SPI |
| 17. Growing senior population and lack of services                        | <ul style="list-style-type: none"> <li>Increased hospitalizations</li> <li>Burden on existing services</li> </ul>  | <ul style="list-style-type: none"> <li>Private development/new services to come in</li> <li>Community step up and care for family and neighbors</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |  |  | ECO                          | EMO | PHY | SPI |
| 18. Challenges young families are facing (housing, childcare, employment) | <ul style="list-style-type: none"> <li>Outmigration</li> <li>School closures and impact on funding to schools</li> <li>Labor shortage</li> </ul>   | <ul style="list-style-type: none"> <li>Increase in wealthy and older demographic that can support local nonprofits</li> </ul>  | CUL                          | INT | ENV | SOC |
|   |  |  | ECO                          | EMO | PHY | SPI |
| 19. Substance Use/Abuse   | <ul style="list-style-type: none"> <li>Not enough services to meet need</li> <li>Increased crime</li> <li>Impact on physical and mental health</li> </ul>  | <ul style="list-style-type: none"> <li>Community education and reduction of stigma</li> <li>Rethink drug misuse treatment</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |  |  | ECO                          | EMO | PHY | SPI |

| Forces<br>(Trends, Events, Factors)                                   | Threats Posed  | Opportunities Created   | Impacted Wellness Dimensions |     |     |     |
|---|--|---|------------------------------|-----|-----|-----|
| 20. Increased focus on growing local food/local agriculture           | <ul style="list-style-type: none"> <li>Increased sale of land not good for agriculture</li> <li>Loss of forest</li> <li>Impact on climate change</li> <li>Increased competition on farmers</li> </ul>                          | <ul style="list-style-type: none"> <li>Local food</li> <li>Less reliance on long supply chains</li> <li>Small business opportunities</li> <li>Long term sustainability</li> <li>Kenai Peninsula College is starting Ag program</li> </ul> | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |
| 21. Mental Fatigue  | <ul style="list-style-type: none"> <li>Burnout</li> <li>Stress</li> <li>Loss of workforce</li> <li>Domestic violence</li> <li>Long term impact of mental health issues</li> <li>Long term impact of physical health</li> </ul> | <ul style="list-style-type: none"> <li>Receptive to self-care practices</li> </ul>  | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |
| 22. Need creative solutions to reproductive health on regulatory side | <ul style="list-style-type: none"> <li>Funding could get cut</li> <li>Policies can change</li> </ul>   | <ul style="list-style-type: none"> <li>New services</li> <li>Additional staff</li> <li>More access</li> </ul>   | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |
| 23. Climate Change  | <ul style="list-style-type: none"> <li>Infrastructure destruction</li> </ul>   | <ul style="list-style-type: none"> <li>Longer growing season</li> <li>Increased connectivity and reverence to the land that sustains us</li> </ul>  | CUL                          | INT | ENV | SOC |
|   |  |   | ECO                          | EMO | PHY | SPI |
| 24. People are willing to use Zoom                                    | <ul style="list-style-type: none"> <li>Internet infrastructure</li> <li>Out of town influence on local decisions</li> <li>Zoom burnout</li> </ul>  | <ul style="list-style-type: none"> <li>More Native representation</li> <li>Harder to ignore rural voices/better connected to rural communities</li> <li>New collaborations</li> </ul>   | CUL                          | INT | ENV | SOC |

| Forces<br>(Trends, Events, Factors)                                | Threats Posed  | Opportunities Created   | Impacted Wellness Dimensions |     |     |     |
|--|--|---|------------------------------|-----|-----|-----|
|  |  | <ul style="list-style-type: none"> <li>Finding shared experiences and similarities</li> <li>Higher caliber of keynote speakers</li> </ul>   | ECO                          | EMO | PHY | SPI |
| 25. Value and importance of human connection                       | <ul style="list-style-type: none"> <li>Isolation created by pandemic</li> <li>Difficult time engaging</li> </ul>   | <ul style="list-style-type: none"> <li>People vocalize about social opportunities</li> <li>Appreciation of opportunities</li> </ul>   | CUL                          | INT | ENV | SOC |
|  |  |   | ECO                          | EMO | PHY | SPI |
| 26. Increase in domestic violence during pandemic                  | <ul style="list-style-type: none"> <li>Victims unable to access help</li> <li>Lack of transitional housing</li> <li>Wait list of housing vouchers</li> </ul>                   | <ul style="list-style-type: none"> <li>Create transitional housing</li> <li>Increased housing options for low income individuals</li> </ul>   | CUL                          | INT | ENV | SOC |
|  |  |   | ECO                          | EMO | PHY | SPI |
| 27. Rumors of decreased federal funding for Indian Health Services | <ul style="list-style-type: none"> <li>Impact on tribal clinics</li> </ul>   | <ul style="list-style-type: none"> <li>Raised local awareness of importance of tribal health clinics</li> </ul>   | CUL                          | INT | ENV | SOC |
|  |  |   | ECO                          | EMO | PHY | SPI |
| 28. Growing understanding of indigenous land                       | <ul style="list-style-type: none"> <li>Racist backlash</li> <li>Lip service versus actual change</li> </ul>  | <ul style="list-style-type: none"> <li>Land acknowledgement has grown</li> <li>Increased cultural awareness</li> <li>Opportunity for reparations</li> </ul>   | CUL                          | INT | ENV | SOC |
|  |  |   | ECO                          | EMO | PHY | SPI |
| 29. Safe spaces, activities and opportunities for youth            | <ul style="list-style-type: none"> <li>Possible backlash for self-identity/expression</li> <li>Increased divide among young people</li> <li>Cost burden to families</li> </ul> | <ul style="list-style-type: none"> <li>Increased acceptance</li> <li>Increased communication skills</li> <li>Foster healthy relationships</li> <li>Create safe sidewalks</li> </ul>                                     | CUL                          | INT | ENV | SOC |
|  |  |   | ECO                          | EMO | PHY | SPI |
| 30. Physical beauty of where we are                                | <ul style="list-style-type: none"> <li>Many are away from extended family</li> <li>Difficulty getting to know one another/finding community</li> </ul>                         | <ul style="list-style-type: none"> <li>Connection to place and grounding can heal trauma</li> <li>Connection to seasons/weather/tides provides framework for connection that transcends socioeconomic divide</li> </ul> | CUL                          | INT | ENV | SOC |
|  |  |   | ECO                          | EMO | PHY | SPI |
| 31. Increase prevalence of disease                                 | <ul style="list-style-type: none"> <li>Infected population increases</li> <li>Impact on vulnerable communities</li> </ul>  | <ul style="list-style-type: none"> <li>Provide education</li> <li>Advocate for free vaccinations</li> </ul>   | CUL                          | INT | ENV | SOC |

| Forces<br>(Trends, Events, Factors) | Threats Posed   | Opportunities Created   | Impacted Wellness Dimensions |     |     |     |
|-------------------------------------|---|---|------------------------------|-----|-----|-----|
|                                     | <ul style="list-style-type: none"> <li>Death</li> <li>Quality of life degrades</li> <li>Can cause mental health issues</li> </ul> | <ul style="list-style-type: none"> <li>Address root cause of disease</li> </ul> | ECO                          | EMO | PHY | SPI |

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## Local Public Health System Assessment

The ‘10 Essential Public Health Services’ framework was utilized as a guide for selecting local organizations and entities to participate in the assessment. After categorizing organizations based on this framework, individual representatives were selected from each organization and a contact list was compiled using a Google spreadsheet categorized by the 10 Essential Services. Next, the selected individuals were invited to attend an assessment process meeting for the Essential Service congruent with their organizational work. Meeting dates were chosen based on the majority who were able to participate. Ten meetings were scheduled over the course of a month, one for each Essential Service.

