

2023 Community Themes and Strengths Assessment



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Acronyms

CHNA Community Health Needs Assessment
MAPP Mobilizing for Action through Planning and Partnerships
SKP Southern Kenai Peninsula

MAPP CHNA Workgroup

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Hannah Gustafson, MAPP Coordinator
Lorne Carroll, Homer Public Health Center
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MAPP CHNA Steering Committee

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Derotha Ferraro, South Peninsula Hospital
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Claudia Haines, Kachemak Bay Family Planning Clinic
Hannah Gustafson, MAPP Coordinator

Map of Southern Kenai Peninsula



Figure 1: Map of Southern Kenai Peninsula Communities, AK

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. The six phases of MAPP are represented in Figure 2. Building on the lessons-learned and results from the first and second CHNAs, this and the third CHNAs are composed of the following four separate assessments.

They are:

- I. Community Themes & Strengths Assessment
Qualitative input from community members to identify the issues they feel are important.
 - a. Perceptions of Community Health Survey
 - b. Wellness Dimension Focus Groups
- II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, 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.
- 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.



Figure 2: MAPP Framework Flowchart

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of our community 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 results from the Community Themes and Strengths Assessment, which is composed of two separate parts. The **Wellness Dimensions 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). The **Perceptions of Health Community 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 Hannah Gustafson, MAPP of SKP Coordinator, at mappofskp@gmail.com or 907-317-2050.

Eight Dimensions of Wellness: Focus Group Discussions

Wellness Discussion Participants

*Sierra Moskios, Kachemak Bay Family Planning Clinic
/R.E.C Room*

Michael Tupper

Laura Miller, South Peninsula Hospital

Kathy Vogl, Community Rec

Melissa Martin, AP Food Pantry

Sarah Borgen, Haven House

Sara Woltjen, South Peninsula Hospital

Aaron Weisser, Church on the Rock Homer

Damon Weisser, Church on the Rock Homer

Willy Dunne, Cook Inlet Counseling

Karen Northrop, South Peninsula Hospital -Rehab

*Tyler Schlieman, Kachemak Bay Family Planning Clinic
/R.E.C Room*

*Claudia Haines, Kachemak Bay Family Planning Clinic
/R.E.C Room*

Jaclyn Rainwater, All Things Recovery

*Emily Munns, South Peninsula Hospital/Homer
Medical Center*

Sharon Strutz Norton, VA/907 Vets

Ronnie Leach, SPHH

Julie Engebreesen, City of Homer

Dots Sherwood

Drew Simpson, Church on the Rock Homer

*Ginny Espenshade, SPARC, Megan's Place, Youth
Court, After School*

*Jay Bechtol, South Peninsula Behavioral Health
Services*

*Ivy Stuart, South Peninsula Hospital -Home
Health*

*Morgan Dwyer, South Peninsula Hospital –
Homer Medical Center*

*Dee Dahmann, South Peninsula Hospital –
General Surgeon Neuro/Sleep/FM*

Holly Dramis, Hospice of Homer

Cora Trowbridge, Hospice of Homer

Derotha Ferraro, South Peninsula Hospital

Jane Dunn, Choosing Our Roots

Elizabeth Trowbridge, Coastal Studies

Methodology

The 2016 CHNA work group approved the adoption of the 8 Dimensions of Wellness (based on the dimensions defined by the Substance Abuse and Mental Health Services Administration (SAMHSA)). The Steering Committee approved the following 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 and 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 and create personal enrichment through one's work and 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 and meaning in life.

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



Figure 3: 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

Participants rotated to 3 of the 8 dimensions throughout the session. They were able to self-select the 3 dimensions they provided input on. Participants were asked to identify the following for their respective dimension in a group setting:

- Community strengths related to this dimension
- Community challenges related to this dimension

Upon completion of 3 rotations the dimension facilitator provided a summary report out of what was identified by the participants.

Participants then rotated back around to the 3 dimensions they provided input for identifying:

- The top 3 strengths
- The top 3 challenges

It is important to note that not all participants returned to the dimension to prioritize.

Results

In total, 30 community members participated in the November 5, 2023, Wellness Discussions. The number in parenthesis is the number of priority votes each received.

Table 1: Cultural Wellness Strengths and Challenges

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
• Community rallies around needs (4) • Hard to live here so there is a sense of pride for being able to do it (challenges with seasons, expenses, driving) (3) • Subsistence living (3) • Local Facebook group that is the historical Homer site that focus on shared history (2) • Community cares for our own (2) • Local organizations do education on local history (1) • Maritime and shared maritime history (1) • Provide work opportunities for young people (1) • Outdoor activities and appreciation for trails, water, etc. (1) • Cultural events in Seldovia – summer camps to connect to village tribe culture • Native youth leadership program at the high school • Tribal communities have a strong cultural emphasis • Burning basket as expression of part of the culture • Pratt Museum draws on local heritage and is a way to connect to local history • NRA Fundraising relates to culture for a part of the community • High emphasis on environmental science and arts (art as a form of expression) • First Friday local artists are showcased at gallery	• Don't listen to one another as much as we should (3) • Community rec center for all ages is needed/there is no place for all to come together (2) • Cultural divide (political, social, spiritual) (2) • Discrimination/not same treatment for Russian and Native populations (2) • Older adults and loss of dignity (2) • Lack awareness of what goes on in the community (1) • Social isolation (1) • Cliquey community – reluctance to expand/people are isolated and left out (1) • No easily identifiable culture for City of Homer (1) • Community is not very diverse (1) • Close knit community that takes a while to break into (1) • Bad crime which creates distrust (1) • Disconnected communities • Lack of infrastructure for things life giving/opportunities to engage in activities • Limited options for those who do not drink • Dating is tough in a small town • Need more outside presence here – not seeing as much of that as had in prior years • Do not talk about indigenous past • Lack of understanding for local culture – there is no chance to learn about it • Do not treat as a whole – there is a lack of services outside Homer

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
• Appreciation for others – blending of Homesteaders and Hippies (more cultural acceptance) • Proud to grow up here (Homesteader mentality) • Drinking culture which is good for those who socialize • Support for local business	• The older you get the more left behind you feel • We are judgmental/stigma around those who are Russian old believers, Natives or have mental health issues • Loss of bowling alley and arcade which had helped people feel as though they were part of the community • There is no cultural center

Table 2: Economic Wellness Strengths and Challenges

Economic Wellness: The ability to meet financial needs and adapt to unanticipated financial situations.	
Economic Wellness Strengths	Economic Wellness Challenges
• Local small businesses (6) • Willingness of nonprofit sector to work together/share resources (5) • Community is marketable (3) • Volunteers helping fund and support large projects (2) • A couple large employers fueling economy (2) • Goodwill and crowd funding (2) • Food pantry (2) • Involved Chamber working with local business (2) • Tourism (1) • In the summer there are many opportunities to make good money (1) • UAA and other resources less costly than others (1) • Education level higher than average • Financial advisors • PFD • Homer Bucks • Social service organizations are connected to direct those in need • Great charitable partnerships • Food assistance • Spaces for artists to make money • Educational opportunities available for professional training • Homer is self-sufficient • 9 star job training • Education is available for well-paying jobs, college, trade	• Lack of affordable housing (6) • Lack of childcare (5) • Aging population – housing and service needs are different (3) • High rent (3) • Lack of public transportation (2) • Jobs in caregiving are very low paying, limiting seniors/those with disabilities from participating in economy (2) • Low paying jobs (1) • Air BnB (1) • High cost of goods (1) • Fixed incomes shrink economy (older population tax incentives) (1) • Economic burden on student debt (1) • Lack of home care providers (1) • No front door services for those needing help – food pantry is only 1 day a week • Our local public assistance office is not currently staffed • High turnover in support jobs • Navigating health care system for seniors • NIMBY – Not in my backyard • Need recovery treatment resources • Lack of apprenticeship opportunities • Drumming up financial support for services in other communities • Outdated perceptions of outlying communities • Large population on fixed incomes • Lack of understanding of what is available in other places

Economic Wellness: The ability to meet financial needs and adapt to unanticipated financial situations.	
Economic Wellness Strengths	Economic Wellness Challenges
• Community members rally to help folks in crisis • Creativity and diversity in local businesses (entrepreneurs) • Economic development district helps small business • Good support for artistic community • Between fishing, retail, public sector, there is a diverse array of employment opportunities • Community appeals to funders (state and federal grants) • Bigger businesses in smaller communities • Stable tax base, healthy sales tax revenue (city) (service areas) • Job opportunity – vacant jobs	• People with mental disabilities need help (they are challenged and need something to do – too much time) • Jobs centralized – long commutes • Commercial fishing industry • Vacant jobs • Seasonality of jobs/income • Expensive to leave Homer • Seasonal opportunity flux • Jobs vs. workforce mismatch – skills and experience desired vs. what locals have to offer • Lack of estate planning education • Siloed communities (not aware of opportunities or connections) • High vehicle prices • Decentralized information sources • Healthcare service line splits Ninilchik in half • Lack of knowledge of resources • Housing bought as investments – no housing for locals • Perpetual rental vs. home ownership – can I ever afford to buy? • Local education offerings could be improved • Lack of assistive living beds • People (seniors) with high medical bills need help • Utility costs • Gas prices • Uninsured/underinsured • Healthcare is very expensive • Rent doesn't match income • Lack of year round housing

Table 3: Educational Wellness Strengths and Challenges

Educational Wellness: Recognition of creative abilities and the expansion of knowledge and skills	
Educational Wellness Strengths	Educational Wellness Challenges
• Community REC – ways to learn outside of school (6) • Writers' Conference (but costs money) (6) • Funding for community activities (new to people activities) 907 Veterans Charter Fishing (3) • Art – Creative Intelligence (opportunities for art learning) (3)	• Polarization (6) • Stigma about invisible disabilities (6) • Afraid to ask what we don't know (6) • Limited dedicated space for out of school learning (3) • Some schools are less open to new philosophies (2)

Educational Wellness: Recognition of creative abilities and the expansion of knowledge and skills	
Educational Wellness Strengths	Educational Wellness Challenges
• Good Wi-Fi library and other resources (info access) (2) • Library – opportunities for group learning (1) • Entry points for learning about different lived experiences (1) • Hospice of Homer Film Festival about age (1) • Fireweed/Forest Schools new ideas about education (1) • Curiosity vs. intellectual • Access to alternative medicine • Independent Living Disabilities Art Show – “We are able” • Destigmatizing Disabilities Film Festival • Human connection – Veterans Buddy program • People are moving beyond their comfort zone • High scholastic level	• Lack of awareness of specific groups’ needs and contributions (2) • Not aware of abilities compared to disabilities (2) • Not appreciating differences - neurodiversity (1) • Don’t go deeper superficial connections – Veterans “Thank you for your service” (1) • Lack of awareness of multiple intelligences (1) • Misunderstanding of what different resources exist (1)

Table 4: Emotional Wellness Strengths and Challenges

Emotional Wellness: The ability to cope effectively with life and create personal enrichment through one’s work and relationships.	
Emotional Wellness Strengths	Emotional Wellness Challenges
• Willingness to build community (6) • Small community = better networking (4) • Human animal bonds (domestic and wild) (3) • Community connection (2) • Access to plenty of outside/physical activities (2) • Lovely setting and open spaces (2) • Us for us (1) • Volunteering (1) • T.I.C. (1) • Easier to connect • Annie Garay and community yoga • Facetiming friends and family in the lower 48 • Connections to nature • Sport fishing • Green dot • Resiliency coalition • Peer teaching/education/support • Arts/theater	• Access for kids (5) • Mental health access (3) • Lack of mutual aid (3) • Lack of transportation (3) • Winter (2) • Increased professional access (2) • Stigma (1) • Youth in abusive settings – resources to escape (1) • Lack of safe spaces for queer folk (1) • Mental health – access developing males (1) • Need more peer support (1) • Education – SEL, mindfulness, bodily autonomy, self-advocacy (1) • Access to multiple hobbies (1) • Communicating advocacy/change/education opportunities (1) • Industry (fishing) creates stressful family dynamics (1) • Parental support for children/families coping with significant health/emotional issues • Professional access - backlogged/financial issues

Emotional Wellness: The ability to cope effectively with life and create personal enrichment through one's work and relationships.	
Emotional Wellness Strengths	Emotional Wellness Challenges
	• Mental health needs not being met • Travel to get resources • T.I.C still not everywhere • Mobile crisis response • Volunteer burnout • Climate change • Pet ownership limit support E.C. housing • Seasonal employment

Table 5: Environmental Wellness Strengths and Challenges

Environmental Wellness: A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.	
Environmental Wellness Strengths	Environmental Wellness Challenges
• There are a variety of ways people can connect to the natural world (e.g. clean air, quiet, walk to work, fish) (5) • A healthy environment supports our local economy (4) • Kachemak Bay/Cook Inlet connects us to other coastal communities (2) • We have facilities and people that support community convening (2) • Easy access to many recreational opportunities (2) • Kachemak Bay/Cook Inlet connects us to all (1) • Increased healthcare facilities in outlying areas (1) • We have choices on built environments we inhabit (e.g. schools, churches) • Healthy maritime ecosystem • Geographical dispersion • Community infrastructure (e.g. water/sewer) in Homer • Our natural environment is something we are all connected to in some way, is a unifying characteristic	• Habitat degradation resulting from population growth (3) • Lack of housing stock (3) • Built environment is not universally accessible (2) • Distance between agencies for people without transportation (2) • Emergency response access into homes can be a challenge (2) • Inequitable access to natural world/recreation (1) • Our interdependence with the natural world isn't well recognized (1) • Severe weather events are impacting our communities (e.g. hay shortage) (1) • Geographical dispersion creates health and safety challenges (1) • Climate change is impacting local ecosystem • Building relationships/connections between different spaces/places – there needs to be multiple entry points • Lack of transportation for people who don't have their own • Built environment if not pedestrian friendly • Lack of transitional facilities (e.g. veterans, seniors, treatment) • Housing stock doesn't meet needs of an aging demographic • Community infrastructure (e.g. sewer, water, broadband) in outlying areas

Table 6: Physical Wellness Strengths and Challenges

Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.	
Physical Wellness Strengths	Physical Wellness Challenges
• Natural environment – easier in summer, more active lifestyle - walk/bike/hike, community rec center, SPARC, skiing terrain, rope tow, arts in the community, specialty at spit, workout facility options, youth program ski equipment, sports programs for youth (9) • Youth programs – Sprout, Head Start, library programs, arts, sports, programs for youth (6) • Men’s residential recovery – need more MAT (2) • SPARC – nonprofit, wheelchair accessible, large safe space (1) • Increased service from SVT/Ninilchik/Anchor Point/NTC too • Neighborhood connections and support • Multiple PT services • Nature – environment, terrain, sports programs, community rec programs, arts, MAT, Sprout, Head Start, libraries • Telehealth more access otherwise	• Lack of sidewalks and bike paths (8) • The cost of outdoor recreation can be a limitation to accessing the environment during inclement weather, etc. (6) • Aging challenges of living here (wood chopping, shoveling snow) (4) • Lack of public transportation (3) • Lack of elder care (3) • Social anxiety in small town – lack of anonymity (2) • Wait list for primary care (2) • Cold and icy – unsafe to get outside (2) • Conditions of bike path not ideal – not maintained (1) • Isolation (1) • Perception that can’t do it – knowledge of opportunities (1) • Lack of volunteers • Lack of childcare (1) • Siloing – staying in your own lane – no coordination (1) • COVID impact healthcare/wellness • Lack of affordable, long term housing • Physical classes geared toward elders • Historical knowledge leaves community as elders leave • Lack of nonskilled eldercare • Recovery – focus on wellness – change mindset back to wellness • Loss of primary care providers • Affordability of healthcare • Dogs on beach or neighborhoods with human – animal conflict • Beginner activities - activities to reengage – hard to start • Food insecurity – winter especially • Lack of sunlight • SKP is not very wheelchair accessible • Lack of awareness for support groups • Lack of space for preschoolers in programs – cost barrier for private • Lack of activities for teenagers – late night, safe spaces

Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.	
Physical Wellness Strengths	Physical Wellness Challenges
	• Free play opportunities for youth • Harder in off season – winter • Accessibility – transport, equipment, cost • Transport cost for private facilities • Geography and travel, charter flights, access to larger communities • Services clearing house to help connect services • Telehealth – zero in person • Access to specialty wait list • Mental health/counseling resources • Wildlife – human interactions – negative, risk

Table 7: Social Wellness Strengths and Challenges

Social Wellness: A sense of connection, belonging, safety and a reliable support system.	
Social Wellness Strengths	Social Wellness Challenges
• Nature (3) • Small close knit personal community groups with like-minded values (3) • Friendly community (2) • Volunteerism as a culture (2) • Word of mouth in small community (2) • Geographic realities necessitate cooperation (1) • MAPP (1) • Overlapping community social web • Family connection and ties • Connection to neighbors even if you live out of town • Organizations – large variety • Lots of activities • Pet friendly community • Service oriented community	• Social isolation status post pandemic (3) • Lack of funding for case managers to ensure folks are connected to resources (3) • Lack of childcare/capacity for childcare (2) • Social cliques (2) • Siloed communities (2) • Lack of indoor activities (1) • Winter (1) • Polarized opinions (1) • Visual community calendar – neutral information location (1) • Lack of capacity to bring long term change to set pattern of behavior (1) • Folks are looking for recovery (1) • Lack of leadership in recovery due to people moving, passing, etc. (1) • Back roads and trails not safe • Snowbirds - folks that leave for winter • Sober vs. non sober ways to be social – cultural norms with alcohol • Lack of established mentorship communication • Relying on technology as opposed to personal interaction • Elderly folks lack volunteers for social interaction • Lack of options for organized activities for teens • Generational and geographical cliques

Social Wellness: A sense of connection, belonging, safety and a reliable support system.	
Social Wellness Strengths	Social Wellness Challenges
	• Ingrained in how things were built and not very open to feedback and change – incorporate feedback channels • Lack of tools to overcome insecurities and trauma • How do you keep the connectivity going if someone moves • COVID created challenge to connect and participate in community activities • Organizational isolation • Ability (connection) to self-isolated groups • How do you hand down neighborhood culture to new folks

Table 8: Spiritual Wellness Strengths and Challenges

Spiritual Wellness: A sense of purpose and meaning in life.	
Spiritual Wellness Strengths	Spiritual Wellness Challenges
• Lots of avenues for people exploring spirituality/to seek spirituality (5) • Mindfulness activities (yoga) (5) • Land connectedness (3) • Lots of offerings for people seeking (2) • Higher power concept is unifying (2) • Unity in mourning and challenges (example Duffy, Drew) (2) • Room to explore spirituality that isn't mainstream (1) • Bible Institute (1) • Renewed desire to participate in community in person – real relationships (1) • Fireworks (1) • We do overcome tribalism (1) • Beauty of where we live promotes wellness for our spirituality • Unified community event with spiritual purpose • Spiritual culture/wellbeing feels supported • Lots of diversity – lots of support and avenues • Physical activities • Churches helping meet basic needs/community events • Re-engagement at a local level – flesh and blood relationships • Lots of resources (Many Rivers, SVT, SPARC) • Communal appreciation for nature	• The need to be right (5) • Churches politicized (4) • Connecting resources and people and needs (4) • Meeting people where they are at regardless of beliefs – this doesn't have to be compromising your beliefs (3) • Sense of hopelessness worldwide (2) • Spirituality in community can feel competitive (2) • Hustle culture – we focus on surviving capitalism and don't have permission to focus on this aspect (2) • Stigma/judgement – big churches feels like people can fall through the cracks (2) • Redefining purpose after COVID (1) • Talking circles could be powerful (1) • There can be missions out of country but not meeting local needs (1) • VA Chaplain could share with churches on sharing/communicating with Vets (1) • Geographical separation • Post 2020 not as confident spiritually – confident in why I'm here (challenge and opportunity for growth) • Unity is wanted but can be a challenge • So many churches it feels like churches get lost- churches need to work together

Spiritual Wellness: A sense of purpose and meaning in life.	
Spiritual Wellness Strengths	Spiritual Wellness Challenges
	• Lack of money can affect lack of spiritual needs counseling/wellness/coach/mentorships • Need to learn how to embrace all people • Be more intentional with indigenous spiritual beliefs • Less listening happening, lack of tolerance • Tribal tendencies in communication – judgement based on spiritual home • Lack of trauma informed care is a barrier to taking care of spiritual needs • Social needs directly affect spiritual wellbeing • Limited jobs and resources can affect your sense of purpose • Maybe a varying opinion on “spirituality” and what that is and how it is understood by community • When basic needs are not met (housing/isolation/food) it is hard to have meaning for life • Lots of churches/separation • (VA Nurse) Chaplain would like to speak with vets – Chaplain would like to know how to engage with vets • Spiritual component for end of life (hospice) needed – elderly need cared for spiritually

Perceptions of Community Health Survey

Methodology

The CHNA workgroup reviewed questions from the prior Perceptions of Community Health Survey and revised questions for the 2023 iteration. COVID-19 questions as well as additional and modified demographic questions were included. To the extent possible the workgroup maintained a consistent set of questions to allow for comparison across CHNAs. The Perceptions of Community Health Survey can be found in Appendix A and the full data set in Appendix B. For this assessment, given the low population numbers the communities of Fox River, Kachemak Selo, Razdolna and Voznesenka were clustered to create the Fox River Region.

A total of 1,020 surveys were included in the assessment.

The survey was open for community response between August 2022 and February 2023. Surveys were completed during the following events and at the following locations: Rotary Health Fair, Fritz Creek General Store, Homer Community Food Pantry, Anchor Point VFW, Ninilchik State Fair, Ninilchik Elders Luncheon, and Anchor Point Holiday Craft Bazaar.

Paper copies were available with drop boxes at the following locations: West Wing, Ninilchik Community Clinic, KPC Kachemak Bay Campus, Homer United Methodist Church, Sprout, Kachemak Bay Family Planning Clinic, REC Room, Homer Medical Clinic, Family Care Clinic, Serene Waters, Functional Medicine Clinic, SVT Health and Wellness, South Peninsula Behavioral Health Services, Homer Senior Center, and Anchor Point Senior Center.

The survey link was shared through Facebook Posts, Homer News Ads, flyers around town and through Steering Committee members. In addition to these methods, South Peninsula Hospital shared the link with its employees.

Upon completion of the survey participants had the option to enter their name into a drawing for a chance to win prizes and incentives from local vendors.

To compile paper and online results, all paper surveys were entered into the online SurveyMonkey survey by volunteers at South Peninsula Hospital.

In addition to the Perceptions of Community Health Survey, in an effort to reach a broad range of community members, intercept surveys, focus groups, and stakeholder interviews were also conducted. Intercept surveys were a consolidated version of the Perceptions of Community Health Survey conducted by Strategy Solutions, Inc. at various community locations. Focus groups were designed to get input on strengths and needs within the community and were facilitated by Strategy Solutions as well as by members of the MAPP work group. Stakeholder interviews were one on one interviews conducted by Strategy Solutions to identify strengths and needs. The intercept survey can be found in Appendix C, with full data set in Appendix D, the focus group guide in Appendix E, and the stakeholder interview questions in Appendix F.

Focus Groups

A total of 9 focus groups were completed with 58 participants:

- July 22, 2022
 - SKP Resilience Coalition Leadership Team (7 participants)
- November 4, 2022
 - Recovery Community (2 groups) (14 participants)

- November 7, 2022
 - Food Pantry (6 participants)
 - Homer Senior Center (6 participants)
 - Homer Chamber of Commerce (5 participants)
 - REC Room (5 participants)
- December 10, 2022
 - United Women in Faith focus group (8 participants)
- January 16, 2023
 - Ninilchik Elder's Luncheon (2)
- February 24, 2023
 - Faith Based Group (5 participants)

Intercept Surveys

Intercept surveys were conducted at 11 locations with a total of 202 total respondents. Data was included for 201 surveys as one respondent did not live in SKP.

