2023 Community Health Needs Assessment

Local Public Health System Assessment

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.

MAPP CHNA Workgroup

Claudia Haines, Kachemak Bay Family Planning Clinic
Hannah Gustafson, MAPP Coordinator
Lorne Carroll, Homer Public Health Center
Derotha Ferraro, South Peninsula Hospital
Laura Miller, South Peninsula Hospital
Raquel Eisenmann, Healthy and Equitable Communities
Cynthia West, Healthy and Equitable Communities
Annie Garay, South Peninsula Hospital

MAPP CHNA Steering Committee

Rick Abboud, City of Homer
Lorne Carroll, Homer Public Health Center
Lisa Marie Talbott, Homer United Methodist Church
Brian Partridge, Kachemak Bay Campus (Kenai Peninsula College)
Judy Kamara, Sprout Family Services
Emma Schumann, SVT Health & Wellness
Jay Bechtol, South Peninsula Behavioral Health Services
Ronnie Leach, South Peninsula Haven House
Asia Freeman, Bunnell Street Arts Center
Derotha Ferraro, South Peninsula Hospital
Kyra Wagner, Sustainable Homer
Claudia Haines, Kachemak Bay Family Planning Clinic
Hannah Gustafson, MAPP Coordinator, Elemental Consulting

Local Public Health System Assessment Participants

Essential Service 1

Mike Tupper, South Peninsula Hospital
Marissa Frank, South Peninsula Hospital Home Health
Lorne Carroll, Homer Public Health Center
Mark Ball, SVT Health & Wellness

Essential Service 2

Anna Lewald, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Cherie Inglis, SP Family Care Clinic
Sherri Cox, SVT Health & Wellness
Ivy Stuart, South Peninsula Hospital Home Health
Katie Watson, South Peninsula Hospital

Essential Service 3

Lorne Carroll, Homer Public Health Center
Robin Holmes, Ninilchik Community Clinic
Annie Garay, South Peninsula Hospital
Mike Illg, City of Homer
Kathleen Gustafson, KBBI Radio Station
Melissa Miller, Kenai Peninsula Borough School District
Analise Goedeke, Kachemak Bay Family Planning Clinic

Essential Service 4

Hannah Gustafson, Elemental Consulting
Rick Abboud, City of Homer
Adele Person, Bunnell Street Arts Center
Jay Bechtol, South Peninsula Behavioral Health Services
Mike Illg, City of Homer
Lisa Talbott, Homer United Methodist Church

Essential Service 5

Donna Aderhold, City of Homer
Mark Ball, SVT Health & Wellness
Mike Tupper, South Peninsula Hospital

Essential Service 6

Lorne Carroll, Homer Public Health Center
Nick Capuzzi, US Coast Guard Marine Safety
Jon Marsh, Western Emergency Services
Rick Abboud, City of Homer

Essential Service 7

Emily Munns, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Jane Rohr, Kachemak Bay Family Planning Clinic
Abby Ferrer, South Peninsula Behavioral Health Services
Holly Dramis, Hospice of Homer
Ivy Stuart, South Peninsula Hospital Home Health

Essential Service 8

Nancy Bishop, Alaska Department of Labor
Stacy Froese, South Peninsula Hospital
Rachael Kincaid, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Jay Bechtol, South Peninsula Behavioral Health Services

Essential Service 9

Mike Tupper, South Peninsula Hospital
Emma Schumann, SVT Health & Wellness
Lorne Carroll, Homer Public Health Center
Anna Lewald, South Peninsula Hospital
Willy Dunne, Cook Inlet Counseling

Essential Service 10

Anna Lewald, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Reid Brewer, Kachemak Bay Campus
Ivy Stuart, South Peninsula Hospital Home Health

Meeting Facilitators

Annie Garay, South Peninsula Hospital
Hannah Gustafson, Elemental Consulting
Derotha Ferraro, South Peninsula Hospital
Lorne Carroll, Homer Public Health Center
Claudia Haines, Kachemak Bay Family Planning Clinic

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[1] and Voznesenka.

