
# Community Health Needs Assessment HIGHLIGHTS

## MAPP of the Southern Kenai Peninsula, Alaska

September 2016

## Community Health Assessment Background

Spearheaded by South Peninsula Hospital in November 2008, over forty organizations gathered in November 2008 to conduct the first collaborative, area-wide Community Health Needs Assessment (CHNA), with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. The Mobilizing for Action through Planning & Partnerships (MAPP) framework developed by the Centers for Disease Control & Prevention (CDC) and the National Association of City & County Health Officials (NACCHO) was selected to guide the assessment process. Building on the lessons-learned and results from the first and second CHNAs, the third CHNA is composed of the following four separate assessments:

I. Local Public Health Assessment (p 4)
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. This assessment was conducted during the first and third CHNAs, but not during the second.

II. Community Themes & Strengths Assessment (p 16)
Qualitative input from community members to identify the issues they feel are important
   a. Perceptions of Community Health Survey
   b. Wellness Dimension Focus Groups


*Figure 1. MAPP Framework Flowchart*

III. Forces of Change Assessment (p 28)
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. Community Health Status Assessment (p 34)
Quantitative community health data (representing cultural, economic, educational, emotional, environmental, physical, social, and spiritual wellness) that identifies priority health and quality of life issues

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

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

## Recurrent Themes

The following themes were identified by the MAPP Steering Committee as consistent topics or qualities that arose across most or all Essential Services.

**Accessibility of Data**

Accessing information, specifically data and appropriate technology to support data-sharing, surfaced across Essential Services as both a strength and challenge. In regards to the Community Health Needs Assessment, there is still uncertainty on what data to prioritize, collect and monitor although all information is shared in an interactive format in one location on the MAPP website. Fragmentation of efforts (silos) and different reporting systems reinforce challenges to accessing, using, and reporting data consistently and making these available to the community. Creative ideas are still needed to improve data and data-sharing across partners and with the public.

**Communication**

Communication was consistently identified as a strength of public health system partners, however, one that could continually be improved upon. There are many levels of communication needed to strengthen collaboration, community awareness, and community engagement. There are also many opportunities for articulating and clarifying shared communication processes and goals within organizations and across partners.

**Caring Community**

A consistent strength articulated across Essential Services was our strong community involvement. There is a high level of community activism and support, people come together easily and quickly, are invested, and have the ability to talk about things.

**Geography**

Geography poses a challenge to our Southern Kenai Peninsula community as it is difficult to reach and meaningfully engage with outlying populations. Distance, cultural diversity, and uncertain budgets all impact the effective delivery of Essential Services in the entire region.

**Collaboration/Coordination**

MAPP's community health improvement efforts reinforce the importance of collaboration. Collaboration and networking is valued by partners and has influenced the expectations in which local public health system partners engage and work together.

**Capacity**

Workforce retention and recruitment were commonly identified as important components of sustainability and effective delivery of Essential Services. They both pose a challenge in our area and are more challenged with state fiscal issues. State budget changes also directly impact the capacity of organizations and the local public health system's ability to fulfill Essential Services.

**Community-Level Plans / Health Board**

It was consistently noted that our local public health system does not have a defined local health department nor a local health board and that the existence of such an entity could enhance our ability to develop, implement, and evaluate community-level processes and goals for improvement. By maintaining a community-level perspective to inform plans, policies, and strategies, this body could support alignment of community partners to more effectively deliver the Essential Services.

**Proactivity**

With budgetary changes to state, regional, and local programs, it is clear that organizations need to be adaptive, collaborative, and innovative to support Essential Service delivery. While improved collaboration was repeatedly identified as a strategy for resource-sharing and service delivery, being proactive was also identified as critical. Reactivity might prevent opportunities from being identified.

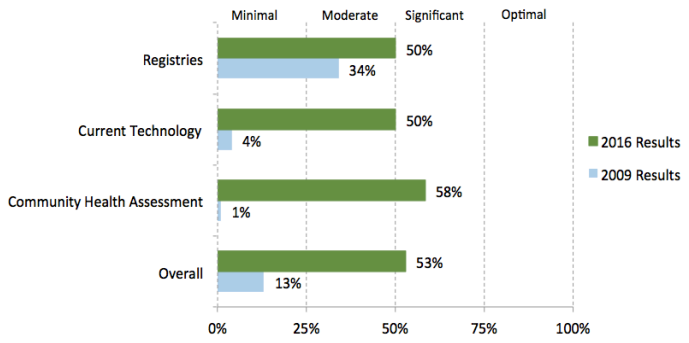
| | 10 Essential Public Health Services | 2009 LPHA Overall Score | 2016 LPHA Overall Score |
|---|---|---|---|
| 1 | Monitor Health Status | 13% | 53% |
| 2 | Diagnose and Investigate | 56% | 90% |
| 3 | Educate/Empower | 31% | 31% |
| 4 | Mobilize Partnerships | 35% | 68% |
| 5 | Develop Policies/Plans | 31% | 50% |
| 6 | Enforce Laws | 51% | 44% |
| 7 | Link to Health Services | 45% | 59% |
| 8 | Assure Workforce | 34% | 75% |
| 9 | Evaluate Services | 20% | 41% |
| 10 | Research/Innovation | 18% | 49% |
| Overall | | 33% | 56% |

## Essential Service 1: Monitor Health Status

**This Essential Service is about:**

- 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 multi-sector integrated data systems.

### Model Standard Scores




### Strengths

a. Increased awareness of the Community Health Needs Assessment (CHNA), accessible online on the MAPP website.
b. Public Health Nurses continuously collect data related to their external priorities; information is ultimately contributed to CHNA.
c. Continuously working toward more sharable data across organizations.

**Overall Scores**

**2009: 13%  2016: 53%**

d. Have local-level information to compare against Healthy Alaskans 2020 top 25 indicators.
e. Able to understand community's specific strengths and needs by accessing Southern Kenai Peninsula-specific data from state organizations and compiled census data.

### Challenges

a. Not many hard copies of CHNA available for general public; printed format is very dense.
b. CHNA could be better used at community level; most frequently used for organizational purposes (particularly grant writing).
c. Struggle with capacity to maintain ongoing data updates and integrating data into community groups/use.

### Opportunities for Improvement

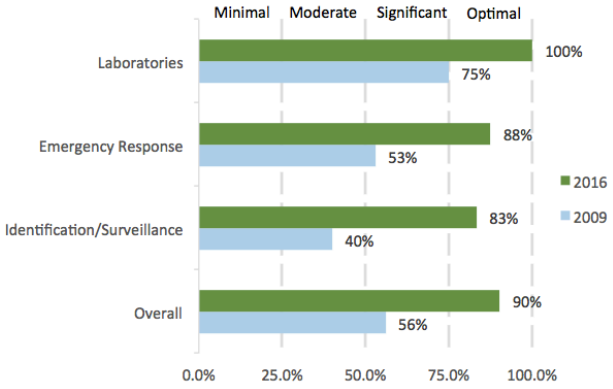
a. Investigate and reach out to registries that exist in/for our area; encourage data submission and use of registries.
b. Focus outreach of CHNA results, sharable measures, and/or community stories/themes. Create more outreach products that provide summaries/more digestible information for the public and organizations.
c. Focus organizational and coalition engagement of CHNA measures to better connect community efforts to measurable impacts.
d. Reinforce use of available but underutilized technologies

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

**This Essential Service is about:**

- 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




### Strengths

a. Public Health Nursing notified of communicable disease cases within 24 hours.
b. High level awareness of communicable disease cases exists with hospital (SPH) employees and partners.
c. Benefit from strong bonds between community partners.
d. Good coordination between Sections with Division of Public Health.
e. Effective communicable disease reporting and global/emerging health threats monitoring.
f. Frequent reports from state epidemiologic bulletins; ability to keep data flowing horizontally in the community.

**Overall Scores**

**2009: 56%  2016: 90%**

g. Communicating infectious disease case reports with Public Health Nursing and state epidemiology department.
h. Local airlines' support (free transportation of medical supplies); state lab resources utilized for communicable disease control.
i. Strong local HAM radio culture.

### Challenges

a. Diminishing state resources.
b. Anticipate 25% decrease in Public Health Nursing services FY16-FY17.
c. Coordination between clinics during and after disasters or emergency drills.
d. Lack local resources for all scenarios, but system exists for requesting Borough, State, and Federal resources.
e. Inability to incinerate/destroy samples that are too hazardous to transport.
f. Employee discomfort activating level one Hospital Incident Command System (HICS).
g. Possibilities in delay of support due to environmental and geographic conditions.
h. Unprepared to respond to unforeseen scenarios, such as biological terrorism.

### Opportunities for Improvement

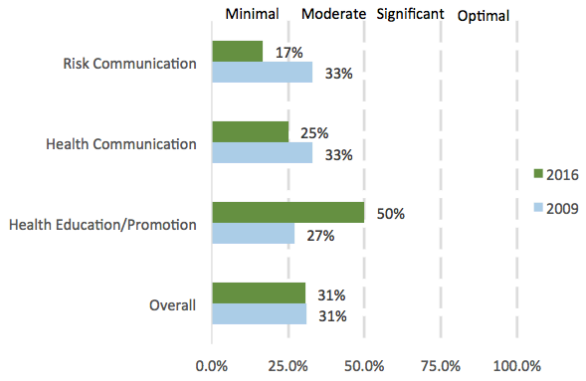
a. Clarify, update and share primary and back-up contact list of emergency response personnel.
b. Strengthen local emergency coalition mtgs.
c. Regularly practice emergency scenarios.
d. Develop process for post-incident debriefing and identifying improvement opportunities.
e. Improve communication.
f. Ensure staff retention and secure workforce.

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

**This Essential Service is about:**

- 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.

### Model Standard Scores




### Strengths

a. School system info distribution channels.
b. Media access to local experts.
c. Diverse community groups effective at identifying problems/brainstorming ideas.
d. Radio station reaches outlying populations.
e. Communication between organizations.

### Challenges

a. Hard to be inclusive with outlying populations.
b. Many social barriers between communities.
c. Lack of funding, decreased state budget.

**Overall Scores**

**2009: 31%  2016: 31%**

d. Lack of health communication plan; underutilizing tactics like social media/texting.
e. Difficult to report/communicate on sensitive issues such as suicide and domestic violence.
f. Lack of agency spokespeople for media, and inaccessibility of paper documents.
g. Inadequate number of available public information officers.
h. Differing procedures for emergency preparedness accreditations.
i. Lack of available staff to develop and communicate emergency preparedness plans between organizations and the borough.

### Opportunities for Improvement

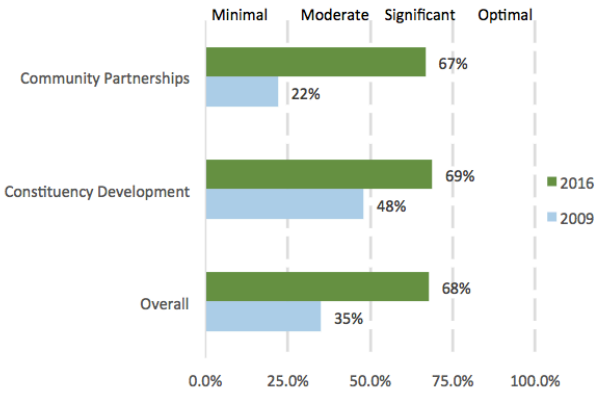
a. Strengthen communication/collaboration with different agencies/organizations.
b. Develop standard communication plan(s) for health education.
c. Develop media relations.
d. KBBI community advisory board outreach.
e. Increase community participation in Public Information Officer (PIO) training.
f. Upgrade technology and emergency preparedness contact information.
g. Host PIO class with stakeholders.
h. Develop emergency preparedness training for local staff.

## Essential Service 4:
## Mobilize Community Partnerships

**This Essential Service is about:**

- 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




### Strengths

a. Numerous community meetings to discuss local wellness issues.
b. Health assessment highlights populations that are not well represented.
c. Many "points of entry" to engage in community health.
d. Broad definition of health makes it easier to invite diverse participants.

**Overall Scores**

**2009: 35%  2016: 68%**

e. Activities occurring in all 8 dimensions of health (but could be better aligned).

### Challenges

a. Low awareness of CHNA and its contents; downloadable version is available but not as user-friendly.
b. Geography is a barrier for engagement.
c. "Organizational silos" due to limited, mission-focused budgets.
d. Missing many community sectors in health improvement coordination, planning and collaboration.

### Opportunities for Improvement

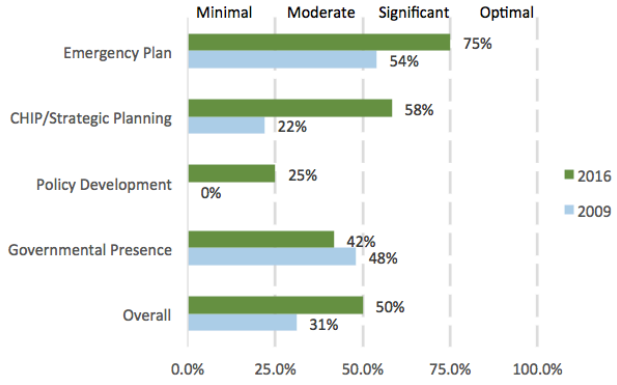
a. MAPP outreach to outlying communities.
b. Offer a variety of time options to maximize participation.
c. Identify key partners not engaged.
d. Advocate for organizations that can allocate resources or build capacity in (outlying) communities to address root issues.
e. Take better advantage of teleconferencing and virtual participation tools.
f. Conduct a gap analysis within each of the 8 Wellness Dimensions.

## Essential Service 5:
## Develop Policies and Plans

**This Essential Service is about:**

- 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




### Strengths

a. Public health nurses work to ensure provision of 10 Essential Services.
b. Strong community volunteer base (vs. formal government presence).
c. Division of Public Health is working towards accreditation standards thus holding up standards of excellence.

**Overall Scores**

**2009: 31%  2016: 50%**

d. Local providers can access state services to help promote community health.
e. Effective relationships with state partners to help deliver 10 Essential Services.

### Challenges

a. Individual organizations have own statutes/ regulations, but system as a whole does not.
b. No true local health department or community group monitoring larger community health picture (specifically policies needed and enforcement).
c. Creation of policies is more reactionary.
d. Lack of current resources (and likely loss of additional financial resources) creates difficulty delivering Essential Services.

### Opportunities for Improvement

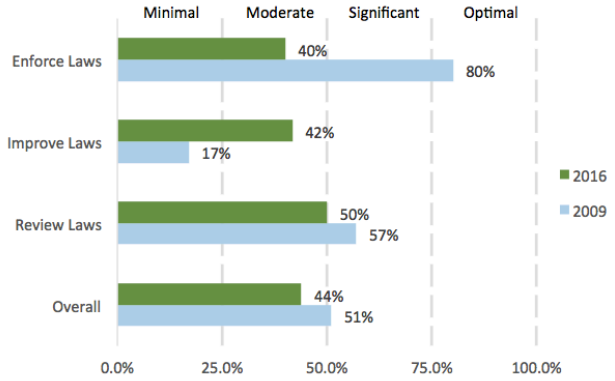
a. Revise Homer's Climate Action Plan.
b. Local organizations to incorporate findings of CHNA and goals of CHIP into their organizational strategic plans.
c. Community coalitions and workgroups to better incorporate local data into their strategies and measure for impact.
d. Create a health advisory board that looks at the CHNA and/or larger health picture. Incorporate hierarchy of health needs to prioritize specific policies needed to support well-being in our communities.

## Essential Service 6:
## Enforce Laws and Regulations

**This Essential Service is about:**

- 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




### Strengths

a. City is nuclear-free zone.
b. Citizens actively engage/participate in making laws and quickly respond to serious problems.
c. Existing laws and regulations support public health (i.e., disease reporting).
d. An established network meets regularly to discuss issues and review laws related to domestic violence.

### Challenges

a. Individuals do not wish to be regulated.

**Overall Scores**

**2009: 51%  2016: 44%**

b. Unequal access to legal resources/counsel allows for laws to be manipulated.
c. Poor issue prioritization that would help align focus and be proactive in efforts.
d. Department of Environmental Conservation understaffed, hard to reach; weak clean air standards, no dust or air quality monitoring.
e. No rules or regulations exist to control herbicide spraying, climate taxes, or protect drinking water.
f. Lack of resources to address root causes of unhealthy behaviors; unable to address only from policy level.
g. Stigmas that create reluctance around reporting certain violations; perceived lack of action by justice system; few advocates to help people navigate systems.
h. No laws or regulations to address obesity (plus challenging to enforce).
i. City, borough, state and federal boundaries create hurdles in creating/enforcing policies.

### Opportunities for Improvement

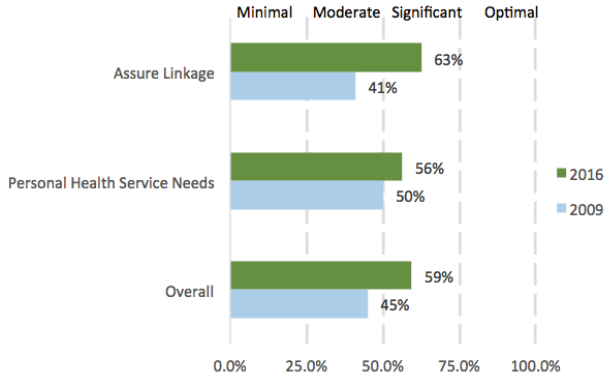
a. Set health policy priorities at a public level so everyone understands how/why decisions are made.
b. Educate people on how to effectively get involved in decision-making; encourage early involvement and the use of correct systems to proactively effect change.
c. Work toward a more informed, competent workforce.

## Essential Service 7: Link to Health Services

**This Essential Service is about:**

- 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




### Strengths

a. Many gatherings of key community groups to discuss barriers.
b. Trained Veteran's Affairs assistants at SVT Health and Wellness and other agencies.
c. Awareness of need for care coordination.
d. Home health welcomed in Russian homes.
e. Multiple Medical Homes.

### Challenges

a. Poor job addressing chronic illnesses with services (unhealthy food at food pantry).

**Overall Scores**

**2009: 45%  2016: 59%**

b. Bureaucracy/discomfort with technology overwhelming for patients/clients.
c. Limited awareness of resources.
d. Transportation support needed.
e. Limited in-home/live-in care.
f. Limited funding.
g. No integrated Electronic Medical Records.
h. Lack of care coordination limits ability to stay current on rules, programs, etc.
i. Decreased food pantry donations.
j. Outdated resource books/manuals.

### Opportunities for Improvement

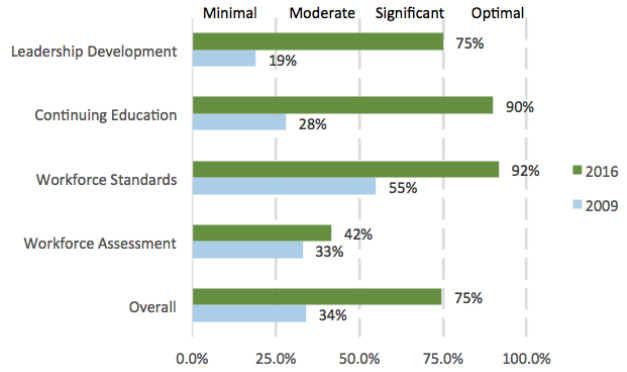
a. Food pantry to work with hospital dietician to address healthy food offerings.
b. Investigate grant opportunities for care coordinator(s).
c. Focus on discharge planning and assessing patients that are readmitted.
d. Signed 'release of information' authorization to facilitate connections between service providers.
e. Use food pantry as assumed audience needing, but not receiving, resources. Invite service providers to food pantry to enroll people in programs.
f. Integrate primary care/behavioral health.
g. Improve care coordination meetings.
h. Review Independent Living Center resource manual; investigate grant to update if need.
i. Increase proactive outreach and use of resources (such as community group mtgs).
j. Run trolley to health fair.
k. Put social work in the homes.

## Essential Service 8:
## Assure a Competent Workforce

**This Essential Service is about:**

- 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.

### Model Standard Scores




### Strengths

a. Beautiful, welcoming community; appealing lifestyle; short work commutes.
b. Delineated recruitment, hiring, and evaluation processes through legal and professional requirements.
c. Common core competencies for direct service providers that are aligned through Alaska and national organizations.
d. Opportunities to offer personal leadership skills to the community.

**Overall Scores**

**2009: 34%  2016: 75%**

e. Training opportunities, including cultural competency, offered within organizations.
f. Nursing, CNA, and allied health degree and State license programs through local UAA-KPC campus.
g. Public lecture series, personal enrichment, and professional development classes through local UAA-KPC campus.

### Challenges

a. Must look outside community for professionals; lack of focus on racial or ethnic diversity; lack of local professional development opportunities.
b. High cost of living makes it challenging to recruit and retain needed workforce.
c. Lack of interagency discussion re: needs.
d. No community-wide competencies.
e. Lack of informal or formal mentoring.
f. Limited entry points for leadership/training in AK Native and Old Believer populations.
g. No local workforce assessment completed.
h. Lack of student housing.

### Opportunities for Improvement

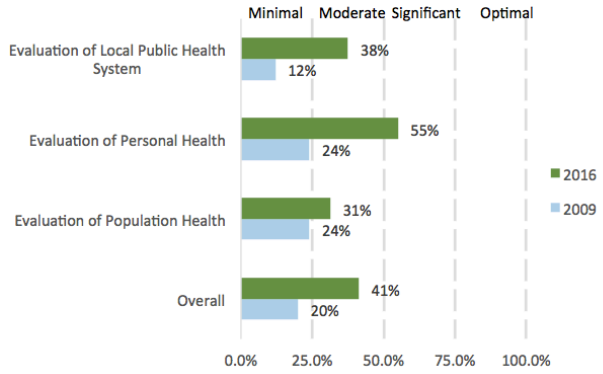
a. Investigate commonalities of core competencies between agencies that could help consolidate resources.
b. More apprenticeship or mentoring opportunities to develop local leaders, with a focus on representing cultural diversity.
c. Increase collaboration and creativity in response to decreased funding.

## Essential Service 9: Evaluate Services

**This Essential Service is about:**

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

### Model Standard Scores




### Strengths

a. Agencies actively seek information about community, coordinate with providers to meet needs.
b. Large organizations (ie, South Peninsula Hospital) evaluate themselves well.
c. Contained and well-known population of healthcare consumers/providers.
d. Involved/collaborative community sectors.

### Challenges

a. Individual organizations evaluate themselves well, but system itself does not.
b. Lack of substance abuse treatment.
c. Lack of diversity; same people, same ideas.
d. Providers do not share common language.
e. Fundraising efforts target same businesses/individuals over and over.
f. Services being eroded due to state budget.

**Overall Scores**

**2009: 20%  2016: 41%**

g. Need for shared objective data.
h. Difficult to provide consistent services to hard-to-access outlying communities.
i. Lack of funding, resources, and sustainability.
j. Numerous assessments inadequately result in action.

### Opportunities for Improvement

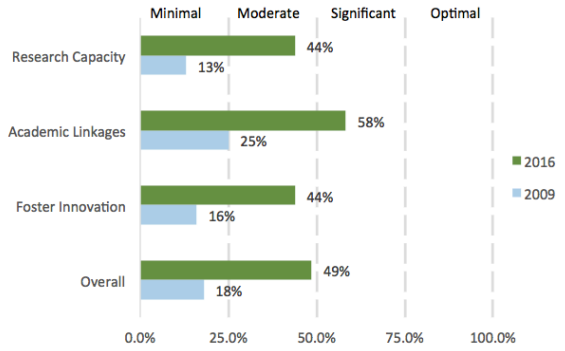
a. Obtain objective data from providers using appropriate population-based metrics.
b. Investigate census data to determine what populations are enrolled in various services to identify gaps.
c. Better utilize statewide health profiles.
d. Improve interagency communication to share information and services available.
e. Share evaluations between organizations.
f. Involve substance abuse/treatment providers.
g. Customize Local Public Health Assessment for the area and use as evaluation tool.
h. Host community resource fair.
i. Consider door-to-door outreach.
j. Better utilize existing partnerships.
k. Secure/maintain competent workforce to ensure resources to properly network.
l. Develop shared language between agencies to better share data and measurements.
m. Develop large-scale evaluation tool, including clinics becoming Patient-Centered Medical Homes.

## Essential Service 10: Research and Innovations

**This Essential Service is about:**

- 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




### Strengths

a. Local support for research projects.
b. Organizations partner well with higher learning institutions.
c. Leadership supports research/innovation.
d. Use of community spaces to share information with public.
e. Many local internship/educational opportunities.
f. Multiple connections through many agencies to state and national institutions.
g. Organizational access to technology.

**Overall Scores**

**2009: 18%  2016: 49%**

h. Institutional knowledge of long-term residents.

### Challenges

a. Electronic Medical Records that don't "talk" to each other.
b. Low health literacy. Parents opting kids out of school health education programs.
c. No local epidemiology department.
d. Many economic barriers to research. Low funding, not enough capacity.

### Opportunities for Improvement

a. Community engagement in health and linking the community with sciences.
b. Starting early to build health literacy.
c. Improve existing health programs in schools. Health 'round tables' with students and nurses.
d. Increase options (such as telemedicine) to connect with health professionals.
e. Make learning more accessible to more people by investing in online platforms.
f. Develop collaborative group (research council) to prioritize community-level research questions.
g. Explore opportunities for organizations and individuals to partner on research.
h. Prioritize research and services by developing a health pyramid that ensures basic needs are met first before working up to address quality of life issues.

# COMMUNITY THEMES and STRENGTHS ASSESSMENT

## Results: Highest Ranking Responses from the 2015 Perceptions of Community Health Survey

| Highest Ranking | 2nd Highest Ranking | 3rd Highest Ranking |
|---|---|---|
| 1. Substance Abuse and Treatment | 2. Jobs and Economic Opportunities | 3. Public Transportation |
| | 2. Natural Beauty | 3. Public Safety |
| | 2. Physical Health | 3. Behavioral Health & Services |
| | 2. Access to Job Training and Higher Education | 3. Sustainability (Economic and Environmental Health) |
| | | 3. People Help Each Other |

## Results: Highest Ranking Themes from the 2016 Wellness Discussions

| Highest Ranking | 2nd Highest Ranking | 3rd Highest Ranking | 4th Highest Ranking |
|---|---|---|---|
| 1. Economic Health | 2. Sustainability (Economic and Environmental) | 3. Respect for Varied Viewpoints | 4. Built Environment |
| | | 3. Recreational Opportunities | 4. Social Connections |

## 8 Dimensions of Wellness Focus Groups:
## Identification of Top 5 Strengths & Challenges
## Combined 3.11.16 Morning & Afternoon Discussion Notes

### 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 |
|---|---|
| **1.** Supportive environment/community. Community supports arts, activities, in many ways. Support for artists to express themselves. [8,9,10] | **1.** Isolated ethnic diversity. Predominately white. [8] |
| **2.** Crossroads of culture. Homer is very dynamic, constantly renewing itself. [8] | **2.** White privilege & entitlement, challenges with equity. Homer is a difficult place to be a Native Alaskan in. White privilege: we are all unique & special & tolerant, so therefore we don't separate out people/groups. Is not intentional, but we need to educate people to understand. [8,9] |
| **3.** Arts/dynamic creativity. [10] | **3.** Have a transient nature. People come & go, & Homer-sapiens can judge & ask "how long are they going to last?" [37,38] |
| **4.** Individuation, freedom in Homer. [9] | **4.** Diluted communication & awareness of what is going on. [27] |
| **5.** Universal uniqueness. | **5.** Competition for the limited resources that are available. [13,29,31] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

### Economic Wellness: The ability to meet financial needs & adapt to unanticipated financial situations.

| Economic Wellness Strengths | Economic Wellness Challenges |
|---|---|
| **1.** Diverse economy. Not centered around a mine or processor. [1,29,31] | **1.** State fiscal crisis. Everyone is going to be asked to pay more; this creates uncertainty in the economic realm. People could leave; outsiders may not want to move here. Affordable housing. "Silver tsunami." [1,29,31,15,40,41] |
| **2.** Maritime fishing & marine trades, oriented towards the water. [1,31] | **2.** "Seasonal" economy. Very active during the summer, not so much during winter. Reduction in oil industry jobs. [1,31] |
| **3.** Small businesses. Commercial fishing, welding shops, etc. [1,29,31] | **3.** Not a high growth community, very stagnant with population. [41] |
| **4.** Renewable, sustainable, healthy resources that are available. [29,31] | **4.** Trade/vocational jobs. People look down on jobs that are actually very high paying, like welders & plumbers. [1,4] |
| **5.** Activity of entrepreneurial small businesses, makes us a vibrant community. [13,29,31] | **5.** No local/community bank. Have to approach national banks. [31] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

## Educational Wellness: Recognition of creative abilities and the expansion of knowledge and skills.

| Educational Wellness Strengths | Educational Wellness Challenges |
|---|---|
| **1.** School system and quality of facilities available. The diversity, number, and accessibility of opportunities from pre-K to college, professional staff & educators in the community. [4,18] | **1.** Demographic shifts. Critical for education, because education depends on enrollment. Class sizes. [35,41] |
| **2.** Involvement of nonprofits & business community support of education across the community. [36] | **2.** Accessibility for childcare, transportation, other resources. [2,4,5,6,21,22] |
| **3.** Engagement of community in education. A diverse and highly educated community. [8,37] | **3.** External funding. Budget cuts and lack of resources. Need funding that is stable and sustainable over long periods of time. Challenges with recruiting and retaining talent. [29,31] |
| **4.** Community prioritizes learning through diverse and interconnected services across organizations & programs. Collaborations between agencies. [33] | **4.** Lack of cultural and racial diversity to expand knowledge, understanding, & skills. Not honoring Alaska's past. [8] |
| **5.** Physical location. Our community utilizes the environment for expansive and experiential learning. [12,39] | **5.** Fixed vs growth mindset. Can also affect educators, mentors, etc. Mindset that kids are fixed in one way & that they can't grow & adapt. Schools are not trauma-informed. Not a lot of social-emotional learning and coping skills. Impact on students with different learning styles or Adverse Childhood Experiences. [9,20,34,35] |
| | 6. Limited media, especially at national & state level. [27] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

**Emotional Wellness: The ability to cope effectively with life & create personal enrichment through one's work & relationships.**

| Emotional Wellness Strengths | Emotional Wellness Challenges |
|---|---|
| **1.** Access to natural beauty. [12,19,23,25,39,42] | **1.** Addiction/mental illness. Across the spectrum from prevention to recovery, there is not a lot available locally. Also a statewide issue. Hard to access treatment, & recovery networks. Poor funding for prevention. [3,20,34] |
| **2.** Religious & spiritual opportunities are great outlets for emotional health. [14] | **2.** Violent crime. Domestic violence, sexual assault etc, things that make you feel unsafe can influence your emotional health. [30] |
| **3.** Schools, incorporation of differently abled children. [18] | **3.** Lack of diversity for outside thinkers. Lack of tolerance. [9] |
| **4.** Diversity & richness of resources for pursuing the means to meet emotional needs. Group meetings, library, social services, etc. Quality, quantity, and diversity of our non-profit services. [13] | **4.** High cost of living. No access to affordable housing, homelessness issue, high food prices, not a lot of transportation. Poverty. [2,15,5,6,31] |
| **5.** Support and opportunities for diverse cultural expression, emotionally validating & encourages people to follow their passion. [8,9,10] | **5.** Lack of job opportunities. Small town limits opportunities. [1] |
| **6.** Size of community promotes both diversity and connection. Many ways to cross each other's paths. [8,37] | **6.** Hard place to live. Seasonal disorders, far from families, expensive, harsh and dynamic environment. [20,21,31,37] |
| | **7.** Layers of culture that don't support wellness: work hard and don't ask for help. [37] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

**Environmental Wellness: A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.**

| Environmental Wellness Strengths | Environmental Wellness Challenges |
|---|---|
| **1.** Natural beauty is visible and accessible. Community is integrated into the natural world. [12,19,23,25] | **1.** Climate change. Ocean acidification, warming temperatures. Can influence fisheries & economy. [24,29,31] |
| **2.** Network of individuals & agencies focusing on education, research & environmental conservation. [27,29,33] | **2.** Fiscal uncertainty. Many non-profits are facing budget cuts that can result in loss of professionals, ability to provide consistent programs. "Shifting baseline" concept of data. [29,31] |
| **3.** Active interests with individuals of all ages. [35] | **3.** Values & priorities. Conflicts in values. Can all identify natural beauty as a strength, but conflict in terms of what's good in development. Everyone wants their personal piece of property, what's good for them & not necessarily the community. Population growth and more technology. [9,24,40,41] |
| **4.** Healthy and productive habitats (and healthy fish & wildlife populations) that provide harvestable resources, fish, berries, etc. Promotes good stewardship as people care about these resources. [24,29] | **4.** "Big world effect." May do a lot to protect our community, but we can't control what happens in other areas. No matter our value, visitors may not share the same values/concerns. Outside environmental problems that affect our environment. Awareness of interdependence. [24,29] |
| **5.** Abundance of protected lands & habitats; state parks, etc. [24,29] | **5.** Education & communication. We all identify climate change as a challenge, but schools are not teaching about it because it's controversial, education is poor. Lack of connection between big issue problems like climate change. Connection with daily life etc. Lack of political will. [9,18,27,34] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

**Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.**

| Physical Wellness Strengths | Physical Wellness Challenges |
|---|---|
| **1.** Progressively minded in collaboration across all aspects community. Healthcare field is happy to interact & share, but this also plays out in other aspects of the community. Real feeling of being on the same team. [33] | **1.** Infrastructure. Lack of sidewalks & other ADA facilities. Inability to have a dense downtown. [32,40] |
| **2.** Access to healthcare & other supporting services. It is very easy to connect someone to resources in this community. [6] | **2.** Mental & addictive health. [20] |
| **3.** Physical environment: access to beaches, trails exercise opportunities [12,19,23,25] | **3.** Personal economics. Can limit what you can afford to care for yourself. [6,31] |
| **4.** Prevention focused – Syringe exchange program example with city council, does not condone drug use but can prevent disease. [34] | **4.** Access to transportation services & community activities. Very spread out community. [2,40] |
| **5.** Inclusive across life span. [35] | **5.** Recruiting & retaining professional providers. Struggle with this in all aspects, not just healthcare. [17,29,31] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

## Social Wellness: A sense of connection, belonging, safety, and a reliable support system.

| Social Wellness Strengths | Social Wellness Challenges |
|---|---|
| 1. Vast and diverse opportunities for social connections. There are many opportunities in Homer & surrounding areas. [37] | **1.** Substance use & abuse. Keeps individuals away from meaningful relationships & interactions. Creates poor health in the community, & uses up money. Not a lot of activities to do in the evening that don't involve alcohol. [3,31,30,37] |
| **2.** Close knit community. Face to face accountability and interdependence (refined set of acceptable behaviors), dialogue. Business owners all know each other, non profit boards all know each other etc. Help people get plugged in to resources if struggling. [11,33, 38] | **2.** Sense of belonging. Even though there are activities going on, it is too close knit of a community for outsiders to join in. How can we make it more welcoming and sustainable for people – a large transient population. Sometimes we don't realize we're behaving in a way that makes people feel unwelcome. [37,38] |
| **3.** Generous and kind with time, support, giving. If you ask, you will receive. [11,36] | **3.** Physical/environmental barriers that decrease accessibility to resources. Need for community center for connectivity. Lack of public transportation, lack of indoor space for activities, lack of sidewalk for safe walking, poor road maintenance. Dark winters, harsh environment. [2,19,20,25,30,40] |
| **4.** Diversity and differences. Not a lot of judging in the area. [9] | **4.** Awareness of opportunities to connect. No "one stop" calendar. Makes it hard to see what is going on. [27] |
| **5.** Communication and dissemination of community info. A lot of good communication tools and venues, newspapers & flyers etc. [27] | **5.** Lack of money. People are too busy working to earn money to support themselves to be able to partake in social activities. Difficult to access kids programs, budget cuts for senior/youth programs. [1,21,29,31] |
| **6.** Community anchors. Places that people go that they identify with: libraries, churches, etc. [40] | |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

## Spiritual Wellness: A sense of purpose & meaning in life.

| Spiritual Wellness Strengths | Spiritual Wellness Challenges |
|---|---|
| **1.** Sense of place in the natural environment. Quiet, nature, animals, lack of materialism, sense of awe, expansiveness, connection, & respect. [12,19,23,25,39,40] | **1.** Extremes of the environment. Can be difficult for people to find "balance" especially during the winter. [20,40,42] |
| **2.** Wide variety of spiritual practices available. Many opportunities to practice. [14] | **2.** Scarcity. Lack of time, economic opportunities, isolation from family, isolation from the community, lack of resources, lack of space to meet, lack of voices at the table, lack of community rhythms. Difficult for people to just take time to "be." [20,21,23,29,31,37,40] |
| **3.** Openness in the community, tolerance for a variety of different beliefs. Conversations that happen in the media surrounding spiritual issues. [9,27] | **3.** Accessibility & approachability. Finding space for people to meet at low costs, communication, how do all these spiritual opportunities reach out without infringing on the uniqueness of Homer? [9,11] |
| **4.** Many opportunities to serve others. Volunteer & service opportunities. [11] | **4.** Lack of opportunities for people of all beliefs, or no beliefs, to get together & talk about significant topics. [9,37,38,40] |
| **5.** Many different modalities for pursuing spiritual. Arts, music, outdoor activities, etc. [10,14,19,23] | **5.** Challenge to move beyond tolerance. We should do more than tolerate each other, acceptance would be the true goal. We should be looking to see who is not sitting at the table with us & invite them in. [9,11] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 of the Themes & Strengths sub-assessment.*

## Results: Survey Feedback to Community Health Perceptions

**The five greatest community strengths identified were:**

| | 2008 Perceptions Survey (831 responses) | 2012 Perceptions Survey (1171 responses) | 2015 Perceptions Survey (680 responses) |
|---|---|---|---|
| 1 | People help each other | Natural beauty (79%) | Natural beauty (63%) |
| 2 | Respect for varied viewpoints | People help each other (68%) | People help each other (36%) |
| 3 | Natural beauty | Healthy environment (53%) | Cultural/arts opportunities (29%) |
| 4 | Diverse private/public nonprofit organizations | Schools (48%) | School (27%) |
| 5 | Other | Cultural/arts opportunities (47%) | Recreational opportunities (24%) |

**The five community aspects most needing to be improved:**
**2008 and 2012 Perceptions Survey did not ask directly comparable question*

| | 2015 Perceptions Survey (590 responses) |
|---|---|
| 1 | Jobs & economic opportunities (48%) |
| 2 | Public transport (38%) |
| 3 | Substance abuse treatment (36%) |
| 4 | Housing (26%) |
| 5 | Access to job training & higher education (17%) |

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

| | 2008 Perceptions Survey (831 responses) | 2012 Perceptions Survey (886 responses) | 2015 Perceptions Survey (567 responses) |
|---|---|---|---|
| 1 | Cost | Cost (47%) | Cost (51%) |
| 2 | Transportation | Schedule conflicts (42%) | Not enough time (38%) |
| 3 | Distrust agency or provider | Not enough time (36%) | Schedule conflicts (38%) |
| 4 | Confidentiality | Lack of anonymity (14%) | Lack of anonymity (16%) |
| 5 | Lack of anonymity | Distrust agency/provider (13%) | Transportation (15%) |

**When asked to rank the factors most negatively affecting themselves and their families, the top three responses were:**

| | 2008 Perceptions Survey (834 responses) | 2012 Perceptions Survey (506 responses) | 2015 Perceptions Survey (649 responses) |
|---|---|---|---|
| 1 | Economic Costs | Economic Costs (73%) | Physical Health (86%) |
| 2 | Physical Health | Physical Health (68%) | Environmental Health (73%) |
| 3 | Education and training costs | Mental / Emotional Health (47%) | Education / costs & availability (73%) |

**When asked to rank the factors most negatively affecting the community, the top three responses were:**

| | 2008 Perceptions Survey (834 responses) | 2012 Perceptions Survey (454 responses) | 2015 Perceptions Survey (649 responses) |
|---|---|---|---|
| 1 | Substance Abuse | Substance Abuse (79%) | Substance Abuse (97%) |
| 2 | Economic Costs | Economic Costs (54%) | Interpersonal Violence (96%) |
| 3 | Mental / Emotional Health | Mental / Emotional Health (52%) | Mental / Emotional Health (75%) |

**The five services respondents found most lacking were:**

**2015 Perceptions Survey did not ask directly comparable question*

| | 2008 Perceptions Survey (831 responses) | 2012 Perceptions Survey (1060 responses) |
|---|---|---|
| 1 | Medical specialists (43%) | Teen activities (54%) |
| 2 | Clinic services (18%) | Transportation (50%) |
| 3 | Shopping (16%) | Shopping (35%) |
| 4 | Teen activities (8%) | Housing (28%) |
| 5 | Transportation (5%) | Substance abuse treatment (27%) |

**2015 Respondents were asked to rate the following statements for themselves:**

| Wellness Measure | Never | Sometimes | Frequently | Always |
|---|---|---|---|---|
| I like what I do every day and I feel motivated to achieve my goals. | **1%** (7) | **19%** (122) | **55%** (356) | **25%** (165) |
| I have supportive and loving relationships in my life. | **1%** (7) | **10%** (66) | **25%** (163) | **64%** (417) |
| I have enough money to provide for my basic needs. | **3%** (19) | **20%** (129) | **33%** (213) | **45%** (291) |
| I have enough money to do everything I want to do. | **21%** (133) | **41%** (262) | **27%** (176) | **12%** (75) |
| I feel that my community is the perfect place for me. | **1%** (9) | **28%** (179) | **43%** (281) | **28%** (183) |
| I have good health and enough energy to get things done daily. | **2%** (15) | **20%** (129) | **48%** (314) | **29%** (191) |
| I see myself as a positive role model. | **1%** (6) | **16%** (104) | **53%** (346) | **30%** (197) |
| I am able to deal with general life stresses. | **0.6%** (4) | **15%** (97) | **55%** (360) | **29%** (191) |
| I have others who will listen when I need help. | **1%** (7) | **16%** (104) | **37%** (237) | **46%** (301) |

# FORCES OF CHANGE ASSESSMENT

**Wellness Dimension Key:**

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

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

**Educational:** *Recognition of creative abilities and the expansion of knowledge and skills.*

**Emotional:** *The ability to cope effectively with life & create personal enrichment through one's work & relationships*

**Environmental:** *A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.*

**Physical:** *The ability to perform daily activities without undue fatigue or physical stress.*

**Social:** *A sense of connection, belonging, safety, and a reliable support system.*

**Spiritual:** *A sense of purpose & meaning in life.*

| Trend | Challenge | Opportunity | Impacted Wellness Dimensions | | | |
|---|---|---|---|---|---|---|
| 1. Increased level of collaboration in community | - Tapping into already stressed human resources<br>- Reduced funding for individual organization<br>- Developing a shared language & new paradigm<br>- Takes time & planning | - Efficiencies<br>- Effectiveness<br>- Root causes<br>- Increased community health<br>- Proactive | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 2. Local farm production | - Short season – climate- can be more expensive | - Support local people<br>- Create jobs, keep $ local<br>- Healthier food sources<br>- High tunnels | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 3. Changes in communication /technology | - Multiple outreach outlets<br>- Integrating to actual service<br>- Unique modalities may isolate certain user groups and divide generations | - Increased jobs<br>- Reduced paper, space<br>- Increased ability to connect grass roots<br>- Expanding audiences<br>- More timely access to info | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 4. Ever-changing leadership within the community | - Organizational memory loss<br>- Time/costs to train new staff<br>- Impacts relationship-bldg, trust<br>- Loss of momentum | - New ideas<br>- New paradigms for functioning & infrastructure<br>- "Collaboration Language" | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 5. Declining north slope production (Declining state funds, scarcity mindset) | - Decreased grant funding<br>- Decreased resources | - Opps for diversification<br>- Education to consume fewer resources/live within our means<br>- Increased awareness of other options<br>- Opps for increased renewable resources | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 6. Medicaid expansion & reform | - Politically influenced<br>- Medicaid hasn't proved they have capacity to manage this<br>- Sustainability | - Increased access<br>- Increase in participation & giving back to community<br>- Improved quality of life<br>- Compensates providers for previously uncompensated care & encourages right care from right provider<br>- Decreased costs of care<br>- Supports wellness | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 7. Affordable Care Act | - Perception will cost too much to provide healthcare<br>- Education of purpose/cost & what it means<br>- Way State perceives it | - Outreach/educational opps<br>- Increased healthcare benefits, # of people with insurance<br>- Increased prevention | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

| | | | | | | |
|---|---|---|---|---|---|---|
| 8. Perception of economy in Alaska & its future | - Proactive vs reactive<br>- More difficult to recruit professionals<br>- Lack of job growth | - Lots of public interest/concern<br>- Relationships between people & legislators | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 9. Fuel prices | - Decreased mobility, increased isolation<br>- Shifting resources/$$<br>- Effects on employment choices<br>- Healthcare access<br>- Economic stress, increased risk of homelessness<br>- Decrease in tourism/travel | - Increased biking/walking/carpooling<br>- Increased value of PFD<br>- Good for state budget<br>- Increased transportation conversation<br>- Conservation of resources<br>- Downsizing structures<br>- Increase in weatherization | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 10. Availability of living wage jobs | - No jobs – ltd economic growth<br>- Ltd well-paying jobs – seasonal<br>- Ltd population – ltd # of qualified employees | - Opportunities for professional development<br>- KPC for local education<br>- Online education | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 11. State Budget / Fiscal Crisis | - Non-diverse budget, no varied revenue stream<br>- Can't address the root cause of the fiscal crisis<br>- Concern that the state will not take it seriously enough<br>- Difficult to reach the state to influence their decisions<br>- Local agencies are not involved in the decision making process | - Need for collaboration<br>- Increased volunteer opportunities<br>- Identification of new funding streams<br>- Community level strategic planning<br>- Development of increased local funding capacity | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 12. Political season (federal, state, & local) | - Different administration<br>- Introduction of different priorities<br>- Social animosity, political parties are divisive<br>- Fear | - Increased engagement among generations in voting<br>- Increased engagement at community levels<br>- Push for more transparency<br>- Fix what's broken | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 13. Decreased revenue sharing with municipalities | - Decreased services<br>- Non-sustaining support<br>- Chasing the money | - Grant funds<br>- Rewarding collaborations<br>- Opportunity to share & inform local story beyond | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 14. Less disposable income, increased unemployment | - Decrease in quality of life<br>- Loss of revenue for local businesses<br>- Capacity of nonprofits | - Focus on resilient lifestyles | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 15. Changing | - How can seasonal businesses | - Increased revenue for | CUL | EDU | ENV | SOC |

| | | | | | | |
|---|---|---|---|---|---|---|
| tourist season | stay open for longer?<br>- Unpredictable<br>- Changes feel of town | businesses<br>- More jobs | ECO | EMO | PHY | SPI |
| 16. Loss of services due to state budget | - Increase vulnerability to communicable diseases<br>- Less opportunities for education<br>- Local nonprofit burden<br>- More disempowered people<br>- Less preventative health services leading to long-term increase in costs<br>- Inclination to be reactive<br>- Job loss | - Local-level problem solving<br>- Collaboration between agencies & organizations<br>- Focusing on root causes<br>- Reevaluation of priorities<br>- Opportunities for local ed<br>- Proactive planning<br>- Sharing spaces, services, expertise, innovation with available technology | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 17. New school programs & high tunnels addressing obesity prevention | - Risk of new pests | - More locally produced food<br>- Increased economic base<br>- Increased student awareness of healthy food<br>- Increased adaptability | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 18. Increased stress from employment uncertainty | - Decreased buy-in from employees<br>- Unable to maintain competent workforce | - Stronger bonds with coworkers, community partners<br>- Lifestyle opportunities | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 19. Climate change | - Increased insect infestations<br>- Increase in fire regime<br>- Changes in flora & fauna<br>- Fish populations<br>- Water temperatures<br>- Collaboration & alignment needed | - More decision makers are owning it<br>- Opportunities for education<br>- Increase collaboration<br>- Longer growing season<br>- More tourism | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 20. Fish & fishing prices | - Economy v Biology<br>- Climate change<br>- Frankenfish<br>- Mariculture | - New income streams<br>- Using local resources – growing our own food<br>- Education on wild vs farmed fish<br>- Increased opportunity for branding<br>- Desired profession | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 21. Wildlife die off in past year | - Lack understanding of system causes | - Opportunity for education & research | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 22. Bluff Erosion | - Resource allocation funneled to this issue<br>- Funds going to highway maintenance, dredging harbor<br>- Decreases in economic | - Federal $ to support<br>- Opportunity not to develop coastline | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

| | | | | | | |
|---|---|---|---|---|---|---|
| | development/commerce<br>- Impacts basic survival | | | | | |
| 23. Oil & gas development | - Deciding who pays for/ cost benefit analysis<br>- Boom bus vs sustainable (state focus is boom)<br>- Impacts on environment & on health & tourism | - Jobs<br>- Revenue<br>- Cheaper heating/fuel costs<br>- Capitalize on construction/ infrastructure for sidewalks | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 24. Renewable Resource Development | - Expensive<br>- Increased initial investment | - Get rid of gas line<br>- Increased awareness for diversity model<br>- Catalyst for studies/research feasible studies<br>- Affordable, sustainable | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 25. Vulnerable geographic area, natural disasters | - Shut off from services & food | - Community collaboration for planning and response<br>- Invest in community self-reliance | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 26. Kenai Peninsula Borough involvement in health decision-making | - New stakeholders involved that may not be well-informed<br>- Less of a voice from the community<br>- Motivation to save dollars over community impacts | - Borough wide changes to secure sustainability<br>- Found efficiencies<br>- Positions providers better w outcome-based care<br>- Support MAPP in focusing on action over assessing | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 27. Healthcare shifting to outcome based instead of pay-for-service | - Transforming individual organizations<br>- Having capacity to maintain current model & shift to new<br>- Costs<br>- Patient buy-in | - Improved health outcomes<br>- More affordable care | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 28. Drug use, abuse, & availability in the community | - Expanding into different parts of the community & demographics<br>- Increase in communicable diseases<br>- Increases healthcare costs<br>- Limited treatment options<br>- Always finding another drug/another way<br>- Limited enforcement | - Increased collaboration<br>- Increase in some services<br>- Focus on root causes<br>- Create more resilient community, reduce harm<br>- Gateway to other services<br>- Opportunity for education in the community<br>- Increase in compassion | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 29. Reduced transportation with voucher | - Access to services<br>- Decreased quality of life<br>- Loss of jobs | - Groups solve differently<br>- Small business could provide transportation | CUL | EDU | ENV | SOC |

| | | | | | | |
|---|---|---|---|---|---|---|
| program loss | | - Get existing taxis to collaborate<br>- "Neighbor helping neighbor" social networks | ECO | EMO | PHY | SPI |
| 30. Public awareness of community violence | - Topic of the day then gone<br>- Maintaining ongoing awareness<br>- Public perception may be different from reality<br>- Teach people how to protect self vs how not to be violent | - Green dot program<br>- Public awareness = opportunity for education | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 31. Community Collaboration | - People are overworked, hard to take on more employees & volunteers<br>- Process takes time to build & sustain<br>- Timing piece with grants | - 10 Fold: work together, make better decisions, address more topics, enhance or increase services, create jobs | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 32. Legalization of cannabis in Kenai Peninsula | - Divisiveness<br>- Understanding the law & legal elements as a property owner, employer etc<br>- Health impacts | - Local economic impact and diversity, job opps<br>- Balance smart policies for developing brains & business freedoms<br>- Quality of life impacts | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 33. Changes in demographics | - Reduction of property tax revenue for schools, staff<br>- Keeping activities & services relevant<br>- Mission reconsiderations (senior care, funding availability)<br>- Diminished workforce | - Increased senior volunteer pool<br>- Utilize new expertise<br>- New businesses to meet needs | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 34. Criminal justice reform | - Dispute over changes<br>- People are afraid of who might be released<br>- Opportunity for privatization | - Minor offenders won't be as penalized<br>- Changing perceptions | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 35. Growing community awareness of spiritual health | - Developing a shared language<br>- Being able to talk about spiritual health, separation from religion | - New dimension of wellness that has not been well discussed<br>- Opp for improvement & ed | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

# HEALTH STATUS ASSESSMENT

- There was a 10% increase (+1,237) in the SKP population between the 2000 and 2010 Census and this population growth rate has been consistent with American Community Survey 5-year estimates (~9% increase from 2000 to 2014). The population overall is growing, however birth rate is stable.
- There is a greater percentage of SKP residents aged 45 and older than compared to the entire Kenai Peninsula Borough, AK, and the US (48% of SKP population 45+, Kenai Peninsula Borough 44%, Alaska 35%, and US 40%).
- The percentage of SKP family households with individuals under 18 has decreased from 2000 – 2014 (36% to 25% of households with individuals under 18). The Kenai Peninsula Borough, AK, and the US all have greater percentages of family households with individuals under the age of 18 (29%, 36%, and 32% respectively).
- The Southern Kenai Peninsula's leading causes of death (#1 Cancer, #2 Heart Disease) are similar to the Kenai Peninsula, Alaska, and US (#1 Heart Disease, #2 Cancer).
- The Southern Kenai Peninsula meets the HA2020 targets for the following objectives:
    - Increasing the proportion of Alaskans who are tobacco-free
    - Increasing the proportion of Alaska youth with family and/or social support
    - Reducing the number of Alaskans experiencing domestic violence and sexual assault (1 of 3 indicators available for SKP)
- The Southern Kenai Peninsula has not yet met the targets for the following objectives:
    - Reducing the proportion of Alaskans who are overweight or obese
    - Increasing the proportion of Alaskans who are physically active
    - Reducing the number of Alaskans experiencing poor mental health
    - Reducing the number of Alaskans experiencing alcohol and other drug dependence and abuse
    - Reducing the proportion of Alaskans without access to high quality and affordable healthcare (although the % of adults reporting that they could not

afford to see a doctor in the last 12 months is decreasing and in 2014 met the target)
    - Increasing the economic and educational status of Alaskans
- Of the top 10 indicators for Family Well-being, SKP status improvements are occurring for:
    - The % of high school students who feel that in their community they matter to people
    - The % of adults who meet the criteria for healthy weight
    - The % of high school students who feel that their teachers care about them
    - The % of households that pay less than 30% of monthly income on housing
- Of the top 10 indicators for Family Well-being, SKP status improvements are not occurring for:
    - The % of high school students who have at least one parent that talks to them about school about every day
    - The % of children ages 0-5 participating in Ages Stages Questionnaire developmental screening
    - The % of children who participate in organized after school, evening or weekend activities one or more days a week
    - The % of children ages 0-5 who meet social-emotional development criteria
    - The % of high school students who have at last one adult besides their parents they could ask an important question affecting their lives
    - The % of 18-24 year olds with a high school diploma or higher


Mobilizing for Action through Planning and Partnerships

# Forces of Change Assessment

## MAPP of the Southern Kenai Peninsula, Alaska

August 2016

# Table of Contents

## Community Health Needs Assessment Background

Spearheaded by South Peninsula Hospital in November 2008, over forty organizations gathered in November 2008 to conduct the first collaborative, area-wide Community Health Needs Assessment (CHNA), with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. The Mobilizing for Action through Planning & Partnerships (MAPP) framework developed by the Centers for Disease Control & Prevention (CDC) and the National Association of City & County Health Officials (NACCHO) was selected to guide the assessment process. Building on the lessons-learned and results from the first and second CHNAs, the third CHNA is composed of the following four separate 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, educational, emotional, environmental, 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 1. MAPP Framework Flowchart*

IV. Local Public Health 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. This assessment was conducted during the first and third CHNAs, but not during the second.

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

The following trends, challenges, and opportunities constitute the **Forces of Change Assessment.** The goal of this assessment is to enable our community to better anticipate change and to raise our awareness of factors that are often beyond our control. Issues identified were brainstormed on May 18th, 2016 with the MAPP steering committee members, all leaders from local community organizations.

## Forces of Change Assessment

### FORCES OF CHANGE DISCUSSION PARTICIPANTS

David Branding, South Peninsula Behavioral Health
Lorne Carroll, Homer Public Health
Derotha Ferraro, South Peninsula Hospital
Paige Meadows, MAPP VISTA
Megan Murphy, MAPP
Emily Read, SVT Health & Wellness
Stephanie Stillwell, Homer Public Health
Carol Swartz, Kenai Peninsula College
Lisa Talbott, United Methodist Church
Kyra Wagner, Sustainable Homer

### METHODS

A group Forces of Change brainstorm was conducted on May 18th at a MAPP Steering Committee meeting. The Steering Committee brainstormed ideas and captured them on a projector screen in the matrix seen below. The group then reviewed these Forces of Change and identified challenges and opportunities that could result from each trend. Most applicable Wellness Dimensions were then identified for each Force of Change to support a consistent comparison lens across sub-assessments. This list reflects the discussion and review of the Steering Committee, however is not all-inclusive.

## RESULTS

Wellness Dimension Key:

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

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

**Educational:** *Recognition of creative abilities and the expansion of knowledge and skills.*

**Emotional:** *The ability to cope effectively with life & create personal enrichment through one's work & relationships*

**Environmental:** *A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.*

**Physical:** *The ability to perform daily activities without undue fatigue or physical stress.*

**Social:** *A sense of connection, belonging, safety, and a reliable support system.*

**Spiritual:** *A sense of purpose & meaning in life.*

**Forces of Change Brainstorm**
**May 18th 2016 MAPP Steering Committee Discussion**

| Trend | Challenge | Opportunity | Impacted Wellness Dimensions | | | |
|---|---|---|---|---|---|---|
| 1. Increased level of collaboration in community | - Tapping into already stressed human resources<br>- Reduced funding for individual organization<br>- Developing a shared language & new paradigm<br>- Takes time & planning | - Efficiencies<br>- Effectiveness<br>- Root causes<br>- Increased community health<br>- Proactive | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 2. Local farm production | - Short season – climate- can be more expensive | - Support local people<br>- Create jobs, keep $ local<br>- Healthier food sources<br>- High tunnels | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 3. Changes in communication /technology | - Multiple outreach outlets<br>- Integrating to actual service<br>- Unique modalities may isolate certain user groups and divide generations | - Increased jobs<br>- Reduced paper, space<br>- Increased ability to connect grass roots<br>- Expanding audiences<br>- More timely access to info | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 4. Ever-changing leadership within the community | - Organizational memory loss<br>- Time/costs to train new staff<br>- Impacts relationship-bldg, trust<br>- Loss of momentum | - New ideas<br>- New paradigms for functioning & infrastructure<br>- "Collaboration Language" | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

| | | | | | | |
|---|---|---|---|---|---|---|
| 5. Declining north slope production (Declining state funds, scarcity mindset) | - Decreased grant funding<br>- Decreased resources | - Opps for diversification<br>- Education to consume fewer resources/live within our means<br>- Increased awareness of other options<br>- Opps for increased renewable resources | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 6. Medicaid expansion & reform | - Politically influenced<br>- Medicaid hasn't proved they have capacity to manage this<br>- Sustainability | - Increased access<br>- Increase in participation & giving back to community<br>- Improved quality of life<br>- Compensates providers for previously uncompensated care & encourages right care from right provider<br>- Decreased costs of care<br>- Supports wellness | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 7. Affordable Care Act | - Perception will cost too much to provide healthcare<br>- Education of purpose/goals/cost & what it means<br>- Way State perceives it | - Outreach/educational opps<br>- Increased healthcare benefits, # of people with insurance<br>- Increased prevention | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 8. Perception of economy in Alaska & its future | - Proactive vs reactive<br>- More difficult to recruit professionals<br>- Lack of job growth | - Lots of public interest/concern<br>- Relationships between people & legislators | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 9. Fuel prices | - Decreased mobility, increased isolation<br>- Shifting resources/$$<br>- Effects on employment choices<br>- Healthcare access<br>- Economic stress, increased risk of homelessness<br>- Decrease in tourism/travel | - Increased biking/walking/carpooling<br>- Increased value of PFD<br>- Good for state budget<br>- Increased transportation conversation<br>- Conservation of resources<br>- Downsizing structures<br>- Increase in weatherization | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 10. Availability of living wage jobs | - No jobs – ltd economic growth<br>- Ltd well-paying jobs – seasonal<br>- Ltd population – ltd # of qualified employees | - Opportunities for professional development<br>- KPC for local education<br>- Online education | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 11. State Budget / Fiscal Crisis | - Non-diverse budget, no varied revenue stream<br>- Can't address the root cause of the fiscal crisis<br>- Concern that the state will not take it seriously enough<br>- Difficult to reach the state to influence their decisions<br>- Local agencies are not involved in the decision making process | - Need for collaboration<br>- Increased volunteer opportunities<br>- Identification of new funding streams<br>- Community level strategic planning<br>- Development of increased local funding capacity | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

| | | | | | | |
|---|---|---|---|---|---|---|
| 12. Political season (federal, state, & local) | - Different administration<br>- Introduction of different priorities<br>- Social animosity, political parties are divisive<br>- Fear | - Increased engagement among generations in voting<br>- Increased engagement at community levels<br>- Push for more transparency<br>- Fix what's broken | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 13. Decreased revenue sharing with municipalities | - Decreased services<br>- Non-sustaining support<br>- Chasing the money | - Grant funds<br>- Rewarding collaborations<br>- Opportunity to share & inform local story beyond | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 14. Less disposable income, increase unemployment | - Decrease in quality of life<br>- Loss of revenue for local businesses<br>- Capacity of nonprofits | - Focus on resilient lifestyles | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 15. Changing tourist season | - How can seasonal businesses stay open for longer?<br>- Unpredictable<br>- Changes feel of town | - Increased revenue for businesses<br>- More jobs | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 16. Loss of services due to state budget | - Increase vulnerability to communicable diseases<br>- Less opportunities for education<br>- Local nonprofit burden<br>- More disempowered people<br>- Less preventative health services leading to long-term increase in costs<br>- Inclination to be reactive<br>- Job loss | - Local-level problem solving<br>- Collaboration between agencies & organizations<br>- Focusing on root causes<br>- Reevaluation of priorities<br>- Opportunities for local ed<br>- Proactive planning<br>- Sharing spaces, services, expertise, innovation with available technology | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 17. New school programs & high tunnels addressing obesity prevention | - Risk of new pests | - More locally produced food<br>- Increased economic base<br>- Increased student awareness of healthy food<br>- Increased adaptability | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 18. Increased stress from employment uncertainty | - Decreased buy-in from employees<br>- Unable to maintain competent workforce | - Stronger bonds with coworkers, community partners<br>- Lifestyle opportunities | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 19. Climate change | - Increased insect infestations<br>- Increase in fire regime<br>- Changes in flora & fauna<br>- Fish populations<br>- Water temperatures<br>- Collaboration & alignment needed | - More decision makers are owning it<br>- Opportunities for education<br>- Increase collaboration<br>- Longer growing season<br>- More tourism | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

| | | | | | | |
|---|---|---|---|---|---|---|
| 20. Fish & fishing prices | - Economy v Biology<br>- Climate change<br>- Frankenfish<br>- Mariculture | - New income streams<br>- Using local resources – growing our own food<br>- Education on wild vs farmed fish<br>- Increased opportunity for branding<br>- Desired profession | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 21. Wildlife die off in past year | - Lack understanding of system causes | - Opportunity for education & research | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 22. Bluff Erosion | - Resource allocation funneled to this issue<br>- Funds going to highway maintenance, dredging harbor<br>- Decreases in economic development/commerce<br>- Impacts basic survival | - Federal $ to support<br>- Opportunity not to develop coastline | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 23. Oil & gas development | - Deciding who pays for/ cost benefit analysis<br>- Boom bus vs sustainable (state focus is boom)<br>- Impacts on environment & on health & tourism | - Jobs<br>- Revenue<br>- Cheaper heating/fuel costs<br>- Capitalize on construction/ infrastructure for sidewalks | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 24. Renewable Resource Development | - Expensive<br>- Increased initial investment | - Get rid of gas line<br>- Increased awareness for diversity model<br>- Catalyst for studies/research feasible studies<br>- Affordable, sustainable | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 25. Vulnerable geographic area, natural disasters | - Shut off from services & food | - Community collaboration for planning and response<br>- Invest in community self-reliance | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 26. Kenai Peninsula Borough involvement in health decision-making | - New stakeholders involved that may not be well-informed<br>- Less of a voice from the community<br>- Motivation to save dollars over community impacts | - Borough wide changes to secure sustainability<br>- Found efficiencies<br>- Positions providers better w outcome-based care<br>- Support MAPP in focusing on action over assessing | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 27. Healthcare shifting to outcome based instead of pay-for-service | - Transforming individual organizations<br>- Having capacity to maintain current model & shift to new<br>- Costs<br>- Patient buy-in | - Improved health outcomes<br>- More affordable care | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |

| | | | | | | |
|---|---|---|---|---|---|---|
| 28. Drug use, abuse, & availability in the community | - Expanding into different parts of the community & demographics<br>- Increase in communicable diseases<br>- Increases healthcare costs<br>- Limited treatment options<br>- Always finding another drug/another way<br>- Limited enforcement | - Increased collaboration<br>- Increase in some services<br>- Focus on root causes<br>- Create more resilient community, reduce harm<br>- Gateway to other services<br>- Opportunity for education in the community<br>- Increase in compassion | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 29. Reduced transportation with voucher program loss | - Access to services<br>- Decreased quality of life<br>- Loss of jobs | - Groups solve differently<br>- Small business could provide transportation<br>- Get existing taxis to collaborate<br>- "Neighbor helping neighbor" social networks | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 30. Public awareness of community violence | - Topic of the day then gone<br>- Maintaining ongoing awareness<br>- Public perception may be different from reality<br>- Teach people how to protect self vs how not to be violent | - Green dot program<br>- Public awareness = opportunity for education | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 31. Community Collaboration | - People are overworked, hard to take on more employees & volunteers<br>- Process takes time to build & sustain<br>- Timing piece with grants | - 10 Fold: work together, make better decisions, address more topics, enhance or increase services, create jobs | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 32. Legalization of cannabis in Kenai Peninsula | - Divisiveness<br>- Understanding the law & legal elements as a property owner, employer etc<br>- Health impacts | - Local economic impact and diversity, job opps<br>- Balance smart policies for developing brains & business freedoms<br>- Quality of life impacts | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 33. Changes in demographics | - Reduction of property tax revenue for schools, staff<br>- Keeping activities & services relevant<br>- Mission reconsiderations (senior care, funding availability)<br>- Diminished workforce | - Increased senior volunteer pool<br>- Utilize new expertise<br>- New businesses to meet needs | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 34. Criminal justice reform | - Dispute over changes<br>- People are afraid of who might be released<br>- Opportunity for privatization | - Minor offenders won't be as penalized<br>- Changing perceptions | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |
| 35. Growing community awareness of spiritual health | - Developing a shared language<br>- Being able to talk about spiritual health, separation from religion | - New dimension of wellness that has not been well discussed<br>- Opp for improvement & ed | CUL | EDU | ENV | SOC |
| | | | ECO | EMO | PHY | SPI |


Mobilizing for Action through Planning and Partnerships

# Community Themes and Strengths Assessment

MAPP of the Southern Kenai Peninsula, Alaska

June 2016

# Table of Contents

## Wellness Discussion Contributors

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*Diane Converse, Pratt Museum*
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*Peter Kaufman, Magic Threes*
*Lynn Marie Naden, Artist*
*Peggy Paver, Homer Council on the Arts*

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*Christine Griffard, Edward Jones*
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*Red Asselin, Sprout Family Services*
*Laura Kay, LKP Consulting*
*Jill Lush, Sprout Family Services*
*Shenandoah Lush, Peer Health Educator*
*Jeanne Parker, Jeanne's Learning Yurt*
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*Brett Glidden, South Peninsula Haven House*
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*Alida Dunning, WIilderness Way Enterprises*
*Ginny Espenshade, Kenai Peninsula Youth Court*
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*Matt Prescott, Homer Connections*
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*Kate Finn, Eckankar*
*Kathy Hedges, Ombudsmen*
*Darlene Hildebrand, Hospice of Homer*
*Anna Raup, Many Rivers*
*Bob Redmond, South Peninsula Hospital*
*Paul Rourke, Junior Spiritual Empowerment*
*Lisa Talbott, Homer United Methodist Church*
*Dave Taylor, Christian Community Church*

## MAPP Coordinator

*Megan Murphy*

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## Other Significant Contributors

*Paige Meadows, MAPP VISTA*

This Assessment was made possible with support from the South Peninsula Hospital Service Area Board, Community Partners, and the Mobilizing Action for Resilient Communities grant.