- July 22, 2022
 - Homer Public Library (12)
 - Wagon Wheel (12)
 - Anchor Point Senior Center Bingo (18)
- July 23, 2022
 - Homer Medical Center Sports Physicals (28)
 - Cole's Market (14)
 - Fritz Creek General Store (9)
 - Homer Landfill (9)
 - KBFPC Sip & Shuck Fundraiser (37)
- July 24, 2022
 - Church on the Rock (26)
 - Concert on the Green (23)
- July 25, 2022
 - Homer Food Pantry (14)

Stakeholder Interviews

A total of 7 stakeholder interviews were conducted.

- July 22, 2022
 - Public Health Department – Lorne Carrol, Cynthia West
- November 4, 2022
 - Jane Dunn, Choosing Our Roots
 - Tessa Sullivan, Director, HeadStart
 - Donna Adherhold, Homer City Council
- November 5, 2022
 - Dr. Paula Godfrey, SHP Emergency Department
- November 7, 2022

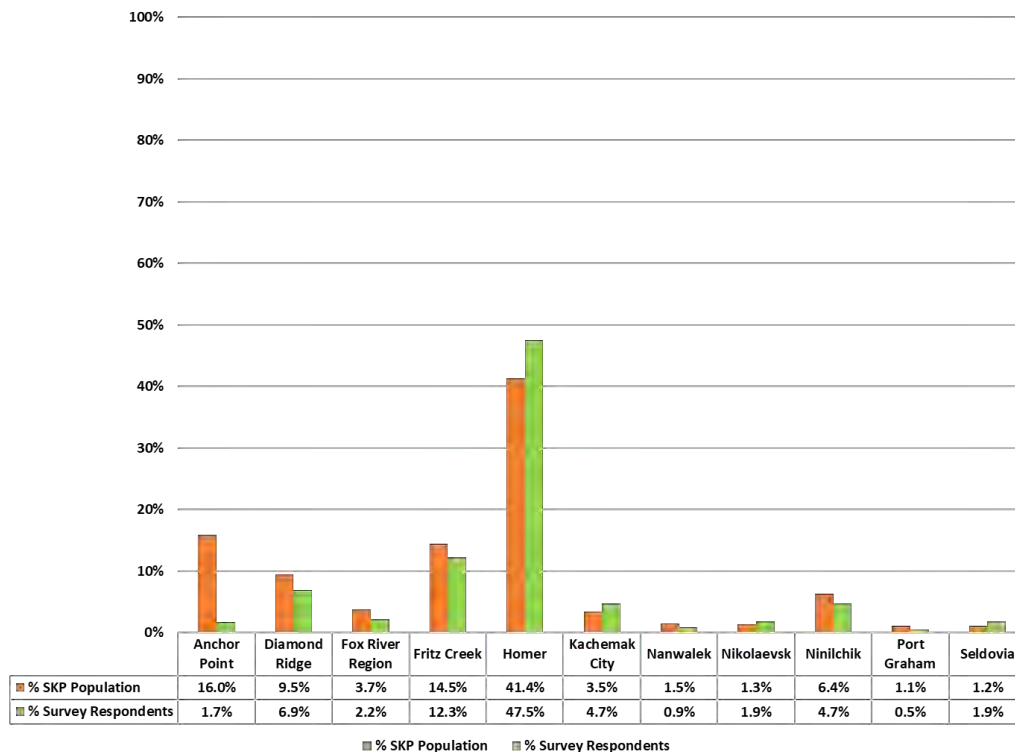
- Kyle Darbonne, Principal, Fireweed Academy
- Ken Castner, Mayor of Homer

Perceptions of Community Health Survey Demographics Compared to Southern Kenai Peninsula Demographics

The 2023 Perceptions of Community Health Survey was completed by a total of 1,020 residents from Southern Kenai Peninsula (SKP) representing 11 distinct communities. For this assessment, given the low population numbers the communities of Fox River, Kachemak Selo, Razdolna and Voznesenka were clustered to create the Fox River Region.

The highest percentage of survey respondents were from Homer, which accounts for the largest population in the Southern Kenai Peninsula. Survey responses were close to the population in most communities, with Anchor Point being underrepresented in the survey.

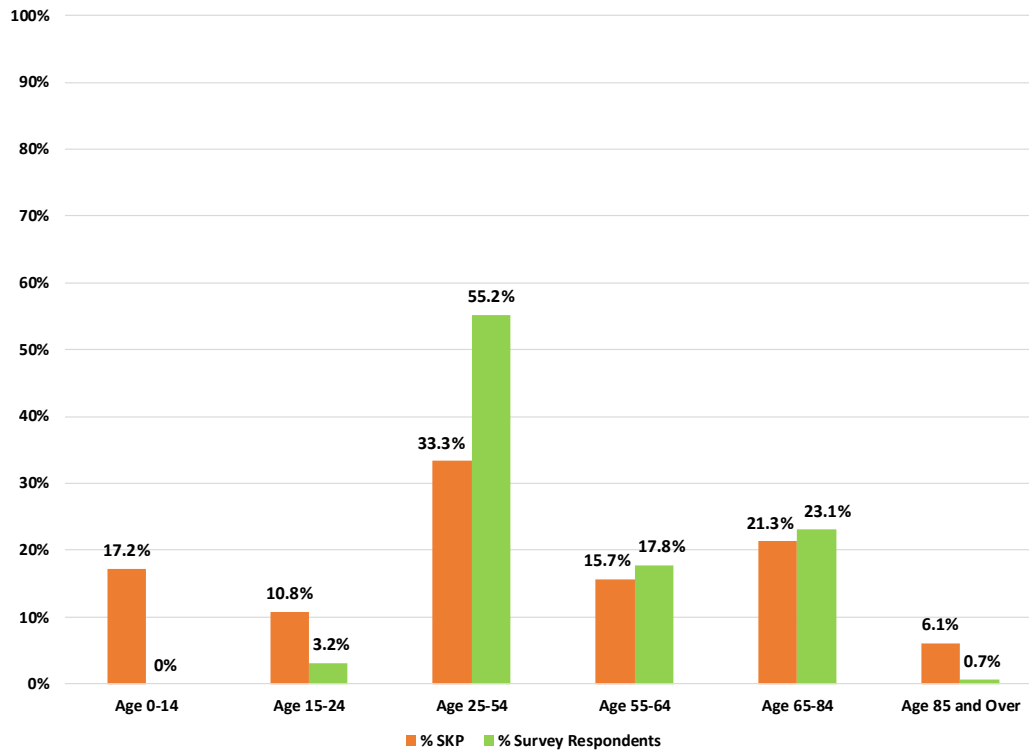
Figure 4: Population by Community Compared to Survey Respondents



Source: Claritas Environics, Perception of Community Health Survey

No one under the age of 15 completed the Perception of Health Survey. The highest percentage of survey respondents were ages 25-54 which also accounts for the largest age group in the Southern Kenai Peninsula.

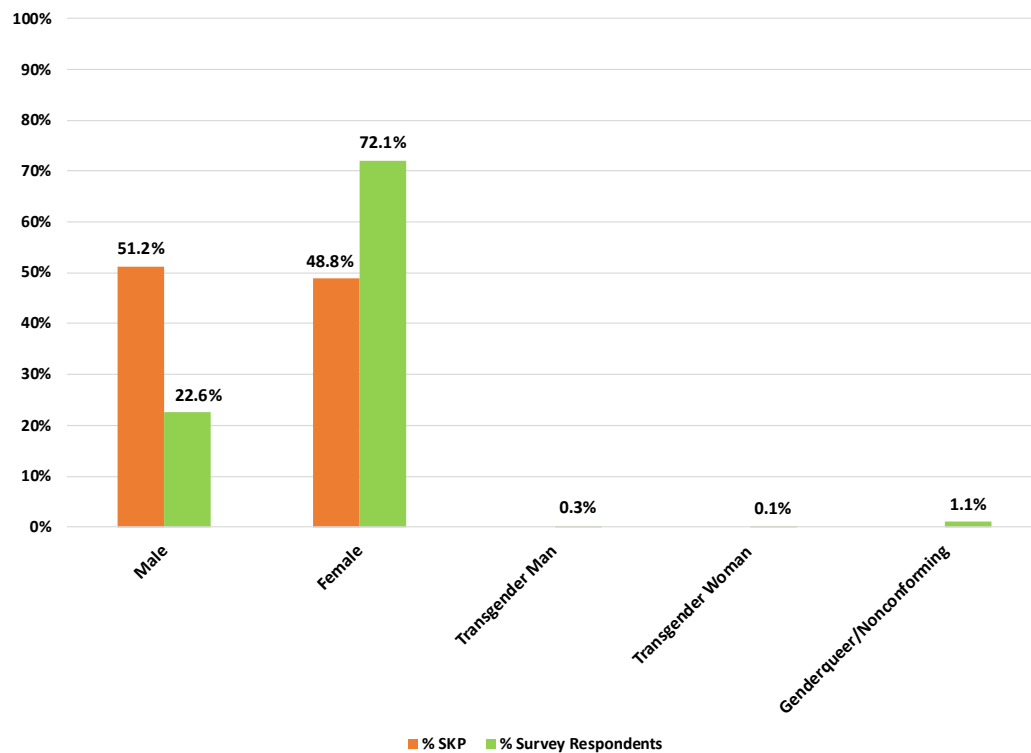
Figure 5: Southern Kenai Peninsula Population by Age Compared to Survey Respondents



Source: Claritas Environics, Perception of Community Health Survey

A higher percentage of females completed the Perceptions of Health Survey than males, while there is a higher percentage of males in the Southern Kenai Peninsula.

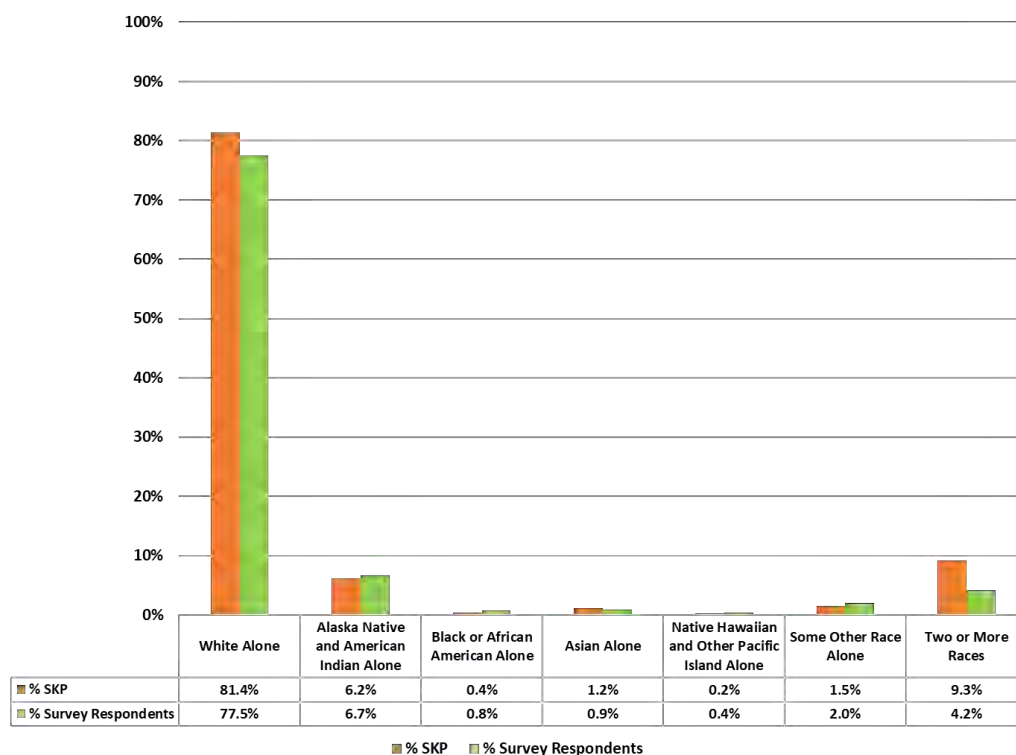
Figure 6: Southern Kenai Peninsula Population by Gender Compared to Survey Respondents



Source: Claritas Environics, Perception of Community Health Survey

The highest percentage of survey respondents were White, which is comparable to the overall population of the Southern Kenai Peninsula.

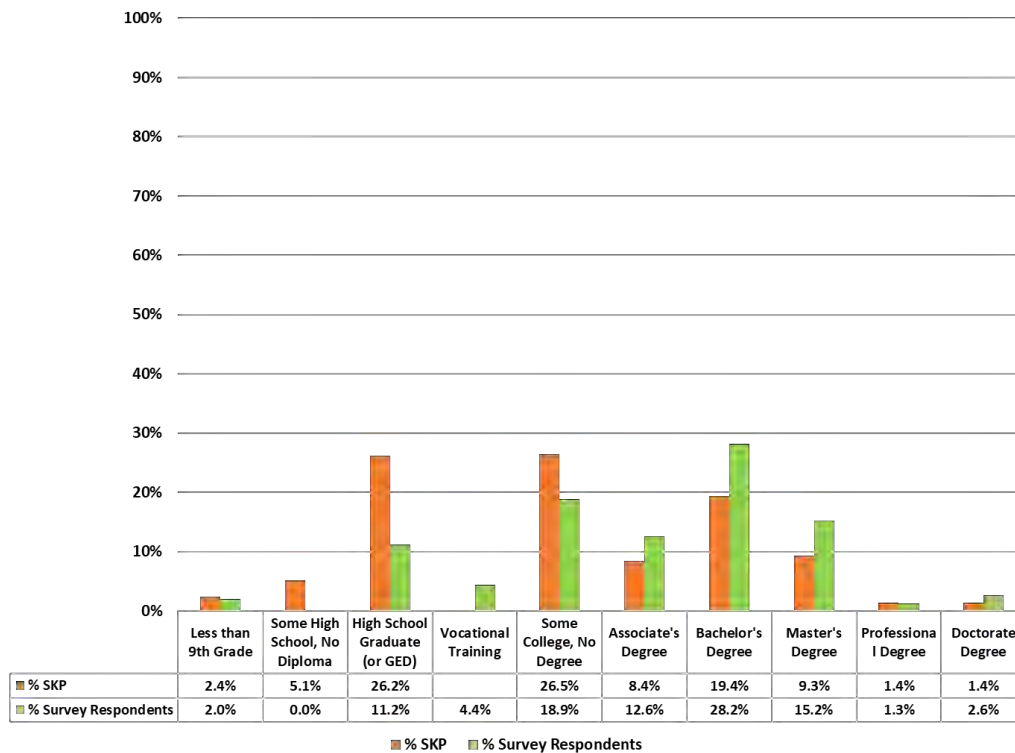
Figure 7: Southern Kenai Peninsula Population by Race Compared to Survey Respondents



Source: Claritas Environics, Perception of Community Health Survey

The highest percentage of Perception of Health survey respondents had a Bachelor's Degree, while the highest percentage of residents in the Southern Kenai Peninsula have Some College, No Degree.

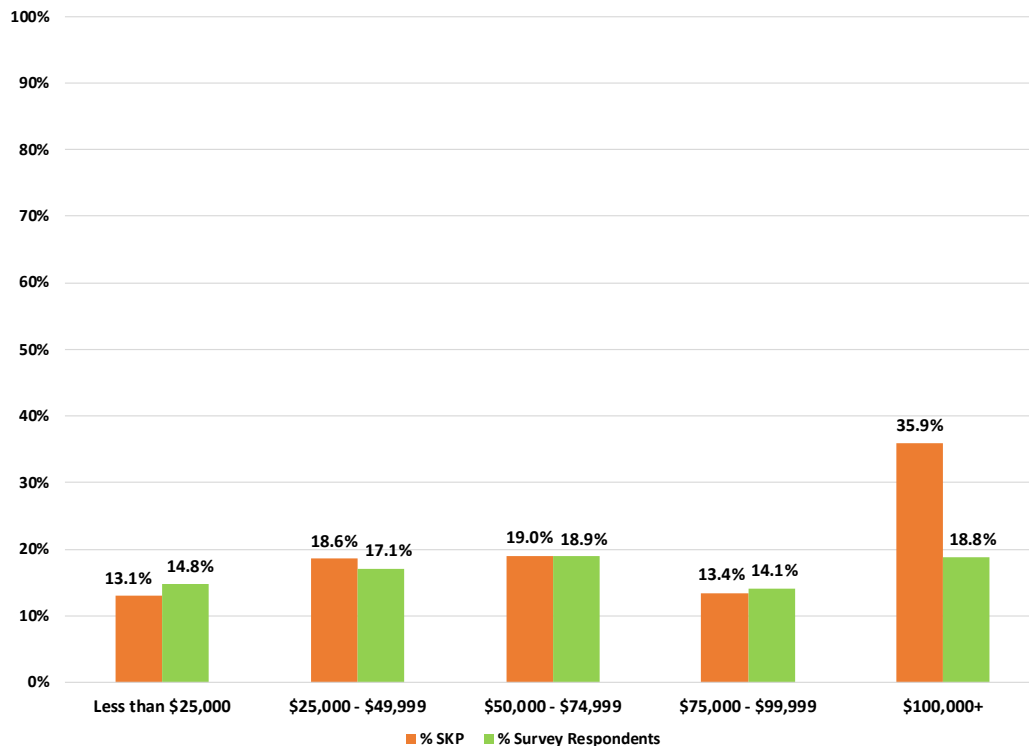
Figure 8: Southern Kenai Peninsula Population by Educational Attainment Compared to Survey Respondents



Source: Claritas Environics, Perception of Community Health Survey

Household income of survey respondents aligned with that of the Southern Kenai Peninsula with the exception of those with incomes of \$100,000 or more, which were underrepresented in the survey.

Figure 9: Southern Kenai Peninsula Population by Income Compared to Survey Respondents



Source: Claritas Environics, Perception of Community Health Survey

Table 9: Perceptions of Community Health Survey Respondents with Health Insurance, Comparison 2008-2023

2008 Perceptions Survey (1,429 responses)	2012 Perceptions Survey (1,164 responses)	2015 Perceptions Survey (660 responses)	2023 Perceptions Survey (1,020 responses)
Yes (73%) / No (27%)	Yes (75%) / No (25%)	Yes (88%) / No (12%)	Yes (70.5%) / No (4.5%) Prefer Not to Answer (25.0%)

Source: Perception of Community Health Survey

Survey Feedback to Impact of COVID-19

Respondents were asked to indicate if any of the following areas were more challenging than normal during the COVID-19 pandemic. This was a check all that apply question.

Table 10: Challenges During COVID-19

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

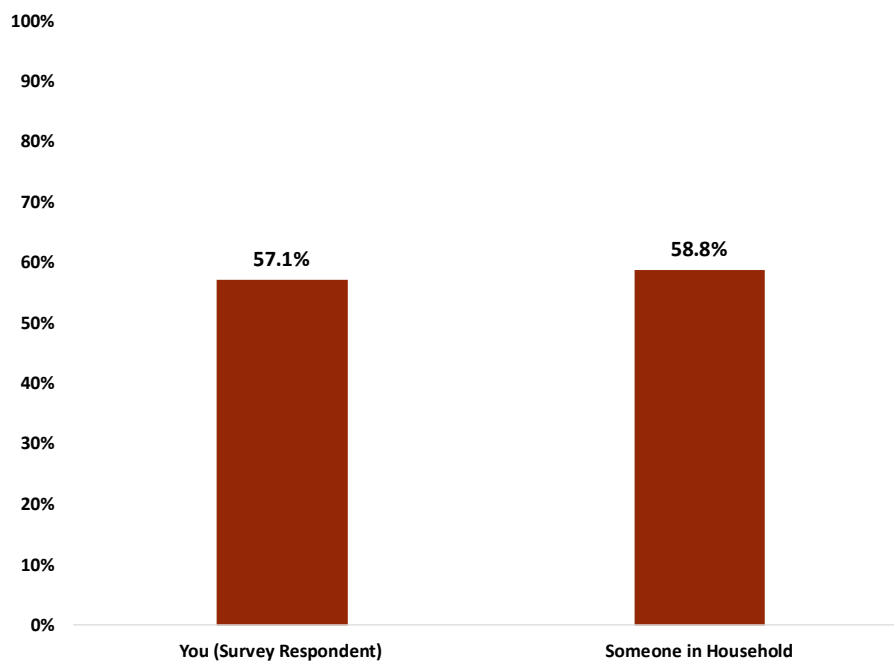
Source: Perception of Community Health Survey

Other challenges noted included:

- Isolation/time away from loved ones/loneliness
- Shortages of food and household items
- Access to 12-step meetings
- Access to businesses, services and activities
- Divide in community based on views of COVID and masking
- Anxiety being in public
- Balancing responsibilities (working from home while kids were doing remote learning)
- Stress created by pandemic
- Knowing what was factual
- Mental health issues
- Increased drinking
- Divorce
- Harassment
- Death/loss of loved ones
- Lack of space/privacy
- Uncertainty

Of those who responded to the question if they personally had tested positive for COVID-19 (N=821) or someone in their household had (N=816), over half personally tested positive (57.1%) or had someone in their household test positive (58.8%).

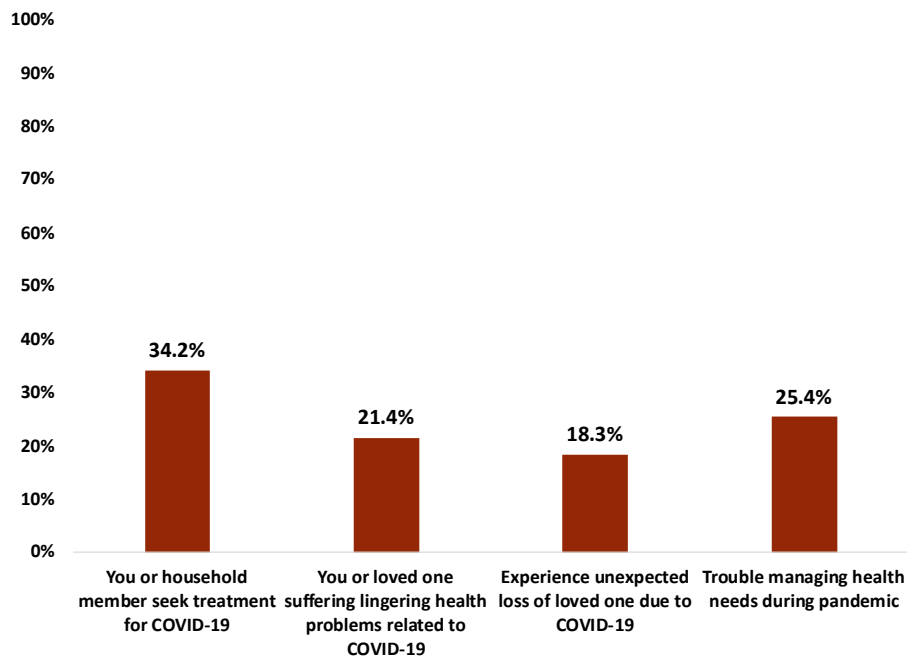
Figure 10: Tested Positive for COVID-19



Source: Perception of Community Health Survey

Approximately one third of survey respondents (34.2%) personally sought treatment for COVID-19 or had a household member who did. One in four respondents (25.4%) had trouble managing their health needs during the pandemic. One fifth (21.4%) of respondents either suffered lingering health problems related to COVID-19 or had loved ones who did.

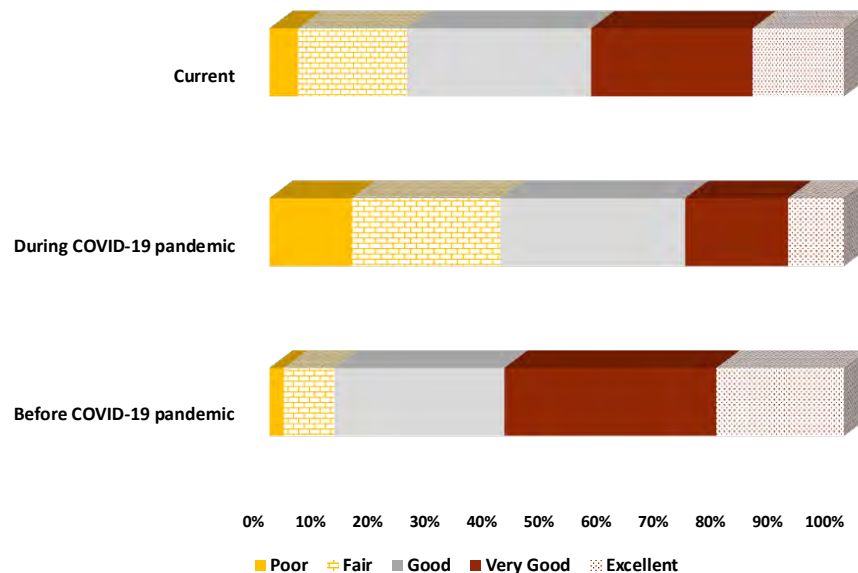
Figure 11: Impact of COVID-19



Source: Perception of Community Health Survey

During the COVID-19 pandemic there was an increase in respondents reporting their mental health as fair or poor in comparison to before the pandemic. Although not back to where it had been prior to COVID-19, there was an increase in those reporting current mental health as very good or excellent.