### Recurrent Themes

The following themes were identified as consistent topics or qualities that arose across most or all Essential Services.

**COVID response learnings.** Lessons and effective practices of the COVID-19 response were mentioned. For example, the local public health system worked together effectively during the pandemic response, and there is interest in identifying how that same level of collaboration could be replicated today. Additionally, during the pandemic, useful data about health literacy, health disparities, and health inequities, was gathered that could be used moving forward. Lastly, the activities that were halted during the pandemic response (evaluations, assessments, services) were named.

**Data quality and specificity.** Challenges in obtaining and using quality data were named throughout the assessment. Data quality would be improved if it were more available at the local level (and for smaller census-designated places) and timelier. There was also an interest in using data to better understand and address more upstream factors (health literacy, structural racism). Additionally, there was interest in assessing and addressing non-communicable diseases with the same level of intensity as communicable diseases are tracked and managed.

**Local Public Health System (LPHSA) alignment.** Participants noted many useful resources within the community – ranging from partnerships to data systems, continuous quality improvement activities, workforce training, and community relations. However, across these strengths is an opportunity to find greater alignment (for example, using coordinated state and local dashboards to track data, conducting broader evaluation across partners, or sharing resources). Therefore, it may be possible that a high priority area for improvement is not around acquiring resources, but rather in coordinating them more efficiently across the community.

**Partnerships.** Partnerships between organizations and agencies were noted as a strength of the local public health system. MAPP was referenced numerous times as being a catalyst for new organizations to become involved, or to sustain the work of the coalition. The network of partners contributes to sharing resources, data, and services across the community. The small-town nature of SKP helps partners identify who is missing, and create long-lasting, personal relationships that bolster the work. Partnerships could be improved by incorporating sectors that have not been previously engaged, making logistics of the partnership more accessible, and by improving alignment in resources, data, and services further.

**Proactive vs. reactive.** The idea of working in a more “proactive” way was mentioned multiple times. Working proactively would mean the network of partners being able to identify and address community needs before they became an issue. The work is often reactive due to challenges with data (delayed, outdated, not specific enough).

**Workforce.** Workforce shortages and strain underlie multiple other issues, including challenges in planning for emergency response and increasing efficiencies across partners. It is a multi-faceted issue ranging from individual causes (e.g., post-traumatic stress disorder among nurses who provided care during the COVID-19 response), lack of seats in local public health programs, high turnover, and training needs.

|    | 10 Essential Services        | 2009 LPHSA Overall Results | 2016 LPHSA Overall Results | 2023 LPHSA Overall Results |
|----|------------------------------|----------------------------|----------------------------|----------------------------|
| 1  | Monitor Health Status        | 13%                        | 53%                        | 44%                        |
| 2  | Diagnose and Investigate     | 56%                        | 90%                        | 84%                        |
| 3  | Educate/Empower              | 31%                        | 31%                        | 69%                        |
| 4  | Mobilize Partnerships        | 35%                        | 68%                        | 82%                        |
| 5  | Develop Policies/Plans       | 31%                        | 50%                        | 75%                        |
| 6  | Enforce Laws                 | 51%                        | 44%                        | 58%                        |
| 7  | Link to Health Services      | 45%                        | 59%                        | 66%                        |
| 8  | Assure Workforce             | 34%                        | 75%                        | 62%                        |
| 9  | Evaluate Services            | 20%                        | 41%                        | 66%                        |
| 10 | Research/Innovations         | 18%                        | 49%                        | 55%                        |
|    | <b>Average Overall Score</b> | <b>33%</b>                 | <b>56%</b>                 | <b>66%</b>                 |

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## Results

### Essential Service 1: Monitor Health Status

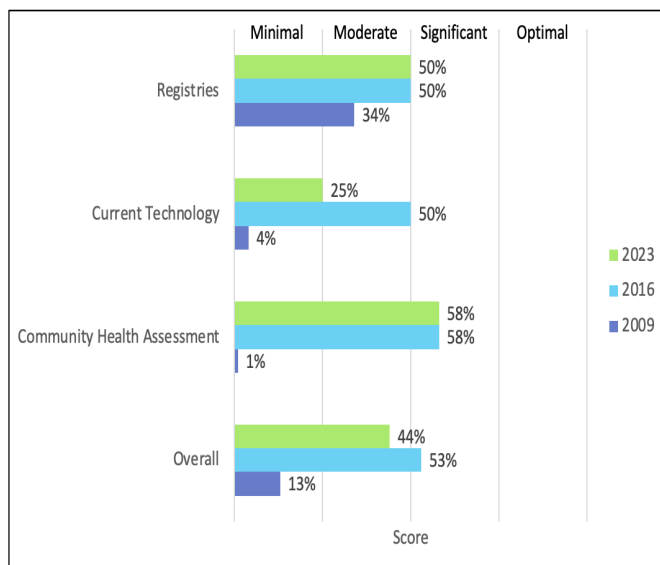
#### This Essential Service includes:

- Accurately and continually assessing the community's health status
- Identifying threats to health
- Determining health service needs
- Analyzing health needs of groups that are at higher risk than the total population
- Identifying community assets/resources that promote health and improved quality of life
- Using appropriate methods and technology to interpret and communicate data to diverse audiences
- Collaborating with stakeholders to manage multisector integrated data systems

#### Overall Scores

2009: 13%    2016: 53%    2023: 44%

#### Model Standard Scores



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#### Strengths

- The CHNA is conducted at the coalition's discretion, is current (updated every three years), and available online
- The CHNA has resulted in data that informs local decision makers and in development of multiple coalitions that bring new funding streams to the community
- There is access to helpful state dashboards (e.g., vaccine, COVID, flu), and registries (VacTrak, Kenai Peninsula Borough Geographic Information System (GIS) system, US Census, Denali Commission for Alaska data, and opioid prescription)

#### Challenges

- Many do not know about the existence of the CHNA, and it is left to live on a website or in a binder
- Data is outdated on community and state dashboards, or there are large gaps in time
- Technology is disjointed and underutilized
- Lack of knowledge and understanding around data collection and tracking
- Data is not comprehensive or accurate to the local level, in part due to limited local data from state/national registries, unincorporated communities, small communities in which data is aggregated, restrictions of opt-in data hubs, and Health Insurance Portability and Accountability Act (HIPAA) regulations
- Data may be inaccurate based on insurance providers and requirements, or inaccurate use of the Homer zip code
- Lack of comprehensive data results in gaps populations represented (e.g., Tribal communities) and challenges identifying disparities

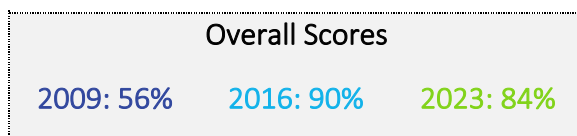
### Opportunities for Improvement

- Greater use of the CHNA through promotions via the agency and community (Kenai Peninsula Borough Assembly, city, decision makers) and public access to data and dashboards on the website
- Improve presentation of CHNA data through shorter reports, more infographics, and dashboards to show real time trends
- Improve data collection, ability to identify inequities, and track progress by providing data systems training, increased local level data, integrated medical record systems, and data modernization