# Southern Kenai Peninsula Map

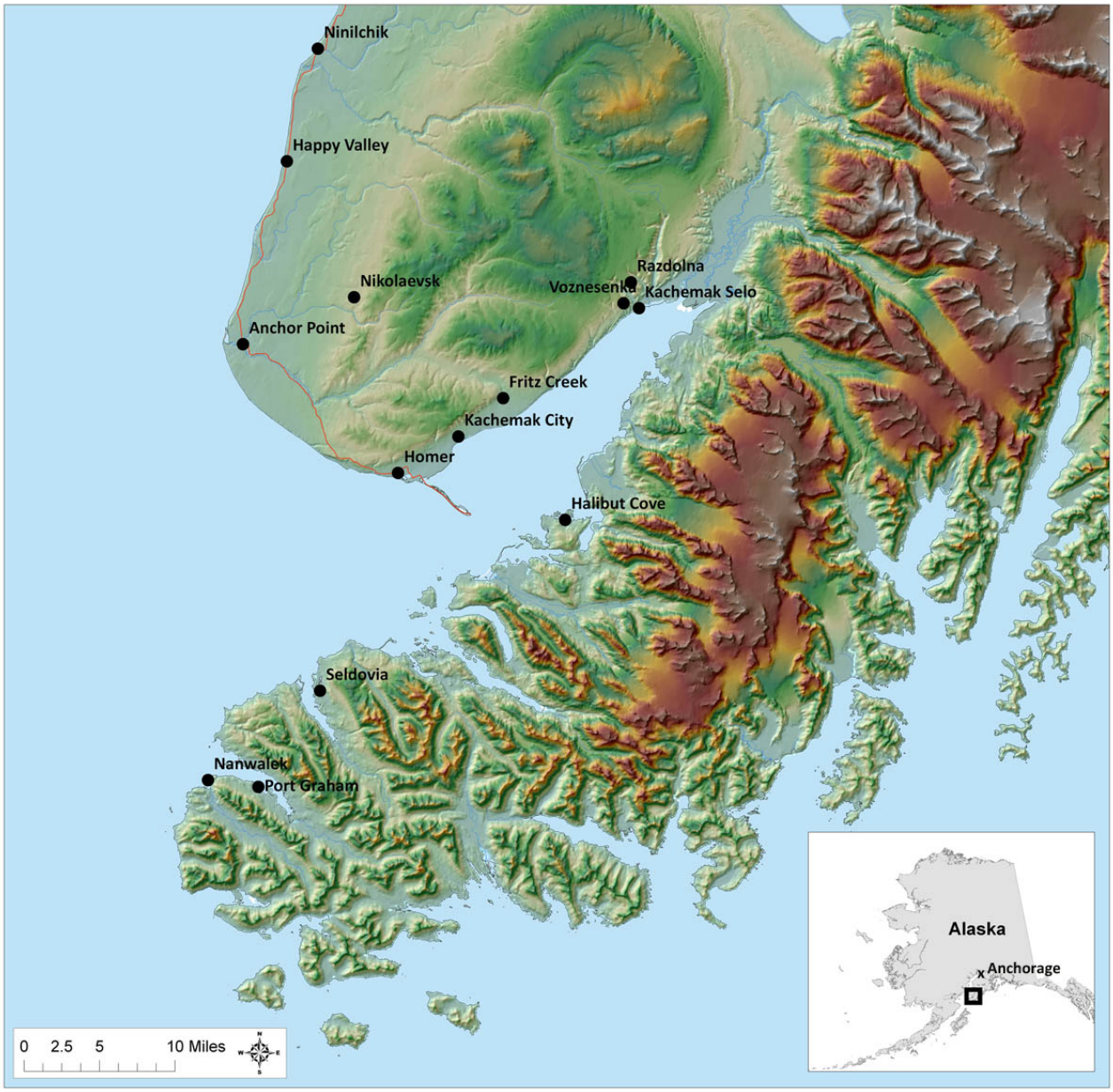


*Figure 1. Map of Southern Kenai Peninsula Communities, AK*

# Acronyms

**ACS:** American Community Survey (part of the US Census 5-year estimated calculations)

**CHIP:** Community Health Improvement Plan

**CHNA:** Community Health Needs Assessment

**MAPP:** Mobilizing for Action through Planning and Partnerships

**SKP:** Southern Kenai Peninsula

## Community Health Assessment Background

Spearheaded by South Peninsula Hospital in November 2008, over forty organizations gathered in November 2008 to conduct the first collaborative, area-wide Community Health Needs Assessment (CHNA), with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. The Mobilizing for Action through Planning & Partnerships (MAPP) framework developed by the Centers for Disease Control & Prevention (CDC) and the National Association of City & County Health Officials (NACCHO) was selected to guide the assessment process. Building on the lessons-learned and results from the first and second CHNAs, the third CHNA is composed of the following four separate assessments:

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   Qualitative input from community members to identify the issues they feel are important.
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   b. Wellness Dimension Focus Groups

II. Community Health Status Assessment
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   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*

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   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. This assessment was conducted during the first and third CHNAs, but not during the second.

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

The following responses are the results from the **Community Themes and Strengths Assessment**, which is composed of two separate parts. The **Wellness Dimension Focus Group Discussions** were used to further refine strengths, challenges, and meaningful measures for each of the 8 Wellness Dimensions (cultural, economic, educational, emotional, environmental, physical, social, and spiritual wellness) and the **Perceptions of Community Health survey** was made available to gather community input on broad community health priorities. To view all assessments or additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Megan Murphy, MAPP coordinator, at mappofskp@gmail.com or (907) 235-0570.

## Eight Dimensions of Wellness: Focus Group Discussions

### Wellness Discussion Data Team Members

Bonita Banks, South Peninsula Hospital

Laura Kay, community member

Paige Meadows, MAPP

Megan Murphy, MAPP

Michael Tupper, South Peninsula Hospital

Kyra Wagner, Sustainable Homer


*Figure 3. 8 Dimensions of Wellness*

### Methods

The data team reviewed the process and questions used for the first and second Community Health Needs Assessments and discussed how best to build on questions for comparability and gather information to refine focus for community action. A shift from the first and second assessments, the Steering Committee and data teams discussed ways to support a transition to

measuring Wellness, instead of what has previously been a primary focus on measuring the existence of problems. Thus, the data team decided to spearhead the adoption of 8 Wellness Dimensions (based on the dimensions defined by the Substance Abuse and Mental health Services Administration (SAMHSA)), giving more clarity to the 'broad definition of health' that MAPP has used since its inception. The Steering Committee finalized and approved these **definitions of wellness dimensions**:

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

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

**Educational:** *Recognition of creative abilities and the expansion of knowledge and skills.*

**Emotional:** *The ability to cope effectively with life & create personal enrichment through one's work & relationships.*

**Environmental:** *A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.*

**Physical:** *The ability to perform daily activities without undue fatigue or physical stress.*

**Social:** *A sense of connection, belonging, safety, and a reliable support system.*

**Spiritual:** *A sense of purpose & meaning in life.*

Previously, Key Informant interviews (2009) and Key Informant surveys (2012) were conducted to gather in-depth community input on strengths and challenges. With considerations of maximizing data team, Steering Committee, and community participant time and resources, the data team selected focus group discussions as the process to efficiently and effectively gather input on the Wellness Dimension top strengths and challenges in our community. A broad group of community members, each representing one of the 8 different wellness perspectives, were invited to attend the focus group discussions. A one-day event, March 11th, 2016, with identical two and a half hour morning and afternoon sessions were hosted to concurrently gather input on each of the 8 dimensions of wellness.

The goals of the focus discussions were to:

- Support ongoing collaboration to accurately portray our community's health
- Support awareness of how people and organizations participate in the bigger community health picture
- Brainstorm with other wellness representatives to prioritize meaningful wellness measures
- Refine our process of collecting community health status data to better portray a consolidated health picture
- Create a strong foundation for measuring organizational and community progress

Each of the 8 tables of wellness perspectives were asked to identify the top five community strengths and challenges that related to their specific dimension. Written input was gathered ahead of time from community members physically unable to participate and table facilitators were asked to include this input into a group's discussion. Group report-outs enabled all participants to hear the conclusion from each dimension's top strengths and challenges. Ideally, there would have been time for tables to prioritize their top five strengths and challenges and to discuss meaningful measurements for their respective wellness dimension but time did not allow. Since there was not enough time for groups to prioritize their strengths and challenges, the data team assigned themes to each strength or challenge to help prioritize cross-cutting themes. The top five strengths and challenges of each wellness dimension were compiled and sent out to participants. A community conversation around gathering and using meaningful measurements will be an ongoing process.

### Results

In total, 67 community members participated in the March 11th, 2016 Wellness Discussions. Written input was gathered from thirteen community members. Each of the 8 wellness dimensions had between 5-12 individuals present with informed experience in their respective wellness dimension that identified the top 5 community strengths and challenges of their respective wellness dimension.

## 8 Dimensions of Wellness Focus Groups:
## Identification of Top 5 Strengths & Challenges
## Combined 3.11.16 Morning & Afternoon Discussion Notes

**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 |
|---|---|
| **1.** Supportive environment/community. Community supports arts, activities, in many ways. Support for artists to express themselves. [8,9,10] | **1.** Isolated ethnic diversity. Predominately white. [8] |
| **2.** Crossroads of culture. Homer is very dynamic, constantly renewing itself. [8] | **2.** White privilege & entitlement, challenges with equity. Homer is a difficult place to be a Native Alaskan in. White privilege: we are all unique & special & tolerant, so therefore we don't separate out people/groups. Is not intentional, but we need to educate people to understand. [8,9] |
| **3.** Arts/dynamic creativity. [10] | **3.** Have a transient nature. People come & go, & Homer-sapiens can judge & ask "how long are they going to last?" [37,38] |
| **4.** Individuation, freedom in Homer. [9] | **4.** Diluted communication & awareness of what is going on. [27] |
| **5.** Universal uniqueness. | **5.** Competition for the limited resources that are available. [13,29,31] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

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

| Economic Wellness Strengths | Economic Wellness Challenges |
|---|---|
| **1.** Diverse economy. Not centered around a mine or processor. [1,29,31] | **1.** State fiscal crisis. Everyone is going to be asked to pay more; this creates uncertainty in the economic realm. People could leave; outsiders may not want to move here. Affordable housing. "Silver tsunami." [1,29,31,15,40,41] |
| **2.** Maritime fishing & marine trades, oriented towards the water. [1,31] | **2.** "Seasonal" economy. Very active during the summer, not so much during winter. Reduction in oil industry jobs. [1,31] |
| **3.** Small businesses. Commercial fishing, welding shops, etc. [1,29,31] | **3.** Not a high growth community, very stagnant with population. [41] |
| **4.** Renewable, sustainable, healthy resources that are available. [29,31] | **4.** Trade/vocational jobs. People look down on jobs that are actually very high paying, like welders & plumbers. [1,4] |
| **5.** Activity of entrepreneurial small businesses, makes us a vibrant community. [13,29,31] | **5.** No local/community bank. Have to approach national banks. [31] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

**Educational Wellness:** *Recognition of creative abilities and the expansion of knowledge and skills.*

| Educational Wellness Strengths | Educational Wellness Challenges |
|---|---|
| **1.** School system and quality of facilities available. The diversity, number, and accessibility of opportunities from pre-K to college, professional staff & educators in the community. [4,18] | **1.** Demographic shifts. Critical for education, because education depends on enrollment. Class sizes. [35,41] |
| **2.** Involvement of nonprofits & business community support of education across the community. [36] | **2.** Accessibility for childcare, transportation, other resources. [2,4,5,6,21,22] |
| **3.** Engagement of community in education. A diverse and highly educated community. [8,37] | **3.** External funding. Budget cuts and lack of resources. Need funding that is stable and sustainable over long periods of time. Challenges with recruiting and retaining talent. [29,31] |
| **4.** Community prioritizes learning through diverse and interconnected services across organizations & programs. Collaborations between agencies. [33] | **4.** Lack of cultural and racial diversity to expand knowledge, understanding, & skills. Not honoring Alaska's past. [8] |
| **5.** Physical location. Our community utilizes the environment for expansive and experiential learning. [12,39] | **5.** Fixed vs growth mindset. Can also affect educators, mentors, etc. Mindset that kids are fixed in one way & that they can't grow & adapt. Schools are not trauma-informed. Not a lot of social-emotional learning and coping skills. Impact on students with different learning styles or Adverse Childhood Experiences. [9,20,34,35] |
| | 6. Limited media, especially at national & state level. [27] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

**Emotional Wellness:** *The ability to cope effectively with life & create personal enrichment through one's work & relationships.*

| Emotional Wellness Strengths | Emotional Wellness Challenges |
|---|---|
| **1.** Access to natural beauty. [12,19,23,25,39,42] | **1.** Addiction/mental illness. Across the spectrum from prevention to recovery, there is not a lot available locally. Also a statewide issue. Hard to access treatment, & recovery networks. Poor funding for prevention. [3,20,34] |
| **2.** Religious & spiritual opportunities are great outlets for emotional health. [14] | **2.** Violent crime. Domestic violence, sexual assault etc, things that make you feel unsafe can influence your emotional health. [30] |
| **3.** Schools, incorporation of differently abled children. [18] | **3.** Lack of diversity for outside thinkers. Lack of tolerance. [9] |
| **4.** Diversity & richness of resources for pursuing the means to meet emotional needs. Group meetings, library, social services, etc. Quality, quantity, and diversity of our non-profit services. [13] | **4.** High cost of living. No access to affordable housing, homelessness issue, high food prices, not a lot of transportation. Poverty. [2,15,5,6,31] |
| **5.** Support and opportunities for diverse cultural expression, emotionally validating & encourages people to follow their passion. [8,9,10] | **5.** Lack of job opportunities. Small town limits opportunities. [1] |
| **6.** Size of community promotes both diversity and connection. Many ways to cross each other's paths. [8,37] | **6.** Hard place to live. Seasonal disorders, far from families, expensive, harsh and dynamic environment. [20,21,31,37] |
| | **7.** Layers of culture that don't support wellness: work hard and don't ask for help. [37] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

**Environmental Wellness:** *A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.*

| Environmental Wellness Strengths | Environmental Wellness Challenges |
|---|---|
| **1.** Natural beauty is visible and accessible. Community is integrated into the natural world. [12,19,23,25] | **1.** Climate change. Ocean acidification, warming temperatures. Can influence fisheries & economy. [24,29,31] |
| **2.** Network of individuals & agencies focusing on education, research & environmental conservation. [27,29,33] | **2.** Fiscal uncertainty. Many non-profits are facing budget cuts that can result in loss of professionals, ability to provide consistent programs. "Shifting baseline" concept of data. [29,31] |
| **3.** Active interests with individuals of all ages. [35] | **3.** Values & priorities. Conflicts in values. Can all identify natural beauty as a strength, but conflict in terms of what's good in development. Everyone wants their personal piece of property, what's good for them & not necessarily the community. Population growth and more technology. [9,24,40,41] |
| **4.** Healthy and productive habitats (and healthy fish & wildlife populations) that provide harvestable resources, fish, berries, etc. Promotes good stewardship as people care about these resources. [24,29] | **4.** "Big world effect." May do a lot to protect our community, but we can't control what happens in other areas. No matter our value, visitors may not share the same values/concerns. Outside environmental problems that affect our environment. Awareness of interdependence. [24,29] |
| **5.** Abundance of protected lands & habitats; state parks, etc. [24,29] | **5.** Education & communication. We all identify climate change as a challenge, but schools are not teaching about it because it's controversial, education is poor. lack of connection between big issue problems like climate change. Connection with daily life etc. Lack of political will. [9,18,27,34] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

**Physical Wellness:** *The ability to perform daily activities without undue fatigue or physical stress.*

| Physical Wellness Strengths | Physical Wellness Challenges |
|---|---|
| **1.** Progressively minded in collaboration across all aspects community. Healthcare field is happy to interact & share, but this also plays out in other aspects of the community. Real feeling of being on the same team. [33] | **1.** Infrastructure. Lack of sidewalks & other ADA facilities. Inability to have a dense downtown. [32,40] |
| **2.** Access to healthcare & other supporting services. It is very easy to connect someone to resources in this community. [6] | **2.** Mental & addictive health. [20] |
| **3.** Physical environment: access to beaches, trails exercise opportunities. [12,19,23,25] | **3.** Personal economics. Can limit what you can afford to care for yourself. [6,31] |
| **4.** Prevention focused – Syringe exchange program example with city council, does not condone drug use but can prevent disease. [34] | **4.** Access to transportation services & community activities. Very spread out community. [2,40] |
| **5.** Inclusive across life span. [35] | **5.** Recruiting & retaining professional providers. Struggle with this in all aspects, not just healthcare. [17,29,31] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

**Social Wellness:** *A sense of connection, belonging, safety, and a reliable support system.*

| Social Wellness Strengths | Social Wellness Challenges |
|---|---|
| 1. Vast and diverse opportunities for social connections. There are many opportunities in Homer & surrounding areas. [37] | **1.** Substance use & abuse. Keeps individuals away from meaningful relationships & interactions. Creates poor health in the community, & uses up money. Not a lot of activities to do in the evening that don't involve alcohol. [3,31,30,37] |
| **2.** Close knit community. Face to face accountability and interdependence (refined set of acceptable behaviors), dialogue. Business owners all know each other, non profit boards all know each other etc. Help people get plugged in to resources if struggling. [11,33, 38] | **2.** Sense of belonging. Even though there are activities going on, it is too close knit of a community for outsiders to join in. How can we make it more welcoming and sustainable for people – a large transient population. Sometimes we don't realize we're behaving in a way that makes people feel unwelcome. [37,38] |
| **3.** Generous and kind with time, support, giving. If you ask, you will receive. [11,36] | **3.** Physical/environmental barriers that decrease accessibility to resources. Need for community center for connectivity. Lack of public transportation, lack of indoor space for activities, lack of sidewalk for safe walking, poor road maintenance. Dark winters, harsh environment. [2,19,20,25,30,40] |
| **4.** Diversity and differences. Not a lot of judging in the area. [9] | **4.** Awareness of opportunities to connect. No "one stop" calendar. Makes it hard to see what is going on. [27] |
| **5.** Communication and dissemination of community info. A lot of good communication tools and venues, newspapers & flyers etc. [27] | **5.** Lack of money. People are too busy working to earn money to support themselves to be able to partake in social activities. Difficult to access kids programs, budget cuts for senior/youth programs. [1,21,29,31] |
| **6.** Community anchors. Places that people go that they identify with: libraries, churches, etc. [40] | |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

**Spiritual Wellness:** *A sense of purpose & meaning in life.*

| Spiritual Wellness Strengths | Spiritual Wellness Challenges |
|---|---|
| **1.** Sense of place in the natural environment. Quiet, nature, animals, lack of materialism, sense of awe, expansiveness, connection, & respect. [12,19,23,25,39,40] | **1.** Extremes of the environment. Can be difficult for people to find "balance" especially during the winter. [20,40,42] |
| **2.** Wide variety of spiritual practices available. Many opportunities to practice. [14] | **2.** Scarcity. Lack of time, economic opportunities, isolation from family, isolation from the community, lack of resources, lack of space to meet, lack of voices at the table, lack of community rhythms. Difficult for people to just take time to "be." [20,21,23,29,31,37,40] |
| **3.** Openness in the community, tolerance for a variety of different beliefs. Conversations that happen in the media surrounding spiritual issues. [9,27] | **3.** Accessibility & approachability. Finding space for people to meet at low costs, communication, how do all these spiritual opportunities reach out without infringing on the uniqueness of Homer? [9,11] |
| **4.** Many opportunities to serve others. Volunteer & service opportunities. [11] | **4.** Lack of opportunities for people of all beliefs, or no beliefs, to get together & talk about significant topics. [9,37,38,40] |
| **5.** Many different modalities for pursuing spiritual. Arts, music, outdoor activities, etc. [10,14,19,23] | **5.** Challenge to move beyond tolerance. We should do more than tolerate each other, acceptance would be the true goal. We should be looking to see who is not sitting at the table with us & invite them in. [9,11] |

*Numbers within the brackets correspond to themes identified within and listed on page 41 below.*

### Perceptions of Community Health Data Team Members

Bonita Banks, South Peninsula Hospital
Lorne Carroll, Homer Public Health
Derotha Ferraro, South Peninsula Hospital
Laura Kay, LKP Consulting
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Megan Murphy, MAPP
Emily Read, SVT Health & Wellness
Michael Tupper, South Peninsula Hospital
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### Methods

The data team reviewed questions from the first and second community surveys and revised questions for the third iteration while trying to maintain comparability. Consideration was also given to available Census data and creating questions and response options that could be compared to the Southern Kenai Peninsula demographics. In order to encourage community participation in the survey, the paper survey was limited to one sheet (two sided), an online version was made available, and questions were primarily multiple-choice with optional free responses. Additional demographic questions (gender, race, educational attainment, number of children within the household) and nine individual wellness measures were new questions added this third round.

The survey was open for community response in November and December 2015. Surveys were distributed at the November 7th Rotary Health Fair, made available online (mappofskp.net), handed out to community organizations to distribute to their clients/patrons[1], distributed at the Food Pantry, 'Share the Spirit' spaghetti fundraiser, and 'Share the Spirit' pick-up, and made publicly available at City Hall, Homer Air, Homer Public Library, KBay Café, Smoky Bay Air, and Ulmer's Drug & Hardware. Paper surveys were not distributed through the Homer News and Homer Tribune as previously done in the first and second CHNAs due to resource constraints. To compile paper and online results, all paper surveys were entered into survey monkey. Data team members assigned all free responses to 42 different categories in order to determine the volume of responses addressing specific topics. In addition to making this sub-assessment publicly available on the MAPP website (www.mappofskp.net/reports), the MAPP Steering Committee will focus distribution of sub-assessment results to participants and local decision-makers to further equip recipients to take action.

[1] Cook Inlet Council on Alcohol and Drug Abuse, Frontier Medicine, Headstart, Homer Dental, Homer Medical, Homer United Methodist Church, Homer Public Health Center, Kachemak Bay Campus, Kachemak Bay Family Planning Clinic, Kachemak Bay Medical Clinic, South Peninsula Behavioral Health Services, South Peninsula Haven House, South Peninsula Hospital, Sprout Family Services, SVT Health & Wellness

mapp
Mobilizing for Action through Planning and Partnerships

## PERCEPTIONS OF COMMUNITY HEALTH

Since 2008, our community has been working together within the MAPP coalition to improve community health. Every three years, MAPP takes a pulse of the community's health perceptions to inform existing and new community efforts. Please take a few minutes to tell us what's important to you. THANK YOU!!
**PLEASE TURN IN THIS SURVEY BY FRIDAY, DEC 18th TO:** the organization from which you received it or a drop box located at the Homer Public Library or Homer Public Health Center. You can also mail to MAPP, 195 E Bunnell Ave, Homer AK 99603.

**1. Which THREE aspects below are our community's greatest strengths?**

- ☐ Schools
- ☐ Housing
- ☐ Natural beauty
- ☐ Social networks
- ☐ Access to health care
- ☐ Cultural diversity
- ☐ Environmental health
- ☐ Support for Families
- ☐ Religious or spiritual opportunities
- ☐ Access to job training & higher education
- ☐ Cultural / arts opportunities
- ☐ Private/public nonprofit organizations
- ☐ Jobs & economic opportunities
- ☐ Healthy lifestyle opportunities
- ☐ Substance abuse treatment
- ☐ Respect for varied viewpoints
- ☐ Behavioral health services
- ☐ Public transportation
- ☐ Recreational opportunities
- ☐ People help each other
- ☐ Access to healthy food
- ☐ Elder care
- ☐ Other (please specify)

**2. Of the above options, which THREE aspects of our community most need to be improved?**

1. _____ 2. _____ 3. _____

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

| | You and Your family | Community |
|---|---|---|
| **Physical Health** | ☐ | ☐ |
| **Mental / Emotional Health** | ☐ | ☐ |
| **Substance Abuse** | ☐ | ☐ |
| **Interpersonal Violence** | ☐ | ☐ |
| **Economic Health** | ☐ | ☐ |
| **Environmental Health** | ☐ | ☐ |
| **Education** / costs and availability | ☐ | ☐ |
| **Other** (please specify) | ☐ | ☐ |

**4. Do any of the following prevent you from using services or activities that are available in our community?**

- ☐ Schedule conflicts
- ☐ Age restrictions
- ☐ Stigma
- ☐ Childcare
- ☐ Confidentiality
- ☐ Medicaid problem
- ☐ Membership restrictions
- ☐ Not enough time
- ☐ Found services elsewhere
- ☐ Distrust / dislike agency or provider
- ☐ Cultural or religious convictions
- ☐ Language barrier
- ☐ Lack of anonymity
- ☐ Transportation
- ☐ Harassment
- ☐ Awareness
- ☐ Cost
- ☐ Other (please specify)

**5. Please rate the following statements for yourself:**

| | Never | Sometimes | Frequently | Always |
|---|---|---|---|---|
| a. I like what I do every day & feel motivated to achieve my goals. | | | | |
| b. I have supportive and loving relationships in my life. | | | | |
| c. I have enough money to provide for my basic needs. | | | | |
| d. I have enough money to do everything I want to do. | | | | |
| e. I feel that my community is the perfect place for me. | | | | |
| f. I have good health and enough energy to get things done daily. | | | | |
| g. I see myself as a positive role model. | | | | |
| h. I am able to deal with general life stresses. | | | | |
| i. I have others who will listen when I need help. | | | | |

**6. In what community do you live?**

☐ Anchor Point ☐ Homer ☐ Nikolaevsk ☐ Seldovia
☐ Diamond Ridge ☐ Kachemak City ☐ Ninilchik ☐ Voznesenska
☐ Fox River ☐ Kachemak Selo ☐ Port Graham ☐ Other (please specify)
☐ Fritz Creek ☐ Nanwalek ☐ Razdolna

**7a. What is your age?** _____ **7b. What is your gender?** _____

**7c. Highest level of education completed?** ☐ High school or equivalency ☐ Vocational training
☐ Associate degree ☐ Professional degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate degree

**8. What is your race?**

☐ American Indian or Alaska Native ☐ Hispanic ☐ Two or more races
☐ African American or Black ☐ Native Hawaiian or Other Pacific Islander ☐ Other
☐ Asian ☐ White

**9a. How many people currently live in your household?** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8+

**9b. If child(ren) living in the household, what age(s)?** ☐ 0-5 ☐ 6-9 ☐ 10-13 ☐ 14-18 ☐ 18+

**10. What is your approximate annual household income?**

☐ less than $25,000 ☐ $25,000-50,000 ☐ $50,000-75,000 ☐ $75,000-100,000 ☐ $100,000+

**11. Do you have health insurance?** **(of any type: private, public, military, Native, Medicaid or Medicare)** ☐ Yes ☐ No

**12. Do you have additional comments or suggestions about the health of our community?**

## Results: Survey Demographics Compared to Southern Kenai Peninsula Demographics

Approximately 687 (1,212 in 2012 / 1,441 in 2008) community members from 14 Southern Kenai Peninsula (SKP) communities provided input to the survey. It is speculated that the lower number of survey responses during this third iteration is due to the decreasing numbers of surveys populated and returned at the Rotary Health Fair as this has been the venue for gathering the majority of survey responses in prior assessments.

The percentage of respondents from each community generally reflected the population size in relation to the total SKP population (American Community Survey 5-year estimates, Figure 3). The majority of respondents were female (72.6%) and 41.9% of respondents were from households with two individuals. The Respondents' age distribution was evenly spread from 10-85+ years old (Figure 4).

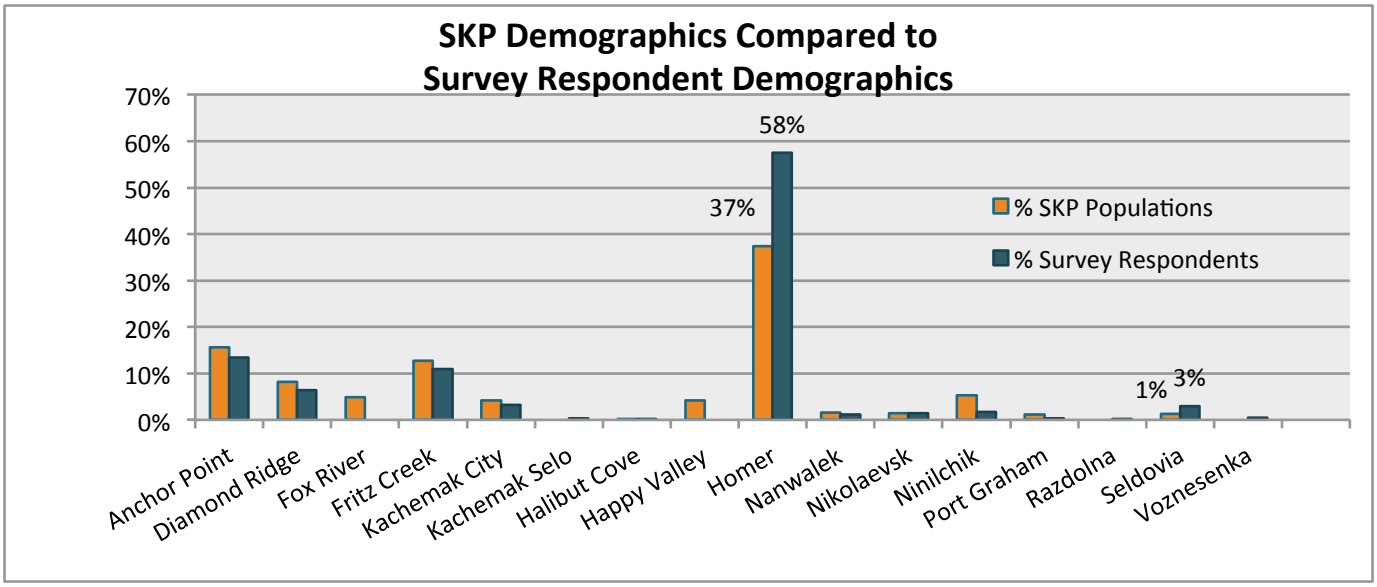



*Figure 4. Survey versus Southern Kenai Peninsula Community Representation*

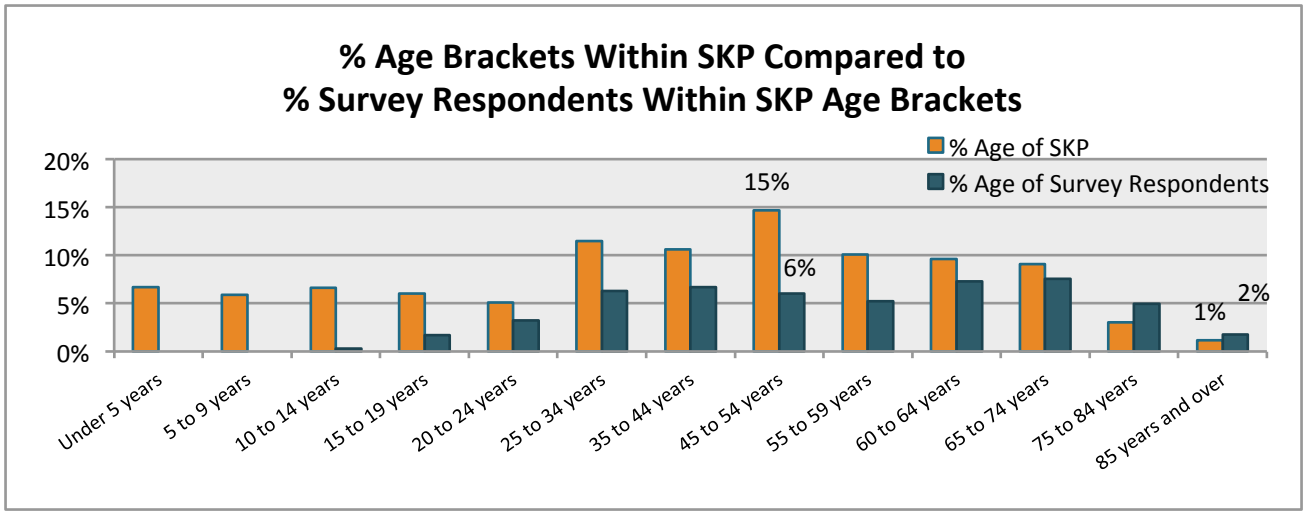



*Figure 5. Survey versus Southern Kenai Peninsula Age Representation*

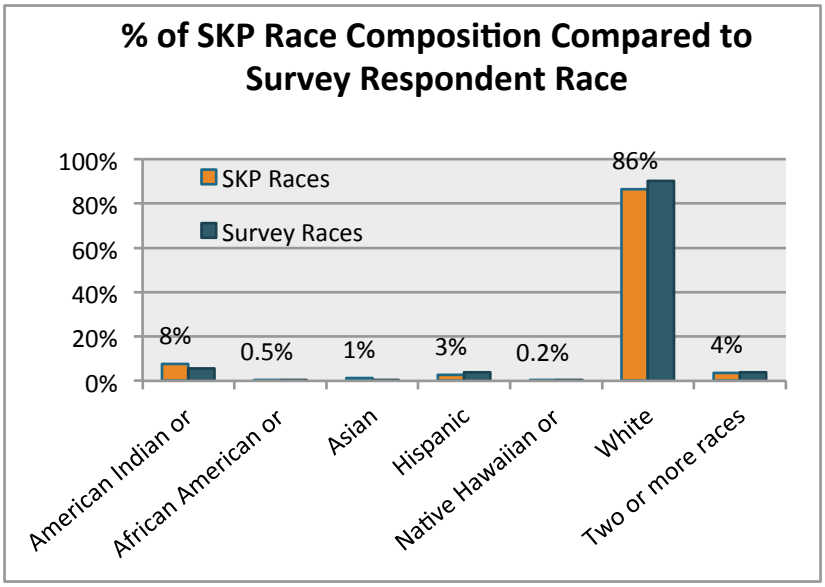



*Figure 6. Survey versus Southern Kenai Peninsula Race Representation*

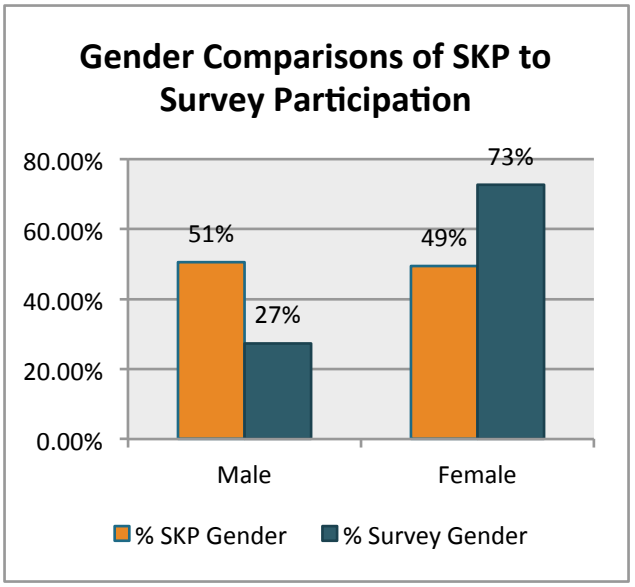



*Figure 7. Survey versus Southern Kenai Peninsula Gender Representation*

**Estimated Annual Household Income:**

| | **2012 Survey*** (1126 responses) | **2015 Survey** (626 responses) | **SKP Demographics** 2010-2014 5yr ACS Est |
|---|---|---|---|
| Less than $25,000 | 24% (269) | 19% (119) | 25% |
| 25,000-50,000 | 31% (348) | 29% (180) | 23% |
| 50,000-75,000 | 21% (236) | 24% (147) | 20% |
| 75,000-100,000 | 24% (273) [75K+] | 15% (96) | 12% |
| 100,000+ | *2012 income categories slightly different | 13% (84) | 20% |

**Respondents who have health insurance of any type (private, public, military, Native, Medicaid or Medicare):**

| **2008 Perceptions Survey** (1,429 responses) | **2012 Perceptions Survey** (1,164 responses) | **2015 Perceptions Survey** (660 responses) |
|---|---|---|
| Yes (73%) / No (27%) | Yes (75%) / No (25%) | Yes (88%) / No (12%) |

## Results: Survey Feedback to Community Health Perceptions

**The five greatest community strengths identified were:**

| | **2008 Perceptions Survey** (831 responses) | **2012 Perceptions Survey** (1171 responses) | **2015 Perceptions Survey** (680 responses) |
|---|---|---|---|
| 1 | People help each other | Natural beauty (79%) | Natural beauty (63%) |
| 2 | Respect for varied viewpoints | People help each other (68%) | People help each other (36%) |
| 3 | Natural beauty | Healthy environment (53%) | Cultural/arts opportunities (29%) |
| 4 | Diverse private/public nonprofit organizations | Schools (48%) | School (27%) |
| 5 | Other | Cultural/arts opportunities (47%) | Recreational opportunities (24%) |

**The five community aspects most needing to be improved:**
**2008 and 2012 Perceptions Survey did not ask directly comparable question*

| | **2015 Perceptions Survey** (590 responses) |
|---|---|
| 1 | Jobs & economic opportunities (48%) |
| 2 | Public transport (38%) |
| 3 | Substance abuse treatment (36%) |
| 4 | Housing (26%) |
| 5 | Access to job training & higher education (17%) |

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

| | **2008 Perceptions Survey** (831 responses) | **2012 Perceptions Survey** (886 responses) | **2015 Perceptions Survey** (567 responses) |
|---|---|---|---|
| 1 | Cost | Cost (47%) | Cost (51%) |
| 2 | Transportation | Schedule conflicts (42%) | Not enough time (38%) |
| 3 | Distrust agency or provider | Not enough time (36%) | Schedule conflicts (38%) |
| 4 | Confidentiality | Lack of anonymity (14%) | Lack of anonymity (16%) |
| 5 | Lack of anonymity | Distrust agency/provider (13%) | Transportation (15%) |

**When asked to rank the factors most negatively affecting themselves and their families, the top three responses were:**

| | 2008 Perceptions Survey (834 responses) | 2012 Perceptions Survey (506 responses) | 2015 Perceptions Survey (649 responses) |
|---|---|---|---|
| 1 | Economic Costs | Economic Costs (73%) | Physical Health (86%) |
| 2 | Physical Health | Physical Health (68%) | Environmental Health (73%) |
| 3 | Education and training costs | Mental / Emotional Health (47%) | Education / costs & availability (73%) |

**When asked to rank the factors most negatively affecting the community, the top three responses were:**

| | 2008 Perceptions Survey (834 responses) | 2012 Perceptions Survey (454 responses) | 2015 Perceptions Survey (649 responses) |
|---|---|---|---|
| 1 | Substance Abuse | Substance Abuse (79%) | Substance Abuse (97%) |
| 2 | Economic Costs | Economic Costs (54%) | Interpersonal Violence (96%) |
| 3 | Mental / Emotional Health | Mental / Emotional Health (52%) | Mental / Emotional Health (75%) |

**The five services respondents found most lacking were:**

**2015 Perceptions Survey did not ask directly comparable question*

| | 2008 Perceptions Survey (831 responses) | 2012 Perceptions Survey (1060 responses) |
|---|---|---|
| 1 | Medical specialists (43%) | Teen activities (54%) |
| 2 | Clinic services (18%) | Transportation (50%) |
| 3 | Shopping (16%) | Shopping (35%) |
| 4 | Teen activities (8%) | Housing (28%) |
| 5 | Transportation (5%) | Substance abuse treatment (27%) |

**2015 Respondents were asked to rate the following statements for themselves:**

| Wellness Measure | Never | Sometimes | Frequently | Always |
|---|---|---|---|---|
| I like what I do every day and I feel motivated to achieve my goals. | **1%** (7) | **19%** (122) | **55%** (356) | **25%** (165) |
| I have supportive and loving relationships in my life. | **1%** (7) | **10%** (66) | **25%** (163) | **64%** (417) |
| I have enough money to provide for my basic needs. | **3%** (19) | **20%** (129) | **33%** (213) | **45%** (291) |
| I have enough money to do everything I want to do. | **21%** (133) | **41%** (262) | **27%** (176) | **12%** (75) |
| I feel that my community is the perfect place for me. | **1%** (9) | **28%** (179) | **43%** (281) | **28%** (183) |
| I have good health and enough energy to get things done daily. | **2%** (15) | **20%** (129) | **48%** (314) | **29%** (191) |
| I see myself as a positive role model. | **1%** (6) | **16%** (104) | **53%** (346) | **30%** (197) |
| I am able to deal with general life stresses. | **0.6%** (4) | **15%** (97) | **55%** (360) | **29%** (191) |
| I have others who will listen when I need help. | **1%** (7) | **16%** (104) | **37%** (237) | **46%** (301) |

The graphs and tables above reflect the results of all respondents. An additional benefit of asking demographic questions within the Perceptions Survey is that the results can be filtered and viewed by different demographics, such as age, sex, households with children under the age of 12, and more. If you or your organization is particularly interested in filtering the Perception Survey results to better identify and address your focus population, please contact mappofskp@gmail.com. Below are a couple examples of results when filtered by respondent age:

**2015 Community Aspects of Greatest Strength – Prioritized by Respondent Age:**

| Age | #1 | #2 | #3 | #4 | #5 |
|---|---|---|---|---|---|
| **10-19** (17 respondents) | Cultural / Arts Opportunities | Schools<br>Natural Beauty | People help each other | | |
| **20-29** (57 respondents) | Natural Beauty | People help each other | Cultural / Arts Opportunities | Schools | Recreational Opportunities |
| **30-39** (98 respondents) | Natural Beauty | People help each other | Schools | Cultural / Arts Opportunities | Recreational Opportunities |
| **40-49** (91 respondents) | Natural Beauty | People help each other | Schools | Cultural / Arts Opportunities | Recreational Opportunities |
| **50-59** (124 respondents) | Natural Beauty | People help each other | Cultural / Arts Opportunities | Healthy lifestyle | Recreational Opportunities |
| **60-64** (85 respondents) | Natural Beauty | People help each other | Healthy lifestyle Opportunities | Recreational Opportunities | Cultural / Arts Opportunities |
| **65+** (99 respondents) | Natural Beauty | People help each other | Cultural / Arts Opportunities | Schools | |

**2015 Community Aspects Most Needing to Be Improved - Prioritized by Respondent Age:**

| Age | #1 | #2 | #3 | #4 | #5 |
|---|---|---|---|---|---|
| **10-19** (17 respondents) | Public Transport | Schools<br>Elder Care | Jobs & Economic<br>Substance Abuse | | |
| **20-29** (57 respondents) | Jobs & Economic Opps | Public Transport | Substance Abuse | Housing | Access to jobs & higher ed |
| **30-39** (98) | Jobs & Econ Opps | Public Transport | Substance Abuse | Housing | Access to |
| **40-49** (91 respondents) | Jobs & Economic Opps | Substance Abuse | Public Transport | Housing | Access to healthy food |
| **50-59** (124) | Jobs & Economic Opps | Substance Abuse | Public Transport | Housing | Access to jobs & higher ed |
| **60-64** (85 respondents) | Jobs & Economic Opps | Public Transport | Substance Abuse | Access to jobs & higher ed | Housing |
| **65+** (99 respondents) | Jobs & Economic Opps | Public Transport | Substance Abuse | Housing | Access to jobs & higher ed |

**Open Response Comments Provided by Respondents (Question #12):**

*Responses are organized by the 8 Dimensions of Wellness and further categorized into 42 themes, thus some responses might be repeated if they contain multiple wellness dimensions and categories. The Dimensions of Wellness are highly interrelated, thus responses could fall into multiple categories. Most identified themes were put into one Wellness Dimension unless otherwise noted. All open responses to survey questions 1-11 can be found in Appendix A.*

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

1. **Cultural Diversity**
    a. Continued 'race' identification will always be a dividing factor in any community.
2. **Respect for Varied Viewpoints**
    a. It disgusts me how low people's standards are in Homer. Why is it okay for people to not shower and go to town? Why is it okay to wear your pajamas to Safeway? Why is it okay that almost all the buildings in town are old and rotting? Why is it okay that all the houses are cringe worthy? Why is it okay that no one has a nice yard in the summer and has a million things in their yards? Why is it okay that our standards are so low that anyone with subpar standards would be sickened? Get it together. Have some dignity. Tyvek is not a house siding. Xtratufs are not every day shoes. Cleanliness isn't a bad thing. Make up is not your enemy. Hair dye won't kill you, and neither will spending more than 5 minutes to get ready. Dreadlocks don't make your hair look better when you don't wash it. Homer needs to raise its standards. You people pride yourselves on healthiness on the inside while everything on the outside of you makes me want to puke.
    b. Unity of all Christians under Jesus & dump the denominations and all their divisive theology and just learn to simply do what Jesus taught us to do, and learn from experiences with them.
    c. I just want us to work, play, & share together in all that is good and all that is challenging.
    d. Wish that the ER doctor(s) would listen to the complaint of patient and not allow their ego to dictate treatment.
    e. Insurance options would be very helpful. And an air of EVERYONE who works with our diverse population to treat the people we work with respect. [6]

f. Teens could use more advocacy when it comes to being involved in the community.

**3. Cultural/Arts Opportunities**

a. Addressing the needs of younger working families is crucial, & opportunities for non-art activities needed & sorely lacking. There's a quiet majority who are busy making a living, raising families - needs to be addressed. [22]

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

**1. Jobs/Economic Opportunities**

b. Develop more marine vocational training leading into building a polar class vessel for our youth to explore the ice edge in the north. Connect our science & vocational students + adults

c. This community restricts growth & therefore in a sense forces people to go out of town for groceries & such!

d. People need more opportunities for jobs.

e. 1. Healthcare costs in AK are not affordable at all. 2. More economic opportunities in Homer area. [6]

f. More jobs need to be available.

g. We need to build our economic base to support new jobs and our existing service economy.

**2. Public Transportation**

a. It would be AMAZING if Homer, AK had a helicopter for village emergencies it would make health services SO much easier for the villages and for ANMC. Also if our communities Nanwalek and Port Graham had the longer airport built in between the two communities it would also help in village emergencies so a medevac airplane can land there and pick patients up. Also they should offer free time for health aides to talk with behavioral health to debrief or just talk about stress for management. [20]

b. Please help the state park. Lower transportation cost to the state park. [19]

c. We need more public transit & walking/biking support [25]

**3. Access to Healthcare**

a. 1. Healthcare costs in AK are not affordable at all. 2. More economic opportunities in Homer area. [1]

b. I believe this community is on the right track, except Alaska has prohibitive healthcare costs.
c. The high cost of healthcare is a major issue, lack of urgent care specifically forces folks to use ER which is not the best option. The increasing ownership by the hospital of outpatient services is raising costs.
d. Insurance is not affordable or useful.
e. Healthcare costs are outrageous
f. Free healthcare clinics & home visit healthcare for all.
g. We need universal healthcare, single payer.
h. Insurance options would be very helpful. And an air of EVERYONE who works with our diverse population to treat the people we work with respect. [9]
i. Please help us with marketplace/healthcare subsidy issues. No one properly trained in town to help with complex self employment (Like many in Homer are). [27]

**4. Housing**

a. Need more housing options for low income. We need counseling options for domestic violence survivors & perpetrators. [20]

**5. Childcare**

a. We need a gym or health center that can cater to the working and single mom. Childcare is nonexistent in many options. A ton of families in the community are on a part time single parent basis and it would behoove the community to understand that those people need help with their kids to be active and healthy. [19,21,23]
b. Would be nice to have boys & girls club open back up for working parents. More childcare options for older children.

**6. Sustainability**

a. As oil money declines, we need to sustain the city. Budgets, not decrease it. Income tax. [31]
b. I feel very connected with my community and I found it fascinating that the three factors which I feel affect my family's health the most do not align with the three factors that I perceive to be the most pertinent issues for the community. I sometimes wonder if we are far less connected than I believe us to be. There are resources for all of the issues listed above (substance use, behavioral health, housing, job training, education, recreation, arts....) and we have AMAZING non-profit and volunteer support but because our population base is relatively small if someone doesn't like their relatively limited options then they may not utilize what is available. I don't know what the

answer is, I just think it might be a factor and something worth considering - that the established system, despite good intentions and historical investment is not effective.

c. Encourage Homer Electrical Association to install and promote renewables as quickly as possible so that the cost of energy in our community can be reliably low. Thanks for asking. More funding for NGO's, arts, schools. Lower cost of government with tech solutions. More collaboration among NGO's outside of their silos.
d. We need to continue to look at the services we have and how best to pay for them. Recreation for all through the winter months is a necessity! [19]
e. Would like to see more systematic shifts in the school, city, & organizational climates & policies to support individuals in better addressing their individual well-being

**7. Economic Health**

a. Is ANYONE anywhere listening? No one can live for 15 years on just $1095 per month, without housing assistance, with food stamps for about 13 days, not 30! Honestly? I understand now why poor people have such high rates of substance abuse: they have no future, they know it and so, they hide reality with drugs and booze. Makes sense to me! If it is inevitable, or feels that way, that you CANNOT get ahead in the world, if you cannot even save a dime cause every dime you earn goes to rent and food, and not much else ... of course you are going to hide the misery. Being poor is NOT the same thing as being broke, and VERY few people who are NOT poor understand this. I did not until I became poor. I lost all my friends due to my economic situation; it's not just the fact that I could no longer keep up and go with them as I used to, it's almost as if poverty were contagious. They were embarrassed by my poverty! And afraid of it .. with damn good cause. Once you reach a certain age, if you have nothing left after illness, you simply have NOTHING left except perhaps your smile and good heart. Now, I have lost those too. I never imagined I would soon be turning 60 and living in 2 rooms, battling the cold in order to save on fuel, and eating oatmeal for breakfast AND dinner 4 times a week and going hungry the rest of the time! I came from an upper middle class home: Mom was a CPA, Dad was an attorney.
b. Part of the working poor. Income limits need to be raised for benefits and no waiting period when getting laid off.
c. Young people have no future here. Only those who can get grant money or have government type positions can live here. Drugs are everywhere. Desperation drives bad behavior. [3]
d. Privatize the real estate on the spit so we have year round jobs. City of Homer owns 97% of the commercial real estate.

e. Health insurance deductible is climbing. Need great care for roads during winter.
f. I'd like our community and its members to actually engage more with people and families in poverty to help improve their lives in the ways that they want and need. [21]
g. Homer needs a Fitness club with more diversity and doesn't cost a fortune. Homer also needs to get over the "big box store" issue. We need a place to buy decent healthy food and family clothing that isn't name brand, expensive or used. We all travel North to shop now anyway or get online, we would be better off to let Walmart come in for the employment opportunity and keep people in town shopping.
h. I think the economic health of the town is causing more stress on the individuals and leading to a downward spiral of poor mental/physical health. Nice town with small town problems.
i. I'm frequently & increasingly frustrated with the lack of work ethic that so many complaining about our community & their economic growth or lack there of. There are a lot of great jobs here that many frankly don't want to do because of willingness to commit, or if they do commit, have a hard time living up to those commitments.
j. Our community makes it way too easy on people who choose not to work. We need less money spent on handout programs and more on police/fire (just one example).
k. Very poor area for economic activity. Many people from outer areas simply don't want to do business or own property in Homer.

## Educational Wellness: *Recognition of creative abilities and the expansion of knowledge and skills.*

**1. Teen Activities**

a. I believe there is a lack for healthy options for teens. There is a great deal of substance use and social pressures in the teen population in Homer. [3]
b. We need to start taking care of our youth in this town, give them more to do before they turn to drugs.
c. Better support for the youth - real life experiences to support learning.

**2. Schools**

a. More helping at schools.
b. Would be great to have a Headstart in the Ninilkchik area or a title 1 preschool.

**3. Community Education**

a. Local cannabis education and consumption centers.
b. As we deal with the new cannabis regulations the community should have a "social club" and cannabis education seminars for locals and visitors. I've worked with cannabis

eco-tours for years and it would greatly benefit Homer area diversifying our economy. [31]

c. More public knowledge of available help for mental health. Free saunas for people who are losing their minds because they are broke. A community heated greenhouse that teaches permaculture.
d. Alcohol and drug abuse resources are sorely needed in this community. If they are available no one really knows about them. [3]
e. In my opinion and I have heard others in the community speak that Homer and the surrounding areas has a huge drug and alcohol problem that remains unaddressed which leads to other problems. Our schools (the people running the schools as well as the children) need education and ways to make healthy decisions. [3]
f. Keep educating the public on issues impacting the community.
g. The high school is negligent in the drug problem. It might be helpful if mandatory class is taught at high school about teenage brain & pot. [3]
h. Please help us with marketplace/healthcare subsidy issues. No one properly trained in town to help with complex self employment (Like many in Homer are). [6]
i. Thanks for asking. I hope you will get input from people who don't have access to all the wonderful things of our community. We have lost a lot of services for people who are struggling. [26]
j. I suggest more education/outreach in our schools. The positive influences & awareness of negative issues that we face in our community can be a huge impact if we start with our youth!
k. It would be great to get information into the hands of people who seem to b e clueless about all that happens in the community. With 2 newspapers, KBBI, & other sources of info, there's really no excuse. It's frustrating that people don't take responsibility for knowing what's going on.
l. Marijuana issue needs to be planned where, when, how not assume everyone is for it - protection for those who are not for it.
m. The attitudes of the youth & some adults around substance abuse, sexual abuse, & bullying is shameful. The attitude about drugs in high school is worse.
n. Would like to see more systematic shifts in the school, city, & organizational climates & policies to support individuals in better addressing their individual well-being.

## Emotional Wellness: *The ability to cope effectively with life & create personal enrichment through one's work & relationships.*

1. **Substance Abuse and Treatment [repeated in Physical Wellness]**
    a. Alcohol and drug abuse resources are sorely needed in this community. If they are available no one really knows about them. [27]
    b. I believe there is a lack for healthy options for teens. There is a great deal of substance use and social pressures in the teen population in Homer. [16]
    c. I work in healthcare. Substance abuse is the greatest challenge we have. It is draining our resources and we are not making any progress.
    d. After you pass the pre employment drug screening at South Peninsula Hospital they don't ever test you again. If you ask most staff members if they should do random drug testing they respond that you would lose 30%-50% of your staff. That is scary and disgusting. If you or your loved one needs medical care do you want an impaired drug user providing that care? I don't.
    e. We have a major problem in the community with meth & heroin.
    f. There is a huge drug problem.
    g. Narrowing down to 3 aspects of strength that I feel This community has was VERY difficult. Homer has so many strengths. I am very concerned about alcohol and drug abuse.
    h. If the drug and alcohol problems in the area do not improve, we plan to move away in 4 years before our youngest begins school.
    i. Focus on the problem of heroin addiction.
    j. In my opinion and I have heard others in the community speak that Homer and the surrounding areas has a huge drug and alcohol problem that remains unaddressed which leads to other problems. Our schools (the people running the schools as well as the children) need education and ways to make healthy decisions. [27]
    k. The high school is negligent in the drug problem. It might be helpful if mandatory class is taught at high school about teenage brain & pot. [27]
    l. Mental health & substance abuse are huge issues in our community, borough, state & nation. How can we, acting locally, be more proactive & responsive?
    m. Young people have no future here. Only those who can get grant money or have government type positions can live here. Drugs are everywhere. Desperation drives bad behavior. [31]
2. **Behavioral Health Services**

a. It would be AMAZING if Homer, AK had a helicopter for village emergencies it would make health services SO much easier for the villages and for Alaska Native Medical Center. Also if our communities Nanwalek and Port Graham had the longer airport built in between the two communities it would also help in village emergencies so a medevac airplane can land there and pick patients up. Also they should offer free time for health aides to talk with behavioral health to debrief or just talk about stress for management. [2]
b. Need more housing options for low income. We need counseling options for domestic violence survivors & perpetrators. [15]
c. Mental health services. The center is not adequate. More services for children of drug addict parents that are homeless. [21]

## Environmental Wellness: *A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.*

**1. Environmental Health**

a. Protecting our environment is my priority. We can sell trees and halibut, but money will not put them back. Restricting "development" to what really serves the community is part of keeping the quality of human and natural world that makes life here special. [29]
b. Natural beauty, quiet lifestyle, healthy environment, loving and respectful community are what make Homer precious. We cannot afford too much "development." We need to invite newcomers into this culture if we are to continue creating the fun and warmth, keeping the natural beauty. It's not just about grabbing the biggest fish. [12,29]
c. Toxic black mold is a huge concern due to the poor construction techniques employed here in Homers cold wet winters & falls. It is in the surrounding environment and definitely found in poorly ventilated structures.

## Physical Wellness: *The ability to perform daily activities without undue fatigue or physical stress.*

**1. Substance Abuse and Treatment [repeated in Emotional Wellness]**

a. Alcohol and drug abuse resources are sorely needed in this community. If they are available no one really knows about them. [27]
b. I believe there is a lack for healthy options for teens. There is a great deal of substance use and social pressures in the teen population in Homer. [16]

c. I work in healthcare. Substance abuse is the greatest challenge we have. It is draining our resources and we are not making any progress.
d. After you pass the pre employment drug screening at South Peninsula Hospital they don't ever test you again. If you ask most staff members if they should do random drug testing they respond that you would lose 30%-50% of your staff. That is scary and disgusting. If you or your loved one needs medical care do you want an impaired drug user providing that care? I don't.
e. We have a major problem in the community with meth & heroin.
f. There is a huge drug problem.
g. Narrowing down to 3 aspects of strength that I feel This community has was VERY difficult. Homer has so many strengths. I am very concerned about alcohol and drug abuse.
h. If the drug and alcohol problems in the area do not improve, we plan to move away in 4 years before our youngest begins school.
i. Focus on the problem of heroin addiction.
j. In my opinion and I have heard others in the community speak that Homer and the surrounding areas has a huge drug and alcohol problem that remains unaddressed which leads to other problems. Our schools (the people running the schools as well as the children) need education and ways to make healthy decisions. [27]
k. The high school is negligent in the drug problem. It might be helpful if mandatory class is taught at high school about teenage brain & pot. [27]
l. Mental health & substance abuse are huge issues in our community, borough, state & nation. How can we, acting locally, be more proactive & responsive?
m. Young people have no future here. Only those who can get grant money or have government type positions can live here. Drugs are everywhere. Desperation drives bad behavior. [31]

**2. Medical Specialists**

a. With all the technology and equipment at our clinic, why can't we do stress tests here and have Alaska Native Tribal Health Consortium read them in anchorage?
b. Young families need to have health providers who understand childhood medical issues and are able to establish consistent, healthy, professional, relationships with patients.
c. We need a pool at the hospital for patients and staff for physical therapy and we need more physical therapists. We have patients that need physical therapy and can’t get in to see anyone because they are too busy and can’t take any more patients.
d. Happy to have so many providers.

e. Need a dermatologist.

3. **Recreational Opportunities**
    a. If we had options for classes in exercise & different age groups, & male from female. Also a gym.
    b. I feel a community center would be helpful because it would give our children more things to keep them occupied and adults a place to enjoy their children. [21,37,40]
    c. Please help the state park. Lower transportation cost to the state park. [2]
    d. More recreational activities for teens so they don't end up being a drug abuser.
    e. The need for more recreational opportunities for all ages.
    f. Love the rink.
    g. We need a gym or health center that can cater to the working and single mom. Childcare is nonexistent in many options. A ton of families in the community are on a part-time, single parent basis and it would behoove the community to understand that those people need help with their kids to be active and healthy. [21,22,23]
    h. We need a multi-use, year round community center where many community activities can take place while using it for special events (conferences, weddings, etc). This place would be the stage for many proactive family resiliency factors why stimulating the local economy. Lets focus on preventive measures by creating real affordable & accessible healthy options/opportunities that allows the self to pursue and achieve and not the reactive, social service programs which relies on many others. [21,23,31,34,40]
    i. We need a community center at the HERC building! [40]
    j. Need more diverse recreational/tourism opportunities (not all hunt / fish). [29,31]
    k. We need to continue to look at the services we have and how best to pay for them. Recreation for all through the winter months is a necessity! [29]

4. **Healthy Lifestyle Opportunities**
    a. Sell more full spectrum lights.
    b. Outdoors/activities club for single adults in community who seek to meet others in a healthy, safe environment. [37]
    c. We need a multi-use, year round community center where many community activities can take place while using it for special events (conferences, weddings, etc). This place would be the stage for many proactive family resiliency factors why stimulating the local economy. Lets focus on preventive measures by creating real afford & accessible healthy options/opportunities that allows the self to pursue and achieve and not the reactive, social service programs which relies on many others. [19,21,31,34,40]

5. **Trails/Walkability/Cycle-ability**

a. We need more trails for walking and biking.
b. Would like to see more walkable/cyclable community with roundabouts instead of stoplights.
c. We need more public transit & walking/biking support.
d. Safe, low cost place for people to walk - no matter the weather. [40]
e. We need more trails in town. I'm sorry Homer has not bought land for it like for East End up to Skyline.

## Social Wellness: *A sense of connection, belonging, safety, and a reliable support system.*

**1. People Help Each Other**

a. We try to be a generous and quality community. Not bad for the "end of the road."
b. Small town with small town issues but the people here always have a moment to help someone who needs it.
c. I'd like our community and its members to actually engage more with people and families in poverty to help improve their lives in the ways that they want and need.

**2. Support For Families**

a. Would love to see more family support. Homer's population is 25% <19 years old and yet most representing the decisions of the community are much older. Why aren't we supporting family winter activities instead of overspending with HART surplus? Disappointing.
b. Addressing the needs of younger working families is crucial, & opportunities for non-art activities needed & sorely lacking. There's a quiet majority who are busy making a living, raising families - needs to be addressed. [10]
c. Mental health services. The center is not adequate. More services for children of drug addict parents that are homeless. [20]
d. I feel a community center would be helpful because it would give our children more things to keep them occupied and adults a place to enjoy their children. [19,37,40]
e. We need a gym or health center that can cater to the working and single mom. Childcare is nonexistent in many options. A ton of families in the community are on a part-time, single parent basis and it would behoove the community to understand that those people need help with their kids to be active and healthy. [19,22,23]
f. We need a multi-use, year round community center where many community activities can take place while using it for special events (conferences, weddings, etc). This place would be the stage for many proactive family resiliency factors why stimulating the local

economy. Lets focus on preventive measures by creating real affordable & accessible healthy options/opportunities that allows the self to pursue and achieve and not the reactive, social service programs which relies on many others. [19,23,31,34,40]

3. **Public Safety**
    a. I still have concerns related to police/trooper oversight and lack of management dealing with drug abuse and crime.
    b. Please help women stop being abused by men, and then the men getting released.

4. **Americans with Disabilities Act [ADA]**
    a. This community would benefit from increasing accessibility for those of us with mobility limitations.
    b. Businesses need to be respectful or more willing to hire disabled individuals.

## Spiritual Wellness: *A sense of purpose & meaning in life.*

*No specific responses naming spiritual wellness, however spiritual wellness is embedded in every other dimension of wellness.*

## Other

1. **MAPP Feedback**
    a. What will amount to this survey, we have done many surveys and things are about the same.
    b. Communication, transparency, positive mentors, healthy physical, mental, spiritual interaction.
    c. Thanks for the mailing!
    d. Why didn't you include this in the expensive mail out?
    e. Survey does not fit Seldovia well. Problem is more complex than this.
    f. Your mailing was impressive & I am grateful for your efforts in our community. I have lived here a long time and wish to continue to.
    g. Thank you for the survey to give input.
    h. Thank you for all that you are doing - the sent materials were great. I especially am happy to see info on ACEs - would like more.
    i. Don't waste money on glossy flyers--the last one went in the trash!!!
    j. Tired of surveys, just do it.
    k. #3 was worded poorly, hard to understand.

l. Nice survey.
m. Thanks for asking. I hope you will get input from people who don't have access to all the wonderful things of our community. We have lost a lot of services for people who are struggling. [27]
n. It would be good if you define the choice options in questions 1 and 2. Some meanings are ambiguous "healthy lifestyle options", "behavioral health".
o. Yes this questionnaire seems ignorant of math disabilities -that people could not no their income and that some people haven't graduated grammar school, also there is not near enough education/awareness in the community of narcissistic personality disorder and its wide range affects on history - world leaders, and every thing from business and food ethics to sex in all cultures
p. MAPP rocks. Homer is moving in the right direction, keep up the momentum!!!
q. Thank you for MAPP!
r. Thank you for aligning so many agencies on the critical issues.
s. Thanks for your contribution to making Homer a better place to live.
t. Thanks for what you do.
u. This questionnaire is much too long for the health fair.

**2. Other Feedback**

a. SVT and PBN hospital are great!
b. Love it and will live here forever.
c. Share the Spirit has saved my family with a wonderful Christmas several years! Thank you so much!
d. Good place to live.
e. Survey does not fit Seldovia well. Problem is more complex than this.
f. The community has been good to me, they are a lot of help to me. Thank you.
g. Maybe Donald Trump could ban the sun from getting too low in the sky.
h. We are mandated to have health insurance, so question 14 is an unfair question.
i. Fun fair... keep doing it, lots of good info and keeps getting better.
j. I love where I live & the people who live here with me.

## Ranking Responses and Themes

### Methods for Determining Themes

In order to assign themes to the Perception of Community Health free responses and to the strengths and challenges from the March 11th, 2016 Wellness Discussions, the MAPP data team members used and built on the themes identified from the second Themes and Strengths Assessment. If a theme did not exist that accurately captured a comment, an additional theme was created. A total of 42 themes were identified for this third Themes and Strengths iteration, many of which can fit within multiple wellness dimensions.

**Themes** (Many fall within multiple Wellness Dimensions)

1. Jobs & Economic Opportunities
2. Public Transportation
3. Substance Abuse
4. Access to Job Training & Higher Education
5. Access to Healthy Food
6. Access to Health Care
7. Elder Care
8. Cultural Diversity
9. Respect for Varied Viewpoints
10. Cultural Arts & Opportunities
11. People Help Each Other
12. Natural Beauty
13. Private/Public Non-Profits
14. Religious/Spiritual Opportunities
15. Housing
16. Teen Activities
17. Medical Specialists
18. Schools (Accessibility, Diverse Options)
19. Recreational Opportunities
20. Behavioral Health & Services
21. Support for Families
22. Childcare
23. Healthy Lifestyle Opportunities
24. Environmental Health
25. Trails/Walkability/Cycle-ability
26. MAPP Feedback
27. Community Education & Outreach
28. Other Feedback
29. Sustainability
30. Public Safety
31. Economic Health
32. ADA Compliance
33. Collaborative Mindset
34. Prevention Focus
35. Lifespan Inclusive
36. Non-profit & Business Support of Community
37. Social Connections
38. Accountability
39. Intentional Sense of Place
40. Built Environment
41. Changing Demographics
42. Physical Health

### Methods for Ranking Responses and Themes

In order to determine the highest ranking responses from the Perceptions of Community Health survey, the highest ranking themes from the Wellness Discussions, and a combined overall ranking of both, a numerical value based on the frequency of response (or theme) was assigned to survey answer choices and discussion themes (42 themes listed above). For example, if Economic Costs was selected the most frequently for a particular survey question, it was assigned a rank of 5, while the next most frequently selected response received a rank of 4, down to the 5th most selected response, if information was available. This same process was used for the frequency of discussion themes. This method resulted in the ranking of community health themes shown below.

### Results: Highest Ranking Responses from the 2015 Perceptions of Community Health Survey

| Highest Ranking | 2nd Highest Ranking | 3rd Highest Ranking |
|---|---|---|
| 1. Substance Abuse and Treatment | 2. Jobs and Economic Opportunities | 3. Public Transportation |
| | 2. Natural Beauty | 3. Public Safety |
| | 2. Physical Health | 3. Behavioral Health & Services |
| | 2. Access to Job Training and Higher Education | 3. Sustainability (Economic and Environmental Health) |
| | | 3. People Help Each Other |

### Results: Highest Ranking Themes from the 2016 Wellness Discussions

| Highest Ranking | 2nd Highest Ranking | 3rd Highest Ranking | 4th Highest Ranking |
|---|---|---|---|
| 1. Economic Health | 2. Sustainability (Economic and Environmental) | 3. Respect for Varied Viewpoints | 4. Built Environment |
| | | 3. Recreational Opportunities | 4. Social Connections |

## How to Use Results

The primary roles of the Community Themes and Strengths Assessment are to identify the issues that community members feel are important related to the overall health of the community and to assess these trends over time. This sub-assessment can provide a shared frame of reference and understanding of community perceptions and be used to facilitate communication and sharing among programs, partners, and organizations to help build commitment and focus for setting priorities for the broader community or specific focus populations.