Figure 12: Impact of COVID-19 on Mental Health



Source: Perception of Community Health Survey

The following were some strategies used by community members during the pandemic:

- Online free offerings like yoga and meditation
- Outdoor activities (i.e. walking, hiking, biking, kayaking, fishing, gardening)
- Talking with family and friends/connecting via Zoom
- Counseling
- 12 step meetings
- Exercise
- Cooking
- Arts/Crafts
- Activities with pets
- Ate well
- Took vitamins
- Avoided crowds
- Virtual book clubs
- Prayer/Church
- Volunteered
- Ate or drank too much
- Reading

- Hobbies
- Continued to work and live life
- Netflix/watched tv/movies
- Projects

Community Perceptions and Historical Survey Results

Respondents were asked to identify the three aspects they felt were the community's greatest strengths. To maintain consistency with prior reports, the top five are reported. The five greatest community strengths identified were:

Table 11: Community Strengths, Historical Perspective

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

Source: Perception of Community Health Survey

Respondents were asked to identify the three aspects of the community they felt most need to be improved. To maintain consistency with prior reports, the top five are reported. The five community aspects most needing to be improved were:

Table 12: Community Areas for Improvement, Historical Perspective

	2015 Perceptions Survey (590 responses)	2020 Perceptions Survey (469 responses)	2023 Perceptions Survey (1,020 responses)
1	Jobs and economic opportunities (48%)	Jobs and economic opportunities (13%)	Housing (58%)
2	Public transport (38%)	Substance abuse treatment (13%)	Public transportation (24%)
3	Substance abuse treatment (36%)	Housing (12%)	Jobs and economic opportunities (20%)

4	Housing (26%)	Public transportation (12%)	Substance abuse treatment (17%)
5	Access to job training and higher education (17%)	Respect for varied viewpoints (10%)	Behavioral health services (17%)

Source: Perception of Community Health Survey

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

Table 13: Impact to Individual and Family, Historical Perspective

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

Source: Perception of Community Health Survey

*2009 and 2012 Perceptions Survey did not ask directly comparable question

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

Table 14: Factors Negatively Impacting Community, Historical Perspective

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

Source: Perception of Community Health Survey

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

Table 15: Issues Preventing Use of Services, Historical Perspective

	2008 Perceptions Survey (831 responses)	2012 Perceptions Survey (886 responses)	2015 Perceptions Survey (567 responses)	2020 Perceptions Survey (402 responses)	2023 Perceptions Survey (1,020 responses)
1	Cost	Cost (47%)	Cost (51%)	Cost (53%)	Cost (33%)

2	Transportation	Schedule conflicts (42%)	Not enough time (38%)	Schedule conflicts (47%)	Schedule conflicts (33%)
3	Distrust agency or provider	Not enough time (36%)	Schedule conflicts (38%)	Not enough time (39%)	Not enough time (26%)
4	Confidentiality	Lack of anonymity (14%)	Lack of anonymity (16%)	Lack of anonymity (18%)	Transportation (12%)
5	Lack of anonymity	Distrust agency/provider (13%)	Transportation (15%)	Awareness (15%)	Awareness (12%)

Source: Perception of Community Health Survey

Respondents were asked to rate the following statements for themselves:

Table 16: Eight Dimensions of Wellness, Historical Perspective

Eight Dimensions of Wellness	Survey Year	Always	Frequently	Sometimes	Never
I have a sense of purpose and meaning in my life.	2023	54%	30%	15%	1%
	2020	53%	36%	11%	1%
	2015	25%	55%	19%	1%
I have a sense of connection, belonging, safety, and a reliable support system.	2023	50%	30%	18%	2%
	2020	50%	35%	14%	1%
	2015	64%	25%	10%	1%
I have the ability to perform daily activities without undue fatigue or physical stress.	2023	42%	37%	18%	3%
	2020	42%	41%	16%	2%
	2015	29%	48%	20%	2%
I have the opportunity to expand my knowledge and skills and use my creative abilities.	2023	38%	36%	24%	2%
	2020	43%	37%	18%	2%
	2015	**	**	**	**
I can cope effectively with life stresses, and my work and relationships are enriching.	2023	32%	44%	23%	1%
	2020	30%	51%	18%	2%
	2015	29%	55%	15%	1%
My surroundings are adequate for me (from my home to the wider community or environment)	2023	52%	31%	15%	2%
	2020	53%	35%	11%	1%
	2015	28%	43%	28%	1%
I have enough money for my basic needs, and I can adapt for unplanned expenses.	2023	42%	27%	22%	9%
	2020	41%	34%	20%	4%
	2015	45%	33%	20%	3%
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures.	2023	42%	33%	19%	4%
	2020	43%	34%	19%	3%
	2015	**	**	**	**

Source: Perception of Community Health Survey

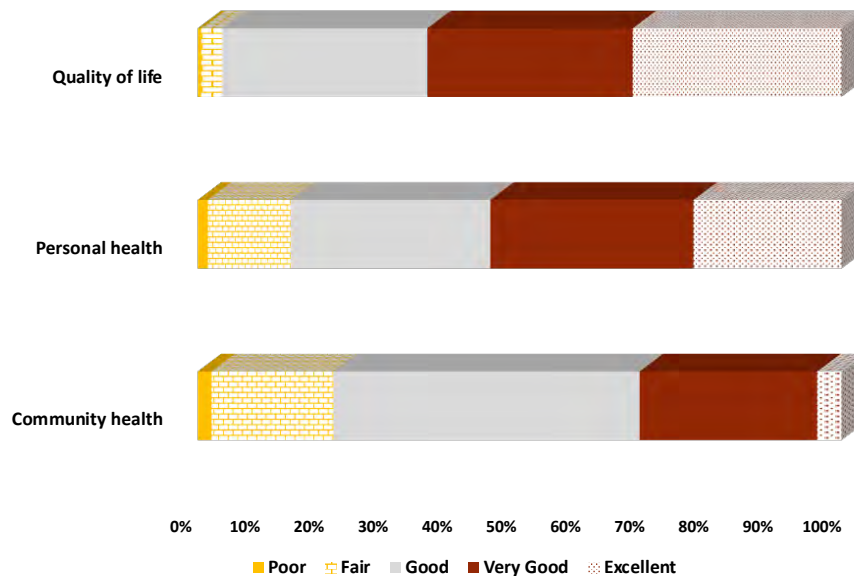
**Data are unavailable or not comparable because 2015 questions were slightly different

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

Intercept Survey Results

One in five respondents (21.1%) rated the overall health of the community as fair or poor while 14.4% rated their own health as fair or poor. Almost a third of respondents (32.4%) rated their quality of life as Excellent.

Figure 13: Health and Quality of Life Rating



Source: Intercept Survey

The following show frequency to which respondents feel they have each related to the Eight Dimensions of Wellness.

Table 17: Eight Dimensions of Wellness, Intercept Survey

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

I am connected to my own culture and traditions, and I see the diversity and richness of other cultures.	57.5%	22.3%	19.2%	1.1%

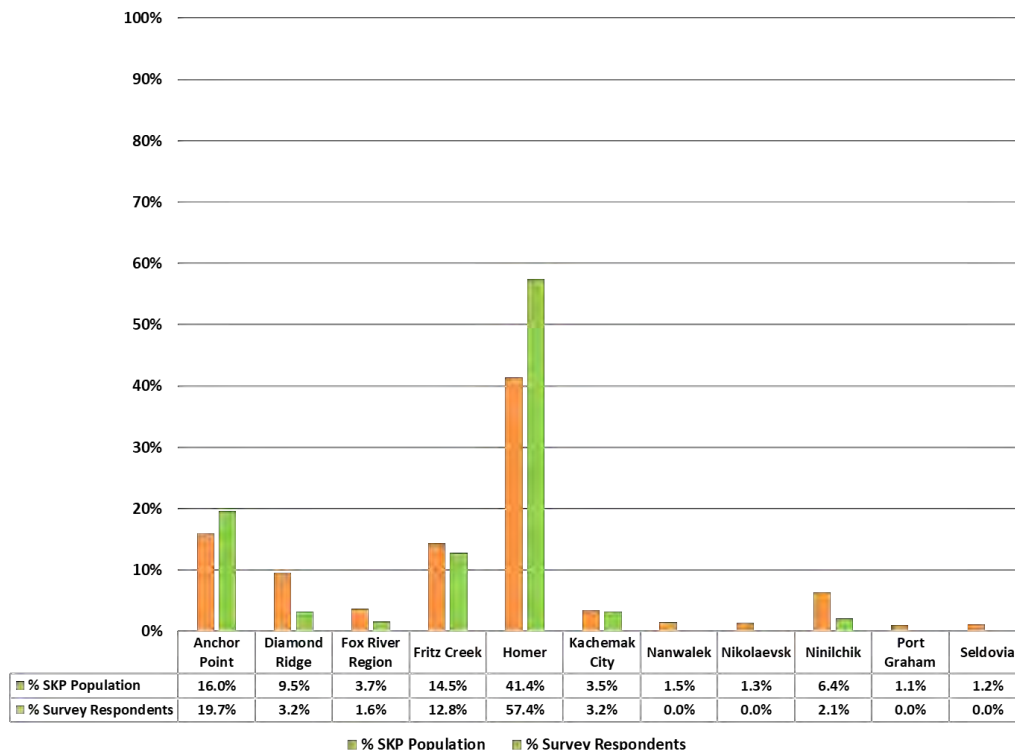
Source: Intercept Survey

Intercept Survey Demographics Compared to Southern Kenai Peninsula Demographics

Intercept surveys were completed by a total of 201 residents from Southern Kenai Peninsula (SKP) representing 11 distinct communities. For this assessment, given the low population numbers the communities of Fox River, Kachemak Selo, Razdolna and Voznesenka were clustered to create the Fox River Region.

The highest percentage of survey respondents were from Homer, which accounts for the largest population in the Southern Kenai Peninsula. Survey responses were close to the population in most communities. No intercept surveys were completed for residents of Nanwalek or Nikolaevsk.

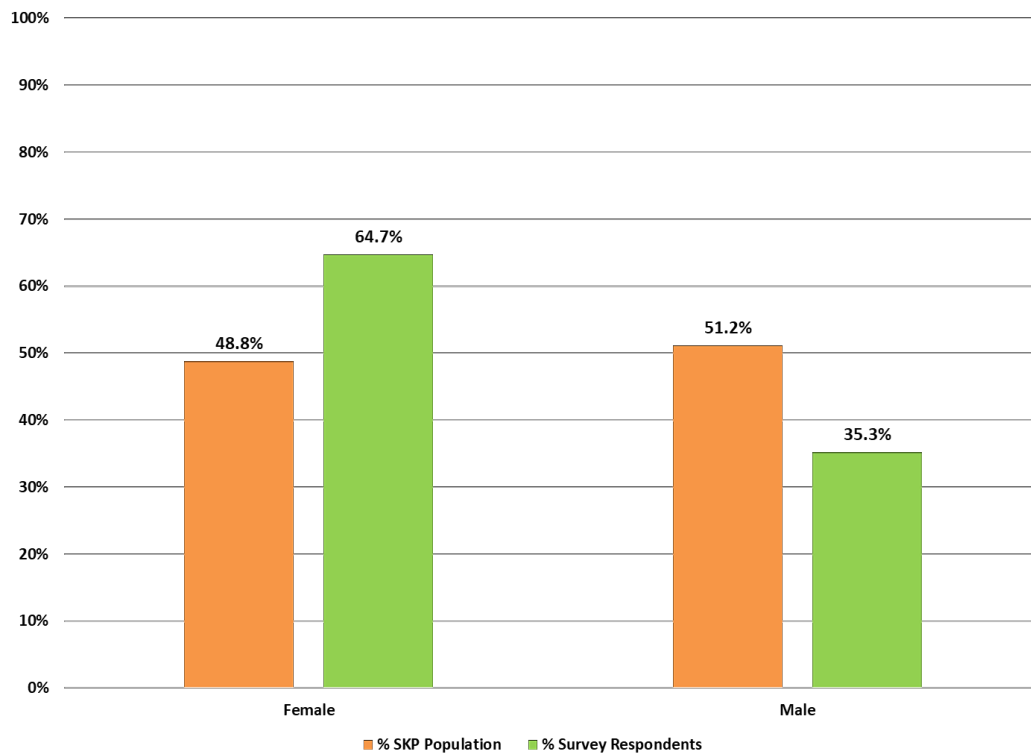
Figure 14: Population by Community Compared to Intercept Survey Respondents



Source: Claritas Environics, Intercept Survey

A higher percentage of females completed the Intercept Survey than males, while there is a higher perception of males in the Southern Kenai Peninsula.

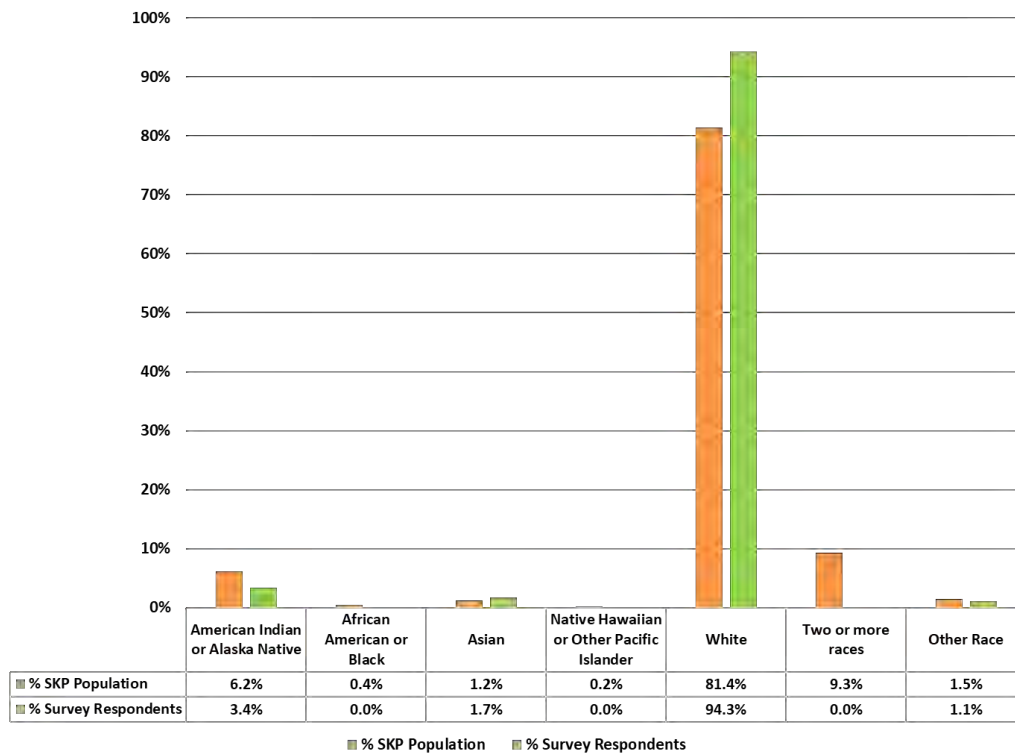
Figure 15: Southern Kenai Peninsula Population by Gender Compared to Intercept Survey Respondents



Source: Claritas Environics, Intercept Survey

The highest percentage of survey respondents were White, which is comparable to the overall population of the Southern Kenai Peninsula.

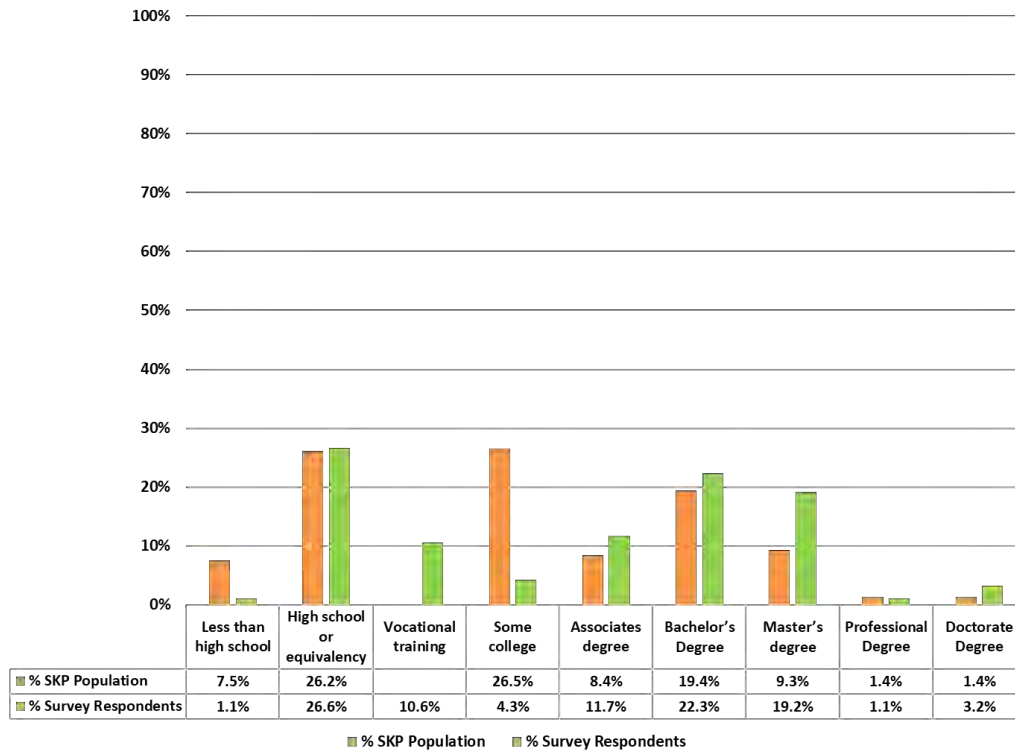
Figure 16: Southern Kenai Peninsula Population by Race Compared to Intercept Survey Respondents



Source: Claritas Environics, Intercept Survey

The highest percentage of Perception of Health survey respondents had a High School diploma or equivalency, which is comparable to that of the Southern Kenai Peninsula.

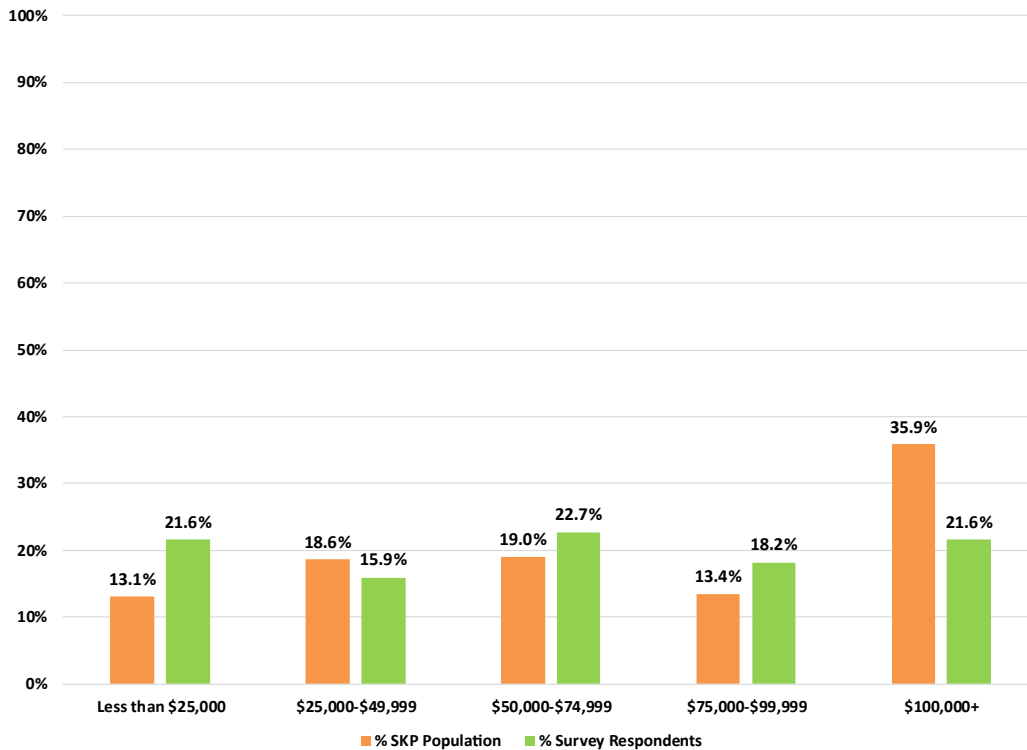
Figure 17: Southern Kenai Peninsula Population by Educational Attainment Compared to Intercept Survey Respondents



Source: Claritas Environics, Intercept Survey

Household income of survey respondents aligned with that of the Southern Kenai Peninsula with the exception of those with incomes of \$100,000 or more, which were underrepresented in the survey.

Figure 18: Southern Kenai Peninsula Population by Income Compared to Intercept Survey Respondents



Source: Intercept Survey

Focus Group Summary

A total of 56 community members participated in 8 focus groups. The following is a summary of what was shared by focus group participants.

What does a healthy community look like?

Focus group participants had varied views of what a healthy community looks like. For some it was a safe place to live, others focused on availability of services and basic needs, while others looked at employment opportunities and the ability to earn a decent wage. A few spoke of the need for a diverse community that is open and accepting of all.

Participants talked about the importance of living somewhere safe, where people can freely walk around without fear of being robbed or attacked. Others noted that there are people who are not equipped as adults to be part of society. These individuals do not know how to work or be part of society.

Several participants highlighted the importance of having a variety of available services to meet the needs of the community. This includes access to medical, which many felt is good in their community. Some shared that for a small community there are a lot of available resources and supports. Others spoke of the lack of resources

locally, especially in outlying communities. Specifically, the need for faith-based counselors was noted. The lack of childcare was also noted. Participants shared that residents should be able to access available services without barriers. Those in recovery spoke of the need to have more and better access to services. Others spoke of the need for access to healthcare services, public education and a library system that are easily accessible and well utilized. Politics, a decent water supply, a police department with a good reputation, access to arts and cultural and church were also noted.

Others shared that these available services would work together and there would not be so many silos. It was also noted that a healthy community would promote family and have resources available for single parents as well as those in a relationship.

The availability of housing was also noted by several participants. They shared that this is challenging in their community given the increasing number of vacation rentals. Others noted that they are building 800 square foot cabins and charging close to \$1,500 a month which is not feasible given most renters' income. Participants shared that there are only two apartment complexes which accept Section 8. Some spoke of the impact the housing crisis is having on the workforce. A few mentioned that homelessness is a big problem in Homer.

Participants also shared that a healthy community provides residents with the opportunity to earn a living that supports their lifestyle. A community where jobs are available that provide decent wages. Many noted concern over the number of places that are currently hiring as well as the number of low wage job opportunities.

Participants thought that a healthy community is diverse and accepting. It is made up of people from different backgrounds and groups. There should be access to open space where people can gather regardless of how much money they have. Many shared that people in the community have so many opportunities to try new things and participate in areas of interest.

Is the health of the community better, worse, or the same as it was three years ago?

Some shared that the community is pretty healthy from their perspective. They shared that there seem to be more services available. Others shared that in general it is a very active community. Most commented that the people they know are healthy. A few noted that support systems are stronger now and people are coming together which are positive. Others shared that they feel the medical and education programs are on par if not above.