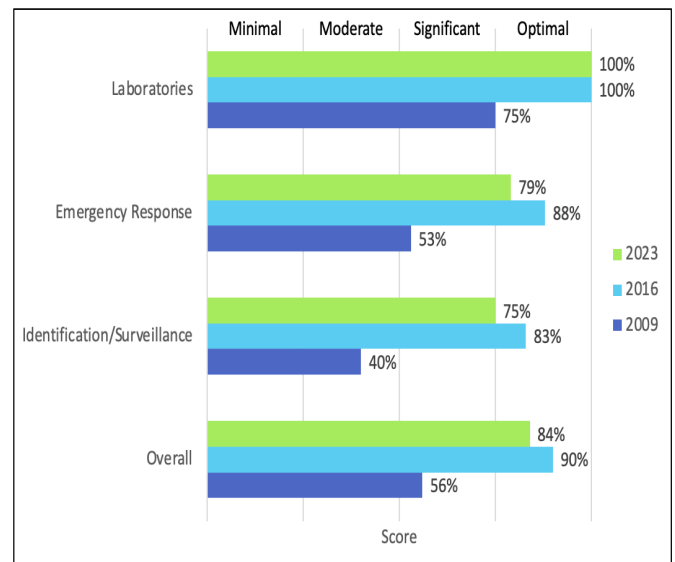
### Essential Service 2: Diagnose and Investigate Health Problems

#### This Essential Service includes:

- Accessing a public health lab to conduct rapid screening and high-volume testing
- Establishing active infectious disease epidemiology programs
- Creating technical capacity for epidemiologic investigation of disease outbreaks/patterns



#### Model Standard Scores



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## Strengths

- There is good access to and expedited flow of surveillance data from multiple sources, including the local hospital and emergency department, local clinics, and home health, and availability of 20 clinical surveillance statewide measures. These were improved over the COVID-19 pandemic
- Effective infrastructure for translating assessment to awareness and response, including the Incident Command Structure which adjusts in size and scope to meet the actual and anticipated needs of jurisdictions/communities, and inter-agency connections (e.g., between SPH Infection Control and Public Health for COVID and Monkeypox)
- Established contact tracing program, strong chain of custody for specimens, prioritization of lab testing within local, private, and state labs
- Emergency response plans exist within hospital, health care, home health, and schools, including for evacuation and active shooter response
- Emergency response is strengthened by community experiences with multiple natural disasters, vulnerability assessments, trainings, and quality improvement
- The local system and communication are bolstered by the relationships, technology (phones, texting), Incident Command Structure, and local radio

## Challenges

- Lacking data specific to Homer and SPH, and smaller census designated places
- Lacking surveillance for noncommunicable disease, health literacy, structural racism, injury

- Challenges using public health data to predict threats due to reactive and delayed systems
- Geography creates a challenge for access to care, investigation, and surveillance of public health threats
- Ongoing workforce shortages (e.g., Fire Department ongoing recruitment) cause challenges planning for emergency response
- Quality improvement on emergency response is challenging and not acted upon due to emotional burnout, workforce turnover, and challenges recalling all response activities
- Health risks increased by unvaccinated populations and limited housing to contain communicable disease, complicated by seasonal population changes
- COVID response challenges relating to discontinued Ravn airline service in Homer; understaffed Alternate Care Site for COVID response set up by the hospital; overwhelmed SPH COVID testing during the Delta wave, and peak contact tracing response methods
- Limited resources for folks receiving adult protective services

## Opportunities for Improvement

- Retrieve Outcome and Assessment Information Set (OASIS) assessment and other data surrounding clinical intake screenings
- Work with the Environmental Sector to outline threat and resilience public health factors
- Make improvements promptly following the After Action Reports
- Re-initiate child swim and safety programs

- Increase access to data for noncommunicable disease, clinical intake screenings, and OASIS assessment
- Improve collective response to noncommunicable disease (e.g., obesity, cancer, heart disease)

### Essential Service 3: Inform, Educate, and Empower People

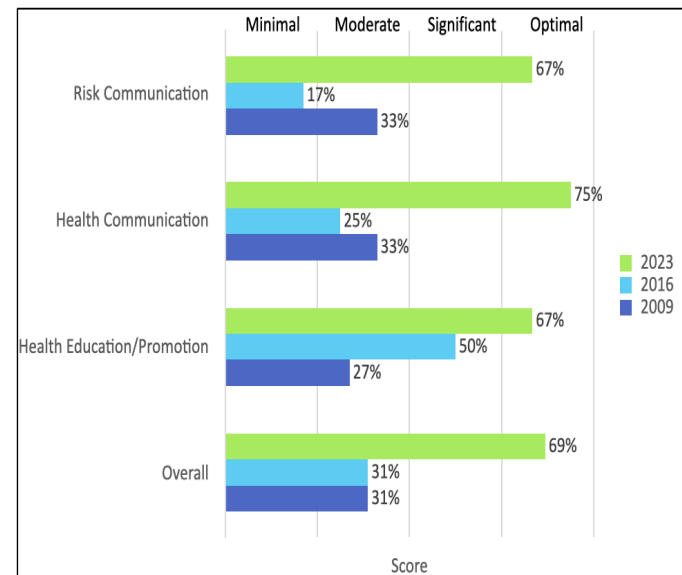
#### This Essential Service includes:

- Creating community development activities
- Establishing a social marketing and targeted media public communication plan
- Providing accessible health information resources at community levels
- Reinforcing health promotion messages/programs with healthcare providers
- Working with joint health education programs

#### Overall Scores

2009: 31%    2016: 31%    2023: 69%

#### Model Standard Scores



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#### Strengths

- Cooperation and collaboration across the LPHS, including through public meetings, regular meetings with the state, results in getting the word out, sharing information about services, and sharing skills
- Strong public health communications with shared messaging including across the bay, through Extension for Community Healthcare Outcomes (ECHOs), and through contact with families



- Tools and resources including media, newsletters, websites, printed materials, posters, Kenai Peninsula Borough alerts, connections with the city
- A broad definition of health and creative offerings to promote wellness and prevention
- COVID resulted in greater willingness to participate in IT and technology, knowledge of National Incident Management System (NIMS) and Incident Command System (ICS), and telehealth
- Local plans are adaptable

### Challenges

- Unclear how to sustain the collaboration and cooperation that resulted from COVID
- Many offerings were on hold during COVID
- Youth is high-risk group without gathering space, limited services outside of downtown
- Limited access to local, current data makes it difficult to know local need or update plans and systems
- Some individuals alienated without access to electronic enrollment and delivery or cell phone messaging
- Challenges with messaging and education include: exclusion of at-risk groups, lack of LPHS coordination to stay on message, varying messaging protocols across agencies, complexity of messaging, complex approvals to provide health education, and lack of public interest

- Insufficient workforce
- Areas outside of a service area are not tied into emergency response
- Emergencies not inclusive of cancer, chronic disease, racism, etc.
- Communicable disease tracking systems are siloed, state registries don't communicate
- Band-aid approaches skip or miss information that might lead to risks
- Some don't have back up for technology