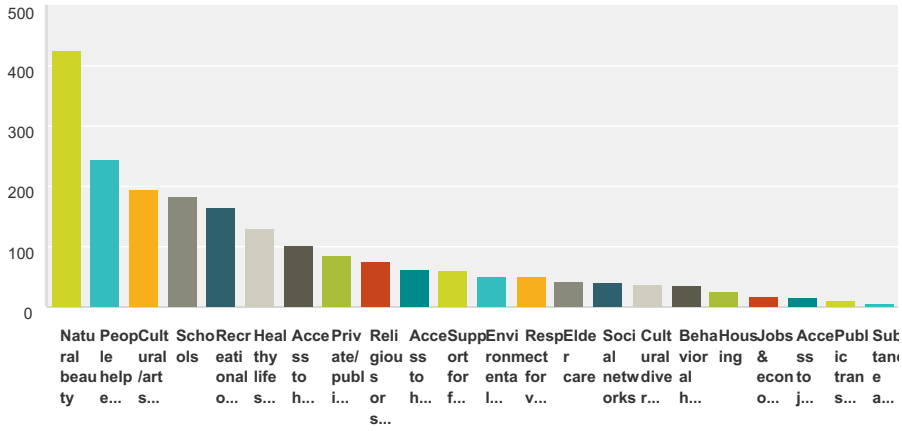
With the defining of the 8 Dimensions of Wellness, it is an aim of the MAPP CHNA process and results going forward to continue shifting the community discussions and information-gathering to those of wellness and what we want to see in the community.

# Appendix A: Perceptions of Community Health Survey Results for All Respondents



## Q1 Which THREE aspects below are our community's greatest strengths?

Answered: 680 Skipped: 7



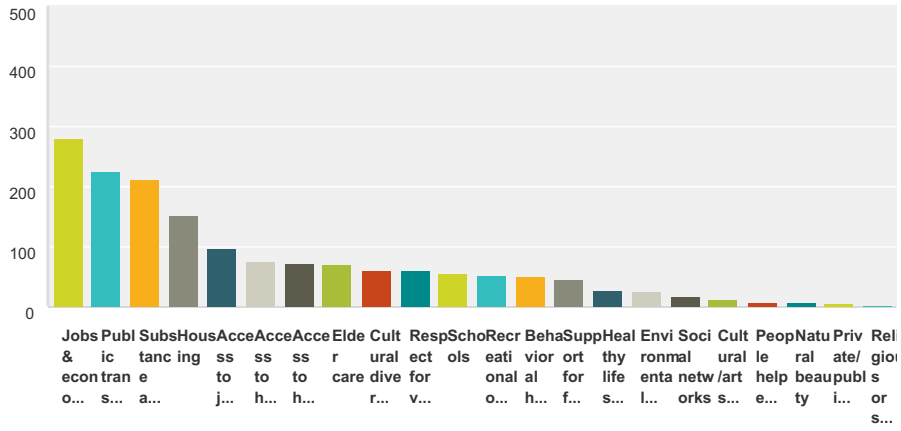

| Answer Choices | Responses | |
|---|---|---|
| Natural beauty | 62.65% | 426 |
| People help each other | 35.88% | 244 |
| Cultural/arts opportunities | 28.82% | 196 |
| Schools | 26.91% | 183 |
| Recreational opportunities | 24.41% | 166 |
| Healthy lifestyle opportunities | 18.97% | 129 |
| Access to healthcare | 15.15% | 103 |
| Private/public nonprofit organizations | 12.50% | 85 |
| Religious or spiritual opportunities | 11.03% | 75 |
| Access to healthy food | 9.26% | 63 |
| Support for families | 8.97% | 61 |
| Environmental health | 7.35% | 50 |
| Respect for varied viewpoints | 7.35% | 50 |
| Elder care | 6.32% | 43 |
| Social networks | 5.88% | 40 |
| Cultural diversity | 5.59% | 38 |
| Behavioral health services | 5.15% | 35 |
| Housing | 3.53% | 24 |
| Jobs & economic opportunities | 2.50% | 17 |
| Access to job training & higher education | 2.35% | 16 |

| | | |
|---|---|---|
| Public transport | **1.47%** | 10 |
| Substance abuse treatment | **0.88%** | 6 |
| **Total Respondents: 680** | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | Living so closely connected to the natural world | 1/20/2016 9:49 PM |
| 2 | NEED A SWIMMING POOL AT THE HOSPITAL FOR PATIENTS AND STAFF | 12/30/2015 9:48 AM |
| 3 | Food bank | 12/29/2015 9:27 AM |
| 4 | Safety | 12/28/2015 4:36 PM |
| 5 | The library | 12/28/2015 2:04 PM |
| 6 | Really choces not very appropriate for Seldovia! | 12/23/2015 11:05 AM |
| 7 | Charitable giving to non-profits | 12/13/2015 8:30 PM |
| 8 | Local artisans, craftsmen, farmers, etc... | 12/9/2015 10:50 PM |
| 9 | Small town | 12/9/2015 11:33 AM |
| 10 | Access to nature, sea & protected wilderness | 11/12/2015 7:35 PM |
| 11 | I want to pick more than 3!! | 11/12/2015 10:33 AM |
| 12 | 1. use school busses when not in service, 2. the people! | 11/11/2015 10:27 PM |
| 13 | fishing community | 11/11/2015 1:55 PM |
| 14 | alternative healthcare options | 11/9/2015 4:44 PM |
| 15 | Volunteers | 11/9/2015 4:29 PM |
| 16 | Access to health care services | 11/5/2015 1:53 PM |

## Q2 Which THREE aspects of our community most need to be improved?

**Answered: 590 Skipped: 97**




| Answer Choices | Responses | |
|---|---|---|
| Jobs & economic opportunities | **47.46%** | 280 |
| Public transport | **38.31%** | 226 |

| | | |
|---|---|---|
| Substance abuse treatment | **36.10%** | 213 |
| Housing | **25.76%** | 152 |
| Access to job training & higher education | **16.61%** | 98 |
| Access to healthy food | **12.54%** | 74 |
| Access to healthcare | **12.37%** | 73 |
| Elder care | **11.69%** | 69 |
| Cultural diversity | **10.34%** | 61 |
| Respect for varied viewpoints | **10.17%** | 60 |
| Schools | **9.49%** | 56 |
| Recreational opportunities | **8.98%** | 53 |
| Behavioral health services | **8.64%** | 51 |
| Support for families | **7.46%** | 44 |
| Healthy lifestyle opportunities | **4.58%** | 27 |
| Environmental health | **4.41%** | 26 |
| Social networks | **2.88%** | 17 |
| Cultural/arts opportunities | **2.03%** | 12 |
| People help each other | **1.36%** | 8 |
| Natural beauty | **1.19%** | 7 |
| Private/public nonprofit organizations | **0.85%** | 5 |
| Religious or spiritual opportunities | **0.34%** | 2 |
| **Total Respondents: 590** | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | housing | 1/20/2016 11:50 PM |
| 2 | I travel in and out of the village to work | 1/20/2016 9:49 PM |
| 3 | *Need Quality healthcare; professional,experienced and consistent care. | 1/14/2016 10:38 PM |
| 4 | Family housing | 1/11/2016 12:45 PM |
| 5 | Consolidation of many non profits | 1/11/2016 12:38 PM |
| 6 | Need more trails & a public, affordable gym | 1/11/2016 12:36 PM |
| 7 | Safety on roads. Why aren't there guardrails on west hill? Protecting people from the bluff by Dutch Boy Landscaping, etc. | 1/6/2016 5:44 PM |
| 8 | PHYSICAL THERAPY/ WATER THERAPY WE DON'T HAVE A POOL AT THE HOSPITAL | 12/30/2015 9:48 AM |
| 9 | Family | 12/29/2015 11:15 AM |
| 10 | Youth center, community building projects | 12/29/2015 11:06 AM |
| 11 | Community center, youth center, community building projects | 12/29/2015 11:03 AM |
| 12 | Substance abuse | 12/29/2015 10:04 AM |
| 13 | Roads | 12/29/2015 9:34 AM |

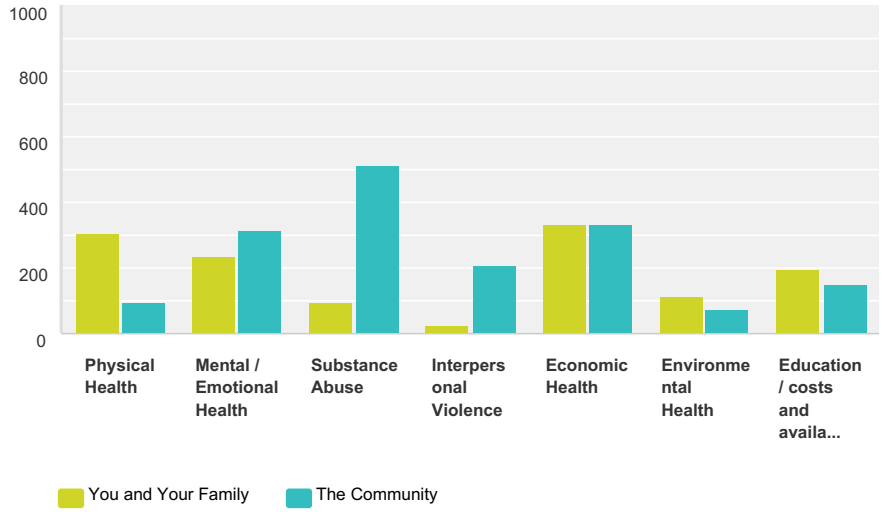
| | | |
|---|---|---|
| 14 | Homelessness | 12/29/2015 9:32 AM |
| 15 | Homelessness, kids hangouts, teen center | 12/29/2015 9:27 AM |
| 16 | Homeless shelters for men or families with fathers | 12/29/2015 9:13 AM |
| 17 | Walkable city | 12/28/2015 4:41 PM |
| 18 | Better state parks, support for state parks | 12/28/2015 4:39 PM |
| 19 | Reduction of the liberal approach by local govt - better listen to constintuents re: public hearings for taxes, budget, cannabis law. Mountain road maintenance, active rec center | 12/28/2015 4:36 PM |
| 20 | Marine traders boat building, sailing international polar vessel, make homer an international polar science center | 12/28/2015 4:23 PM |
| 21 | Community trade, center for bath/shower/laundry/massage/uplift | 12/28/2015 4:12 PM |
| 22 | Religious unity | 12/28/2015 2:13 PM |
| 23 | Homeless shelter, health insurance costs in AK | 12/28/2015 2:04 PM |
| 24 | Safety nets for neglected youth | 12/28/2015 1:59 PM |
| 25 | City budget | 12/28/2015 1:56 PM |
| 26 | law enforcement & crime prevention | 12/28/2015 12:23 PM |
| 27 | Homelessness | 12/28/2015 12:09 PM |
| 28 | Hiking trails | 12/28/2015 12:00 PM |
| 29 | More community rec activities | 12/28/2015 11:38 AM |
| 30 | Support for divorce, dance opportunities | 12/28/2015 11:27 AM |
| 31 | Support for single people | 12/28/2015 11:22 AM |
| 32 | Assistance for disabled, teen activities, adult entertainment other than bars | 12/28/2015 11:03 AM |
| 33 | Recreation for teens | 12/28/2015 10:57 AM |
| 34 | We need better, less corrupt city government. | 12/23/2015 6:13 PM |
| 35 | High school grades. Need more famillies which means need more job opportunities which leads to job training etc. | 12/23/2015 11:05 AM |
| 36 | Access to affordable healthy foods | 12/18/2015 3:48 PM |
| 37 | Activities for youth, sidewalks, nice town center | 12/18/2015 3:43 PM |
| 38 | Jobs for those 18-35 | 12/18/2015 3:30 PM |
| 39 | The Center | 12/18/2015 2:38 PM |
| 40 | 2-Police/law enforcement/court's functioning and 3- city government | 12/15/2015 10:10 AM |
| 41 | community gathering center | 12/15/2015 8:45 AM |
| 42 | Continued Access to healthcare | 12/14/2015 9:20 AM |
| 43 | More people need to support our local animal shelter | 12/14/2015 9:13 AM |
| 44 | homelessness | 12/12/2015 2:02 PM |
| 45 | Better food | 12/9/2015 12:42 PM |
| 46 | Homeless housing | 12/9/2015 12:20 PM |
| 47 | Jobs + drugs | 12/9/2015 11:33 AM |
| 48 | Domestic violence | 12/9/2015 11:26 AM |
| 49 | Affordable housing | 12/9/2015 10:56 AM |
| 50 | Access to heathy food in winter | 12/9/2015 10:49 AM |
| 51 | Cheaper healthy food | 12/8/2015 9:05 PM |
| 52 | Access to healthcare for seniors | 12/8/2015 8:56 PM |
| 53 | Entry level jobs specifically | 12/8/2015 8:39 PM |

| | | |
|---|---|---|
| 54 | Teen housing | 12/8/2015 8:21 PM |
| 55 | Homeless support | 12/8/2015 8:15 PM |
| 56 | Public bathrooms, # of charter schools, fundraising avenues | 12/8/2015 8:06 PM |
| 57 | Youth access to healthcare | 12/8/2015 8:04 PM |
| 58 | Housing for homeless | 12/8/2015 8:01 PM |
| 59 | Opportunities for teens outside of schools. | 12/8/2015 7:47 PM |
| 60 | Awareness of domestic violence | 12/8/2015 9:48 AM |
| 61 | Rapidly growing population; we need to teach newcomers Homer's respectful, help-one-another culture. | 12/8/2015 7:17 AM |
| 62 | salmon and Halibut protection | 12/7/2015 10:30 AM |
| 63 | Safety and respect between drivers, bikers and pedestrians | 12/5/2015 11:09 AM |
| 64 | access to reliable internet/tv | 12/4/2015 11:08 AM |
| 65 | healthy options for teens | 12/1/2015 7:30 PM |
| 66 | affordable housing; more trails accessible on Homer side of bay (vs. across bay) | 12/1/2015 4:57 PM |
| 67 | checking healthcare is to suggest the whole system should be single payer | 11/30/2015 1:31 PM |
| 68 | More access to everything for people who live in poverty. | 11/29/2015 7:57 PM |
| 69 | Affordable housing | 11/29/2015 7:09 PM |
| 70 | more depth, more meaning, more soul,more punctuation - more yes and more no | 11/26/2015 9:06 AM |
| 71 | Affordable Healthcare access | 11/17/2015 11:55 AM |
| 72 | Homeless shelter for men | 11/12/2015 8:26 AM |
| 73 | more focus on affordable after school care for youth in the vulberable 'tween' ages. i.e. filling the void where Boys & Girls Club used to be. | 11/12/2015 7:36 AM |
| 74 | 1. personal relations, 2. unity | 11/11/2015 10:29 PM |
| 75 | 1. trails for walking/biking, 2. parks, 3. public transportation | 11/11/2015 10:27 PM |
| 76 | 1. Mental healthcare options, 2. public transportation would be nice but is unlikely due to small population base, 3. substance abuse / meth, heroin is apparently epidemic. how do we address that? | 11/11/2015 10:22 PM |
| 77 | 1. cost of living | 11/11/2015 8:16 PM |
| 78 | 1. Stuff for teens | 11/11/2015 8:13 PM |
| 79 | roadway maintenance, rising cost of everything | 11/11/2015 3:11 PM |
| 80 | Childcare | 11/11/2015 2:40 PM |
| 81 | More running/biking trails | 11/11/2015 2:36 PM |
| 82 | Bikes & run trails in the summer | 11/11/2015 2:25 PM |
| 83 | 1.Drug abuse, 2. bike lanes, 3. violence | 11/11/2015 2:12 PM |
| 84 | Less government | 11/11/2015 2:11 PM |
| 85 | 1. domestic violence, 2. homelessness | 11/11/2015 2:10 PM |
| 86 | Free healthcare | 11/11/2015 1:57 PM |
| 87 | improved education system that supports families | 11/11/2015 1:55 PM |
| 88 | childcare | 11/11/2015 1:51 PM |
| 89 | community center | 11/11/2015 1:47 PM |
| 90 | care for homeless | 11/11/2015 1:40 PM |
| 91 | Senior housing for 65+ | 11/10/2015 11:43 AM |
| 92 | Adult education programs | 11/10/2015 11:39 AM |

| | | |
|---|---|---|
| 93 | Job training for homeless | 11/10/2015 11:29 AM |
| 94 | Funding, jobs for youth, cost of living | 11/10/2015 11:09 AM |
| 95 | Access to healthy food for low income* | 11/10/2015 10:58 AM |
| 96 | Winter road maintenance | 11/10/2015 9:48 AM |
| 97 | Homelessness especially teens, free or extremely low charge for fixed income elderly or families with young children | 11/10/2015 9:47 AM |
| 98 | City needs to keep some land for trails & stop selling everything | 11/9/2015 4:24 PM |
| 99 | Rates of taxation | 11/9/2015 3:13 PM |
| 100 | 1. Bike routes | 11/9/2015 2:09 PM |
| 101 | 1. Job training | 11/9/2015 2:02 PM |
| 102 | Shopping | 11/9/2015 11:44 AM |
| 103 | 1. cheaper Doctors, 2. walmart store | 11/9/2015 10:23 AM |
| 104 | 1. none, but need to reform taxes & pensions to reduce tax burden | 11/9/2015 10:19 AM |
| 105 | 1. community space | 11/9/2015 10:10 AM |
| 106 | 1. Paths for running, 2. recreational opportunities for single people | 11/9/2015 9:52 AM |
| 107 | addressing systematic processes that do not support community members (let's support self-care, TIC, organizational well-being, etc) | 11/5/2015 1:25 PM |

## Q3 Please indicate the THREE factors that MOST NEGATIVELY affect the health of you and your family and the THREE factors that MOST NEGATIVELY affect the health of the community.

Answered: 649 Skipped: 38




| | You and Your Family | The Community | Total Respondents |
|---|---|---|---|
| Physical Health | **86.24%** 307 | **26.69%** 95 | 356 |
| Mental / Emotional Health | **56.03%** 237 | **74.47%** 315 | 423 |

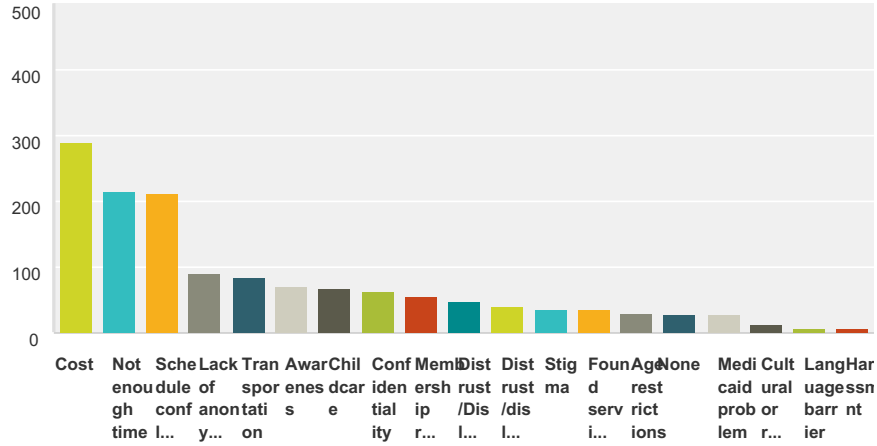
| | | | |
|---|---|---|---|
| Substance Abuse | **17.55%** 93 | **96.79%** 513 | 530 |
| Interpersonal Violence | **11.47%** 25 | **95.87%** 209 | 218 |
| Economic Health | **71.73%** 335 | **71.52%** 334 | 467 |
| Environmental Health | **73.42%** 116 | **48.10%** 76 | 158 |
| Education / costs and availability | **73.13%** 196 | **55.97%** 150 | 268 |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | Me and my family = work family in Port Graham | 1/20/2016 9:49 PM |
| 2 | Ideclining AMHS service, affordable transportation to Homer and elsewhere, to receive medical services, especially specialists. Barriers to referrals, when patients need professional competent care. | 1/14/2016 10:38 PM |
| 3 | Transportation | 1/11/2016 12:53 PM |
| 4 | Economic opportunity | 1/7/2016 1:27 PM |
| 5 | NEED MORE PHYSICAL THERAPY AND A POOL AT THE HOSPITAL FOR PATIENTS AND STAFF | 12/30/2015 9:48 AM |
| 6 | Corruption of law enforcement | 12/29/2015 10:31 AM |
| 7 | Lack of commerce in winter | 12/28/2015 4:36 PM |
| 8 | Lack of safe indoor exercise place for children & young adults to learn to keep healthy | 12/28/2015 4:28 PM |
| 9 | lack of christian unity in love among the different denominations | 12/28/2015 2:13 PM |
| 10 | Affordable transportation | 12/28/2015 2:04 PM |
| 11 | Distance from family | 12/28/2015 1:59 PM |
| 12 | Need a daily street sweep through Centurion drive on Virginia Ave | 12/28/2015 1:53 PM |
| 13 | Aging elders | 12/28/2015 12:28 PM |
| 14 | Respect for your neighbor | 12/28/2015 12:23 PM |
| 15 | (community) elder care | 12/28/2015 11:03 AM |
| 16 | Community Homelessness | 12/28/2015 10:28 AM |
| 17 | no doctor in town, cost of travel in and out of town | 12/23/2015 11:05 AM |
| 18 | huge heroin and meth abuse issues in this communtiy, leads to desintegration of families and increases crime in our community | 12/22/2015 8:42 AM |
| 19 | (Self) Employment, (Community) Cost of living | 12/18/2015 3:00 PM |
| 20 | Stress | 12/18/2015 2:53 PM |
| 21 | quality of public education is poor. Options are few | 12/15/2015 2:10 PM |
| 22 | our family is not negatively affected health wise | 12/15/2015 10:10 AM |
| 23 | good follow through w/personal health care | 12/14/2015 7:46 PM |
| 24 | (Community) Healthcare costs in AK | 12/9/2015 12:40 PM |
| 25 | Drugs | 12/9/2015 11:33 AM |
| 26 | Distance from family | 12/9/2015 11:17 AM |
| 27 | (community) Homelessness | 12/8/2015 8:59 PM |
| 28 | Newcomers who do not understand community | 12/8/2015 7:17 AM |
| 29 | Again Health care all aspects in this country is dysfunctional | 11/30/2015 1:31 PM |

| | | |
|---|---|---|
| 30 | Cost | 11/29/2015 10:03 PM |
| 31 | Speaking on for the community, homelessness and resources/opportunities for teens in who don't have support at home or are in at risk home environments. | 11/29/2015 7:09 PM |
| 32 | the punctuation between healthy and unhealthy | 11/26/2015 9:06 AM |
| 33 | Limited options in elder care | 11/24/2015 8:56 AM |
| 34 | homeless teens | 11/18/2015 11:32 PM |
| 35 | Homeless | 11/18/2015 10:32 PM |
| 36 | Can't think of 3 for me and family | 11/16/2015 3:56 PM |
| 37 | Job availability (assume this is under economic health) | 11/12/2015 4:36 PM |
| 38 | poverty | 11/11/2015 10:29 PM |
| 39 | hospital (family & community columns) | 11/11/2015 8:22 PM |
| 40 | Poor outlook on future | 11/11/2015 8:16 PM |
| 41 | distance from family | 11/11/2015 4:31 PM |
| 42 | lack of recreational opportunities | 11/11/2015 3:11 PM |
| 43 | Distance from others | 11/11/2015 3:05 PM |
| 44 | Affordable healthcare | 11/11/2015 3:03 PM |
| 45 | City overreaching expenses | 11/11/2015 2:55 PM |
| 46 | Community: Too many hand outs encourage people not to work | 11/11/2015 2:32 PM |
| 47 | Availability of trails | 11/11/2015 2:25 PM |
| 48 | no community center | 11/11/2015 2:14 PM |
| 49 | Community: Lack of awareness of what is available amazing in a town with 2 newspapers + KBBI | 11/11/2015 2:04 PM |
| 50 | Healthcare costs | 11/11/2015 2:00 PM |
| 51 | in town walkability | 11/11/2015 1:47 PM |
| 52 | The hospital | 11/10/2015 11:50 AM |
| 53 | disability respect | 11/10/2015 11:32 AM |
| 54 | Healthcare costs | 11/10/2015 9:48 AM |
| 55 | Community cliques | 11/9/2015 4:07 PM |
| 56 | Living on a fixed income | 11/9/2015 3:13 PM |
| 57 | Drug store monopolies | 11/9/2015 2:53 PM |
| 58 | STRESS, not properly dealing w emotions & stress | 11/5/2015 1:25 PM |

## Q4 Do any of the following prevent you from using services or activities that are available in our community?

**Answered: 567 Skipped: 120**



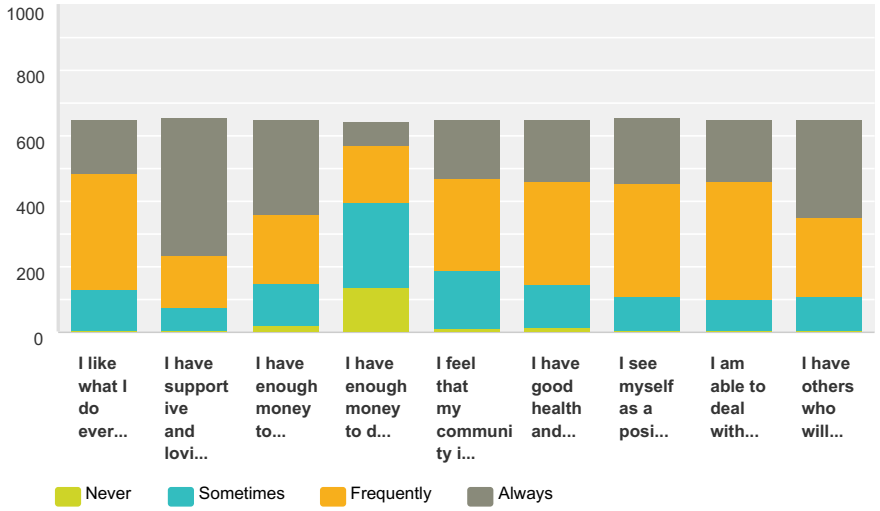

| Answer Choices | Responses | |
|---|---|---|
| Cost | **50.97%** | 289 |
| Not enough time | **37.92%** | 215 |
| Schedule conflicts | **37.57%** | 213 |
| Lack of anonymity | **15.70%** | 89 |
| Transportation | **15.17%** | 86 |
| Awareness | **12.52%** | 71 |
| Childcare | **11.82%** | 67 |
| Confidentiality | **11.11%** | 63 |
| Membership restrictions | **9.52%** | 54 |
| Distrust/Dislike agency or provider | **8.47%** | 48 |
| Distrust/dislike agency or provider | **6.88%** | 39 |
| Stigma | **6.17%** | 35 |
| Found services elsewhere | **6.17%** | 35 |
| Age restrictions | **5.47%** | 31 |
| None | **4.94%** | 28 |
| Medicaid problem | **4.76%** | 27 |
| Cultural or religious convictions | **2.12%** | 12 |
| Language barrier | **1.23%** | 7 |
| Harassment | **1.23%** | 7 |
| **Total Respondents: 567** | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | I know this is what prevents many community members | 1/20/2016 9:49 PM |
| 2 | inconsistent,unreliable and inexperienced with needs if our community members, especially our children/families. | 1/14/2016 10:38 PM |
| 3 | Health | 12/29/2015 11:22 AM |

| | | |
|---|---|---|
| 4 | Too far to drive | 12/29/2015 11:08 AM |
| 5 | Would be great to have placards on community highlights like burning basket. Protect this habitat education boards in town & on spit to help visitors appreciate the area. Similar to signs at Hornaday & Coastal Center | 12/28/2015 4:36 PM |
| 6 | indoor, open, airy exercise place | 12/28/2015 4:28 PM |
| 7 | Elder care | 12/28/2015 1:25 PM |
| 8 | laziness | 12/15/2015 2:10 PM |
| 9 | Hospital Staff using drugs and alcohol | 12/14/2015 12:36 PM |
| 10 | Not enough CASH. If you are on SSI and receive APA, it's $1085 per month, and it's not changed in 15 YEARS, except SSI has gone up about $50 ANNUALLY. If you do not receive enough food stamps, cannot eat food bank foods due to health problems, and are not getting housing ... you are screwed. There's no money for clothing, a car, gas, UNDERWEAR ... nothing. You just sit, day after day, doing nothing. Cannot even afford to go help as a volunteer, no public transport, no funds for cabs .. it's isolation of the worst sort. WHY hasn't APA gone up? No one can live with so little cash in this economy, not unless they turn to some sort of criminal or 'under the table' activity! No one likes being forced to be like that either! It's like being forced to be a prostitute just to feed your kid, and it DOES lead to a deep sorrow that many address with booze, drugs and other bad behavior. No one cares. And, it shows. | 12/14/2015 12:38 AM |
| 11 | services unavailable in our area. Require travel. | 12/9/2015 2:19 PM |
| 12 | Availability of therapists | 12/9/2015 11:10 AM |
| 13 | medical choises of proveders | 12/7/2015 10:30 AM |
| 14 | no punctuation in where you go between emotional abuse and mental illness | 11/26/2015 9:06 AM |
| 15 | Monopoly at SPH is disturbing. All referrals from HMC now directly to SPH. No transparency or community mindedness | 11/20/2015 1:41 PM |
| 16 | Lack of adequate facility | 11/12/2015 7:33 AM |

## Q5 Please rate the following statements for yourself:

Answered: 658 Skipped: 29




| | Never | Sometimes | Frequently | Always | Total | Weighted Average |
|---|---|---|---|---|---|---|
| I like what I do every day and I feel motivated to achieve my goals. | **1.08%** 7 | **18.77%** 122 | **54.77%** 356 | **25.38%** 165 | 650 | 3.04 |
| I have supportive and loving relationships in my life. | **1.07%** 7 | **10.11%** 66 | **24.96%** 163 | **63.86%** 417 | 653 | 3.52 |

| | | | | | | |
|---|---|---|---|---|---|---|
| I have enough money to provide for my basic needs. | **2.91%** 19 | **19.79%** 129 | **32.67%** 213 | **44.63%** 291 | 652 | 3.19 |
| I have enough money to do everything I want to do. | **20.59%** 133 | **40.56%** 262 | **27.24%** 176 | **11.61%** 75 | 646 | 2.30 |
| I feel that my community is the perfect place for me. | **1.38%** 9 | **27.45%** 179 | **43.10%** 281 | **28.07%** 183 | 652 | 2.98 |
| I have good health and enough energy to get things done daily. | **2.31%** 15 | **19.88%** 129 | **48.38%** 314 | **29.43%** 191 | 649 | 3.05 |
| I see myself as a positive role model. | **0.92%** 6 | **15.93%** 104 | **52.99%** 346 | **30.17%** 197 | 653 | 3.12 |
| I am able to deal with general life stresses. | **0.61%** 4 | **14.88%** 97 | **55.21%** 360 | **29.29%** 191 | 652 | 3.13 |
| I have others who will listen when I need help. | **1.08%** 7 | **16.02%** 104 | **36.52%** 237 | **46.38%** 301 | 649 | 3.28 |

## Q6 In what community do you live?

**Answered: 657 Skipped: 30**

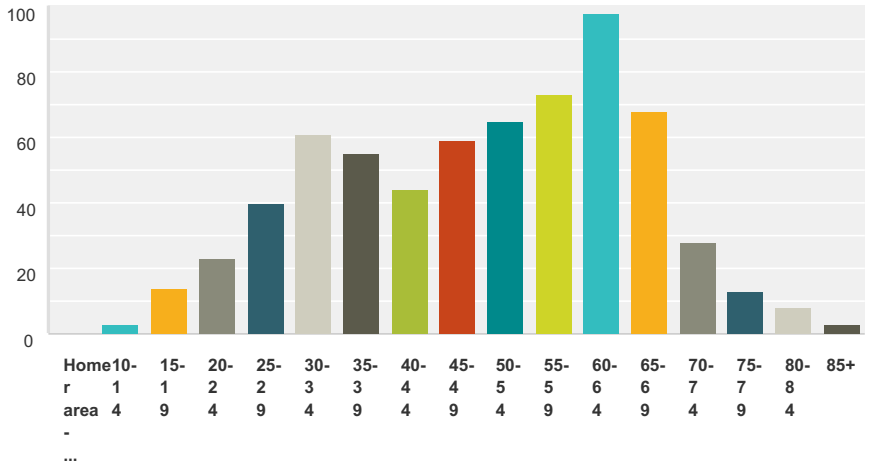

| Answer Choices | Responses | |
|---|---|---|
| Homer | **57.53%** | 378 |
| Anchor Point | **13.39%** | 88 |
| Fritz Creek | **10.96%** | 72 |
| Diamond Ridge | **6.39%** | 42 |
| Kachemak City | **3.20%** | 21 |
| Seldovia | **3.04%** | 20 |
| Ninilchik | **1.67%** | 11 |
| Nikolaevsk | **1.37%** | 9 |
| Nanwalek | **1.07%** | 7 |

| | | |
|---|---|---|
| Voznesenka | **0.46%** | 3 |
| Kachemak Selo | **0.30%** | 2 |
| Port Graham | **0.30%** | 2 |
| Halibut Cove | **0.15%** | 1 |
| Razdolna | **0.15%** | 1 |
| Homer area - outside city limits | **0.00%** | 0 |
| Fox River | **0.00%** | 0 |
| **Total** | | **657** |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | But work in Port Graham | 1/20/2016 9:49 PM |
| 2 | Happy Valley | 12/29/2015 10:23 AM |
| 3 | Borough | 12/29/2015 9:11 AM |
| 4 | homer | 12/22/2015 8:42 AM |
| 5 | but i work in Homer | 12/15/2015 11:14 AM |
| 6 | Sterling | 12/14/2015 9:13 AM |
| 7 | Skyline Drive | 12/13/2015 10:27 PM |
| 8 | East End Rd past Fritz Creek | 12/9/2015 1:06 PM |
| 9 | And Halibut Cove | 12/9/2015 9:29 AM |
| 10 | homer area | 11/26/2015 9:06 AM |
| 11 | 22 mile east road, but not Voz | 11/11/2015 4:31 PM |
| 12 | Ohlson Mountain | 11/11/2015 2:40 PM |
| 13 | Community of Homer, residence on North Fork | 11/10/2015 4:04 PM |
| 14 | McNeil Canyon | 11/9/2015 12:05 PM |

## Q7 What is your age?

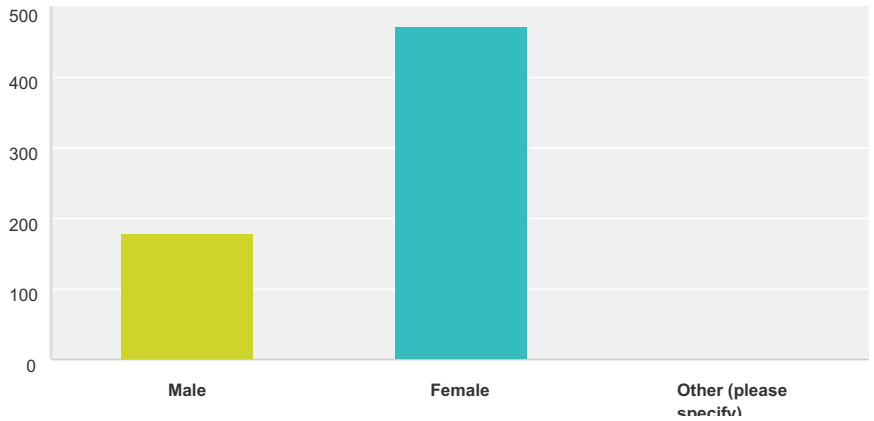
Answered: 655 Skipped: 32



| Answer Choices | Responses | |
|---|---|---|
| Homer area - outside city limits | **0.00%** | 0 |
| 10-14 | **0.46%** | 3 |
| 15-19 | **2.14%** | 14 |
| 20-24 | **3.51%** | 23 |
| 25-29 | **6.11%** | 40 |
| 30-34 | **9.31%** | 61 |
| 35-39 | **8.40%** | 55 |
| 40-44 | **6.72%** | 44 |
| 45-49 | **9.01%** | 59 |
| 50-54 | **9.92%** | 65 |
| 55-59 | **11.15%** | 73 |
| 60-64 | **14.96%** | 98 |
| 65-69 | **10.38%** | 68 |
| 70-74 | **4.27%** | 28 |
| 75-79 | **1.98%** | 13 |
| 80-84 | **1.22%** | 8 |
| 85+ | **0.46%** | 3 |
| **Total** | | **655** |

## Q8 What is your gender?

Answered: 649 Skipped: 38



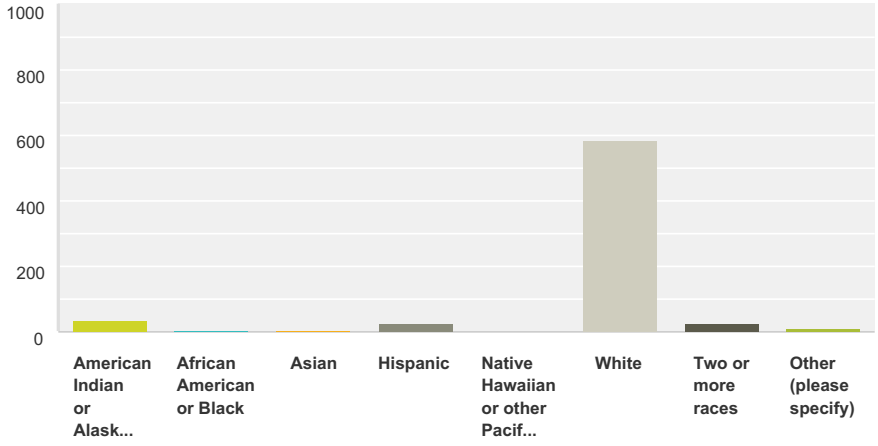

| Answer Choices | Responses | |
|---|---|---|
| Male | **27.43%** | 178 |
| Female | **72.57%** | 471 |
| Other (please specify) | **0.00%** | 0 |

| Total | 649 |
|---|---|

| # | Other (please specify) | Date |
|---|---|---|
| | There are no responses. | |

## Q9 What is your race?

Answered: 649 Skipped: 38



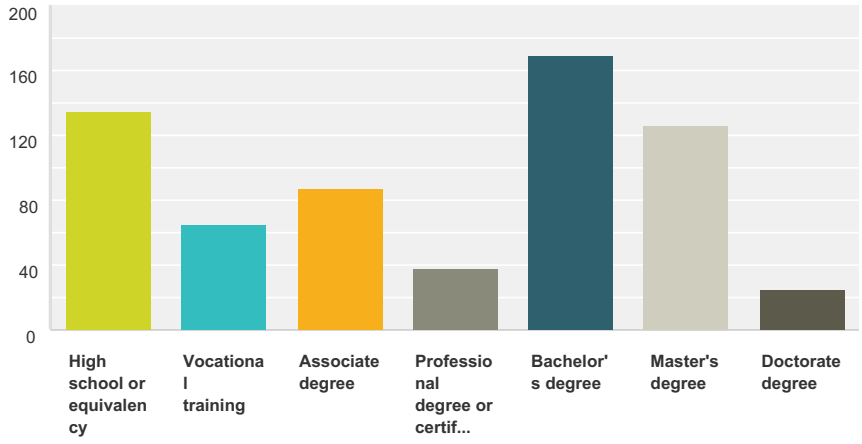

| Answer Choices | Responses | |
|---|---|---|
| American Indian or Alaska Native | **5.55%** | 36 |
| African American or Black | **0.46%** | 3 |
| Asian | **0.46%** | 3 |
| Hispanic | **4.01%** | 26 |
| Native Hawaiian or other Pacific Islander | **0.15%** | 1 |
| White | **90.14%** | 585 |
| Two or more races | **3.85%** | 25 |
| Other (please specify) | **1.54%** | 10 |
| **Total Respondents: 649** | | |

| # | Other (please specify) | Date |
|---|---|---|
| 1 | n.a | 2/1/2016 2:19 PM |
| 2 | 1/2 Portoguese | 12/28/2015 4:28 PM |
| 3 | German, English, Scot-Irish, mexican | 12/20/2015 8:00 PM |
| 4 | Caucasion | 12/14/2015 7:46 PM |
| 5 | HUMAN | 12/14/2015 12:38 AM |
| 6 | have very small amount of native american. | 12/9/2015 5:16 PM |
| 7 | Human | 12/9/2015 3:17 PM |
| 8 | Latino | 11/12/2015 7:35 PM |

| | | |
|---|---|---|
| 9 | human | 11/12/2015 7:36 AM |
| 10 | Irish | 11/11/2015 1:25 PM |

## Q10 What is the highest level of education you've completed?

Answered: 645 Skipped: 42

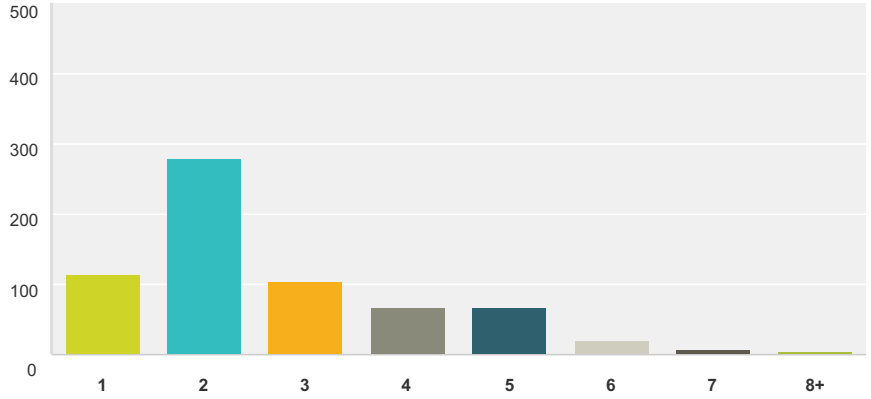



| Answer Choices | Responses | |
|---|---|---|
| High school or equivalency | **20.93%** | 135 |
| Vocational training | **10.08%** | 65 |
| Associate degree | **13.49%** | 87 |
| Professional degree or certificate | **5.89%** | 38 |
| Bachelor's degree | **26.20%** | 169 |
| Master's degree | **19.53%** | 126 |
| Doctorate degree | **3.88%** | 25 |
| **Total** | | **645** |

## Q11 How many people currently live in your household?

Answered: 663 Skipped: 24

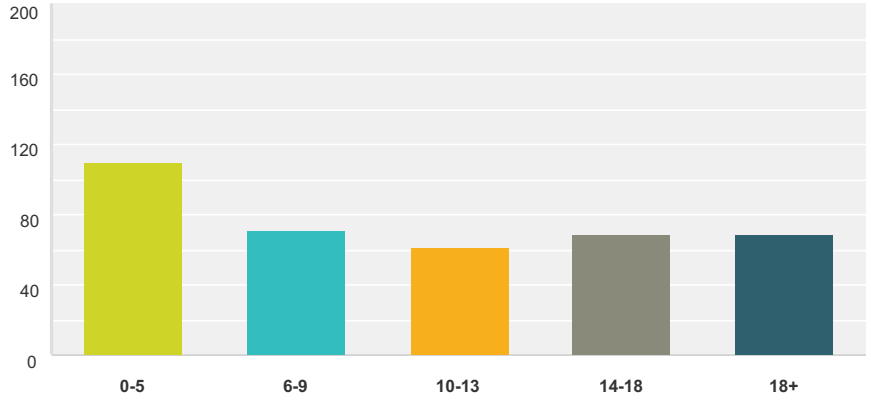
/




| Answer Choices | Responses | |
|---|---|---|
| 1 | **17.19%** | 114 |
| 2 | **41.93%** | 278 |
| 3 | **15.69%** | 104 |
| 4 | **10.11%** | 67 |
| 5 | **10.11%** | 67 |
| 6 | **3.32%** | 22 |
| 7 | **1.06%** | 7 |
| 8+ | **0.60%** | 4 |
| **Total** | | **663** |

## Q12 If children living in household, in what age brackets are they?

Answered: 277 Skipped: 410

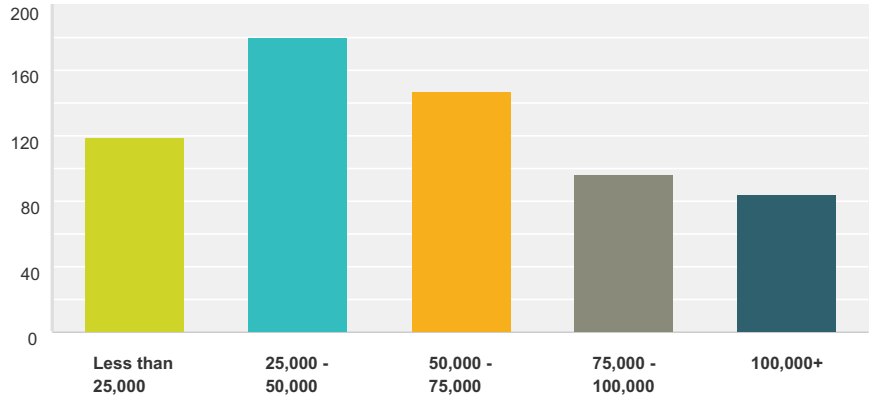



| Answer Choices | Responses | |
|---|---|---|
| 0-5 | **39.71%** | 110 |
| 6-9 | **25.63%** | 71 |

| | | |
|---|---|---|
| 10-13 | **22.02%** | 61 |
| 14-18 | **24.91%** | 69 |
| 18+ | **24.91%** | 69 |
| **Total Respondents: 277** | | |

## Q13 What is your approximate annual household income?

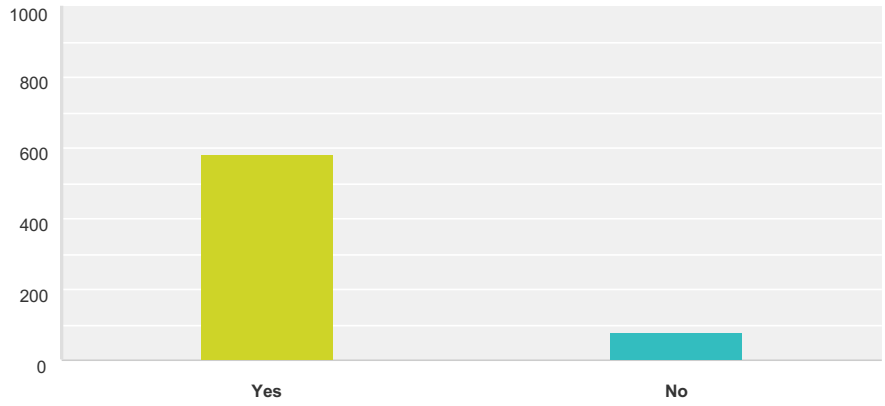
Answered: 626 Skipped: 61




| Answer Choices | Responses | |
|---|---|---|
| Less than 25,000 | **19.01%** | 119 |
| 25,000 - 50,000 | **28.75%** | 180 |
| 50,000 - 75,000 | **23.48%** | 147 |
| 75,000 - 100,000 | **15.34%** | 96 |
| 100,000+ | **13.42%** | 84 |
| **Total** | | **626** |

## Q14 Do you have health insurance? (of any type: private, public, military, Native, Medicaid or Medicare)

Answered: 660 Skipped: 27




| Answer Choices | Responses | |
|---|---|---|
| Yes | **88.33%** | 583 |
| No | **11.67%** | 77 |
| **Total** | | **660** |

## Q15 Do you have additional comments or suggestions?

**Answered: 131 Skipped: 556**

| # | Responses | Date |
|---|---|---|
| 1 | with all the technology and equipment at our clinic, why can't we do stress tests here and have anmc read them in anchorage? | 1/21/2016 10:37 PM |
| 2 | What will amount to this survey, we have done many surveys and things are about the same. | 1/21/2016 1:35 PM |
| 3 | Young families need to have health providers who understand childhood medical issues and are able to establish consistent, healthy,professional, relationships with patients. | 1/14/2016 10:38 PM |
| 4 | SVT and PBN hosp are great! | 1/11/2016 1:21 PM |
| 5 | If we had options for classes in exercise & different age groups, & male from female. Also a gym. | 1/11/2016 1:15 PM |
| 6 | It disgusts me how low people's standards are in Homer. Why is it okay for people to not shower and go to town? Why is it okay to wear your pajamas to Safeway? Why is it okay that almost all the bulidings in town are old and rotting? Why is it okay that all the houses are cringe worthy? Why is it okay that no one has a nice yard in the summer and has a million things in their yards? Why is it okay that our standards are so low that anyone with subpar standards would be sickened? Get it together. Have some dignity. Tyvek is not a house siding. Xtratufs are not every day shoes. Cleanliness isn't a bad thing. Make up is not your enemy. Hair dye won't kill you, and neither will spending more than 5 minutes to get ready. Dreadlocks don't make your hair look better when you don't wash it. Homer needs to raise its standards. You people pride yourselves on healthiness on the inside while everything on the outside of you makes me want to puke. | 1/6/2016 5:44 PM |
| 7 | It would be AMAZING if Homer, AK had a helicopter for village emergencies it would make health services SO much easier for the villages and for ANMC. Also if our communities Nanwalek and Port Graham had the longer airport built in between the two communities it would also help in village emergencies so a medevac airplane can land there and pick patients up. Also they should offer free time for health aides to talk with behavioral health to debrief or just talk about stress for management. | 1/2/2016 9:21 PM |
| 8 | WE NEED A POOL AT THE HOSPITAL FOR PATIENS AND STAFF FOR PHYSICAL THERAPY AND WE NEED MORE PHYSICAL THERAPISTS. WE HAVE PATIENTS THAT NEED PHYSICAL THERAPY AND CAN'T GET IN TO SEE ANYONE BECAUSE THEY ARE TOO BUSY AND CAN'T TAKE ANY MORE PATIENTS | 12/30/2015 9:48 AM |
| 9 | More helping at schools | 12/29/2015 11:06 AM |

| | | |
|---|---|---|
| 10 | I feel a community center would be helpful because it would give our children more things to keep them occupied and adults a place to enjoy their children. | 12/29/2015 11:03 AM |
| 11 | Love it and will live here forever | 12/29/2015 10:50 AM |
| 12 | Share the Spirit has saved my family with a wonderful Christmas several years! Thank you so much! | 12/29/2015 9:08 AM |
| 13 | We need more trails for walking and biking | 12/28/2015 4:41 PM |
| 14 | Please help the state park. Lower transportation cost to the state park. | 12/28/2015 4:39 PM |
| 15 | Would love to see more family support. Homer's population is 25% <19 yers old and yet most representing the decisions of the community are much older. Why aren't we supporting family winter activities instead of overspending with HART surplus? Disappointing. | 12/28/2015 4:36 PM |
| 16 | Communication, transparency, positive mentors, healthy physical, mental, spiritual interaction | 12/28/2015 4:28 PM |
| 17 | Develop more marine vocational training leading into building a polar class vessel for our youth to explore the ice edge in the north. Connect our science & vocational students + adults | 12/28/2015 4:23 PM |
| 18 | Local cannabis education and consumption centers | 12/28/2015 4:22 PM |
| 19 | As we deal with the new cannabis regulations the community should have a "social club" and cannabis education seminars for locals and visitors. I've worked with cannabis eco-tours for years and it would greatly benefit Homer area diversing our economy. | 12/28/2015 4:21 PM |
| 20 | More public knowledge of available help for mental health. Free saunas for people who are losing their minds because they are broke. A community heated greenhouse that teaches permaculture. | 12/28/2015 4:12 PM |
| 21 | Unity of all Christians under Jesus & dump the denominations and all their divisive theology and just learn to simply do what Jesus taught us to do, and learn from experiences with them. | 12/28/2015 2:13 PM |
| 22 | As oil money declines, we need to sustain the city. Budgets, not decrease it. Income tax. | 12/28/2015 1:56 PM |
| 23 | More recreational activities for teens so they don't end up being a drug abuser. | 12/28/2015 1:53 PM |
| 24 | The need for more recreational opportunities for all ages. | 12/28/2015 1:38 PM |
| 25 | Addressing the needs of younger working families is crucial, & opportunities for non-art activities needed & sorely lacking. There's a quiet majority who are busy making a living, raising families - needs to be addressed | 12/28/2015 1:21 PM |
| 26 | Sell more full spectrum lights | 12/28/2015 12:28 PM |
| 27 | Homer is growing fast, with influences from larger communities both inside and outside. Many of those influences are negative (aggressive driving, lack of respect for the environment or other people). Those of us who have lived here for a while can only be "positive role models" in an attempt to "advocate" for the great flood of incomers. Law enforcement is also needed to maintain the boundaries of common decency & friendliness that Homer is known for. We need to pull together to keep our town safe, enjoyable, and healthy. Corruption in it's many forms is a very real threat right now. | 12/28/2015 12:23 PM |
| 28 | Need more housing options for low income. We need counseling options for domestic violence survivors & perpetrators | 12/28/2015 12:09 PM |
| 29 | Thanks for the mailing! | 12/28/2015 11:57 AM |
| 30 | I just want us to work, play, & share together in all that is good and all that is challenging. | 12/28/2015 11:29 AM |
| 31 | Would like to see more walkable/cyclable community with roundabouts instead of stoplights. | 12/28/2015 11:13 AM |
| 32 | Why didn't you include this in the expensive mail out? | 12/28/2015 11:03 AM |
| 33 | Good place to live. | 12/28/2015 10:51 AM |
| 34 | This community would benefit from increasing accessibility for those of us with mobility limitations. | 12/28/2015 10:28 AM |
| 35 | Protecting our environment is my priority. We can sell trees and halibut, but money will not put them back. Restricting "development" to what really serves the community is part of keeping the quality of human and natural world that makes life here special. | 12/25/2015 4:55 PM |
| 36 | No. Thank you. | 12/23/2015 6:13 PM |
| 37 | Survey does not fit Seldovia well. Problem is more complex than this. | 12/23/2015 11:05 AM |
| 38 | another problem is prescription drug abuse, seems like so doctors in the community write too many narcotic prescriptions, leads to dependence..more community awareness needs to happen on risks and side effects and alternatives to potent habit forming narcotics | 12/22/2015 8:42 AM |

| | | |
|---|---|---|
| 39 | Your mailing was impressive & I am grateful for your efforts in our community. I have lived here a long time and wish to continue to. | 12/21/2015 12:46 PM |
| 40 | This community restricts growth & therefore in a sense forces people to go out of town for groceries & such! | 12/21/2015 12:36 PM |
| 41 | Alcohol and drug abuse resources are sorely needed in this community. If they are available no one really knows about them. | 12/19/2015 5:14 PM |
| 42 | Would be great to have a Headstart in the Ninilkchik area or a title 1 preschool. | 12/18/2015 3:56 PM |
| 43 | Thank you for the survey to give input. | 12/18/2015 3:30 PM |
| 44 | People need more opportunities for jobs. | 12/18/2015 2:40 PM |
| 45 | The community has been good to me, the are a lot of help to me. Thank you. | 12/18/2015 2:38 PM |
| 46 | Thank you for all that you are doing - the sent materials were great. I especially am happy to see info on ACEs - would like more. | 12/17/2015 4:39 PM |
| 47 | I feel very connected with my community and I found it fascinating that the three factors which I feel affect my family's health the most do not align with the three factors that I perceive to be the most pertinent issues for the community. I sometimes wonder if we are far less connected that I believe us to be. There are resources for all of the issues listed above (substance use, behavioral health, housing, job training, education, recreation, arts....) and we have AMAZING non-profit and volunteer support but because our population base is relatively small if someone doesn't like their relatively limited options then they may not utilize what is available. I don't know what the answer is, I just think it might be a factor and something worth considering - that the established system, despite good intentions and historical investment is not effective. | 12/17/2015 2:29 PM |
| 48 | I believe there is a lack for healthy options for teens. There is a great deal of substance use and social pressures in the teen population in Homer | 12/17/2015 9:40 AM |
| 49 | I still have concerns related to police/trooper oversight and lack of management dealing with drug abuse and crime. | 12/16/2015 10:48 AM |
| 50 | I work in healthcare. Substance abuse is the greatest challenge we have. It is draining our resources and we are not making any progress. | 12/16/2015 8:21 AM |
| 51 | outdoors/activities club for single adults in community who seek to meet others in a healthy, safe environment. | 12/16/2015 1:01 AM |
| 52 | We need to start taking care of our youth in this town, give them more to do before they turn to drugs. | 12/15/2015 2:30 PM |
| 53 | continued 'race' identification will always be a dividing factor in any community. | 12/15/2015 10:10 AM |
| 54 | Wish that the ER doctor(s) would listen to the c/o and not allow their ego to dictate treatment. | 12/14/2015 7:46 PM |
| 55 | In my opinion and I have heard others in the community speak that Homer and the surrounding areas has a huge drug and alcohol problem that remains unaddressed which leads to other problems. Our schools (the people running the schools as well as the children) need education and ways to make healthy decisions. | 12/14/2015 1:21 PM |
| 56 | After you pass the pre employment drug screening at South Peninsula Hospital they don't ever test you again. If you ask most staff members if they should do random drug testing they respond that you would lose 30%-50% of your staff. That is scary and disgusting. If you or your loved one needs medical care do you want an impaired drug user providing that care? I don't. | 12/14/2015 12:36 PM |
| 57 | Is ANYONE anywhere listening? No one can live for 15 years on just $1095 per month, without housing asst, with food stamps for about 13 days, not 30! Honestly? I understand now why poor people have such high rates of substance abuse: they have no future, they know it and so, they hide reality with drugs and booze. Makes sense to me! If it is inevitable, or feels that way, that you CANNOT get ahead in the world, if you cannot even save a dime cause every dime you earn goes to rent and food, and not much else ... of course you are going to hide the misery. Beig poor is NOT the same thing as being broke, and VERY few people who are NOT poor understand this. I did not until I became poor. I lost all my friends due to my economic situation; it's not just the fact that I could no longer keep up and go with them as I used to, it's almost as if poverty were contagious. They were embarrassed by my poverty! And afraid of it .. with damn good cause. Once you reach a certain age, if you have nothing left after illness, you simply have NOTHING left except perhaps your smile and good heart. Now, I have lost those too. I never imagined I would soon be turning 60 and living in 2 rooms, battling the cold in order to save on fuel, and eating oatmeal for breakfast AND dinner 4 times a week and going hungry the rest of the time! I came from an upper middle class home: Mom was a CPA, Dad was an attorney. My childhood home is wroth nearly | 12/14/2015 12:38 AM |
| 58 | Encourage Homer Electrical Association to install and promote renewables as quickly as possible so that the cost of energy in our community can be reliably low. Thanks for asking. More funding for NGO's, arts, schools. Lower cost of government with tech solutions. More collaboration among NGO's outside of their silos. | 12/13/2015 6:45 PM |
| 59 | Part of the working poor. Income limits need to be raised for benefits and no waiting period when getting laid off. | 12/12/2015 2:02 PM |

| | | |
|---|---|---|
| 60 | Insurance options would be very helpful. And an air of EVERYONE who works with our diverse population to treat the people we work with with respect. | 12/10/2015 5:33 PM |
| 61 | Don't waste money on glossy flyers--the last one went in the trash!!! | 12/9/2015 1:06 PM |
| 62 | Keep educating the public on issues impacting the community. | 12/9/2015 12:42 PM |
| 63 | 1. Healthcare costs in AK are not affordable at all. 2. More economic opportunities in Homer area. | 12/9/2015 12:40 PM |
| 64 | Love the rink | 12/9/2015 11:54 AM |
| 65 | Tired of surveys, just do it. | 12/9/2015 11:43 AM |
| 66 | Young people have no future here. Only those who can get grant money or have government type positions can live here. Drugs are everywhere. Desperation drives bad behavior. | 12/9/2015 11:33 AM |
| 67 | We have a major problem in the community with meth & heroin. | 12/9/2015 11:30 AM |
| 68 | We need more public transit & walking/biking support | 12/9/2015 10:23 AM |
| 69 | The high school is negligent in the drug problem. It might be helpful if mandatory class is taught at high school about teenage brain & pot | 12/8/2015 8:56 PM |
| 70 | We try to be a generous and quality community. Not bad for the "end of the road." | 12/8/2015 8:42 PM |
| 71 | Teens could use more advocacy when it comes to being involved in the community. | 12/8/2015 8:01 PM |
| 72 | Please help us with marketplace/healthcare subsidy issues. No one properly trained in town to help with complex self employment (Like many in Homer are) | 12/8/2015 7:58 PM |
| 73 | There is a huge drug problem | 12/8/2015 7:49 PM |
| 74 | #3 was worded poorly, hard to understand. | 12/8/2015 7:47 PM |
| 75 | Maybe Donald Trump could ban the sun from getting too low in the sky. | 12/8/2015 7:44 PM |
| 76 | Small town with small town issues but the people here always have a moment to help someone who needs it. | 12/8/2015 10:01 AM |
| 77 | Please help women stop being abused by men, and then the men getting released. | 12/8/2015 9:48 AM |
| 78 | More jobs need to be available. | 12/8/2015 9:45 AM |
| 79 | Privatize the real estate on the spit so we have year round jobs. City of Homer owns 97% of the commercial real estate. | 12/8/2015 9:42 AM |
| 80 | Natural beauty, quiet lifestyle, healthy environment, loving and respectful community are what make Homer precious. We cannot afford too much "development." We need to invite newcomers into this culture if we are to continue creating the fun and warmth, keeping the natural beauty. It's not just about grabbing the biggest fish. | 12/8/2015 7:17 AM |
| 81 | I believe this community is on the right tract, except Alaska has prohibitive healthcare costs | 12/7/2015 10:30 AM |
| 82 | nice survey. | 12/1/2015 3:36 PM |
| 83 | thanks for asking. I hope you will get input from people who don't have access to all the wonderful things of our community. We have lost alot of services for people who are struggling. | 12/1/2015 10:02 AM |
| 84 | Health ins deductable is climbing. Need great care for roads during winter. | 11/30/2015 7:48 AM |
| 85 | We are mandated to have health insurance, so question 14 is an unfair question. | 11/29/2015 10:03 PM |
| 86 | It would be good if you define the choice options in questions 1 and 2. Some meanings are ambiguous "healthy lifestyle options", "behavioral health". | 11/29/2015 9:04 PM |
| 87 | I'd like our community and its members to actually engage more with people and families in poverty to help improve their lives in the ways that they want and need. | 11/29/2015 7:57 PM |
| 88 | Narrowing down to 3 aspects of strength that I feel This community has was VERY difficult. Homer has so many strengths. I am very concerned about alcohol and drug abuse. | 11/29/2015 7:09 PM |
| 89 | yes this questionnaire seems ignorant of math disabilities -that people could not no their income and that some people haven't graduated grammar school, also there is not near enough education/awareness in the community of narcissistic personality disorder and its wide range affects on history - world leaders, and every thing from business and food ethics to sex in all cultures | 11/26/2015 9:06 AM |

| | | |
|---|---|---|
| 90 | Homer needs a Fitness club with more diversity and doesn't cost a fortune. Homer also needs to get over the "big box store" issue. We need a place to buy decent healthy food and family clothing that isn't name brand, expensive or used. We all travel North to shop now anyway or get online, we would be better off to let Walmart come in for the employment opportunity and keep people in town shopping. | 11/20/2015 9:37 AM |
| 91 | If the drug and alcohol problems in the area do not improve, we plan to move away in 4 years before our youngest begins school. | 11/19/2015 10:38 AM |
| 92 | We need a gym or health center that can cater to the working and single mom. Childcare is nonexistent in many options. A ton of families in the community are on a part time single parent basis and it would behoove the community to understand that those people need help with their kids to be active and healthy. | 11/19/2015 7:30 AM |
| 93 | The high cost of healthcare is a major issue, lack of urgent care specifically forces folks to use ER which is not the best option. The increasing ownership by the hospital of outpatient services is raising costs. | 11/17/2015 11:55 AM |
| 94 | I think the economic health of the town is causing more stress on the individuals and leading to a downward spiral of poor mental/physical health. Nice town with small town problems. | 11/16/2015 1:48 PM |
| 95 | I'm frequently & increasingly frustrated with the lack of work ethic that so many complaining about our community & their economic growth or lack there of. There are a lot of great jobs here that many frankly don't want to do bc of willingness to commit, or if they do commit, have a hard time living up to those commitments | 11/12/2015 7:35 PM |
| 96 | MAPP rocks. Homer is moving in the right direction, keep up the momentum!!! | 11/12/2015 10:33 AM |
| 97 | thank you for MAPP! | 11/12/2015 7:36 AM |
| 98 | We need a multi-use, year round community center where many community activities can take place while using it for special events ( conferences, weddings, etc). This place would be the stage for many proactive family resiliency factors why stimulating the local economy. Lets focus on preventive measures by creating real afford & accessible healthy options/opportunities that allows the self to pursue and acheive and not the reactive, social service programs which relies on many others. | 11/12/2015 7:33 AM |
| 99 | Thank you for aligning so many agencies on the critical issues | 11/11/2015 10:27 PM |
| 100 | Fun fair... keep doing it, lots of good info and keeps getting better. | 11/11/2015 10:24 PM |
| 101 | Mental health & substance abuse are huge issues in our community, borough, state & nation. How can we, acting locally, be more proactive & responsive? | 11/11/2015 10:22 PM |
| 102 | Thanks for your contribution to making Homer a better place to live | 11/11/2015 10:17 PM |
| 103 | Insurance is not affordable or useful. | 11/11/2015 3:03 PM |
| 104 | Our community makes it way too easy on people who choose not to work. We need less money spent on handout programs and more on police/fire (just one example) | 11/11/2015 2:32 PM |
| 105 | We need a community center at the HERC building! | 11/11/2015 2:14 PM |
| 106 | Healthcare costs are outrageous | 11/11/2015 2:11 PM |
| 107 | I suggest more more education/outreach in our schools. The positive influences & awareness of negative issues that we face in our community can be a huge impact if we start with our youth! | 11/11/2015 2:10 PM |
| 108 | It would be great to get information into the hands of people who seem to b e clueless about all that happens in the community. With 2 newspapers, KBBI, & other sources of info, there's really no excuse. It's frustrating that people don't take responsibility for knowing what's going on. | 11/11/2015 2:04 PM |
| 109 | better support for the youth - real life experiences to support learning | 11/11/2015 1:55 PM |
| 110 | Thanks for what you do. | 11/11/2015 1:47 PM |
| 111 | Mental health services. The center is not adequate. More services for children of drug addict parents that are homeless. | 11/11/2015 1:43 PM |
| 112 | Marijuana issue needs to be planned where, when, how not assume everyone is for it - protection for those who are not for it. | 11/11/2015 1:40 PM |
| 113 | Happy to have so many providers | 11/11/2015 1:30 PM |
| 114 | I love where I live & the people who live here with me. | 11/11/2015 1:28 PM |
| 115 | We need to build our economic base to support new jobs and our existing service economy. | 11/10/2015 4:23 PM |
| 116 | Toxic black mold is a huge concern due to the poor construction techniques employed here in Homers cold wet winters & falls. It is in the surrounding environment and definitely found in poorly ventilated structures. | 11/10/2015 11:39 AM |

| | | |
|---|---|---|
| 117 | Businesses need to be respectful or more willing to hire disabled individuals. | 11/10/2015 11:32 AM |
| 118 | Would be nice to have boys & girls club open back up for working parents. More childcare options for older children. | 11/10/2015 11:00 AM |
| 119 | Free healthcare clinics & home visit healthcare for all | 11/10/2015 10:53 AM |
| 120 | Safe, low cost place for people to walk - no matter the weather | 11/10/2015 9:47 AM |
| 121 | Need a dermatologist | 11/10/2015 9:32 AM |
| 122 | This questionnaire is much too long for the health fair. | 11/10/2015 9:19 AM |
| 123 | Focus on the problem of heroin addiction | 11/10/2015 9:14 AM |
| 124 | The attitudes of the youth & some adults around substance abuse, sexual abuse, & bullying is shameful. The attitude about drugs in high school is worse. | 11/9/2015 4:29 PM |
| 125 | We need more trails in town. I'm sorry Homer has not bought land for it like for East End up to Skyline | 11/9/2015 4:24 PM |
| 126 | We need universal healthcare, single payer | 11/9/2015 3:53 PM |
| 127 | We need to continue to look at the services we have and how best to pay for them. Recreation for all through the winter months is a necessity! | 11/9/2015 2:06 PM |
| 128 | Need more diverse recreational/tourism opportunities (not all hunt / fish) | 11/9/2015 2:04 PM |
| 129 | Very poor area for economic activity. Many people from outer areas simply don't want to do business or own property in Homer. | 11/9/2015 12:16 PM |
| 130 | (picture of heart) | 11/9/2015 10:10 AM |
| 131 | Would like to see more systematic shifts in the school, city, & organizational climates & policies to support individuals in better addressing their individual well-being | 11/5/2015 1:25 PM |

# Appendix B: Prioritization Score Sheets

Perceptions of Community Health Survey Theme Rankings

| Theme | # | Q1 | Q2 | Q3 - Family | Q3 - Comm | TOTAL |
|---|---|---|---|---|---|---|
| **Jobs & Econ Opps** | 1 | | 5 | | | **5** |
| Public Transportation | 2 | | 4 | | | 4 |
| **Substance Abuse & Treatment** | 3 | | 3 | | 5 | **8** |
| Access to Job Training & Higher | 4 | | 1 | 3 | 1 | **5** |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | | | | | |
| | 10 | 3 | | | | 3 |
| People Help Each other | 11 | 4 | | | | 4 |
| **Natural Beauty** | 12 | 5 | | | | **5** |
| | 13 | | | | | |
| | 14 | | | | | |
| | 15 | | 2 | | | 2 |
| | 16 | | | | | |
| | 17 | | | | | |
| | 18 | 2 | | | | 2 |
| | 19 | 1 | | | | 1 |
| Behavioral Health & Services | 20 | | | 1 | 3 | 4 |
| | 21 | | | | | |
| | 22 | | | | | |
| | 23 | | | | | |
| Environmental Health | 24 | | | 4 | | 4 |
| | 25 | | | | | |
| | 26 | | | | | |
| | 27 | | | | | |
| | 28 | | | | | |
| | 29 | | | | | |
| Public Safety | 30 | | | | 4 | 4 |
| Economic Health | 31 | | | 2 | 2 | 4 |
| | 32 | | | | | |
| | 33 | | | | | |
| | 34 | | | | | |
| | 35 | | | | | |
| | 36 | | | | | |
| | 37 | | | | | |
| | 38 | | | | | |
| | 39 | | | | | |
| | 40 | | | | | |
| | 41 | | | | | |
| **Physical Health** | 42 | | | 5 | | **5** |

## Wellness Dimension Discussion Rankings

| Theme | # | Cultural Strength | Cultural Challenge | Econ Strength | Econ Challenge | Educa Strength | Educa Challenge | Emotional Strength | Emotional Challenge | Enviro Strength | Enviro Challenge | Physical Strength | Physical Challenge | Social Strength | Social Challenge | Spiritual Strength | Spiritual Challenge | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Jobs & Econ Opps** | 1 | | | 3 | 3 | | | | 1 | | | | | | 1 | | | 8 |
| Public Transportation | 2 | | | | | | 1 | | 1 | | | | 1 | | 1 | | | 4 |
| **Substance Abuse & Treatment** | 3 | | | | | | | | 1 | | | | | | 1 | | | 2 |
| Access to Job Training & Higher Education | 4 | | | | 1 | 1 | 1 | | | | | | | | | | | 3 |
| | 5 | | | | | | 1 | | 1 | | | | | | | | | 2 |
| | 6 | | | | | | 1 | | 1 | | | 1 | 1 | | | | | 4 |
| | 7 | | | | | | | | | | | | | | | | | 0 |
| **Cultural Diversity** | 8 | 2 | 2 | | | 1 | 1 | 2 | | | | | | | | | | 8 |
| **Respect for Varied Viewpts** | 9 | 2 | 1 | | | | 1 | 1 | 1 | | 2 | | | 1 | | 1 | 3 | **13** |
| | 10 | 2 | | | | | | 1 | | | | | | | | 1 | | 4 |
| People Help Each other | 11 | | | | | | | | | | | | | 2 | | 1 | 2 | 5 |
| **Natural Beauty** | 12 | | | | | 1 | | 1 | | 1 | | | 1 | | | 1 | | 5 |
| | 13 | | 1 | 1 | | | | 1 | | | | | | | | | | 3 |
| | 14 | | | | | | | 1 | | | | | | | | 2 | | 3 |
| | 15 | | | | 1 | | | | 1 | | | | | | | | | 2 |
| | 16 | | | | | | | | | | | | | | | | | 0 |
| | 17 | | | | | | | | | | | | 1 | | | | | 1 |
| | 18 | | | | | 1 | | 1 | | | 1 | | | | | | | 3 |
| | 19 | | | | | | | 1 | | 1 | | 1 | | | 1 | 2 | | 6 |
| Behavioral Health & Services | 20 | | | | | | 1 | | 2 | | | | 1 | | 1 | | 2 | 7 |
| | 21 | | | | | | 1 | | 1 | | | | | | 1 | | 1 | 4 |
| | 22 | | | | | | 1 | | | | | | | | | | | 1 |
| | 23 | | | | | | | 1 | | 1 | | 1 | | | | 2 | 1 | 6 |
| Environmental Health | 24 | | | | | | | | | | 3 | | | | | | | 3 |
| | 25 | | | | | | | 1 | | 1 | | 1 | | | 1 | 1 | | 5 |
| | 26 | | | | | | | | | | | | | | | | | 0 |
| | 27 | | 1 | | | | 1 | | | 1 | 1 | | | 1 | 1 | 1 | | 7 |
| | 28 | | | | | | | | | | | | | | | | | 0 |
| **Sustainability** | 29 | | 1 | 4 | 1 | | 1 | | | 2 | 3 | | 1 | | 1 | | 1 | **15** |
| Public Safety | 30 | | | | | | | | 1 | | | | | | 2 | | | 3 |
| **Economic Health** | 31 | | 1 | 5 | 3 | | 1 | | 2 | | 1 | | 2 | | 2 | | 1 | **18** |
| | 32 | | | | | | | | | | | | 1 | | | | | 1 |
| | 33 | | | | | 1 | | | | | | 1 | | 1 | | | | 3 |
| | 34 | | | | | | 1 | | 2 | | | 1 | | | | | | 4 |
| | 35 | | | | | | 2 | | | 1 | | 1 | | | | | | 4 |
| | 36 | | | | | 1 | | | | | | | | 1 | | | | 2 |
| **Social Connections** | 37 | | 1 | | | 1 | | 1 | 1 | | | | | 1 | 2 | | 2 | **9** |
| | 38 | | 1 | | | | | | | | | | | 1 | 1 | | 1 | 4 |
| | 39 | | | | | 1 | | | | | | | | | | 1 | | 3 |
| **Built Environment** | 40 | | | | 1 | | | | | | | | 2 | 1 | 1 | 1 | 3 | **9** |
| | 41 | | | | 2 | | 1 | | | | 1 | | | | | | | 4 |
| **Physical Health** | 42 | | | | | | | 1 | | | | | | | | | 1 | 2 |


Mobilizing for Action through Planning and Partnerships

# Community Health Status Assessment

## MAPP of the Southern Kenai Peninsula, Alaska

September 2016

# Table of Contents

## List of Document Figures

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This Assessment was made possible with support from the South Peninsula Hospital Service Area Board, Community Partners, and the Mobilizing Action for Resilient Communities grant.