Several shared that they felt the health of the community was worse because of the increase in alcohol and opioid deaths. A few shared that as a result of the pandemic people have relapsed and are drinking and using drugs. One shared that they asked a group of kids about this topic, and they shared that kids got better at hiding their using during the pandemic. Others noted that socially people have hunkered down so there is not much connection, especially among older adults. People are relying on virtual relationships rather than real relationships. A few noted it was worse for seniors because the activities that used to happen at the senior center were dropped and it has impacted their health. A few also noted the growing population which is impacting access as well as the impact tourism has on the community. The dangerous environment created by overcrowding on the Spit was also noted.

A few spoke of the political discourse and fact that leadership is very antagonistic. Participants shared that the messages are based on fears and lies that are repeated. They commented that this is an unhealthy process that creates anxiety and depression. Participants also note an increase in racism, bigotry and hate. Others shared that the political divide is growing which makes the community less healthy.

What are the health related issues facing our community?

Some shared that they felt their health needs are being met locally and they could not think of any issues. It was noted by one group that if you need major medical you have to be life flighted which they commented is expensive.

Others spoke of their own personal health and the length of time it has taken to get in with a specialist. Some mentioned burnout with providers, nurses and clinical teams, also noting a shortage of healthcare professionals. A few shared that they have had to travel to Anchorage to receive care. Some shared that asthma has increased in Western Alaska.

Participants also highlighted gaps for people seeking help for substance abuse. Others mentioned in general that alcohol is a big problem. There is no detox or withdrawal management available in the community and it is almost impossible to get an assessment. The closest place is in Soldotna, which is two hours away and difficult for people to get to. Money was identified as one of the biggest barriers to accessing treatment. Additionally, it was shared that there are not inpatient beds available in the community, which is a challenge when you have someone who is ready to get clean and sober. There is also no help for people who want to get off MAT. The perception is the medical community just prescribes medication and assumes someone will be on them forever. There are limited non-medicated recovery options. Those in recovery also shared that there are not many opportunities to socialize that do not involve alcohol. The need for peer support was also noted.

Others shared that those with active suicide attempts are sent to Mat-Su, where they are held for three days and sent home with no aftercare. They spoke of the need for systems improvement. It was also shared that there is no housing for kids who are struggling. Others commented that children under the age of 18 cannot get help without a parent signature so they are faced with death or suicide because they don't have an accountable adult who can sign for them. One participant shared mental health as the number one priority noting that the ER in Homer is the landing spot for those struggling with mental health. People are staying days in the hospital before they receive help.

Housing, transportation, food and childcare were also identified. Participants spoke of the challenges those without transportation have accessing services. Others mentioned the importance of nutrition. It was noted that youth are struggling to find social groups, safe spaces and safe adults. Many are looking for a place where they can be themselves and not be judged. There are no resources for those who are 18 and moving out so they are struggling. There are very few places for kids to go since the arcade and bowling alley shut down. Homeless youth without a place to go was also noted.

What barriers exist to accessing the services or what do you think would help make these services more accessible?

Transportation was identified as a barrier by several participants. They shared that you could ask a neighbor or take a cab, although they noted people may be hesitant to ask others for help and that a cab is expensive. A participant shared that there is financial assistance available for the cab, although some thought that was confusing. It was also noted that there is usually a long wait for a cab and that fewer cab services are available.

Some spoke of the expense involved in receiving care in Anchorage including gas and hotel costs. A few shared that hotels have stopped taking Medicaid vouchers, so those coming from across the Bay for medical care have to pay out of pocket to stay or decline treatment. The cost of care was also noted as a barrier. There are people

walking away from care with a payment book. Others spoke of the difficulty navigating services and getting connected to available resources.

A few shared that there is a stigma around receiving assistance or using vouchers. Some shared that they have seen these people be turned away from available housing because there is the perception they will not take care of the property. Others noted that it can be difficult to seek services in a small town because the counselor may be a friend of a friend or a family member or even a neighbor. The lack of professionals was also noted as a barrier, with services scheduling weeks out.

Others spoke of the lack of awareness of available services and that information needs to be advertised or posted to a central location. It was noted that some have recently done ads in the newspaper, social media and radio with little to no hits.

How and where do you feel like you belong here in your local community?

Participants spoke of the opportunities they have to help others and give back to the community. Others shared that they feel like there is a lot going on in the community right now, with several community collaborations. In general participants share that the community works well together. Some spoke of their connection to charitable groups and nonprofits.

Some in recovery spoke of their 12-step group. Also shared that they are tied to arts, sports and music. Others talked about gaming online with friends. Some shared that their support group is parents of other kids who are working to ensure youth have the skills to form human connections. Others talked about connections through animals, church, clubs, the library or local restaurants.

Some shared in general there is a strong sense of community connection. It was also noted that as Homer has grown more things have been focused in town which can be challenging for those in outlying areas to access. Several shared examples of neighborhood gatherings and social events, while others shared that they have seen less neighborhood connections.

Others spoke of events and field trips that are available for youth. It was also noted that there is an openly queer photographer who does advocacy.

What else might help someone feel like they belong in this community?

One group shared that the community needs more secular programs for kids, like dance, karate or play groups. The need for more children's ministry programs for teens was also mentioned. This group also noted that there are a lot of young moms who are struggling and could benefit from something that connected them with other moms. The SPARK building was seen as a great community resource.

Others spoke of the need for community events and fun things that bring the community together. A few mentioned the Health Fair or Burning Basket. Others spoke of potlucks and other community events happening at local churches. Some mentioned the fact that there are several agencies that provide a huge service to the community and that people can help support those groups.

Another suggestion was having a community hub, where information was centralized. It could be a place for people to learn of existing resources, community events, and a place to disseminate information. It could be

multipurpose and possibly have a coffee shop, host a farmers market in the winter. Others shared it would be nice to have a large open venue where events could be held.

How can we make sure people have strong social connections and feel like they belong in our community?

One group suggested having more opportunities to volunteer, which would help people feel as though they were part of a group. Another suggestion was talking about the programs people volunteered for when coming to new communities. The group did note that there are some people who chose to isolate and are hard to reach.

What role can the SPH have to help create a healthy community?

A few shared concerns with the COVID-19 vaccination and the fact that they feel it is being pushed on individuals, and that several people have lost their job because they refused to get it.

Several shared that the hospital does a good job and has an auxiliary who oversees the gift shop. They shared that the auxiliary is very concerned about patient care and working to make sure patients have what they need. It was also noted that emergency room staff are always friendly, which is important in an emergency situation.

Some spoke of the need for more doctors, noting you can get seen quicker if you call 911 versus waiting weeks to get an appointment. Staffing was viewed as an important need to ensure a positive patient experience. A comment was made that there are some doctors who are not allowed to operate at the hospital due to politics. Another suggested the need for more access to reproductive health, especially for youth. It was also shared that the hospital needs a bigger role in the services for addiction, noting the lack of continuum of care.

It was shared that walking in being Christian they feel as though people want to shut down and that there needs to be more support. Others commended the hospital for its engagement in different community collaborations. Some shared that there seems to be a reluctance to try new things or listen to new ideas. They shared that it can take months to get the go ahead to try something new. Others shared stories of how hospital staff have gone out of their way to meet the needs of a patient or their family.

What role can MAPP of SKP play to create a healthy community?

One group spoke of the challenges people face when receiving a diagnosis and discussing treatment options. They thought it would be helpful to have a takeaway for patients that talks about what treatment options are as well as listing next steps. Some suggested a patient navigator who could walk alongside the patient helping connect to resources, schedule appointments and advocate on behalf of the patient.

Some talked about the need to help create community connections around needs such as transportation. Others identified the need to help share information in a streamlined manner. Communication in general was frequently noted.

Share one priority issue/need you would like to see addressed

Participants highlighted the need for a patient navigator who could walk alongside a patient during their care. Others spoke of the need for more mental health support such as group therapy, child therapy and trauma therapy. Many noted that there are currently long wait lists for what is available. A few spoke of the need for faith-based counselors. They noted that as the stigma of mental health goes away there are more people of faith seeking services who are hesitant to see someone who is not Christian. Others spoke of the shortage of

professionals in general. The need for psycho-educational training and stigma reduction were also mentioned. Several mentioned the need for a detox facility.

Some identified the need for someone that could assist others in learning life skills and equipping them to be successful in daily life. A few suggested the need for a community calendar to let people know about events and opportunities. Another comment was that the hospital and health organizations should be vocal about the needs of the LGBTQI community and specifically market to these individuals.

The need for housing, transportation and childcare were also mentioned, noting these are particularly challenging for young families. Interest rates and costs were seen as barriers to housing. Others noted in general that there is a housing crisis that needs to be addressed. A few mentioned homelessness. Transportation was viewed as a barrier to people accessing needed services. It was also noted that information would be easier to get if transportation was available. Others spoke of the need for sober living houses and detox facilities. One group mentioned the need for safe needle exchange and commented on the amount of needles they find out in community. Others talked about the need for better coordination and responsiveness of services when people need help.

Stakeholder Interview Summary

Top 3 Community Health Needs

Several stakeholders identified the need for affordable year round housing. Some noted that housing costs increased during the pandemic and that is not unique to the community, as it is a national trend. A few noted that housing is available for 9 months out of the year and then individuals are kicked out in the summer so it can become a short term rental for more than monthly rent. The overall increase in short term rentals like Airbnb and VRBO were noted by many stakeholders. Others spoke of the impact housing has on the workforce noting that there is an influx of seasonal workers. It was noted that there are places building military style barracks for their workforce housing. A few mentioned that there is not a hostile or shelter in the area.

The need for safe and healthy recreational opportunities year round was also mentioned by a few of the stakeholders. They spoke of the need for dedicated multi-use community space or community center. Others commented that there is not safe after school place for kids to go. Another noted the need for a fun place with both indoor and outdoor areas for both children and adults to go.

The need for safe streets was also identified by stakeholders. They spoke of the need for safe routes for kids to walk or bike to school noting that many schools are on major roads with unsafe crossroads and no sidewalks. Others spoke of the aging population who has mobility issues, and the lack of sidewalks is challenging. Another mentioned the need for better trails.

Substance use was a need identified by several stakeholders. They spoke of the level of substance use and misuse within the community. It was noted that Alaska ranks higher in opioid use and deaths in comparison with the other states. Stakeholders noted the lack of local services highlighting the fact that there is only one MAT provider and a few substance use counselors. They did share that there are some private pay counselors for those who can afford it. A few shared that people often end up in the Emergency Department to detox and then are sent home. If they experience severe withdrawal symptoms they are admitted, but the community does not have a place after medical detox. The need for adolescent services was also mentioned.

A stakeholder from the Emergency Department identified an increase in assault and violence in the Emergency Department over the last 10-12 years. There are patients who put staff at risk, so the hospital has done de-escalation training and increased security.

Several stakeholders spoke of challenges with access to care, staffing shortages and care coordination. It was noted that there are not enough Primary Care Providers available in the community, so people end up in the Emergency Department for primary care. There is also no one acting as a care navigator to help manage care after leave an acute setting. The challenge with transporting people back and forth to appointments was also noted.

Stakeholders mentioned the aging population and the lack of senior services. It was noted that it is almost impossible for seniors to get into assisted or skilled living, because they do not exist. There are limited options to discharge seniors to when leaving the Emergency Department. The growing number of seniors locating in the community to retire was noted as a concern because the community lacks the needed services.

A few stakeholders mentioned cancer among the top community needs. They shared that the incidence of cancer is lower in Alaska, but the mortality rate is higher compared to the nation, noting it is diagnosed in late stage. Some suggested that this is an opportunity for cancer prevention. One noted that you need to go to the Mayo Clinic in Seattle to receive care.

A few spoke of Social Determinants of Health. It was noted that this is something the hospital is interested in to decrease expenses and improve health outcomes. The City is also working on a comprehensive plan which will help people live longer and better. The Tribal Government and Tribal communities are doing a lot around access to food and healthcare. It was mentioned that there is a local food hub that connects local growers to local consumers. Food insecurity was also mentioned noting that when the roads are out the grocery stores only have enough to support the community for three days. Stakeholders also spoke of the lack of public transportation and the challenges for those in outlying areas.

Mental health was also identified as a community need by several stakeholders. They spoke of the lack of services and challenges organizations have being short staffed. It was noted that there is only one clinic that accepts Medicaid, most are not accepting new patients and that there is no overnight mental health crisis service. One did note that South Peninsula Behavioral Health does crisis work, but they are short staffed.

A few spoke of the needs of the LGBTQIA community. It was noted that there are no options for those under the age of 18. Some shared that teens often find themselves in an abusive home after they come out and that they are often pushed out, disowned or made to feel unwelcome in their own home. One shared a statistic that one in four queer youth attempt suicide. The lack of resources to support this population was noted. In particular there is a lack of gender affirming safe places or care for queer youth, with the closest resource in Anchorage. The need for mental health support was also identified.

Human trafficking was a community need identified by a small number of stakeholders. They shared that Alaska has the highest rates of human trafficking. The fact that young people do not have a safe place to go was noted as many end up in a shelter in Anchorage which puts them in a vulnerable position to be preyed on.

Support for youth was identified as a need by several stakeholders. They spoke of the need for youth to have opportunities for engagement outside of school. Transportation was identified as a barrier for those living outside of town as there is no bus for activities which makes it difficult for them to participate in after school activities which can lead to isolation and impacts mental health. The lack of childcare was frequently mentioned,

which impacts the ability of parents to be able to work. It was also noted that there is limited healthcare options, and that the community does not have a pediatrician. Others spoke of the mental health challenges youth are experiencing and the lack of support services with long wait times. A few mentioned hunger and the impact that has on children's behaviors and ability to learn.

Existing Initiatives

Stakeholders spoke of some of the existing initiatives they are aware of related to housing. Some commented on the fact that employers are purchasing or building housing for their seasonal employees. It was noted that the college wants to build dorms. Several shared that there are efforts to try to limit short term housing and change code to add year round housing.

With regards to basic needs it was noted that the hospital will send individuals home with care packages to ensure they have enough food. They can also provide a blanket or clothing if someone is in need, as these are often donated items.

Stakeholders shared that there is great healthcare for kids offering a full spectrum of services. The forensic program was viewed as being pediatric friendly. There is also hospice and a home care program. The community does Stop the Bleed. Others shared that EMS are paid volunteers who are fabulous. Project Homeless Connect was mentioned as something that offers health checks, flu shots, and puts all resources in one place for those experiencing homelessness. Several highlighted the Rotary Health Fair noting it brings all services together for the community to access.

What More Needs Done

Stakeholders were asked what more needs to be done to address the needs of the community. With regards to housing it was noted that the City is looking at the zoning codes and creating a comprehensive plan. There is a block of land that is not developed which is zoned to be developed a certain way that would create housing and business in a downtown like development that would be a walkable community. The need for shelters was mentioned, noting the farthest is two hours away. The challenges with short term rentals taking away from regular housing was mentioned by several stakeholders. Some suggested the need for more incentives for landlords to do year round housing or training to create better agreements with tenants. In general, the need for training for both landlords and tenants around understanding their rights and responsibilities was mentioned. The need for a transitional living center for people ages 18-24 was also noted.

The need for public transportation was also identified. The hospital shared that people often leave in the middle of the night and want a cab voucher, but they do not have them. The hospital will provide a non-emergent ambulance if they are not ambulatory, but it is rare.

It was noted that it would be helpful to have a resource book that could be handed out to patients, so they are aware of other services in the community.

One mentioned the need for additional resources for injury prevention. It was shared that abuse in the Native population is exponentially higher so Alaska in general has more issues, although it is relatively small in Homer.

It was noted that the community lacks hospice, end of life and palliative care. What is available is great, but stakeholders wish it was more robust. There is interest in having the services available outside of the hospital. The need to get and retain nurses and staff was also identified.

Some suggested the need to make the community welcoming, perhaps new residents could go to the Chamber and get a welcome packet. Something to help connect to community and feel like they are a part of it, which would help retain them.

Health literacy was mentioned noting that there is a lot of misinformation out there. Even educated people are struggling. They note that health literacy is different than education.

The need to ensure Tribal voices are represented was also shared.

Some spoke of the economy and the fact that there are a lot of option positions right now. That people are spending less so less money is being recirculated. They also noted that several businesses closed during the pandemic.

Specific to youth stakeholders identified the need for mental health, childcare, support for those with special needs and something to address drugs around schools.

Role of South Peninsula Hospital, Homer Public Health, Medical Provider or Local Coalition

The following were shared as the role local health groups and coalitions can play in addressing the identified needs. A few talked about the impact the lack of housing is having on the workforce. Others noted in general anything that would help improve the health of the community. A few shared that MAPP is involved with the plan to create non-motorized transportation around Homer as well as recreational opportunities. Others talked about bringing community together and providing a way for the community to share stories and identify what they see as community needs. One noted it would be great for the hospital to open up its own childcare program that would be available to the community. Another stakeholder mentioned the need for advocacy around a Title 1 Preschool at the Elementary School.

Priority to Address Over Next Three Years

The following were identified as priorities to focus on over the next three years:

- Helping with the implementation of the non-motorized transportation plan and comprehensive plan
- Affordable housing
- Childcare
- After school youth programs
- More funding for early childhood
- More trauma informed practices
- Access to food
 - Food distribution for kids/summer meal programs for kids

Appendix A:

Perception of Community

Health Survey



SKP MAPP Perception of Health 2022

Since 2008, our hospital has been working together with other entities within the MAPP coalition to improve community health. Every three years, we take a pulse of the community's health perceptions to inform existing and new hospital and community efforts. Please take a few minutes to tell us what's important to you.

As a thank you, upon completion you will be redirected to an entry form to be entered into a drawing to receive a prize as a thank you. Information provided on the entry form is not linked to your survey results and will only be used for purposes of the drawing.

Thank you!

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

☐ Schools	☐ Religious or Spiritual Opportunities	☐ Behavioral Health Services
☐ Housing	☐ Access to Job Training & Higher Education	☐ Public Transportation
☐ Natural Beauty	☐ Cultural/Arts Opportunities	☐ Recreational Opportunities
☐ Social Networks	☐ Private/Public Nonprofit Organizations	☐ People Help Each Other
☐ Access to Health Care	☐ Jobs & Economic Opportunities	☐ Access to Healthy Food
☐ Cultural Diversity	☐ Healthy Lifestyle Opportunities	☐ Elder Care
☐ Environmental Health	☐ Substance Abuse Treatment	
☐ Support for Families	☐ Respect for Varied Viewpoints	

☐ Other (please specify)



SKP MAPP Perception of Health 2022

* 2. Which THREE aspects of our community most need to be improved?

☐ Schools	☐ Religious or Spiritual Opportunities	☐ Behavioral Health Services
☐ Housing	☐ Access to Job Training & Higher Education	☐ Public Transportation
☐ Natural Beauty	☐ Cultural/Arts Opportunities	☐ Recreational Opportunities
☐ Social Networks	☐ Private/Public Nonprofit Organizations	☐ People Help Each Other
☐ Access to Health Care	☐ Jobs & Economic Opportunities	☐ Access to Healthy Food
☐ Cultural Diversity	☐ Healthy Lifestyle Opportunities	☐ Elder Care
☐ Environmental Health	☐ Substance Abuse Treatment	
☐ Support for Families	☐ Respect for Varied Viewpoints	

☐ Other (please specify)

SKP MAPP Perception of Health 2022

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

	You and Your Family	Community
Physical Health	☐	☐
Mental/Emotional Health	☐	☐
Substance Abuse	☐	☐
Interpersonal Violence	☐	☐
Economic Health	☐	☐
Environmental Health	☐	☐
Education (costs and availability)	☐	☐
None of the above	☐	☐

Other (please specify)

SKP MAPP Perception of Health 2022

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

☐ Schedule Conflicts

☐ Membership Restrictions

☐ Lack of Anonymity

☐ Age Restrictions

☐ Not Enough Time

☐ Transportation

☐ Stigma

☐ Found Services Elsewhere

☐ Harassment

☐ Childcare

☐ Distrust/Dislike Agency or Provider

☐ Awareness

☐ Confidentiality

☐ Cost

☐ Medicaid Problem

☐ Cultural or Religious Convictions

☐ None of these prevent me from using available services or activities

☐ Language Barrier

☐ Other (please specify)

SKP MAPP Perception of Health 2022

* 5. The following statements describe the eight dimensions of wellness. Mark the response that best reflects how you feel:

	Never	Sometimes	Frequently	Always	I prefer not to answer
I have a sense of purpose and meaning in my life	☐	☐	☐	☐	☐
I have a sense of connection, belonging, safety and a reliable support system	☐	☐	☐	☐	☐
I have the ability to perform daily activities without undue fatigue or physical stress	☐	☐	☐	☐	☐
I have opportunities to expand my knowledge and skills and to use my creative abilities	☐	☐	☐	☐	☐
I can cope effectively with life stresses, and my work and relationships are enriching	☐	☐	☐	☐	☐
My surroundings are adequate for me (from my home to the wider community or environment)	☐	☐	☐	☐	☐
I have enough money for my basic needs, and I can adapt for unplanned expenses	☐	☐	☐	☐	☐
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures	☐	☐	☐	☐	☐

SKP MAPP Perception of Health 2022

* 6. During the COVID-19 pandemic were any of these more challenging for you than normal?

Please check all that apply.

☐ Housing (paying rent, facing eviction, foreclosure, maintenance, etc.)	☐ Access to medical care
☐ Job security (unemployed, fired or laid off, less work to do than before, less income, etc.)	☐ Safety at home (abuse, interpersonal violence, family violence, or domestic violence)
☐ Transportation (getting to places you need to go, riding public transit, driving a car, etc.)	☐ Access to childcare
☐ Access to food (affordable groceries, getting SNAP benefits, feeding family or loved ones, etc.)	☐ Affording other basic needs (not mentioned)
☐ Utilities (electric, gas, or water shut-offs or difficulty paying for them)	☐ Did not experience any challenges
☐ Paying bills (medical or other)	☐ I prefer not to answer
☐ Other (please specify)	

7. What other challenges did you or your family face during the COVID-19 pandemic?

SKP MAPP Perception of Health 2022

* 8. Please answer the following related to the COVID-19 pandemic:

	Yes	No	I prefer not to answer
Did you test positive for COVID-19 at any time during the pandemic?	☐	☐	☐
Did someone in your household test positive for COVID-19?	☐	☐	☐
Did you or someone in your household seek treatment for COVID-19?	☐	☐	☐
Are you or a loved one suffering from lingering health problems related to COVID-19?	☐	☐	☐
Did you experience unexpected loss of a loved one due to COVID-19?	☐	☐	☐

* 9. Did you have any trouble managing any health needs during the COVID-19 pandemic?

☐ Yes (please explain below) ☐ No ☐ I prefer not to answer

10. If yes, please explain:

SKP MAPP Perception of Health 2022

* 11. Please rate the following:

	Excellent	Very Good	Good	Fair	Poor	I prefer not to answer
Your mental health <u>before</u> the COVID-19 pandemic	☐	☐	☐	☐	☐	☐
Your mental health <u>during</u> the COVID-19 pandemic	☐	☐	☐	☐	☐	☐
Your mental health <u>now</u>	☐	☐	☐	☐	☐	☐

* 12. At any time during the COVID-19 pandemic, did you have serious thoughts about ending your life or of hurting yourself in some way?

☐ Yes ☐ No ☐ I prefer not to answer

13. What strategies/tools/resources did you use to cope during the COVID-19 pandemic?



SKP MAPP Perception of Health 2022

The following questions are being asked to ensure we have equal representation in our survey respondents.

* 14. In what community do you live?

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

SKP MAPP Perception of Health 2022

* 15. What is your age?

* 16. Gender:

- ☐ Male ☐ Transgender woman/trans woman
- ☐ Female ☐ Genderqueer/gender nonconforming neither exclusively male nor female
- ☐ Transgender man/trans man ☐ I prefer not to answer
- ☐ I prefer to self-describe,

* 17. Do you think of yourself as:

- ☐ Straight or Heterosexual ☐ Bisexual ☐ Don't Know
- ☐ Lesbian or Gay ☐ Queer, pansexual, and/or questioning ☐ I prefer not to answer
- ☐ I prefer to self describe,



SKP MAPP Perception of Health 2022

* 18. Please select your race/ethnicity. Please check all that apply.