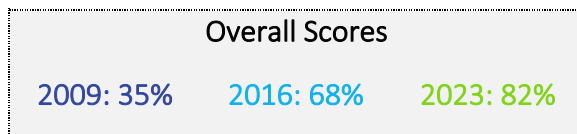
### Opportunities for Improvement

- Relax state regulations for classroom health education or rely on outside educators
- Acquire grants or funding to resume activities, support messaging and programs for high-risk populations, help those in need participate, and remove barriers, including recovery populations and those in outlying areas
- Modernized data collection, tracking, and recording of work
- Invest in a universal public health communications plan to coordinate agencies and inform the workforce across a variety of platforms
- Trainings on incident management/command/emergency preparedness
- Leverage technology including YouTube station for health, telehealth in schools, digital/social platforms for parents
- Review, evaluate, and reinstate protocols regularly to reduce risk

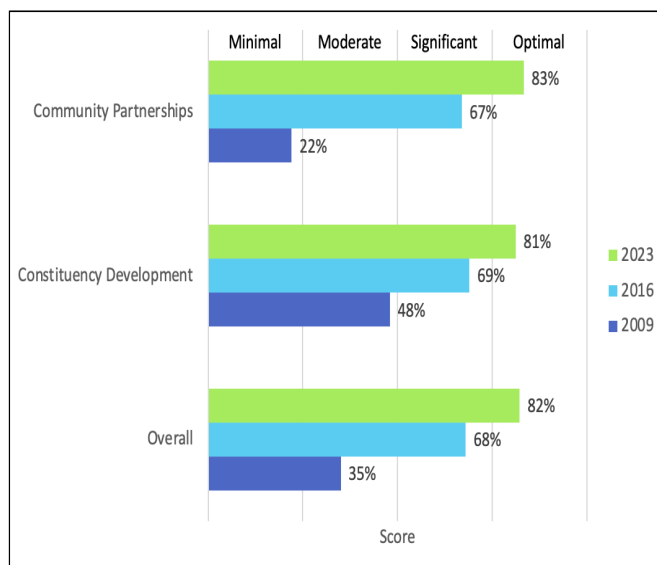
## Essential Service 4: Mobilize Community Partnerships

### This Essential Service includes:

- Convening and facilitating partnerships among groups and associations
- Undertaking defined health improvement planning process and health projects
- Building a coalition to draw on the full range of potential human and material resources to improve community health



### Model Standard Scores



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### Strengths

- Cross-sectoral (nonprofit, for profit, businesses, public), growing partnerships fueled by small town relationships and asking, “who’s missing?”, support strategic pursuit and alignment of resources, and shared ownership of MAPP
- Multiple outlets and formats to share information including public health newsletters (MAPP, SPH), MAPP interagency updates (including Emergency Services Booklet)
- Innovative community engagement with multiple points of engagement and formats
- Increased awareness of public health issues, in part through KBBi Radio collaboration, including around substance misuse, housing, food insecurity, and employee mental health
- “Perceptions of Health Survey” since 2008 repeated every 3 years
- Resource directories for individuals and families, including one through the Department of Labor
- Strong coalitions including a homeless coalition, and the long lasting Resilience Coalition with youth-led initiatives
- Community is better at stopping to reflect intentionally and evaluate before moving forward strategically
- Broad definition of health within MAPP has been adopted and bolsters individual and organizational efforts

### Challenges

- Evaluation takes time away from the work itself
- Hard to measure public health evaluation metrics, and capture qualitative data and stories

- Resource directories are too long or out of date, making it challenging for users to access resources or find contact information for agency leadership
- Challenges connecting with new partners and individuals due to perceptions of a closed community, social atrophy from COVID, convenings during work hours
- Challenges sharing information about public health issues because it is unclear what would motivate most people, and existing channels don't reach everyone

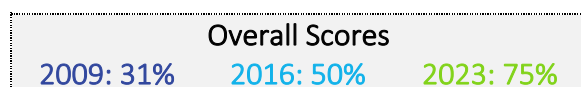
### **Opportunities for Improvement**

- Strengthen, expand, and align existing relationships (e.g., with local business partners, youth-led initiatives) and align through mutually beneficial pursuits and shared workspaces
- Expand community, in-person events (e.g., bike rodeo, Rotary Health Fair) for more connection and information sharing
- Never lose faith, hope, belief that what you are doing makes a difference
- Strategically consider future metrics (e.g., volunteerism)
- Capture stories to encourage emotional connections and involvement
- Data held by local coalitions and entities can be acted on more quickly
- Meet people where they are

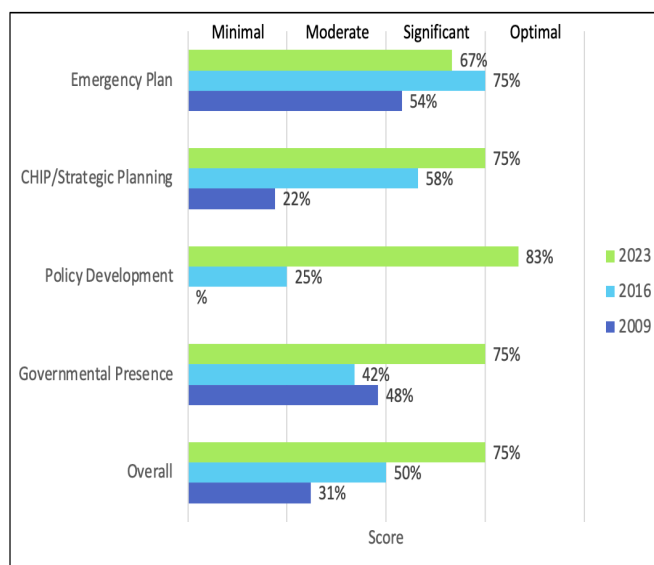
## Essential Service 5: Develop Policies and Plans

### This Essential Service includes:

- Ensuring leadership development at all levels of public health
- Ensuring systematic community-level and state-level health improvement planning
- Developing and tracking measurable health objectives as part of a continuous quality improvement plan
- Establishing joint evaluation with health care system to define consistent policies
- Developing policy and legislation to guide the practice of public health



### Model Standard Scores



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### Strengths

- Updated plans including: Joint Information System (JIS) Plan, Point of Dispensing (POD) plan tested in December 2018, All Hazards Plan revisited in City of Homer
- Emergency Operations Center (EOC) and other systems for emergency response activated smoothly and are refined over time
- There is a culture of wellness in SKP and longstanding engagement across the state
- High recognition of MAPP and continued progress on CHNA every three years (including 3 iterations of LPHSA since 2009) and alignment with Healthy People 2030 metrics
- Routine engagement of partners that expands beyond MAPP Steering Committee; collaboration of Alaska Department of Health with Tribal governments; existence of recovery community; South Peninsula Hospital involvement with the community
- Strong advocacy efforts due to state statute requiring prompt communication from local to statewide to policymakers; from community members to City of Homer (e.g., regarding community recreation needs), policymakers (e.g., LPHS discussing houseless challenges and opportunities), Public Health Nurse and South Peninsula Hospital presentations to Homer City Council, and improved tsunami zone response efforts in response to recent studies
- Local resources including Homer Police Department, State Troopers, local hospital tax revenue, Public Health Nurse in Homer within Homer Public Health Center
- Local Public Health Nurse office contributes to Public Health Accreditation Board (PHAB)