## Southern Kenai Peninsula Map

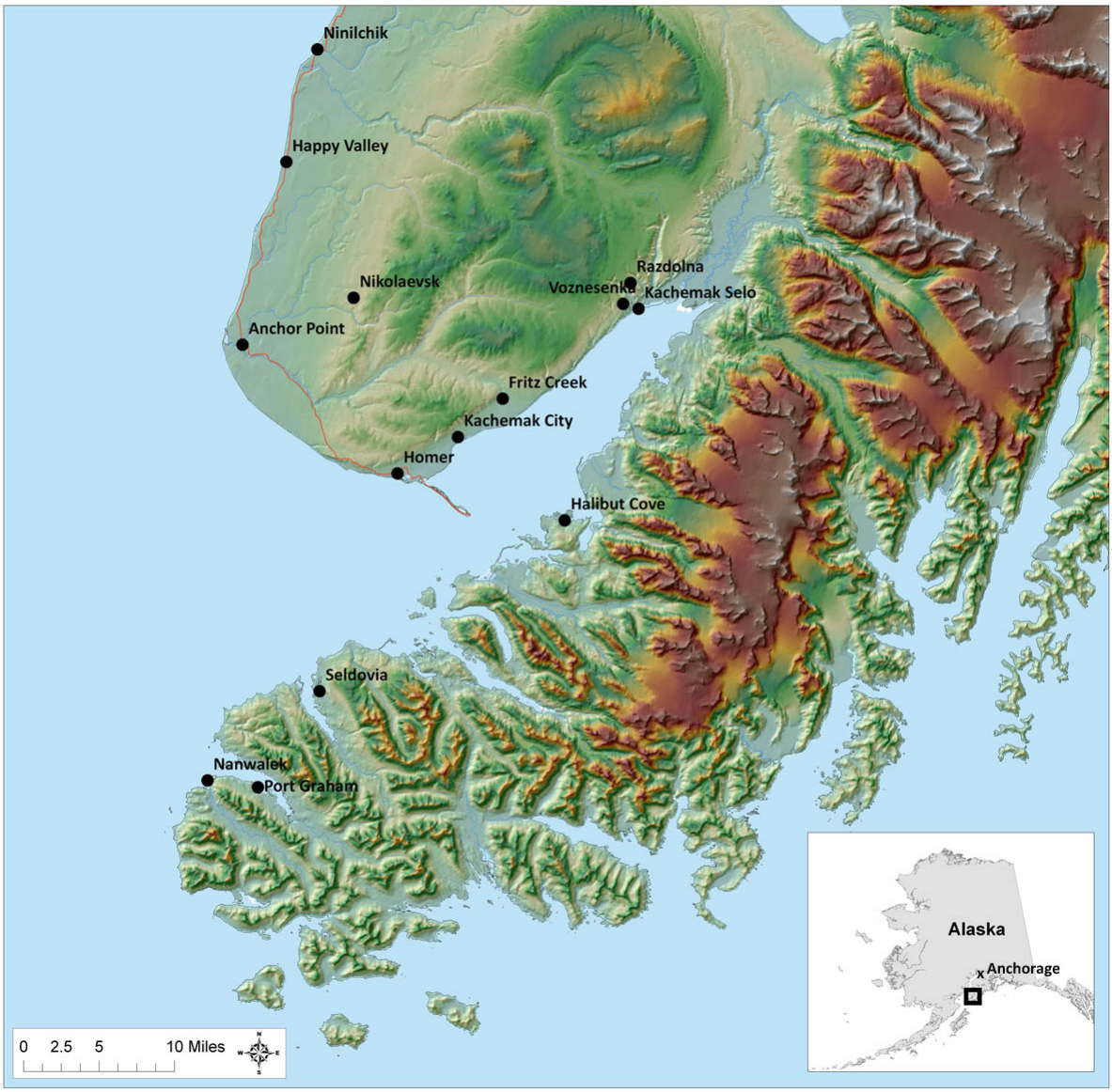


*Figure 1. Map of the Southern Kenai Peninsula Communities, Alaska*

## Acronyms

ABVS = Alaska Bureau of Vital Statistics

ACS = American Community Survey

ASQ = Ages Stages Questionnaire

BRFSS = Behavioral Risk Factor Surveillance System

CDC = Centers for Disease Control and Prevention

CHNA = Community Health Needs Assessment

HMC = Homer Medical Clinic

KBFPC = Kachemak Bay Family Planning Clinic

KPBSD = Kenai Peninsula Borough School District

MAPP = Mobilizing for Action through Planning and Partnerships

NSCH = National Survey of Children's Health

SKP = Southern Kenai Peninsula

SPBHS = South Peninsula Behavioral Health Services

SPH = South Peninsula Hospital

SVT = Seldovia Village Tribe Health Clinic

YRBS = Youth Risk Behavior Survey

## Community Health Needs Assessment Background

Spearheaded by South Peninsula Hospital in November 2008, over forty organizations gathered in November 2008 to conduct the first collaborative, area-wide Community Health Needs Assessment (CHNA), with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. The Mobilizing for Action through Planning & Partnerships (MAPP) framework developed by the Centers for Disease Control & Prevention (CDC) and the National Association of City & County Health Officials (NACCHO) was selected to guide the assessment process. Building on the lessons-learned and results from the first and second CHNAs, the third CHNA is composed of the following four separate 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 Group Discussions

II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, educational, emotional, environmental, 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 standardized 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. This assessment was conducted during the first and third CHNAs, but not during the second.

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

The following measures captured here represent the **Community Health Status Assessment**. The goal of this broad assessment is to answer the question, "What is the Health Status of the Southern Kenai Peninsula community?" and ensure that the Community Health Improvement Plan considers specific health status issues (e.g. leading causes of death or behavioral risk factors). Our community defines health broadly using the 8 Dimensions of Wellness. These dimensions include cultural, economic, educational, emotional, environmental, physical, social, and spiritual health and are further defined below. For the purposes of this assessment, we break the overarching health status question down and have compiled related data to help answer this overarching question in different sub-sections:

I. Southern Kenai Peninsula Demographics
II. Southern Kenai Peninsula Leading Causes of Death
III. Southern Kenai Peninsula Comparisons to Healthy Alaskans 2020 Top 25 Indicators
IV. Prioritized Community Focus: Family Well-being

To view the other sub-assessments, previous CHNAs, and/or additional MAPP of the SKP information, please visit www.mappofskp.net. For additional questions, please contact Megan Murphy, MAPP coordinator, at mappofskp@gmail.com or (907) 235-0570.

## COMMUNITY HEALTH STATUS ASSESSMENT DATA TEAM

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## DATA COLLECTION METHODOLOGY AND PROPERTIES

In order to answer the overarching question, "What is the health status of our Southern Kenai Peninsula community," community and local organizational data are gathered and compiled into the following subsections:

I. Southern Kenai Peninsula community population demographics and change from 2000 to 2014
II. Southern Kenai Peninsula leading causes of death
III. Southern Kenai Peninsula comparisons to Alaska and the United States on Healthy Alaskans 2020's top 25 leading indicators of health
IV. Prioritized Community Focus: Family Well-being

The graphs shown in this written assessment are predominantly secondary data sources that depict Southern Kenai Peninsula community-level data:

- US Census, 2000 and 2010 for the Southern Kenai Peninsula community
- American Community Survey, 2010-2014 5-year estimates for the Southern Kenai Peninsula community
- Alaska Behavior Risk Factor Surveillance System for the Southern Kenai Peninsula community (Northern Kenai Peninsula and Remainder of AK comparisons available)
- Alaska Youth Risk Behavior Survey for Southern Kenai Peninsula schools (various school participation depending on the year)
- Alaska Bureau of Vital Statistics

Primary and secondary data collected and compiled at the local level (individual efforts, organizations, and communities within the Southern Kenai Peninsula) is highly valued in our MAPP process. MAPP of the SKP's process is informed by the five conditions of Collective Impact (Common Agenda, Shared Measures, Mutually Reinforcing Activities, Continuous Communication, and Backbone Support) to guide its shared community efforts. A critical component of Collective Impact is creating, prioritizing,

tracking, and evaluating shared measures. Local level data improves our community's ability to achieve consistent data collection for priority issues and better understand specific community strengths, needs, and changes. The process and communication surrounding consistent and shared local-level data collection is ongoing, reinforcing our Collective Impact in addition to improving our ability to strategically address existing needs.

**Measure(s): Population Demographics**

**Source: American Community Survey (20010-2014 averages) and U.S. Census Demographics**[1]

**Population:** Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Happy Valley, Homer City, Kachemak City, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Seldovia City, and Seldovia Village

**Methodology:** The total estimated population and the estimated number of individuals for each measure were recorded for each of the communities listed above. The estimated total number of individuals for each measure and for each community were added together and divided by the summed estimated population total for all communities. In order to estimate the margin of error range for the summed Southern Kenai Peninsula community measures, a comparison was made to the margin of error to Homer City, the largest individual SKP community, and the Kenai Peninsula. The margin of error for the Southern Kenai Peninsula community calculations was assumed to be in between these two ranges.

**Measure(s): Adult (age 18+ years old) Physical, Mental, and Behavioral Health Indicators**

**Source: Alaska Behavior Risk Factor Surveillance System**

Alaska Department of Health and Social Services

Chronic Disease Prevention and Health Promotion Section

Division of Public Health

[1] Retrieved on multiple days in 2013 from http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Personal correspondence with Charles Utermohle, Public Health Specialist II

**Population:** Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Happy Valley, Homer City, Kachemak City, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Seldovia City, and Seldovia Village

**Methodology:** The Alaska Behavioral Risk Factor Surveillance System (BRFSS)[2] assesses the prevalence of diseases and risk factors in adults (individuals of 18 years of age and older) statewide through an on-going telephone survey. The Alaska BRFSS has been in place since 1991, interviewing over 64 thousand adult Alaskans through 2011. The Alaska BRFSS is part of the Centers for Disease Control and Prevention's (CDC) BRFSS to track health conditions and risk behaviors in the United States, District of Columbia, and territories. The content of the BRFSS includes demographics, chronic diseases, health risk factors, access to care, health screenings, and perceptions. The current versions of the health profile maps may contain up to 172 health variables with the number of available indicators dependent upon the geographic system depicted and the number of respondents within each area for the time period. BRFSS data analyses require at least 50 respondents within the area and time period. Confidence intervals (95%) are calculated for each measure and population. Three data quality criteria are used in evaluating the BRFSS prevalence estimates, based upon the Joint Policy on Variance Estimation and Statistical Reporting Standards.

**Measure(s): Youth (grades 9-12) Physical, Mental, and Behavioral Health Indicators**

**Source: Youth Risk Behavior Survey (YRBS)**

Alaska Department of Health and Social Services
Division of Public Health
Chronic Disease Prevention and Health Promotion Section

Personal correspondence and formal request submitted to Kate Oliver, AK YRBS Statewide Coordinator

**Population:** Southern Kenai Peninsula high school participation varies depending on the year administered. Students from Homer High School, Homer Flex, Nanwalek, Nikolaevsk, Ninilchik, and Voznesenka schools comprise the region's entire high school population. 2015 values only represent

[2] Accessed 11.17.13 from http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/brfss/brfss_health_profiles.aspx

participation from Homer High and Homer Flex schools. **Thus, trends cannot be drawn from the survey cycles due to variable school participation and response rate.**

**Methodology[3]:** YRBS data are weighted to adjust for school and student nonresponse and to make the data representative of the population of students from which the sample was drawn. Generally, these adjustments are made by applying a weight based on student sex, grade, and race/ethnicity. Weighting is a mathematical procedure that makes data representative of the population from which it was drawn. In the YRBS, only surveys with a scientifically drawn sample, appropriate documentation, and an overall response rate of at least 60% are weighted. State, territory and local YRBS data that are weighted are representative of all public school students in grades 9-12 in the respective jurisdiction. State, territory, and local YRBS data that are not weighted are representative only of the students who completed the survey in the respective jurisdiction.

**Measure(s): Leading Causes of Death**

**Source: Alaska Bureau of Vital Statistics**

http://www.hss.state.ak.us/dph/bvs/death_statistics/Leading_Causes_Census/frame.html
Alaska Department of Health and Social Services
Bureau of Vital Statistics

Personal correspondence with Julie Walker, Research Analyst I
**Population:** Southern Kenai Peninsula

**Methodology:** Death certificates provide the source for state and national mortality statistics. The medical examiner office records the immediate and underlying cause of death on the death certificate. For detailed methods, see the Center for Disease Control's "Physicians' Handbook on Medical Certification of Death".

[3] Retrieved on 11.18.13 from http://www.cdc.gov/healthyyouth/yrbs/data/index.htm

## LOCAL COMMUNITY DATA

MAPP continues to solicit data submissions from local community members and organizations to better convey meaningful local issues and trends. A new lens for prioritizing data collection and organization incorporated into this third CHNA is the use of the 8 Dimensions of Wellness. To further focus data collection within these 8 Dimensions of Wellness, the Health Status Assessment Data Team distributed an online survey to community partners for input on both meaningful local stories to understand and measures that support these community health stories. Data collection by these 8 Dimensions of Wellness will be an ongoing process as community dialogue, understanding, awareness of, access to, and prioritization of local data improve. When applicable to specific health status sub-sections, available local data are included within this sub-assessment.

MAPP utilizes an online strategic management software, Insightvision, to provide a consistent portal for housing, organizing, and tracking community data. This portal is embedded on the MAPP website (www.mappofskp.net/well-being-status/), increasing community accessibility to health status data and supporting efficient updates in the future.

## RESULTS

### Southern Kenai Peninsula (SKP) community-level population demographics and change from 2000 to 2014

The SKP communities tracked by the U.S. Census include:

- Anchor Point
- Diamond Ridge
- Fox River
- Fritz Creek
- Happy Valley
- Homer
- Kachemak City
- Nanwalek
- Nikolaevsk
- Ninilchik
- Port Graham
- Seldovia City & Village

Kachemak Selo, Razdolna, and Voznesenka are not tracked individually, but are included in the Fox River community values.

## Demographic Highlights

- There was a 10% increase (+1,237) in the SKP population between the 2000 and 2010 Census and this population growth rate has been consistent with American Community Survey 5-year estimates (~9% increase from 2000 to 2014). The population overall is growing (the birth rate is relatively stable).
- There is a greater percentage of SKP residents aged 45 and older than compared to the entire Kenai Peninsula Borough, AK, and the US (48% of SKP population 45+, Kenai Peninsula Borough 44%, Alaska 35%, and US 40%).
- The percentage of SKP family households with individuals under 18 has decreased from 2000 – 2014 (36% to 25% of households with individuals under 18). The Kenai Peninsula Borough, AK, and the US all have greater percentages of family households with individuals under the age of 18 (29%, 36%, and 32% respectively).

*Table 1. 2000, 2010, and 2010-2014 5-year average Southern Kenai Peninsula community populations (US Census, American Community Survey [ACS] 5-year estimates)*

| Subject | 2000 | % 2000 | 2010 | % 2010 | 2010-2014 ACS | % 2010-2014 ACS |
|---|---|---|---|---|---|---|
| **Southern Kenai Peninsula (SKP) Community Populations** | **12,662** | | **13,899** | | **13,969** | |
| Anchor Point | 1,845 | 14.6% | 1,930 | 13.9% | 2,189 | 15.7% |
| Diamond Ridge | 1,802 | 14.2% | 1,156 | 8.3% | 1,144 | 8.2% |
| Fox River | 616 | 4.9% | 685 | 4.9% | 685 | 4.9% |
| Fritz Creek | 1,603 | 12.7% | 1,932 | 13.9% | 1,774 | 12.7% |
| Halibut Cove | 35 | 0.3% | 76 | 0.5% | 21 | 0.2% |
| Happy Valley | 489 | 3.9% | 593 | 4.3% | 585 | 4.2% |
| Homer | 3,946 | 31.2% | 5,003 | 36.0% | 5,229 | 37.4% |
| Kachemak City | 431 | 3.4% | 472 | 3.4% | 594 | 4.3% |
| Nanwalek | 177 | 1.4% | 254 | 1.8% | 212 | 1.5% |
| Nikolaevsk | 345 | 2.7% | 318 | 2.3% | 196 | 1.4% |
| Ninilchik | 772 | 6.1% | 883 | 6.4% | 730 | 5.2% |
| Port Graham | 171 | 1.4% | 177 | 1.3% | 166 | 1.2% |
| Seldovia City | 286 | 2.3% | 255 | 1.8% | 264 | 1.9% |
| Seldovia Village | 144 | 1.1% | 165 | 1.2% | 180 | 1.3% |

| Report Area | Total Population | Total Land Area (Square Miles) | Population Density (Per Square Mile) |
|---|---|---|---|
| Southern Kenai Peninsula (SKP) | 13,969 | 701.19 | 19.92 |
| Kenai Peninsula Borough (KPB) | 56,687 | 16,075.16 | 3.53 |
| Alaska (AK) | 728,300 | 570,600.83 | 1.28 |
| United States (US) | 314,107,083 | 3,531,932.26 | 88.93 |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

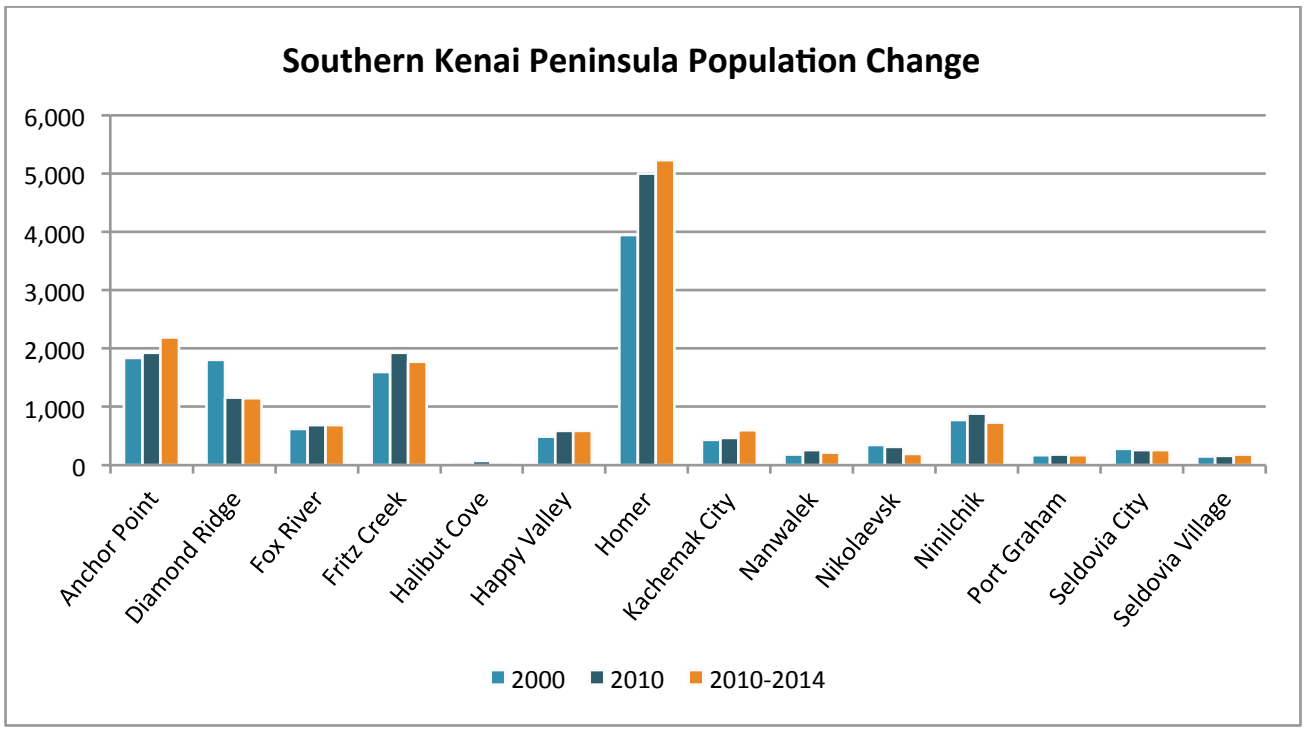



*Figure 3. Individual Southern Kenai Peninsula community populations (2000, 2010 US Census, 2010-1014 ACS 5-yr avg)*

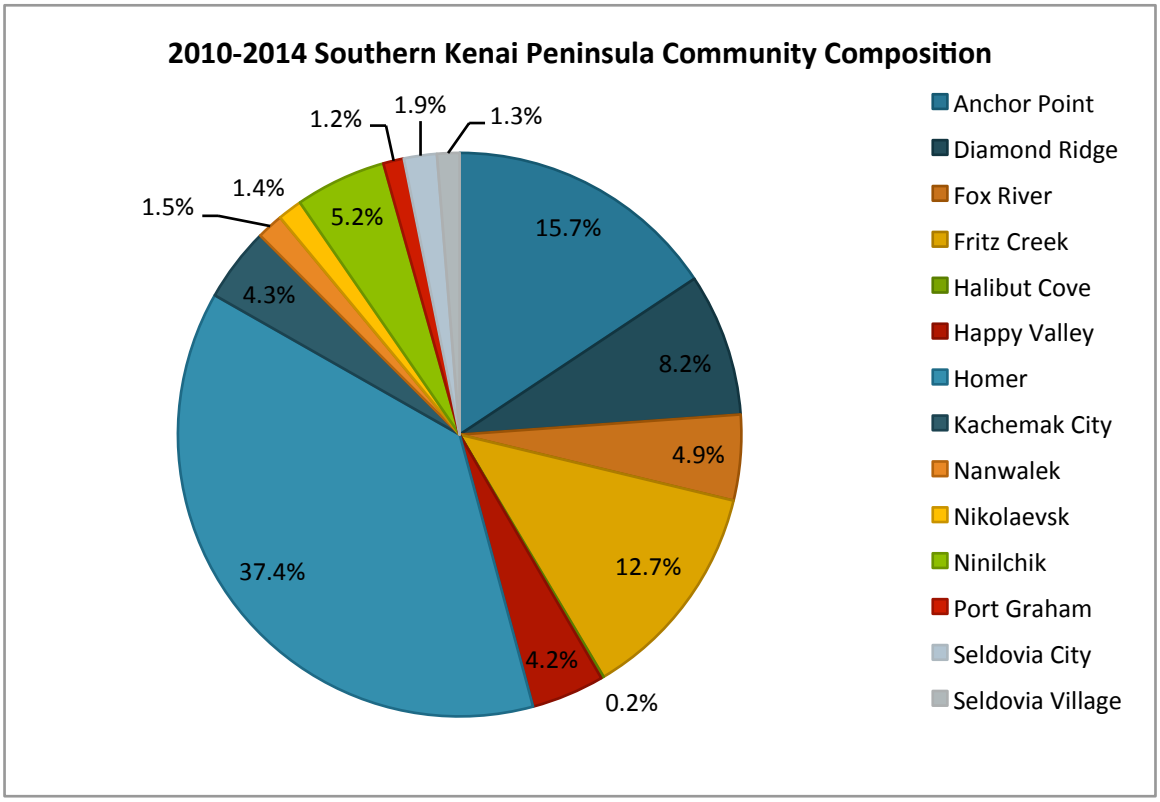



*Figure 4. SKP community composition (2010-2014 ACS 5-yr estimate)*

*Table 2. Southern Kenai Peninsula Age Composition (2000, 2010 US Census, 2010-2014 ACS 5-year est)*

| Subject | 2000 | % 2000 | 2010 | % 2010 | 2010-2014 AVG | % 2010-2014 | Δ 2000-2014 |
|---|---|---|---|---|---|---|---|
| **AGE** | | | | | | | |
| **Total population** | **12,662** | | **13,899** | | **13,969** | | |
| Under 5 years | 870 | 6.9% | 811 | 5.8% | 935 | 6.7% | ↓ |
| 5 to 9 years | 1,009 | 8.0% | 826 | 5.9% | 825 | 5.9% | ↓ |
| 10 to 14 years | 1,184 | 9.4% | 944 | 6.8% | 922 | 6.6% | ↓ |
| 15 to 19 years | 1,052 | 8.3% | 927 | 6.7% | 837 | 6.0% | ↓ |
| 20 to 24 years | 524 | 4.1% | 623 | 4.5% | 711 | 5.1% | ↑ |
| 25 to 34 years | 1,200 | 9.5% | 1,470 | 10.6% | 1602 | 11.5% | ↑ |
| 35 to 44 years | 2,182 | 17.2% | 1,551 | 11.2% | 1486 | 10.6% | ↓ |
| 45 to 54 years | 2,384 | 18.8% | 2382 | 17.1% | 2051 | 14.7% | ↓ |
| 55 to 59 years | 724 | 5.7% | 1,458 | 10.5% | 1404 | 10.1% | ↑ |
| 60 to 64 years | 468 | 3.7% | 1130 | 8.1% | 1340 | 9.6% | ↑ |
| 65 to 74 years | 655 | 5.2% | 1,164 | 8.4% | 1266 | 9.1% | ↑ |
| 75 to 84 years | 325 | 2.6% | 463 | 3.3% | 423 | 3.0% | ↑ |
| 85 years and over | 85 | 0.7% | 150 | 1.1% | 167 | 1.2% | ↑ |
| Median age (years) | 36.9 | | 41.6 | | 44.5 | | ↑ |
| 65 years and over | 1,065 | 8.4% | 1,777 | 12.8% | 1,856 | 13.3% | ↑ |

| Report Area | Age 0-4 | Age 5-17 | Age 18-24 | Age 25-34 | Age 35-44 | Age 45-54 | Age 55-64 | Age 65+ |
|---|---|---|---|---|---|---|---|---|
| SKP | 935 | 2,274 | 1,021 | 1,602 | 1,486 | 2,051 | 2,744 | 1,856 |
| SKP % | 6.7% | 16.3% | 7.3% | 11.5% | 10.6% | 14.7% | 19.6% | 13.3% |
| KPB | 3,513 | 9,749 | 4,789 | 6,797 | 6,706 | 8,624 | 9,388 | 7,121 |
| KPB % | 6.20% | 17.20% | 8.45% | 11.99% | 11.83% | 15.21% | 16.56% | 12.56% |
| AK | 54,498 | 133,592 | 79,891 | 111,054 | 92,321 | 103,682 | 91,021 | 62,241 |
| AK % | 7.48% | 18.34% | 10.97% | 15.25% | 12.68% | 14.24% | 12.50% | 8.55% |
| US | 19,973,712 | 53,803,944 | 31,273,296 | 42,310,184 | 40,723,040 | 44,248,184 | 38,596,760 | 43,177,960 |
| US % | 6.36% | 17.13% | 9.96% | 13.47% | 12.96% | 14.09% | 12.29% | 13.75% |

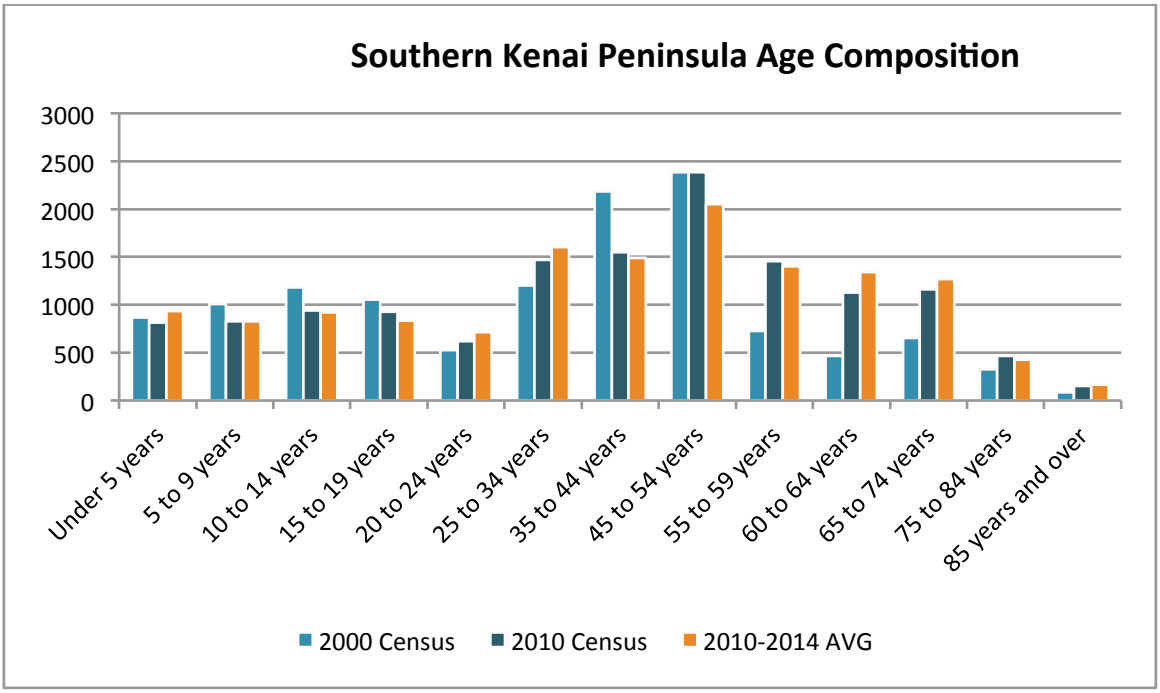



*Figure 5. SKP Age Composition (2000,2010 US Census, 2010-2014 ACS 5-yr est)*

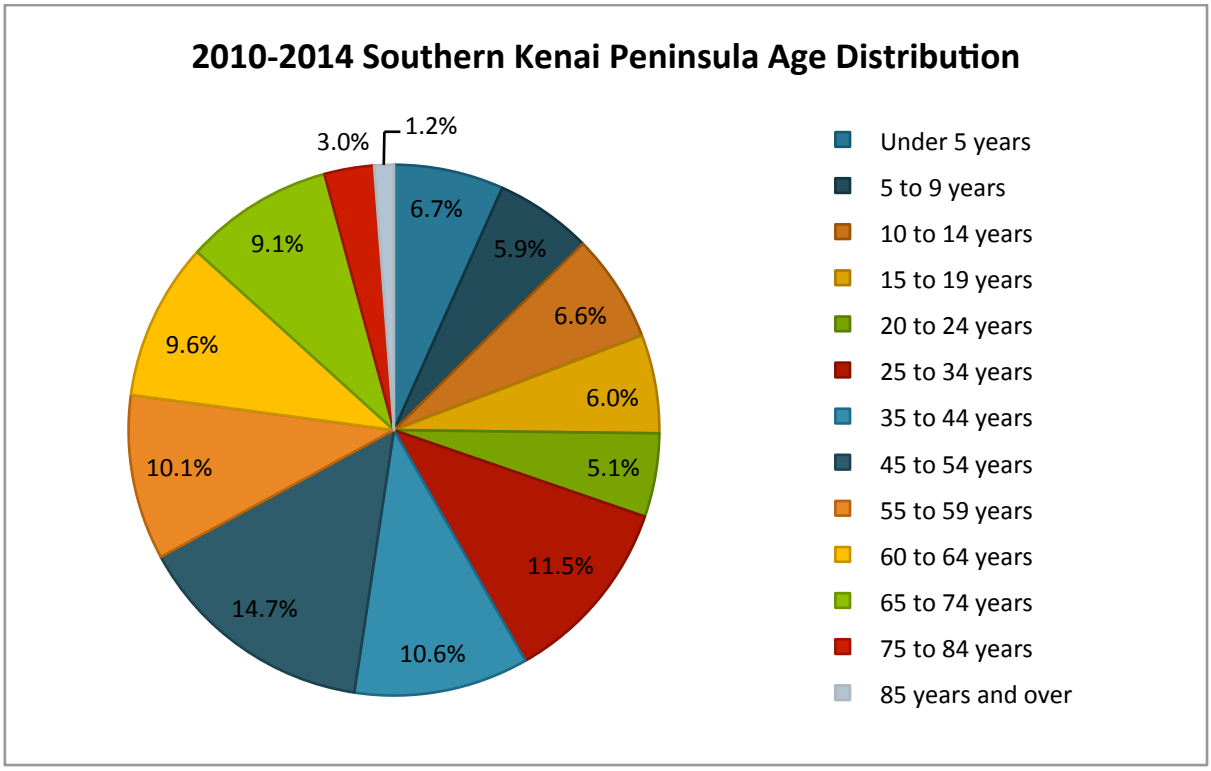



*Figure 6. SKP Age Distribution (2000, 2010 US Census, 2010-2014 ACS 5-yr est)*

**The 2010-2014 Southern Kenai Peninsula average median age is 44.5 years.**

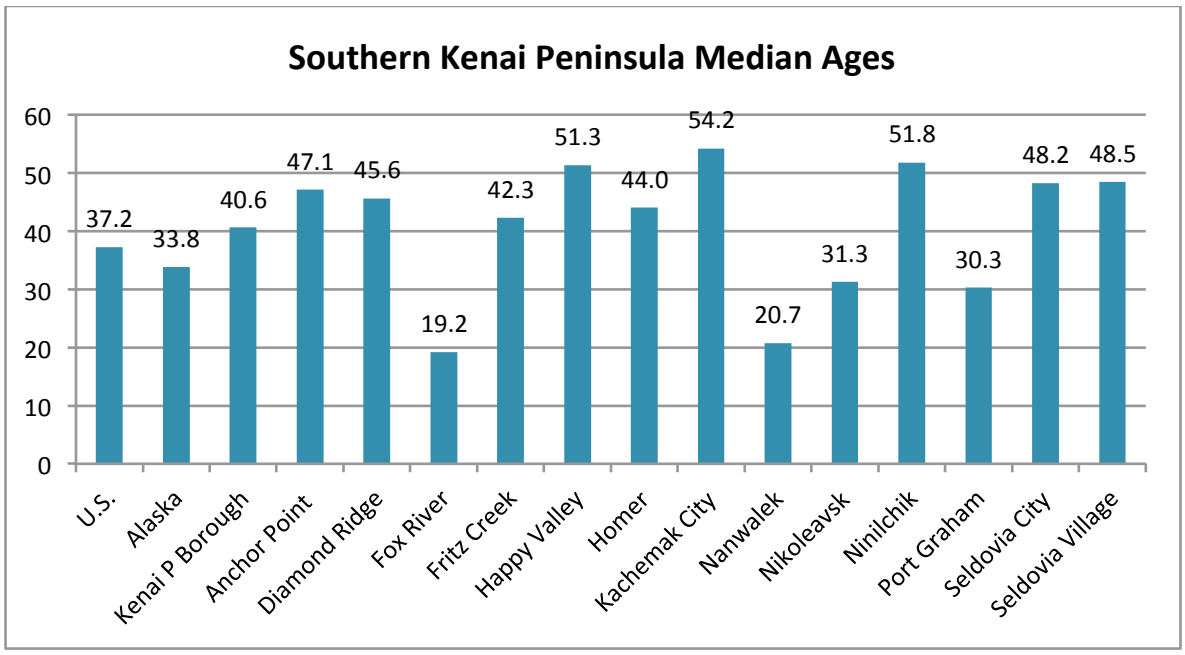



*Figure 7. SKP individual community median ages (2010 US Census)*

| Report Area | Total Population | Median Age |
|---|---|---|
| SKP | 13,969 | 44.5 |
| KPB | 56,687 | 40.5 |
| AK | 728,300 | 33.4 |
| US | 314,107,072 | 37.4 |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

*Table 3. Southern Kenai Peninsula Sex Composition (2000, 2010 US Census, 2010-2014 ACS 5-yr est)*

| Subject | 2000 | % 2000 | 2010 | % 2010 | 2010-2014 AVG | % 2010-2014 | Δ 2000-2014 |
|---|---|---|---|---|---|---|---|
| **SEX** | | | | | | | |
| **Male population** | 6,497 | 51.3% | 7,138 | 51.4% | 7,069 | 50.6% | ↓ |
| 65 years and over | 1,065 | 8.4% | 952 | 13.3% | 1,077 | 7.7% | ↓ |
| **Female population** | 6,167 | 48.7% | 6761 | 48.6% | 6,900 | 49.4% | ↑ |
| 65 years and over | 536 | 4.2% | 825 | 12.2% | 779 | 5.6% | ↑ |

## The 2010-2014 estimate of SKP residents 19 years and younger is 25.2%

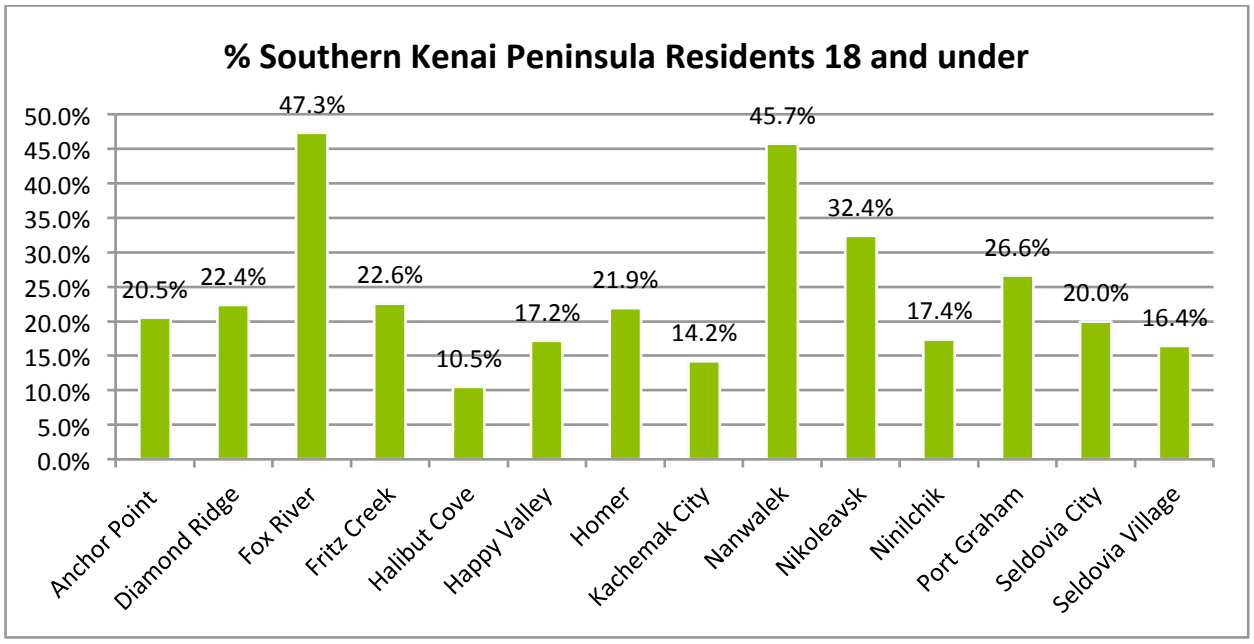



*Figure 8. % SKP individual community residents 18 and under (2010 US Census)*

## The 2010-2014 estimate of SKP residents 65 years and older is 13.3%

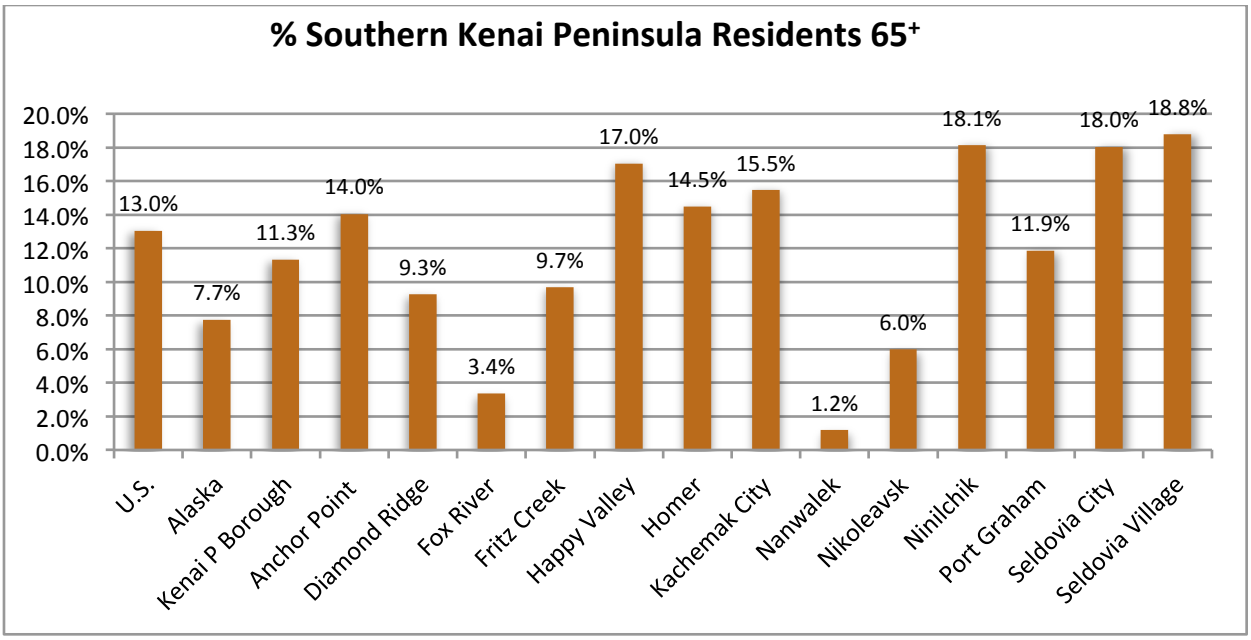



*Figure 9. % SKP individual community residents 65 and above (2010 US Census)*

*Table 4. Southern Kenai Peninsula Household Type (2000, 2010 US Census, 2010-2014 ACS 5-yr est)*

| Subject | 2000 | % 2000 | 2010 | % 2010 | 2010-2014 est | % 2010-2014 est |
|---|---|---|---|---|---|---|
| **HOUSEHOLDS* BY TYPE** | | | | | | |
| **Total households** | **4,886** | | **5,949** | | **5,763** | |
| Family households (families) | 3,205 | 65.6% | 3,627 | 61.0% | 3,528 | 61.2% |
| With individuals under 18 yrs | 1,753 | 35.9% | 1,626 | 27.3% | 1,417 | 24.6% |
| Married-couple family | 2,626 | 53.7% | 2,909 | 48.9% | 2,905 | 50.4% |
| Nonfamily households** | 1,681 | 34.4% | 2,322 | 39.0% | 2,235 | 38.8% |
| Householder living alone | 1,309 | 26.8% | 1,871 | 31.5% | 1,933 | 33.5% |
| Average household size | 2.8 | | 2.6 | | | |
| Average family size | 3.4 | | 3.1 | | | |

** See http://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2014_ACSSubjectDefinitions.pdf for all Census subject definitions.*

******Nonfamily Household****: A householder living alone or with nonrelatives only. Unmarried couples households, whether opposite-sex or same-sex, with no relatives of the householder present are tabulated in nonfamily households.*

| Report Area | Total Households | Total Family Households | Families with Children (Under Age 18) | Families with Children (Under Age 18), Percent of Total Households |
|---|---|---|---|---|
| SKP | 5,773 | 3,532 | 1,423 | 24.65% |
| KPB | 21,559 | 14,112 | 6,168 | 28.61% |
| AK | 251,678 | 168,552 | 90,272 | 35.87% |
| US | 116,211,088 | 76,958,064 | 37,554,348 | 32.32% |

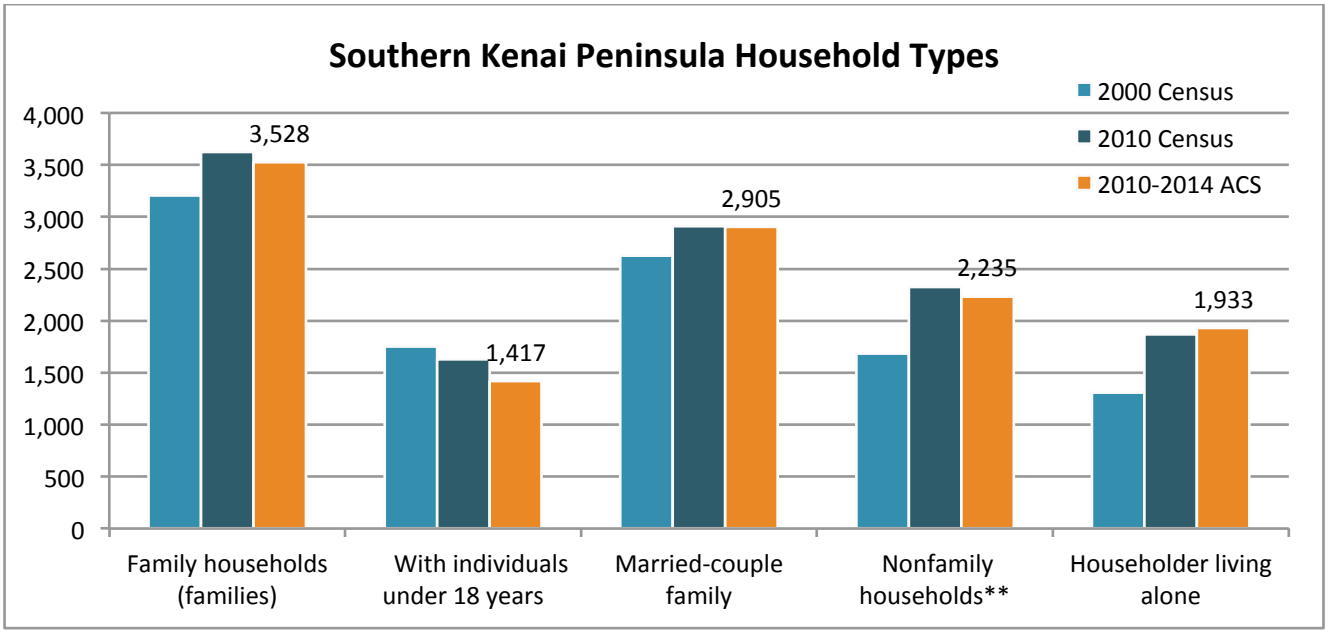



*Figure 10. SKP households by type (2000,2010 US Census, 2010-2014 ACS 5-yr est)*

## Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one-year period. Of the 13,826 persons residing in the report area, an estimated 6.11% relocated to the area, according to the latest American Community Survey 5-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household from a different household within their current county are not included.

| Report Area | Total Population | Population In-Migration | Percent Population In-Migration |
|---|---|---|---|
| SKP | 13,826 | 845 | 6.11% |
| KPB | 56,019 | 3,695 | 6.6% |
| AK | 717,482 | 59,361 | 8.27% |
| US | 310,385,248 | 18,809,316 | 6.06% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

### Veteran Population by Age Group, Percent

| Report Area | Age 18-34 | Age 35-54 | Age 55-64 | Age 65-74 | Age 75 |
|---|---|---|---|---|---|
| SKP | 1% | 9.2% | 17.89% | 34.76% | 42.71% |
| KPB | 2.94% | 9.22% | 18.9% | 33.06% | 35.99% |
| AK | 6.38% | 12.42% | 18.26% | 29.32% | 30.5% |
| US | 2.37% | 6.04% | 11.72% | 19.29% | 24.5% |

*Table 5. Southern Kenai Peninsula Race Composition (2000,2010 US Census, 2010-2014 ACS 5-yr est)*

| Subject | 2000 | % 2000 | 2010 | % 2010 | 2010-2014 est | % 2010-2014 est |
|---|---|---|---|---|---|---|
| **RACE** | | | | | | |
| **Total population** | **12,662** | | **13,899** | | **13,969** | |
| One Race | 12,211 | 96.4% | 13,232 | 95.2% | 13,449 | 96.3% |
| White | 11,116 | 87.8% | 12,010 | 86.4% | 12,058 | 86.3% |
| Black or African American | 23 | 0.2% | 45 | 0.3% | 65 | 0.5% |
| American Indian and Alaska Native | 899 | 7.1% | 985 | 7.1% | 1,079 | 7.7% |
| Asian | 73 | 0.6% | 120 | 0.9% | 177 | 1.3% |
| Native Hawaiian and Other Pacific Islander | 11 | 0.1% | 10 | 0.1% | 24 | 0.2% |
| Some Other Race | 89 | 0.7% | 62 | 0.4% | 46 | 0.3% |

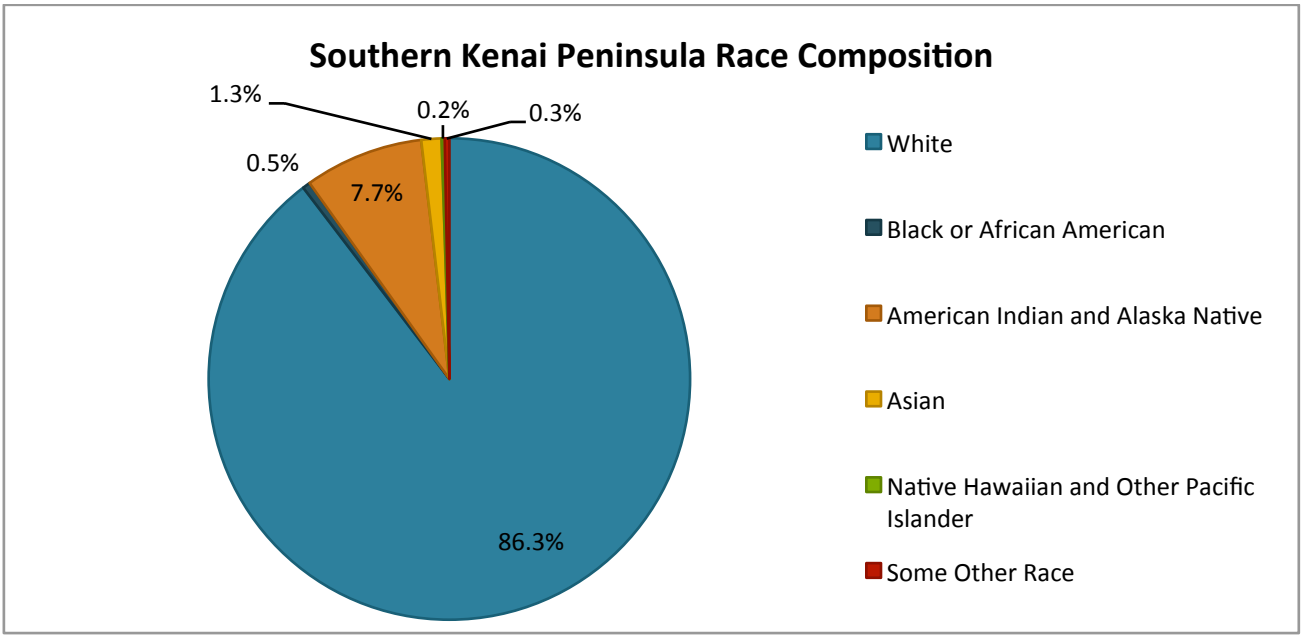



*Figure 11. SKP race composition (2010-2014 ACS 5-yr est)*

Leading Causes of Death Highlight

- The Southern Kenai Peninsula's leading causes of death (#1 Cancer, #2 Heart Disease) are similar to the Kenai Peninsula, Alaska, and US (#1 Heart Disease, #2 Cancer).

*Table 6. Southern Kenai Peninsula Leading Causes of Death 2007-2014 (AK Bureau of Vital Statistics)*

| | Rank | Cause of Death | Deaths |
|---|---|---|---|
| 2007 | 1 | Cancer | 24 |
| | 2 | Heart Disease | 9 |
| 2008 | 1 | Heart Disease | 20 |
| | 2 | Cancer | 11 |
| 2009 | 1 | Cancer | 29 |
| | 2 | Heart Disease | 21 |
| 2010 | 1 | Heart Disease | 24 |
| | 2 | Cancer | 18 |
| 2011 | 1 | Heart Disease | 20 |
| | 2 | Cancer | 13 |
| | 3 | Chronic lower respiratory diseases | 9 |
| 2012 | 1 | Heart Disease | 23 |
| | 2 | Cancer | 16 |
| | 3 | Alzheimer's | 8 |
| | 4 | Suicide | 7 |
| 2013 | 1 | Cancer | 27 |
| | 2 | Heart Disease | 15 |
| | 3 | Accident | 10 |
| | 4 | Alzheimer's | 8 |
| | 5 | Stroke | 7 |
| 2014 | 1 | Cancer | 30 |
| | 2 | Heart Disease | 20 |
| | 3 | Accident | 8 |

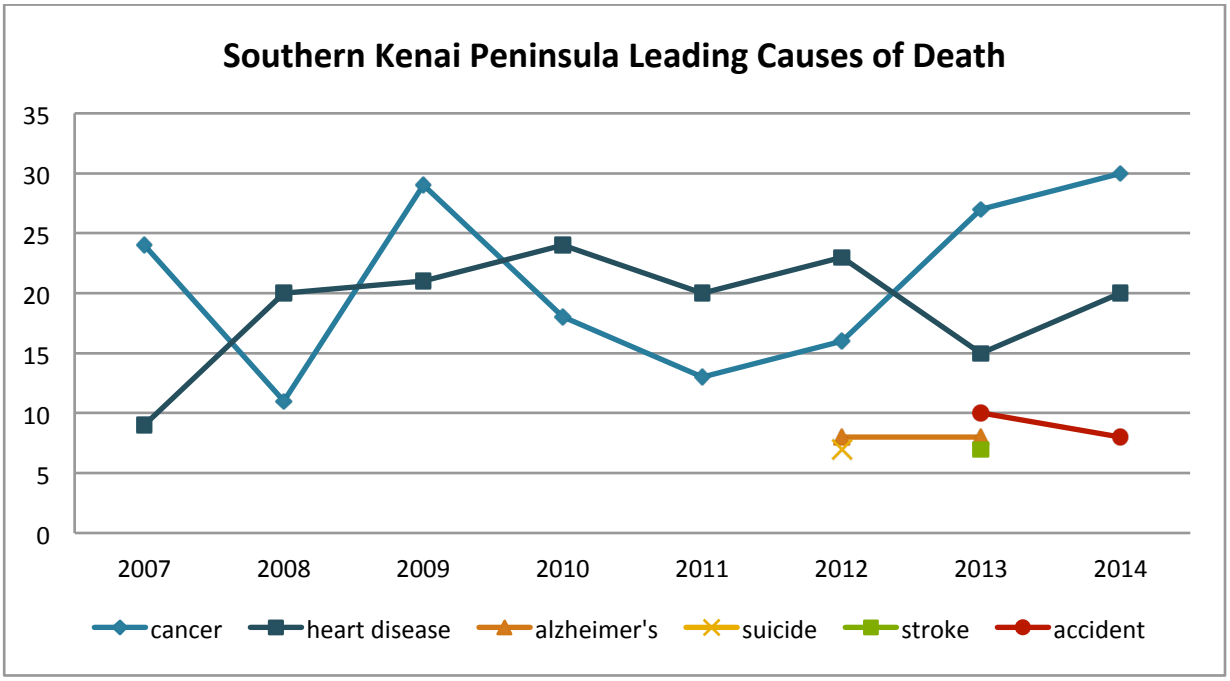



*Figure 12. SKP leading causes of death 2007-2014 (ABVS)*

*Table 7. Southern Kenai Peninsula deaths due to select causes 2007-2014 (AK Bureau of Vital Statistics)*

| Total Cancer | Heart Disease | Unintentional Injuries | Alcohol-induced | Drug-induced |
|---|---|---|---|---|
| 168 | 152 | 43 | 24 | 15 |

Footnotes

[1]Southern Kenai Peninsula defined as: Anchor Point (M04); Fox River (M21); Fritz Creek (M44); Halibut Creek (M09); Happy Valley (M27); Homer (M01); Kachemak City, Kachemak Selo, Kachemak Selo Village, Kachemak Silo, Kachemak Selo Vill (M25); Nanwelak (M08); Nikolaevsk, Nikolaevsk Village, Nikoleausk (M22); Ninilchik (M12); Port Graham (M14); Seldovia (M03)

[2]Heart Disease(ICD-10/ICD-9): I00 -I09X,I11,I13,I20 -I51X,390 -398X,402,404,410 -429X, I20 -I25X,410 -414X,4292. Unintentional Injury(ICD-10/ICD-9): W00 -X59X,Y86,850 -869X,880 -928X,9292-9299. Alcohol-Induced(ICD-10/ICD-9): 291 -291X, 303 -303X, 3050, 3575, 4255, 5353, 5710-5713, 7903, 860 -860X, E244, F10 -F10X,G312, G621, G721, I426, K292, K70 -K70X, K852, K860, R780, X45 -X45X, X65 -X65X, Y15 -Y15X. Drug-Induced(ICD-10/ICD-9): 292 -292X, 304 -304X, 3052-3059, 850 -858X, 9500 -9505, 9620, 9800-9805,D521, D590, D592, D611, D642, E064, E160, E231, E242, E273, E661, F110-F115, F117-F119, F120-F125,F127-F129,F130-F135, F137-F139, F140-F145,F147-F149, F150-F155,F157-F159, F160-F165, F167-F169,F170, F173-F175, F177-F179,F180-F185, F187-F189,F190-F195, F197-F199, G211, G240, G251, G254, G256, G444, G620, G720, I952, J702-J704, K853, L105, L270-L271, M102, M320, M804, M814, M835, M871, R502, R781-R785, X40 -X44X,X60 -X64X, X85 -X85X, Y10 -Y14X.