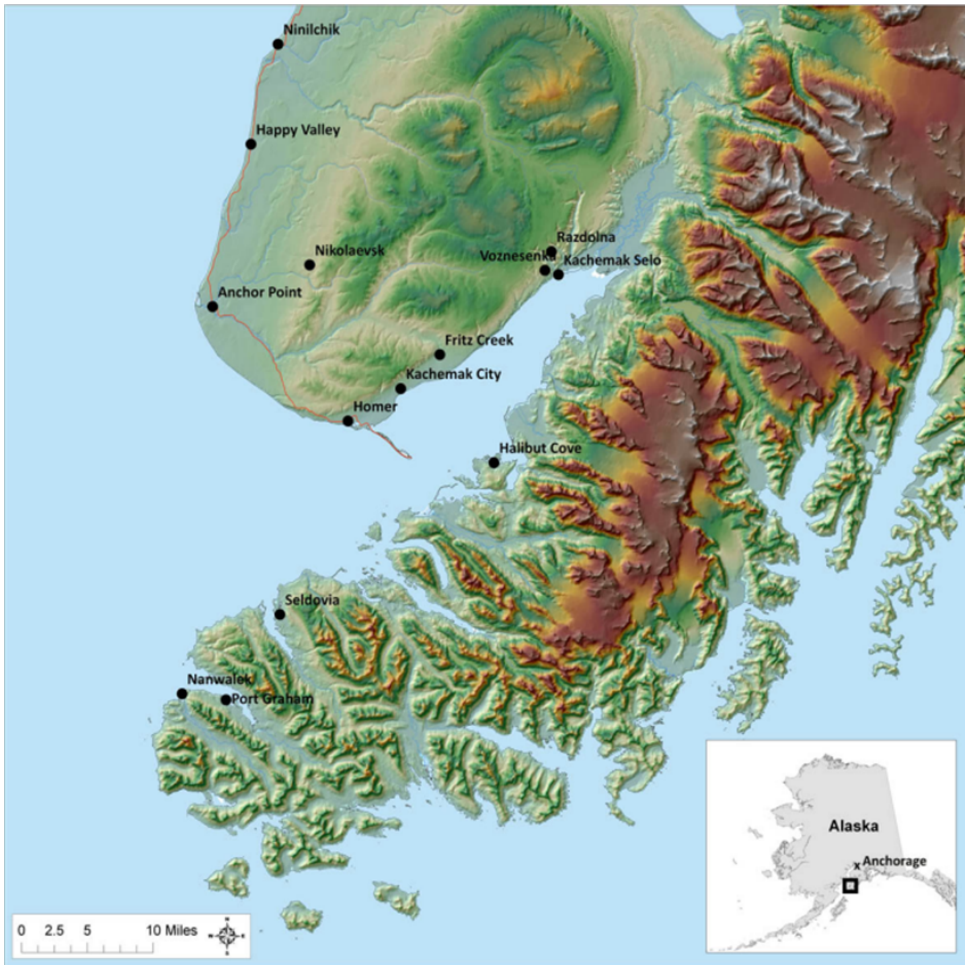


Figure 1: Map of Southern Kenai Peninsula Communities, AK

[1] Seldovia City is not included in South Peninsula Hospital's service area.

Acronyms

AK	Alaska
CDC	Centers for Disease Control & Prevention
CHNA	Community Health Needs Assessment
CHIP	Community Health Improvement Plan
KBP	Kenai Peninsula Borough
KP	Kenai Peninsula
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

Community Health Needs 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[2] 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 and 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.

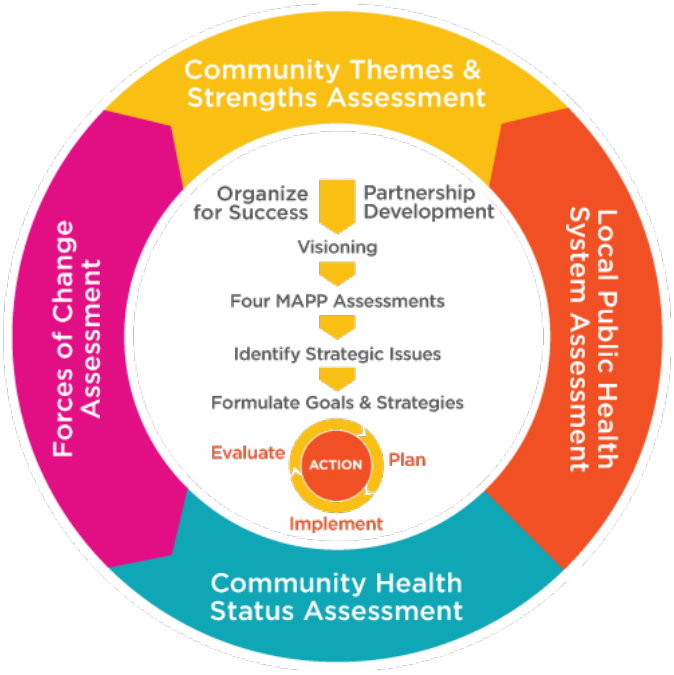


Figure 2: MAPP Framework Flowchart

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.

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.

[2] 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.

The following are the results of the Local Public Health System Assessment. To view all assessments and for additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Hannah Gustafson, MAPP of SKP Coordinator, at mappofskp@gmail.com or 907-317-2050.

Local Public Health System Assessment

Local Public Health System Assessment Planning Team

Lorne Carroll, Homer Public Health Center
Derotha Ferraro, South Peninsula Hospital
Annie Garay, South Peninsula Hospital
Hannah Gustafson, MAPP Coordinator

Instruments and Frameworks

The following tools were used during the planning and implementation process of the Local Public Health System Assessment.

MAPP 1.0 Framework

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.