### Challenges

- City of Homer does not have Health Powers, and would require more resources if they did
- The community Point of Dispensing (POD) Plan, when operationalized during peak COVID response, didn't include action from all players. There were limited resources, shifts in liability, and an unexpected long-term nature
- Response plans assume access to resource pool

### Opportunities for Improvement

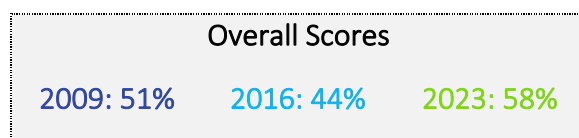
- Greater collaboration of municipalities, borough, and Tribal governments on noncommunicable diseases

- Outline the pros/cons of municipalities having Health Powers
- Create a comprehensive, long-term recreation system for the community
- MAPP Steering Committee organizations and other organizations could outline and commit to specific CHIP components at the outset
- Create Community level dashboards
- Make realistic resource allotments for Preparedness and Response Plans
- Revisit content, testing, and long-term response within Point of Dispensing (POD) plan
- Incorporate Community Emergency Response Team (CERT) into training
- Joint planning, and revisiting plans, with partner

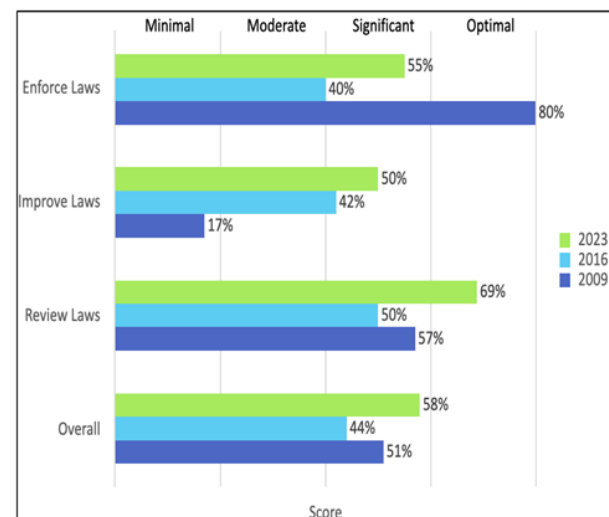
## Essential Service 6: Enforce Laws and Regulations

### This Essential Service includes:

- Enforcing sanitary codes
- Protecting drinking water supplies and enforcing clean air standards
- Monitoring quality of medical services
- Following up on hazards, preventable injuries, and exposure-related diseases
- Reviewing new drug, biologic, and medical device applications



### Model Standard Scores



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## Strengths

- Local groups do community education, loan equipment and resources, or provide free or reduced rate, for prevention
- Occupational Safety and Health Administration (OSHA) study on onboard emergency response to identify laws to eliminate, with data from Musculoskeletal Disorders (MSD) reports and Fire/Emergency Medical Services (EMS)
- Local public health department has power to enforce by going through the state office
- Occupational health and safety onboard vessels is a growing regulation at the congressional level and coast guard level (e.g., USCG has Memorandum of Understanding [MOU] with CDC to enforce quarantines on vessels, and prevent docking, for communicable disease.)
- Effective mandated reporting for communicable diseases, and requirements are easy for healthcare providers to find
- Federal changes announced on the federal register; no state or local tracking regarding most entities
- City, Borough and State have attorneys
- Statewide data collection and analysis, annual surveys, accreditations, data from Department of Health Services to inform decision making
- Strong vaccine and public health compliance in school district
- Tribal communities have power to control their community decision
- Sharing of policies, online ECHOs, educational events and online trainings (e.g., regular bulletins to boating

community, USCG event teaching boat safety, Safe & Healthy Kids Fair, local community group education)

## Challenges

- On-board maritime events are on the rise
- More regulations needed for: reservoir, wetlands, fishing vessel safety, recreational boating , local building codes for residential homes (indoor air quality, fire marshal codes)
- Lack of legislative power: local and borough government does not have health powers, there are no laws to prevent the top leading causes of death
- Flow of information hindered by reliance on relationships, email/electronic communications
- Reactive approach in changing systems, and tracking what was missed, not what was done; reviews were delayed due to COVID
- Lack of enforcement, including for non-commercial Fire Marshall investigations, smoke alarms, due to law enforcement not having training on the subject, turnover and vacancies, challenges in a large, remote state

## Opportunities for Improvement

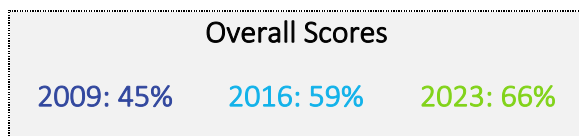
- Require boating education card in order to get a slip at the harbor or use the boat launch
- Address non-communicable diseases and health literacy through laws, regulations and ordinances, and enforce laws around communicable disease



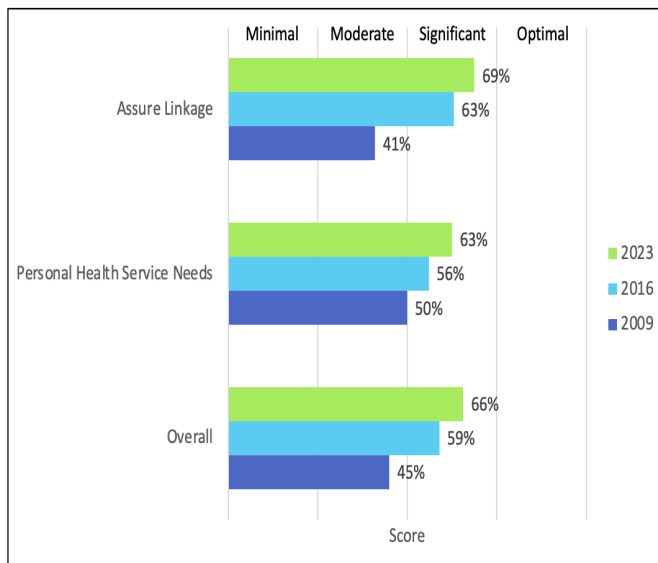
## Essential Service 7: Link to Health Services

### This Essential Service includes:

- Ensuring effective entry for socially disadvantaged/vulnerable persons into a coordinated system of clinical care
- Providing culturally/linguistically appropriate materials/staff to ensure service link for special population groups
- Ensuring ongoing care management
- Ensuring transportation services
- Orchestrating targeted health education/promotion and disease prevention to vulnerable population groups



### Model Standard Scores



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### Strengths

- Patient surveys are available in most medical homes
- Many health facilities offer grievance procedures
- Opportunities exist to make healthcare more accessible: Free Rotary Health Fair, Safe & Healthy Kids Fair, pop-up health education events, sliding fee scale model
- Medication Management Information System (MMIS) is an online portal for organizations to research healthcare coverage for individuals, and is available to hospitals, public health, family planning, Seldovia Village Tribe (SVT)
- Organizations have strong relationships as a whole as well as between individuals, and therefore can share information, education, awareness, whether through a resource pamphlet or informal referral system

### Challenges

- Insular roles within organizations, creating potential lack of awareness outside patient interactions
- Challenges reaching individuals with barriers, and understanding the barriers
- Repercussions of Medicaid challenges are felt on the local level
- Grant applications ask for local data that is not as accessible as state data
- Lack of staff to meet the need of organizations
- Reactive approach to challenges only when they rise to the surface vs. a centralized focus on upstream prevention
- Individuals referred to other services could slip through the cracks, and intake packets can create barriers if cumbersome