**Top Two Leading Causes of Death in Kenai Peninsula, Alaska[4], and United States[5] 2004-2013**

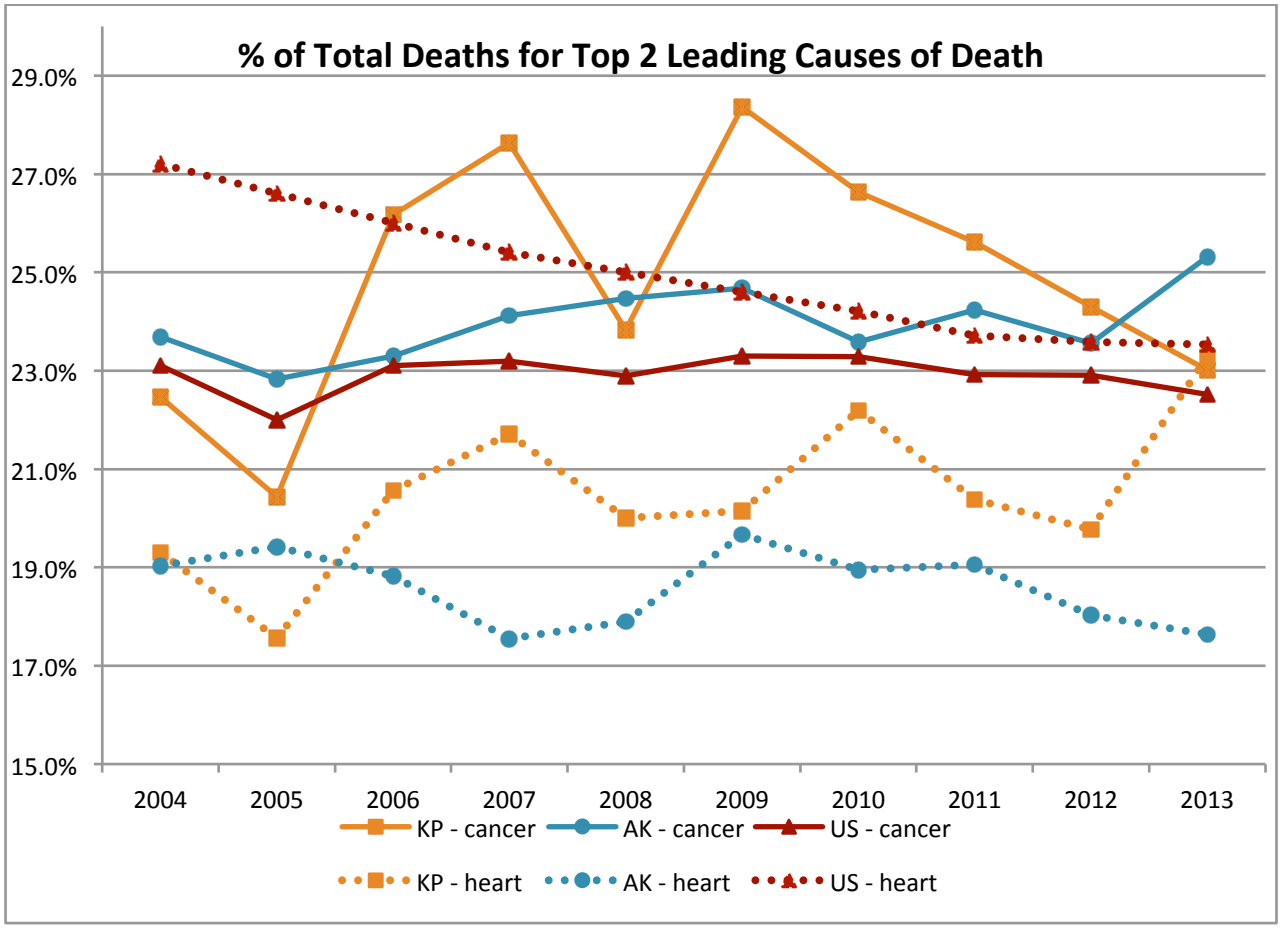



*Figure 13. Top two leading causes of death in the Kenai Peninsula, Alaska (ABVS), and the United States (CDC)*

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|
| KP - cancer | 22.5% | 20.4% | 26.2% | 27.6% | 23.8% | 28.4% | 26.6% | 25.6% | 24.3% | 23.0% |
| AK - cancer | 23.7% | 22.8% | 23.3% | 24.1% | 24.5% | 24.7% | 23.6% | 24.2% | 23.6% | 25.3% |
| US - cancer | 23.1% | 22.0% | 23.1% | 23.2% | 22.9% | 23.3% | 23.3% | 22.9% | 22.9% | 22.5% |
| KP - heart | 19.3% | 17.6% | 20.6% | 21.7% | 20.0% | 20.1% | 22.2% | 20.4% | 19.8% | 23.3% |
| AK - heart | 19.0% | 19.4% | 18.8% | 17.6% | 17.9% | 19.7% | 18.9% | 19.1% | 18.0% | 17.6% |
| US - heart | 27.2% | 26.6% | 26.0% | 25.4% | 25.0% | 24.6% | 24.2% | 23.7% | 23.6% | 23.5% |

[4] http://dhss.alaska.gov/dph/VitalStats/Documents/stats/death_statistics/leading_causes_census/frame.html

[5] http://www.cdc.gov/nchs/nvss/mortality/lcwk9.htm

*Table 8. Regional and/or Southern Kenai Peninsula data available for cancer and heart disease*

| | Measure / Indicator | Source (s) | Figure / Value |
|---|---|---|---|
| | **Cancer** | | |
| 1 | Kenai Peninsula, AK, US cancer mortality rate 2004-2013 | ABVS, CDC | Figure 17 |
| 2 | Kenai Peninsula cancer mortality rate, 2008-2012 (deaths per 100,000) | National Vital Statistics System[6] | 177.2 |
| 3 | Average # of Kenai Peninsula cancer deaths per year, 2006-2010 | National Vital Statistics System[5] | 96 |
| 4 | # of Southern Kenai Peninsula cancer deaths, 2007-2014 | ABVS | 168 |
| | **Heart Disease** | | |
| 6 | # of coronary heart disease and other heart-related deaths within the Kenai Peninsula | ABVS | Figure 15 |
| 7 | # of Southern Kenai Peninsula heart disease deaths, 2007-2014 | ABVS | 152 |
| 8 | % of Southern Kenai Peninsula adults who report having cardiovascular disease (heart attack or angina) | BRFSS | Figure 16 |

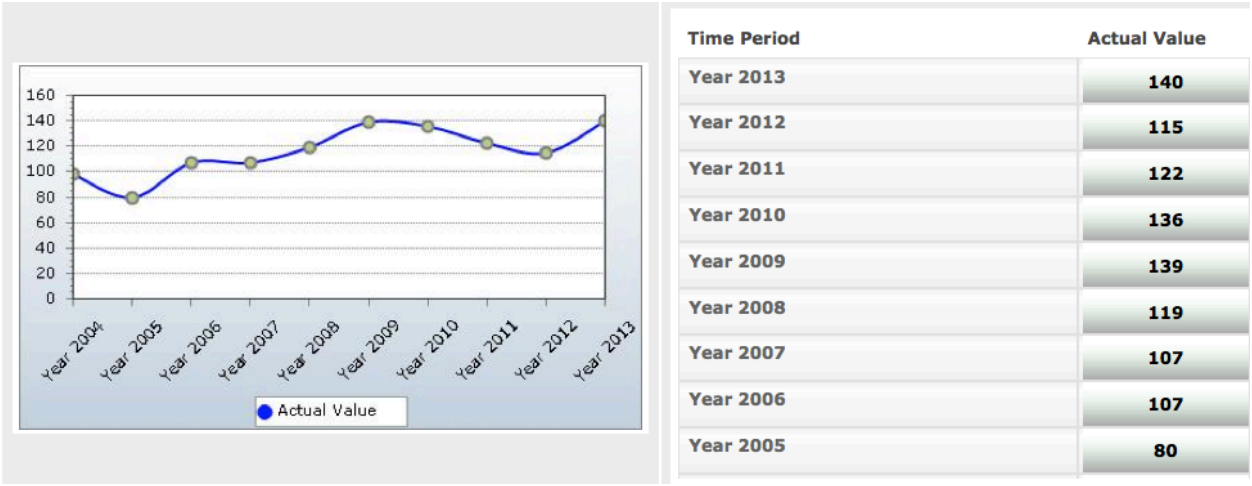
**BRFSS=Behavioral Risk Factor Surveillance System, ABVS=Alaska Bureau of Vital Statistics, CDC=Centers for Disease Control and Prevention**

[6] Retrieved from http://statecancerprofiles.cancer.gov/cgi-bin/ratetrendbycancer/rtcancer.pl?001&0&02&2&1&0&1 on 12.5.13

*Table 9. Deaths by Type of Cancer, Southern Kenai Peninsula 2007-2014 (ABVS)*[7]

| Type of Cancer | Number | Total |
|---|---|---|
| Trachea, bronchus and lung | 39 | 168 |
| Colon, rectum and anus | 20 | 168 |
| Other and unspecified | 19 | 168 |
| Breast | 18 | 168 |
| Liver and intrahepatic bile ducts | 10 | 168 |
| Leukemia | 8 | 168 |
| Pancreas | 7 | 168 |
| Prostate | 6 | 168 |

## Heart disease-related deaths within the Kenai Peninsula




| Time Period | Actual Value |
|---|---|
| Year 2013 | 140 |
| Year 2012 | 115 |
| Year 2011 | 122 |
| Year 2010 | 136 |
| Year 2009 | 139 |
| Year 2008 | 119 |
| Year 2007 | 107 |
| Year 2006 | 107 |
| Year 2005 | 80 |

*Figure 15. Number of coronary heart disease and other heart-related deaths within the Kenai Peninsula (ABVS)*

[7] Southern Kenai Peninsula defined by AK Bureau of Vital Statistics as Anchor Point (M04); Fox River (M21); Fritz Creek (M44); Halibut Creek (M09); Happy Valley (M27); Homer (M01); Kachemak City, Kachemak Selo, Kachemak Selo Village, Kachemak Silo, Kachemak Selo Vill (M25); Nanwelak (M08); Nikolaevsk, Nikolaevsk Village, Nikoleausk (M22); Ninilchik (M12); Port Graham (M14); Seldovia (M03);

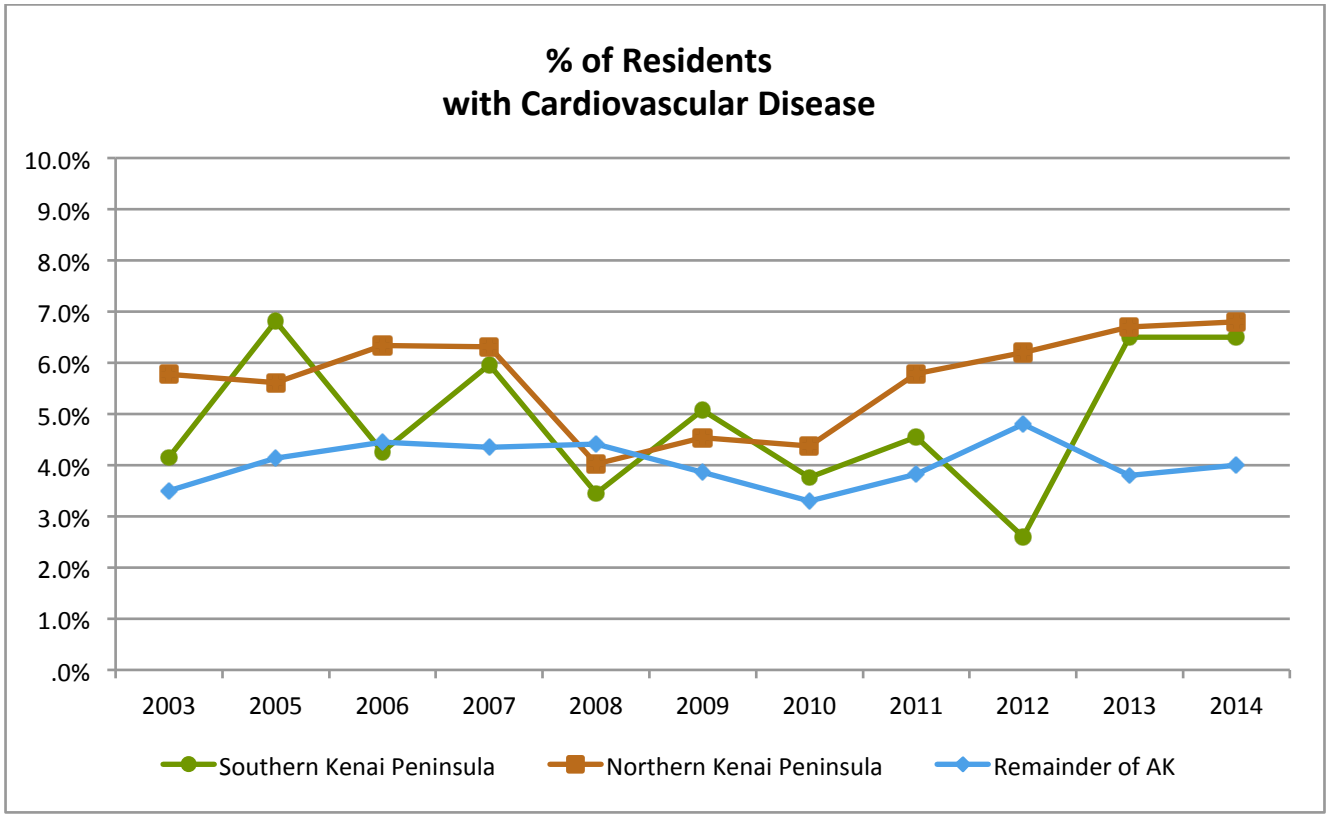



*Figure 16. Percentage of Southern Kenai Peninsula, Northern Kenai Peninsula, and Remainder of Alaska respondents who report having cardiovascular disease (BRFSS). Figure does not reflect 95% confidence intervals for each region.*

## Healthy Alaskans Top 25 Health indicators: Southern Kenai Peninsula Comparisons

"*Healthy Alaskans 2020, a joint effort between the state of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, released its 25 Leading Health Indicators in September 2013 — a list of critical health priorities for Alaska. The indicators provide a science-based framework for identifying public health priorities and are designed to guide efforts in Alaska over the next decade to improve health and ensure health equity for all Alaskans.*

*The 25 leading health indicators include reducing the rates of cancer, suicide, and interpersonal violence and sexual assault. Alaskans also wanted to see alcohol, tobacco and drug use curtailed, and an increase in disease prevention through vaccines, improved access to in-home water and wastewater services, and lowering Alaska's obesity rate. Target goals for each of the 25 indicators have been established*." (Retrieved from htt://hss.state.ak.us/ha2020/) Using the same process that Healthy People 2020 used, targets were established by calculating a 10% improvement over the 2010 baseline values.

MAPP of the Southern Kenai Peninsula is prioritizing the collection of local data for these indicators to aid in comparison and understanding of our local Southern Kenai Peninsula health. Southern Kenai Peninsula community-level data is available for 14 of the 25 indicators and are shown below. For more information, see the Healthy Alaskans 2020 Leading Health Indicators information on AK-IBIS[8].

[8] http://ibis.dhss.alaska.gov/indicator/index/Categorized.html

## HA2020 Highlights

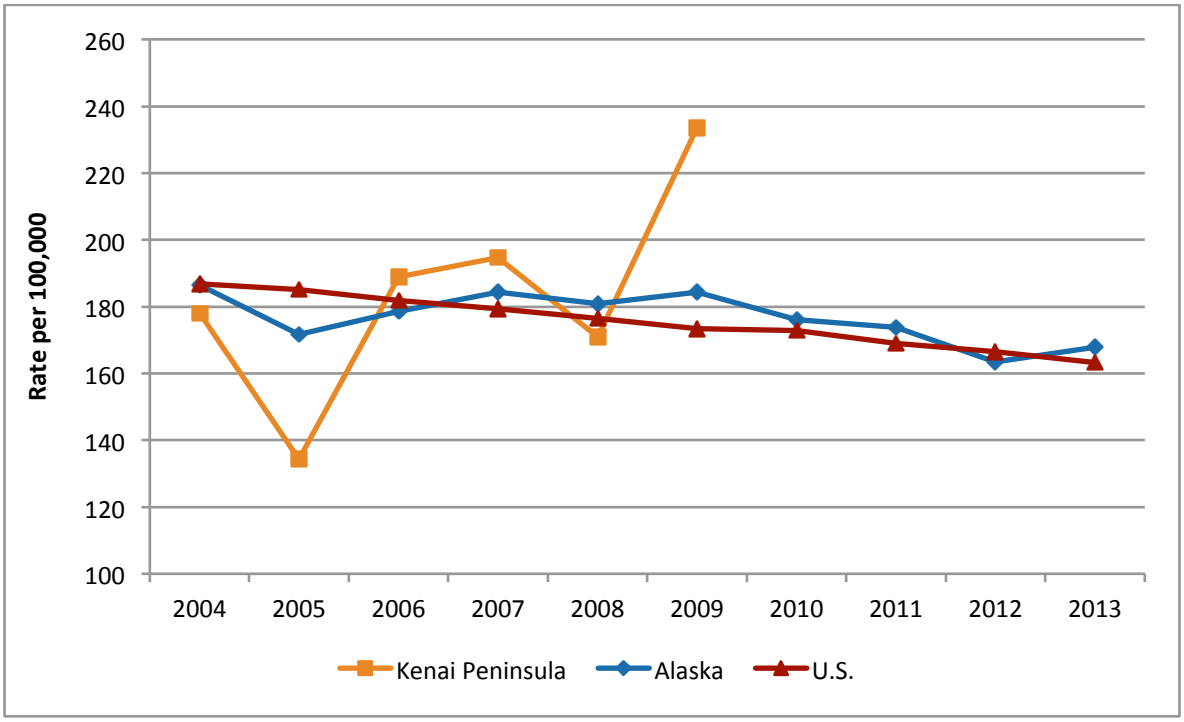
- The Southern Kenai Peninsula meets the HA2020 targets for the following objectives:
  - Increasing the proportion of Alaskans who are tobacco-free
  - Increasing the proportion of Alaska youth with family and/or social support
  - Reducing the number of Alaskans experiencing domestic violence and sexual assault (1 of 3 indicators available for SKP)
- The Southern Kenai Peninsula has not yet met the targets for the following objectives:
  - Reducing the proportion of Alaskans who are overweight or obese
  - Increasing the proportion of Alaskans who are physically active
  - Reducing the number of Alaskans experiencing poor mental health
  - Reducing the number of Alaskans experiencing alcohol and other drug dependence and abuse
  - Reducing the proportion of Alaskans without access to high quality and affordable healthcare (although the % of adults reporting that they could not afford to see a doctor in the last 12 months is decreasing and in 2014 met the target)
  - Increasing the economic and educational status of Alaskans

★ = available Southern Kenai Peninsula regional data

| HEALTHY ALASKANS 2020 LEADING HEALTH INDICATORS AND OBJECTIVES | |
|---|---|
| **Objective/Indicator** | **Target** |
| **Reduce Alaskan deaths from cancer** | |
| 1) Cancer mortality rate per 100,000 population | 162 per 100,000 |
| **Increase the proportion of Alaskans who are tobacco-free** | |
| 2) Percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days. | 80% |
| 3) Percentage of adults (aged 18 years and older) who currently do not smoke cigarettes | 83% |
| **Reduce the proportion of Alaskans who are overweight or obese** | |
| 4) Percentage of adults (aged 18 years and older) who meet criteria for:<br>• Overweight (body mass index of ≥ 25.0 and < 30 kg/m$^2$); or<br>• Obesity (body mass index of ≥ 30 kg/m$^2$) | 36%<br>27% |
| 5) Percentage of children and adolescents who meet criteria for:<br>• Adolescents (high school students in grades 9-12)<br>• Overweight (age- and sex-specific body mass index of ≥ 85th and < 95$^{th}$ percentile); or<br>• Obesity (age- and sex-specific body mass index of ≥ 95th percentile)<br>• Children (students in grades K-8)<br>• Overweight (age- and sex-specific body mass index of ≥ 85th and < 95$^{th}$ percentile); or<br>• Obesity (age- and sex-specific body mass index of ≥ 95th percentile) | <br><br>12%<br>10%<br><br>15%<br>14% |
| **Increase the proportion of Alaskans who are physically active** | |
| 6) Percentage of Alaskans who meet the CDC's Physical Activity Guidelines for Americans:<br>• Adults, aged 18 years and older (2008 CDC Physical Activity Guidelines: adults who do 150 minutes or more total minutes per week of moderate exercise or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total)<br>• Adolescents, high school students in grades 9-12 (2008 CDC Physical Activity Guidelines: adolescents who do at least 60 minutes of physical activity a day, every day of the week) | <br>61%<br><br>23% |
| **Reduce Alaskan deaths from suicide** | |
| 7) Suicide mortality rate per 100,000 population<br>• Among population aged 15-24 years<br>• Among population aged 25 years and older | <br>43.2 per 100,000<br>23.5 per 100,000 |
| **Reduce the number of Alaskans experiencing poor mental health** | |
| 8) Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months | 23% |
| 9) Mean number of days in the past 30 days adults aged 18 and older report being mentally unhealthy | 2.9 days |
| **Increase the proportion of Alaska youth with family and/or social support** | |
| 10) Percentage of adolescents (high school students in grades 9-12) with 3 or more adults (besides their parent(s)) who they feel comfortable seeking help from | 47% |

| | |
|---|---|
| **Reduce the number of Alaskans experiencing domestic violence and sexual assault** | |
| 11) Rate of unique substantiated child maltreatment victims per 1,000 children (aged 0-17 years) | 14.4 per 1,000 |
| 12) Rate of rape per 100,000 population | 67.5 per 100,000 |
| ★ 13) Percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months | 11% |
| **Reduce the number of Alaskans experiencing alcohol and other drug dependence and abuse** | |
| 14) Alcohol induced mortality rate per 100,000 population | 15.3 per 100,000 |
| ★ 15) Percentage of persons who report binge drinking in the past 30 days based on the following criteria: | |
| • Adults (aged 18 years and older): five or more drinks for men; 4 or more drinks for women on one occasion | 20% |
| • Adolescents (high school students in grades 9-12): 5 or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days | 17% |
| **Reduce Alaskan deaths from unintentional injury** | |
| 16) Unintentional injury mortality rate per 100,000 population | 54.8 per 100,000 |
| **Increase the proportion of Alaskans who are protected from vaccine-preventable infectious diseases** | |
| 17) Percentage of children aged 19-35 months who do receive the ACIP (Advisory Committee on Immunization Practices) recommended vaccination series (2013 ACIP recommendation 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV) | 75% |
| **Reduce the proportion of Alaskans experiencing infectious disease** | |
| 18) Incidence rate of Chlamydia trachomatis per 100,000 population | 705.2 per 100,000 |
| **Increase the proportion of Alaskans with access to in-home water and wastewater services** | |
| 19) Percentage of rural community housing units with water and sewer services | 87% |
| **Increase the proportion of Alaskans protected against dental diseases** | |
| 20) Percentage of the Alaskan population served by community water systems with optimally fluoridated water | 58% |
| **Reduce the proportion of Alaskans without access to high quality and affordable healthcare** | |
| ★ 21) Percentage of women delivering live births who have not received prenatal care beginning in first trimester of pregnancy | 19% |
| 22) Rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality (AHRQ) | 6.7 per 1,000 |
| ★ 23) Percentage of adults aged 18 or over reporting that they could not afford to see a doctor in the last 12 months | 14% |
| **Increase the economic and educational status of Alaskans** | |
| ★ 24) Percentage of residents (all ages) living above the federal poverty level (as defined for Alaska) | 90% |
| ★ 25) Percentage of 18-24 year olds with high school diploma or equivalency | 86% |

## HA2020 1. Cancer mortality rate per 100,000 population (Figure 17)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|
| Kenai Peninsula | 178.1 | 134.3 | 189 | 194.6 | 170.9 | 233.6 | - | - | - | - |
| Alaska | 186.4 | 171.6 | 178.6 | 184.3 | 180.9 | 184.4 | 176 | 173.8 | 163.4 | 167.9 |
| U.S. | 186.8 | 185.1 | 181.8 | 179.3 | 176.4 | 173.5 | 172.8 | 169.0 | 166.5 | 163.2 |

**HA2020 Target:** 162 per 100,000

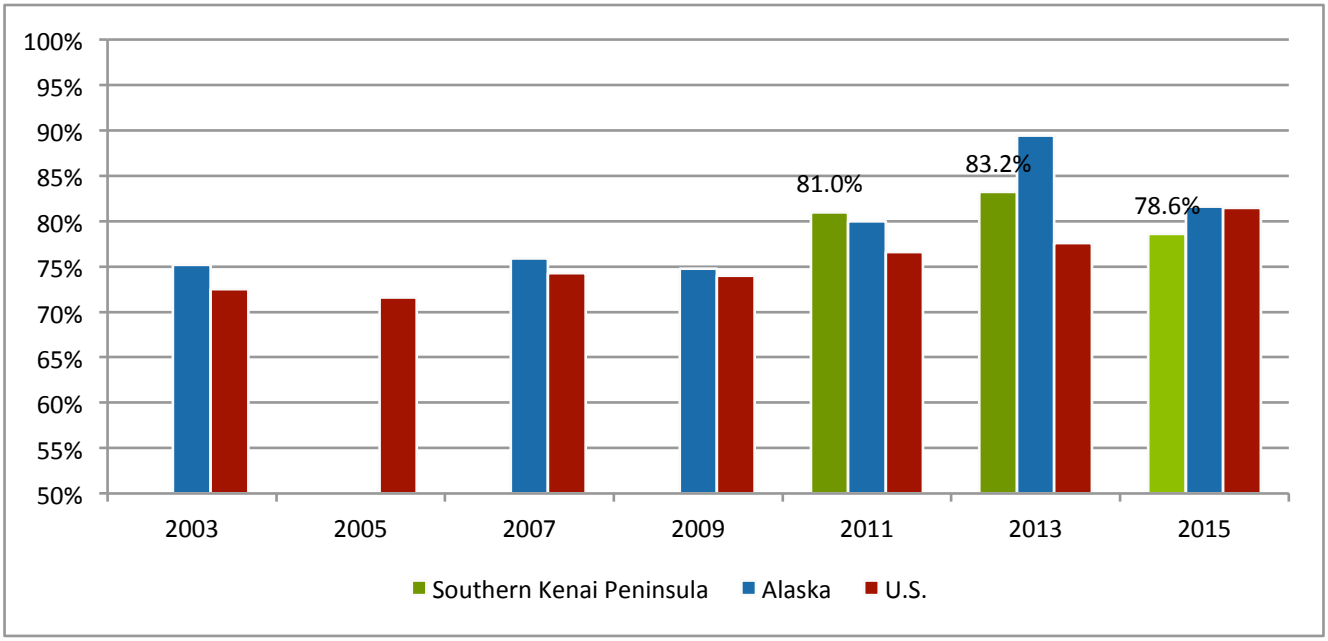
*Data Sources:*

**Alaska / Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics

**U.S. –** Centers for Disease Control and Prevention, National Center for Health Statistics

Note: Cancer mortality rates are age-adjusted to the 2000 U.S. standard population.

## HA2020 2. Percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days (Figure 18)

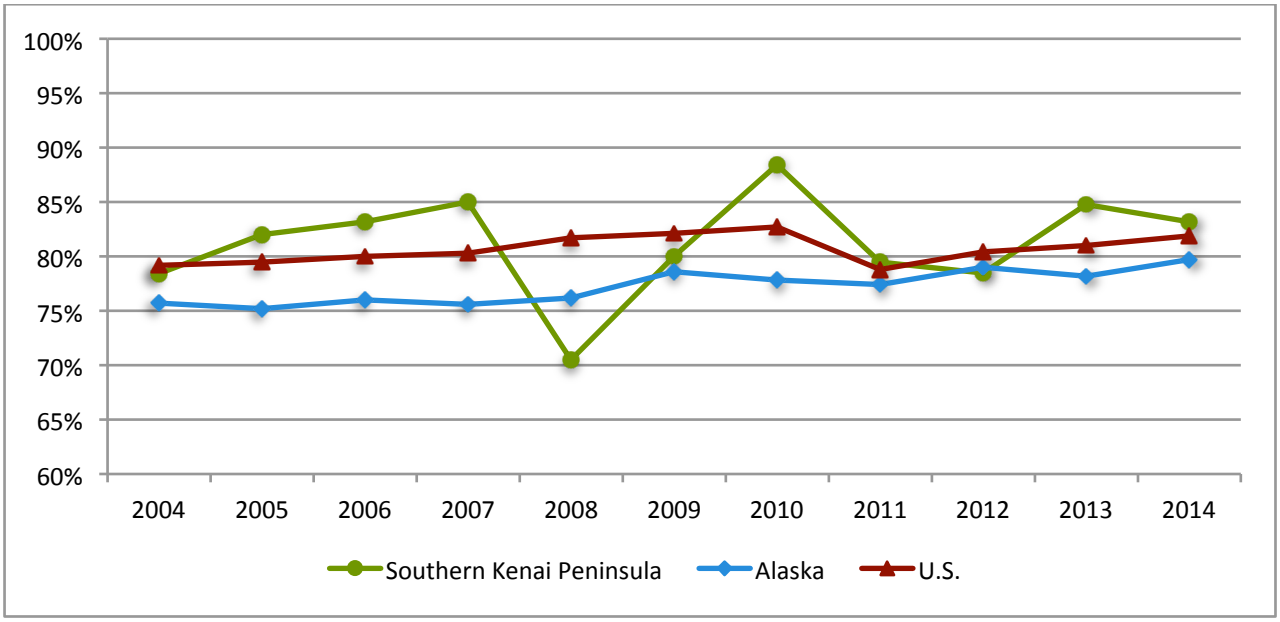



| | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula* | | | | | 81.0% | 83.2% | 78.6%* |
| Alaska | 75.2% | | 75.9% | 74.8% | 80.0% | 89.4% | 81.6% |
| U.S. | 72.5% | 71.6% | 74.3% | 74.0% | 76.6% | 77.6% | 81.5% |

**HA2020 Target:** 80%

*Data Sources:*
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*
**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

## HA2020 3. Percentage of adults (aged 18 years and older) who currently do not smoke cigarettes (Figure 19)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | 78.4% | 82% | 83.2% | 85% | 70.5% | 80.0% | 88.4% | 79.5% | 78.5% | 84.8% | 83.2% |
| Alaska | 75.7% | 75.2% | 76.0% | 75.6% | 76.2% | 78.6% | 77.8% | 77.4% | 79.0% | 78.2% | 79.7% |
| U.S. | 79.2% | 79.5% | 80.0% | 80.3% | 81.7% | 82.1% | 82.7% | 78.8% | 80.4% | 81.0% | 81.9% |

**HA2020 Target:** 83%

*Data Sources:*

**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System

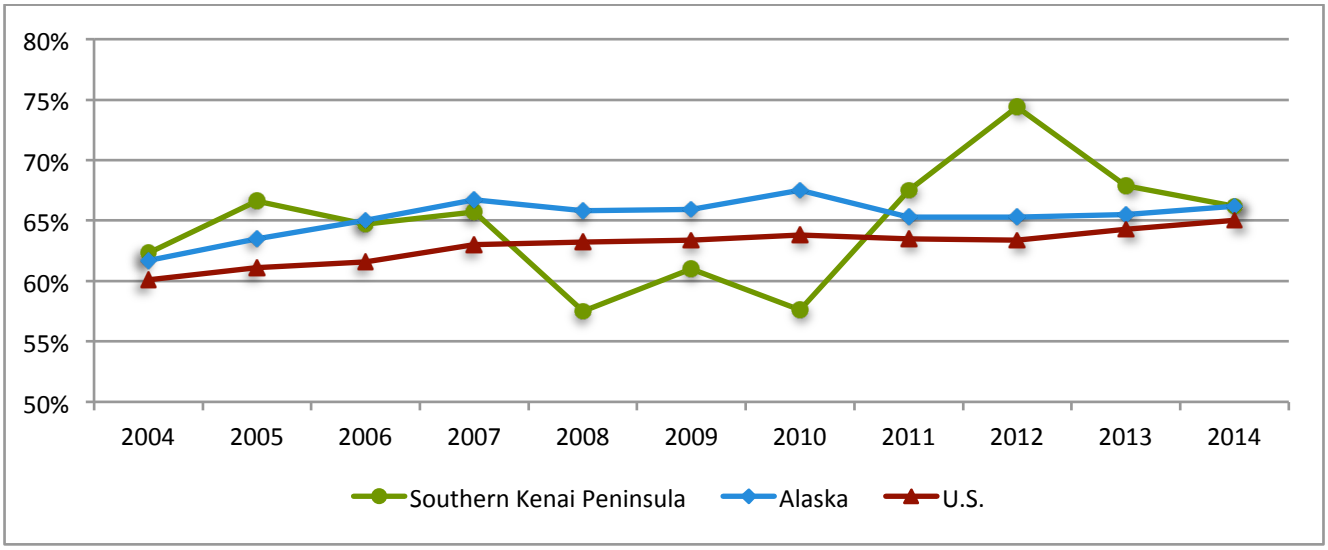
**U.S. –** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Note: Alaska data were obtained from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2011. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see:

http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx.

## HA2020 4. Percentage of adults (aged 18 years and older) who meet criteria for overweight (body mass index ≥ 25.0 and < 30 kg/m$^2$) or obesity (body mass index of ≥ 30 kg/m$^2$) (Figure 20)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula* | 62.3% | 66.6% | 64.7% | 65.7% | 57.5% | 61% | 57.6% | 67.5% | 74.4% | 67.9% | 66.2% |
| Alaska* | 61.7% | 63.5% | 65.0% | 66.7% | 65.8% | 65.9% | 67.5% | 65.3% | 65.3% | 65.5% | 66.2% |
| U.S.* | 60.1% | 61.1% | 61.6% | 63.0% | 63.2% | 63.4% | 63.8% | 63.5% | 63.4% | 64.3% | 65.0% |

**HA2020 Target:** 36% overweight, 27% obese, **63% overweight or obese combined**

*Data Sources:*

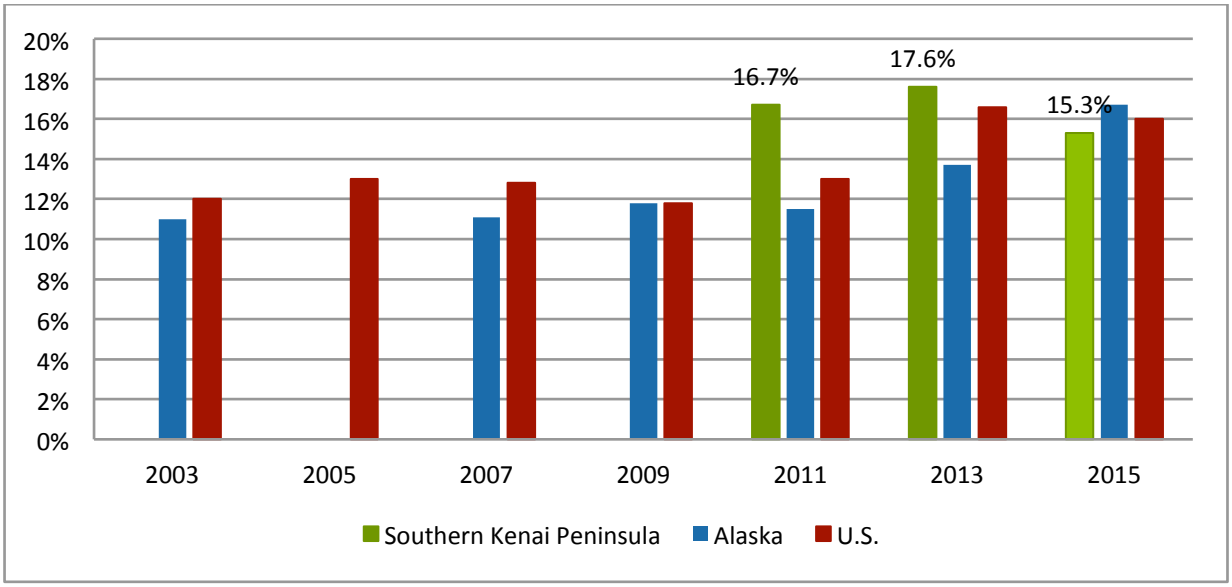
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System

**U.S. –** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Note: Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see: http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx.

*Combined percentages for overweight and obese as this is the way in which values reported in SKP BRFSS file from Charles Utermohle.

## HA2020 5. Percentage of high school students who are overweight (BMI ≥85th percentile < 95th percentile) (Figure 21)

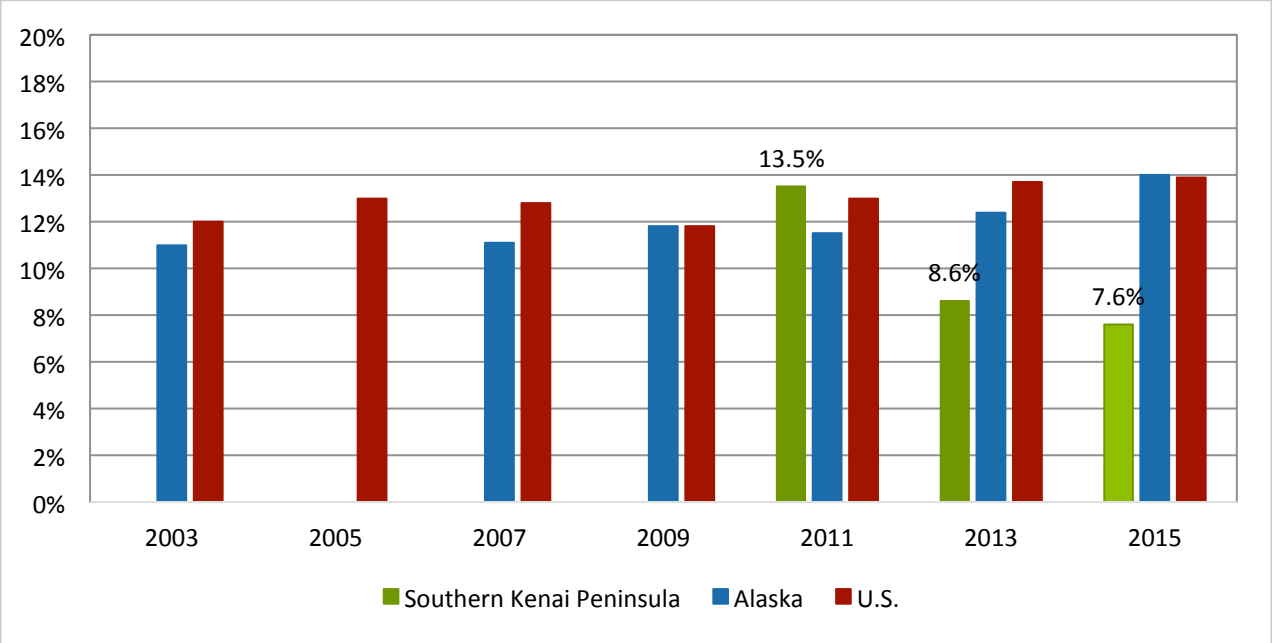



| | 2001 | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula* | | | | | | 16.7% | 17.8% | 15.3%* |
| Alaska | | 14.4% | | 16.2% | 14.4% | 14.4% | 13.7% | 16.7% |
| U.S. | 13.6% | 14.6% | 15.6% | 15.6% | 15.6% | 15.2% | 16.6% | 16.0% |

**HA2020 Target:** 12%

*Data Sources:*
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*
**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

## HA2020 5. Percentage of high school students who are obese (BMI ≥95th percentile) (Figure 22)




| | 2001 | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | | 13.5% | 8.6% | 7.6%* |
| Alaska | | 11.0% | - | 11.1% | 11.8% | 11.5% | 12.4% | 14.0% |
| U.S. | 10.5% | 12.0% | 13.0% | 12.8% | 11.8% | 13.0% | 13.7% | 13.9% |

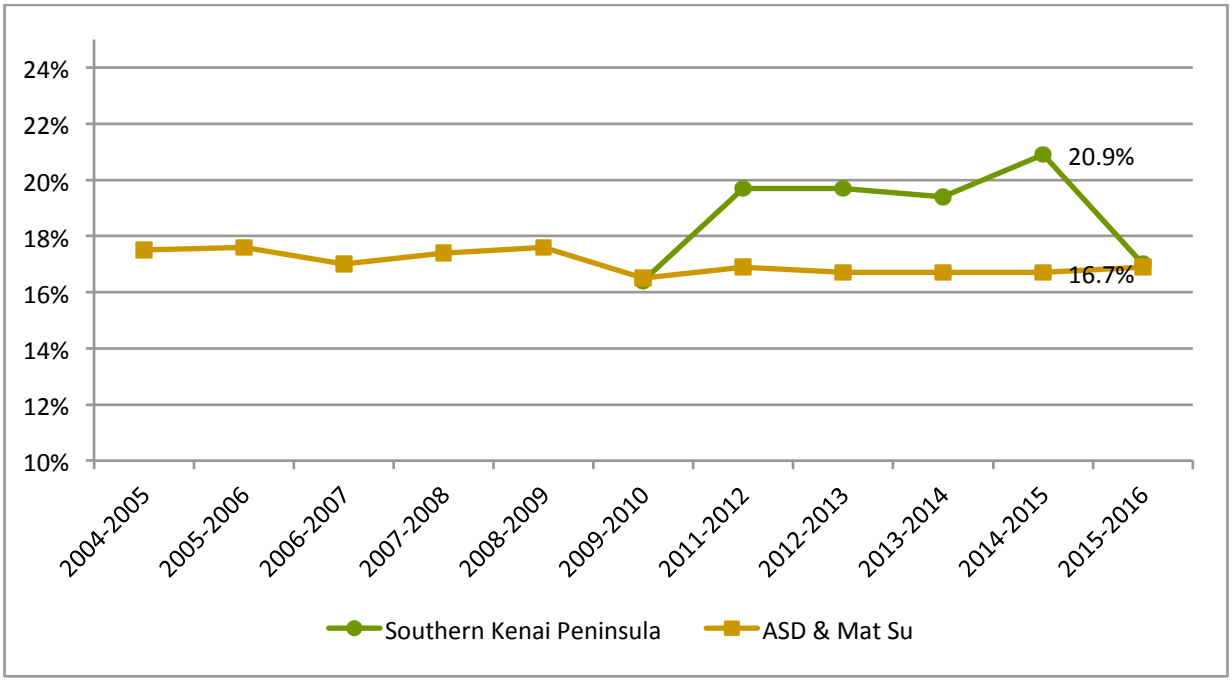
**HA2020 Target:** 10%

*Data Sources:*

**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*
**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

**-** = data unavailable

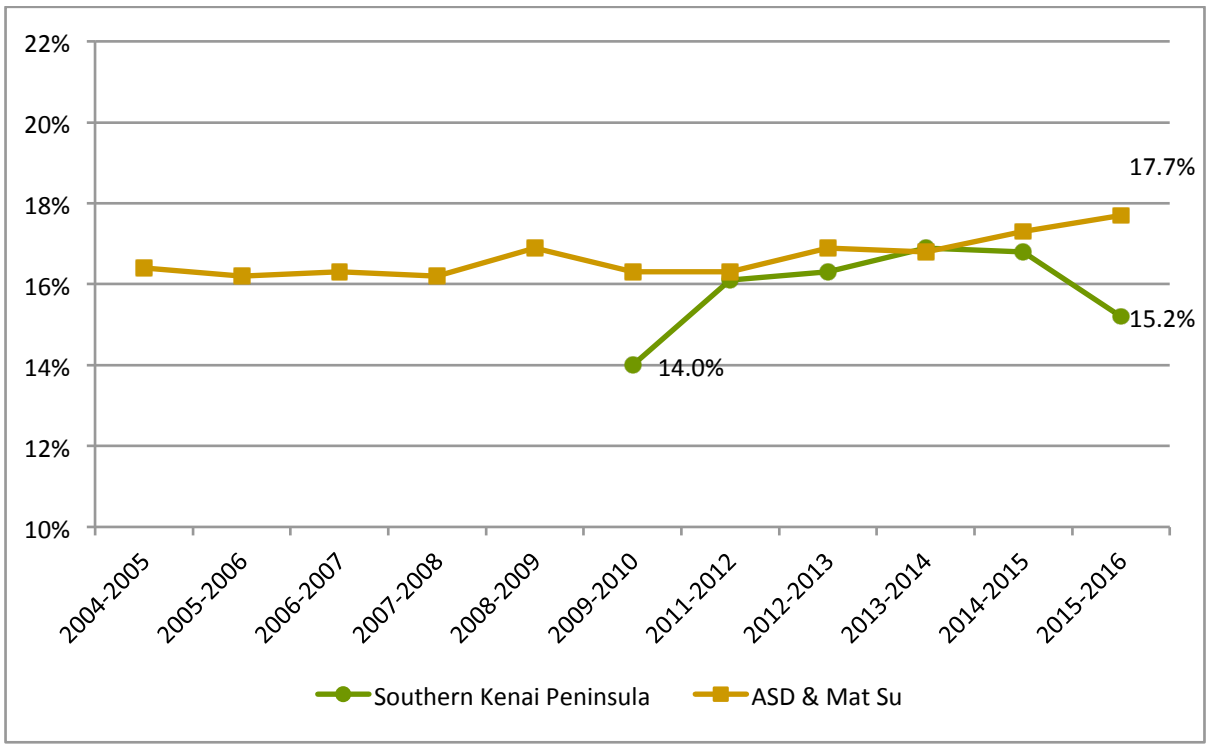
## Percentage of children who are overweight (BMI ≥85th and < 95th percentile) (Figure 23)




| | 2004-2005 | 2005-2006 | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | | 16.4% | 19.7% | 19.7% | 19.4% | 20.9% | 17.0% |
| ASD & Mat Su | 17.5% | 17.6% | 17.0% | 17.4% | 17.6% | 16.5% | 16.9% | 16.7% | 16.7% | 16.7% | 16.9% |

**HA2020 Target: 15%**

## Percentage of children who are obese (BMI ≥95th percentile) (Figure 24)




| | 2004-2005 | 2005-2006 | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | | 14.0% | 16.1% | 16.3% | 16.9% | 16.8% | 15.2% |
| ASD & Mat Su | 16.4% | 16.2% | 16.3% | 16.2% | 16.9% | 16.3% | 16.3% | 16.9% | 16.8% | 17.3% | 17.7% |

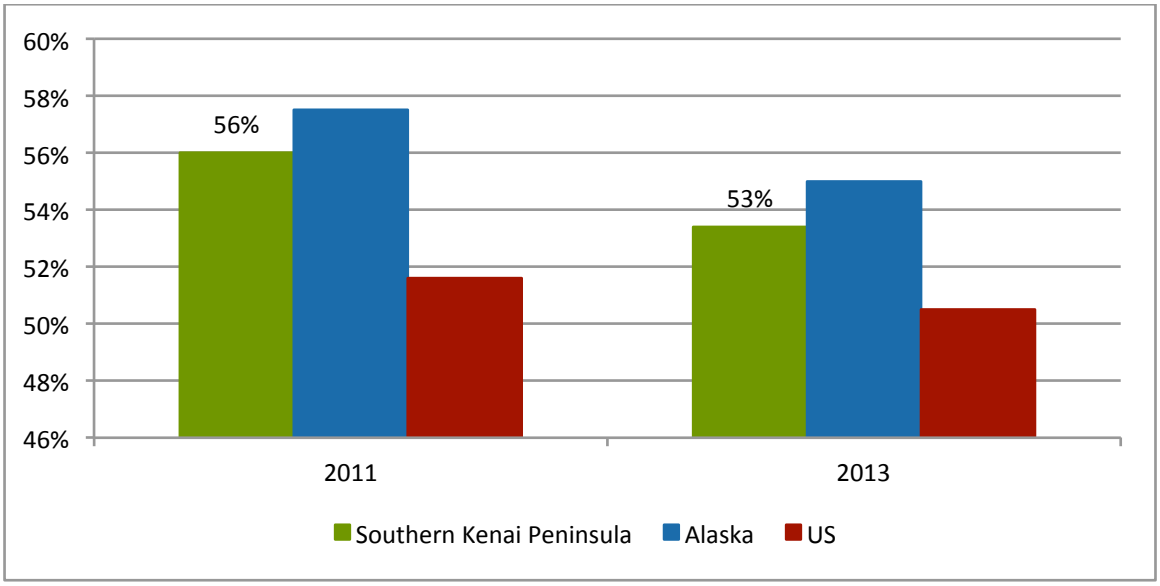
**HA2020 Target: 14%**

*Data Source:* Alaska Department of Health and Social Services, Section of Chronic Disease Prevention and Health Promotion, Obesity Prevention and Control Program, Alaska Student BMI Surveillance System

Note: ASD & Mat Su data shown are for Anchorage School District and Mat-Su combined (weighted) for Grades K, 1, 3, 5, 7

Southern Kenai Peninsula data are unweighted results, calculated for grades K-8 from Chapman school, McNeil Canyon elementary, Paul Banks elementary, Nanwalek schook, Nikolaevsk school, Ninilchik school, Port Graham school, Razdolna school, Susan B English school, Fireweed Academy, Homer Middle school, West Homer elementary, Kachemak Selo school, and Voznesenka elementary

## HA2020 6. Percentage of Alaskans who met 2008 guidelines for physical activity (150 minutes/week of moderate or vigorous exercise) (Figure 25)



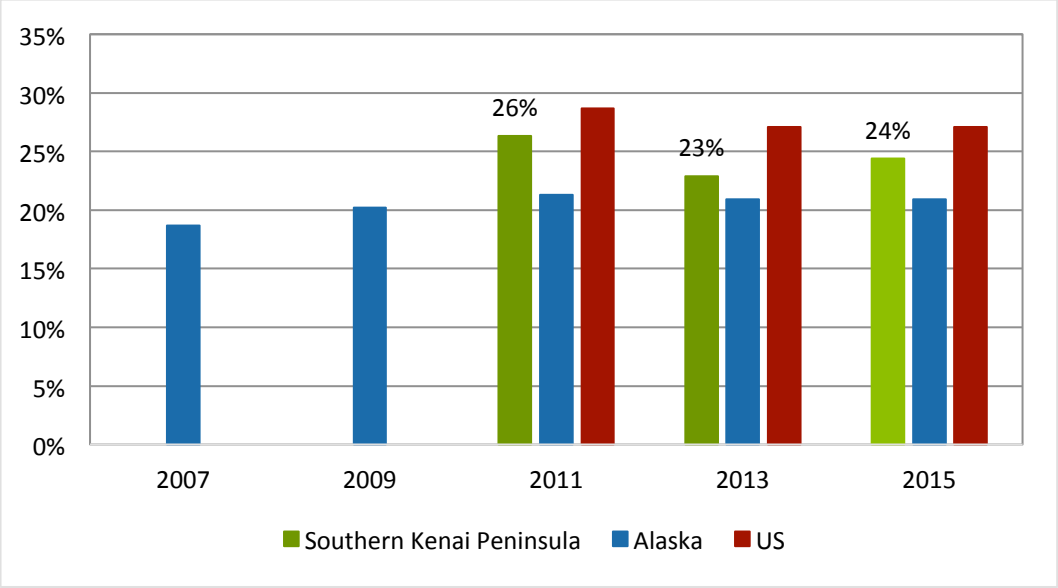

| | 2011 | 2013 |
|---|---|---|
| Southern Kenai Peninsula | 56.0% | 53.4% |
| Alaska | 57.5% | 55.0% |
| U.S. | 51.6% | 50.5% |

**HA2020 Target: 61%**

*Data Sources:*
**Alaska/Southern Kenai Peninsula** - Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System.
**U.S. –** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Note: There have been changes in physical activity guidelines during the past decade. The above data reflect the new guidelines, and starting in 2011, the BRFSS measure was once again changed. Ranking weights were used to calculate 2011 estimates. For more on this methodological change see:
http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx

**HA2020 6. Percentage of high school students who met 2008 Physical Activity Guidelines** (2008 CDC Physical Activity Guidelines: adolescents who do at least 60 minutes of physical activity a day, every day of the week) (**Figure 26)**




| | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | 26.3% | 22.9% | 24.4%* |
| Alaska | 18.7% | 20.2% | 21.3% | 20.9% | 20.9% |
| U.S. | | | 28.7% | 27.1% | 27.1% |

**HA2020 Target: 23%**

*Data Sources:*

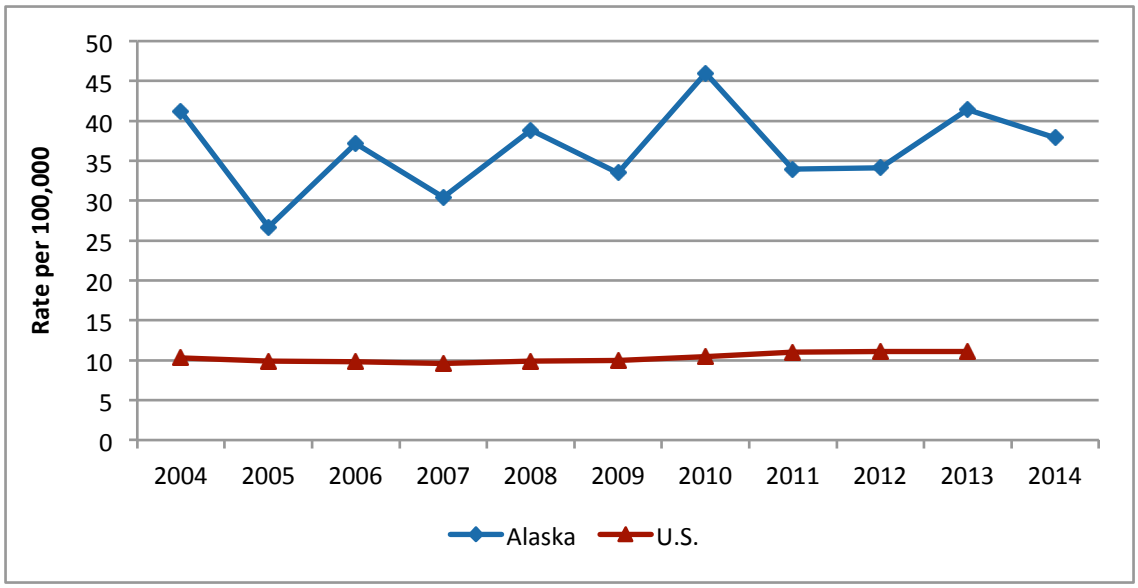
**Alaska/Southern Kenai Peninsula** - Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents*.

**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, and 2011. Figure does not reflect 95% confidence intervals. Because of changes in question content starting in 2011, national YRBS prevalence estimates derived from the 60 minutes of physical activity question in 2011 are not comparable to those reported in 2009 or earlier. On the 2005-2009 national YRBS questionnaire, physical activity was assessed with three questions (in the following order) that asked the number of days students participated in: 1) at least 60 minutes of aerobic (moderate and vigorous) physical activity, 2) at least 30 minutes of moderate physical activity, and 3) at least 60 minutes of aerobic (moderate and vigorous) physical activity. On the 2011 national YRBS questionnaire, only the 60 minutes of aerobic physical activity question was included.

*** Data unavailable for Southern Kenai Peninsula***

**HA2020 7. Suicide mortality rate per 100,000 population among population aged 15-24 years (Figure 27)**




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alaska | 41.2 | 26.7 | 37.2 | 30.4 | 38.9 | 33.5 | 46.0 | 34.0 | 34.1 | 41.4 | 37.9 |
| U.S. | 10.3 | 9.9 | 9.8 | 9.6 | 9.9 | 10.0 | 10.5 | 11.0 | 11.1 | 11.1 | - |

**HA2020 Target:** 43.2 per 100,000

*Data Sources:*

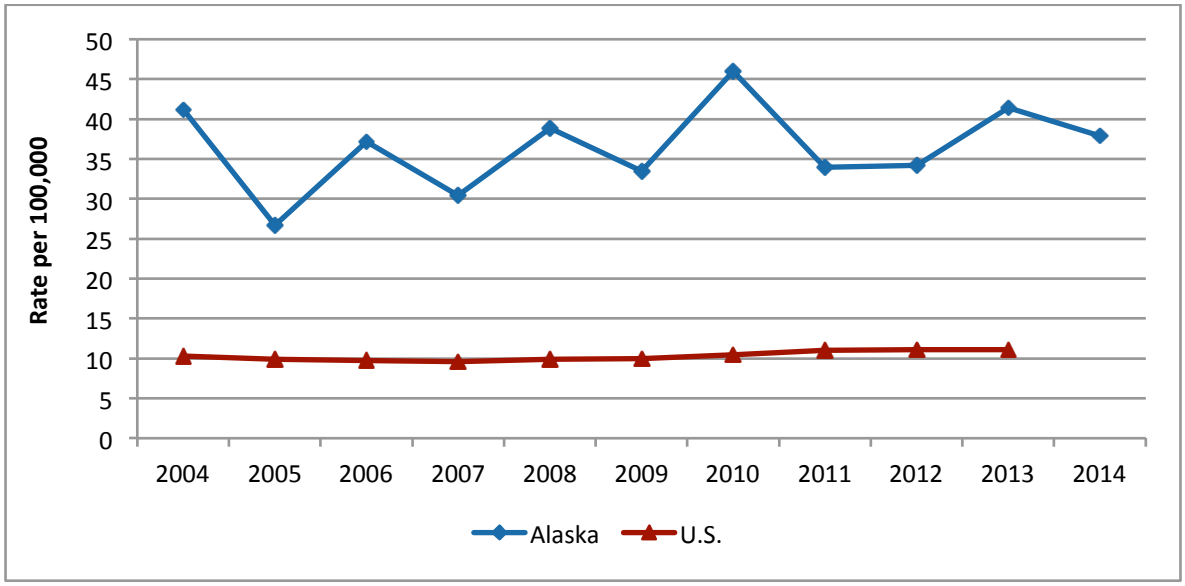
**Alaska -** Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics

**U.S.** – Centers for Disease Control and Prevention, National Center for Health Statistics

- = data unavailable

***Data unavailable for Southern Kenai Peninsula***

## HA2020 7. Suicide mortality rate per 100,000 population among population aged 25 years and older (Figure 28)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alaska | 41.2 | 26.7 | 37.2 | 30.4 | 38.9 | 33.5 | 46 | 34 | 34.2 | 41.4 | 37.9 |
| U.S. | 10.3 | 9.9 | 9.7 | 9.6 | 9.9 | 10 | 10.5 | 11 | 11.1 | 11.1 | - |

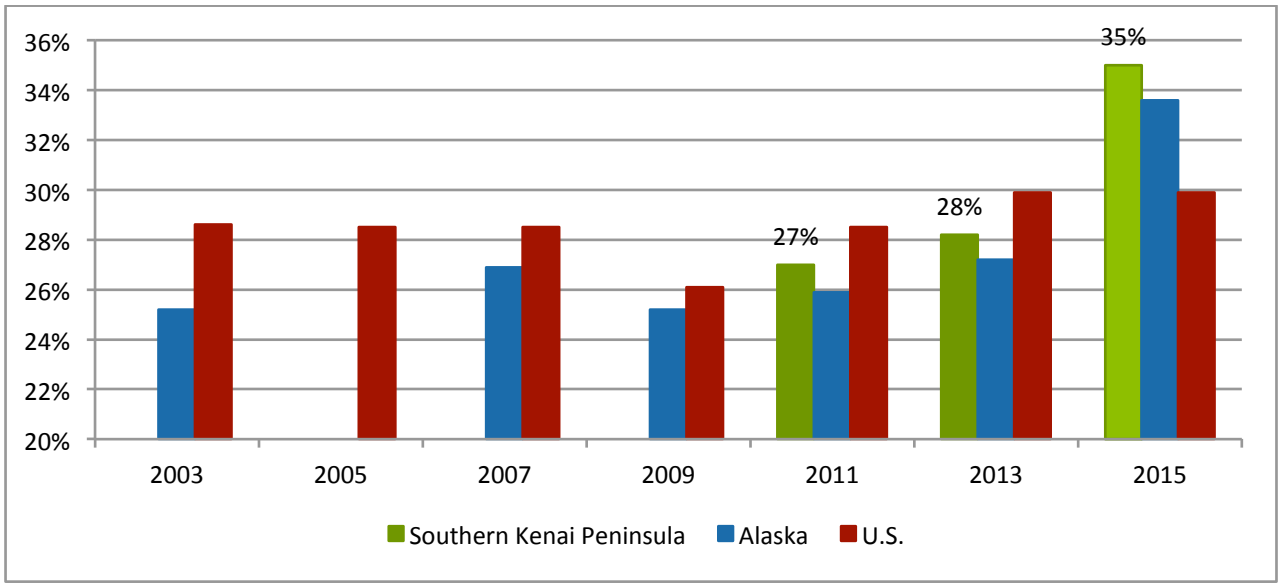
**HA2020 Target:** 23.5 per 100,000

*Data Sources:*

**Alaska** – Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics

**U.S.** – Centers for Disease Control and Prevention, national Center for Health Statistics

## HA2020 8. Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months (Figure 29)




| | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | 27.0% | 28.2% | 35.0%* |
| Alaska | 25.2% | - | 26.9% | 25.2% | 25.9% | 27.2% | 33.6% |
| U.S. | 28.6% | 28.5% | 28.5% | 26.1% | 28.5% | 29.9% | 29.9% |

**HA2020 Target:** 23%

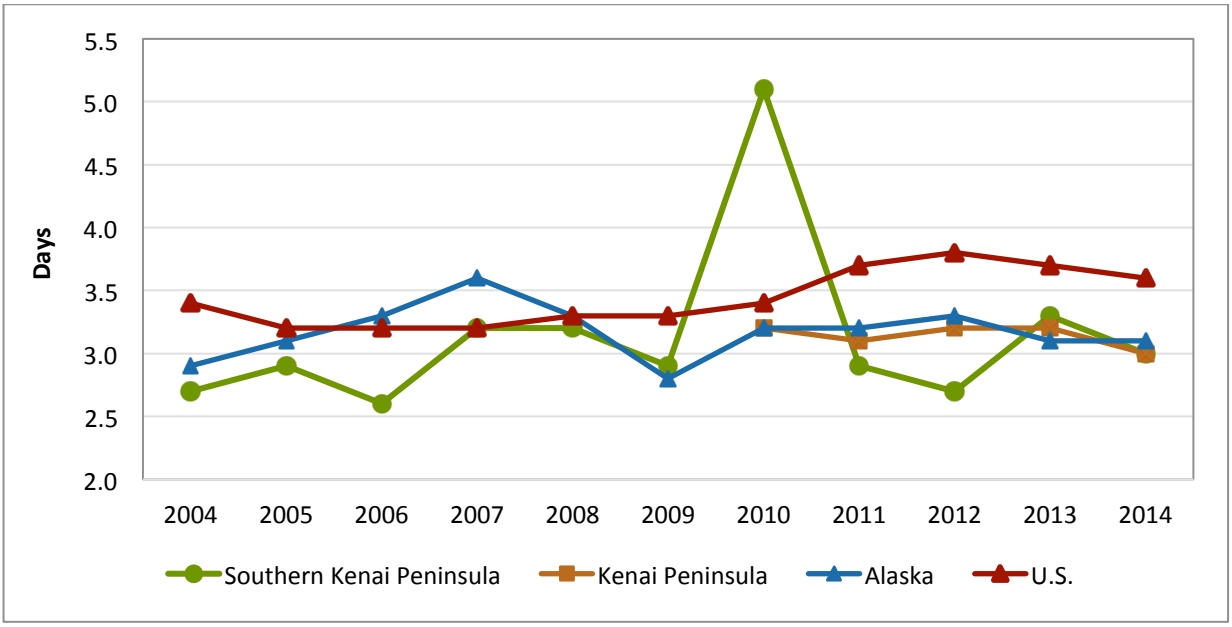
*Data Sources:*

**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*

**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

- =data unavailable

## HA2020 9. Mean number of days in the past 30 days adults aged 18 and older report being mentally unhealthy (Figure 30)



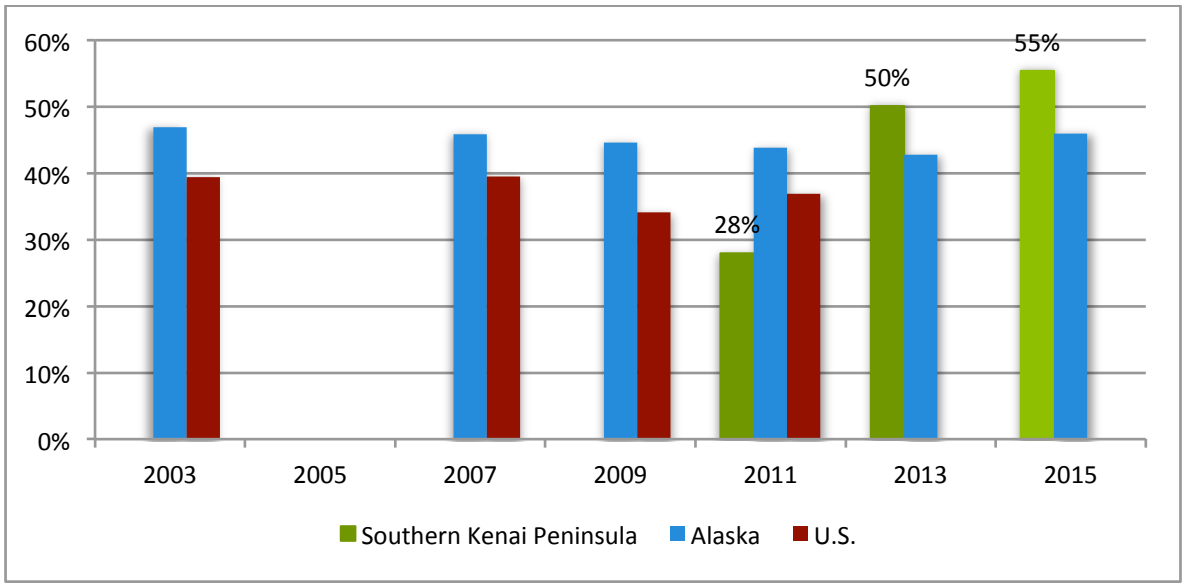

| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | 2.7 | 2.9 | 2.6 | 3.2 | 3.2 | 2.9 | 5.1 | 2.9 | 2.7 | 3.3 | 3.0 |
| Kenai Peninsula | | | | | | | 3.2 | 3.1 | 3.2 | 3.2 | 3.0 |
| Alaska | 2.9 | 3.1 | 3.3 | 3.6 | 3.3 | 2.8 | 3.2 | 3.2 | 3.3 | 3.1 | 3.1 |
| U.S. | 3.4 | 3.2 | 3.2 | 3.2 | 3.3 | 3.3 | 3.4 | 3.7 | 3.8 | 3.7 | 3.6 |

**HA2020 Target:** 2.9 days

*Data Sources:*

**All Alaskans/Kenai Peninsula/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System
**U.S. –** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Note: The 2002 U.S. data is for 23 states. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see: http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx.

## HA2020 10. Percentage of adolescents (high school students in grades 9-12) with 3 or more adults (besides their parent(s)) from whom they feel comfortable seeking help (Figure 31)




| | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | 28.0% | 50.1% | 55.4%* |
| Alaska | 46.9% | | 45.9% | 44.6% | 43.8% | 42.8% | 46.0% |
| U.S. | 39.4% | | 39.5% | 34.1% | 36.9% | | |

**HA2020 Target:** 47%

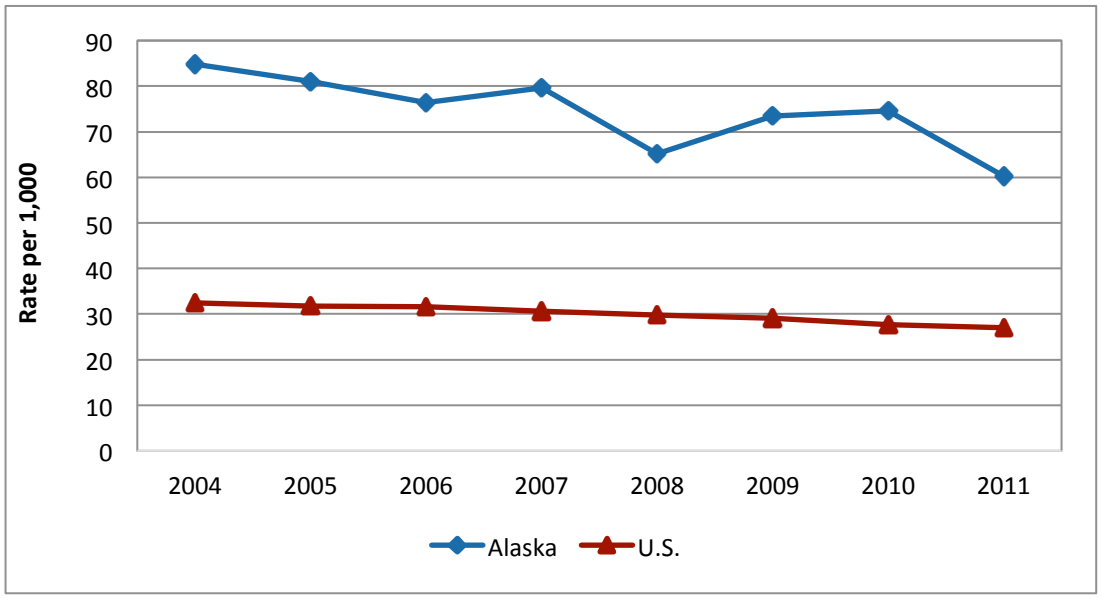
*Data Sources:*

**All Alaskans/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*
**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

***Data unavailable for Southern Kenai Peninsula***

## HA2020 11. Rate of unique substantiated child maltreatment victims per 1,000 children (aged 0-17 years) (Figure 32)




| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|
| Alaska | 17.6 | 15 | 20.3 | 18.2 | 15.3 | 14.1 | 15.6 | 13 |
| U.S. | 11 | 9.6 | 9.5 | 9.3 | 9.3 | 9.2 | 9.1 | 9.1 |

**HA2020 Target:** 14.4 per 1,000

*Data Sources:*

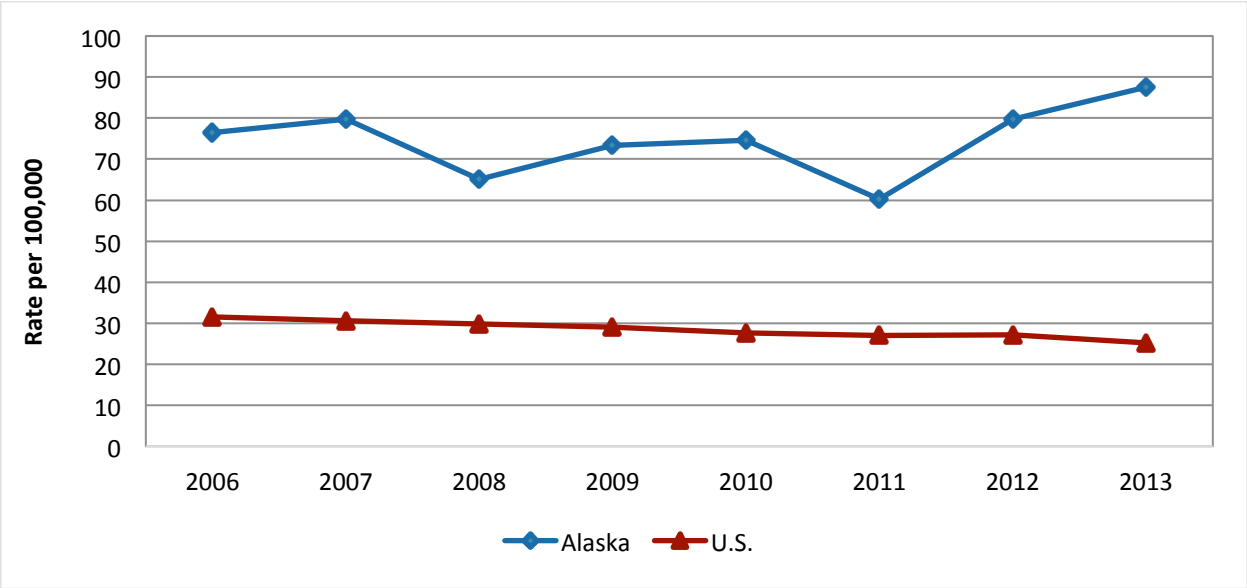
**Alaska –** Alaska Department of Health and Social Services, Office of Children's Services

**U.S. –** U.S. Department of Health and Human Services, Administration for Children and Families

Note: Child abuse and neglect is defined as any recent act or failure to act on the part of a parent or Caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which present an imminent risk of serious harm.
Data caution: These data show substantiated reported cases rather than actual incidence.