- ☐ American Indian or Alaska Native ☐ Hispanic ☐ Two or more races
- ☐ African American or Black ☐ Native Hawaiian or Other Pacific Islander ☐ I prefer not to answer
- ☐ Asian ☐ White
- ☐ Other (please specify)

* 19. How long have you lived in your community?

- ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-19 years ☐ 20+ years
- ☐ I prefer not to answer

* 20. How many months a year do you live here?

- ☐ 1-5 ☐ 6 to 11 ☐ 12 ☐ I prefer not to answer



SKP MAPP Perception of Health 2022

* 21. Were you born in another country other than the United States?

☐ Yes

☐ No

☐ I prefer not to answer

☐ If yes, please tell us your home country

* 22. What is the highest education level you have completed?

☐ Less than high school

☐ Associates Degree

☐ Doctorate Degree

☐ High school or equivalency

☐ Bachelor's Degree

☐ I prefer not to answer

☐ Vocational training

☐ Master's Degree

☐ Some College

☐ Professional Degree



SKP MAPP Perception of Health 2022

* 23. How many people currently live in your household?

☐ 1

☐ 4

☐ 7

☐ 2

☐ 5

☐ 8+

☐ 3

☐ 6

☐ I prefer not to answer

* 24. If child(ren) living in household, what ages?

☐ 0-5

☐ 18+

☐ 6-9

☐ I prefer not to answer

☐ 10-13

☐ No children currently live in the household

☐ 14-17

* 25. What is your approximate annual household income?

☐ Less than \$25,000

☐ \$50,000-\$74,999

☐ \$100,000+

☐ \$25,000-\$49,999

☐ \$75,000-\$99,999

☐ I prefer not to answer



SKP MAPP Perception of Health 2022

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

☐ Yes ☐ No ☐ I prefer not to answer

* 27. Have you ever (or currently) served in the U.S Armed Forces, Reserves or National Guard?

☐ Yes ☐ No ☐ I prefer not to answer

Thank you for your input!

Frequencies

[DataSet1] C:\Users\Jacqui\OneDrive - Strategy Solutions\Documents - Company Share\ACTIVE PROJECTS & PROSPECTS\South Peninsula Hospital CHNA\Perception of Health Community Survey\SPSS files\All data working file.sav

Frequency Table

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schools	214	21.0	100.0	100.0
Missing	System	806	79.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Housing	40	3.9	100.0	100.0
Missing	System	980	96.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Natural Beauty	575	56.4	100.0	100.0
Missing	System	445	43.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Social Networks	60	5.9	100.0	100.0
Missing	System	960	94.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Health Care	194	19.0	100.0	100.0
Missing	System	826	81.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural Diversity	44	4.3	100.0	100.0
Missing	System	976	95.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Environmental Health	82	8.0	100.0	100.0
Missing	System	938	92.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Support for Families	69	6.8	100.0	100.0
Missing	System	951	93.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Religious or Spiritual Opportunities	149	14.6	100.0	100.0
Missing	System	871	85.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Job Training & Higher Education	45	4.4	100.0	100.0
Missing	System	975	95.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural/Arts Opportunities	253	24.8	100.0	100.0
Missing	System	767	75.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private/Public Nonprofit Organizations	133	13.0	100.0	100.0
Missing	System	887	87.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jobs & Economic Opportunities	91	8.9	100.0	100.0
Missing	System	929	91.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Healthy Lifestyle Opportunities	179	17.5	100.0	100.0
Missing	System	841	82.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Substance Abuse Treatment	22	2.2	100.0	100.0
Missing	System	998	97.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Respect for Varied Viewpoints	52	5.1	100.0	100.0
Missing	System	968	94.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Behavioral Health Services	67	6.6	100.0	100.0
Missing	System	953	93.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Public Transportation	16	1.6	100.0	100.0
Missing	System	1004	98.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Recreational Opportunities	253	24.8	100.0	100.0
Missing	System	767	75.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People Help Each Other	281	27.5	100.0	100.0
Missing	System	739	72.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Healthy Food	76	7.5	100.0	100.0
Missing	System	944	92.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Elder Care	66	6.5	100.0	100.0
Missing	System	954	93.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	46	4.5	100.0	100.0
Missing	System	974	95.5		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	974	95.5	95.5	95.5
ability to live secluded / left alone	1	.1	.1	95.6
Absence of Criminal-minded aggression towards individuals and their resources	1	.1	.1	95.7
Additional answers more than 3 on paper survey: Access to Health Care, Religious or Spiritual Opportunities, Elder Care	1	.1	.1	95.8
Capable doctors	1	.1	.1	95.9
CHILDCARE- BOTH AFFORDABILITY AND AVAILABILITY	1	.1	.1	96.0
Cultural/Arts Opportunities, Long term care at SPH, Farms	1	.1	.1	96.1
d	1	.1	.1	96.2
Distance from large population centers	1	.1	.1	96.3
Extracurricular activity's for kids	1	.1	.1	96.4
food pantry	1	.1	.1	96.5
haircuts, sleeping bag	1	.1	.1	96.6
hard working people	1	.1	.1	96.7
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	96.8
I had to check 3 but really none	1	.1	.1	96.9
ILCm hospice	1	.1	.1	97.0
Information provided by our privately owned radio stations.	1	.1	.1	97.1
Kachemak Bay Family Planning Clinic	1	.1	.1	97.2
large distance from metro	1	.1	.1	97.3
Medical care	1	.1	.1	97.4
Money	1	.1	.1	97.5
MONEY	1	.1	.1	97.5

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Most topics on this list cover homer,thank you	1	.1	.1	97.6
na	2	.2	.2	97.8
no answer	1	.1	.1	97.9
NO ANSWER	1	.1	.1	98.0
NO ANSWERS	1	.1	.1	98.1
no response	1	.1	.1	98.2
only gave 2	1	.1	.1	98.3
Paper survey: 3rd choice skipped	1	.1	.1	98.4
Paper survey: Person also chose the following: Schools, Housing, Natural Beauty, Enviornmental Health, Religious or Spiritual Opportunities, Cultural/Arts Opportunities, Healthy Lifestyle Opportunities, Respect for Varied Viewpoints, Recreational Opportunities, People Help Each Other	1	.1	.1	98.5
Paper survey: third answer skipped	1	.1	.1	98.6
Recreational opportunities, access to healthy food, healthy lifestyle opportunities, elder care	1	.1	.1	98.7
relative freedom	1	.1	.1	98.8
Resilient neighbors	1	.1	.1	98.9
RIGHTEOUS GOVERNMENT	1	.1	.1	99.0
Rural quality	1	.1	.1	99.1
Schools, Access to healthcare, Environmental health, Recreational opportunities, access to healthy food	1	.1	.1	99.2
SPH making money for a few	1	.1	.1	99.3
Thai restaurants	1	.1	.1	99.4
The ability to spread out.	1	.1	.1	99.5
the community in general working together for the better of the whole	1	.1	.1	99.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
They are all important	1	.1	.1	99.7
tourism	1	.1	.1	99.8
VFW ANCHOR POINT	1	.1	.1	99.9
You really should have defined what you mean by "our community" at the beginning of this survey. You ask for resident community at the end, but there is ambiguity in these answers because I didn't know if I was answering for my region or specific community.	1	.1	.1	100.0
Total	1020	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schools	123	12.1	100.0	100.0
Missing	System	897	87.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Housing	586	57.5	100.0	100.0
Missing	System	434	42.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Natural Beauty	11	1.1	100.0	100.0
Missing	System	1009	98.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Social Networks	31	3.0	100.0	100.0
Missing	System	989	97.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Health Care	89	8.7	100.0	100.0
Missing	System	931	91.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural Diversity	85	8.3	100.0	100.0
Missing	System	935	91.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Environmental Health	38	3.7	100.0	100.0
Missing	System	982	96.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Support for Families	81	7.9	100.0	100.0
Missing	System	939	92.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Religious or Spiritual Opportunities	12	1.2	100.0	100.0
Missing	System	1008	98.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Job Training & Higher Education	129	12.6	100.0	100.0
Missing	System	891	87.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural/Arts Opportunities	16	1.6	100.0	100.0
Missing	System	1004	98.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private/Public Nonprofit Organizations	16	1.6	100.0	100.0
Missing	System	1004	98.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jobs & Economic Opportunities	207	20.3	100.0	100.0
Missing	System	813	79.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Healthy Lifestyle Opportunities	40	3.9	100.0	100.0
Missing	System	980	96.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Substance Abuse Treatment	171	16.8	100.0	100.0
Missing	System	849	83.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Respect for Varied Viewpoints	148	14.5	100.0	100.0
Missing	System	872	85.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Behavioral Health Services	171	16.8	100.0	100.0
Missing	System	849	83.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Public Transportation	245	24.0	100.0	100.0
Missing	System	775	76.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Recreational Opportunities	58	5.7	100.0	100.0
Missing	System	962	94.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People Help Each Other	21	2.1	100.0	100.0
Missing	System	999	97.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Healthy Food	85	8.3	100.0	100.0
Missing	System	935	91.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Elder Care	140	13.7	100.0	100.0
Missing	System	880	86.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	211	20.7	100.0	100.0
Missing	System	809	79.3		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	809	79.3	79.3	79.3
Availability of quality, safe childcare	1	.1	.1	79.4
Walkable/rideable Homer	1	.1	.1	79.5
!! person only put Jobs	1	.1	.1	79.6
!! The person only put housing as an answer	1	.1	.1	79.7
!!! Did not answer	1	.1	.1	79.8
!!! Person did not answer	4	.4	.4	80.2
!!! Person did not put any	1	.1	.1	80.3
!!! Surveyor didn't select any	1	.1	.1	80.4
1. Trade school? 2. Rehab facilities 3. Homeless housing?	2	.2	.2	80.6
A shelter for unhoused men - Haven House is the only shelter resource I know of and it's for women	1	.1	.1	80.7
access to clean unbleached drinking water	1	.1	.1	80.8
Access to detox	1	.1	.1	80.9
Access, Quality & accountability of health care services/providers.	1	.1	.1	81.0
Accessibility for all to recreation	1	.1	.1	81.1
activities for youth	1	.1	.1	81.2
Actual doctors	1	.1	.1	81.3
Affordable BHS	1	.1	.1	81.4
affordable Childcare	1	.1	.1	81.5
Affordable Day Care	1	.1	.1	81.6
affordable/safe housing for low income	1	.1	.1	81.7
Afterschool programs for k-5th+	1	.1	.1	81.8
ALTHOUGH SVT HAS A CLINIC, IT DOES NOT AND CANNOT ADDRESS ALOT OF HEALTH ISSUES	1	.1	.1	81.9
Assisted living and skilled care facilities	1	.1	.1	82.0
Bike trail on kachemak drive, and more bike trails	1	.1	.1	82.1

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Broad band/high speed internet to strengthen economy	1	.1	.1	82.2
camping	1	.1	.1	82.3
child care	2	.2	.2	82.5
Child care	1	.1	.1	82.5
Child Care	1	.1	.1	82.6
Child care and equitable pay for EC providers	1	.1	.1	82.7
Child care for families	1	.1	.1	82.8
Child day care	1	.1	.1	82.9
childcare	2	.2	.2	83.1
Childcare	2	.2	.2	83.3
CHILDCARE	3	.3	.3	83.6
childcare - access, affordable, extended hours	1	.1	.1	83.7
Childcare, possibly more along the lines of after school and summer day camp	1	.1	.1	83.8
Childcare. Re: JOBS - year round opportunities (not just seasonal)	1	.1	.1	83.9
Childcare/ afterschool care	1	.1	.1	84.0
Childcare/after school opportunities	1	.1	.1	84.1
CHILDREN	1	.1	.1	84.2
Cleaner streets, cheaper taxes	1	.1	.1	84.3
coffee shops	1	.1	.1	84.4
Computer education for seniors	1	.1	.1	84.5
day care/child care	1	.1	.1	84.6
DAYCARES	1	.1	.1	84.7
dental care	1	.1	.1	84.8
did not answer	6	.6	.6	85.4
DID NOT ANSWER	2	.2	.2	85.6
DID NOT RESPOND	1	.1	.1	85.7
dirty hospital, bad city council, representation	1	.1	.1	85.8

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
DOG CRAP IN PUBLIC PLACES, TOO MANY DOGS, METH AND DRUGS	1	.1	.1	85.9
dogs running loose and dogs crap in public, crystal meth and other powder drugs	1	.1	.1	86.0
Elder care AND Behavioral Health services (I NEEDED TO CHOOSE 4)	1	.1	.1	86.1
Fuel prices	1	.1	.1	86.2
Good healthcare providers!	1	.1	.1	86.3
haircuts, sleeping bag, sharing/lost of love	1	.1	.1	86.4
Health Care	1	.1	.1	86.5
Health specialists	1	.1	.1	86.6
Homelessness	1	.1	.1	86.7
Housing for men and elders	1	.1	.1	86.8
housing listed three times	1	.1	.1	86.9
I am pleased with the services I received	1	.1	.1	87.0
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	87.1
I DONT KNOW	1	.1	.1	87.2
icy sidewalks- no joke!	1	.1	.1	87.3
Just moved here	1	.1	.1	87.4
laws first, less government	1	.1	.1	87.5
Low income housing	1	.1	.1	87.5
Lowered taxes, especially for the seniors in this town on fixed incomes.	1	.1	.1	87.6
Men safe housing transitional or like IONIA community helps with self sufficiency and mental health	1	.1	.1	87.7
mental health	1	.1	.1	87.8
Mental health	1	.1	.1	87.9
Mental health hospital	1	.1	.1	88.0
Mental health resources	1	.1	.1	88.1

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Mental health services	1	.1	.1	88.2
Mental illness treatment/support	1	.1	.1	88.3
Misinformation and Disinformation	1	.1	.1	88.4
More access to VA	1	.1	.1	88.5
More Childcare options, so more people can work with children	1	.1	.1	88.6
N.P.org and people	1	.1	.1	88.7
N/A	2	.2	.2	88.9
na	11	1.1	1.1	90.0
NA	3	.3	.3	90.3
no answer	8	.8	.8	91.1
No answer	1	.1	.1	91.2
NO ANSWER	13	1.3	1.3	92.5
no reponse	1	.1	.1	92.5
no response	15	1.5	1.5	94.0
No response	2	.2	.2	94.2
no third answer	1	.1	.1	94.3
No third answer	1	.1	.1	94.4
ocs	1	.1	.1	94.5
OCS	1	.1	.1	94.6
only gave housing	1	.1	.1	94.7
OPPORTUNITIES FOR THE HOMELESS	1	.1	.1	94.8
Our public walking paths and posts	1	.1	.1	94.9
Paper survey is hard to read: "Access to health care" (?)	1	.1	.1	95.0
Paper survey: 1. Access to services, 2. Local advantages, 3. Shared resources	1	.1	.1	95.1
Paper survey: Healthy lifestyles	1	.1	.1	95.2
Paper Survey: No answer	1	.1	.1	95.3
Paper survey: No third answer	1	.1	.1	95.4
Paper survey: No third choice	1	.1	.1	95.5

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Paper survey: Person circled the number 3	1	.1	.1	95.6
Paper survey: person wrote down "?"	1	.1	.1	95.7
Paper survey: question skipped	8	.8	.8	96.5
Paper survey: Question skipped	9	.9	.9	97.4
Pedestrian/bike trails	1	.1	.1	97.5
Person did not put third answer	1	.1	.1	97.5
Primary medical care	1	.1	.1	97.6
programs for kids and cultural diversity	1	.1	.1	97.7
Quality health care - there is plenty health care but not of quality	1	.1	.1	97.8
Recreational Opportunities on THIS side	1	.1	.1	97.9
Reduction of tolerance for Marxism/anti-america perspectives	1	.1	.1	98.0
Rehab facility	1	.1	.1	98.1
Reproductive health funding	1	.1	.1	98.2
Respect	1	.1	.1	98.3
Respectable doctors	1	.1	.1	98.4
School bus for kids	1	.1	.1	98.5
Social activities for those 18-21	1	.1	.1	98.6
Social networks	1	.1	.1	98.7
South Peninsula Hospital	1	.1	.1	98.8
Stop proselytizing your religion	1	.1	.1	98.9
Substance Abuse	1	.1	.1	99.0
support for families	1	.1	.1	99.1

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
The state of behavioral health care services in Homer is declining annually, not getting better. Our local mental health center is not providing services competently (I've been familiar with the agency since it's inception in the early 1980's and used to be on the board)	1	.1	.1	99.2
UNANSWERED	3	.3	.3	99.5
VA	1	.1	.1	99.6
VFW	1	.1	.1	99.7
X	1	.1	.1	99.8
YOUTH HOMELESSNESS, EDUCATION LOW AND HIGH	1	.1	.1	99.9
Z	1	.1	.1	100.0
Total	1020	100.0	100.0	

Physical Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	358	35.1	100.0	100.0
Missing	System	662	64.9		
Total		1020	100.0		

Physical Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	149	14.6	100.0	100.0
Missing	System	871	85.4		
Total		1020	100.0		

Mental/Emotional Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	362	35.5	100.0	100.0
Missing	System	658	64.5		
Total		1020	100.0		

Mental/Emotional Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	551	54.0	100.0	100.0
Missing	System	469	46.0		
Total		1020	100.0		

Substance Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	120	11.8	100.0	100.0
Missing	System	900	88.2		
Total		1020	100.0		

Substance Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	668	65.5	100.0	100.0
Missing	System	352	34.5		
Total		1020	100.0		

Interpersonal Violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	52	5.1	100.0	100.0
Missing	System	968	94.9		
Total		1020	100.0		

Interpersonal Violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	252	24.7	100.0	100.0
Missing	System	768	75.3		
Total		1020	100.0		

Economic Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	367	36.0	100.0	100.0
Missing	System	653	64.0		
Total		1020	100.0		

Economic Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	416	40.8	100.0	100.0
Missing	System	604	59.2		
Total		1020	100.0		

Environmental Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	133	13.0	100.0	100.0
Missing	System	887	87.0		
Total		1020	100.0		

Environmental Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	128	12.5	100.0	100.0
Missing	System	892	87.5		
Total		1020	100.0		

Education (costs and availability)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	227	22.3	100.0	100.0
Missing	System	793	77.7		
Total		1020	100.0		

Education (costs and availability)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	237	23.2	100.0	100.0
Missing	System	783	76.8		
Total		1020	100.0		

None of the above

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	251	24.6	100.0	100.0
Missing	System	769	75.4		
Total		1020	100.0		

None of the above

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	88	8.6	100.0	100.0
Missing	System	932	91.4		
Total		1020	100.0		

Other (please specify)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		912	89.4	89.4	89.4
	Affordable housing	1	.1	.1	89.5
	You and Your Family: cold, damp, air fall/winter	1	.1	.1	89.6
	A more balanced city council, respect for the more conservative leaning citizens.	1	.1	.1	89.7
	acceptance of others especially LGBT community	1	.1	.1	89.8
	Access to fast HEALTHY food	1	.1	.1	89.9
	access to goods	1	.1	.1	90.0
	Access to healthcare	1	.1	.1	90.1
	Access to mutual aid/ community building	1	.1	.1	90.2
	Affordable and seasonal housing locally, public transport, childcare after school	1	.1	.1	90.3
	affordable home ownership	1	.1	.1	90.4
	affordable housing	1	.1	.1	90.5
	Affordable housing	1	.1	.1	90.6
	affordable housing in the community	1	.1	.1	90.7
	affordable living	1	.1	.1	90.8
	affordable wages, housing	1	.1	.1	90.9
	after school programs	1	.1	.1	91.0
	Avvess to specialists	1	.1	.1	91.1
	Cancer and Heart Disease	1	.1	.1	91.2
	Childcare	2	.2	.2	91.4
	Childcare (Me and My Family)	1	.1	.1	91.5

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Childcare availability, for both	1	.1	.1	91.6
Childcare Cost (family), Short Term-Rentals (community)	1	.1	.1	91.7
Childcare for working parents	1	.1	.1	91.8
Climate Change, pending pandemic that everyone is ignoring	1	.1	.1	91.9
cliqueyness affects community health and individual well being	1	.1	.1	92.0
close community with attitude that "new" people families are not welcome.	1	.1	.1	92.1
Cold/Dark months	1	.1	.1	92.2
common core education, city and fire dept	1	.1	.1	92.3
Community too right wing in politics & religion	1	.1	.1	92.4
cost of food	1	.1	.1	92.5
COST OF FOOD	1	.1	.1	92.5
Cost of Health Care	1	.1	.1	92.6
Cost of healthcare	1	.1	.1	92.7
Cost of living	1	.1	.1	92.8
DAYCARE COSTS/AVAILABILITY	1	.1	.1	92.9
did not answer	2	.2	.2	93.1
Divisive society (You and Your Family AND Community)	1	.1	.1	93.2
dogs running loose	1	.1	.1	93.3
Education:large class sizes, not enough teachers/resource staff	1	.1	.1	93.4
family disagreements	1	.1	.1	93.5
health care costs	1	.1	.1	93.6
healthcare	1	.1	.1	93.7
High cost of rentals and lack of housing	1	.1	.1	93.8
Higher paying Job opportunities	1	.1	.1	93.9

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
home care assistants for elders	1	.1	.1	94.0
hostile political opinions	1	.1	.1	94.1
housing	1	.1	.1	94.2
Housing	1	.1	.1	94.3
HOUSING	2	.2	.2	94.5
Housing - community	2	.2	.2	94.7
housing help	1	.1	.1	94.8
Housing, elder care	1	.1	.1	94.9
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	95.0
I don't quite know how to answer these questions seems unclear to me	1	.1	.1	95.1
I have everything I need - but there is a decided lack of housing and childcare in our community	1	.1	.1	95.2
Icy conditions	1	.1	.1	95.3
INFLATION	1	.1	.1	95.4
jobs	1	.1	.1	95.5
Jobs/economic opportunities	1	.1	.1	95.6
LACK OF AFFORDABLE HOUSING	1	.1	.1	95.7
Lack of availability of responsive health care is the single issue that negatively affects our health care.	1	.1	.1	95.8
LACK OF CARE FOR CHILDREN	1	.1	.1	95.9
Lack of child care (for our family)	1	.1	.1	96.0
Lack of diversified housing-both my family and community and lack of qualified staffing-both	1	.1	.1	96.1
lack of housing	1	.1	.1	96.2
Lack of housing	1	.1	.1	96.3

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of housing for seasonal workers, too many vacation/short term rentals.	1	.1	.1	96.4
LACK OF MENTAL HEALTH CARE	1	.1	.1	96.5
lack of social connections, single 59 year old female	1	.1	.1	96.6
legal help	1	.1	.1	96.7
Me and my family AND community: Lack of affordable year-round housing	1	.1	.1	96.8
money	1	.1	.1	96.9
New censorship and restrictions imposed on doctors	1	.1	.1	97.0
NO ANSWER	1	.1	.1	97.1
no response	2	.2	.2	97.3
Paper survey: Person didn't answer questions 1, 3, 4, 6, 8 of this section	1	.1	.1	97.4
political partisanship	1	.1	.1	97.5
poor availability of good home health aids for elderly assistance (even private pay) in their homes	1	.1	.1	97.5
Price of food!!	1	.1	.1	97.6
propaganda taught in government schools	1	.1	.1	97.7
Quality education	1	.1	.1	97.8
Racism	1	.1	.1	97.9
Safe, affordable housing for the community	1	.1	.1	98.0
seasonal darkness/SAD	1	.1	.1	98.1
South Peninsula Hospital	1	.1	.1	98.2
Speeding on roads, Qanon, Bullying, Politics	1	.1	.1	98.3
state and government	1	.1	.1	98.4
tabacco & alcohol	1	.1	.1	98.5
taxes	1	.1	.1	98.6
Taxes-property	1	.1	.1	98.7