### Opportunities for Improvement

- Decrease barriers to care (transportation, need for technology, and cost)
- Streamline care across organizations with a universal intake packet and connected patient portals
- Access to accurate data at the local level
- Advocates needed for individuals accessing healthcare for the first time to navigate the system, communicate, and be linked to services
- Increase awareness of organizations' offerings/resources, and healthcare coverage accessibility to the community
- Face-to-face meetings for organizations and increased avenues for them to evaluate their work together as well as identify areas for improvement
- Prepare for turnover with clear, defined rules of each role within agencies

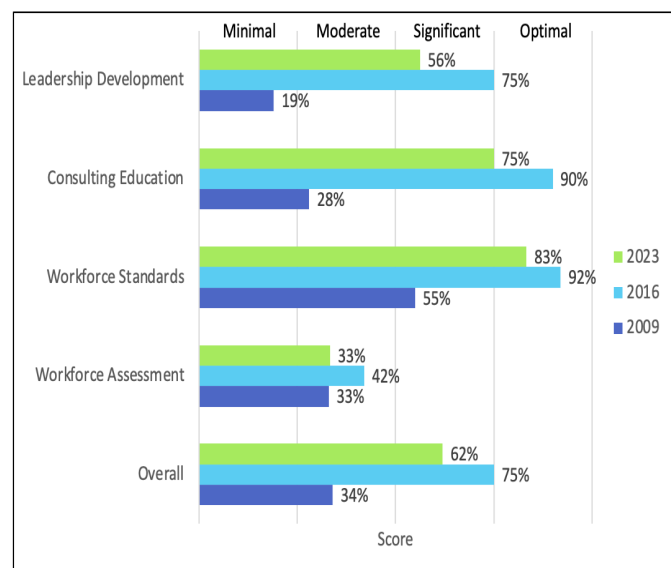
### Essential Service 8: Assure a Competent Workforce

#### This Essential Service includes:

- Educating, training, and assessing personnel to meet community needs for public and personal health services
- Establishing efficient processes for professionals to acquire licensure
- Adopting continuous quality improvement and lifelong learning programs
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences
- Continuing education in management/leadership development for administrative/executive personnel

| Overall Scores |           |           |
|----------------|-----------|-----------|
| 2009: 34%      | 2016: 75% | 2023: 62% |

#### Model Standard Scores



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#### Strengths

- Monitoring of vacancies by local public health office (informal) and statewide (tracking vacancies)

- Participation in assessments and studies including: SPH in workforce burnout, Alaska Healthcare Association 2022 assessment, hospital in statewide assessment, Foraker non-profit assessment The assessment data is used to support plans for using existing staff training to fill in the gaps
- Most local employers use state or federal guidelines, and the state public health requirements and standards have been streamlined. For example, there are reduced educational requirements to be hired at SPH, including “earn to learn” for Certified Nursing Assistant (CNA) licensing program
- There are opportunities to have certifications paid for including: 2-year certifications from Department of Labor, extra wage for SPH current employees who get more certifications, 100% tuition for nursing training from SPH, Continuing Education Units and licensing from the South Peninsula Behavioral Health Services (SPBHS), sign-on bonuses from employers
- Opportunities including new certifications for peer support (alcohol, drug use), online trainings and connections; internal trainings for staff at SPBHS, which are also offered to neighboring organizations, using internal subject matter experts and external trainers; SPH has an internal education department with elective and required staff training
- MAPP brought strong collaboration, cultural difference appreciation, 8 Dimensions of Wellness, Social Determinants of Health (SDOH), and a shared community vision, which is shared by local members. It also redefined “wellness”, broke down silos, and attracted people from across the spectrum

- The level of engagement of the community in identifying workforce needs is high
- SPH has been developing a succession plan and training all levels to help fill leadership positions

### Challenges

- Prior assessments are no longer relevant due to changes in healthcare. For example, there is a desire to shift from numbers to overall population impact
- Workforce shortages due in part to lack of nurses leaving bedside due to post-traumatic stress from the pandemic, shortage of applicants, staff challenges getting jobs posted. They will continue as demand increases. Seasoned and experienced nurses are needed to fill current seats
- No formal local assessment done regularly
- Shortage of instructors due to less desirable salary and workload, which causes limited seats in the university
- Reluctance to reduce job qualifications for fear of threatening quality, and standards have been lowered as employers try to cope with shortages (keeping “bodies” regardless of job standards)
- Some promoted into leadership positions without the leadership skills
- Aging LPHS workforce means many are reaching retirement age

### Opportunities for Improvement

- Trainings including: community wide leadership training, workforce training on Social Determinants of Health
- Relocate individuals from Anchorage workforce to here
- Reduce certification requirements without compromising quality of services

- Incentivize professionals to move from field work into professional education, and add preceptor programs
- Local health coalition steering committee outreach
- Succession planning for individual pieces of the LPHS
- Get MAPP message to new hires within agencies, such as SPH

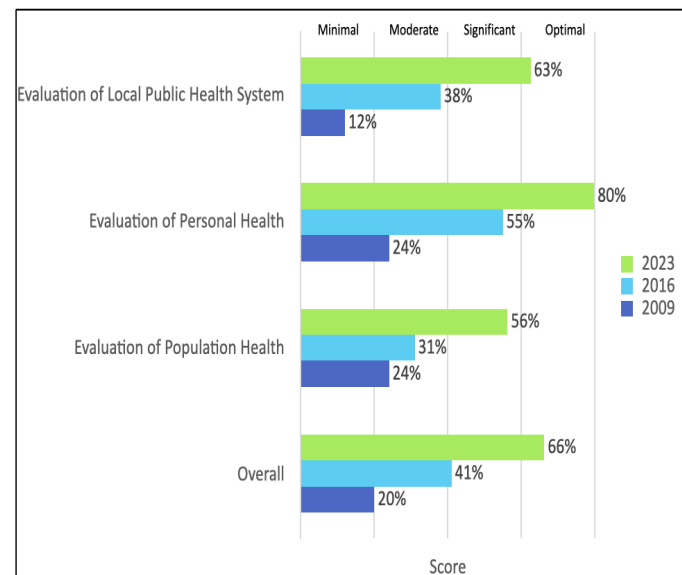
## Essential Service 9: Evaluate Services

### This Essential Service includes:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect
- Providing information necessary for allocating resources, reshaping programs



### Model Standard Scores



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### Strengths

- Ongoing evaluating and reporting supported by an incentive based system
- Useful methods to connect include ECHO, agency staff listservs
- Some processes are regulated or mandated, including agency specific accreditation processes (Commission on Accreditation of Rehabilitation Facilities [CARF] every 3

years), site reviews by regulatory agencies for hospital, Seldovia Village Tribe (SVT)