***Data unavailable for Southern Kenai Peninsula***

## HA2020 12. Rate of rape per 100,000 population (Figure 33)




| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|
| Alaska | 76.4 | 79.7 | 65.1 | 73.4 | 74.6 | 60.2 | 79.8 | 87.6 |
| U.S. | 31.6 | 30.6 | 29.8 | 29.1 | 27.7 | 27 | 27.1 | 25.2 |

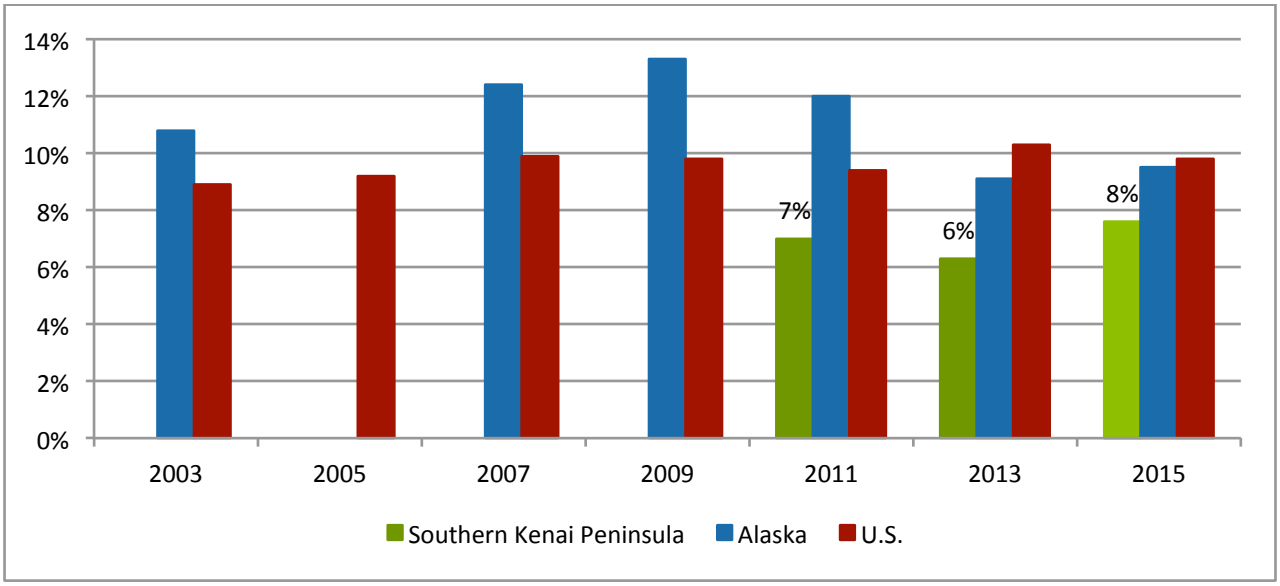
**HA2020 Target:** 67.5 per 1,000

*Data Sources:*

**Alaska/ U.S. –** Federal Bureau of Investigation, Uniform Crime Reports (UCR) for "forcible rape" as prepared by the National Archive of Criminal Justice Data

Note: The UCR Program provides statistics based on data contributed by local, county, state, tribal, and federal law enforcement agencies. Caution should be used when comparing statistics from different jurisdictions, and consideration should be given to the various variables that affect crime and law enforcement's response in a given jurisdiction. In December 2011, the UCR Program changed its definition of rape; however, forcible rape statistics have been reported according to the historical definition (UCR Handbook 2004, Forcible Rape Definition: "The carnal knowledge of a female forcibly and against her will"). By definition, sexual attacks on males are excluded from the rape category and must not be classified as assaults or other sex offenses depending on the nature of the crime and the extent of injury.

## HA2020 13. Percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months (Figure 34)




| | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | 7.0% | 6.3% | 7.6%* |
| Alaska | 10.8% | | 12.4% | 13.3% | 12.0% | 9.1% | 9.5% |
| U.S. | 8.9% | 9.2% | 9.9% | 9.8% | 9.4% | 10.3% | 9.8% |

**HA2020 Target:** 11%

*Data Sources:*

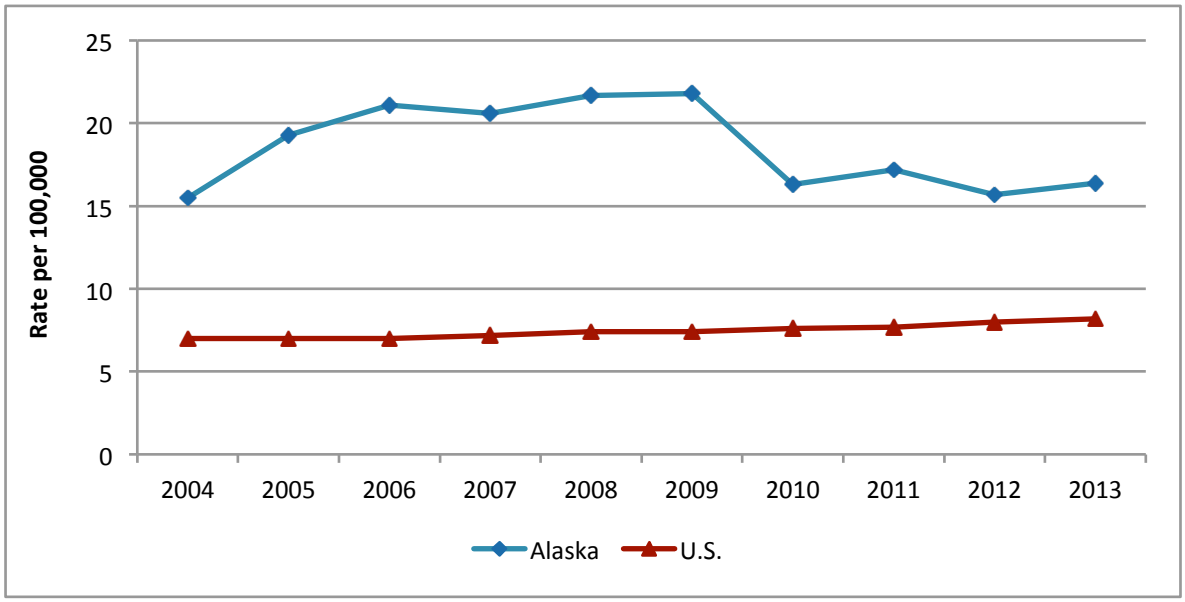
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*

**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

***Data unavailable for Southern Kenai Peninsula***

## HA2020 14. Alcohol induced mortality rate per 100,000 population (Figure 35)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|
| Alaska | 15.5 | 19.3 | 21.1 | 20.6 | 21.7 | 21.8 | 16.3 | 17.2 | 15.7 | 16.4 |
| U.S. | 7 | 7 | 7 | 7.2 | 7.4 | 7.4 | 7.6 | 7.7 | 8 | 8.2 |

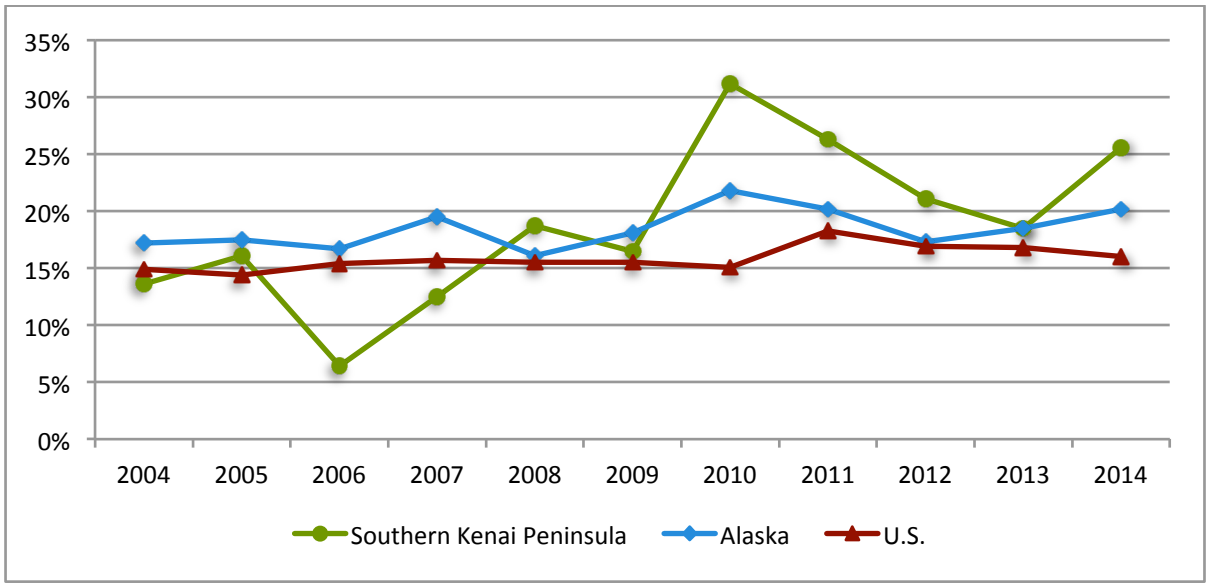
**HA2020 Target:** 15.3 per 100,000

*Data Sources:*
**All Alaskans/Alaska Natives** – Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics
**U.S. –** Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS). Underlying Cause of Death 1999-2010 (retrieved from CDC WONDER Online Database)

Note: Age-adjusted to the 2000 U.S. standard population. NCHS has defined selected causes of death groups for analysis of all ages mortality data including alcohol-induced causes. The group code values are not actual ICD codes published in the International Classification of Diseases, but are "recodes" defined to support analysis by the Selected Causes of Death groups. The list of codes for alcohol-induced causes was expanded in the 2003 data year to be more comprehensive.

Causes of death attributable to alcohol-induced mortality include ICD–10 codes E24.4, Alcohol-induced pseudo-Cushing's syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use. See CDC (2008). *National Vital Statistics Reports*, Volume 56, Number 10, p. 109. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf.

## HA2020 15. Percentage of adults (aged 18 years and older) who report binge drinking in the past 30 days: 5 or more drinks for men; 4 or more drinks for women on one occasion (Figure 36)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | 13.6% | 16.1% | 6.4% | 12.5% | 18.7% | 16.5% | 31.2% | 26.3% | 21.1% | 18.5% | 25.6% |
| Alaska | 17.2% | 17.5% | 16.7% | 19.5% | 16.1% | 18.1% | 21.8% | 20.2% | 17.3% | 18.5% | 20.2% |
| U.S. | 14.9% | 14.4% | 15.4% | 15.7% | 15.5% | 15.5% | 15.1% | 18.3% | 16.9% | 16.8% | 16.0% |

**HA2020 Target:** 20%

*Data Sources:*

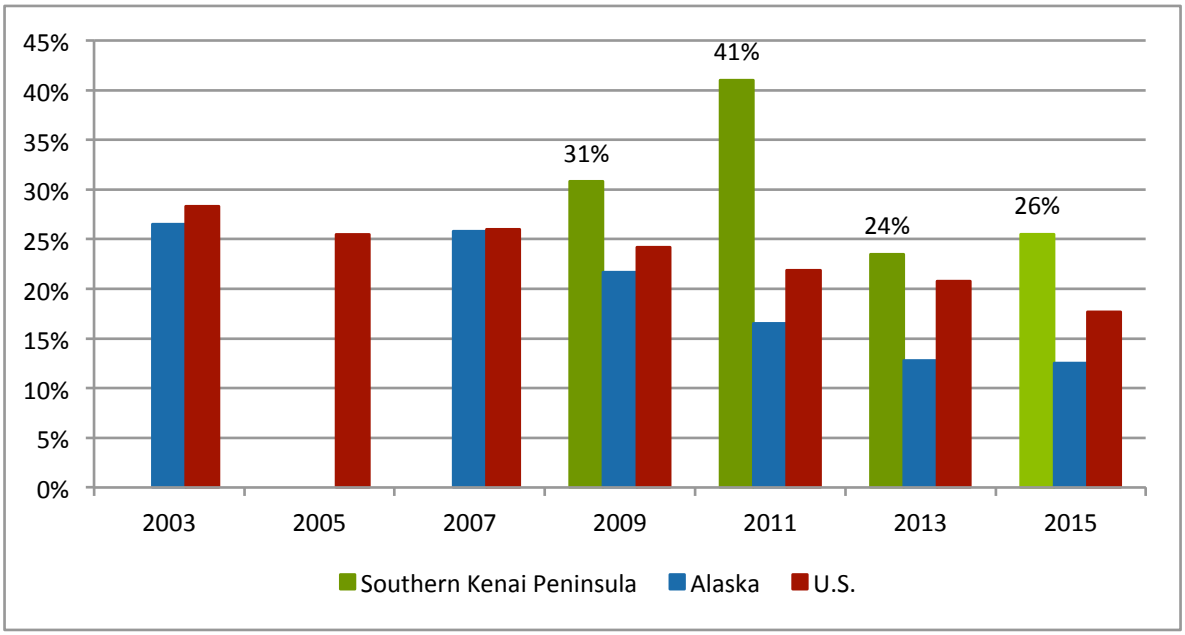
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System

**U.S. –** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Note: Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, 2005 through 2007, and 2009 through 2010, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see: http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx.

## HA2020 15. Percentage of high school students who report binge drinking in the past 30 days (Figure 37)




| | 2003 | 2005 | 2007 | 2009 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | 30.8% | 41.0% | 23.5% | 25.5%* |
| Alaska | 26.5% | | 25.8% | 21.7% | 16.5% | 12.8% | 12.5% |
| U.S. | 28.3% | 25.5% | 26.0% | 24.2% | 21.9% | 20.8% | 17.7% |

**HA2020 Target:** 17%

*Data Sources:*

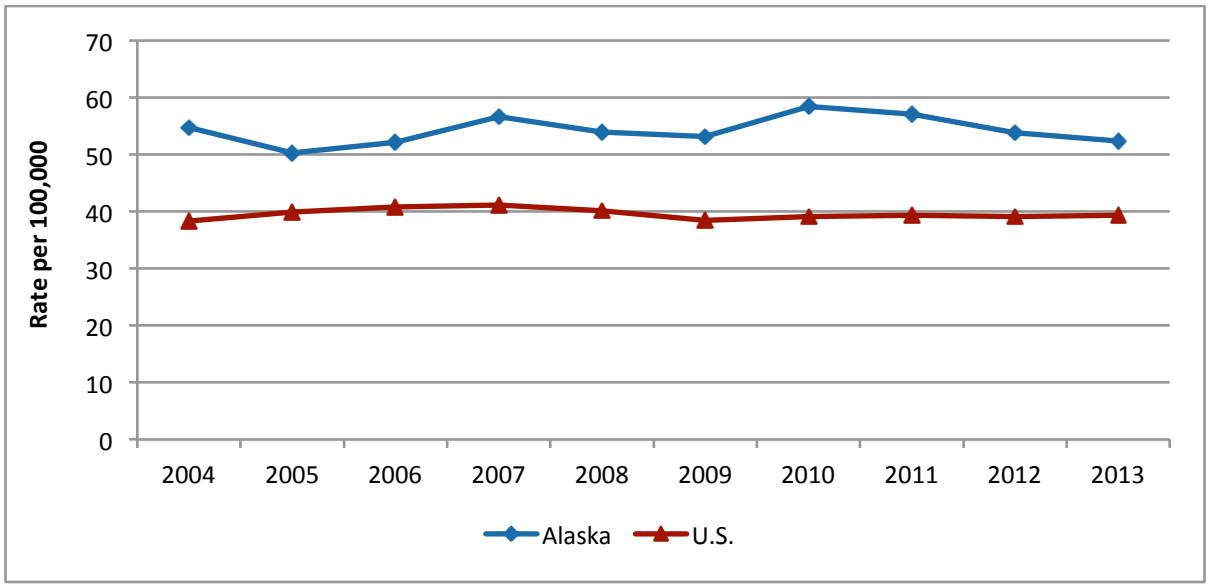
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. **SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesenka Schools. 2015 values only represent Homer High and Homer Flex respondents.*

**U.S. –** Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

Note: Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011, and 2013. Figure does not reflect 95% confidence intervals.

***Data unavailable for Southern Kenai Peninsula***

## HA2020 16. Unintentional injury mortality rate per 100,000 population (Figure 38)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|
| Alaska | 54.7 | 50.3 | 52.2 | 56.6 | 54 | 53.2 | 58.5 | 57.1 | 53.8 | 52.4 |
| U.S. | 38.3 | 39.9 | 40.8 | 41.1 | 40.1 | 38.5 | 39.1 | 39.4 | 39.1 | 39.4 |

**HA2020 Target:** 54.8 per 100,000

*Data Sources:*

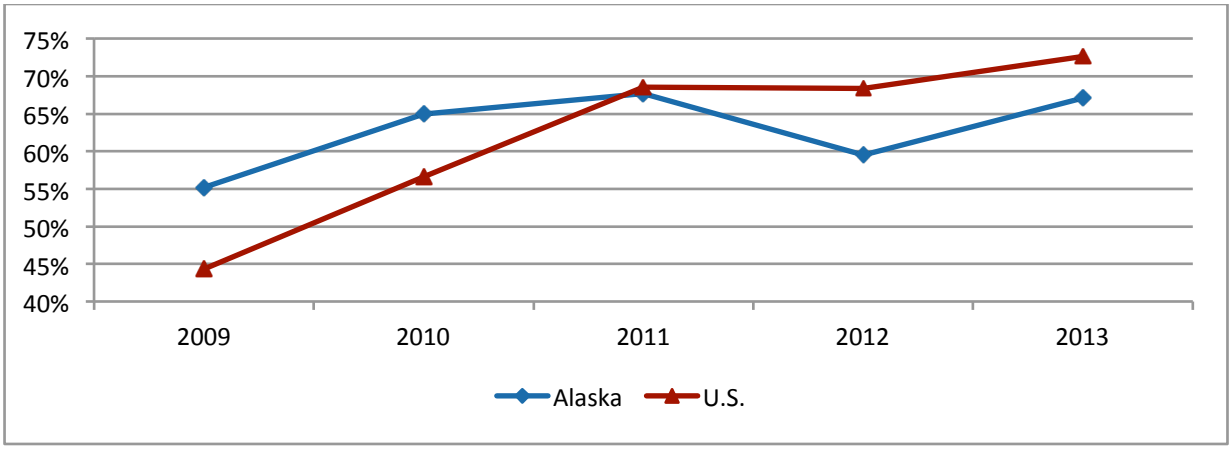
**Alaska** – Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics

**U.S.** – Centers for Disease Control and Prevention, National Center for Injury Prevention

Note: Rates are age-adjusted to the 2000 U.S. standard population

***Data unavailable for Southern Kenai Peninsula***

## HA2020 17. Percentage of children aged 19-35 months who do receive the ACIP (Advisory Committee on immunization Practices) recommended vaccination series (2013 ACIP recommendation 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PC) (Figure 39)



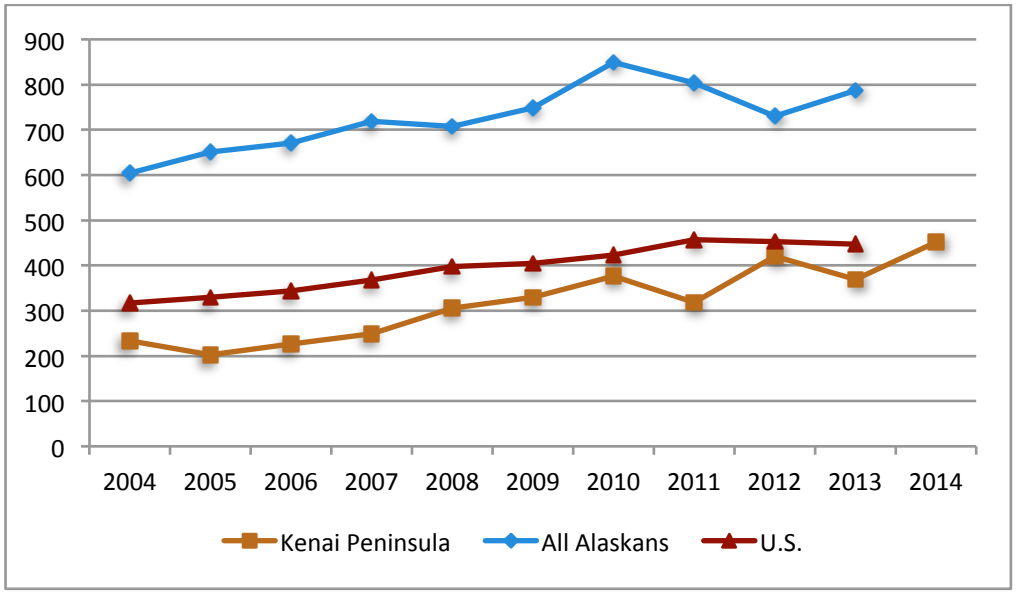

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|
| Alaska | 55.2% | 65.0% | 67.7% | 59.5% | 67.1% |
| U.S. | 44.3% | 56.6% | 68.5% | 68.4% | 72.6% |

**HA2020 Target:** 75%

*Data Sources:*
**All Alaskans/U.S. –** Centers for Disease Control and Prevention, National Immunization Survey
**Alaska Natives –** Indian Health Service, Immunization Program

Note: Recommended vaccines changed over the time period shown above. Data reported for 2009-2011 are for the 4:3:1:3:3:1:4 series, which adds Varicella and PCV.

## HA2020 18. Incidence rate of Chlamydia trachomatis per 100,000 population (Figure 40)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Kenai Peninsula | 233.0 | 202.5 | 226.6 | 248.8 | 306.0 | 329.9 | 377.0 | 318.5 | 421.0 | 369.2 | 451.5 |
| Alaska | 604.4 | 650.7 | 670.6 | 719.4 | 707.3 | 748.8 | 849.6 | 803.3 | 731.0 | 786.5 | |
| U.S. | 316.5 | 329.4 | 344.3 | 367.5 | 398.1 | 405.3 | 423.6 | 457.6 | 453.3 | 446.6 | |

**HA2020 Target:** 705.2 per 100,000

*Data Sources:*

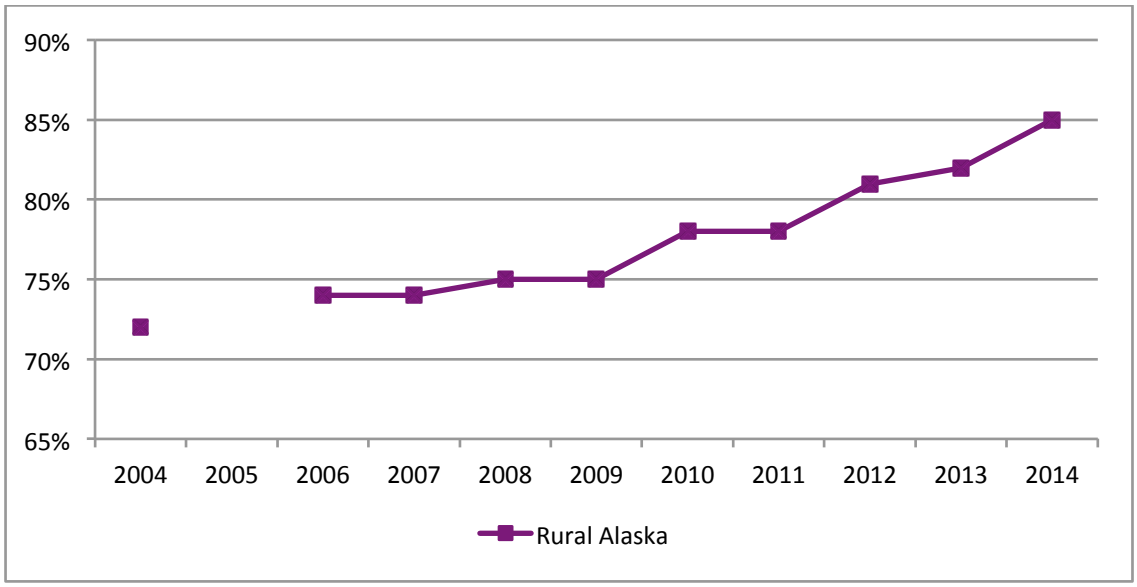
**Alaska** – Alaska Department of Health and Social Services, Section of Epidemiology, STD Program
**U.S. –** Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention, NCHHSTP Atlas

Notes: Rates are not age-adjusted.

Alaska is consistently the #1 or #2 state for chlamydia incidence nationwide. Because Alaskans are a mobile population, regular screening for STD's is recommended for all sexually active individuals statewide.

***Data unavailable for Southern Kenai Peninsula***

## HA2020 19. Percentage of rural community housing units with water and sewer services (Figure 41)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Rural Alaska | 72.0% | ** | 74.0% | 74.0% | 75.0% | 75.0% | 78.0% | 78.0% | 81.0% | 82.0% | 85.0% |

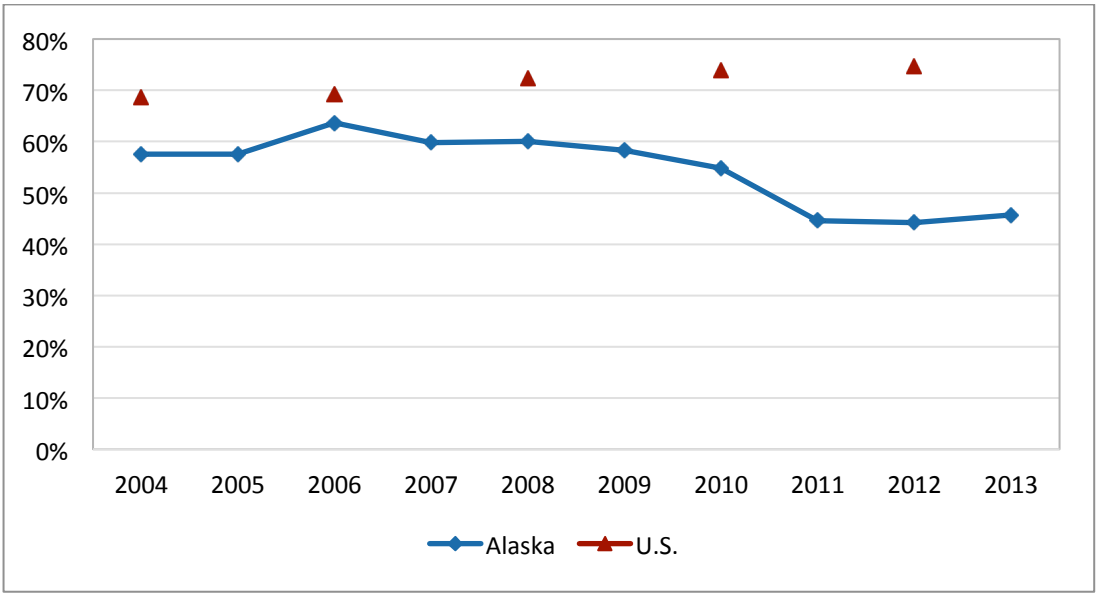
**HA2020 Target:** 87%

*Data Source:* Alaska Department of Environmental Conservation

Note: The above data are based on the following definitions: "Rural Community" is defined as an Alaska community with between 25 and 2,000 people that is not part of a metropolitan area and that is not connected to a highway system. "Housing Unit" is defined as a resident's primary home, used for most of the year. Seasonal homes, vacation homes, lodges, public structures and commercial buildings are not included in this definition. "Water and Sewer Service" is defined as the provision of running water and sewer service inside the home via community piped or covered haul system, individual well and septic systems, or some combination thereof.

***Data unavailable for Southern Kenai Peninsula***

## HA2020 20. Percentage of the Alaskan population served by community water systems with optimally fluoridated water (Figure 42)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|
| Alaska | 57.5% | 57.5% | 63.7% | 59.8% | 60.0% | 58.3% | 54.8% | 44.6% | 44.2% | 45.7% |
| U.S. | 68.7% | | 69.2% | | 72.4% | | 73.9% | | 74.6% | |

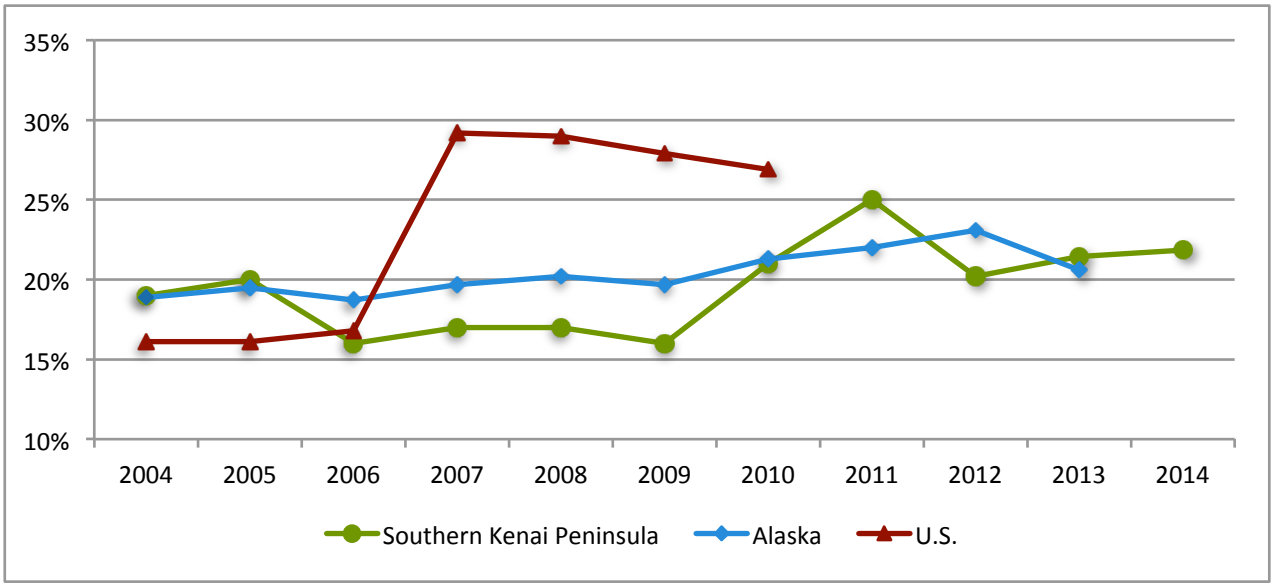
**HA2020 Target:** 58%

*Data Sources:*

**Alaska** – Alaska Department of Health and Social Services, Oral Health Program (2004-2013); Centers for Disease Control and Prevention, national Oral Health Surveillance System (2000/2002)
**U.S.** – Centers for Disease Control and Prevention, National Oral Health Surveillance System

Note: The 2004 Alaska percentage includes the Anchorage water system, which had an interruption for several months for replacement/repair of fluoridation equipment.

## HA2020 21. Percentage of women delivering live births who have not received prenatal care beginning in first trimester of pregnancy (Figure 43)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | 16.5% | 16.5% | 15.7% | 19.9% | 21.8% | 20.2% | 21.4% | 21.9% |
| Alaska | 18.9% | 19.5% | 18.7% | 19.7% | 20.2% | 19.7% | 21.3% | 22.0% | 23.1% | 20.6% | |
| U.S. | 16.1% | 16.1% | 16.8% | 29.2% | 29.0% | 27.9% | 26.9% | ** | ** | ** | ** |

**HA2020 Target:** 19%

*Data Sources:*

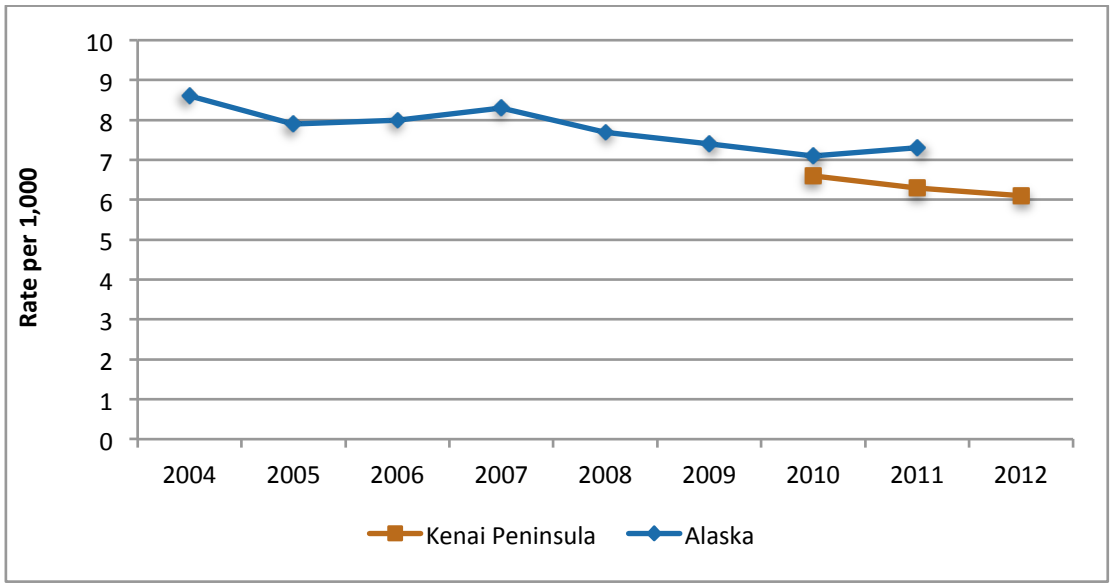
**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics[9]

**U.S.** – Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

Note: Beginning in 2007, U.S. data are reported from the 2003 U.S. Standard Certificate of Live Birth. Data before and after 2007 are not directly comparable because of changes in the way that prenatal care initiation information was collected.

[9] Southern Kenai Peninsula defined as: Anchor Point (M04); Fox River (M21); Fritz Creek (M44); Halibut Creek (M09); Happy Valley (M27); Homer (M01); Kachemak City, Kachemak Selo, Kachemak Selo Village, Kachemak Silo, Kachemak Selo Vill (M25); Nanwelak (M08); Nikolaevsk, Nikolaevsk Village, Nikoleausk (M22); Ninilchik (M12); Port Graham (M14); Seldovia (M03); Razdolna, Razdolna Village, Voznesenka, Voznesenka Village, Aleneva, Aleneva Village, Skilak Lake, Kustatan (L99)

**HA2020 22. Rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventive care) based on the Agency for Healthcare Research and Quality (AHRQ) (Figure 44)**

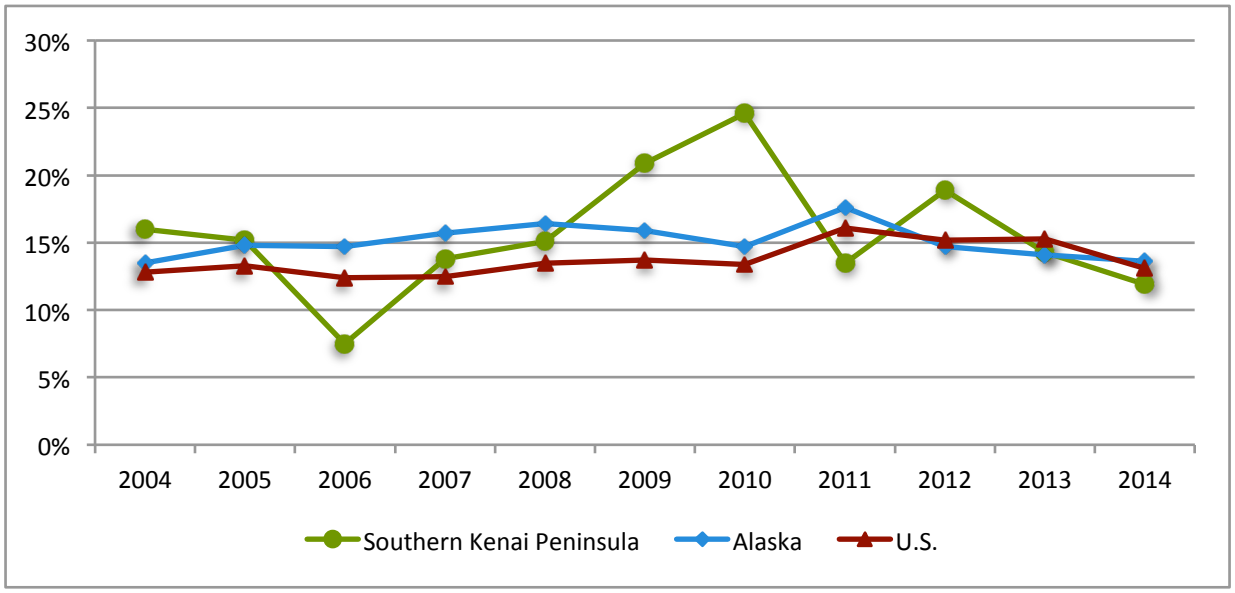



| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|---|---|---|
| Kenai Peninsula | | | | | | | 6.6 | 6.3 | 6.1 |
| Alaska | 8.6 | 7.9 | 8.0 | 8.3 | 7.7 | 7.4 | 7.1 | 7.3 | ** |

**HA2020 Target:** 6.7 per 1,000

*Data Sources:* **Kenai Peninsula -** Medicare/Dartmouth Institute 2010 (Co Health Rankings)
**Alaska** - Alaska Hospital Discharge Data Set **-** Using the AHRQ/H-CUP Algorithm for the set of "prevention quality indicators" which counts as "preventable" the cases that are deemed to be unlikely to have required hospitalization if primary care and prevention services had been in place for those individuals.

## HA2020 23. Percentage of adults aged 18 or over reporting that they could not afford to see a doctor in the last 12 months (Figure 45)




| | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | 16.8% | 17.0% | 3.6% | 12.8% | 14.5% | 17.7% | 19.3% | 14.3% | 18.9% | 14.3% | 11.9% |
| Alaska | 13.5% | 14.8% | 14.7% | 15.7% | 16.4% | 15.9% | 14.7% | 17.6% | 14.7% | 14.1% | 13.6% |
| U.S. | 12.8% | 13.3% | 12.4% | 12.5% | 13.5% | 13.7% | 13.4% | 16.1% | 15.2% | 15.3% | 13.1% |

**HA2020 Target:** 14%

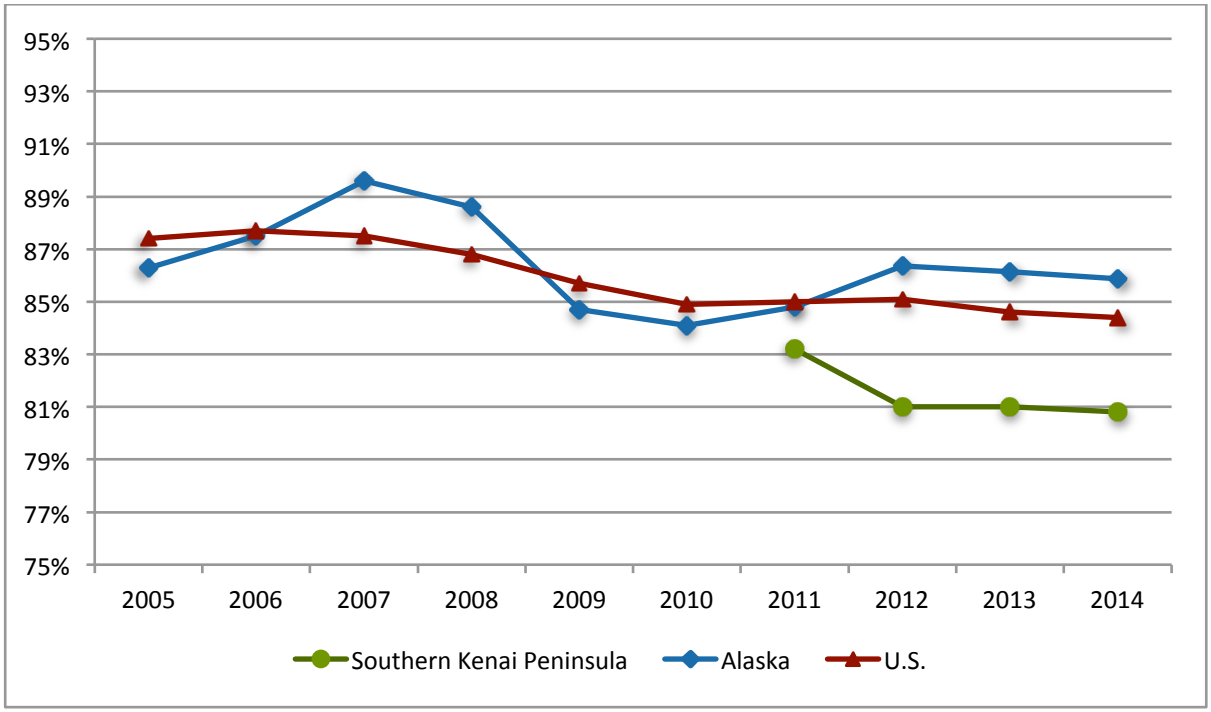
*Data Sources:*

**Alaska/Southern Kenai Peninsula –** Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System

**U.S. –** Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Note: Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see: http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx.

## HA2020 24. Percentage of residents (all ages) living above the federal poverty level (as defined for Alaska) (Figure 46)




| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| Southern Kenai Peninsula | | | | | | | 83.2% | 81.0% | 81.0% | 80.8% |
| Alaska | 86.3% | 87.5% | 89.6% | 88.6% | 84.7% | 84.1% | 84.8% | 86.4% | 86.1% | 85.9% |
| U.S. | 87.4% | 87.7% | 87.5% | 86.8% | 85.7% | 84.9% | 85.0% | 85.1% | 84.6% | 84.4% |

**HA2020 Target:** 90%

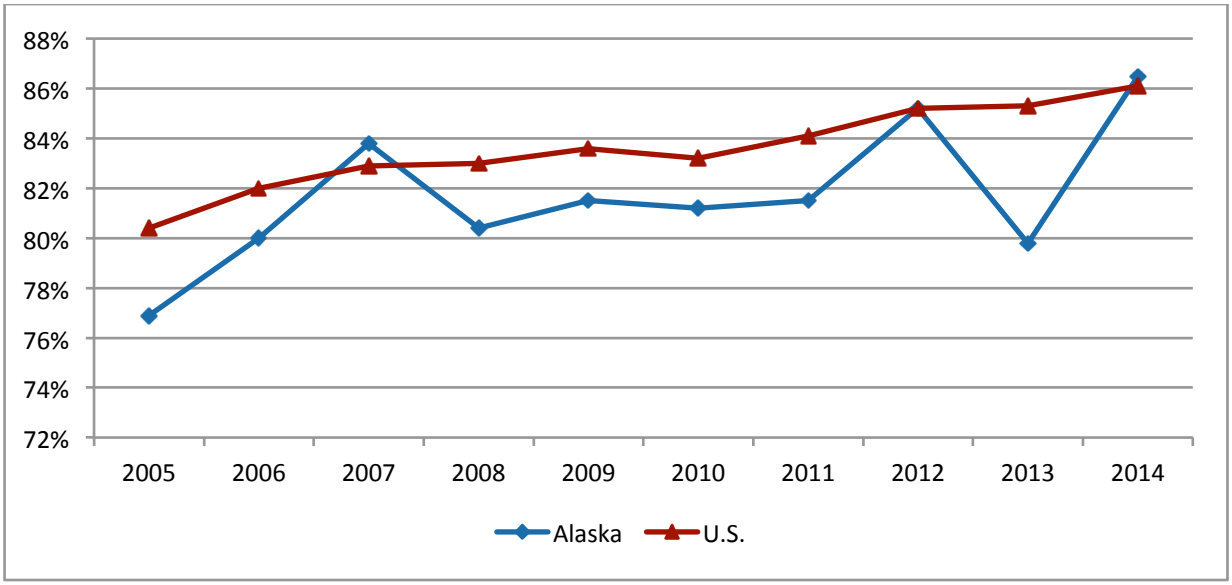
*Data Source:* U.S. Census Bureau, Current Population Survey Annual Social and Economic Supplement
Southern Kenai Peninsula community 2011 values provided by Alice Rarig, State of Alaska Public Health, 2012, 2013, and 2014 calculated from the American Community Survey 5-year estimates.

Note: Alaska estimates are based on income below 125% of the federal poverty level for the nation as per poverty guidelines. U.S estimates are based on income below 100% of the federal poverty level for the nation. The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine the "ratio of income to poverty threshold." The official poverty thresholds are updated for inflation using the Consumer Price Index, but they do not vary geographically except that the Department of Health and Human Services acknowledges high cost of living in Alaska and Hawaii with an adjustment called the "poverty guidelines" which are applied to programmatic eligibility criteria. The poverty definition uses money income before taxes and does not include capital gains, subsistence resources, or non-cash benefits (such as public housing, Medicaid, and food stamps).

***Data collected in different timeframe for the SKP***

## HA2020 25. Percentage of 18-24 year olds with high school diploma or equivalency (Figure 47)

**The Southern Kenai Peninsula value is calculated from five-year estimates, therefore cannot be directly compared to the one year surveys depicted below. The 2010-2014 estimate for Southern Kenai Peninsula 18-24 years olds with high school diploma or higher education is 78.4% (2008-2012 estimate was 85%).**




| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|---|---|---|---|---|---|
| SKP | | | | | | | | 85%* | | 78.4%* |
| AK | 76.9% | 80.0% | 83.8% | 80.4% | 81.5% | 81.2% | 81.5% | 85.2% | 79.8% | 86.5% |
| U.S. | 80.4% | 82.0% | 82.9% | 83.0% | 83.6% | 83.2% | 84.1% | 85.2% | 85.3% | 86.1% |

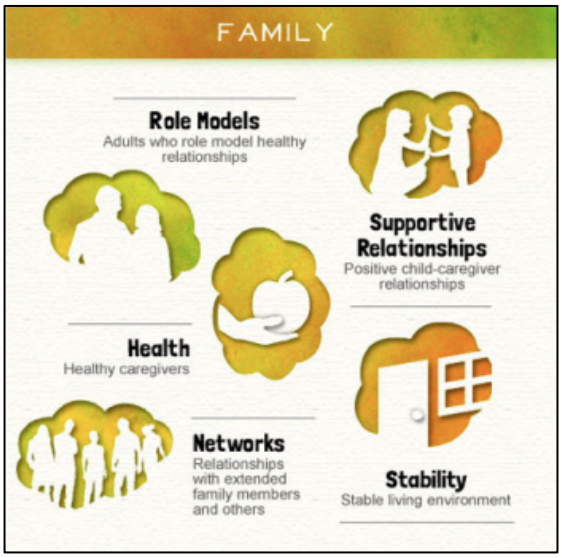
**HA2020 Target:** 86%

*Data Source:* U.S. Census Bureau, American Community Survey 1-Year Estimates (SKP uses 5-year estimates)

Note: Includes those 18-24 years old with a high school diploma (includes equivalency) or higher education (some college, associate's degree, bachelor's degree, graduate or professional degree).

## Prioritized Community Focus: Family Well-being

After the second CHNA, the community prioritized Family Well-being as the focus for Collective Impact. A thorough literature review and workgroup discussions helped identify five primary protective factors around which to align community efforts to increase Family Well-being:




1. Increase Family Cohesion
    a. Positive family environment with low discord between parents
    b. Parental warmth, assistance, and belief in the child(ren)
    c. Close relationship with at least one caring, competent, and supportive adult
2. Increase Positive Role Models for Youth
    a. Adults who role model healthy relationships and behavior
    b. Caregivers/Adults with protective factors
3. Increase Social Networks for Families
    a. Relationships with extended family members and others
    b. Interpersonal interactions within the family's social network, including extended family, that provides emotional support, tangible help or info
    c. Connections to pro-social and rule-abiding peers
4. Improve Physical and Mental Well-being of Caregivers
    a. Health promotion
5. Ensure Stable Environments for Families
    a. Adequate income and housing
    b. Postsecondary education of parents
    c. Authoritative parenting that is high on warmth, structure, and expectations

Through efforts of the Homer Prevention Project and the Southern Kenai Peninsula Resilience Coalition, the trans-generational cycle of Adverse Childhood Experiences was identified as a central or root cause issue that negatively impacts Family Well-being. Research[10] has shown the strong correlation between an individual experiencing risk factors such as obesity, diabetes, smoking, alcohol abuse, and depression and also having been exposed to childhood emotional, physical, or sexual abuse, and household dysfunction (Adverse Childhood Experiences (ACEs)). According to one of the co-principal investigators on the original ACEs study, Dr. Robert Anda, addressing ACEs is, "the most important opportunity for the prevention of health and social problems and disease and disability that has ever been seen."[11] Since this original study in 1998, researchers have understood that frequent and 'toxic' stress on young children who lack adequate protective factors and support from adults is strongly associated with increases in lifelong health risks and social problems.

Thus, a collective, community focus on improving the 5 family protective factors and decreasing exposure to Adverse Childhood Experiences is anticipated to make significant and measurable positive impacts to Family Well-being and the overall health of our community. This section focuses on the measures that help us specifically track Family Well-being and Adverse Childhood Experiences. Table X below highlights the top 10 prioritized family well-being indicators for tracking community impact. To learn more about the efforts underway in the community to address these goals, please see the 2015 Community Health Improvement Plan and/or the community projects listed on the MAPP website (www.mappofskp.net).

## Family Well-being Highlights

- Of the top 10 indicators for Family Well-being, SKP status improvements are occurring for:
    - The % of high school students who feel that in their community they matter to people
    - The % of adults who meet the criteria for healthy weight
    - The % of high school students who feel that their teachers care about them
    - The % of households that pay less than 30% of monthly income on housing

[10] Felitti , VJ, RF Anda, et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine* 14(4): 245-258.

[11] David Bornstein, "Protecting Children From Toxic Stress," *New York Times,* Oct 30, 2013.

- Of the top 10 indicators for Family Well-being, SKP status improvements are not occurring for:
    - The % of high school students who have at least one parent that talks to them about school about every day
    - The % of children ages 0-5 participating in Ages Stages Questionnaire developmental screening
    - The % of children who participate in organized after school, evening or weekend activities one or more days a week
    - The % of children ages 0-5 who meet social-emotional development criteria
    - The % of high school students who have at last one adult besides their parents they could ask an important question affecting their lives
    - The % of 18-24 year olds with a high school diploma or higher

*Table 10. Top Ten Family Well-being Collective Impact Shared Measures*

| # | 10 FAMILY WELL-BEING PRIORITY MEASURES | DATA | | | SOURCE |
|---|---|---|---|---|---|
| | | Prior | Current | Status | |
| **FAMILY COHESION:** *positive family environment with low discord, parental support and belief in the child* | | | | | |
| 1 | % of students who had at least one parent who talked with them about what they were doing in school ~ every day | 48.1% (2013) | 42.1% (2015) | ↓ | YRBS |
| 2 | % of children participating in developmental screening (Total SKP 0-5 population estimated 935 (2010-2014 ACS) | 40% (2013) | 37% (2015) | ↓ | ASQ |
| **NETWORKS & SOCIAL SUPPORT:** *relationships with extended family members and others that provide emotional support* | | | | | |
| 3 | % of students who take part in organized after school, evening, or weekend activities 1 or more days during an avg wk | 59.4% (2013) | 56.5% (2015) | ↓ | YRBS |
| 4 | % of students who agree or strongly agree that in their community they feel like they matter to people | 49.5% (2013) | 51.6% (2015) | ↑ | YRBS |
| **PHYSICAL & MENTAL HEALTH:** *family members that are physically and mentally well, health promotion* | | | | | |
| 5 | % of adults (aged 18+) who meet criteria for healthy weight (body mass index 18$^{th}$ ≥ and ≤25$^{t}$ percentile | 30.7% (2013) | 33.8% (2014) | ↑ | BRFSS |
| 6 | % of children below cutoff for social-emotional development ('above cutoff' screenings referred for intervention) | 89% | 88% n=186 | ↓ | ASQ |
| **ROLE MODELS:** *adults who role model healthy relationships and behavior, caregivers with protective factors* | | | | | |
| 7 | % of students who feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their lives [Community Focus] | 84.9% (2013) | 82.8% (2015) | ↓ | YRBS |
| 8 | % of students who agree or strongly agree that their teachers really care about them and give them a lot of encouragement | 64.9% (2013) | 65.6% (2015) | ↑ | YRBS |
| **STABILITY:** *stable living environment, adequate income and housing, postsecondary education of parents* | | | | | |
| 9 | % of SKP households that pay less than 30% of monthly income on housing | 68.4% (2009-2013) | 69.46% (2010-2014) | ↑ | ACS |
| 10 | % of SKP 18-24 year olds with high school diploma (or equivalency) or higher | 79.8% (2009-2013) | 78.4% (2010-2014) | ↓ | ACS |

The demographics below (#1-6) were selected to provide context for family populations in the Southern Kenai Peninsula. Additional demographics are available in sub-section I (pages 18-27).

*Table 11. Selected demographics related to Family Well-being*

| | Measure / Indicator | Source |
|---|---|---|
| **2010-2014 American Community Survey (ACS) Selected Demographics – Southern Kenai Peninsula, Kenai Peninsula Borough, Alaska, and United States Comparisons** | | |
| 1 | Families with children | ACS |
| 2 | Population under age 18 | ACS |
| 3 | Population age 0-4 | ACS |
| 4 | Population age 5-17 | ACS |
| 5 | Population with any disability | ACS |
| 6 | Population with any disability by age group, % | ACS |
| **2011/2012 National Survey of Children's Health (NSCH)** | | |
| 7 | Prevalence of ACEs in Alaskan children ages 0-17 | NSCH |
| 8 | % of children (ages 2-17) who have ever been diagnosed with a developmental delay by ACE score | NSCH |
| 9 | % of children (ages 6-17) who have an individual education program (IEP) due to a health condition or disability by ACE score | NSCH |

**Families with Children**

American Community Survey estimates that 24.65% of all occupied households in the report area are family households with one or more child(ren) under 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

| Report Area | Total Households | Total Family Households | Families with Children Under 18 | Families with Children Under 18, % of Total Households |
|---|---|---|---|---|
| Southern Kenai Peninsula (SKP) | 5,773 | 3,532 | 1,423 | 24.65% |
| Kenai Peninsula Borough, AK (KPB) | 21,559 | 14,112 | 6,168 | 28.61% |
| Alaska (AK) | 251,678 | 168,552 | 90,272 | 35.87% |
| United States (US) | 116,211,088 | 76,958,064 | 37,554,348 | 32.32% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

**Population Under Age 18**

An estimated 22.97% percent of the population in the report area is under the age of 18 according to the U.S. Census Bureau American Community Survey 2010-14 5-year estimates. An estimated total of 3,209 youths resided in the area during this time period.

| Report Area | Total Population | Population Age 0-17 | % Population Age 0-17 |
|---|---|---|---|
| SKP | 13,969 | 3,209 | 22.97% |
| KPB | 56,687 | 13,262 | 23.4% |
| AK | 728,300 | 188,090 | 25.83% |
| US | 314,107,072 | 73,777,656 | 23.49% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

**Population Age 0-4**

The 0-4 age range is a critical window for healthy brain and social-emotional development. This makes it an important window for preventing Adverse Childhood Experiences. Infants and children ages four and below have access to different resources as they have likely not entered the formal school system.

| Report Area | Total Population | Population Age 0-4 | % Population Age 0-4 |
|---|---|---|---|
| SKP | 13,969 | 935 | 6.69% |
| KPB | 56,687 | 3,513 | 6.2% |
| AK | 728,300 | 54,498 | 7.48% |
| US | 314,107,072 | 19,973,712 | 6.36% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

**Population Age 5-17**

| Report Area | Total Population | Population Age 5-17 | % Population Age 5-17 |
|---|---|---|---|
| SKP | 13,969 | 2,274 | 16.28% |
| KPB | 56,687 | 9,749 | 17.2% |
| AK | 728,300 | 133,592 | 18.34% |
| US | 314,107,072 | 53,803,944 | 17.13% |

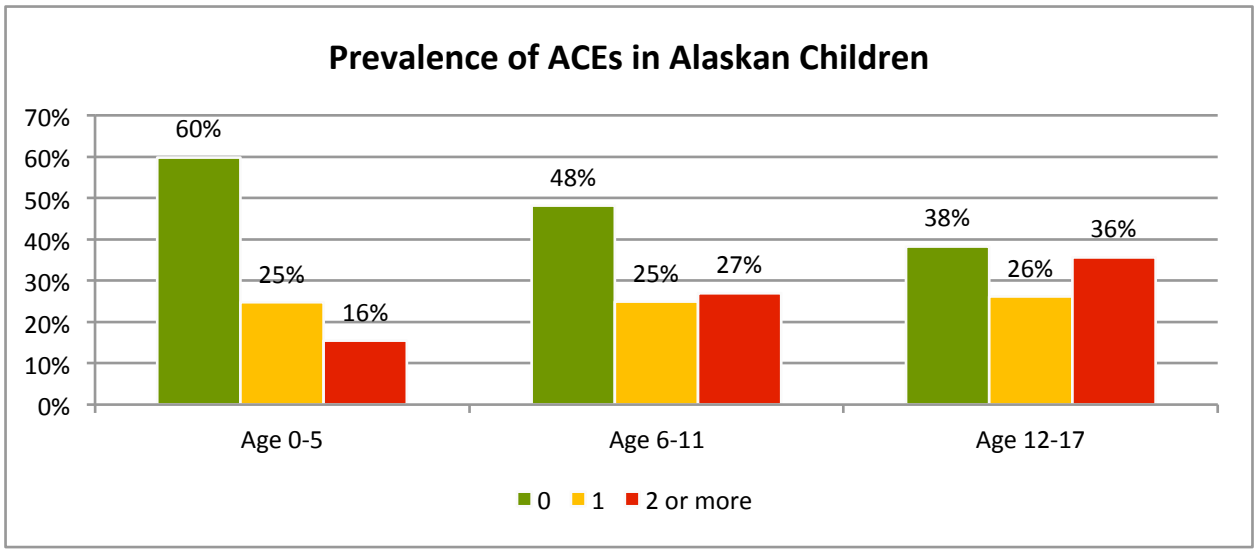


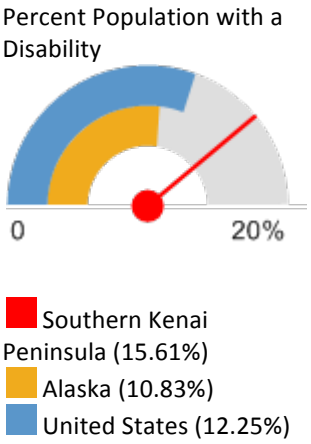

*Figure 48. Prevalence of ACEs in AK Children ages 0-17 (NSCH 2011/2012)*

### Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires focused services and outreach by providers.

| Report Area | Total Population (For Whom Disability Status Is Determined) | Total Population with a Disability | % Population with a Disability |
|---|---|---|---|
| SKP | 13,908 | 2,171 | 15.61% |
| KPB | 55,484 | 8,122 | 14.64% |
| AK | 704,405 | 76,302 | 10.83% |
| US | 309,082,272 | 37,874,568 | 12.25% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract (for table above and below)*




### Population with Any Disability by Age Group, Percent

| Report Area | Under Age 18 | Age 18 - 64 | Age 65 |
|---|---|---|---|
| SKP | 4.52% | 14.81% | 38.69% |
| KPB | 4.28% | 13.37% | 40.71% |
| AK | 3.07% | 10.07% | 40.34% |
| US | 4.06% | 10.18% | 36.25% |

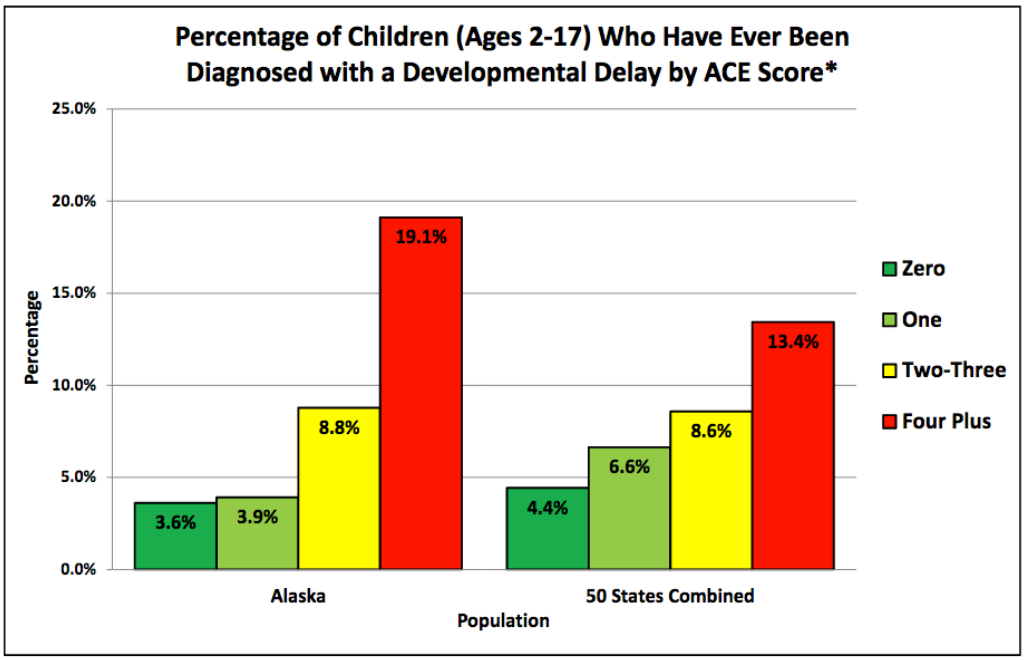



*Figure 49. Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

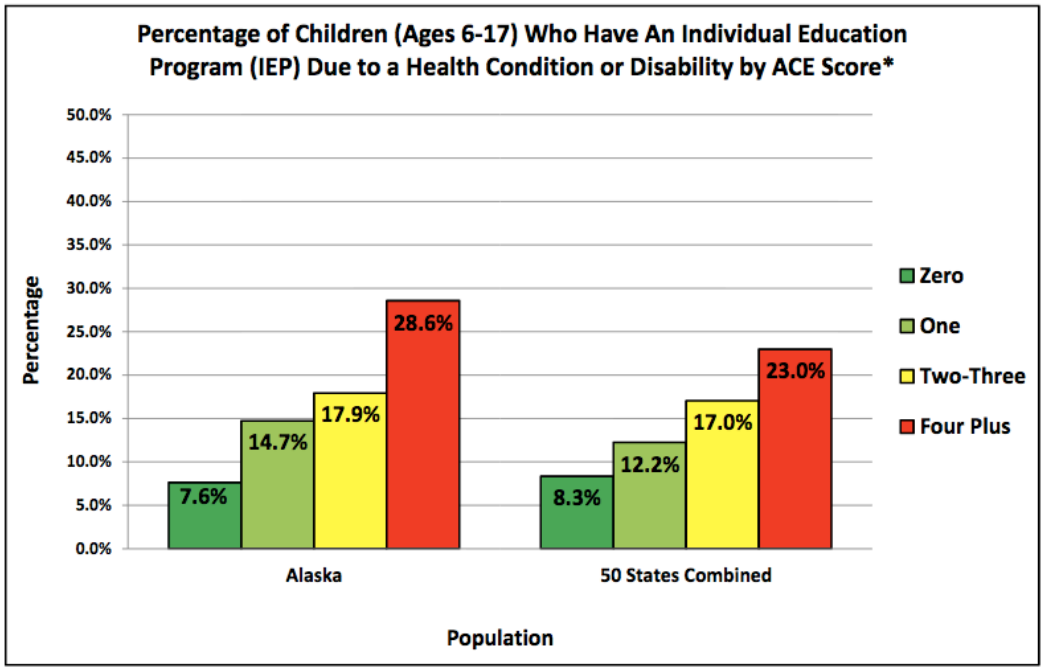



*Figure 50. . Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

The indicators below have been organized by the Five Family Well-being Protective Factors. Indicators highlighted in green are considered protective factors and those in red are considered risk factors. The graphs of indicators below that have already been presented in previous Health Status Assessment sub-sections are not included again in this sub-section.