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
This question is so poorly formatted I had to say some thing about it here. Yikes!	1	.1	.1	98.8
to many rich not enough working class, unhealthy lifestyle to leave others out because of money	1	.1	.1	98.9
Tolerance & Civility	1	.1	.1	99.0
Traffic	1	.1	.1	99.1
TRANSPORTATION	1	.1	.1	99.2
UNANSWERED	1	.1	.1	99.3
VA access	1	.1	.1	99.4
We're new to Homer but I would say access to housing is a huge problem as well as childcare (outside of school) and cost of living are the top 3 community issues	1	.1	.1	99.5
winter shut in	1	.1	.1	99.6
x	1	.1	.1	99.7
You and Your Family and Community: Energy Cost	1	.1	.1	99.8
You and Your Family AND Community: Icy sidewalks	1	.1	.1	99.9
You and Your Family: Childcare	1	.1	.1	100.0
Total	1020	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schedule Conflicts	336	32.9	100.0	100.0
Missing	System	684	67.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Age Restrictions	37	3.6	100.0	100.0
Missing	System	983	96.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Stigma	75	7.4	100.0	100.0
Missing	System	945	92.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Childcare	117	11.5	100.0	100.0
Missing	System	903	88.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Confidentiality	84	8.2	100.0	100.0
Missing	System	936	91.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medicaid Problem	46	4.5	100.0	100.0
Missing	System	974	95.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Membership Restrictions	74	7.3	100.0	100.0
Missing	System	946	92.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Enough Time	269	26.4	100.0	100.0
Missing	System	751	73.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Found Services Elsewhere	35	3.4	100.0	100.0
Missing	System	985	96.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Distrust/Dislike Agency or Provider	100	9.8	100.0	100.0
Missing	System	920	90.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural or Religious Convictions	23	2.3	100.0	100.0
Missing	System	997	97.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Language Barrier	5	.5	100.0	100.0
Missing	System	1015	99.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lack of Anonymity	118	11.6	100.0	100.0
Missing	System	902	88.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Transportation	123	12.1	100.0	100.0
Missing	System	897	87.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Harassment	27	2.6	100.0	100.0
Missing	System	993	97.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Awareness	120	11.8	100.0	100.0
Missing	System	900	88.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cost	338	33.1	100.0	100.0
Missing	System	682	66.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None of these prevent me from using available services or activities	189	18.5	100.0	100.0
Missing	System	831	81.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	58	5.7	100.0	100.0
Missing	System	962	94.3		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	962	94.3	94.3	94.3
ACCESSIBILITY	1	.1	.1	94.4
Activities not available	1	.1	.1	94.5
Availability of providers	1	.1	.1	94.6
availability of services	1	.1	.1	94.7
CAN'T AFFORD MONEY	1	.1	.1	94.8
Childcare, childcare, childcare!	1	.1	.1	94.9
COVID Pandemic	1	.1	.1	95.0
did not answer	1	.1	.1	95.1
Do I feel welcome	1	.1	.1	95.2
Don't hear of many because i don't have facebook nor have internet at home	1	.1	.1	95.3
Empathy and the beliefs of hysteria in women	1	.1	.1	95.4
Entitlement attitudes of many of the participants	1	.1	.1	95.5
Equal access to activities and services for disabled/challenged residents	1	.1	.1	95.6
F	1	.1	.1	95.7
Feel unwelcome,	1	.1	.1	95.8
gang stalking	1	.1	.1	95.9
haircuts	1	.1	.1	96.0
Having to go all the way to town for activities	1	.1	.1	96.1
High cost	1	.1	.1	96.2
Home health care and mental health support is needed and no one is available.	1	.1	.1	96.3
homophobia	1	.1	.1	96.4
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	96.5
ignore problems, no help, no solutions	1	.1	.1	96.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of adequate staff in parts of medical community. Example radiology -too long to get appointments when you need	1	.1	.1	96.7
Lack of friends able to support each other	1	.1	.1	96.8
Lack of knowledge of them	1	.1	.1	96.9
lack of quality health care	1	.1	.1	97.0
Lack of universal health insurance	1	.1	.1	97.1
lack of willing private pay caregivers for elderly for hire in this community	1	.1	.1	97.2
Mobility restrictions, bad weather, severe shortage of PCA's and other healthcare workers as well as Medicaid employees, leading to backlogged applications and denials. Lack of communication and poor record keeping. Lack of accountability when mistakes are made (especially at the pharmacy).	1	.1	.1	97.3
More provider options	1	.1	.1	97.4
na	3	.3	.3	97.6
NA	1	.1	.1	97.7
no	1	.1	.1	97.8
NO ANSWER	5	.5	.5	98.3
no response	4	.4	.4	98.7
No response	1	.1	.1	98.8
none in Anchor Point	1	.1	.1	98.9
Paper survey: question skipped	4	.4	.4	99.3
Paper survey: Question skipped	1	.1	.1	99.4
perceived difficulty of finding into and of scheduling	1	.1	.1	99.5
Prefer not to answer	1	.1	.1	99.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Services not offered in Homer	1	.1	.1	99.7
THE MANAGER OF SPH TOLD ME TO FIND HEALTHCARE ELSEWHERE	1	.1	.1	99.8
Time and money burdened by slavery/taxation	1	.1	.1	99.9
WEATHER	1	.1	.1	100.0
Total	1020	100.0	100.0	

I have a sense of purpose and meaning in my life

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	35	3.4	3.7	3.7
	Never	14	1.4	1.5	5.2
	Sometimes	136	13.3	14.3	19.5
	Frequently	270	26.5	28.4	47.9
	Always	495	48.5	52.1	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have a sense of connection, belonging, safety and a reliable support system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	45	4.4	4.7	4.7
	Never	23	2.3	2.4	7.2
	Sometimes	161	15.8	16.9	24.1
	Frequently	268	26.3	28.2	52.3
	Always	453	44.4	47.7	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have the ability to perform daily activities without undue fatigue or physical stress

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	35	3.4	3.7	3.7
	Never	29	2.8	3.1	6.7
	Sometimes	169	16.6	17.8	24.5
	Frequently	334	32.7	35.2	59.7
	Always	383	37.5	40.3	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have opportunities to expand my knowledge and skills and to use my creative abilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	45	4.4	4.7	4.7
	Never	20	2.0	2.1	6.8
	Sometimes	217	21.3	22.8	29.7
	Frequently	322	31.6	33.9	63.6
	Always	346	33.9	36.4	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I can cope effectively with life stresses, and my work and relationships are enriching

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	40	3.9	4.2	4.2
	Never	9	.9	.9	5.2
	Sometimes	206	20.2	21.7	26.8
	Frequently	405	39.7	42.6	69.5
	Always	290	28.4	30.5	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

My surroundings are adequate for me (from my home to the wider community or environment)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	47	4.6	4.9	4.9
	Never	20	2.0	2.1	7.1
	Sometimes	136	13.3	14.3	21.4
	Frequently	280	27.5	29.5	50.8
	Always	467	45.8	49.2	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have enough money for my basic needs, and I can adapt for unplanned expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	39	3.8	4.1	4.1
	Never	80	7.8	8.4	12.5
	Sometimes	203	19.9	21.4	33.9
	Frequently	250	24.5	26.3	60.2
	Always	378	37.1	39.8	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I am connected to my own culture and traditions, and I see the diversity and richness of other cultures

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	67	6.6	7.1	7.1
	Never	35	3.4	3.7	10.7
	Sometimes	171	16.8	18.0	28.7
	Frequently	294	28.8	30.9	59.7
	Always	383	37.5	40.3	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Housing (paying rent, facing eviction, foreclosure, maintenance, etc.)	169	16.6	100.0	100.0
Missing	System	851	83.4		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Job security (unemployed, fired or laid off, less work to do than before, less income, etc.)	206	20.2	100.0	100.0
Missing	System	814	79.8		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Transportation (getting to places you need to go, riding public transit, driving a car, etc.)	113	11.1	100.0	100.0
Missing	System	907	88.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to food (affordable groceries, getting SNAP benefits, feeding family or loved ones, etc.)	185	18.1	100.0	100.0
Missing	System	835	81.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Utilities (electric, gas, or water shut-offs or difficulty paying for them)	153	15.0	100.0	100.0
Missing	System	867	85.0		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Paying bills (medical or other)	187	18.3	100.0	100.0
Missing	System	833	81.7		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to medical care	193	18.9	100.0	100.0
Missing	System	827	81.1		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Safety at home (abuse, interpersonal violence, family violence, or domestic violence)	31	3.0	100.0	100.0
Missing	System	989	97.0		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to childcare	84	8.2	100.0	100.0
Missing	System	936	91.8		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Affording other basic needs (not mentioned)	104	10.2	100.0	100.0
Missing	System	916	89.8		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not experience any challenges	225	22.1	100.0	100.0
Missing	System	795	77.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	133	13.0	100.0	100.0
Missing	System	887	87.0		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	127	12.5	100.0	100.0
Missing	System	893	87.5		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	893	87.5	87.5	87.5
Access to family and close friends, human contact	1	.1	.1	87.6
access to friends and family and community public events	1	.1	.1	87.7
school opportunities	1	.1	.1	87.8
ABILITY TO GET TOGETHER WITH OTHERS, SAFETY	1	.1	.1	87.9
Access to and cost of proper prescriptions both from doctor and pharmacy	1	.1	.1	88.0
Access to business and activities (that were closed, canceled, or discriminatory towards mask/"vaccine" choices	1	.1	.1	88.1
access to pca help for elder care, and staffing issues at friendship terrace	1	.1	.1	88.2
access to proper school education for kids	1	.1	.1	88.3
Access to transparent COVID-19 information.	1	.1	.1	88.4
Access to travel was more difficult for my family when RAVN was shut down	1	.1	.1	88.5
activities for teens and keeping them engaged	1	.1	.1	88.6
adjusting to conditions	1	.1	.1	88.7
Adult children moved back in.	1	.1	.1	88.8
Affordable dental care	1	.1	.1	88.9
all	1	.1	.1	89.0
ANXIETY	1	.1	.1	89.1
Authoritarian stupid Mask-Hags	1	.1	.1	89.2
Being out in public w/ people wearing masks incorrectly	1	.1	.1	89.3
CHALLENGING TO FIND RESTAURANTS TO EAT OUT	1	.1	.1	89.4

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Change in work expectations once returned to work after Pandemic. My long time company was not a supportive organization to their employees upon their return. Their priority remained the bottom line and not focused on a healthy transition back to a different world. It ultimately ended my 3 decade career.	1	.1	.1	89.5
Community and arts events	1	.1	.1	89.6
concern about remaining healthy as have autoimmune disease and social isolation	1	.1	.1	89.7
Connection mental health	1	.1	.1	89.8
Connection Mental Health	1	.1	.1	89.9
CONNECTING WITH OTHERS	1	.1	.1	90.0
DEALING WITH IDIOTS WHO ARE OPPRESSED BY MASKS	1	.1	.1	90.1
Depression	1	.1	.1	90.2
due to a city mandate two of my jobs were lost for two years	1	.1	.1	90.3
elder care, which is needed for a dependent parent	1	.1	.1	90.4
Emotional stress and uncertainty	1	.1	.1	90.5
Everything got more expensive: Rent, water utility, insurance and food	1	.1	.1	90.6
Exposure to others who refused to get vaccinated and/or refused to wear masks and acting awful	1	.1	.1	90.7
Family stress	1	.1	.1	90.8
Fear of catching Covid as a auto immune front line worker	1	.1	.1	90.9
Fear of family getting sick	1	.1	.1	91.0

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
finding anyone to hire to do work at my home	1	.1	.1	91.1
Finding available housing rentals	1	.1	.1	91.2
Finding people willing to work	1	.1	.1	91.3
Fortunate to not have any of the above concerns	1	.1	.1	91.4
FUEL	1	.1	.1	91.5
govt input	1	.1	.1	91.6
Had to work on zoom from a vehicle because we don't have electric or Wi-Fi to keep my job	1	.1	.1	91.7
Harassment for being unvaccinated	1	.1	.1	91.8
Harder to visit family and friends	1	.1	.1	91.9
Health issues	1	.1	.1	92.0
Household management division of labor with spouse	1	.1	.1	92.1
i recently moved to the area and do not feel i can answer the question	1	.1	.1	92.2
I've had to delay things like vision and dental care during pandemic	1	.1	.1	92.3
Interstate/international travel	1	.1	.1	92.4
intolerance and confusion surrounding covid	1	.1	.1	92.5
isolation	3	.3	.3	92.7
Isolation	2	.2	.2	92.9
isolation from friends and family	1	.1	.1	93.0
Isolation was difficult	1	.1	.1	93.1
isolation, loss of sense of community and belonging	1	.1	.1	93.2

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Isolation, stress, and collective trauma. (Survey feedback: It feels like half of the defined choices are about or could be about money. it feels like financial health is disproportionately represented in our framing of the pandemic challenges. You should consider this when interpreting your results.)	1	.1	.1	93.3
isolation; discomfort masking; loss of indoor exercise options	1	.1	.1	93.4
IT WAS A SCAM AND WE ALL KNOW IT	1	.1	.1	93.5
Job	1	.1	.1	93.6
lack of relationships with others	1	.1	.1	93.7
Lack of social interaction	1	.1	.1	93.8
LACK OF SOCIAL TIME	1	.1	.1	93.9
Lack of the number in this community who bothered to get vaccinated, workplace did NOT enforce a good vaccine policy	1	.1	.1	94.0
Less support available for medical needs/procedures	1	.1	.1	94.1
live in nome	1	.1	.1	94.2
LOSS OF JOBS	1	.1	.1	94.3
lost spouse unexpectedly at the beginning of covid	1	.1	.1	94.4
MAINTAINING FRIENDSHIPS	1	.1	.1	94.5
Maintaining isolation practice around those that chose not to.	1	.1	.1	94.6
maintaining social ties	1	.1	.1	94.7
making healthy social connections, anxiety with interpersonal dynamics	1	.1	.1	94.8
Making social connections with friends & family	1	.1	.1	94.9

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Mental Health	1	.1	.1	95.0
mental health challenges	1	.1	.1	95.1
mental health support	1	.1	.1	95.2
mental health- anxiety depression	1	.1	.1	95.3
mental health, homeschooling	1	.1	.1	95.4
mental health, isolation	1	.1	.1	95.5
mental wellness	1	.1	.1	95.6
moving from and back to AK during Covid	1	.1	.1	95.7
na	1	.1	.1	95.8
NO ANSWER	3	.3	.3	96.1
NONE APPLY	1	.1	.1	96.2
None of the above	1	.1	.1	96.3
NONE WHERE A CHALLENGE FOR ME	1	.1	.1	96.4
NONE, I LIVED LIFE AS NORMAL, I DID NOT SECUM TO FEAR	1	.1	.1	96.5
Not able to be with family;	1	.1	.1	96.6
not having things to do, being closed in was challenging or others to do it with	1	.1	.1	96.7
ocs	1	.1	.1	96.8
Overall inflation has made everything more expensive	1	.1	.1	96.9
Paper survey: question skipped	1	.1	.1	97.0
Paper survey: Question skipped	2	.2	.2	97.2
People's lack of respect for each others positions	1	.1	.1	97.3
Providers were overwhelmed with the pandemic and it could take weeks or months to get an appointment.	1	.1	.1	97.4
reduced socialization	1	.1	.1	97.5
Restrictions	1	.1	.1	97.5
school and social aspects of school for children	1	.1	.1	97.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
SCHOOL AND SOCIAL BREAKDOWN OF COMMUNITY	1	.1	.1	97.7
See below	1	.1	.1	97.8
self care and big concerns for family members	1	.1	.1	97.9
Severe decline in mental health	1	.1	.1	98.0
Social activities on hold. Angst felt in community.	1	.1	.1	98.1
social connection	1	.1	.1	98.2
Social Connection	1	.1	.1	98.3
social connections	1	.1	.1	98.4
SOCIAL CONTACT	1	.1	.1	98.5
Social interactions.	1	.1	.1	98.6
social opportunities	1	.1	.1	98.7
SOCIAL WITHDRAWAL	1	.1	.1	98.8
socialization	1	.1	.1	98.9
Socialization and connection to others	1	.1	.1	99.0
Socializing	1	.1	.1	99.1
Socially, everything changed (as it did for most people)	1	.1	.1	99.2
South peninsula hospital has no overseer of actual care	1	.1	.1	99.3
the whole problem was the government in everyones bussiness	1	.1	.1	99.4
UNANSWERED	1	.1	.1	99.5
UNTRUE INFO, ENCROACHMENT ON FREEDOM	1	.1	.1	99.6
WE WERE LUCKY	1	.1	.1	99.7
Work related stressors	1	.1	.1	99.8
Working with the public.	1	.1	.1	99.9
Zoom-could not hear on this platform	1	.1	.1	100.0
Total	1020	100.0	100.0	

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	605	59.3	59.3	59.3
I couldn't see my family (international travel)	1	.1	.1	59.4
Isolation	1	.1	.1	59.5
Not spending time with loved ones, attending events	1	.1	.1	59.6
-Shortages of many food and household items at stores during the pandemic -Sense of isolation due to maintaining a small social bubble -Sense of helplessness	1	.1	.1	59.7
0	1	.1	.1	59.8
1	1	.1	.1	59.9
A bit of a lonely time. Didn't get to be with friends as much.	1	.1	.1	60.0
a little too much drinking	1	.1	.1	60.1
A sense of isolation: sent home to work so don't see people most days.	1	.1	.1	60.2
A sense that many community members did not see value in practicing protective protocols which meant changes in school attendance for my child, strained relationships, and overall social isolation.	1	.1	.1	60.3
Access to 12 Step meetings.	1	.1	.1	60.4
Access to business and activities (that were closed, canceled, or discriminatory towards mask/"vaccine" choices. Cost of FOOD!!	1	.1	.1	60.5
access to each other	1	.1	.1	60.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
access to food was in terms of shopping and going to public places, accessing needed health care services as all providers were not vaccinated and concern about exposure from health care workers	1	.1	.1	60.7
Access to products needed quickly - replacing appliances Refrig and washer when quit.	1	.1	.1	60.8
Access to services that were closed, variability in community reactions to covid.	1	.1	.1	60.9
affordable housing	1	.1	.1	61.0
All the lies	1	.1	.1	61.1
All together under one roof for a long time, caused stress.	1	.1	.1	61.2
Almost all of these apply. When the community basically shut its doors it became hard to get out of town or in, which made it hard to get to medical care and groceries. Along with this also came the increase in prices of everything, making it so we had to pick and choose which bills we could afford to pay each month.	1	.1	.1	61.3
Altercations with police and public because of disregard to health reasons long term poor because of family life	1	.1	.1	61.4
Angst among some in community towards Covid safety measures like masking and vaccines.	1	.1	.1	61.5
Anxiety about being in public, fear for vulnerable family members.	1	.1	.1	61.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
ANXIETY ABOUT INCREASING POLITIZATION OF THE PANDEMIC	1	.1	.1	61.7
Anxiety and witnessing bullying between groups or people with differing opinions.	1	.1	.1	61.8
anxiety. depression. lonely.	1	.1	.1	61.9
At the time I was working for a doctors office, so I had the opposite issue as most... I was working longer hours and it was in a very stressful and anxious filled space- lots of unknowns at the beginning of COVID and then with the influx of patients and their anxieties made some days harder than others to stay in a positive and calm mindset.	1	.1	.1	62.0
Balancing work responsibilities on top of keeping the kids engaged and managing online school.	1	.1	.1	62.1
Behavioral Health issues due to isolation	1	.1	.1	62.2
Being too closed off from my family and friends, too closed in with a troubled spouse.	1	.1	.1	62.3
Being unable to travel to see family for 2 years was difficult, as was the loss of the ability to freely socialize with friends and family in town.	1	.1	.1	62.4
Believing what was being passed as "news" Feeling secure outside my home	1	.1	.1	62.5
boredom	1	.1	.1	62.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
both adults in household with jobs that were demanding during covid... lots of hours worked and little personal time and family time.	1	.1	.1	62.6
Both adults in our household had to work many extra hours to pivot to the new reality. Exhausting!	1	.1	.1	62.7
BS Lies	1	.1	.1	62.8
Businesses closing	1	.1	.1	62.9
cancer diagnosis and treatments fear of the unknown	1	.1	.1	63.0
Career and educational goals were derailed.	1	.1	.1	63.1
Changed our habits; no longer do the social things we did prior to the pandemic. Its hard to restart some of them so we are still home a lot.	1	.1	.1	63.2
Civility between people (groups) eroded	1	.1	.1	63.3
CLOSED BUSINESSES	1	.1	.1	63.4
Community networking	1	.1	.1	63.5
Conflicts of interest, some family members vaccinating, some not.	1	.1	.1	63.6
Connecting with social groups	1	.1	.1	63.7
Connection	2	.2	.2	63.9
Constant fear and changes in recommendations.	1	.1	.1	64.0
Could not keep home health Care lined up for elderly parent	1	.1	.1	64.1
COULDNT GET OUT OF ALASKA	1	.1	.1	64.2
Covid killed my mother. Inability to travel & be with friends. Society unraveling.	1	.1	.1	64.3

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
COVID NURSE HUNG UP ON US AND WE DIDNT HAVE A WAY TO CALL BACK. HEALTHCARE FACILITIES TREATED MY PREGNANCY LIKE COVID WHEN I WENT INTO LABOR	1	.1	.1	64.4
Dealing with MAGA people	1	.1	.1	64.5
Death	1	.1	.1	64.6
Decreased availability of community programming	1	.1	.1	64.7
depression	1	.1	.1	64.8
Depression and lots of mental health issues	1	.1	.1	64.9
Differing local opinions about the seriousness of the pandemic, and how this affects decision making	1	.1	.1	65.0
Difficulty buying groceries. No strength.	1	.1	.1	65.1
disagreement re: mitigation	1	.1	.1	65.2
Disconnected from community affected mental health	1	.1	.1	65.3
Disconnection from community events.	1	.1	.1	65.4
Distance (Most Family Outside)	1	.1	.1	65.5
Division in health care and political community over masking and vaccinations	1	.1	.1	65.6
Divorce	1	.1	.1	65.7
Drank more w/ immediate neighbors	1	.1	.1	65.8
Due to lack of social connection, keeping emotionally and mentally steadiness was challenging.	1	.1	.1	65.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
During COVID-19, my family also faced the challenge of a shortage of supplies.	1	.1	.1	66.0
During COVID-19, our outdoor environment became very vulnerable, and the lack of medical supplies made it impossible for us to carry out our daily fitness activities outside.	1	.1	.1	66.1
During COVID-19, we can't go out in large areas, health campaigns are much less frequent, and supplies are scarce.	1	.1	.1	66.2
During COVID-19, we haven't been able to see older family members, and their health status and medication support have been challenged.	1	.1	.1	66.3
Economic benefits	1	.1	.1	66.4
Education struggles for my grandchildren because they didn't have electric or wifi	1	.1	.1	66.5
Elevated stress due to social pressure to discuss personal medical decisions.	1	.1	.1	66.6
emotional and mental stress/fatigue	1	.1	.1	66.7
Emotional stress and travel stress to see relatives further away.	1	.1	.1	66.8
Employment difficulties, no ability to travel	1	.1	.1	66.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
even though student loans have been on hold for the COVID-19 pandemic, it has been stressful, as I know when the order is lifted, I will have to make huge payments. (Thank goodness I have been able to save a little during this time).	1	.1	.1	67.0
Everything is expensive	1	.1	.1	67.1
Everything was just more expensive and more isolating.	1	.1	.1	67.2
extreme stress, fatigue, lack of connections and support. isolation from family and friends	1	.1	.1	67.3
Family gathering	1	.1	.1	67.4
FAMILY GET TOGETHERS	1	.1	.1	67.5
Family stress/cabin fever	1	.1	.1	67.5
Fear of health issues arising with family members while access to health care was limited. Worries if they caught the virus as well!!! Older parents	1	.1	.1	67.6
Fear of losing my job if I was unvaccinated. We struggled w/kids doing e-learning while we worked outside of the home. Crappy internet issues, inability to be at home to help guide small children with school work. Our teen was trying to help younger siblings while trying himself to graduate.	1	.1	.1	67.7
Fear of neighbors/community who would not vaccinate and would not wear masks	1	.1	.1	67.8
fear of sickness	1	.1	.1	67.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Fear, stress, worry, boredom, paranoid, loneliness	1	.1	.1	68.0
Feeling safe, Lack of solid information	1	.1	.1	68.1
Feelings of being isolated; not being able to visit family out of state	1	.1	.1	68.2
Finding childcare	1	.1	.1	68.3
Finding employees, getting exercise	1	.1	.1	68.4
finding work	1	.1	.1	68.5
Food delivery	1	.1	.1	68.6
General pandemic related grief, stress, and trauma to taxed mental and emotional health and interpersonal relationships.	1	.1	.1	68.7
Getting groceries and mail safely. Isolation from friends. No air travel.	1	.1	.1	68.8
Got divorced . My partner had very different ideas than I did regarding appropriate behavior during a pandemic being a major stressor in our relationship.	1	.1	.1	68.9
Gout-gas lighting, stockholm syndrome suffering	1	.1	.1	69.0
GOVERNMENT TAKING CONTROL. HANG THEM	1	.1	.1	69.1
Harassment for being unvaccinated	1	.1	.1	69.2
HARRASSMENT FOR NOT FOLLOWING THE NARRITVE	1	.1	.1	69.3
Having to go to emergency room in extreme pain just to be told I'm a druggie	1	.1	.1	69.4
Having to take time off work with no pay if one was exposed to covid.	1	.1	.1	69.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Healthcare	1	.1	.1	69.6
Higher depression, anxiety, panic, mania, fear, parnoia , sleeplessness	1	.1	.1	69.7
Home bound	1	.1	.1	69.8
Home schooling my son in his senior year.	1	.1	.1	69.9
Homeschooling	1	.1	.1	70.0
Housing funds, grumpy	1	.1	.1	70.1
Husband in Cancer care	1	.1	.1	70.2
I feel like as a solo parent I lost all opportunities to work/ had minimal savings and those went fast I can't even begin to explain how insecure mine and my sons life has been, continues to be..I mean I can but it's be a whole conversation.	1	.1	.1	70.3