- Evaluation methods are quantitative and qualitative, and include: self-evaluation within agencies, personal services evaluation (e.g., surgical site infections, primary care association data, Centers for Medicare and Medicaid Services [CMS] data), hospital surveys, community substance abuse tracking, individual personnel evaluations, digital/text patient satisfaction surveys, appointment availability tracking; infections, social determinants of health, and services reporting
- Useful systems include state information exchange, the required Automatic Identification and Monitoring System (AIMS) statewide system for addiction/recovery, and the Electronic Health Record (EHR) which updates periodically to reflect changes in reporting or reimbursement requirements
- Data, both positive and negative feedback, is used to make changes (de-identified survey data in hospitals; using appointment availability to make changes in staffing, facility/appointment times; SVT reviews referral numbers to make changes to care; VaxTrak follows patients as they move around the state to determine changes)
- Partnerships are managed with Memorandum of Understanding and referral tracking, and they lead to community-wide shared resources and monitoring of public health needs, and relationships are evaluated by MAPP every 3 years
- There is also an informal network for addressing individual needs and highlighting

gaps, and community members are comfortable speaking up about needs

### Challenges

- Challenges with platforms – it's hard to get entities to buy in to the state information exchange when there are others available from large organizations; and the hospital uses multiple platforms which can be overwhelming
- Misconceptions between medical home vs. public health
- Statewide data does not represent local area well, and it's difficult to advocate for more local data
- Reactive vs. proactive approach to addressing health outcomes and social determinants of health. Can lead to people falling through the cracks (e.g., in substance disorders when assessment data is delayed)
- Outdated, time-consuming reporting and data management platforms
- Reporting and surveying on hold due to COVID
- Difficult to access metrics for: sub-populations, health literacy, structural racism, non-communicable diseases. Some measurements are based on current standards of practice, but are legislated
- Assessment needed for: sharing of information, linkage mechanisms between providers, COVID partnerships/coordinated use of resources, partnership evaluations (outside of MAPP); potential patients; gaps in service delivery. Hospitals could share more data on obesity and smoking
- Assessments could be shared more widely with considerations for certain populations and health literacy levels
- Lacking partner representation (e.g., environmental, spiritual, tribal sector, old believer communities), and meeting

times/logistics may make it challenging for some to be present

- Programs sometimes generated by revenue potential, funding streams, or individual needs rather than population needs; similarly, some systems are based on ICT-10 codes for billing rather than outcome-specific

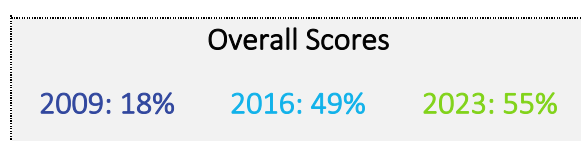
### **Opportunities for Improvement**

- Perception that a CHNA is not needed if goals are met
- Need for more data – the Service Area Board could use more data reflecting community needs. Could create a dashboard for local health metrics, and the MAPP Steering Committee could share more trends in public health information among member organizations
- Formally evaluate the information exchanged informally based on specific needs
- Collaborate on priorities based on considerations for grant funding or strategic planning

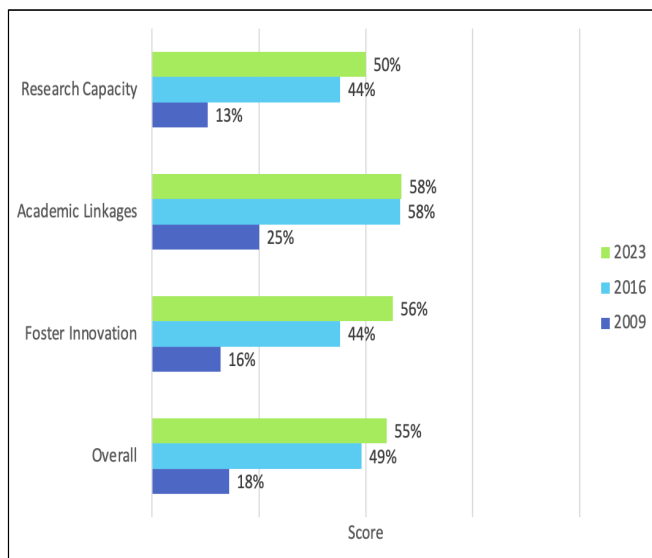
## Essential Service 10: Research and Innovations

### This Essential Service includes:

- Establishing a full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice and encouraging new directions in research
- Linking with institutions of higher learning and research
- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research



### Model Standard Scores



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### Strengths

- Ample research findings from COVID studies to work with – e.g., health literacy and disparities spanning the population

- Our community is unique and has the capacity to tailor services to meet the needs of individuals in unique ways. For example, using home health, or bi-weekly state ECHO calls during the pandemic to level up communication across various platforms. There are many resources within Homer to help improve health.
- The pandemic changed the way education has been offered to the community (e.g., Kenai Peninsula College greatly expanded services and alternative methods of delivery)
- Individuals are highly engaged with community efforts, especially individuals within community organizations (e.g., Kenai Peninsula College is a hub and shares space with SPH, reducing cost barriers and increasing accessibility; the University of Alaska system is stackable and strong)

### Challenges

- Instability hinders workforce progress (high turnover rate, time to train/onboard new employees)
- Research and findings are siloed, or not shared in a way that is easy to understand
- Planning and implementation of community wide cohesive/streamlined services takes staffing and buy in, and requires a maintained platform for sharing findings and resources so that all know the issues
- Primary care on a local level is very divided, there is a lack of connection between clinics

### Opportunities for Improvement

- Community dashboard for organizations to share and receive information to increase collaboration between providers across care sectors
- Create more connections and align resources between partners to improve service delivery, through more conversation, identifying top concerns



across primary care providers, generating buy-in, mapping out connections/roles, annual/bi-annual meetings, and initiating new conversations between partners

- Increase opportunities to maximize use of the workforce's essential skills; partner with University of Alaska students in Masters programs to engage in local data collection

## Community Health Status Assessment

### Demographics

- Between 2020 and 2023, the Southern Kenai Peninsula (SKP) population grew by 2.4% (361) which is almost twice that of the state and nation. The SKP population is projected to continue to grow, with an estimated 4.2% growth projected between 2023 and 2028.
- There are more males than females in SKP, with the largest population between the ages of 60 and 69. SKP is predominately White and is less diverse in comparison to the state.
- The median age for SKP is 44.3, five years from now the median age is projected to be 45.1 indicating an aging population.
- A higher percentage of SKP residents are living in family households in comparison to prior years with a percentage comparable to that of the state and nation.
- In 2020, the veteran population in SKP (10.8%) was lower than the state (12.6%) but higher than the nation (7.5%).
- In 2023 it is estimated that 31.5% of the SKP population has a bachelor's degree or higher level of educational attainment.
- 5.8% of families are estimated to be living in poverty in SKP in 2023 which is lower compared to the state (6.8%) and nation (8.8%).

### Health Status

#### *Status Improving*

- Kenai Peninsula (KP) residents reporting physical health not good with average number of days decreasing from 4.4 in 2021 to 3.9 in 2022.

#### *Status Not Improving*

- KP residents reporting health as Fair or Poor (increased from 13.5% in 2020 to 16.5% in 2021).
- KP residents with frequent physical distress in 2022 (12.1%) remains higher than the state (9.9%).

### Access to Quality Health Services

#### *Status Improving*

- KP residents receiving a routine checkup increased from 63.2% in 2020 to 66.2% in 2021.
- KP residents with a personal care provider increased from 67.9% in 2020 to 80.2% in 2021.
- KP uninsured adults decreased from 15.5% in 2021 to 13.8% in 2022.
- SKP students were more likely to have seen a dentist in the past year (72.6%) compared to their peers across AK (69.2%).