*Table 12. Southern Kenai Peninsula Indicators of Family Well-being (* = priority measures)*

| | Measure / Indicator | Source (s) |
|---|---|---|
| **FAMILY COHESION:** *positive family environment with low discord, parental support and belief in the child* | | |
| * | % of SKP students who had at least one parent who talked with them about what they were doing in school about every day | YRBS |
| * | % of SKP children participating in developmental screening (Total SKP 0-5 population estimated 935 (2010-2014 ACS) | Sprout |
| | # of SKP children enrolled in Imagination Library | Sprout |
| | # of SKP children enrolled in Parents as Teachers Home Visiting Program | Sprout |
| | # of SKP children enrolled in Infant Learning Program | Sprout |
| * | % of children below cutoff for social-emotional development | Sprout |
| | Statistically significant different responses to ACE questions between US and Alaska | NSCH |
| | % of the full dosage of ACEs accumulated in the 50 states: child and youth populations by age group | NSCH |
| | % of SKP, NKP, & Remainder of AK respondents with 0, 1, 2-3, or 4+ ACEs (2013 BRFSS) | BRFSS |
| | % of SKP, NKP, & Remainder of AK respondents with 0, 1, 2-3, or 4+ ACEs (2014 BRFSS) | BRFSS |
| | As a child, witnessed parent be physically hurt | BRFSS |
| | Ever physically hurt by partner in lifetime | BRFSS |
| | Ever physically hurt by partner in last 5 years | BRFSS |
| | Made to participate in sexual act against will | BRFSS |
| | % of adult female respondents who experienced intimate partner violence in lifetime | CDVSA |
| | % of adult female respondents who experienced sexual violence in lifetime | CDVSA |
| | % of adult female respondents who experienced intimate partner physical or sexual violence in lifetime | CDVSA |
| | % of adolescents who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months | YRBS |
| | Shelter nights: # and ages served | SPHHouse |
| | # of reported child abuse and neglect offenses | HPD |
| | # of reported sexual abuse & assault of a minor offenses | HPD |
| | # of Homer child protective services reports | OCS |
| **NETWORKS & SOCIAL SUPPORT:** *relationships with extended family members and others that provide emotional support* | | |
| * | % of students who agree or strongly agree that their teachers really care about them and give them a lot of encouragement | YRBS |
| * | % of students who feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their lives | YRBS |

| | | |
|---|---|---|
| * | % of students who agree or strongly agree that in their community they feel like they matter to people | YRBS |
| * | % of students who take part in organized after school, evening, or weekend activities one or more days during an average week | YRBS |
| | % of children and youth (ages 6-17) who did not participate in one or more organized activities outside of school by ACE | NSCH |
| **PHYSICAL & MENTAL HEALTH:** *family members that are physically and mentally well, health promotion* | | |
| | Population attributable risk linked to Adverse Childhood Experiences for various health outcomes | NSCH |
| | Adverse Childhood Experiences impact in Alaska | BRFSS |
| * | % of adults (aged 18+) who meet criteria for healthy weight (body mass index 18$^{th}$≥ and ≤25$^{th}$ percentile | BRFSS |
| | % of Southern Kenai Peninsula students who meet criteria overweight or obesity | YRBS, KPBSD |
| | % of children and youth (ages 10-17) with a body mass index less than 5% or 85% and higher by ACE score | NSCH |
| | % of adolescents who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months | YRBS |
| | % of women delivering live births who have not received prenatal care beginning in first trimester of pregnancy | ABVS |
| | Live births for which prenatal care began after 1$^{st}$ trimester, Southern Kenai Peninsula 2007-2011 | ABVS |
| | Low birth weight and preterm births within Southern Kenai Peninsula delivery area | ABVS |
| **ROLE MODELS:** *adults who role model healthy relationships and behavior, caregivers with protective factors* | | |
| | # of Youth Served (Big / Little matches) | BBBS |
| **STABILITY:** *stable living environment, adequate income and housing, postsecondary education of parents* | | |
| | Children eligible for free/reduced price lunch | ACS |
| | % of children who are under 300% of the poverty line and received free or reduced lunch in the previous 12 mos by ACE score | NSCH |
| | Food insecurity rate | ACS |
| | % of children and youth under 300% of the poverty line who received food stamps or SNAP in the previous 12 mos by ACE score | NSCH |
| | Poverty – children below 200% Federal Poverty Level | ACS |
| | Population in poverty by gender | ACS |
| | Population in poverty race alone, % | ACS |
| * | Housing cost burden (30%) | ACS |
| | Cost burdened households by tenure, % | ACS |
| | Income – Families earning over $75,000 | ACS |
| | Families with income over $75,000 by race alone, % | ACS |
| | Median family income | ACS |
| | Per capita income by race alone | ACS |
| | Income – Public assistance income | ACS |
| | Insurance – Population receiving Medicaid | ACS |

| | | |
|---|---|---|
| | Population receiving Medicaid by age group, % | ACS |
| | Insurance – Uninsured adults | ACS |
| | Insurance – Uninsured children | ACS |
| | Uninsured population by age group, % | ACS |
| | Uninsured population by race alone, % | ACS |
| | Population with associate's level degree or higher | ACS |
| * | % of SKP 18-24 year olds with high school diploma (or equivalency) or higher | ACS |
| | Population with no high school diploma | ACS |
| | Population with no high school diploma by gender | ACS |
| | Population with no high school diploma by race alone, % | ACS |
| | % of Kenai Peninsula Borough & AK children (birth to age 17) living in single parent homes | ACS |
| | % of children (birth to 17) living in home with more than 1 adult by ACE score | NSCH |

**FAMILY COHESION INDICATORS** (*positive family environment with low discord, parental support and belief in the child*)

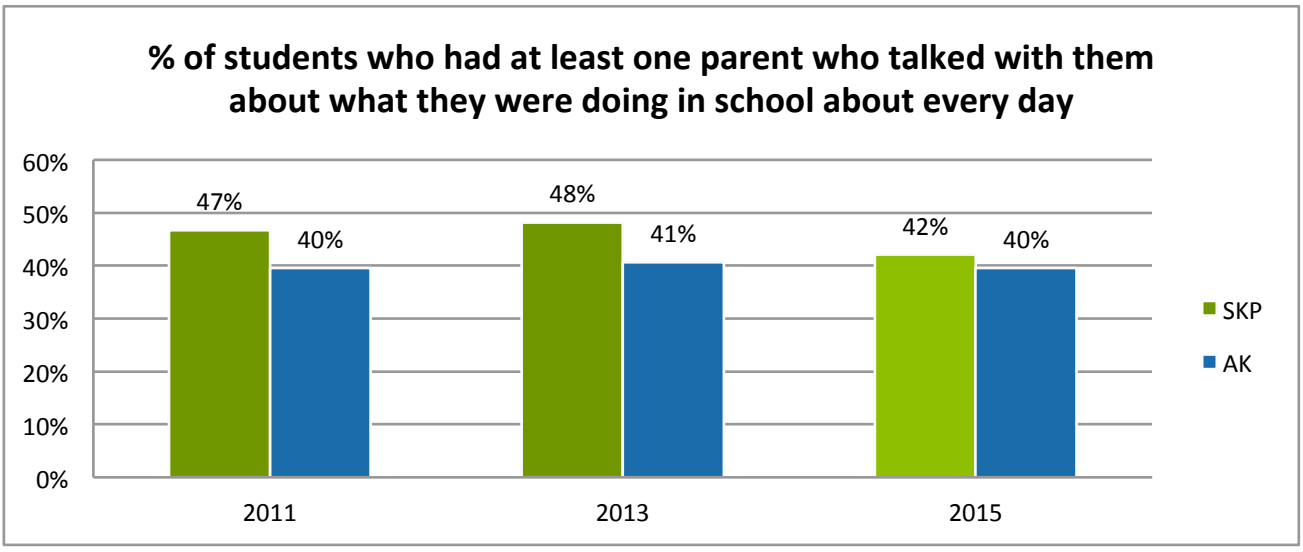
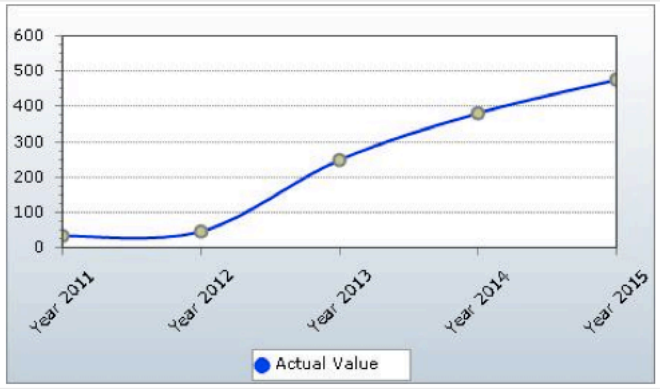



*Figure 51. % of students who had at least one parent who talked with them about school every day (YRBS)*

**Sprout Family Services: % of SKP 0-5 year old children participating in developmental screening**

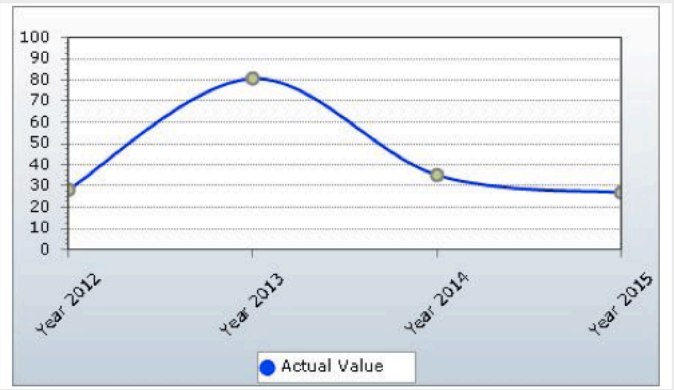
| Time Period | Actual Value |
|---|---|
| Year 2015 | 37% |
| Year 2013 | 40% |

**Sprout Family Services: Number of SKP children enrolled in Imagination Library (Figure 52)**




| Time Period | Actual Value |
|---|---|
| Year 2015 | 477 |
| Year 2014 | 380 |
| Year 2013 | 247 |
| Year 2012 | 46 |
| Year 2011 | 33 |

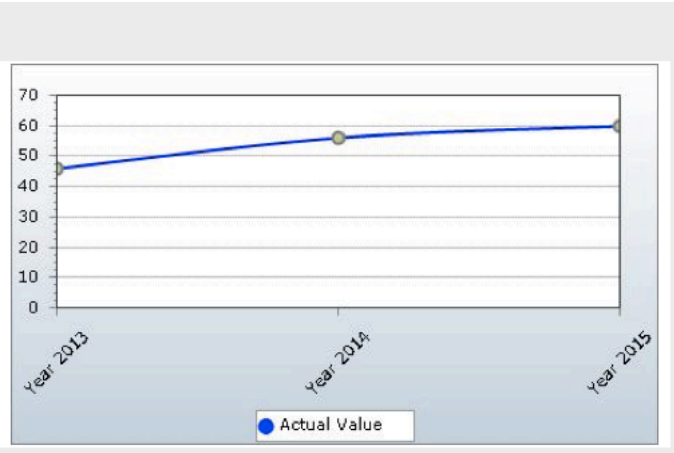
**Sprout Family Services: Number of SKP children enrolled in Parents as Teachers (Figure 53)**




| Time Period | Actual Value |
|---|---|
| Year 2015 | 27 |
| Year 2014 | 35 |
| Year 2013 | 81 |
| Year 2012 | 28 |

Parents as Teacher home visiting program decrease in enrollment due to decreased programmatic funding

**Sprout Family Services: Number of SKP children enrolled in Infant Learning Program (Figure 54)**




| Time Period | Actual Value |
|---|---|
| Year 2015 | 60 |
| Year 2014 | 56 |
| Year 2013 | 46 |

**Sprout Family Services: % of children who are below the cutoff for social emotional development (% that do not qualify for referral) (Figure 55)**

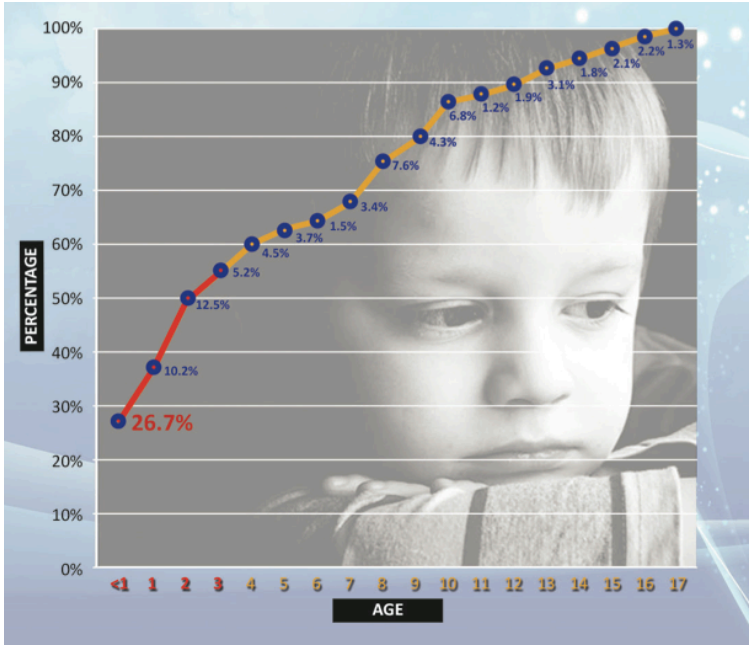
| Time Period | Actual Value |
|---|---|
| Year 2016 | 88% |
| Year 2015 | 89% |

**ACE question responses compared between the US and Alaska (National Survey of Children's Health 2011/2012 – Child and Adolescent Health Measurement Initiative) (Figure 56)**

| Ace Question | U.S. | Alaska | Statistically Significant |
|---|---|---|---|
| Family's income hard to cover the basics like food or housing? Very often or Somewhat often. | 25.7% | 25.0% | No |
| Did child ever live with a parent or guardian who got divorced or separated after he or she was born? | 20.1% | 23.8% | Yes |
| Did the child ever live with a parent or guardian who died? | 3.1% | 3.1% | No |
| Did ever live with a parent or guardian who served time in jail or prison after he/she was born? | 6.9% | 9.6% | Yes |
| Did the child ever see or hear any parents, guardians, or any other adults in his/her home slap, hit, kick, punch, or beat each other up? | 7.3% | 8.6% | No |
| Was the child ever the victim of violence or witness any violence in his/her neighborhood? | 8.6% | 10.5% | No |
| Did the child ever live with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks? | 8.6% | 11.0% | No |
| Did the child ever live with anyone who had a problem with alcohol or drugs? | 10.7% | 14.5% | Yes |
| Was the child ever treated or judged unfairly because of his/her race or ethnic group? | 4.1% | 4.9% | No |

**The Percentage of the Full Dosage of ACEs accumulated in the 50 states child and youth populations by age group (National Survey of Children's Health 2011/2012) (Figure 57)**

Young Alaskans have acquired HALF of their accumulated ACEs by the age of 3.




**Source:** 2011-2012 National Survey of Children's Health (2012), U.S. Department of Health and Human Services, Health Resources and Services Administration. Graphics and analysis done by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff

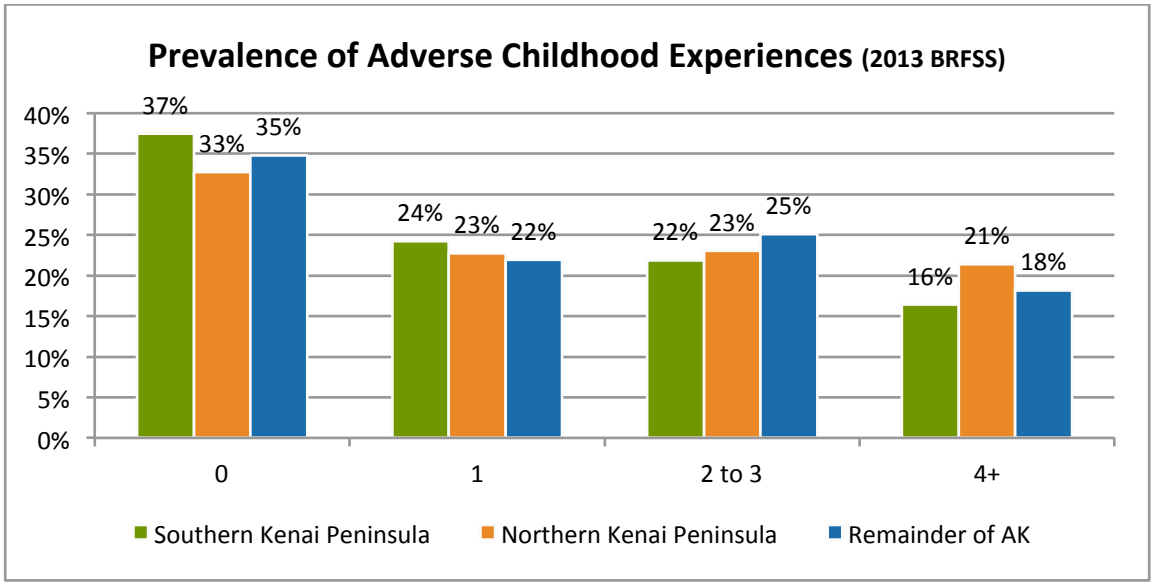



*Figure 58. Prevalence of ACEs in Adults age 18 and older (2013 BRFSS)*

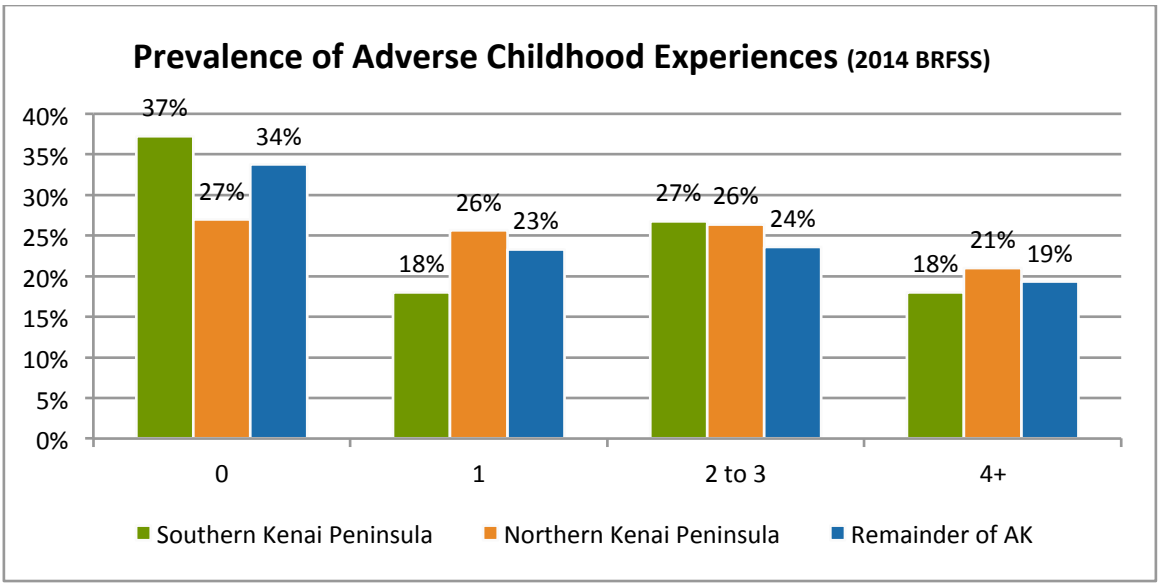



*Figure 59. Prevalence of ACEs in Adults age 18 and older (2014 BRFSS)*

| Region | 0 ACEs | | 1 ACE | | 2-3 ACEs | | 4+ ACEs | |
|---|---|---|---|---|---|---|---|---|
| | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 | 2013 | 2014 |
| Southern Kenai Peninsula | 37% | 37% | 24% | 18% | 22% | 27% | 16% | 18% |
| Northern Kenai Peninsula | 33% | 27% | 23% | 26% | 23% | 26% | 21% | 21% |
| Remainder of AK | 35% | 34% | 22% | 23% | 25% | 24% | 18% | 19% |

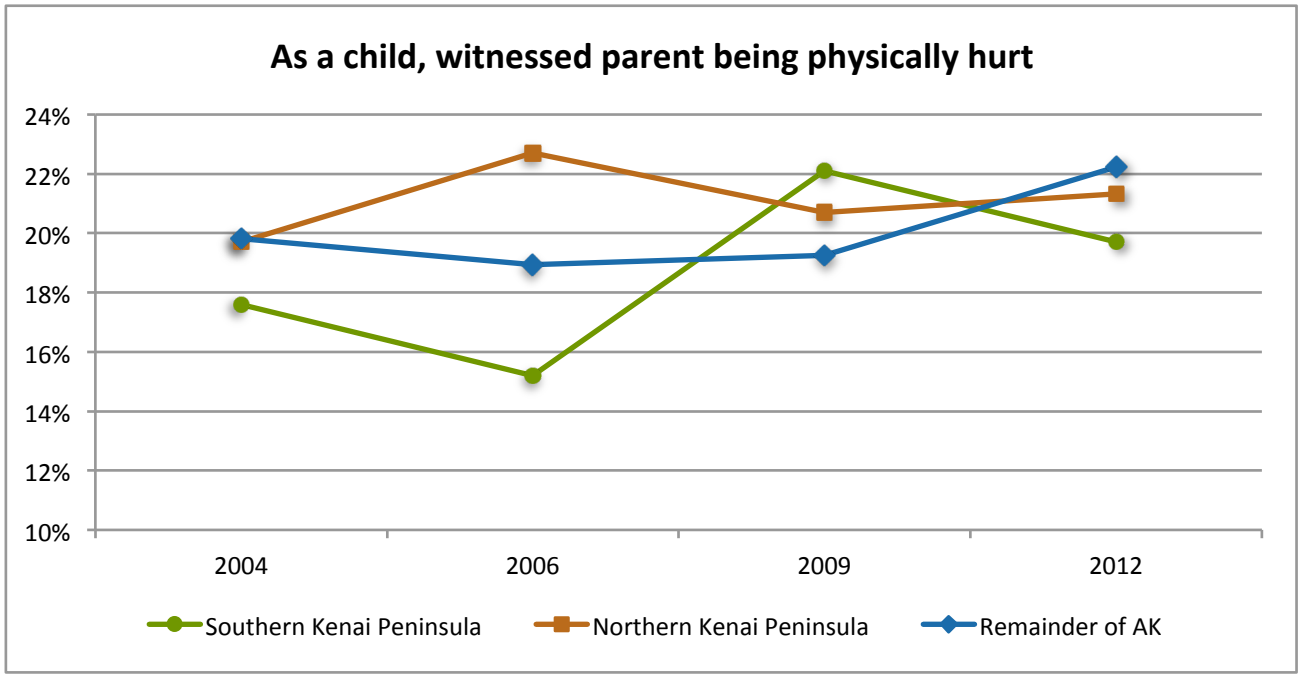



*Figure 60. % of Southern Kenai Peninsula, Northern Kenai Peninsula, and Remainder of Alaska respondents who report as a child having witnessed their parent or guardian being physically hurt (BRFSS).*

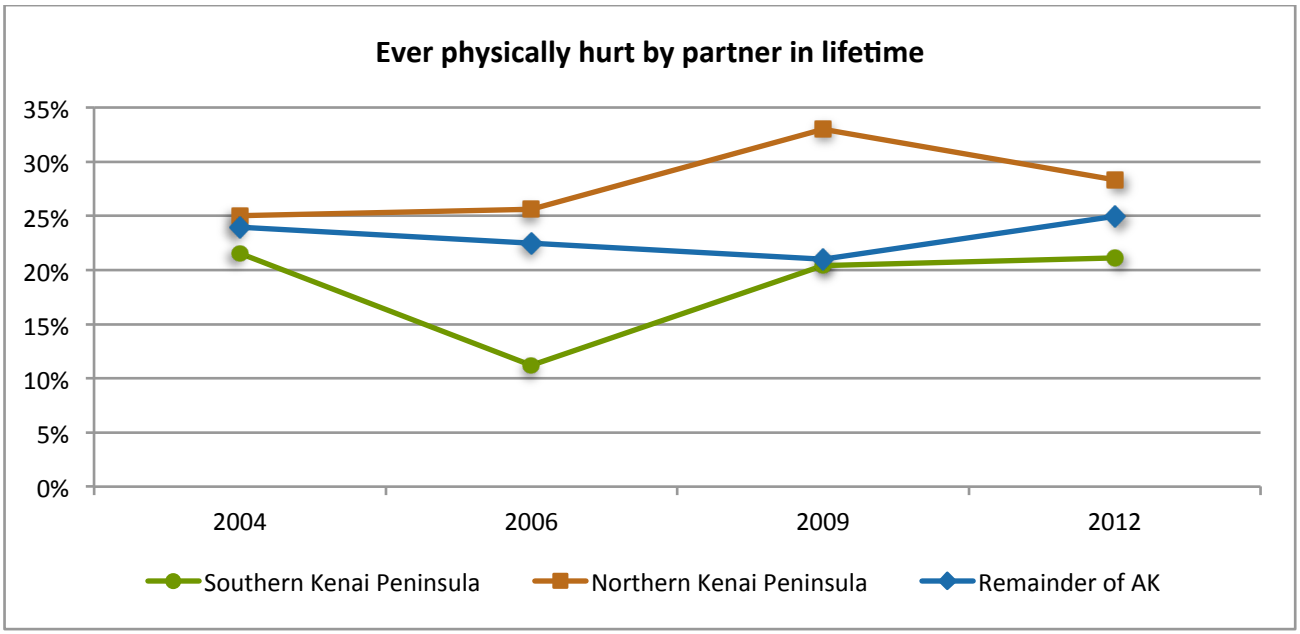



*Figure 61. % of Southern Kenai Peninsula, Northern Kenai Peninsula, and Remainder of Alaska respondents who report being physically hurt by their partner in their lifetime (BRFSS).*

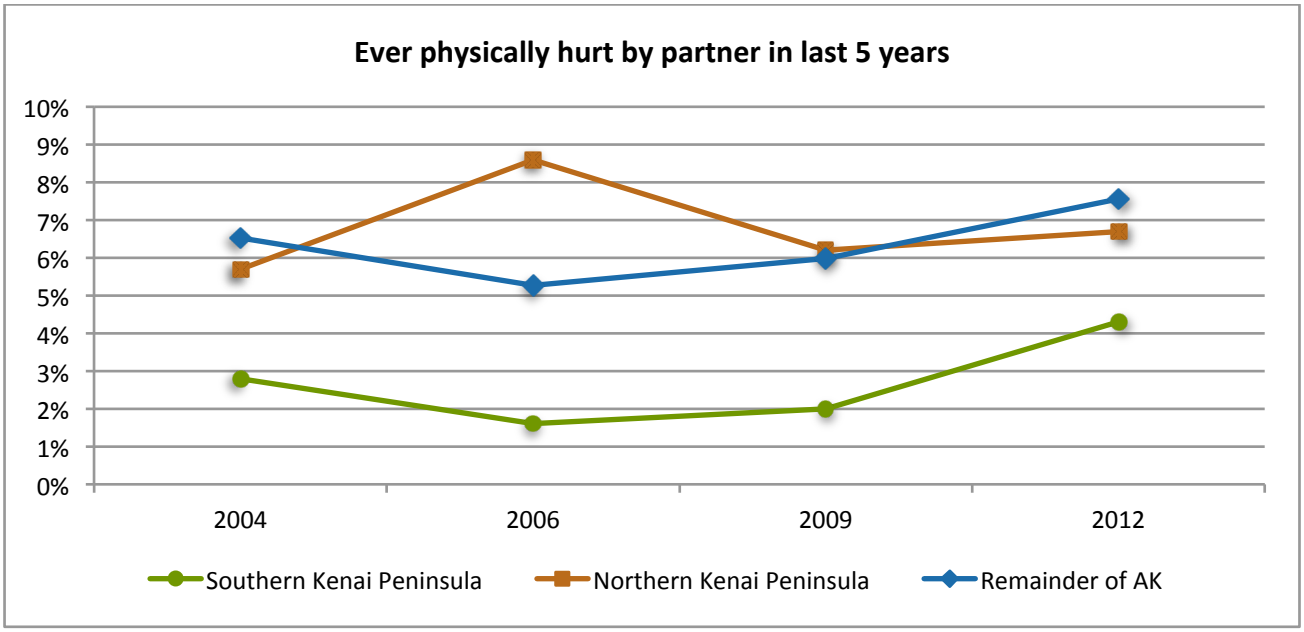



*Figure 62. % of Southern Kenai Peninsula, Northern Kenai Peninsula, and Remainder of Alaska respondents who report being physically hurt by their partner in the last five years (BRFSS).*

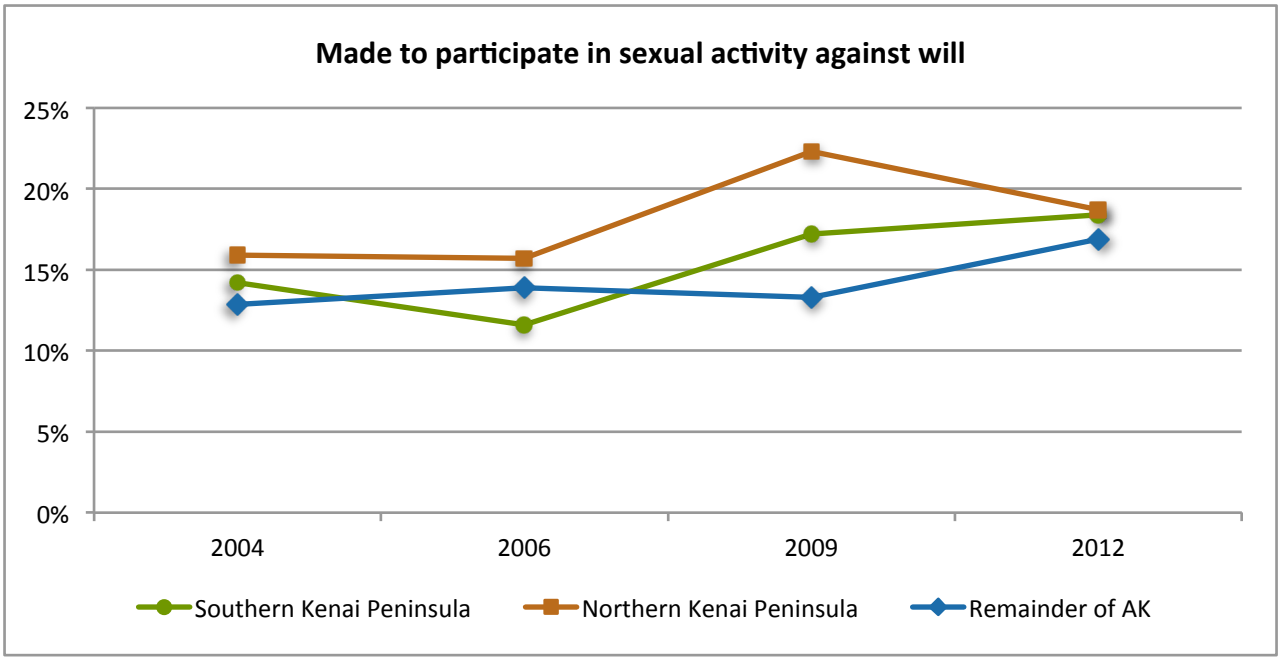



*Figure 63. Percentage of Southern Kenai Peninsula, Northern Kenai Peninsula, and Remainder of Alaska respondents who report being made to participate in a sexual activity when they did not want to (BRFSS).*

*Figure 64. Summary results for the Kenai Peninsula from the 2013 Alaska Victimization Survey*

**Intimate Partner Violence and Sexual Violence in the Kenai Peninsula Borough**

**Key Results from the 2013 Alaska Victimization Survey**

CDVSA Council on Domestic Violence & Sexual Assault — Safety ★ Prevention ★ Accountability

***Out of every 100 adult women who reside in the Kenai Peninsula Borough:***

43 experienced intimate partner violence (IPV):

30 experienced sexual violence:

52 experienced intimate partner violence, sexual violence, or both:

These lifetime estimates come from a 2013 survey of adult women in the Kenai Peninsula Borough.
*Source:* UAA Justice Center, Alaska Victimization Survey, http://justice.uaa.alaska.edu/avs.

**Purpose of the Survey**

Every human being has the right to be safe and free from violence in their own homes, in their relationships, and in their community. Intimate partner violence and sexual violence are endemic problems. Up until now, regional data were not available to guide planning and policy development or to evaluate the impact of prevention and intervention services. This study provides the first definitive measures of intimate partner violence and sexual violence for the Kenai Peninsula Borough. The survey was designed to establish a baseline for the Kenai Peninsula Borough. Results can be used to support prevention and intervention efforts that reduce violence against women.

**Methodology**

A total of 987 adult women in the Kenai Peninsula Borough participated in the survey. Respondents were randomly selected by phone (using both land lines and cell phones) from April to July 2013. Respondents were asked behaviorally specific questions about intimate partner violence (both threats and physical violence). Intimate partners included romantic and sexual partners. Respondents were also asked about sexual violence (both alcohol or drug involved sexual assault and forcible sexual assault). These questions were not limited to intimate partners. Procedures were designed to maximize the safety and confidentiality of all respondents. The survey was approved by multiple institutional review boards and was supported by the LeeShore Center.

**Acknowledgments**

We sincerely thank the 987 adult women in the Kenai Peninsula Borough who invested time and effort to participate in the Alaska victimization survey. They re-lived horrendous experiences, experiences that no one should be subjected to, to help the rest of us understand the extent of intimate partner and sexual violence in the Kenai Peninsula Borough. We also thank the LeeShore Center. Funding for this project was provided by the Alaska Council on Domestic Violence and Sexual Assault. The survey was administered by RTI International. Data were analyzed by the UAA Justice Center.

## Figure 65. Summary results for the Kenai Peninsula from the Alaska Victimization Survey

**Intimate Partner Violence and Sexual Violence in the Kenai Peninsula Borough:**
**Key Results from the 2013 Alaska Victimization Survey**

### Key Estimates

The following table shows the percentage and number of adult women in the Kenai Peninsula Borough who experienced each form of violence. All estimates were weighted to control for selection, non-response, and coverage. Estimates show that 52.0% of adult women in the Kenai Peninsula Borough (or 10,353) experienced sexual violence, intimate partner violence, or both, in their lifetime; and 5.5% (or 1,095) experienced these forms of violence in the past year.

| Measures of Violence | Lifetime | | Past Year | |
|---|---|---|---|---|
| | % | N | % | N |
| **Intimate partner violence (composite)** | 43.0% | 8,561 | 4.0% | 796 |
| Threats of physical violence | 26.3% | 5,236 | 1.5% | 299 |
| Physical violence | 41.6% | 8,283 | 3.5% | 697 |
| **Sexual violence (composite)** | 30.1% | 5,993 | 2.2% | 438 |
| Alcohol or drug involved sexual assault | 18.8% | 3,743 | 1.4% | 279 |
| Forcible sexual assault | 22.8% | 4,539 | 1.4% | 279 |
| **Any Violence (composite)** | **52.0%** | **10,353** | **5.5%** | **1,095** |

### *Intimate Partner Violence Estimates:*

The intimate partner violence composite includes both threats of physical violence and physical violence.

- 43.0% of adult women (or 8,561) experienced intimate partner violence in their lifetime, with:
  - 26.3% (or 5,236) experiencing threats of physical violence, and
  - 41.6% (or 8,283) experiencing physical violence.
- 4.0% of adult women (or 796) experienced intimate partner violence in the past year, with:
  - 1.5% (or 299) experiencing threats of physical violence, and
  - 3.5% (or 697) experiencing physical violence.

### *Sexual Violence Estimates:*

The sexual violence composite includes both alcohol or drug involved sexual assault and forcible sexual assault.

- 30.1% of adult women (or 5,993) experienced sexual violence in their lifetime, with:
  - 18.8% (or 3,743) experiencing at least one alcohol or drug involved sexual assault, and
  - 22.8% (or 4,539) experiencing at least one forcible sexual assault.
- 2.2% of adult women (or 438) experienced sexual violence in the past year, with:
  - 1.4% (or 279) experiencing at least one alcohol or drug involved sexual assault, and
  - 1.4% (or 279) experiencing at least one forcible sexual assault.

### Important Limitations

The survey excluded non-English speaking women, women without phone access, and women not living in a residence. Estimates may be higher among women excluded from the survey. Estimates may also be conservative because of the continuing stigma of reporting victimization. This survey measured the number of *victims*, not the number of *victimizations*. In addition, not all forms of intimate partner violence or sexual violence were measured. All of these limitations may vary across regions. As a result, the validity of regional comparisons remains unknown.

For additional information on the Alaska Victimization Survey, please visit http://justice.uaa.alaska.edu/avs, or contact André Rosay with the UAA Justice Center (907-786-1821) or Lauree Morton with the Council on Domestic Violence and Sexual Assault (907-465-5503). The LeeShore Center promotes healthy families and a violence free community while providing a safe haven for women and children who are victims of domestic violence/sexual assault. Their 24-hour crisis line is 907-283-7257.

**South Peninsula Haven House: Services Provided (Figure 66)**

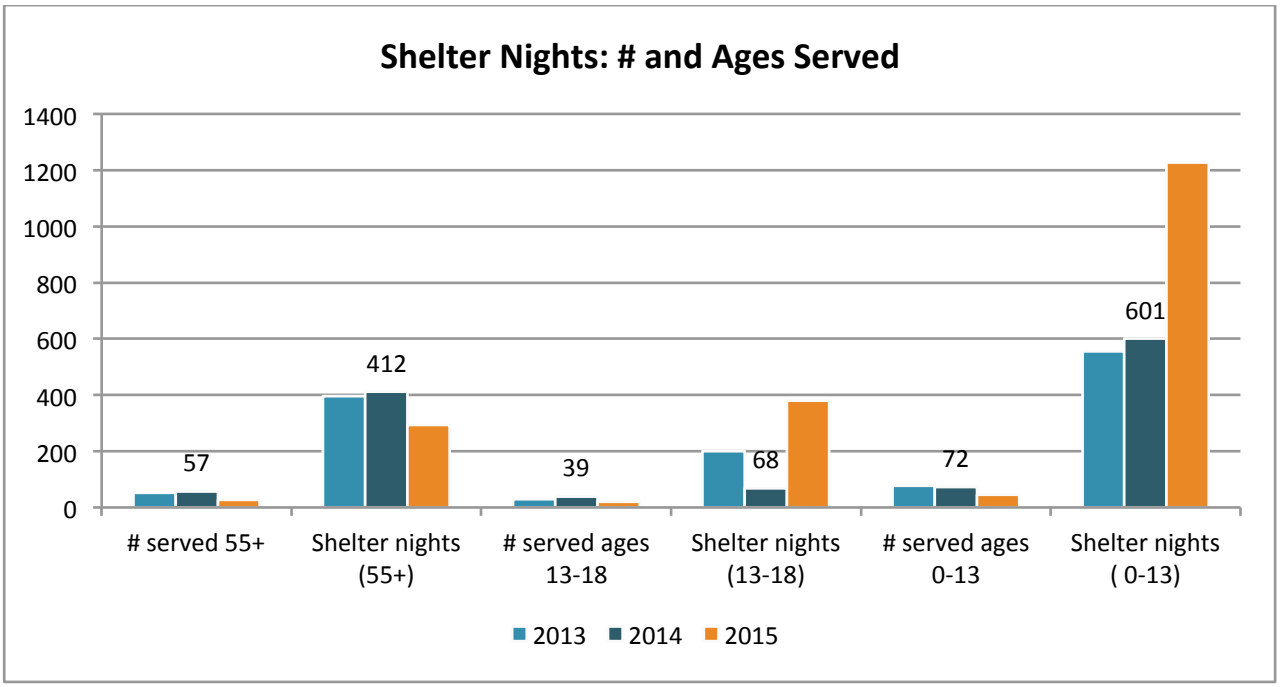



*Table 13. South Peninsula Haven House Services Provided*

| | 2013 | 2014 | 2015 |
|---|---|---|---|
| Crisis Line Calls | 553 | 263 | 349 |
| Sexual Abuse Response Team Hospital Visits | 88 | 76 | 16 |
| Staff activity w child | 639 | 662 | 835 |
| # Served ages 55+ | 51 | 57 | 27 |
| Shelter nights ages 55+ | 396 | 412 | 294 |
| # Served ages 13-18 | 30 | 39 | 20 |
| Shelter nights ages 13-18 | 201 | 68 | 381 |
| # Served ages 0-13 | 76 | 72 | 45 |
| Shelter nights ages 0-13 | 555 | 601 | 1227 |
| Total # Shelter Nights | 3315 | 4189 | 4061 |

Shown in graph above

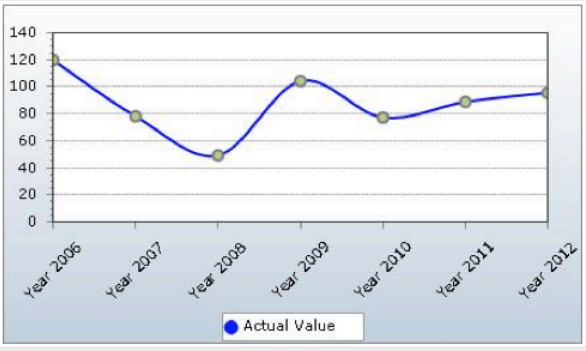
**Homer Police Department: # of reported child abuse and neglect offenses (Figure 67)**


| Time Period | Actual Value |
|---|---|
| Year 2015 | 4 |
| Year 2014 | 14 |
| Year 2013 | 19 |
| Year 2012 | 16 |
| Year 2011 | 19 |
| Year 2010 | 12 |
| Year 2009 | 12 |

**Homer Police Department: # of sexual abuse & assault of a minor offenses (Figure 68)**


| Time Period | Actual Value |
|---|---|
| Year 2015 | 13 |
| Year 2014 | 15 |
| Year 2013 | 15 |
| Year 2012 | 9 |
| Year 2011 | 17 |
| Year 2010 | 9 |
| Year 2009 | 15 |

**Office of Children's Services: # of Homer child protective services reports (Figure 69)**




| Time Period | Actual Value |
|---|---|
| Year 2012 | 96 |
| Year 2011 | 89 |
| Year 2010 | 77 |
| Year 2009 | 104 |
| Year 2008 | 49 |
| Year 2007 | 78 |
| Year 2006 | 120 |

## NETWORKS & SOCIAL SUPPORT INDICATORS

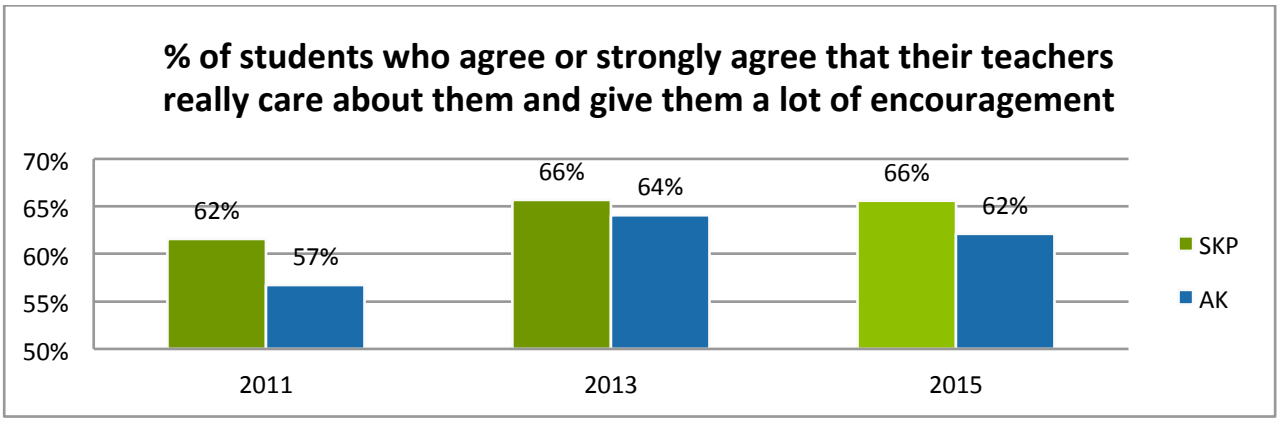



*Figure 70. % of students who feel their teachers really care about them (YRBS)*

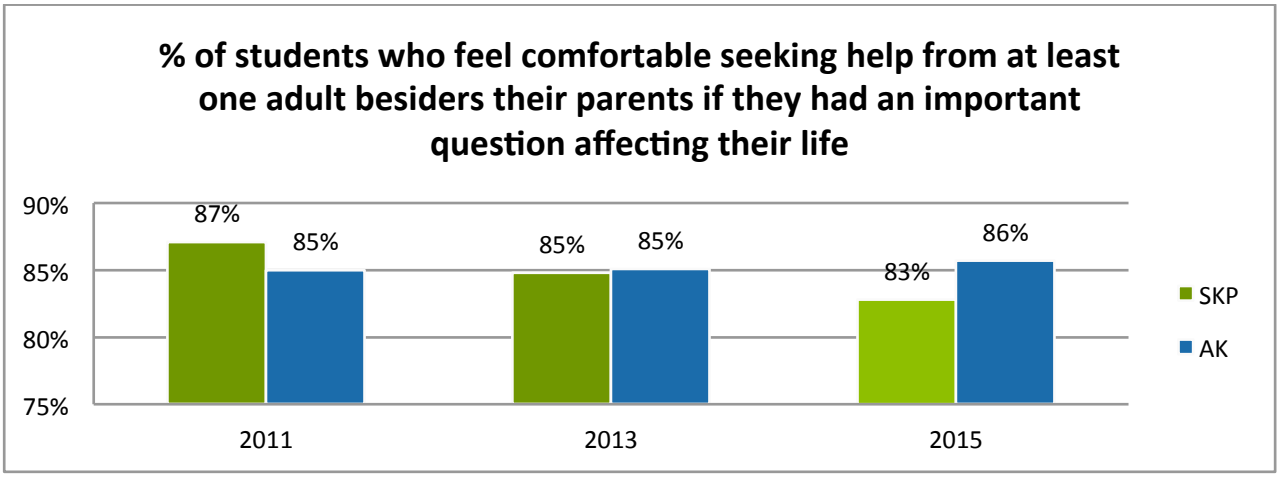



*Figure 71. % of students who feel comfortable seeking help from at least 1 adult besides their parent (YRBS)*

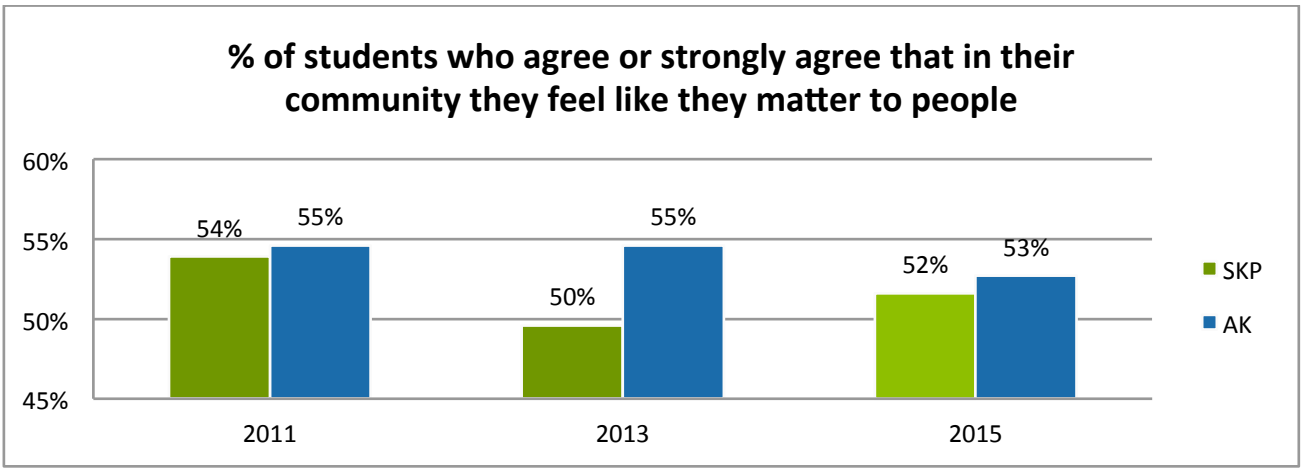



*Figure 72. % of students who feel that in their community they matter to people (YRBS)*

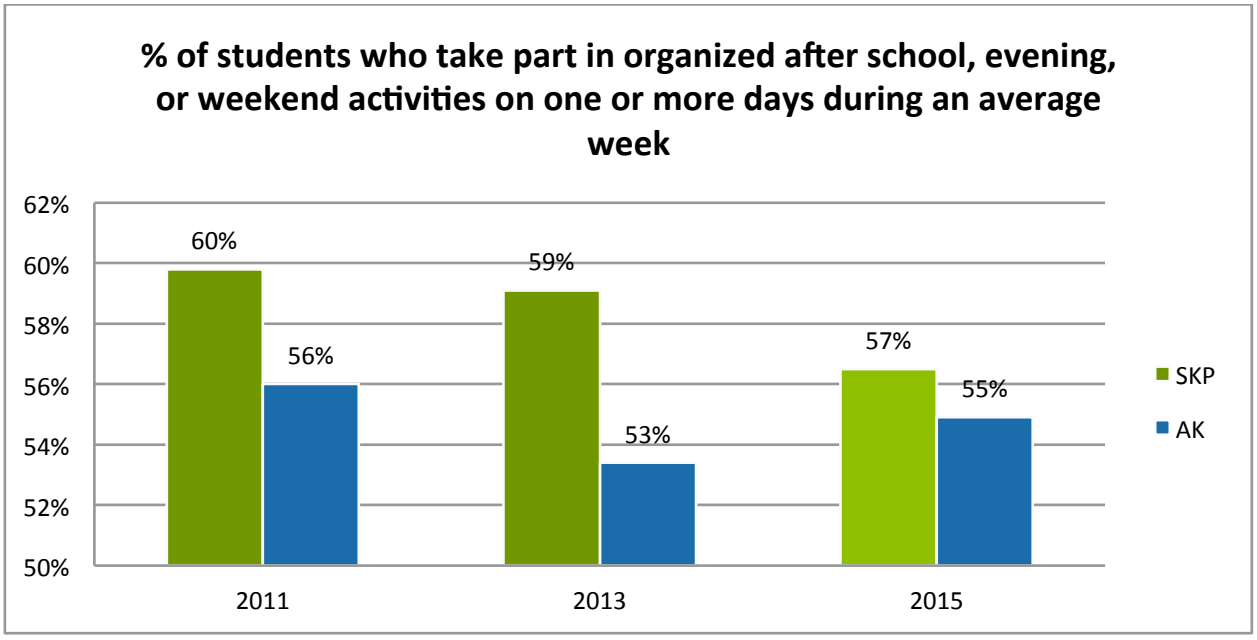



*Figure 73. % of students who take part in organized out-of-school activities at least 1x/wk (YRBS)*

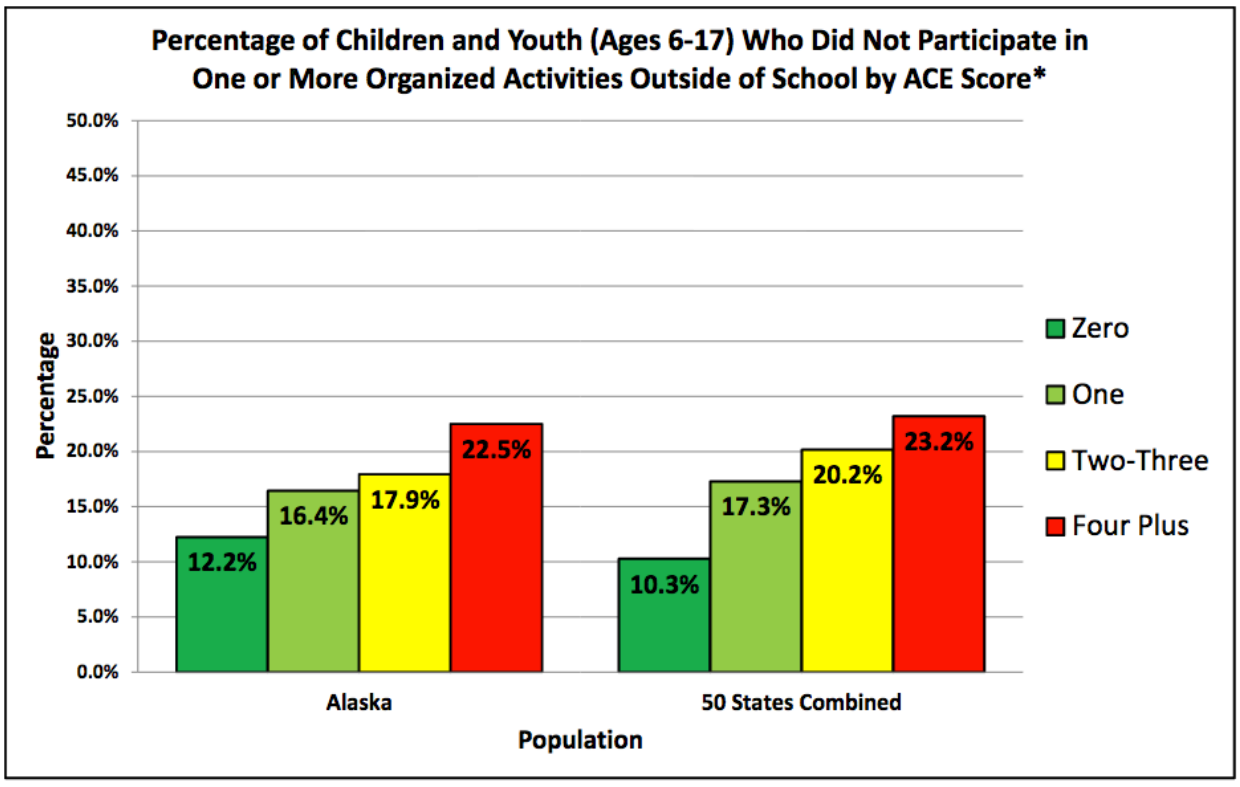



*Figure 74. Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

## PHYSICAL AND MENTAL HEALTH INDICATORS

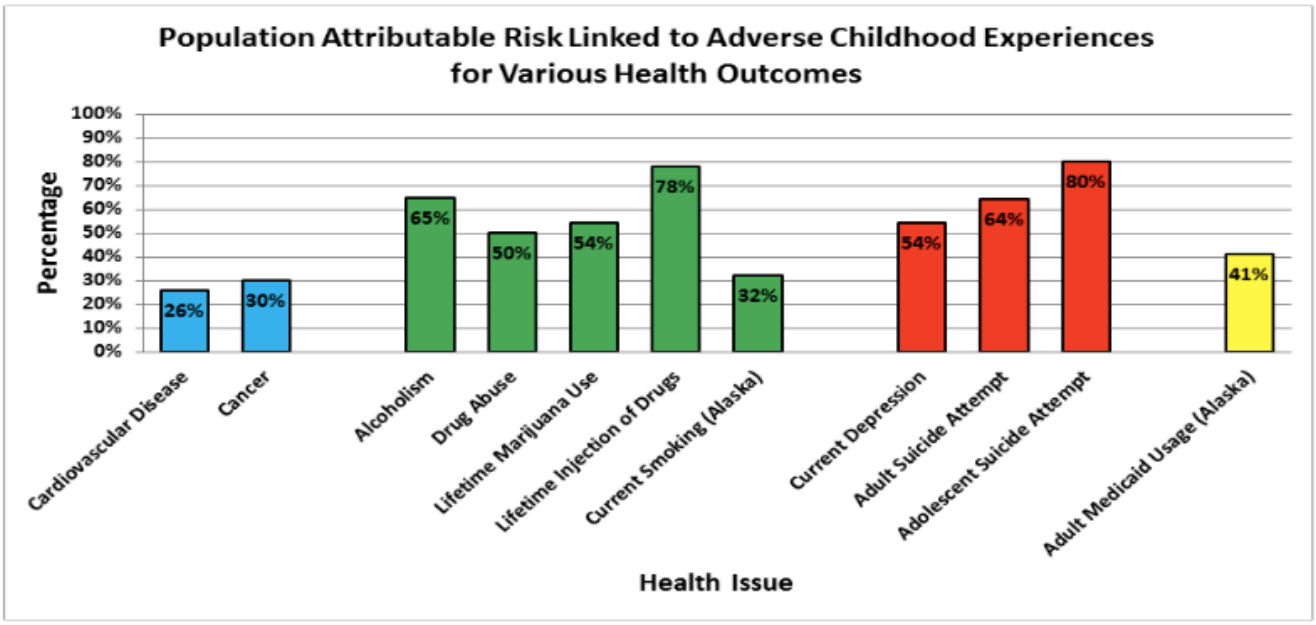



*Figure 75. Population attributable risk linked to ACEs (Investing in Prevention: Working Together in Early Childhood for Healthy Alaskan Children, Families, and Communities, 2015. Analysis of multiple ACEs studies conducted by Patrick Sidmore, Alaska Mental Health Board)*

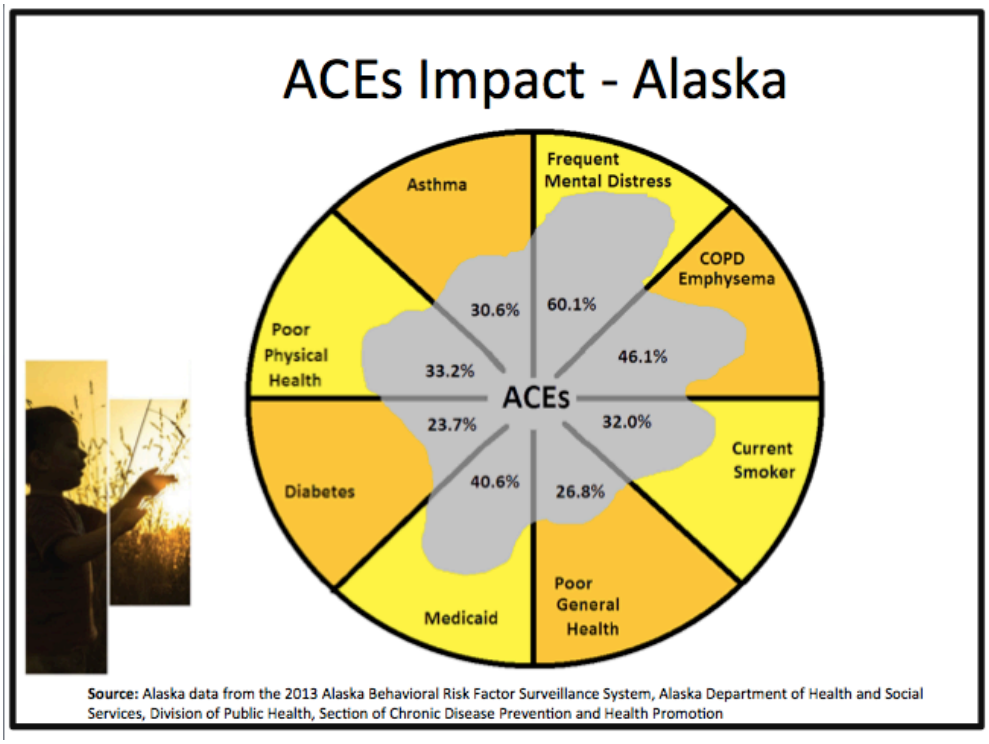
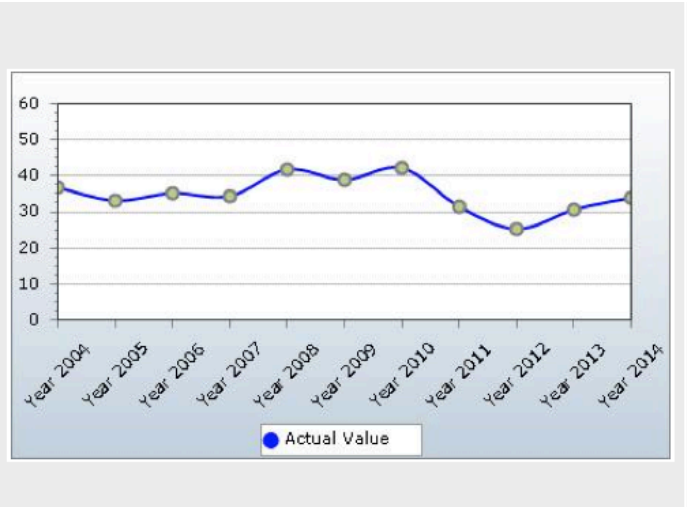



*Figure 76. ACEs Impact in Alaska (2013 BRFSS)*

**% of SKP adults (aged 18+) who meet criteria for healthy weight (body mass index 18th≥ and ≤25th percentile, BRFSS (Figure 77)**




| Time Period | Actual Value |
|---|---|
| Year 2014 | 33.8% |
| Year 2013 | 30.7% |
| Year 2012 | 25.3% |
| Year 2011 | 31.6% |
| Year 2010 | 42.0% |
| Year 2009 | 39.0% |
| Year 2008 | 41.7% |
| Year 2007 | 34.3% |
| Year 2006 | 35.3% |

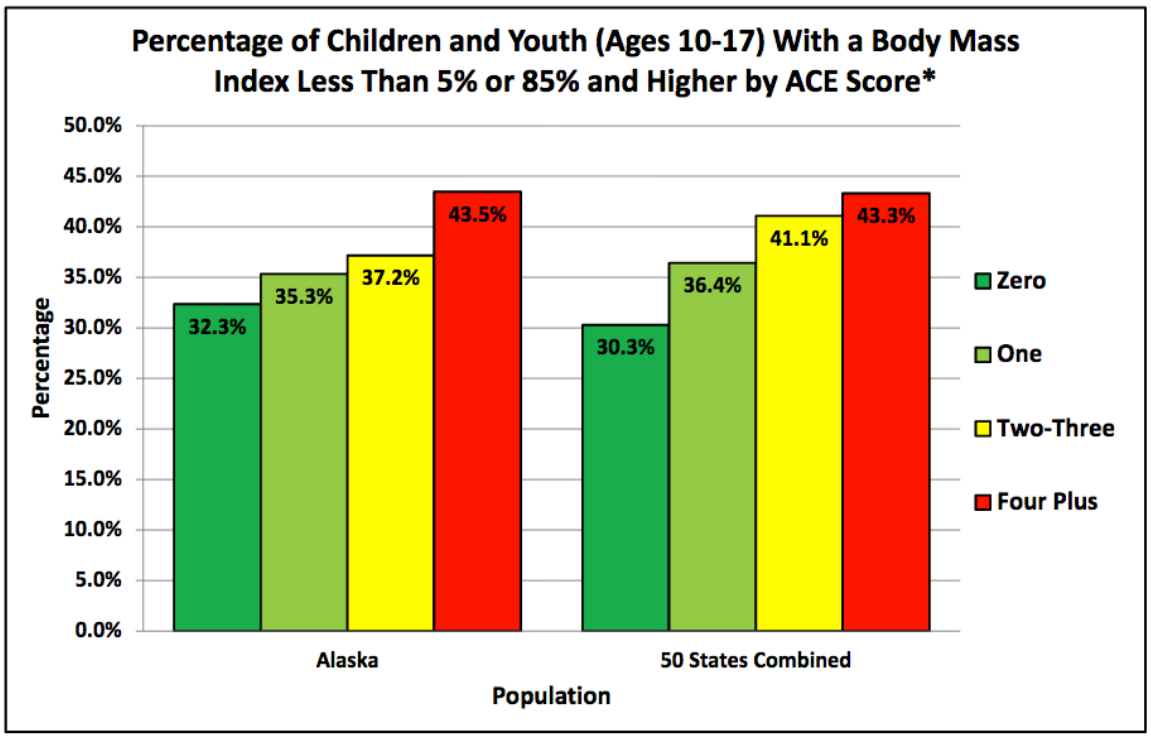



*Figure 78. Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

**Live Births For Which Prenatal Care Began After First Trimester, Southern Kenai Peninsula 2007-2014, ABVS (*Table 14*)**

| Year of birth | Total Births | No Prenatal Care - 1st Trimester | No PNC - % |
|---|---|---|---|
| 2007 | 158 | 26 | 16.46 |
| 2008 | 164 | 27 | 16.46 |
| 2009 | 140 | 22 | 15.71 |
| 2010 | 161 | 32 | 19.88 |
| 2011 | 147 | 32 | 21.77 |
| 2012 | 173 | 35 | 20.23 |
| 2013 | 154 | 33 | 21.43 |
| 2014 | 183 | 41 | 22.4 |

**Low Birth Weight and Preterm Births, Southern Kenai Peninsula, ABVS (*Table 15*)**

| | Total Births | Low Birth Weight Births | Low Birth Weight - % | Preterm Births | Preterm - % |
|---|---|---|---|---|---|
| 2003-2005 | 461 | 26 | 5.64 | 55 | 11.93 |
| 2004-2006 | 461 | 23 | 4.99 | 54 | 11.71 |
| 2005-2007 | 472 | 20 | 4.24 | 51 | 10.81 |
| 2006-2008 | 480 | 15 | 3.13 | 43 | 8.96 |
| 2007-2009 | 462 | 16 | 3.46 | 34 | 7.36 |
| 2008-2010 | 465 | 24 | 5.16 | 37 | 7.96 |
| 2009-2011 | 448 | 29 | 6.47 | 42 | 9.38 |
| 2010-2012 | 481 | 26 | 5.41 | 42 | 8.73 |
| 2011-2013 | 474 | 16 | 3.38 | 36 | 7.59 |
| 2012-2014 | 510 | 9 | 1.76 | 30 | 5.88 |

**ROLE MODEL INDICATORS**

**# of Youth Served (# of Big / Little Matches) (Big Brothers Big Sisters) (Figure 79)**

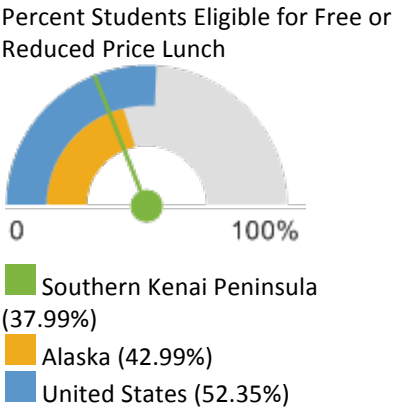

| Time Period | Target Value | Actual Value |
|---|---|---|
| Year 2016 | 0 | 33 |
| Year 2015 | 0 | 45 |
| Year 2014 | 0 | 62 |
| Year 2013 | 0 | 68 |
| Year 2012 | 0 | 64 |

**STABILITY INDICATORS**

## Children Eligible for Free/Reduced Price Lunch

Within the report area 769 public school students or 37.99% are eligible for Free/Reduced Price lunch out of 2,024 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

| Report Area | Total Students | Number Free/Reduced Price Lunch Eligible | % Free/Reduced Price Lunch Eligible |
|---|---|---|---|
| SKP | 2,024 | 769 | 37.99% |
| KPB | 8,960 | 2,921 | 32.6% |
| AK | 130,942 | 56,053 | 42.99% |
| US | 50,195,195 | 26,012,902 | 52.35% |




*Data Source: (Above) National Center for Education Statistics, NCES - Common Core of Data. 2013-14. Source geography: Address.*

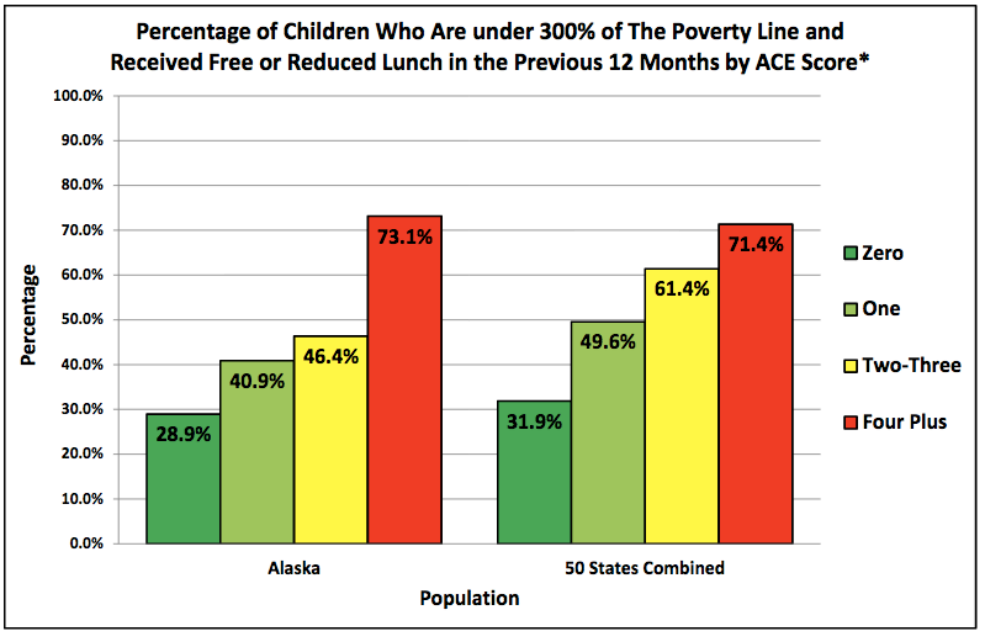


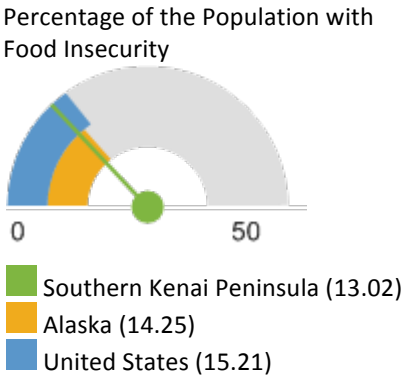

*Figure 80. Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

## Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

| Report Area | Total Population | Food Insecure Population, Total | Food Insecurity Rate |
|---|---|---|---|
| SKP | 14,090 | 1,834 | 13.02% |
| KPB | 56,163 | 7,310 | 13.02% |
| AK | 735,132 | 104,750 | 14.25% |
| US | 320,750,757 | 48,770,990 | 15.21% |