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I found it hard to book appointments, or get certain services entirely. Healthcare workers were spread thin, giving priority to critical patients, having sickness or loss in their own lives, or due to personal voluntary behaviors to avoid vaccinations/ infection. It has become difficult to decipher "fake news" from reliable information, and unclear where to access transparent sources of information that are easily understood. When mistakes are made, such as at the pharmacy or hospital, that put patients at risk, or affect their quality of life, it seems like the pandemic has been some what of an excuse. This is a reoccurring problem with no accountability. Electronic/ paper record keeping issues. Not receiving full records and receiving other patients records. Incorrect Medicaid billing. If Medicaid denies a claim according to their own internal policies and requirements, the referring physician can dispute the denial with a peer-to-peer review. The AMA says peer-to-peer review should be available at any point following an adverse PA determination. Since the pandemic, I've had to face so many denials, and the referring physician almost never does a peer-to-peer review. I am also nervous to go to appointments because I don't want to get sick.	1	.1	.1	70.4

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
i lost my family	1	.1	.1	70.5
I missed many family celebrations and holidays together	1	.1	.1	70.6
I PREFER NOT TO COMMENT	1	.1	.1	70.7
I think the biggest challenge was the changes in socialization in the community. I attend church on a weekly basis but did not physically attend because many were not wearing masks. I did church online, but it just wasn't the same. So, lack of connection with people had the biggest impact on my family during COVID.	1	.1	.1	70.8
I used alcohol more than before COVID	1	.1	.1	70.9
I was not able to travel to visit my family -international Mostly emotional stress - missing family	1	.1	.1	71.0
Ignorance and apathy	1	.1	.1	71.1
Increased isolation, putting off medical and dental issues, added stress	1	.1	.1	71.2
Increased mental health challenges related to isolation, ongoing remote work, etc..	1	.1	.1	71.3
Initial fear, isolation	1	.1	.1	71.4
Interpersonal	1	.1	.1	71.5
Isolated from social networks	1	.1	.1	71.6
isolation	6	.6	.6	72.2
Isolation	11	1.1	1.1	73.2
ISOLATION	2	.2	.2	73.4
isolation and loneliness	1	.1	.1	73.5
Isolation and lonliness	1	.1	.1	73.6
Isolation and social interactions.	1	.1	.1	73.7

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Isolation from family and friends, supply chain frustrations, difficulty accessing health care but HMC and SPH did their best!	1	.1	.1	73.8
isolation induced loneliness	1	.1	.1	73.9
Isolation was difficult	1	.1	.1	74.0
ISOLATION-MISSED INTERACTING WITH OTHERS	1	.1	.1	74.1
Isolation-tough shopping	1	.1	.1	74.2
Isolation, fear of social interaction	1	.1	.1	74.3
isolation, lack of accurate info	1	.1	.1	74.4
Isolation, lack of community	1	.1	.1	74.5
isolation, lack of interpersonal relationships, education barriers with schools doing more online vs in person.	1	.1	.1	74.6
Isolation, living/working apart for jobs and college	1	.1	.1	74.7
isolation, made to feel I do not belong in Homer by people who have lived here longer. First question I am asked is " how long have you lived here".	1	.1	.1	74.8
isolation, not seeing our family	1	.1	.1	74.9
Isolation, terrible work/life balance, high costs of living	1	.1	.1	75.0
isolation. loneliness.	1	.1	.1	75.1
Isolation...lack of contact with others.	1	.1	.1	75.2
Isolation/lifestyle changes	1	.1	.1	75.3
it deeply disturbed me that a health matter became a political weapon and source of divisiveness.	1	.1	.1	75.4

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
It delayed our dental care so we are scrambling to get work done for our daughter now before she loses our dental coverage	1	.1	.1	75.5
It was awkward we didn't unite on how to reduce transmission. Facemasks when they did become readily available became political. I felt it unfair that people not working in my income bracket were making more than I was with unemployment compensation.	1	.1	.1	75.6
It was difficult being able to physically get to see my family who live outside	1	.1	.1	75.7
Job Challenges	1	.1	.1	75.8
Job security	1	.1	.1	75.9
Job stress definitely had an impact on our household.	1	.1	.1	76.0
Just a disconnect from people	1	.1	.1	76.1
just being able to socialize	1	.1	.1	76.2
Just stinking lonely	1	.1	.1	76.3
Just the ability to travel	1	.1	.1	76.4
just the things we wanted to do closed down	1	.1	.1	76.5
Keeping up with all the guidelines and booster shots.	1	.1	.1	76.6
Lack of connection, had just moved to Homer and then had to quarantine so didn't get to meet people.	1	.1	.1	76.7
Lack of food on the store shelves	1	.1	.1	76.8
LACK OF REAL SOCIALIZATION DUE TO SHUTDOWNS.	1	.1	.1	76.9
Lack of social connection	1	.1	.1	77.0

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
lack of social contact; obtaining factual information	1	.1	.1	77.1
Lack of social interactions	2	.2	.2	77.3
Lack of social opportunities, community events	1	.1	.1	77.4
Lack of social visits w/ friends	1	.1	.1	77.5
LACK OF SPACE AND PRIVACY	1	.1	.1	77.5
Lack of support due to not seeing family and friends, temporary feeling of loss of community	1	.1	.1	77.6
lay off and no unemployment options	1	.1	.1	77.7
Limited activities	1	.1	.1	77.8
Living in fear and not as much social interactions	1	.1	.1	77.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Living in Seldovia, access to competent, judgement-free medical care was nearly impossible. SVT, on the whole, does not believe that COVID is a real and dangerous illness, and so did not offer services that would have helped many in our community. Testing at the height of the pandemic was limited to patients; plus, you had to make an appointment to be seen by a provider to get a test. Appointments cost money. And people were being charged for both appointments and tests. Accessing tests outside of Seldovia was cost-prohibitive for most Seldovians-not to mention a public health risk when considering spreading illness. Lastly, because of the small population here, COVID data was suppressed, making it difficult to make informed choices regarding risk. COVID data stopped being reported altogether about a year ago.	1	.1	.1	78.0
LOCKED UP COULDNT LIVE. WAS BASICALLY UNDER HOUSE ARREST	1	.1	.1	78.1
Loneliness	2	.2	.2	78.3
Loneliness, not enough casual staff to cover. Political differences difficult to fathom, but definitely problematic for many.	1	.1	.1	78.4
Long Covid	1	.1	.1	78.5
Longer hours at work. Child home schooling	1	.1	.1	78.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
loss of business and ultimately selling our home/business to pay bills	1	.1	.1	78.7
Loss of community gatherings	1	.1	.1	78.8
Loss of work	1	.1	.1	78.9
LOSS OF WORK/INCOME, LESS ACCESS TO SUPPORT SYSTEMS	1	.1	.1	79.0
Lost a loved one to Covid, which caused emotional challenges.	1	.1	.1	79.1
Mainly isolation	1	.1	.1	79.2
Maintaining friendships	1	.1	.1	79.3
Managing physical and mental health during the pandemic due to being separated from loved ones	1	.1	.1	79.4
Managing stressful pandemic related jobs and differing opinions on COVID pandemic between family members.	1	.1	.1	79.5
Mandates seemed excessive, especially when we weren't permitted to visit a loved one living in Friendship Terrace. Also the travesty of not being with her when she died there alone.	1	.1	.1	79.6
Many would like to move on. My life, my choice, masks have disabled some thinking on some peoples parts	1	.1	.1	79.7
Mask mandates left to employees to enforce	1	.1	.1	79.8
medical	1	.1	.1	79.9
Medical expenses. Job using all saved PTO, so now can not visit home.	1	.1	.1	80.0

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Medical was the only challenge. I almost died because of lack of mental health care. I was prescribed drugs that said could be monitored any day, but they lied.	1	.1	.1	80.1
Mental & emotional stress, separation from extended family	1	.1	.1	80.2
Mental and emotional trauma. Experienced great fear and uncertainty. Lack of connection or stimulation. Lack of exercise and vitamin D and fresh air. Spiritual connection suffered	1	.1	.1	80.3
mental burn-out	1	.1	.1	80.4
Mental health	2	.2	.2	80.6
Mental health challenges	1	.1	.1	80.7
Mental health challenges largely stemming from science deniers worsening an already difficult public health situation through their unwillingness to take even basic prevention measures in order to reduce the morbidity and mortality experienced by our community.	1	.1	.1	80.8
Mental health due to Quarantine	1	.1	.1	80.9
mental health for the kids and family.	1	.1	.1	81.0
Mental health issues	1	.1	.1	81.1
Mental health issues associated with isolation and managing risk	1	.1	.1	81.2
Mental health issues with my children and family stress mask vs no masks	1	.1	.1	81.3
mental health obstacles	1	.1	.1	81.4
mental health support	1	.1	.1	81.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
mental stress	1	.1	.1	81.6
Mental wellness	1	.1	.1	81.7
Mental wellness challenges	1	.1	.1	81.8
mentally, stress, and fatigue,	1	.1	.1	81.9
Minor increased stress from making sure my family was taking all the precautions that we could, and not getting sick at work	1	.1	.1	82.0
Missed contact with friends	1	.1	.1	82.1
missing volunteer opportunities at the senior center	1	.1	.1	82.2
money	1	.1	.1	82.3
Money	1	.1	.1	82.4
money issues, bills etc	1	.1	.1	82.5
MONEY, JOB, FOOD SHOPPING	1	.1	.1	82.5
Mood disorders Increased stress Physical health issues	1	.1	.1	82.6
MORE HOME TIME	1	.1	.1	82.7
Mostly Financial which impacted emotional	1	.1	.1	82.8
mother with alzheimers had to transition to friendship terrace just before covid, there were often severe staffing shortages and the care was poor during these months, we visited often and made suggestions, but we worried about elders there that didn't have family advocates	1	.1	.1	82.9
Moving across state in the winter. Dealing with grief and loss, and financial burdens. Laid off of work and social isolation.	1	.1	.1	83.0
MOVING UP TO ALASKA FROM WASHINGTON	1	.1	.1	83.1

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
My biggest concern is racism. Education is everything	1	.1	.1	83.2
My children did not enjoy homeschool or remote learning. They definitely missed in person interaction and learning	1	.1	.1	83.3
My husband had treatment for and died of cancer	1	.1	.1	83.4
n/a	2	.2	.2	83.6
N/a	1	.1	.1	83.7
N/A	8	.8	.8	84.5
NA	1	.1	.1	84.6
Navigating uncertainty. Feeling stuck in a relationship that wasn't working because change felt too scary.	1	.1	.1	84.7
No	1	.1	.1	84.8
no money, no help trying to stay warm, pay bills, keep shoveled out	1	.1	.1	84.9
none	2	.2	.2	85.1
None	7	.7	.7	85.8
NONE	1	.1	.1	85.9
none-thankful	1	.1	.1	86.0
None, really. However, local small businesses did + changed their hours + lost spirit + that affects the whole community. A Big deal.	1	.1	.1	86.1
Not being able to see grandbabies birth	1	.1	.1	86.2
Not being able to socialize led to an increase in the level of dementia in my partner	1	.1	.1	86.3
not being allowed in places that force masks	1	.1	.1	86.4
not enough human interaction	1	.1	.1	86.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Not having community activities to go to	1	.1	.1	86.6
Not seeing family.	1	.1	.1	86.7
Nothing is the same anymore	1	.1	.1	86.8
NOTHING, I THRIVED BECAUSE OF PEOPLES STUPIDITY	1	.1	.1	86.9
Nothing, it was the silly brain dead nazi followers that tried to press their phobias. Shame on you all.	1	.1	.1	87.0
Obtaining goods and services due to businesses being closed	1	.1	.1	87.1
Other than myself, my household partner at the time suffered from total loss of employment, severe mental health decline, inability to repay debt, inability to afford typical bills/rent, and increased self-destructive behavior due to addiction	1	.1	.1	87.2
Our mental health and motivation that my children faced at highschool and college level. Fear and anxiety and anger amongst toward everyone due to the unknown forced on us.	1	.1	.1	87.3
OVER TESTING AND CONTRACT TRACING WHEN THE KIDS WENT BACK TO SCHOOL. RELENTLESS PRESSURE TO VACCINATE	1	.1	.1	87.4

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Paper survey: Community seems deeply divided politically- with Progressives insisting that only they know the political truths. This clearly demonstrates an ego that rests its' conclusions on propaganda and msm's total unwillingness to research BOTH sides of current "?" (could not read what last word is)	1	.1	.1	87.5
Paper survey: question skipped	10	1.0	1.0	88.4
Paper survey: Question skipped	25	2.5	2.5	90.9
Paper Survey: Question skipped	1	.1	.1	91.0
Paying bill	1	.1	.1	91.1
People not taking precautions not wearing masks in stores	1	.1	.1	91.2
people using the pandemic to get away with unethical and illegal behavior	1	.1	.1	91.3
Perceived isolation, especially because we moved to the area just before the pandemic. It was hard to meet people and I just now feel like I'm starting to find community here.	1	.1	.1	91.4
Political discrimination	1	.1	.1	91.5
Politically motivated violence	1	.1	.1	91.6
POWER DISCONNECT	1	.1	.1	91.7
Problem: some local businesses were discriminatory over mask mandates.	1	.1	.1	91.8
Pushback from anti-vax and anti- mask people	1	.1	.1	91.9
quality education for kids	1	.1	.1	92.0

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
reduced overall sense of wellbeing, geopolitically caused anxiety	1	.1	.1	92.1
Restaurants were closed	1	.1	.1	92.2
Rising prices since the COVID-19 pandemic have increased the cost of living and the cost of health care.	2	.2	.2	92.4
Rising prices since the COVID-19 pandemic have increased the cost of living.	1	.1	.1	92.5
Safety at home	1	.1	.1	92.5
School was tough. My kids didn't like remote schooling.	1	.1	.1	92.6
Schooling at home, lots of connection with broader community.	1	.1	.1	92.7
sda	1	.1	.1	92.8
See above commentz	1	.1	.1	92.9
Seeing my friends and favorite businesses struggle due to shutdowns of "non-essential" business and remote learning (i.e. no learning)	1	.1	.1	93.0
shingles	1	.1	.1	93.1
Shunning. Exclusion.	1	.1	.1	93.2
Since the COVID-19 pandemic, prices have risen, the cost of living has increased, and the pressure is great.	1	.1	.1	93.3
social challenges- isolation, schooling at home was hard, income	1	.1	.1	93.4
social distancing and lack of social events for kids family and elderly	1	.1	.1	93.5
social events to enjoy fun with family and friends	1	.1	.1	93.6
Social interactions for my children, lack of connection to school	1	.1	.1	93.7

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Social isolation	1	.1	.1	93.8
social isolation, restaurants closed	1	.1	.1	93.9
social isolation; excessive screen time	1	.1	.1	94.0
Social isolation/lack of emotional connection to the community.	1	.1	.1	94.1
Social networking	1	.1	.1	94.2
Socializing	1	.1	.1	94.3
SOME CHALLENGES MY FAMILY HAD WAS BEING FORCED TO ISOLATE FROM LOVED ONES. FAMILY COULDNT BE WITH THEIR LOVED ONE WHEN IN THE HOSPITAL.	1	.1	.1	94.4
some isolation, lack of mental health support for family/teenager	1	.1	.1	94.5
Some people's fear was so great that they couldn't function rationally, causing more than physical distancing between community members.	1	.1	.1	94.6
Sorrow	1	.1	.1	94.7
SPH, HMC, and SVT were fantastic in all ways through the whole pandemic!	1	.1	.1	94.8
Stigma	1	.1	.1	94.9
Strained mental health, loads of stress	1	.1	.1	95.0
Stress	1	.1	.1	95.1
stress of it all	1	.1	.1	95.2
Stress, fatigue, breathing difficulties and physical challenges from long hours in PPE	1	.1	.1	95.3
Stress, in general and from varying social expectations	1	.1	.1	95.4
Stupid people	1	.1	.1	95.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Suffocating in a mask scientists proved doesn't work	1	.1	.1	95.6
Summer and winter Childcare for the younger adults that have school kids was a problem for my extended family where both parents work.	1	.1	.1	95.7
Surgeries and other medical procedures being postponed due to the early pandemic. Severe strain on household mental health.	1	.1	.1	95.8
SURVIVING ON A SINGLE INCOME, SCHOOL CLOSURES, HAVING TO STAY HOME TO TEACH, CHILDCARE, EXPENSES ADDING UP RESULTING IN CREDIT CARD DEBT.	1	.1	.1	95.9
the assurance others were practicing and follow health mandates and taking precautions to keep themselves and others safe	1	.1	.1	96.0
The challenges of education and learning, as well as the help needed by families with special disabilities	1	.1	.1	96.1
The contentiousness of attitudes regarding masking in particular.	1	.1	.1	96.2
The inconvenience of wearing facemasks	1	.1	.1	96.3
The isolation of not being with family and friends.	1	.1	.1	96.4
The lack of social life like everyone else.	1	.1	.1	96.5
The lack of willingness/need to return to work for local business	1	.1	.1	96.6
The mental health impacts of prolonged isolation.	1	.1	.1	96.7

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
The pandemic has upended the lives of families across the country. Parents and caregivers are working to protect their own health and well-being and that of their children. Many are doing so to juggle new or different job responsibilities, while millions of others are struggling to meet the large financial needs of their families after being laid off or having their hours reduced. For parents of school-age children, whether or how often their children can attend school is complicated.	1	.1	.1	96.8
There are so many challenges that we face during the pandemic, income issues, unemployment issues, children learning issues	1	.1	.1	96.9
There will be a bit of pressure on families' living expenses and sources during the COVID-19 period	1	.1	.1	97.0
This destroyed the social connection between people and communities in our country	1	.1	.1	97.1

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Time wasted on closures, jobs down the tubes, grocery shelves empty, people binge shopping, inaccurate information on COVID, the vaccine's being used to push a agenda of fear and unhealthy use of masks that obviously don't work, health issues because of wearing masks, the unnecessary push of vaccines for children and the treatment of people who became covid positive and if not vaccinated, treated like a sub-human, keeping their families from seeing them before they died. All because of a global agenda to make our health dictated by foreigners, making us one big global family and losing the freedom to decide for themselves what is good, or not, for their bodies. People being fired if they don't want the vaccine. That's just the beginning. Drug companies making tons of money on this and hospitals receiving \$\$\$ from the government to push the drug company's "new" drug and-pharmacies refusing to fill prescriptions of Ivermectin. To al the people who died or received those vaccines having adverse life changing effects on their bodies, I pray God provides some solace in knowing that this will be brought to the attention of someone or somebody far more powerful than the everyday, ordinary citizen.	1	.1	.1	97.2

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Too many businesses were shut down, and/or making requirements of public	1	.1	.1	97.3
Took on too many side gigs.	1	.1	.1	97.4
trapped in lower 48 with Covid	1	.1	.1	97.5
TRAVEL THROUGH CANADA, MILITARY MOVING	1	.1	.1	97.5
Traveling due to other countries being Covid-scared towards "unvaxxed".	1	.1	.1	97.6
unable to grieve losses with others who share the losses	1	.1	.1	97.7
Unable to travel.	1	.1	.1	97.8
Uncertainty	1	.1	.1	97.9
uncertainty regarding the force of vaccination from employer	1	.1	.1	98.0
Uncertainty with the unknowns of the pandemic.	1	.1	.1	98.1
Unforgivable violation of Nuremberg Code requiring accountability	1	.1	.1	98.2
Unnecessary closures, restrictions, travel restrictions, lack of treatment options, masks	1	.1	.1	98.3
Unprocessed trauma from isolation. A partner that was deemed "essential" so worked 10+ hours a day, 6 days a week resulting in 100% of caregiving, domestic labor and homeschooling fell on my shoulders. Exhausting.	1	.1	.1	98.4
visiting friends and family; limited travel	1	.1	.1	98.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Watching my fellow man succumb to fear and misinformation. So sad.	1	.1	.1	98.6
We all coped very well	1	.1	.1	98.7
We deeply missed going to church and connecting with the community face-to-face	1	.1	.1	98.8
We don't have enough supplies for COVID-19, and we have a very high infection rate outdoors.	1	.1	.1	98.9
We have young children and during the height of the pandemic, we were pretty conservative about isolating so I think our children suffered a bit from not being around their peers enough.	1	.1	.1	99.0
We lost a lot of money from our tourist business bc people weren't traveling	1	.1	.1	99.1
We were very lucky to be able to transition.	1	.1	.1	99.2
We will face the challenge of economic hardship	1	.1	.1	99.3
Wearing a mask was challenging for me.	1	.1	.1	99.4
weight gain	1	.1	.1	99.5
Weirdly, COVID-19 was a much-needed reset for my family. Remote school was a major challenge with work, but we found a way to do it (at a significant monthly cost for the instructor we hired for education and childcare -pre school and elementary aged kids). Other than that, it was good to refocus our energy and SLOW DOWN.	1	.1	.1	99.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Went to the hospital and was discharged, without being made well. Following week was medivac to Anchorage for a three week stay at Providence, where they did help me.	1	.1	.1	99.7
WIFE NEEDED TO QUIT HER JOB, I HAVE BREATHING ISSUES AND AM LIVING LESS THAN 100\$ A MONTH	1	.1	.1	99.8
Work was challenging. I work in a public setting and delt with a lot of abuse from assjole customers about masks	1	.1	.1	99.9
Zoom school	1	.1	.1	100.0
Total	1020	100.0	100.0	

Did you test positive for COVID-19 at any time during the pandemic?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	469	46.0	49.9	49.9
	No	352	34.5	37.4	87.3
	I prefer not to answer	119	11.7	12.7	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did someone in your household test positive for COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	480	47.1	51.1	51.1
	No	336	32.9	35.7	86.8
	I prefer not to answer	124	12.2	13.2	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did you or someone in your household seek treatment for COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	279	27.4	29.7	29.7
	No	537	52.6	57.1	86.8
	I prefer not to answer	124	12.2	13.2	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Are you or a loved one suffering from lingering health problems related to COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	172	16.9	18.3	18.3
	No	633	62.1	67.3	85.6
	I prefer not to answer	135	13.2	14.4	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did you experience unexpected loss of a loved one due to COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	148	14.5	15.7	15.7
	No	661	64.8	70.3	86.1
	I prefer not to answer	131	12.8	13.9	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did you have any trouble managing any health needs during the COVID-19 pandemic?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes (please explain below)	193	18.9	20.5	20.5
	No	566	55.5	60.2	80.7
	I prefer not to answer	181	17.7	19.3	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