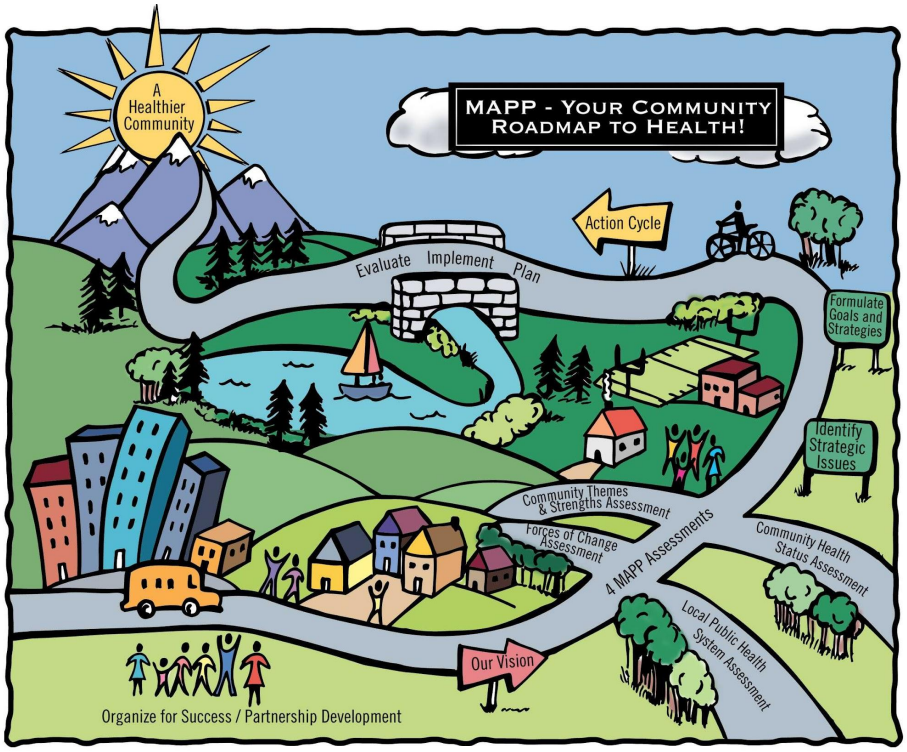


Figure 3: MAPP 1.0 Framework

National Public Health Performance Standards (NPHPS) Local Assessment Instrument3

This tool was created by NACCHO as a guide for conducting Local Public Health System Assessments. It looks at the functions of the entire "public health system," not just the local health department. The planning team also used the accompanying NPHPS documents: *Local Implementation Guide* and *Local Facilitator Guide.*

The 10 Essential Public Health Services

The planning team acknowledged the revised Essential Public Health Services from 2020. However, due to a lack of capacity and time needed to adopt the NACCHO tool to the revised essential services, the following 10 Essential Public Health Services were used (as defined in MAPP 1.0).

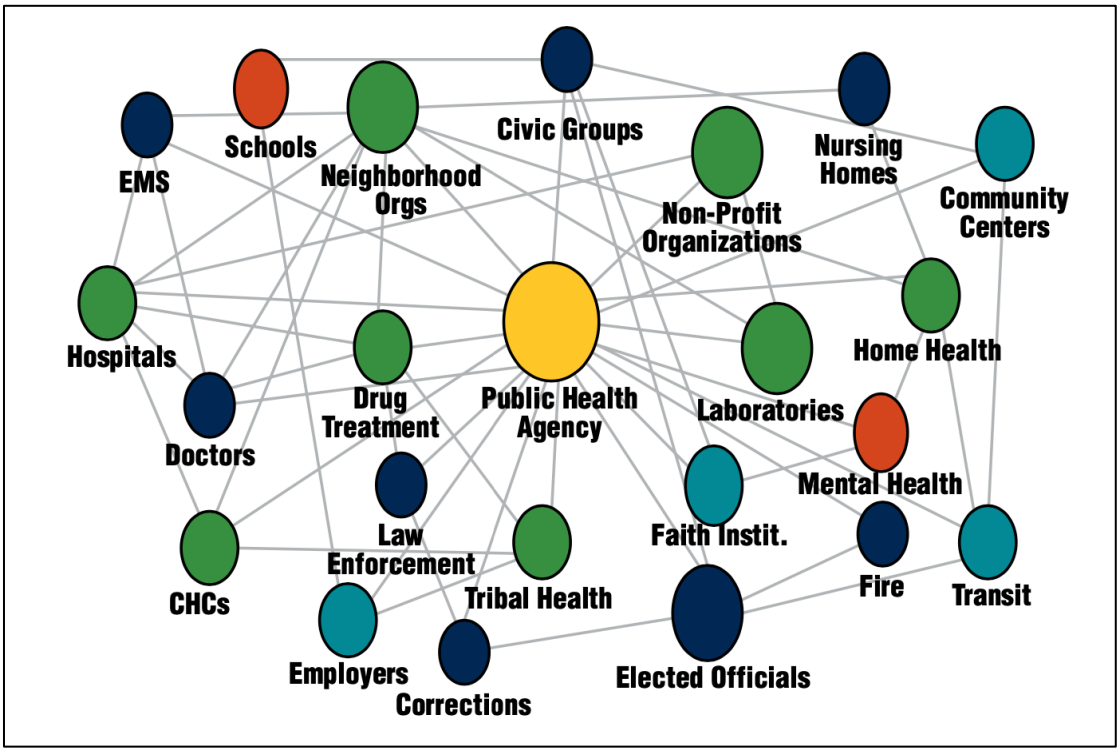
The 10 Essential Public Health Services

1. **Monitor** health status to identify and solve community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize community partnerships** and action to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce laws and regulations** that protect health and ensure safety
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable
8. **Assure** competent public and personal health care workforce
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

[3] https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/2013_1203_FINAL_NPHPS_LocalAssessmentInstrument.pdf

Methods

The LPHSA Planning Team reviewed and familiarized themselves with the National Public Health Performance Standards Local Assessment Instrument by NACCHO and used it as a guideline throughout the LPHSA Process. The group created a list of organizations and entities from the Southern Kenai Peninsula (SKP) that help make up a network or system (Figure 3) with differing roles, relationships, and interactions whose activities combined contribute to the health and well-being of the community.[4]



Note: This image is not representative of all organizations and entities involved in the LPHSA.

Figure 4: Local Public Health System Partners

The 10 Essential Public Health Services framework was utilized as a guide for selecting local organizations and entities. This framework describes the public health activities that should be attempted in all local communities. After categorizing organizations based on this framework (Figure 4), 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. The email invitations included links to When2Meet.com, a scheduler used for gathering individual availability. Meeting dates were chosen based on the majority who were able to participate. Ten meetings were scheduled over the course of a month for each Essential Service. Note: Several individuals were selected for multiple Essential Services and therefore attended more than one meeting.