*Data Source: (Above) Feeding America. 2013. Source geography: County.*



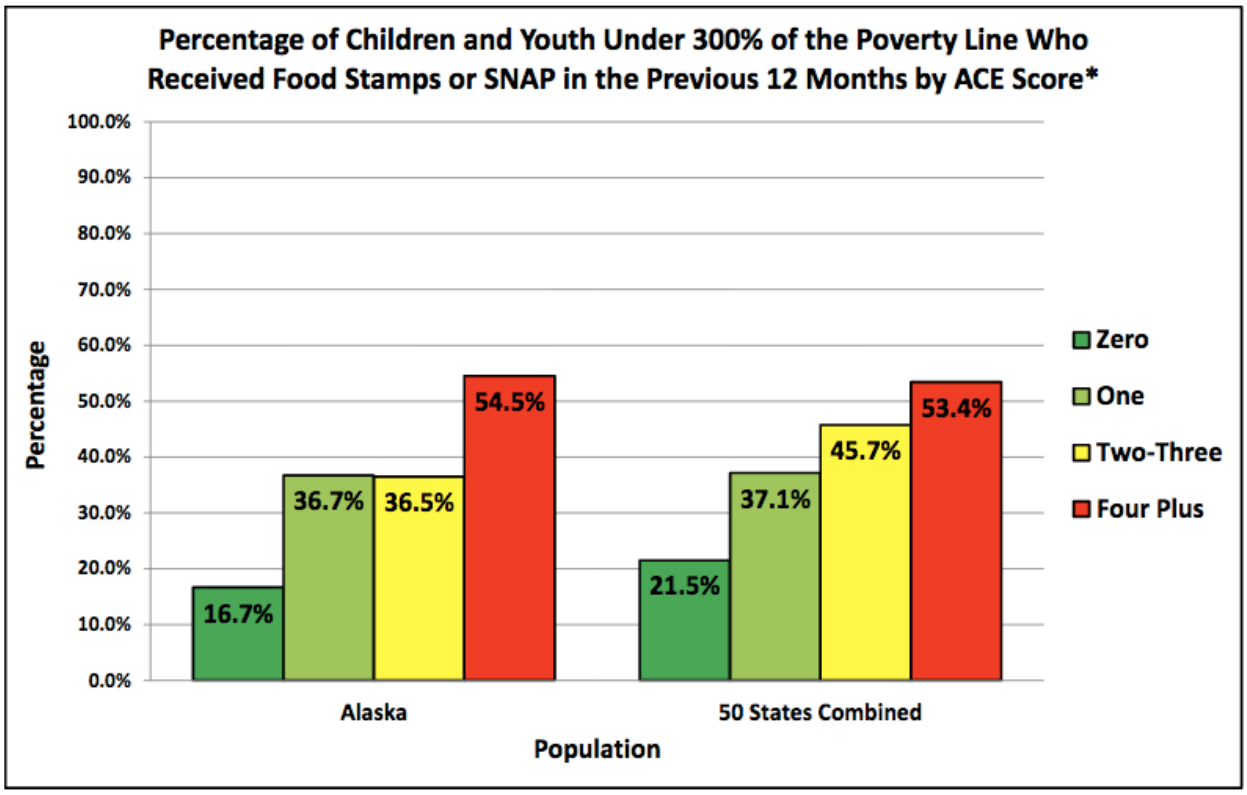



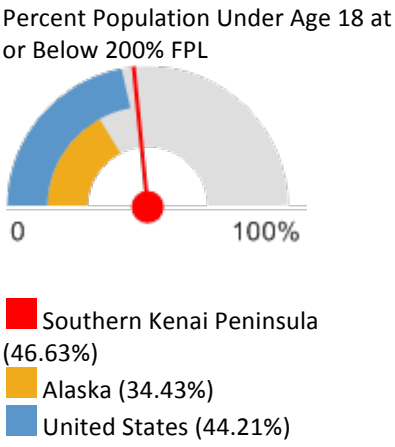

*Figure 81. Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

## Poverty - Children Below 200% FPL

In the report area 46.63% or 1,468 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

| Report Area | Total Population Under Age 18 | Population Under Age 18 at or Below 200% FPL | Percent Population Under Age 18 at or Below 200% FPL |
|---|---|---|---|
| SKP | 3,148 | 1,468 | 46.63% |
| KPB | 13,065 | 4,310 | 32.99% |
| AK | 184,647 | 63,577 | 34.43% |
| US | 72,637,888 | 32,116,426 | 44.21% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*




### Population in Poverty by Gender

| Report Area | Total Male | Total Female | Percent Male | Percent Female |
|---|---|---|---|---|
| SKP | 989 | 951 | 14.23% | 13.89% |
| KPB | 2,438 | 2,700 | 8.55% | 10.08% |
| AK | 34,190 | 37,676 | 9.3% | 10.97% |
| US | 21,461,752 | 26,293,856 | 14.33% | 16.81% |

### Population in Poverty Race Alone, Percent

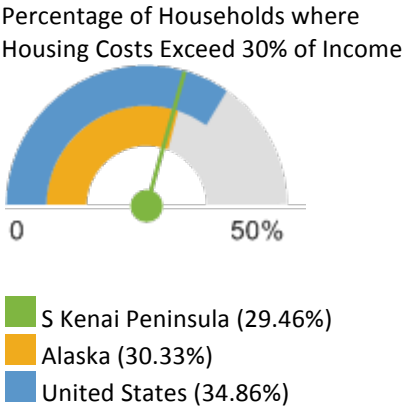
| Report Area | White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| SKP | 12.43% | 10.53% | 25.17% | 20.36% | 16.67% | 58.7% | 22.97% |
| KPB | 8.39% | 2.54% | 17.92% | 6.86% | 15.38% | 14.75% | 12.12% |
| AK | 6.69% | 14.68% | 22.57% | 11.72% | 15.89% | 11.87% | 12.64% |
| US | 12.76% | 27.33% | 28.79% | 12.7% | 20.73% | 27.09% | 20.33% |

**Housing Cost Burden (30%)**

This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

| Report Area | Total Households | Cost Burdened Households (Housing Costs Exceed 30% of Income) | % of Cost Burdened Households (Over 30% of Income) |
|---|---|---|---|
| SKP | 5,773 | 1,701 | 29.46% |
| KPB | 21,559 | 5,631 | 26.12% |
| AK | 251,678 | 76,339 | 30.33% |
| US | 116,211,096 | 40,509,856 | 34.86% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*




**Cost Burdened Households by Tenure, Percent**

This data shows the percentage of households by tenure that are cost burdened. The data for this indicator is only reported for households where tenure, household housing costs, and income earned was identified in the American Community Survey.

| Report Area | Rental Households | % of Rental Households that are Cost Burdened | Owner Occupied Households (With Mortgage) | % of Owner Occupied Households w/ Mortages that are Cost Burdened | Owner Occupied Households (No Mortgage) | % of Owner Occupied Households w/o Mortages that are Cost Burdened |
|---|---|---|---|---|---|---|
| KPB | 5,789 | 37.24% | 9,401 | 28.91% | 6,369 | 11.89% |
| AK | 92,263 | 41.67% | 105,273 | 29.41% | 54,142 | 12.8% |
| US | 41,423,632 | 48.31% | 49,043,776 | 34.03% | 25,743,686 | 14.8% |

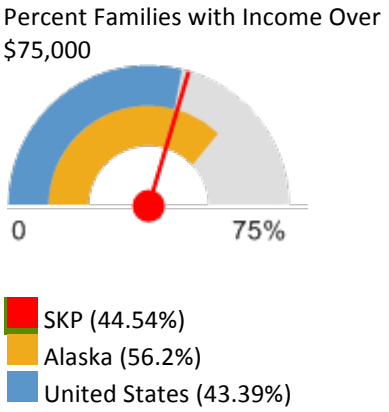
*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

## Income - Families Earning Over $75,000

In the report area, 44.54%, or 1,573 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

| Report Area | Total Families | Families with Income Over $75,000 | % Families with Income Over $75,000 |
|---|---|---|---|
| SKP | 3,532 | 1,573 | 44.54% |
| KPB | 14,112 | 7,342 | 52.03% |
| AK | 168,552 | 94,721 | 56.2% |
| US | 76,958,064 | 33,389,114 | 43.39% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*




### Families with Income Over $75,000 by Race Alone, Percent

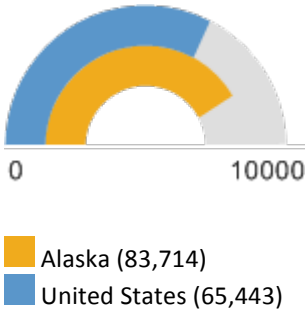
| Report Area | White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| SKP | 46.35% | 50% | 26.27% | 49.06% | no data | 0% | 30.11% |
| KPB | 52.95% | 69.74% | 45.01% | 48.95% | no data | 88.76% | 31.72% |
| AK | 62.72% | 44.6% | 32.61% | 45.17% | 31.43% | 40.21% | 40.12% |
| US | 46.65% | 26.34% | 25.47% | 55.07% | 37.22% | 21.63% | 36.69% |

## Income - Median Family Income

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Median Family Income

| Report Area | Total Family Households | Average Family Income | Median Family Income |
|---|---|---|---|
| SKP | 3,532 | $83,013 | no data |
| KPB | 14,112 | $91,692 | $77,352 |
| AK | 168,552 | $100,099 | $83,714 |
| US | 76,958,064 | $86,963 | $65,443 |




*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

**Per Capita Income by Race Alone**

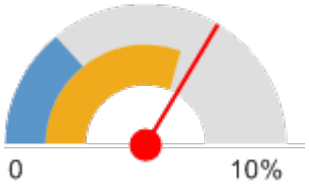
| Report Area | White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| SKP | $31,424 | $26,631 | $15,040 | $20,848 | $4,542 | $3,370 | $12,645 |
| KPB | $33,820 | $28,639 | $22,789 | $18,348 | $8,333 | $42,828 | $18,205 |
| AK | $39,504 | $29,812 | $23,845 | $18,399 | $16,468 | $26,758 | $17,460 |
| US | $31,402 | $19,113 | $32,404 | $17,134 | $20,638 | $15,152 | $15,876 |

## Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

| Report Area | Total Households | Households with Public Assistance Income | % Households with Public Assistance Income |
|---|---|---|---|
| SKP | 5,773 | 389 | 6.74% |
| KPB | 21,559 | 1,261 | 5.85% |
| AK | 251,678 | 15,596 | 6.2% |
| US | 116,211,088 | 3,274,407 | 2.82% |

Percent Households with Public Assistance Income




Southern Kenai Peninsula (6.74%)
Alaska (6.2%)
United States (2.82%)

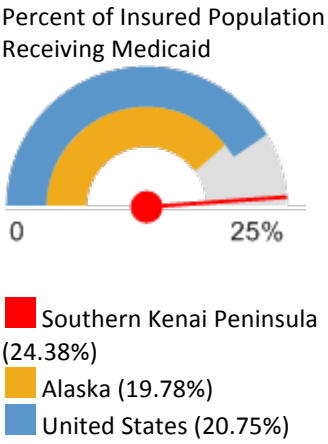
*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

## Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

| Report Area | Total Population (For Whom Insurance Status is Determined) | Population with Any Health Insurance | Population Receiving Medicaid | % of Insured Population Receiving Medicaid |
|---|---|---|---|---|
| SKP | 13,908 | 10,234 | 2,495 | 24.38% |
| KPB | 55,484 | 43,641 | 8,284 | 18.98% |
| AK | 704,405 | 570,129 | 112,766 | 19.78% |
| US | 309,082,272 | 265,204,128 | 55,035,660 | 20.75% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*




### Population Receiving Medicaid by Age Group, Percent

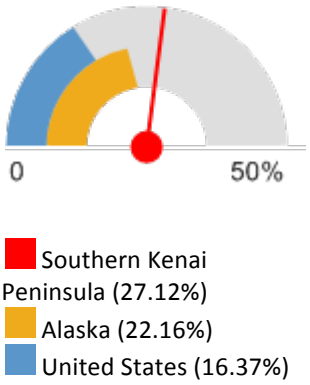
| Report Area | Under Age 18 | Age 18 - 64 | Age 65 |
|---|---|---|---|
| SKP | 41.26% | 9.98% | 15.58% |
| KPB | 30.84% | 8.6% | 16.76% |
| AK | 32.93% | 8.83% | 17.56% |
| US | 37.11% | 11.23% | 14.24% |

## Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status.
This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

| Report Area | Total Population Age 18 - 64 | Population with Medical Insurance | %Population With Medical Insurance | Population W/out Medical Insurance | % Population W/outMedical Insurance |
|---|---|---|---|---|---|
| SKP | 8,762 | 6,386 | 72.88% | 2,377 | 27.12% |
| KPB | 35,105 | 26,567 | 75.68% | 8,538 | 24.32% |
| AK | 466,875 | 363,431 | 77.84% | 103,444 | 22.16% |
| US | 193,600,545 | 161,899,011 | 83.63% | 31,701,534 | 16.37% |

*Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2014. Source geography: County*

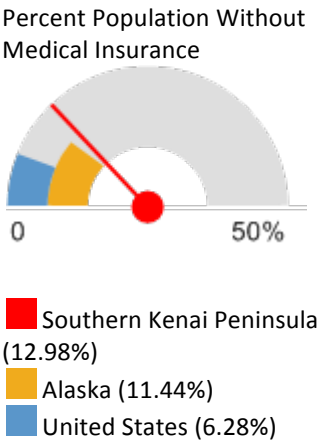



## Insurance - Uninsured Children

The lack of health insurance is considered a *key driver* of health status.
This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

| Report Area | Total Population Under Age 19 | Population with Medical Insurance | Percent Population With Medical Insurance | Population Without Medical Insurance | % Population Without Medical Insurance |
|---|---|---|---|---|---|
| SKP | 3,323 | 2,892 | 87.02% | 431 | 12.98% |
| KPB | 13,766 | 12,076 | 87.72% | 1,690 | 12.28% |
| AK | 192,384 | 170,382 | 88.56% | 22,002 | 11.44% |
| US | 76,146,139 | 71,365,802 | 93.72% | 4,780,337 | 6.28% |

*Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2014. Source geography: County*




### Uninsured Population by Age Group, Percent

| Report Area | Under Age 18 | Age 18 - 64 | Age 65 |
|---|---|---|---|
| SKP | 21.63% | 33.59% | 0.38% |
| KPB | 14.89% | 27.92% | 0.36% |
| AK | 11.99% | 24.3% | 1.72% |
| US | 7.08% | 19.76% | 0.98% |

**Uninsured Population by Race Alone, Percent**

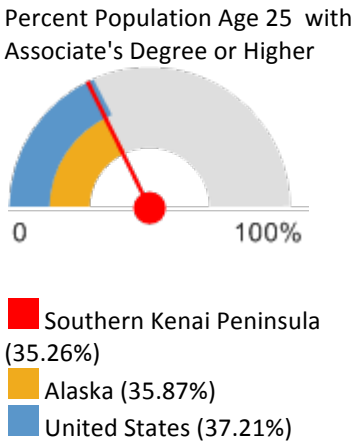
| Report Area | Non-Hispanic White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| SKP | 25.22% | 45.31% | 35.22% | 28.98% | 66.67% | 78.26% | 26.15% |
| KPB | 19.3% | 39.13% | 40.14% | 25.26% | 61.54% | 28.99% | 23.33% |
| AK | 14.55% | 16.18% | 34.97% | 24.07% | 18.37% | 22.58% | 23.4% |
| US | 9.92% | 16.69% | 26.76% | 14.11% | 16.96% | 31.56% | 13.28% |

## Population with Associate's Level Degree or Higher

35.26% of the population aged 25 and older, or 3,434 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

| Report Area | Total Population Age 25 | Population Age 25 with Associate's Degree or Higher | Percent Population Age 25 with Associate's Degree or Higher |
|---|---|---|---|
| SKP | 9,739 | 3,434 | 35.26% |
| KPB | 38,636 | 11,979 | 31% |
| AK | 460,319 | 165,122 | 35.87% |
| US | 209,056,128 | 77,786,232 | 37.21% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

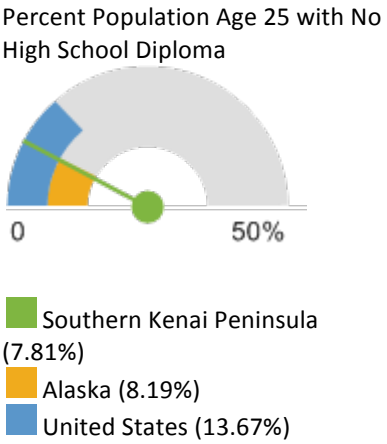


## Population with No High School Diploma

Within the report area there are 761 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 7.81% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg  Ruglis, 2007).

| Report Area | Total Population Age 25 | Population Age 25 with No High School Diploma | Percent Population Age 25 with No High School Diploma |
|---|---|---|---|
| SKP | 9,739 | 761 | 7.81% |
| KPB | 38,636 | 2,599 | 6.73% |
| AK | 460,319 | 37,700 | 8.19% |
| US | 209,056,128 | 28,587,748 | 13.67% |

*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*




### Population with No High School Diploma by Gender

| Report Area | Total Male | Total Female | Percent Male | Percent Female |
|---|---|---|---|---|
| SKP | 426 | 335 | 8.58% | 7.02% |
| KPB | 1,305 | 1,294 | 6.45% | 7.03% |
| AK | 19,977 | 17,723 | 8.36% | 8% |
| US | 14,483,210 | 14,104,538 | 14.37% | 13.03% |

### Population with No High School Diploma by Race Alone, Percent

| Report Area | White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| SKP | 7.38% | 14.29% | 11.96% | 9.09% | 0% | 38.71% | 6.16% |
| KPB | 6.05% | 8.49% | 11.62% | 17.94% | 0% | 20.19% | 7.77% |
| AK | 4.89% | 11.75% | 19.21% | 20.67% | 10.12% | 20.76% | 8.62% |
| US | 11.63% | 16.83% | 21.41% | 14.24% | 13.95% | 41.51% | 14.65% |

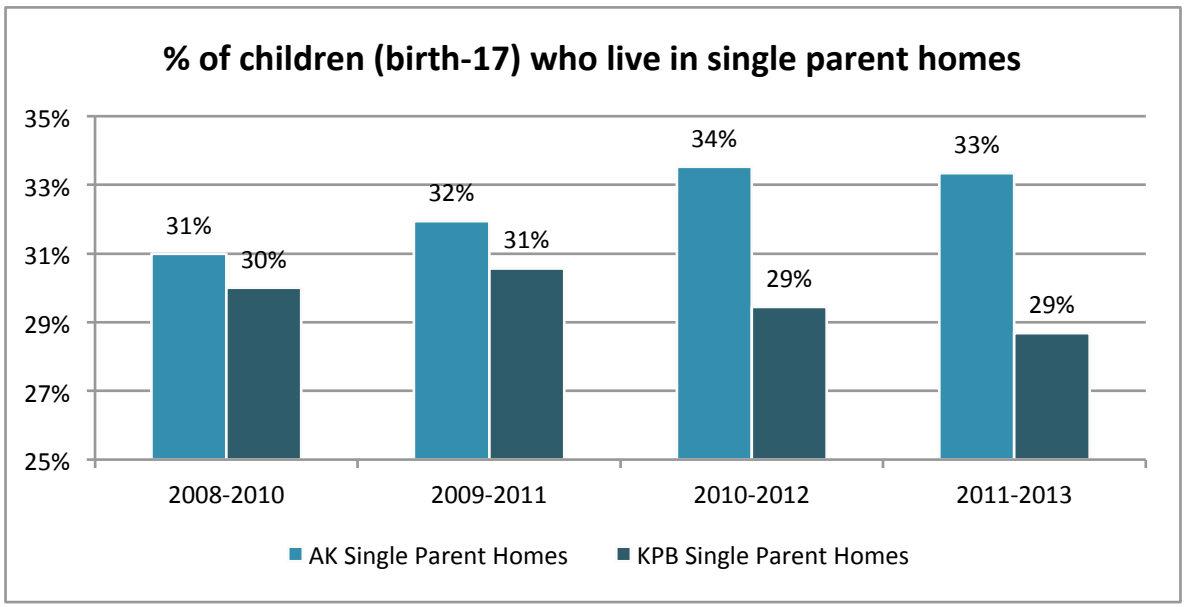



*Figure 82. % of children who live in single parent homes (ACS 2011-2013 3-yr estimates)*

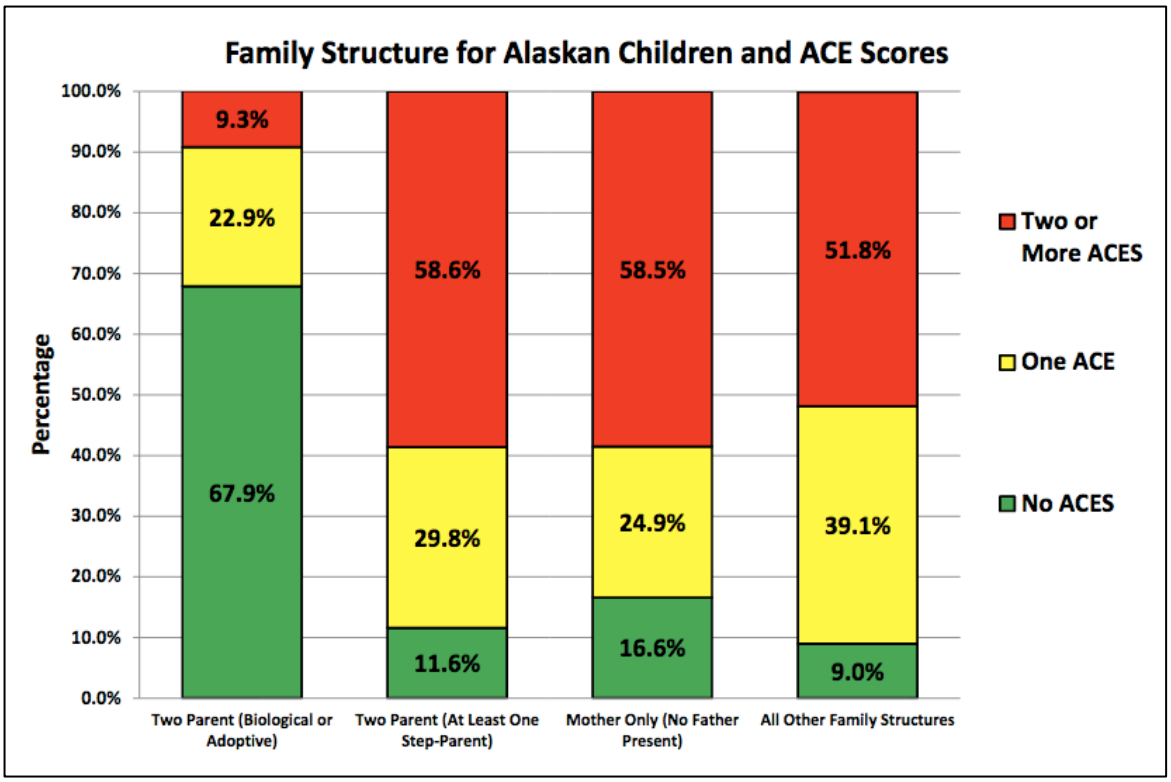



*Figure 83. Source: 2011/2012 National Survey of Children's Health, US Dept of Health and Human Services, Health Resources & Services Administration. Graphics and analysis done by the AK Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Staff*

*Table 16. Three-year estimates for family living arrangements, American Community Survey*

| Three-year estimates for family living arrangements | 2008-2010 est | | 2009-2011 est | | 2010-2012 est | | 2011-2013 est | |
|---|---|---|---|---|---|---|---|---|
| | AK | KPB | AK | KPB | AK | KPB | AK | KPB |
| **Total Children 0-17 yrs:** | 175,786 | 12,526 | 179,403 | 12,686 | 179,184 | 12,630 | 179,648 | 12,611 |
| **Under 6 years:** | 34% | 33% | 34% | 32% | 35% | 32% | 35% | 32% |
| **Living with two parents:** | 67% | 77% | 67% | 75% | 66% | 71% | 65% | 75% |
| **Both parents in labor force** | 35% | 47% | 35% | 48% | 35% | 49% | 35% | 44% |
| **Father only in labor force** | 29% | 44% | 28% | 45% | 26% | 44% | 26% | 52% |
| **Mother only in labor force** | 3% | 7% | 3% | 5% | 3% | 5% | 3% | 3% |
| **Neither parent in labor force** | 1% | 2% | 1% | 1% | 1% | 2% | 1% | 2% |
| **Living with one parent:** | 33% | 23% | 33% | 25% | 34% | 29% | 35% | 25% |
| **In labor force** | 76% | 85% | 76% | 82% | 75% | 68% | 79% | 66% |
| **Not in labor force** | 24% | 15% | 24% | 18% | 25% | 32% | 21% | 34% |
| **6 to 17 years:** | 66% | 67% | 66% | 68% | 65% | 68% | 65% | 68% |
| **Living with two parents:** | 70% | 67% | 69% | 67% | 67% | 70% | 68% | 69% |
| **Both parents in labor force** | 65% | 57% | 64% | 56% | 64% | 52% | 62% | 51% |
| **Father only in labor force** | 29% | 30% | 30% | 32% | 29% | 36% | 29% | 41% |
| **Mother only in labor force** | 4% | 8% | 5% | 9% | 5% | 9% | 6% | 6% |
| **Neither parent in labor force** | 2% | 4% | 2% | 2% | 2% | 3% | 3% | 2% |
| **Living with one parent:** | 30% | 33% | 31% | 33% | 33% | 30% | 32% | 31% |
| **In labor force** | 82% | 79% | 80% | 83% | 80% | 83% | 81% | 86% |
| **Not in labor force** | 18% | 21% | 20% | 17% | 20% | 17% | 19% | 14% |


Mobilizing for Action through Planning and Partnerships

# Local Public Health System Assessment

## MAPP of the Southern Kenai Peninsula, Alaska

July 2016

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This Assessment was made possible with support from the South Peninsula Hospital Service Area Board, Community Partners, and the Mobilizing Action for Resilient Communities grant. Thank you to the Kachemak Bay Campus and the City of Homer for hosting these assessment discussions.

## Local Public Health Assessment Participants

**Essential Service 1**

*Rick Abboud, City of Homer*
*Bonita Banks, South Peninsula Hospital*
*Dave Branding, South Peninsula Behavioral Health Center*
*Lorne Carroll, Homer Public Health Center*
*Derotha Ferraro, South Peninsula Hospital*
*Kyra Wagner, Sustainable Homer*

**Essential Service 2**

*Melody Barrett, SVT Health & Wellness*
*Sherry Catterfeld, South Peninsula Hospital*
*Lorne Carroll, Homer Public Health Center*
*Alivia Erickson, Homer Public Health Center*
*Laura Miller, South Peninsula Hospital*

**Essential Service 3**

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*Cassandra Chwialkowski, SVT Health & Wellness*
*Daysha Eaton, KBBI radio station*
*Derotha Ferraro, South Peninsula Hospital*
*Janet Mullen, Ninilchik Health Clinic*
*Catriona Reynolds, Kachemak Bay Family Planning Clinic*
*Rachel Romberg, South Peninsula Haven House*
*Gary Thomas, Emergency Responder*

**Essential Service 4**

*Bonita Banks, South Peninsula Hospital*
*Dave Branding, South Peninsula Behavioral Health Services*
*Lorne Carroll, Homer Public Health Center*
*Derotha Ferraro, South Peninsula Hospital*
*Jill Lush, Sprout Family Services*
*Lisa Talbott, Homer United Methodist Church*

**Essential Services 5&6**

*Lorne Carroll, Homer Public Health Center*
*Sherry Catterfeld, South Peninsula Hospital*
*Kelly Cooper, Kenai Peninsula Borough Assembly*
*Leslie Haynes, South Peninsula Hospital*
*Mike Illg, City of Homer Parks & Recreation*
*Mark Robl, City of Homer Police Department*
*Britni Siekanic, South Peninsula Haven House*
*Grant Smith, US Coast Guard*

**Essential Service 7**

*Monica Anderson, SVT Health & Wellness*
*Dave Branding, South Peninsula Behavioral Health Services*
*Pete Finneo, Homer Community Food Pantry*
*Mary Fries, South Peninsula Hospital*
*Darlene Hilderbrand, Hospice of Homer*
*Lina LePage, South Peninsula Hospital*
*Lisa Talbott, Homer United Methodist Church*

**Essential Service 8**

*Cindy Brinkerhoff, South Peninsula Hospital*
*Lorne Carroll, Homer Public Health Center*
*John Carrico, South Peninsula Behavioral Health Center*
*Roberta Collier, SVT Health & Wellness*

**Essential Service 9**

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*Ivy Betts, South Peninsula Hospital*
*Lorne Carroll, Homer Public Health Center*
*Jane Dunn, Kenai Peninsula Borough School District*
*Susan Drathman, South Peninsula Behavioral Health Services*
*Lisa Magnuson, SVT Health & Wellness*
*Joy Steward, Homer Community Foundation*
*Stephanie Stillwell, Homer Public Health Center*
*Mike Tupper, South Peninsula Hospital*

**Essential Service 10**

*Angela Doroff, Kachemak Bay Research Reserve*
*Sue Mauger, Cook Inletkeeper*
*Tim Sheffel, SVT Health & Wellness*
*Shara Sutherland, South Peninsula Hospital*
*Lisa Zatz, Nurse Practitioner*

### MAPP Coordinator

*Megan Murphy*

### MAPP Steering Committee

*Rick Abboud/Katie Koester, City of Homer*
*Lorne Carroll, Homer Public Health Center*
*Derotha Ferraro/Bob Letson, South Peninsula Hospital*
*Dave Branding, South Peninsula Behavioral Health Services*
*Jill Lush, Sprout Family Services*
*Kyra Wagner, Sustainable Homer*
*Emily Read, SVT Health & Wellness*
*Carol Swartz, Kachemak Bay Campus KPC*

### Other Significant Contributors

*Jayne Andreen*
*Paige Meadows, MAPP VISTA*

# Southern Kenai Peninsula Map

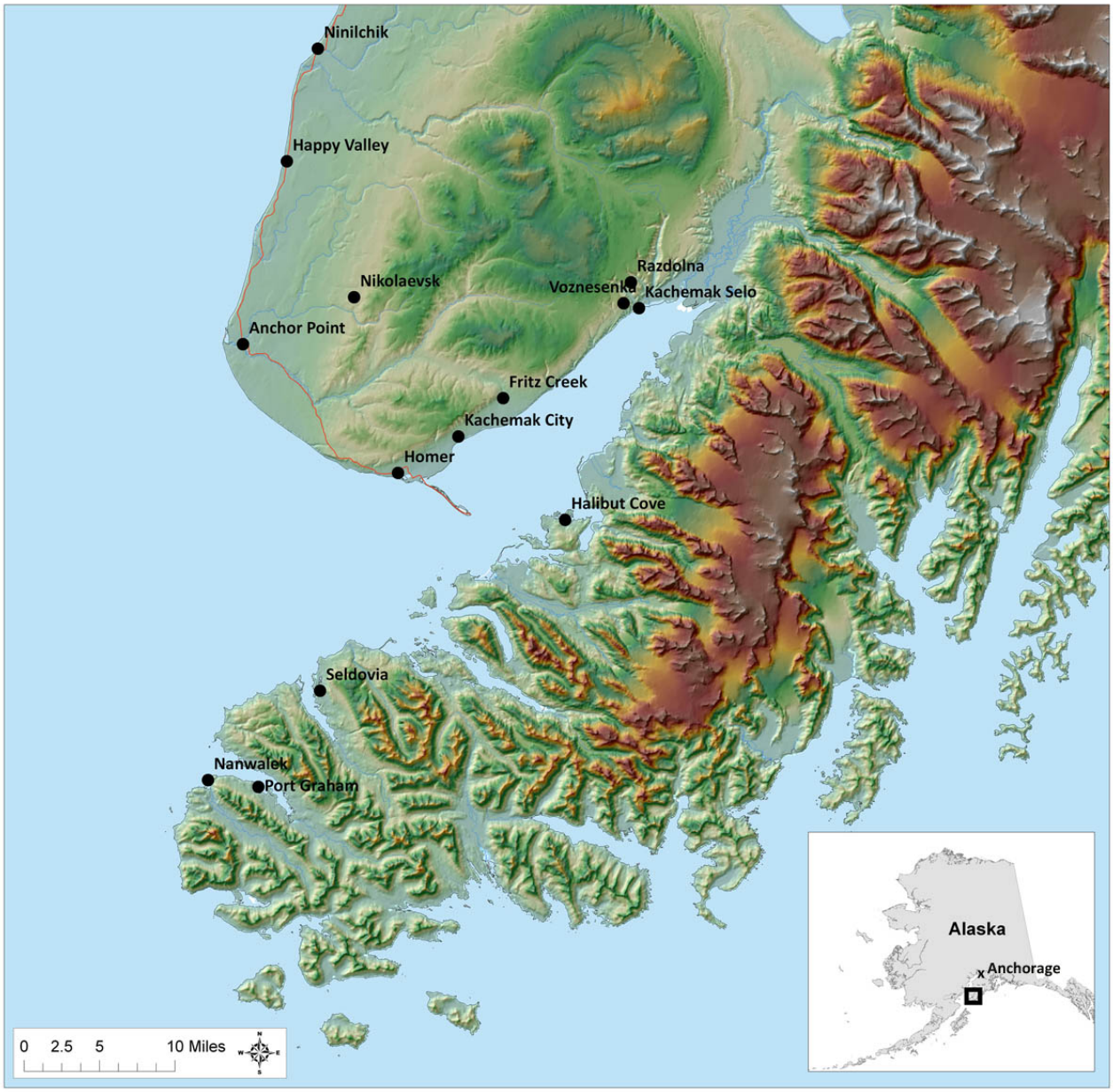



*Figure 1. Map of Southern Kenai Peninsula and Communities, AK*

# Acronyms and Definitions

*Acronyms*

**CHNA:** Community Health Needs Assessment

**CHIP:** Community Health Improvement Plan

**KBBI:** Kachemak Bay Broadcasting, Inc. 890 am local public radio station

**LPHS:** Local Public Health System

**LPHSA:** Local Public Health System Assessment

**MAPP:** Mobilizing for Action through Planning and Partnerships

**NACCHO:** National Association of City and County Health Officials

**SKP:** Southern Kenai Peninsula

**SPH:** South Peninsula Hospital

**SVT:** Seldovia Village Tribe

**The Center:** local name for South Peninsula Behavioral Health Services or SPBHS

**UAA-KPC:** University of Alaska Anchorage Kenai Peninsula College

*Definitions*

Public Health: *"…what we as a society do collectively to assure the conditions in which people can be healthy." (Institute of Medicine, 1988).*[1]

[1] Institute of Medicine, Committee for the Study o the Future of Public Health, Division of Health Care Services, *The Future of the Public's Health*, (Washington, D.C.: National Academy Press, 1988)

## Community Health Assessment Background

Spearheaded by South Peninsula Hospital in November 2008, over forty organizations gathered in November 2008 to conduct the first collaborative, area-wide Community Health Needs Assessment (CHNA), with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. The Mobilizing for Action through Planning & Partnerships (MAPP) framework developed by the Centers for Disease Control & Prevention (CDC) and the National Association of City & County Health Officials (NACCHO) was selected to guide the assessment process. Building on the lessons-learned and results from the first and second CHNAs, the third CHNA is composed of the following four separate sub-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 Group Discussions

II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, educational, emotional, environmental, 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 standardized 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. This assessment was conducted during the first and third CHNAs, but not during the second.

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

The following responses are the results from the **Local Public Health System Performance Assessment** which follows a standardized national public health process comprised of 10 individual Essential Service (Figure 3) 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 Megan Murphy, MAPP coordinator, at mappofskp@gmail.com or (907) 235-0570.

## Local Public Health System Assessment

### Local Public Health System Assessment Planning Team

Bonita Banks, South Peninsula Hospital
Lorne Carroll, Homer Public Health
Derotha Ferraro, South Peninsula Hospital
Jill Lush, Sprout Family Services
Paige Meadows, MAPP
Megan Murphy, MAPP
Emily Read, SVT Health & Wellness
Lisa Talbott, Homer United Methodist Church
Kyra Wagner, Sustainable Homer

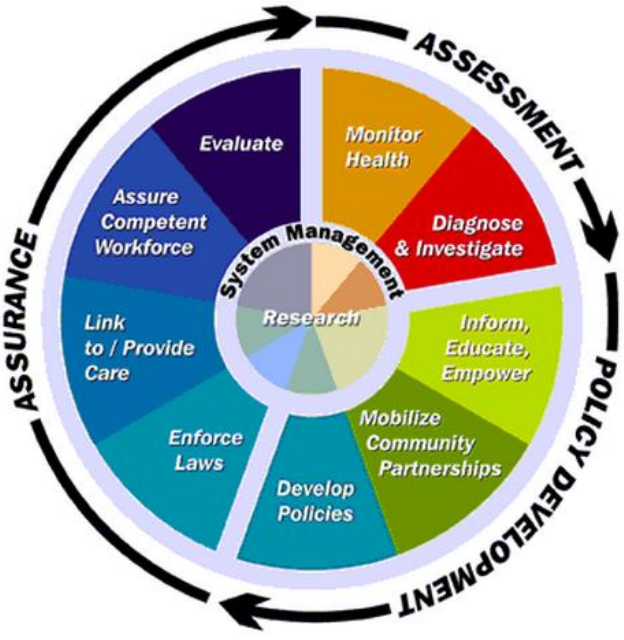



*Figure 3. 10 Essential Public Health Services*

## Public Health 10 Essential Services

Public health is "…what we as a society do collectively to assure the conditions in which people can be healthy (Institute of Medicine, 1988)," and is the guiding principle for our local community health improvement process and efforts. In 1994, a national Core Public Health Functions Steering Committee was formed to address a clear definition and description of public health and create a framework for public health practices. The committee defined the "Essential Services of Public Health" as:

**Essential Services of Public Health**

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** 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** a 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.

In addition to the Essential Services, the following specific elements are required for a well-functioning public health system[2]:

- Strong partnerships where partners recognize they are part of a public health system
- Effective channels of communication
- System-wide health objectives
- Resource sharing
- Leadership by governmental public health agencies
- Feedback loops among state, local, tribal, territorial and federal partners

[2] CDC Office for State, Tribal, Local and Territorial Support, "United States Public Health 1010,": November 2013, http://www.cdc.gov/stltpublichealth/docs/usph101.pdf

The 10 Essential Services provide the framework for the Local Public Health System Assessment by describing the public health activities that should be undertaken in all local communities. Thus, the assessment focuses on the local public health system and all entities that contribute to the health and well-being of the public. These local public health system entities are a network of partners with differing roles, relationships, and interactions that range from public safety, human service and charities, education and youth development, recreation and the arts, economic development and philanthropy, environmental conservation, and more (Figure 4).

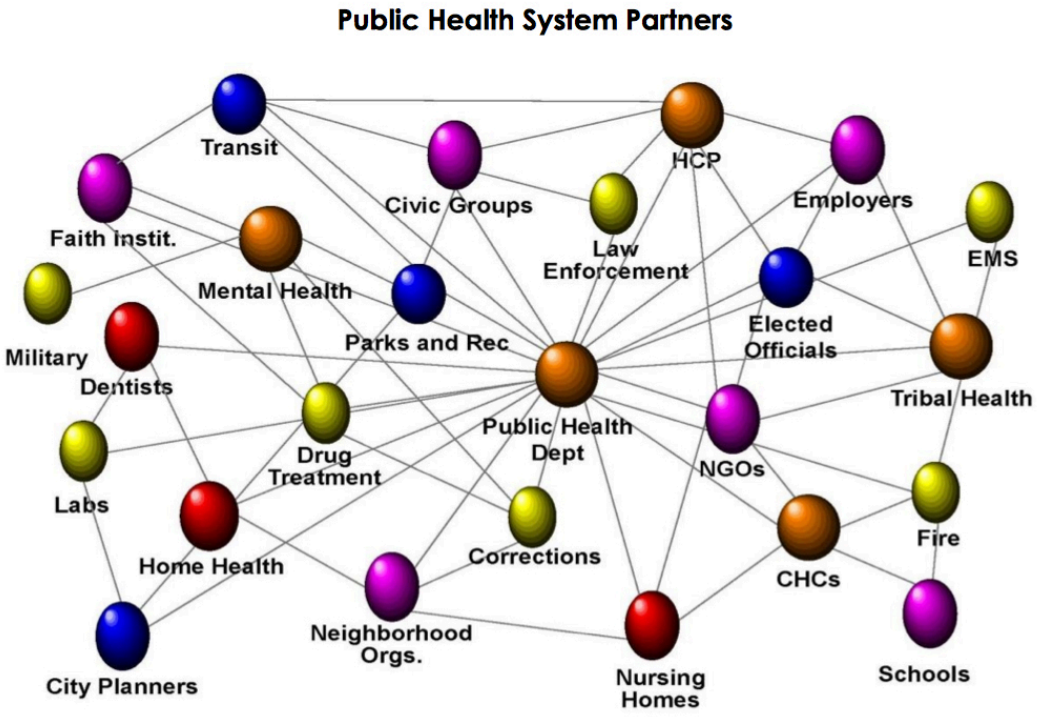



*Figure 4. Local Public Health System Partners (Jelly Bean Diagram)*

## Methods

The Local Public Health System Assessment (LPHSA) planning team reviewed and familiarized themselves with the National Public Health Performance Standards Local Assessment Instrument[3] and associated support materials[4]. Each Essential Service Instrument provides suggested local health

[3] http://archived.naccho.org/topics/infrastructure/NPHPSP/loader.cfm?csModule=security/getfile&pageID=25655

[4] (http://archived.naccho.org/topics/infrastructure/mapp/nphps-version-3.cfm).

system partner participants (Figure 4). The Steering Committee used these lists to brainstorm informed local partners for each of the 10 Essential Service discussions. A doodle calendaring link was sent to all potential participants to determine the best two-day timeframe to host the discussions. All invitees were emailed discussion logistics, their respective Essential Service instrument, and goals of the discussion for context. LPHSA planning team members made personal phone calls and in-person invitations to support the email invitations and participant engagement / RSVPs. The Steering Committee piloted Essential Service One and Four discussions to practice and inform facilitation of discussions with community partners. Over a two-day assessment period, the eight remaining Essential Service discussions were held – two discussions facilitated concurrently. Each discussion was facilitated by a steering member and one notetaker captured strengths, challenges, short and long-term opportunities, and additional scoring or discussion highlights. Keypad polling was used to capture the performance standard votes. 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. |

Partners unable to physically participate in the discussions were given the opportunity to provide written input to the Essential Service discussion questions. This input was then shared during the discussions to inform scoring. Steering Committee written input gathered after the discussions might not be reflected in the Essential Service scores, however helps to highlight the breadth of local public health system strengths and challenges. Results were populated directly into NACCHO's LPHSA

interactive excel file and incorporated into this document. MAPP Steering Committee members identified the Essential Service themes that were cross-cutting throughout most or all LPHSA discussions. These cross-cutting themes will be incorporated into the final Community Health Needs Assessment (CHNA) review. The MAPP Steering Committee will focus distribution of LPHSA results to both LPHSA participants and local decision-makers to further equip recipients to take action. This assessment is also publicly available for download off of the MAPP website (www.mappofskp.net/reports).

## Results

A total of 51 discussion participants and 8 written responses were gathered 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 LPHSA scores:

*Table 1. Essential Service Overall Results – 2009 vs. 2016*

| | 10 Essential Public Health Services | 2009 LPHA Overall Results | 2016 LPHA Overall Results |
|---|---|---|---|
| 1 | Monitor Health Status | 13% | 53% |
| 2 | Diagnose and Investigate | 56% | 90% |
| 3 | Educate/Empower | 31% | 31% |
| 4 | Mobilize Partnerships | 35% | 68% |
| 5 | Develop Policies/Plans | 31% | 50% |
| 6 | Enforce Laws | 51% | 44% |
| 7 | Link to Health Services | 45% | 59% |
| 8 | Assure Workforce | 34% | 75% |
| 9 | Evaluate Services | 20% | 41% |
| 10 | Research/Innovation | 18% | 49% |
| Overall | | 33% | 56% |

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

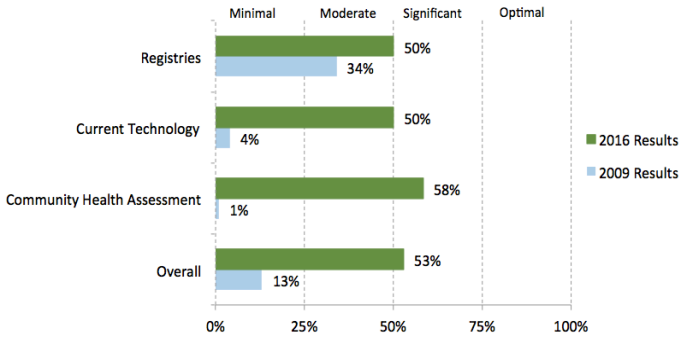
## Essential Service 1:

### Monitor Health Status

**This Essential Service is about:**

- 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 multi-sector integrated data systems.

### Model Standard Scores




### Strengths

a. Increased awareness of the Community Health Needs Assessment (CHNA), accessible online on the MAPP website.
b. Public Health Nurses continuously collect data related to their external priorities; information is ultimately contributed to CHNA.

**Overall Scores**

**2009: 13%  2016: 53%**

c. Continuously working toward more sharable data across organizations.
d. Have local-level information to compare against Healthy Alaskans 2020 top 25 indicators.
e. Able to understand community's specific strengths and needs by accessing Southern Kenai Peninsula-specific data from state organizations and compiled census data.

### Challenges

a. Not many hard copies of CHNA available for general public; printed format is very dense.
b. CHNA could be better used at community level; most frequently used for organizational purposes (particularly grant writing).
c. Struggle with capacity to maintain ongoing data updates and integrating data into community groups/use.

### Opportunities for Improvement

a. Investigate and reach out to registries that exist in/for our area; encourage data submission and use of registries.
b. Focus outreach of CHNA results, sharable measures, and/or community stories/themes. Create more outreach products that provide summaries/more digestible information for the public and organizations.
c. Focus organizational and coalition engagement of CHNA measures to better connect community efforts to measurable impacts.
d. Reinforce use of available but underutilized technologies.

## Essential Service 2:

### Diagnose and Investigate Health Problems

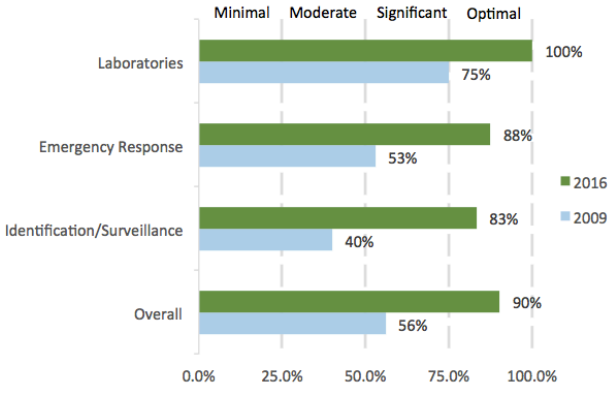
**This Essential Service is about:**

- 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%**

### Model Standard Scores




### Strengths

a. Public Health Nursing notified of communicable disease cases within 24 hours.
b. High level awareness of communicable disease cases exists with hospital (SPH) employees and partners.
c. Benefit from strong bonds between community partners.
d. Good coordination between Sections with Division of Public Health.
e. Effective communicable disease reporting and global/emerging health threats monitoring.
f. Frequent reports from state epidemiologic bulletins; ability to keep data flowing horizontally in the community.
g. Communicating infectious disease case reports with Public Health Nursing and state epidemiology department.
h. Local airlines' support (free transportation of medical supplies); state lab resources utilized for communicable disease control.
i. Strong local HAM radio culture.

### Challenges

a. Diminishing state resources.
b. Anticipate 20% decrease in Public Health Nursing services FY16-FY17.
c. Coordination between clinics during and after disasters or emergency drills.
d. Lack local resources for all scenarios, but system exists for requesting Borough, State, and Federal resources.
e. Inability to incinerate/destroy samples that are too hazardous to transport.
f. Employee discomfort activating level one Hospital Incident Command System (HICS).
g. Possibilities in delay of support due to environmental and geographic conditions.
h. Unprepared to respond to unforeseen scenarios, such as biological terrorism.

### Opportunities for Improvement

a. Clarify, update and share primary and back-up contact list of emergency response personnel.
b. Strengthen local emergency coalition mtgs.
c. Regularly practice emergency scenarios.
d. Develop process for post-incident debriefing and identifying improvement opportunities.
e. Improve communication.
f. Ensure staff retention and secure workforce.

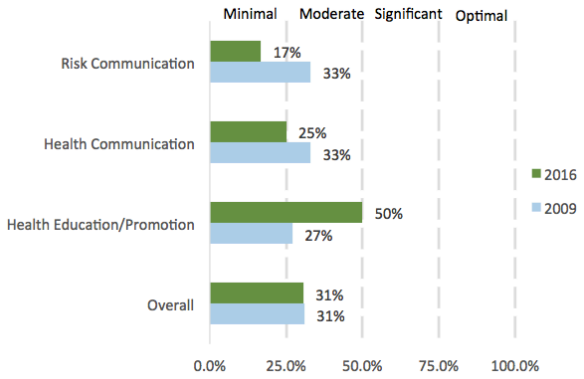
## Essential Service 3:

### Inform, Educate, and Empower People

**This Essential Service is about:**

- 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.

### Model Standard Scores




### Strengths

a. School system info distribution channels.
b. Media access to local experts.
c. Diverse community groups effective at identifying problems/brainstorming ideas.
d. Radio station reaches outlying populations.
e. Communication between organizations.

### Challenges

a. Hard to be inclusive with outlying populations.
b. Many social barriers between communities.

**Overall Scores**

**2009: 31%  2016: 31%**

c. Lack of funding, decreased state budget.
d. Lack of health communication plan; underutilizing tactics like social media/texting.
e. Difficult to report/communicate on sensitive issues such as suicide and domestic violence.
f. Lack of agency spokespeople for media, and inaccessibility of paper documents.
g. Inadequate number of available public information officers.
h. Differing procedures for emergency preparedness accreditations.
i. Lack of available staff to develop and communicate emergency preparedness plans between organizations and the borough.

### Opportunities for Improvement

a. Strengthen communication/collaboration with different agencies/organizations.
b. Develop standard communication plan(s) for health education.
c. Develop media relations.
d. KBBI community advisory board outreach.
e. Increase community participation in Public Information Officer (PIO) training.
f. Upgrade technology and emergency preparedness contact information.
g. Host PIO class with stakeholders.
h. Develop emergency preparedness training for local staff.

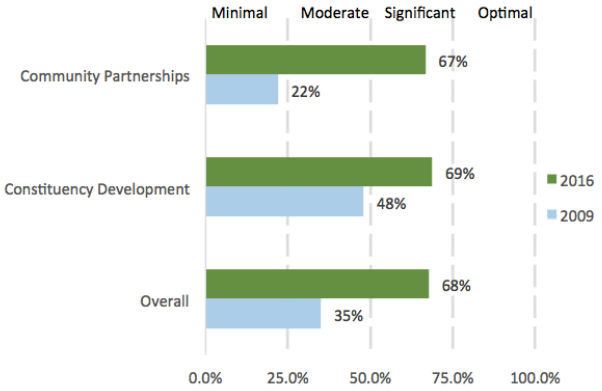
## Essential Service 4:

## Mobilize Community Partnerships

**This Essential Service is about:**

- 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




### Strengths

a. Numerous community meetings to discuss local wellness issues.
b. Health assessment highlights populations that are not well represented.
c. Many "points of entry" to engage in community health.

**Overall Scores**

**2009: 35%  2016: 68%**

d. Broad definition of health makes it easier to invite diverse participants.
e. Activities occurring in all 8 dimensions of health (but could be better aligned).

### Challenges

a. Low awareness of CHNA and its contents; downloadable version is available but not as user-friendly.
b. Geography is a barrier for engagement.
c. "Organizational silos" due to limited, mission-focused budgets.
d. Missing many community sectors in health improvement coordination, planning and collaboration.

### Opportunities for Improvement

a. MAPP outreach to outlying communities.
b. Offer a variety of time options to maximize participation.
c. Identify key partners not engaged.
d. Advocate for organizations that can allocate resources or build capacity in (outlying) communities to address root issues.
e. Take better advantage of teleconferencing and virtual participation tools.
f. Conduct a gap analysis within each of the 8 Wellness Dimensions.

## Essential Service 5:

### Develop Policies and Plans

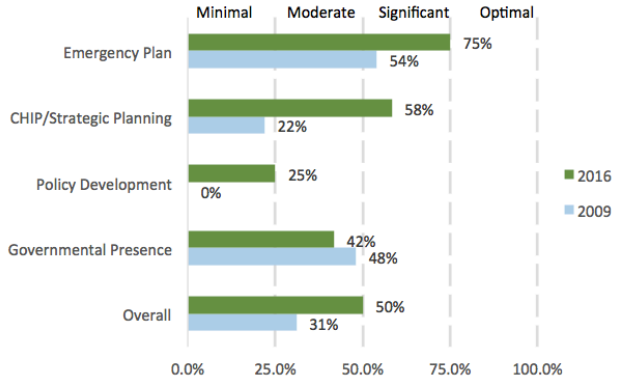
**This Essential Service is about:**

- 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%**

### Model Standard Scores




### Strengths

a. Public health nurses work to ensure provision of 10 Essential Services.
b. Strong community volunteer base (vs. formal government presence).
c. Division of Public Health is working towards accreditation standards thus holding up standards of excellence.
d. Local providers can access state services to help promote community health.
e. Effective relationships with state partners to help deliver 10 Essential Services.

### Challenges

a. Individual organizations have own statutes/ regulations, but system as a whole does not.
b. No true local health department or community group monitoring larger community health picture (specifically policies needed and enforcement).
c. Creation of policies is more reactionary.
d. Lack of current resources (and likely loss of additional financial resources) creates difficulty delivering Essential Services.

### Opportunities for Improvement

a. Revise Homer's Climate Action Plan.
b. Local organizations to incorporate findings of CHNA and goals of CHIP into their organizational strategic plans.
c. Community coalitions and workgroups to better incorporate local data into their strategies and measure for impact.
d. Create a health advisory board that looks at the CHNA and/or larger health picture. Incorporate hierarchy of health needs to prioritize specific policies needed to support well-being in our communities.

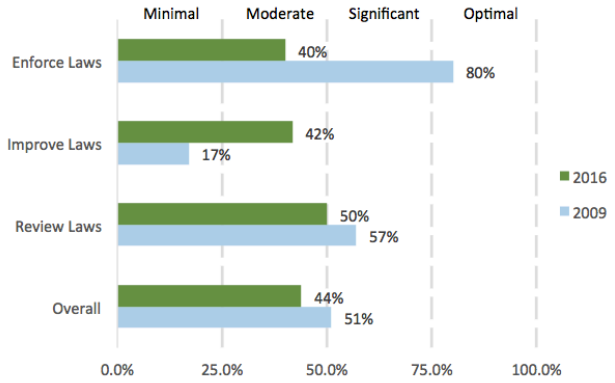
## Essential Service 6:

## Enforce Laws and Regulations

**This Essential Service is about:**

- 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




### Strengths

a. City is nuclear-free zone.
b. Citizens actively engage/participate in making laws and quickly respond to serious problems.
c. Existing laws and regulations support public health (i.e., disease reporting).
d. An established network meets regularly to discuss issues and review laws related to domestic violence.

**Overall Scores**

**2009: 51%  2016: 44%**

### Challenges

a. Individuals do not wish to be regulated.
b. Unequal access to legal resources/counsel allows for laws to be manipulated.
c. Poor issue prioritization that would help align focus and be proactive in efforts.
d. Department of Environmental Conservation understaffed, hard to reach; weak clean air standards, no dust or air quality monitoring.
e. No rules or regulations exist to control herbicide spraying, climate taxes, or protect drinking water.
f. Lack of resources to address root causes of unhealthy behaviors; unable to address only from policy level.
g. Stigmas that create reluctance around reporting certain violations; perceived lack of action by justice system; few advocates to help people navigate systems.
h. No laws or regulations to address obesity (plus challenging to enforce).
i. City, borough, state and federal boundaries create hurdles in creating/enforcing policies.

### Opportunities for Improvement

a. Set health policy priorities at a public level so everyone understands how/why decisions are made.
b. Educate people on how to effectively get involved in decision-making; encourage early involvement and the use of correct systems to proactively effect change.
c. Work toward a more informed, competent workforce.

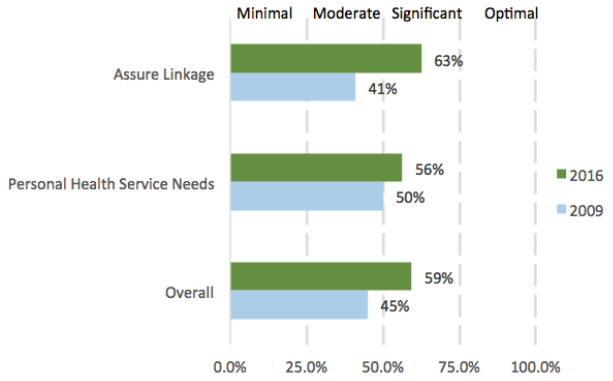
## Essential Service 7:

## Link to Health Services

**This Essential Service is about:**

- 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




### Strengths

a. Many gatherings of key community groups to discuss barriers.
b. Trained Veteran's Affairs assistants at SVT Health and Wellness and other agencies.
c. Awareness of need for care coordination.
d. Home health welcomed in Russian homes.
e. Multiple Medical Homes.

### Challenges

a. Poor job addressing chronic illnesses with services (unhealthy food at food pantry).

**Overall Scores**

**2009: 45%  2016: 59%**

b. Bureaucracy/discomfort with technology overwhelming for patients/clients.
c. Limited awareness of resources.
d. Transportation support needed.
e. Limited in-home/live-in care.
f. Limited funding.
g. No integrated Electronic Medical Records.
h. Lack of care coordination limits ability to stay current on rules, programs, etc.
i. Decreased food pantry donations.
j. Outdated resource books/manuals.

### Opportunities for Improvement

a. Food pantry to work with hospital dietician to address healthy food offerings.
b. Investigate grant opportunities for care coordinator(s).
c. Focus on discharge planning and assessing patients that are readmitted.
d. Signed 'release of information' authorization to facilitate connections between service providers.
e. Use food pantry as assumed audience needing, but not receiving, resources. Invite service providers to food pantry to enroll people in programs.
f. Integrate primary care/behavioral health.
g. Improve care coordination meetings.
h. Review Independent Living Center resource manual; investigate grant to update if need.
i. Increase proactive outreach and use of resources (such as community group mtgs).
j. Run trolley to health fair.
k. Put social work in the homes.

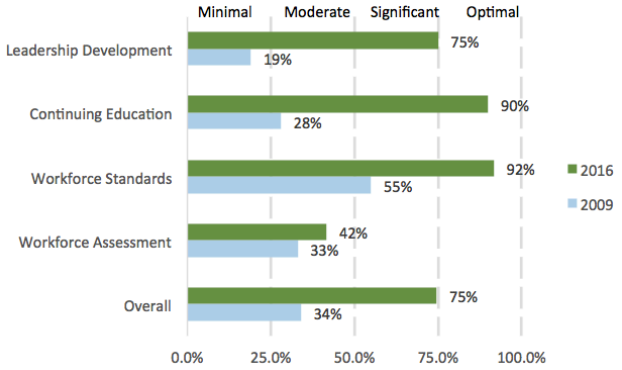
## Essential Service 8:

### Assure a Competent Workforce

**This Essential Service is about:**

- 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.

### Model Standard Scores




### Strengths

a. Beautiful, welcoming community; appealing lifestyle; short work commutes.
b. Delineated recruitment, hiring, and evaluation processes through legal and professional requirements.
c. Common core competencies for direct service providers that are aligned through Alaska and national organizations.

**Overall Scores**

**2009: 34%  2016: 75%**

d. Opportunities to offer personal leadership skills to the community.
e. Training opportunities, including cultural competency, offered within organizations.
f. Nursing, CNA, and allied health degree and State license programs through local UAA-KPC campus.
g. Public lecture series, personal enrichment, and professional development classes through local UAA-KPC campus.

### Challenges

a. Must look outside community for professionals; lack of focus on racial or ethnic diversity; lack of local professional development opportunities.
b. High cost of living makes it challenging to recruit and retain needed workforce.
c. Lack of interagency discussion re: needs.
d. No community-wide competencies.
e. Lack of informal or formal mentoring.
f. Limited entry points for leadership/training in AK Native and Old Believer populations.
g. No local workforce assessment completed.
h. Lack of student housing.

### Opportunities for Improvement

a. Investigate commonalities of core competencies between agencies that could help consolidate resources.
b. More apprenticeship or mentoring opportunities to develop local leaders, with a focus on representing cultural diversity.
c. Increase collaboration and creativity in response to decreased funding.

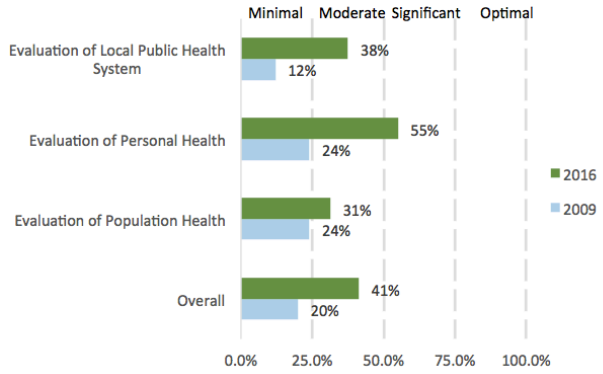
## Essential Service 9:

## Evaluate Services

**This Essential Service is about:**

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

### Model Standard Scores




### Strengths

a. Agencies actively seek information about community, coordinate with providers to meet needs.
b. Large organizations (ie, South Peninsula Hospital) evaluate themselves well.
c. Contained and well-known population of healthcare consumers/providers.
d. Involved/collaborative community sectors.

### Challenges

a. Individual organizations evaluate themselves well, but system itself does not.
b. Lack of substance abuse treatment.
c. Lack of diversity; same people, same ideas.
d. Providers do not share common language.
e. Fundraising efforts target same businesses/individuals over and over.

**Overall Scores**

**2009: 20%  2016: 41%**

f. Services being eroded due to state budget.
g. Need for shared objective data.
h. Difficult to provide consistent services to hard-to-access outlying communities.
i. Lack of funding, resources, and sustainability.
j. Numerous assessments inadequately result in action.

### Opportunities for Improvement

a. Obtain objective data from providers using appropriate population-based metrics.
b. Investigate census data to determine what populations are enrolled in various services to identify gaps.
c. Better utilize statewide health profiles.
d. Improve interagency communication to share information and services available.
e. Share evaluations between organizations.
f. Involve substance abuse/treatment providers.
g. Customize Local Public Health Assessment for the area and use as evaluation tool.
h. Host community resource fair.
i. Consider door-to-door outreach.
j. Better utilize existing partnerships.
k. Secure/maintain competent workforce to ensure resources to properly network.
l. Develop shared language between agencies to better share data and measurements.
m. Develop large-scale evaluation tool, including clinics becoming Patient-Centered Medical Homes.

## Essential Service 10:

### Research and Innovations

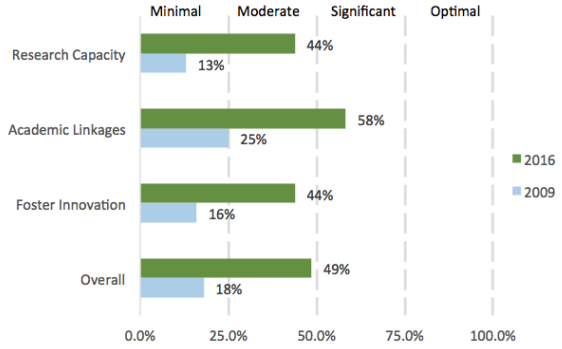
**This Essential Service is about:**

- 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%**

### Model Standard Scores




### Strengths

a. Local support for research projects.
b. Organizations partner well with higher learning institutions.
c. Leadership supports research/innovation.
d. Use of community spaces to share information with public.
e. Many local internship/educational opportunities.
f. Multiple connections through many agencies to state and national institutions.
g. Organizational access to technology.
h. Institutional knowledge of long-term residents.

### Challenges

a. Electronic Medical Records that don't "talk" to each other.
b. Low health literacy. Parents opting kids out of school health education programs.
c. No local epidemiology department.
d. Many economic barriers to research. Low funding, not enough capacity.

### Opportunities for Improvement

a. Community engagement in health and linking the community with sciences.
b. Starting early to build health literacy.
c. Improve existing health programs in schools. Health 'round tables' with students and nurses.
d. Increase options (such as telemedicine) to connect with health professionals.
e. Make learning more accessible to more people by investing in online platforms.
f. Develop collaborative group (research council) to prioritize community-level research questions.
g. Explore opportunities for organizations and individuals to partner on research.
h. Prioritize research and services by developing a health pyramid that ensures basic needs are met first before working up to address quality of life issues.

## Recurrent Themes

The following themes were identified by the MAPP Steering Committee as consistent topics or qualities that arose across most or all Essential Services.

**Accessibility of Data**

Accessing information, specifically data and appropriate technology to support data-sharing, surfaced across Essential Services as both a strength and challenge. In regards to the Community Health Needs Assessment, there is still uncertainty on what data to prioritize, collect and monitor although all information is shared in an interactive format in one location on the MAPP website. Fragmentation of efforts (silos) and different reporting systems reinforce challenges to accessing, using, and reporting data consistently and making these available to the community. Creative ideas are still needed to improve data and data-sharing across partners and with the public.

**Communication**

Communication was consistently identified as a strength of public health system partners, however, one that could continually be improved upon. There are many levels of communication needed to strengthen collaboration, community awareness, and community engagement. There are also many opportunities for articulating and clarifying shared communication processes and goals within organizations and across partners.

**Caring Community**

A consistent strength articulated across Essential Services was our strong community involvement. There is a high level of community activism and support, people come together easily and quickly, are invested, and have the ability to talk about things.

**Geography**

Geography poses a challenge to our Southern Kenai Peninsula community as it is difficult to reach and meaningfully engage with outlying populations. Distance, cultural diversity, and uncertain budgets all impact the effective delivery of Essential Services in the entire region.

**Collaboration/Coordination**

MAPP's community health improvement efforts reinforce the importance of collaboration. Collaboration and networking is valued by partners and has influenced the expectations in which local

public health system partners engage and work together.

**Capacity**

Workforce retention and recruitment were commonly identified as important components of sustainability and effective delivery of Essential Services. They both pose a challenge in our area and are more challenged with state fiscal issues. State budget changes also directly impact the capacity of organizations and the local public health system's ability to fulfill Essential Services.

**Community-Level Plans / Health Board**

It was consistently noted that our local public health system does not have a defined local health department nor a local health board and that the existence of such an entity could enhance our ability to develop, implement, and evaluate community-level processes and goals for improvement. By maintaining a community-level perspective to inform plans, policies, and strategies, this body could support alignment of community partners to more effectively deliver the Essential Services.

**Proactivity**

With budgetary changes to state, regional, and local programs, it is clear that organizations need to be adaptive, collaborative, and innovative to support Essential Service delivery. While improved collaboration was repeatedly identified as a strategy for resource-sharing and service delivery, being proactive was also identified as critical. Reactivity might prevent opportunities from being identified.

## 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 vs. 2016

| Model Standards by Essential Services | 2009 Performance Scores | 2016 Performance Scores |
|---|---|---|
| **ES 1: Monitor Health Status** | **13%** | **53%** |
| 1.1 Community Health Assessment | 1% | 58% |
| 1.2 Current Technology | 4% | 50% |
| 1.3 Registries | 34% | 50% |
| **ES 2: Diagnose and Investigate** | **56%** | **90%** |
| 2.1 Identification/Surveillance | 40% | 83% |
| 2.2 Emergency Response | 53% | 88% |
| 2.3 Laboratories | 75% | 100% |
| **ES 3: Educate/Empower** | **31%** | **31%** |
| 3.1 Health Education/Promotion | 27% | 50% |
| 3.2 Health Communication | 33% | 25% |
| 3.3 Risk Communication | 33% | 17% |
| **ES 4: Mobilize Partnerships** | **35%** | **68%** |
| 4.1 Constituency Development | 48% | 69% |
| 4.2 Community Partnerships | 22% | 67% |
| **ES 5: Develop Policies/Plans** | **31%** | **50%** |
| 5.1 Governmental Presence | 48% | 42% |
| 5.2 Policy Development | 0% | 25% |
| 5.3 CHIP/Strategic Planning | 22% | 58% |
| 5.4 Emergency Plan | 54% | 75% |
| **ES 6: Enforce Laws** | **51%** | **44%** |
| 6.1 Review Laws | 57% | 50% |
| 6.2 Improve Laws | 17% | 42% |
| 6.3 Enforce Laws | 80% | 40% |
| **ES 7: Link to Health Services** | **45%** | **59%** |
| 7.1 Personal Health Service Needs | 50% | 56% |
| 7.2 Assure Linkage | 41% | 63% |
| **ES 8: Assure Workforce** | **34%** | **75%** |
| 8.1 Workforce Assessment | 33% | 42% |
| 8.2 Workforce Standards | 55% | 92% |
| 8.3 Continuing Education | 28% | 90% |
| 8.4 Leadership Development | 19% | 75% |
| **ES 9: Evaluate Services** | **20%** | **41%** |
| 9.1 Evaluation of Population Health | 24% | 31% |
| 9.2 Evaluation of Personal Health | 24% | 55% |
| 9.3 Evaluation of Local Public Health System | 12% | 38% |
| **ES 10: Research/Innovations** | **18%** | **49%** |
| 10.1 Foster Innovation | 16% | 44% |
| 10.2 Academic Linkages | 25% | 58% |
| 10.3 Research Capacity | 13% | 44% |
| **Average Overall Score** | **33%** | **56%** |
| **Median Score** | | **51%** |