#### *Status Not Improving*

- KP residents who had a dental visit in the past year decreased from 61.0% in 2018 to 56.2% in 2020 and was lower than Alaska (62.9%).

### Barriers to Healthcare

#### *Status Not Improving*

- KP residents with an unmet medical need due to cost increased from 6.9% in 2020 to 10.4% in 2021.

### Chronic Disease

- 2021, leading causes of death in SKP were diseases of heart (38 deaths), malignant neoplasms (37 deaths) and COVID-19 (25 deaths).

### Status Improving

- KP cancer incidence rate for all sites has been decreasing since 2017 (471.1) to 2020 (419.8).
- KP cancer mortality rate for all sites has decreased since 2018 (179.3) to 119.4 in 2020, which is lower than AK (143.1) and the Healthy Alaskans Target of 127.4.

### Status Not Improving

- KP residents with a cancer diagnosis increased from 11.3% in 2020 to 13.1% in 2021 which was higher than AK (9.6%).
- KP residents with coronary heart disease increased from 3.2% in 2020 to 4.6% in 2021 which is higher than AK (3.1%).
- KP residents who have had a heart attack (5.0%) higher than the state (3.0%).
- KP adults with high blood pressure increased from 33.6% in 2020 to 39.5% in 2021, higher than AK (30.6%).
- KP adults with chronic obstructive pulmonary disease (COPD) increased from 7.8% in 2020 to 8.6% in 2021, higher than AK (5.9%).
- KP adults with asthma increased from 11.4% in 2020 to 13.6% in 2021.
- KP adults with kidney disease increased from 1.8% in 2020 to 3.1% in 2021, higher than AK (2.3%).
- Higher percentage of SKP students have been told they have asthma (20.8%) compared to students across AK (17.7%).
- Higher percentage of SKP students considered overweight or obese (34.3%) compared to students across AK (29.8%).

### COVID-19

- In 2022, the KP COVID-19 death rate was 28.7 compared to 35.7 for AK.
- South Peninsula Hospital (SPH) had 18 COVID-19 related deaths in 2021 and 3 in 2022.
- Mammograms decreased at the SPH in 2020, while heart related ER visits increased.

### Physical Activity and Nutrition

### Status Improving

- SKP students more likely to have daily serving of fruits and vegetables (10.6%) than the state (9.5%) and less likely to drink sugary beverages (47.0% compared to 49.1%).
- KP adults considered obese decreased from 33.0% in 2021 to 27.4% in 2022 lower than AK (30.7%) and close to the Healthy Alaskans Target (27.0%).

### Status Not Improving

- KP residents with access to exercise opportunities decreased from 86.5% in 2019 to 58.6% in 2022.

- KP adults receiving daily serving of fruit and vegetables has been decreasing since 2017 (20.5%) to 2021 (14.7%).
- In 2022, KP residents with food insecurity (13.5%) higher than AK (11.9%) and the Healthy People 2030 Goal of 6.0%.
- KP residents with limited access to food increased from 5.8% in 2021 to 7.9% in 2022.

## **Tobacco Use**

### *Status Improving*

- KP adults using smokeless tobacco decreased from 8.6% in 2020 to 4.6% in 2021.

### *Status Not Improving*

- KP adults who are current smokers remains higher than AK (19.9% vs. 17.3%) and well above the Healthy People 2030 Goal of 6.1%.
- Higher percentage of SKP students are currently using cigarettes (11.1%) compared to AK peers (7.5%).

## **Mental Health and Substance Use Disorder**

### *Status Improving*

- SKP students who attempted suicide (15.3%) is lower compared to AK peers (19.7%).
- KP driving deaths with alcohol involved has been decreasing since 2020 (31.4%) to 2022 (22.2%) and is lower than AK (36.9%).
- KP opioid use decreased from 11.6% in 2018 to 5.9% in 2019. Drug overdose deaths increased in the Gulf Coast region<sup>3</sup> between 2020 and 2021 and in 2021 (40.3) was higher than the state (35.2).

### *Status Not Improving*

- KP residents reporting mental health not good two or more weeks in the past 30 days increased from 10.0% in 2020 to 15.3% in 2021.
- KP residents reporting frequent mental distress has been increasing since 2019 (10.8%) to 2022 (14.7%) and is higher than AK (12.0%).
- Over the past 13 years the number of suicide deaths in SKP more than doubled.
- KP adults diagnosed with depressive disorder increased from 17.0% in 2020 to 23.7% in 2021.
- SKP students who feel sad or hopeless (43.4%) higher than AK (38.1%).
- KP adults reporting excessive drinking increased from 19.9% in 2021 to 22.1% in 2022.
- SKP students more likely to drink, binge drink or drive after drinking compared to AK peers.
- KP drug induced mortality rate increased from 21.0 in 2021 to 23.2 in 2022, higher than AK (18.3) and the Healthy Alaskans Target (14.2).
- KP marijuana use increased from 18.1% in 2020 to 20.2% in 2021.
- SKP students more likely to use marijuana or drive after using marijuana compared to AK peers.
- SKP students more likely to use drugs compared to AK peers.

<sup>3</sup> Due to low numbers data is not available below the Gulf Coast Region, and the numbers reported for the Gulf Coast region as considered statistically unreliable due to low numbers.

## Healthy Environment

- Residents report there is not available housing in Homer
- Business owners report the lack of housing is making it difficult to recruit employees

### *Status Improving*

- KP homicide mortality rate has remained steady and is lower than AK.

### *Status Not Improving*

- KP juvenile arrest rate increased from 23.2 in 2021 to 25.0 in 2022.

## Healthy Women, Mothers, Babies and Children

### *Status Improving*

- KP babies born at low birthweight has remained steady and lower than AK.
- KP children living in single parent households has been decreasing since 2018 (25.7%) to 2022 (18.9%).
- KP teen birth rate has decreased since 2018 (23.2) to 2022 (17.9) and has remained lower than AK (23.0 in 2022).
- KP infant mortality rate decreased from 5.3 in 2021 to 4.9 in 2022, lower than AK (5.7).
- KP child mortality rate decreased from 64.1 in 2021 to 60.4 in 2022, lower than AK (64.9).

## Infectious Disease

### *Status Improving*

- KP cancer incidence rate for all sites has been decreasing since 2017 (471.1) to 2020 (419.8).

### *Status Not Improving*

- KP chlamydia rate has been increasing since 2020 (173.0) to 2022 (264.0).
- While increasing the percentage of KP adults getting an annual flu vaccine has remained lower than AK and is well below the Healthy People 2030 Goal of 70.0%. The percentage of KP adults over the age of 65 receiving the pneumonia vaccine is well below that of AK.

## Injury

### *Status Improving*

- KP residents aged 45 and older with falls has been decreasing since 2016 (38.1%) to 2020 (33.9%).

### *Status Not Improving*

- KP injury death rate increased from 92.3 in 2021 to 95.3 in 2022.
- KP firearm mortality rate (20.1) is well above the Healthy People 2030 Goal of 10.7.
- Higher percentage of KP adults (16.7%) have firearms loaded and unlocked in their home than AK (10.3%).
- Higher percentage of SKP students could get and be ready to fire a loaded gun (67.2%) compared to AK peers (48.9%).