[4] NACCHO. (2023). *National Public Health Performance Standards Local implementation guide*. NACCHO.org https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/2013_1203_FINAL_NPHPS_LocalAssessmentInstrument.pdf.

There was one meeting facilitator and one notetaker who captured the discussion of strengths, weaknesses, and short and long-term improvement opportunities. A PowerPoint was presented at each meeting that included CHNA and LPHSA background information, Essential Service details and definitions, the major components or practice areas of each Essential Service, and discussion questions. MentiMeter.com was used to collect participant responses.

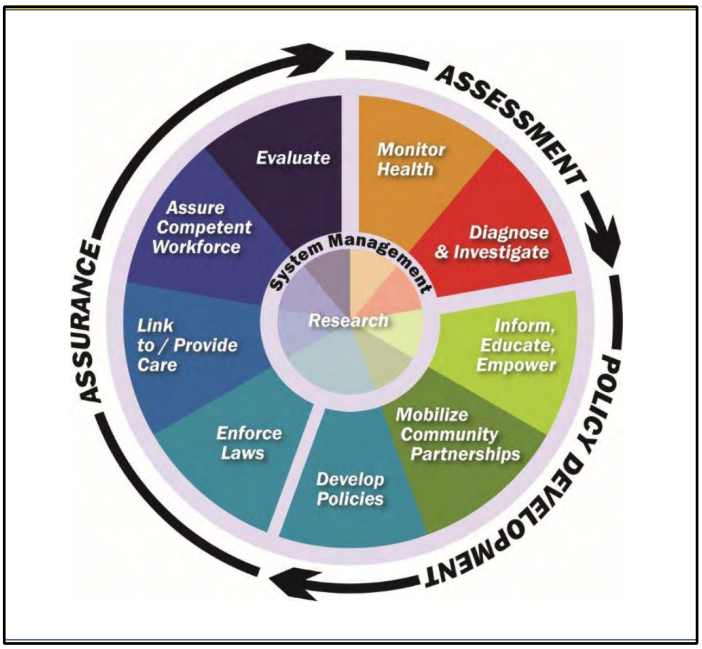


Figure 5: 10 Essential Public Health Services

The following ratings were used to rate the degree to which each Essential Service's major components or practice areas (Model Standards) are being met:

Optimal Activity (76–100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51–75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26–50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
Minimal Activity (1–25%)	Greater than zero but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Results were populated directly into NACCHO's LPHSA interactive excel file and incorporated into this document.

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.

Results

The following pages are the results from the Local Public Health System Assessment which follows a standardized national public health process consisting of 10 individual Essential Service discussions and performance evaluations. The standardized instrument provides benchmarks by which the local public health system can identify strengths, challenges, and short and long-term improvement opportunities. To view all assessments or additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Hannah Gustafson, MAPP coordinator, at mappofskp@gmail.com.

A total of 33 unique participant (50 including people who participated in multiple discussions) responses were collected during the assessment process to evaluate the Essential Service performance standards of the Local Public Health System Assessment. The overall scores are shown below in comparison to the 2009 and 2016 LPHSA scores:

Table 1: Essential Service Overall Results, Historical Results, 2009, 2016, 2023

	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%
	Average Overall Score	**33%**	**56%**	**66%**

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 12 for additional information.

Strengths, challenges, opportunities for improvement, and model standard score comparisons of 2009, 2016, and 2023 are shown for each of the 10 Essential Services on the following pages.

Essential Service 1: Monitor Health Status

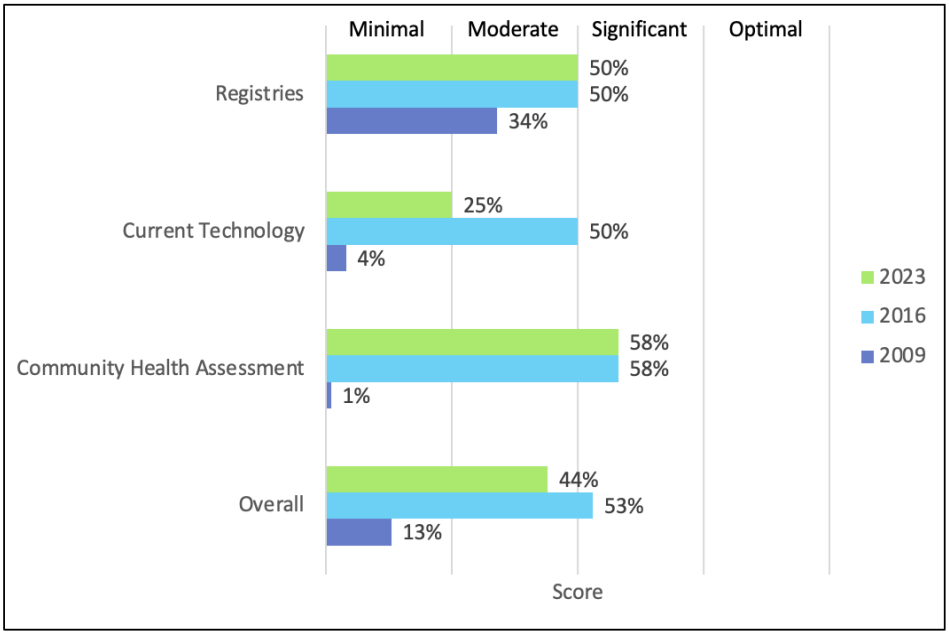
This Essential Service includes:

- 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 the 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

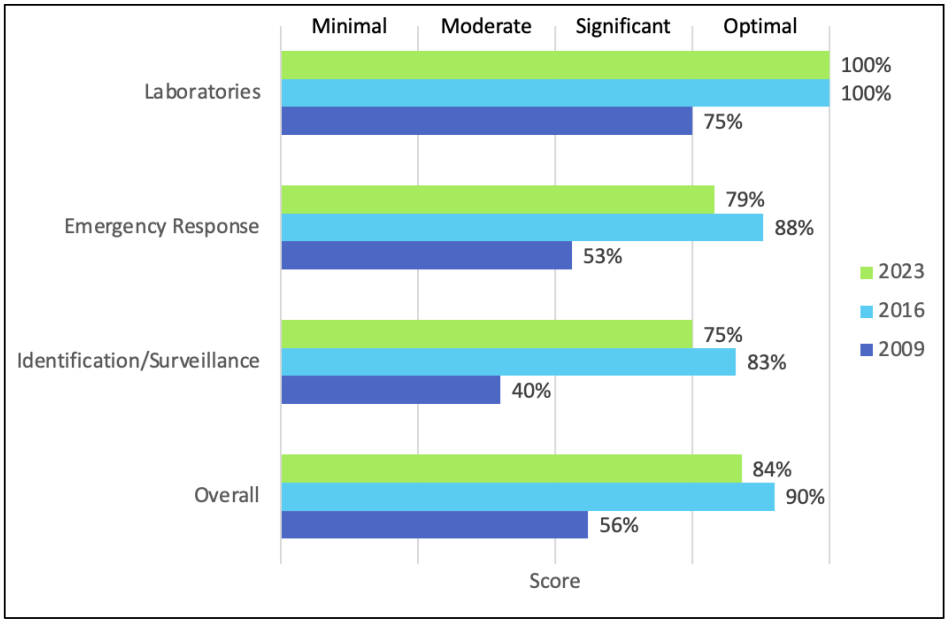
This Essential Service includes:

- 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

Overall Scores

2009: 56% **2016: 90%** **2023: 84%**

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 in place 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

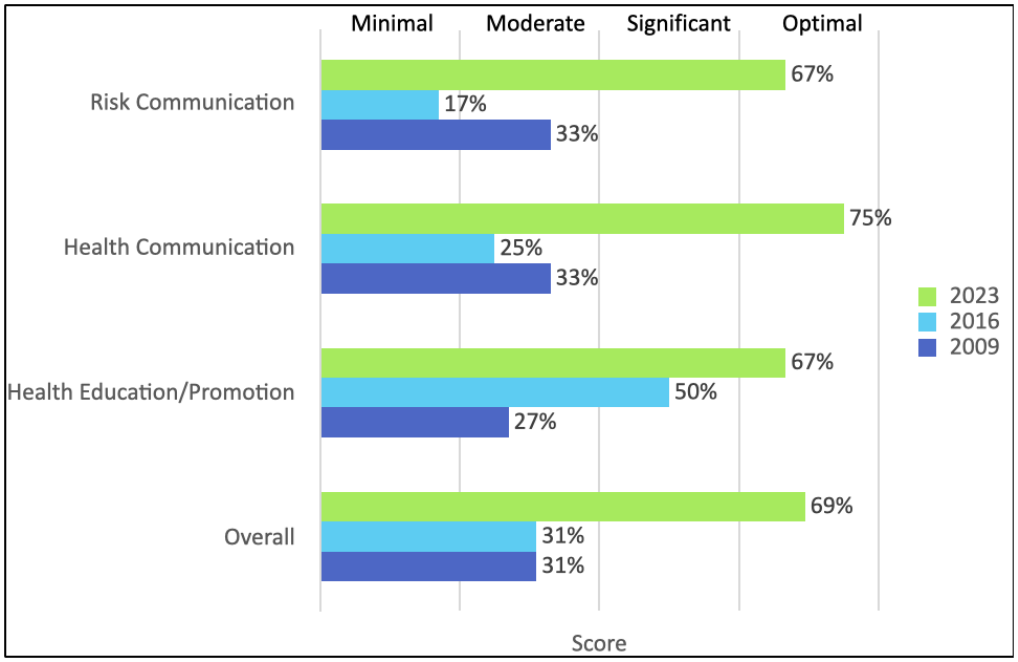
This Essential Service includes:

- 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

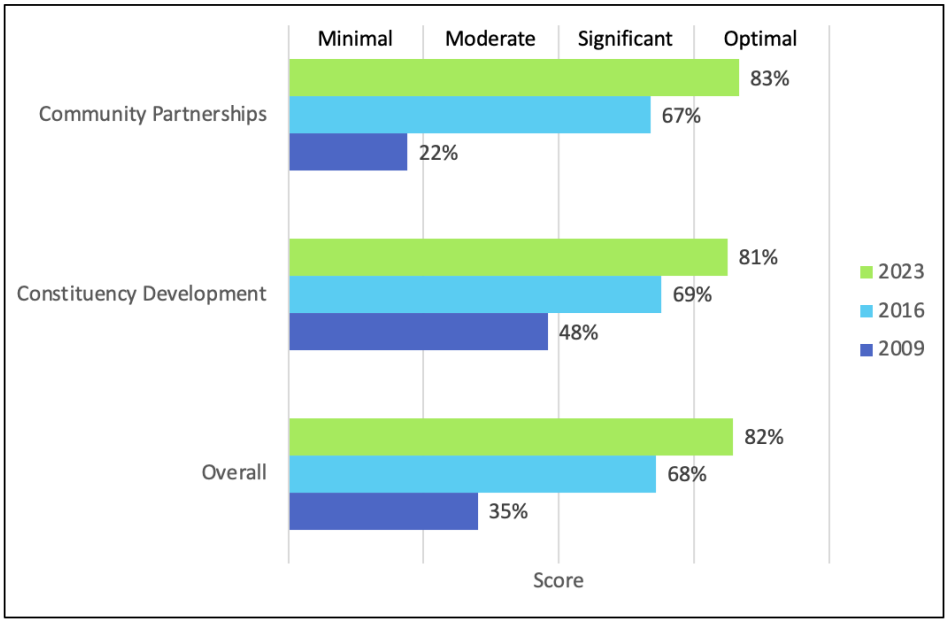
This Essential Service includes:

- 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

Overall Scores

2009: 35% **2016: 68%** **2023: 82%**

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

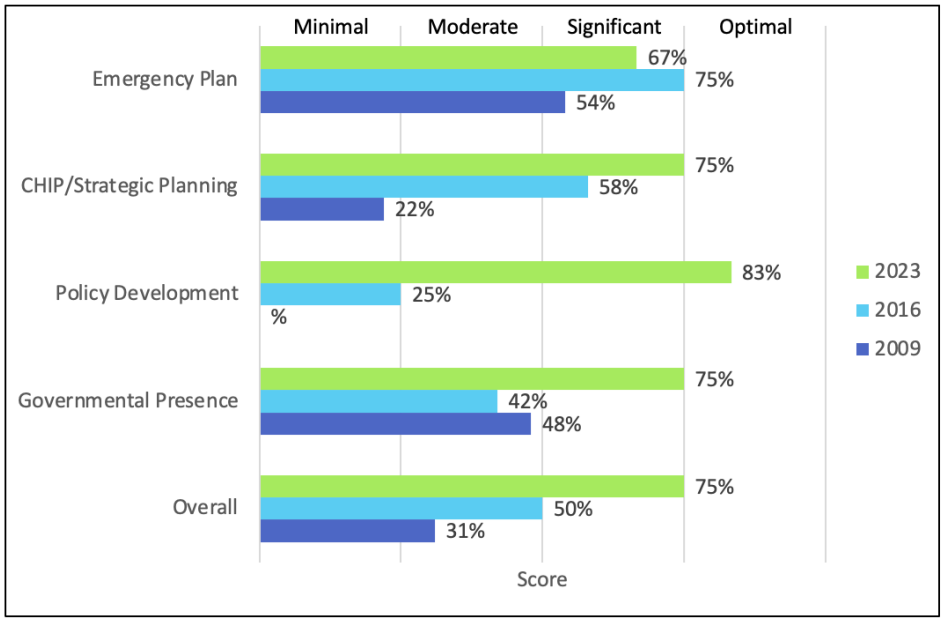
This Essential Service includes:

- 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

Overall Scores

2009: 31% **2016: 50%** **2023: 75%**

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 partners

Essential Service 6: Enforce Laws and Regulations

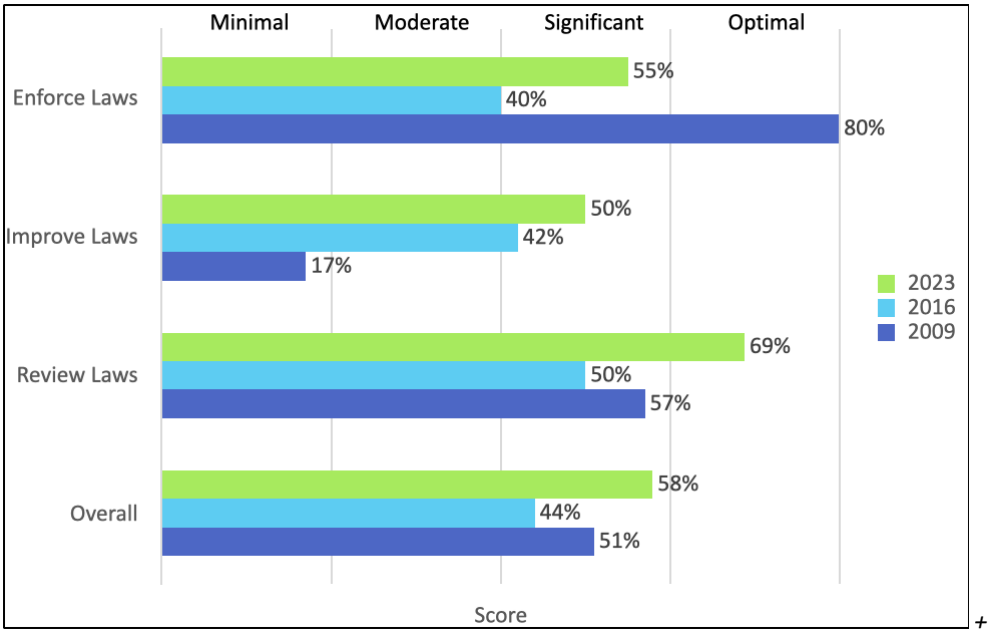
This Essential Service includes:

- 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

Overall Scores

2009: 51% **2016: 44%** **2023: 58%**

Model Standard Scores



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Strengths

- Local groups provide community education and loan equipment and resources for free or at a reduced rate
- 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

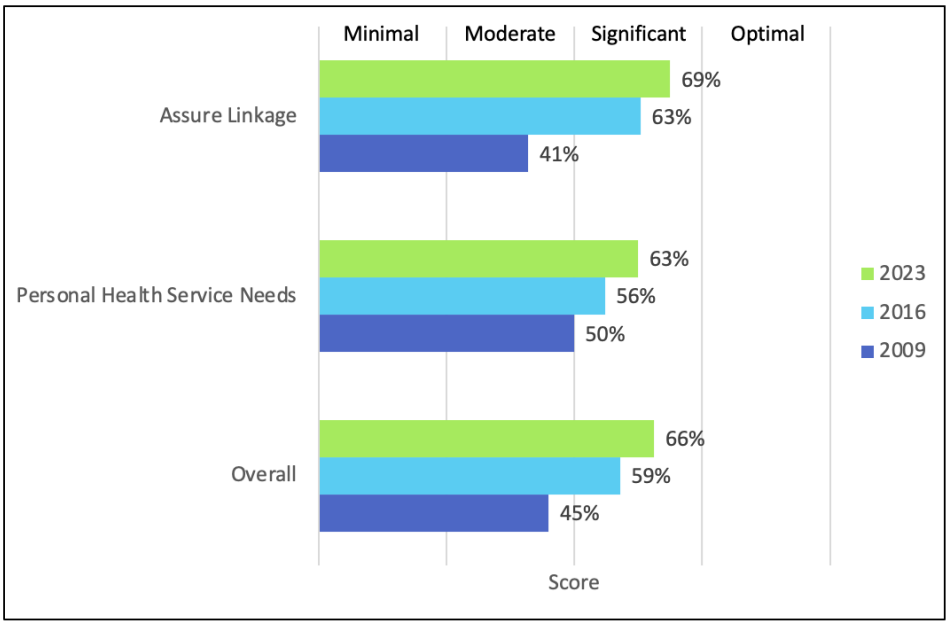
This Essential Service includes:

- 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

Overall Scores

2009: 45% **2016: 59%** **2023: 66%**

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

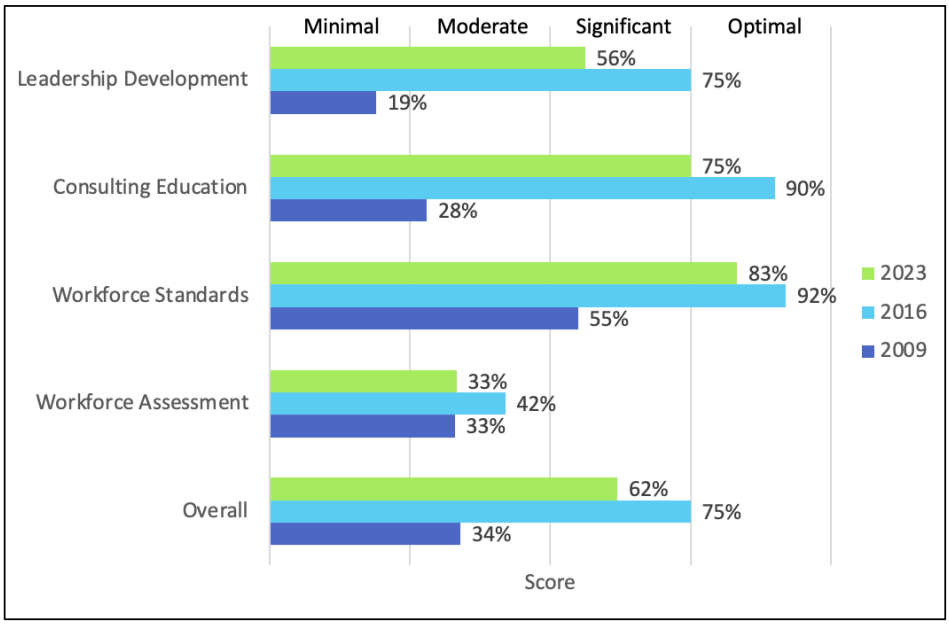
This Essential Service includes:

- 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

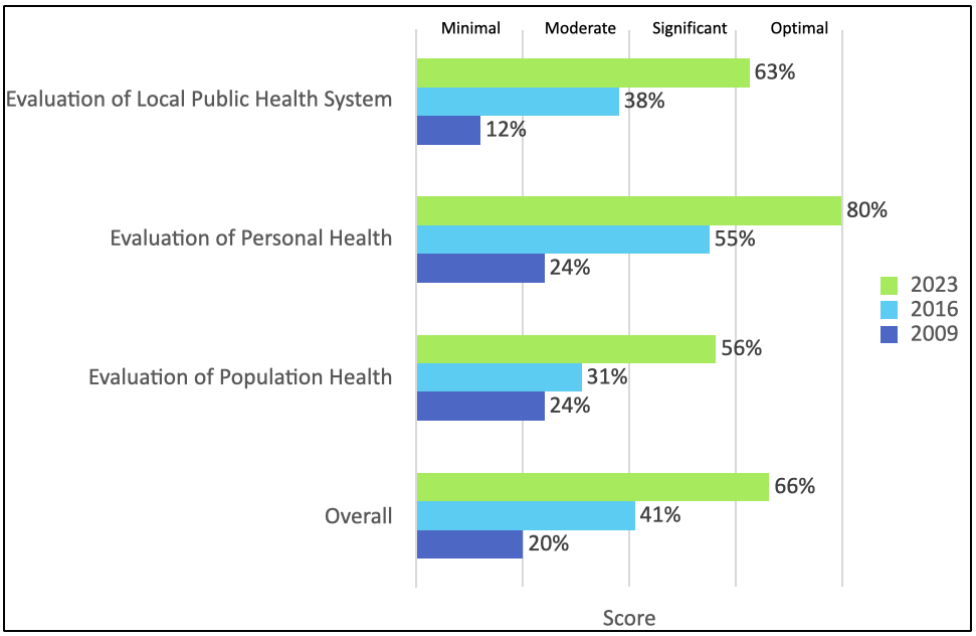
This Essential Service includes:

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

Overall Scores

2009: 20% **2016: 41%** **2023: 66%**

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

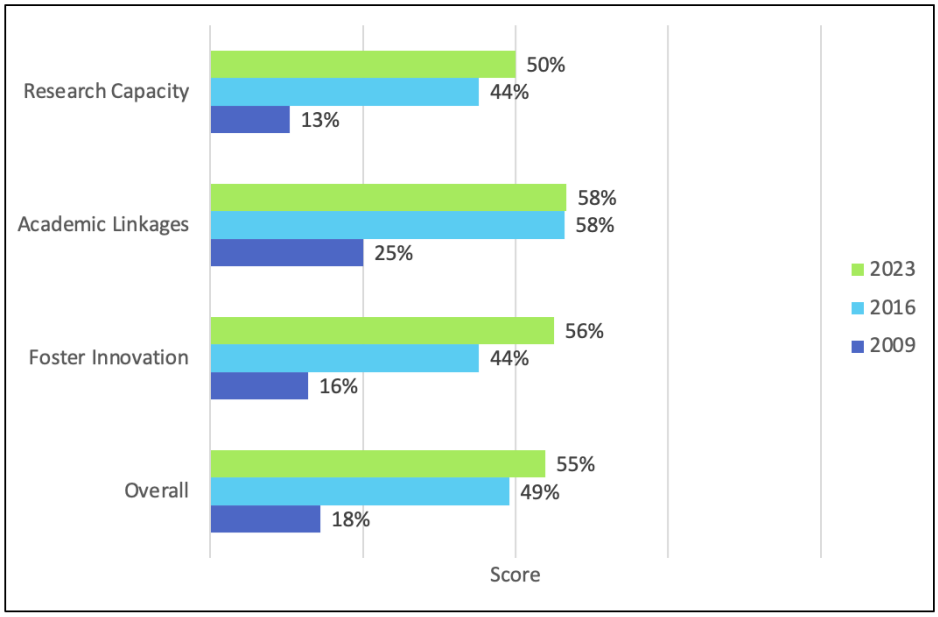
This Essential Service includes:

- 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

Overall Scores

2009: 18% **2016: 49%** **2023: 55%**

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 master's programs to engage in local data collection

Recurrent Themes

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

COVID response learnings. Learnings 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 (available for census-designated places with less than 1,000 population) 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.

LPHS 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.

How to Use Results

The primary role of the Local Public Health System Assessment is to promote continuous improvement and enhance system performance. By supporting a common understanding of how a high performing and effective local public health system can operate, this sub-assessment can be used to facilitate communication and sharing among programs, partners, and organizations. This sub-assessment can provide a shared frame of reference and understanding to help build commitment and focus for setting priorities and improving public health system performance.

Specifically, local community partners can begin by using the aforementioned cross-cutting themes and the identified opportunities for improvement within each Essential Service to develop and prioritize organizational and/or community-level improvement actions.

Appendix A:

Essential Service Overall and Model Standard Results – 2009, 2016, and 2023

Appendix A: Essential Service Overall and Model Standard Results – 2009, 2016, and 2023

Model Standards by Essential Services	2009 Performance Scores	2016 Performance Scores	2023 Performance Scores
ES 1: Monitor Health Status	13%	53%	44%
1.1 Community Health Assessment	1%	58%	58%
1.2 Current Technology	4%	50%	25%
1.3 Registries	34%	50%	50%
ES 2: Diagnose and Investigate	56%	90%	84%
2.1 Identification/Surveillance	40%	83%	75%
2.2 Emergency Response	53%	88%	79%
2.3 Laboratories	75%	100%	100%
ES 3: Educate/Empower	31%	31%	69%
3.1 Health Education/Promotion	27%	50%	67%
3.2 Health Communication	33%	25%	75%
3.3 Risk Communication	33%	17%	67%
ES 4: Mobilize Partnerships	35%	68%	82%
4.1 Constituency Development	48%	69%	81%
4.2 Community Partnerships	22%	67%	83%
ES 5: Develop Policies/Plans	31%	50%	75%
5.1 Governmental Presence	48%	42%	75%
5.2 Policy Development	%	25%	83%
5.3 CHIP/Strategic Planning	22%	58%	75%
5.4 Emergency Plan	54%	75%	67%
ES 6: Enforce Laws	51%	44%	58%
6.1 Review Laws	57%	50%	69%
6.2 Improve Laws	17%	42%	50%
6.3 Enforce Laws	80%	40%	55%
ES 7: Link to Health Services	45%	59%	66%
7.1 Personal Health Service Needs	50%	56%	63%
7.2 Assure Linkage	41%	63%	69%
ES 8: Assure Workforce	34%	75%	62%
8.1 Workforce Assessment	33%	42%	33%
8.2. Workforce Standards	55%	92%	83%
8.3. Consulting Education	28%	90%	75%
8.4. Leadership Development	19%	75%	56%
ES 9: Evaluate Services	20%	41%	66%
9.1. Evaluation of Population Health	24%	31%	56%
9.2 Evaluation of Personal Health	24%	55%	80%
9.3 Evaluation of Local Public Health System	12%	38%	63%
ES 10: Research/Innovations	18%	49%	55%
10.1 Foster Innovation	16%	44%	56%
10.2. Academic Linkages	25%	58%	58%
10.3 Research Capacity	13%	44%	50%
Average Overall Score	**33%**	**56%**	**66%**
Median Score	**33%**	**52%**	**66%**

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