If yes, please explain:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		834	81.8	81.8	81.8
	Going in for annual medical /dental and feeling safe from C-19	1	.1	.1	81.9
	It was difficult to get appointments and with health issues reluctant to go into facilities where we might contract Covid	1	.1	.1	82.0
	"Elective" surgeries postponed affected health. COVID positive also delays procedures.	1	.1	.1	82.1
	access to mental health services for teens	1	.1	.1	82.2
	ACCESS TO NEEDED PROCEDURES AND GENERAL EXERCISE	1	.1	.1	82.3
	access to therapy harder	1	.1	.1	82.4
	answered in previous question. Concern about getting diagnostic tests due to the rate of unvaccinated employees at SPH. Delayed in tests which resulted in issues not being identified in timely manner and has effected overall health plan	1	.1	.1	82.5
	Anxiety and no insurance.	1	.1	.1	82.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
As a health care professional, we struggled mentally and emotionally. We worked short staffed and we worked HARD.	1	.1	.1	82.6
Basic hygiene needs due to transportation and funds	1	.1	.1	82.7
Because Covid was so new. I personally had trouble finding care related to my Long Covid Syndrome. No one in Alaska had the education. I left the state for care	1	.1	.1	82.8
Because I tested positive for Covid-19, I couldn't properly isolate my wife and children, so they were also infected.	1	.1	.1	82.9
Because of COVID-19, we don't have enough support for our medicines.	1	.1	.1	83.0
being alone after surgery and not understanding what I was told d/t anesthesia	1	.1	.1	83.1
can't get to doctor's, no money, truck needed work and no money for gas	1	.1	.1	83.2
Cancer treatment	1	.1	.1	83.3
cancer treatments and travel	1	.1	.1	83.4
chronic pain	1	.1	.1	83.5
Couldn't see doctors to renew medications or get basic health care	1	.1	.1	83.6
Couldn't get into health facilities in timely manner	1	.1	.1	83.7
Couldn't get medical appointments on a timely basis.	1	.1	.1	83.8
delayed health screenings such as colonoscopy	1	.1	.1	83.9

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Delayed preventative services. Negative medical outcomes for non-covid related hospitalization associated with healthcare providers and facilities too full with covid patients.	1	.1	.1	84.0
DELAYS IN TWO SEPARATE SURGERIES DUE TO SCHEDULING PROBLEMS OR PROBLEMS GETTING PRIOR AUTHORIZATION DUE TO LIMITED STAFF	1	.1	.1	84.1
Dental	1	.1	.1	84.2
Dental care	1	.1	.1	84.3
Dental care paused during pandemic. Just started going again and will need dental caries repaired.	1	.1	.1	84.4
dental care put off to lower exposure, less likely to go see the doctor for concerns	1	.1	.1	84.5
Dental work. Our daughter is almost 21 and it delayed work she needed that takes up to a year to do (implants). Now we are scrambling to get them completed before she doesn't have coverage anymore	1	.1	.1	84.6
Depending on the situation	1	.1	.1	84.7
Depression, anxiety, add all got severely worse; transitioning to remote telehealth was difficult	1	.1	.1	84.8
Did not do regular wellness checkups, dental, or eye care	1	.1	.1	84.9
DIDNT WANT TO BE IN HOSPITAL AND CLINIC	1	.1	.1	85.0
Difficult to schedule medical & dental appointments	1	.1	.1	85.1

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
difficult to seek medical care for non covid-19 health concerns	1	.1	.1	85.2
difficulty access resource and healthcare	1	.1	.1	85.3
Difficulty receiving adequate support during first pregnancy (especially mental health/emotional support)	1	.1	.1	85.4
Doctor appointments took a long time (scheduling), however they still do. Generally, when you go to make an appointment, they tell you it will be about a month to a month and a half from now.	1	.1	.1	85.5
Dr appointments seem to need to be scheduled a month or more out from the need.	1	.1	.1	85.6
drugs that actually help you get well were not available---nor was alternative healthcare.	1	.1	.1	85.7
Due to economic reasons	1	.1	.1	85.8
Due to lack of available beds, our family treatment was delayed. Due to a different check in system, we had more complications to deal with because of a delay having to check-in and wait in the car.	1	.1	.1	85.9
During COVID-19, when my whole family was infected, we were supported with medication, but it was not enough because we were not adequately equipped.	1	.1	.1	86.0
Early proactive prevention and treatment for Covid was denied. Too much fear and not enough clear minded practical care.	1	.1	.1	86.1

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Even though we don't have COVID-19, we still worry about whether we have enough drugs to protect us from it.	1	.1	.1	86.2
Every time I tried to get medicine there was none available.	1	.1	.1	86.3
Everything listed above	1	.1	.1	86.4
Exercise a lot outdoors	1	.1	.1	86.5
family member mental health needs	1	.1	.1	86.6
Fatigue	1	.1	.1	86.7
Fearful of going to health care setting	1	.1	.1	86.8
Financial	1	.1	.1	86.9
Getting a pulse oximeter in mail self monitoring	1	.1	.1	87.0
Getting appointments at the start of the pandemic was difficult unless it was an emergency	1	.1	.1	87.1
Had 2 unplanned surgeries and follow up appointments and care were challenging	1	.1	.1	87.2
had long covid	1	.1	.1	87.3
Had my knee replaced in Anchorage Jan. 8, 2020 Covid made it hard to travel to Anchorage for follow ups.	1	.1	.1	87.4

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Had to find online/teledoc format to locate a physician who would prescribe HCQ and Ivermectin. Local physicians were banned from prescribing medicines that were proven to work. Once we got the prescription, the pharmacy had issues filling them as the govt commandeered to distribution or stopping distribution of life saving medicine. Adding to that was the outrageous cost.	1	.1	.1	87.5
Had to wait for care, couldn't be seen for services.	1	.1	.1	87.5
had trouble getting dr appointment	1	.1	.1	87.6
hard to access some care	1	.1	.1	87.7
Hard to get into places	1	.1	.1	87.8
Hate that our hospital boosted about making millions from Covid-19 shows what their main abjection was.	1	.1	.1	87.9
HAVE COPD CAN'T BREATHE WITH AMASK AND I COULD NOT GO PLACES	1	.1	.1	88.0
Haven't been to the dentist or gyno	1	.1	.1	88.1
Health care workers have been so busy since the COVID-19 pandemic that many community health care services have fallen behind.	1	.1	.1	88.2
Hearing difficulty with Zoom and teleconference calls	1	.1	.1	88.3
Hesitant to do anything unnecessary	1	.1	.1	88.4
High hospital census as a consequence causing delays in treatment.	1	.1	.1	88.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Horrible medical care from a hospital that did not know me personally, infection went into my brain causing me to act suspicious, was then treated as a problem patient and was discharged without fixing the problem. Had I been allowed visitors my husband could have explained that something was very wrong because I'm usually not a weird oh.	1	.1	.1	88.6
Hospitals were stressed, nurses were stressed, it was an unfortunate time for health care.	1	.1	.1	88.7
Husband in cancer treatment	1	.1	.1	88.8
I covered for fellow employees that didn't vaccinate, then got sick and either died or lost a family member. Shifting responsibility at work to me, because I was well.	1	.1	.1	88.9
I did not seek medical care because of the overwhelmed medical system.	1	.1	.1	89.0
I don't have enough protective and disinfecting supplies.	1	.1	.1	89.1
I had a surgery that left me vulnerable and i ended up getting a covid a second time	1	.1	.1	89.2
I had major surgery and was alone due to restrictions	1	.1	.1	89.3
I HAVE A CONTINUING COUGH USING OTC DRUGS	1	.1	.1	89.4

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
I have had problems with chest pressure and shortness of breath since I got my Covid vaccines. Doctors chalk it up to being Costochondritis but I've never had that before getting vaccinated. The vaccine was required for me to keep my job.	1	.1	.1	89.5
I have loved ones who were vaccine injured and one friend who died from the vaccine	1	.1	.1	89.6
I still haven't made time to get a dental cleaning. I just put off preventative care because it was even more inconvenient than usual.	1	.1	.1	89.7
I strongly believe I had a sinus infection, and would not be treated to antibiotics for it because of having COVID	1	.1	.1	89.8
I suffered an injury just prior to the pandemic, and my physical therapy was cut short because of it.	1	.1	.1	89.9
I was able to have telemed appointments with several health care providers, but I avoided completing some medical tests which were ordered, because I didn't want to expose myself to possible Covid infection at the hospital or clinics.	1	.1	.1	90.0
I was denied covid treatment	1	.1	.1	90.1
I was having gynecological issues which caused me to become severely anemic; I needed surgery to resolve it but I had to wait due to lack of availability for "non-emergent" procedures	1	.1	.1	90.2

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
I was very ill, living by myself. Was told to go to ED multiples times by health care professionals but was afraid of the cost.	1	.1	.1	90.3
I was walking every day!	1	.1	.1	90.4
IT BECAME DIFFICULT TO SCEDULE REGULAR APPOINTMENTS WHEN THE HOSPITAL WAS OVERWHELMED WITH COVID PATIENTS	1	.1	.1	90.5
It was difficult to get a prescription for Paxlovid right away. I had to call clinic several time for them to agree to an appointment within 5 days of onset.	1	.1	.1	90.6
It wasn't worth going to see the doctor with all the mandates in place. I just put off all my medical needs and lived with the consequences. Thankful I had no dire emergencies.	1	.1	.1	90.7
It's still a pandemic!!!!!! My phone number was given to a covid nurse from the drs office. She called me two days later and hung up in the middle of our conversation, I had no way to call her back	1	.1	.1	90.8
Just basic check ups and appointments were on hold.. unaddressed health issues I' m very much paying for now	1	.1	.1	90.9
lack of access to healthcare	1	.1	.1	91.0
Local clinic was resistant to mandates and prevailing evidence in support of them	1	.1	.1	91.1
Long lines for healthcare-long time	1	.1	.1	91.2

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Long wait periods for appointments and fear of going to the doctor and not being able to leave	1	.1	.1	91.3
long waits at different times during the pandemic	1	.1	.1	91.4
Masking safety	1	.1	.1	91.5
Masks are annoying and unhealthy	1	.1	.1	91.6
Medical appointments unavailable	1	.1	.1	91.7
medical/mental healthcare	1	.1	.1	91.8
Medication, nutrition, hydration, sleep, social, mental, physical, time management.	1	.1	.1	91.9
Mental health	2	.2	.2	92.1
Mental Health	1	.1	.1	92.2
Mental Health concerns with isolation	1	.1	.1	92.3
Mental health needs	1	.1	.1	92.4
Mental health primarily due to work stress, environmental/societal stress secondary....multiple adult household members.	1	.1	.1	92.5
Mental health.	1	.1	.1	92.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
My autistic child has not had OT services since covid 19. My dad died in anchorage from covid, traveling to anchorage to support my mom made me stop going to my own medical appts like PT. Severe grief, sudden onset of anxiety and depression have been my state of expierence since. It's hard to meet my needs, it's harder to care for my families on going needs. My partner is what they call the long covid and contriunes to have more Healthcare needs. Now we have to travel to see specialists and Medicaid of course is a Hassle. I'm considering leaving Homer because of these types of issues. When we first moved here 5 years ago we were so impressed with medical options not being wait listed like anchorage. Now I am constantly frustrated with the lack of humanity in the systems Here. The food bank offers half rotten food to those of us already struggling, I watched a man get mistreated by a police officer this week at safeway. He communicated he had PTSD and needed his case manager and the officer disregarded his request and wrestled him to the ground with extreme unnecessary force. I went to see a casemanger at the center myself to get help applying for social security disability and she told me I seemed fine and should focus my application on my physical issues instead of mental health. These situations were all with in 2 weeks. Not to mention the ridiculous interactions we have had by going to the ER 5x the last month to try and get my partner diagnosed. Because she's still dealing with issues from covid. I am not the type of person whom sees the negative for	1	.1	.1	92.6

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
My child didn't want to wear a mask and anger. Husband did not seek physical therapy appointment because of mask policy. Both never got covid ever with no vaccine.	1	.1	.1	92.7
My husband broke his humerus in AZ. They would not do anything to help him in 4 months time but put a splint on it. We came back to Homer within 2 weeks he was in Anchorage having surgery , putting a pin in it and on the road to recovery.	1	.1	.1	92.8
My husband had surgery in Washington and the access and visitation was much harder to navigate	1	.1	.1	92.9
My husband not being allowed to be with me at doctor's appointments and surgeries.	1	.1	.1	93.0
MY MUCH-NEEDED SURGERY WHICH WAS TREATED AS NON-ESSENTIAL WAS POSTPONED BECAUSE OF COVID.	1	.1	.1	93.1
Needed health services but didn't want to go inside places during the pandemic	1	.1	.1	93.2
Needed to take a lot of extra precautions being pregnant during the pandemic. Routine doctors visits were stressful and the protocols didn't allow for my family to be present for support.	1	.1	.1	93.3
No access to women's wellness exam	1	.1	.1	93.4
Non	1	.1	.1	93.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Not able to get appointment at my regular Dr went somewhere else with no problem .	1	.1	.1	93.6
not being able to get into reg doc. for evaluation and med check.	1	.1	.1	93.7
NOT BEING ABLE TO GO TO THE ER COMES TO MIND. NURSES MAKING TIKTOK VIDEOS WAS CRINGE	1	.1	.1	93.8
Not enough appointments to meet mental health needs	1	.1	.1	93.9
NURSE HUNG UP, NOT ALLOWED TO SEE DR ANYMORE. KELLY NEVER CALLED BACK	1	.1	.1	94.0
Often as a single mom me or my kids couldn't make it to appointments because of the limit of people that could come	1	.1	.1	94.1
Options were highly restricted!	1	.1	.1	94.2
Our community shut its doors and because everyone was afraid of covid it was almost impossible to get to medical care for basic medical needs like a check up, we'll child visits/immunizations, dental. We lost basic medical necessities because everyone was afraid to get covid.	1	.1	.1	94.3
Paper survey: 9th question skipped	1	.1	.1	94.4
Paper survey: question skipped	2	.2	.2	94.6
Paper survey: Question skipped	1	.1	.1	94.7

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
picking up prescriptions had to cancel medical procedures	1	.1	.1	94.8
Please see the prior answer related to COVID-19 testing in Seldovia.	1	.1	.1	94.9
Postponed minor medical issues where would have gone to Dr. Normally. Dental also.	1	.1	.1	95.0
POSTPONED NEEDED OPERATION	1	.1	.1	95.1
preventative care such as annual exams / mammograms where delayed.	1	.1	.1	95.2
Preventative care wasn't an option. Known remedies weren't available.	1	.1	.1	95.3
procedures were cancelled and not rescheduled	1	.1	.1	95.4
Product not at store/pharmacy	1	.1	.1	95.5
Provider wouldn't see me because chronic issues were not covid related.	1	.1	.1	95.6
providers had limits, I had limits due to safety concerns. I do know people who were negatively impacted (and continue to be) by COVID-19	1	.1	.1	95.7
received results of many allergies	1	.1	.1	95.8
Restricted access to healthcare	1	.1	.1	95.9
Routine care was more difficult to access at times.	1	.1	.1	96.0
Sanitary supplies are not in sufficient supply to complete a thorough cleaning and disinfection of the home	1	.1	.1	96.1
Screening procedures were delayed, dental work postponed	1	.1	.1	96.2

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Seeing my provider was difficult and getting dental work done was impossible.	1	.1	.1	96.3
Shortage of doctors available	1	.1	.1	96.4
Since the COVID-19 pandemic, health care workers have been stretched and have little time to spare, so there is a lot that cannot be done in terms of community health.	2	.2	.2	96.6
Skin & leg issues. Hives/boils	1	.1	.1	96.7
skipped appointments	1	.1	.1	96.8
sometimes the clinic was closed to non urgent matters	1	.1	.1	96.9
stopped dentist and doctor visits	1	.1	.1	97.0
Struggled with decreased functioning	1	.1	.1	97.1
Surgery had to be postponed	1	.1	.1	97.2
Teenage daughter struggled with some mental health issues with the onset of covid when schools closed increasing isolation. We sought counseling and took a proactive family role in assisting her.	1	.1	.1	97.3
Tested positive on a Friday, wanted Paxlovid and was turned away from a clinic, turned away from ED, then on Monday well taken care of at a clinic. It was difficult as an ill person to get the medicine.	1	.1	.1	97.4
The availability to health care for other related health problems or for general dental or medical check ups	1	.1	.1	97.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
The pandemic has posed a number of serious challenges to health services, including inadequate capacity, supply shortages, the need to redesign health services and financial losses. Complexity science views health care providers as complex, adaptive systems operating in a highly complex and unpredictable environment. It assumes that large parts of organizational life are unknowable, uncertain, or unpredictable, and therefore cannot be standardized or controlled.	1	.1	.1	97.5
They don't get the right treatment	1	.1	.1	97.6
Too sick to travel to town but when I could the care was great	1	.1	.1	97.7
TRANSPORT TO MED	1	.1	.1	97.8
transportation to Anchorage and back; we could not drive and public transportation was limited.	1	.1	.1	97.9
Trouble affording my regular medications and food	1	.1	.1	98.0
Trouble getting testing results back quickly. Had to take too many days off unpaid.	1	.1	.1	98.1
TRYING TO GET A DR APPT WAS RIDICULOUS	1	.1	.1	98.2
unable to get a well-woman appt at hmc for 3 years for preventative care.	1	.1	.1	98.3
Unable to get an appointment in person	1	.1	.1	98.4
Unable to get diagnostic tests done, dental care, physical therapy.	1	.1	.1	98.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Unable to get medical care for routine issues due to COVID crisis. Watching my sister die because she could not get adequate care for medical issues due to COVID crisis overwhelming the system	1	.1	.1	98.6
Unable to go into doctors office because my spouse had compromising health and myself	1	.1	.1	98.7
unable to seek preventative care	1	.1	.1	98.8
Unrelated covid sickness, difficulty treating due to pandemic	1	.1	.1	98.9
Used over the phone for appointments and didn't go get standard test I should have Linger health problems are from the covid vaccine	1	.1	.1	99.0
Very good	1	.1	.1	99.1
Very limited access to treatment and surgeries during Covid 19	1	.1	.1	99.2
We could not get in to see specialists when appropriate. Telehealth visits did not work well with Alzheimer's	1	.1	.1	99.3
We really appreciated the "Covid- breifs" on KBBI w/SPH, schools, public health nurse updates+callins :)	1	.1	.1	99.4
Wellness visits were cancelled for over 18 months. So many people getting seen via telehealth vs in person screenings. Primary care lacking the quality it had prior to COVID.	1	.1	.1	99.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
When I got sick I stayed home, used oils, and never tested. I still have fatigue and lung issues	1	.1	.1	99.6
WORK EXPOSURES TO COVID 19 AND PENALTIES FOR THAT. SCHOOLS SENDING HOME KIDS FOR ANY SYMPTOM AND PROLONGED ABSENCE UNTIL THEY COULD RETURN, TRYING TO FIGURE OUT WHAT TO DO WITH KIDS THAT CAN'T GO TO SCHOOL AND STILL WORK.	1	.1	.1	99.7
Work life balance as an rn at the hospital	1	.1	.1	99.8
Yes	1	.1	.1	99.9
Yes, during COVID-19, we had a virus, but luckily not a serious one. But we don't have enough drugs to sustain the treatment. And it doesn't work well at home.	1	.1	.1	100.0
Total	1020	100.0	100.0	

Your mental health before the COVID-19 pandemic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	109	10.7	11.6	11.6
	Poor	21	2.1	2.2	13.8
	Fair	73	7.2	7.8	21.6
	Good	246	24.1	26.2	47.8
	Very Good	306	30.0	32.6	80.4
	Excellent	184	18.0	19.6	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

Your mental health during the COVID-19 pandemic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	108	10.6	11.5	11.5
	Poor	119	11.7	12.7	24.2
	Fair	216	21.2	23.0	47.2
	Good	266	26.1	28.3	75.5
	Very Good	149	14.6	15.9	91.4
	Excellent	81	7.9	8.6	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

Your mental health now

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	107	10.5	11.4	11.4
	Poor	41	4.0	4.4	15.8
	Fair	158	15.5	16.8	32.6
	Good	267	26.2	28.4	61.0
	Very Good	234	22.9	24.9	85.9
	Excellent	132	12.9	14.1	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

At any time during the COVID-19 pandemic, did you have serious thoughts about ending your life or of hurting yourself in some way?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	6.4	6.9	6.9
	No	739	72.5	78.7	85.6
	I prefer not to answer	135	13.2	14.4	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	507	49.7	49.7	49.7
Looking for good. Online free offerings for yoga and meditation. Journaling	1	.1	.1	49.8
My spouse and I got outside whenever the weather was decent to hike, bike, kayak. We missed time with our friends	1	.1	.1	49.9
We walked, hiked, biked, skied, camped... we were outside exercising most days. Feeling blessed to be in Homer where we can ski, hike or walk the beach	1	.1	.1	50.0
1. Talking with friends/family 2. Re-entering in-face, non-electronic socializing events. This was the most important for regaining /improving mental health.	1	.1	.1	50.1
1) Worked part time 2) sought counselling 3) maintained contact with family/friends	1	.1	.1	50.2
12 step meetings, medication, exercise	1	.1	.1	50.3
A good therapist that I see virtually. Getting out in nature. Exercise.	1	.1	.1	50.4
A very small bubble. Outdoor recreation.	1	.1	.1	50.5
Accepted help from others.	1	.1	.1	50.6
Activities with my dogs, reading	1	.1	.1	50.7
alaska housing, food pantry	1	.1	.1	50.8
all and any	1	.1	.1	50.9
All of them all ways	1	.1	.1	51.0
Am retired stayed home busy	1	.1	.1	51.1
art, exercise, cooking, simplifying my schedule	1	.1	.1	51.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
As an essential worker my life continued on with the adaptation of Covid precautions.	1	.1	.1	51.3
Ate well, exercised, used zinc, Vitamin D3, Vitamin C and Ivermectin (all proven and effective)	1	.1	.1	51.4
Avoidance of others	1	.1	.1	51.5
Avoided crowds of people	1	.1	.1	51.6
Bay club/ aquazine / Book club via zoom	1	.1	.1	51.7
Bay club/aqua zine/book club via zoom	1	.1	.1	51.8
Beach walks. Zoom with friends	1	.1	.1	51.9
became more active in community groups	1	.1	.1	52.0
Being a Christian, prayer, my Bible, love of my husband and support network.	1	.1	.1	52.1
being creative entrepreneurially & staying in a close nitched circle of friends	1	.1	.1	52.2
Bible	1	.1	.1	52.3
Bible study and friendships	1	.1	.1	52.4
binge watching shows on Netflix not really a strategy but a way to stay entertained as a person living alone with no family in town and very few friends near by.	1	.1	.1	52.5
Both my husband and I worked t/o pandemic and did not experience issues.	1	.1	.1	52.5
built birdhouses	1	.1	.1	52.6
Bunnies	1	.1	.1	52.7
Calling family, support	1	.1	.1	52.8
Calling friends on phone	1	.1	.1	52.9
Calls- cell phone. Exercise/lungs	1	.1	.1	53.0

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
CARRYING ON WITH MY NORMAL LIFE, I STILL HAD A JOB AND HAD TO GO TO WORK EVERY DAY. THAT HELPED ALOT WITH COPING WITH THE PANDEMIC	1	.1	.1	53.1
Catch up overdue projects	1	.1	.1	53.2
CDC recommendations	1	.1	.1	53.3
Changed jobs so I could get out of the house.	1	.1	.1	53.4
changing jobs. enriching home life	1	.1	.1	53.5
Church	1	.1	.1	53.6
Church online and family online	1	.1	.1	53.7
Clear	1	.1	.1	53.8
CLOSE FRIENDS	1	.1	.1	53.9
common sense	1	.1	.1	54.0
Common sense	1	.1	.1	54.1
Communicate to family, be outside with family alone on lockdown, retire from Active duty army	1	.1	.1	54.2
communicated with landlord and utility company. Fortunately they listened and worked with the situation and let me make payments	1	.1	.1	54.3
Community	1	.1	.1	54.4
Community outreach. Volunteered to bring foodbank to our elders.	1	.1	.1	54.5
Community. I found ways to create spaces for friends online to stay connected. I helped Homer Pride Planning to make a weekly coffee time zoom meeting. I got rid of my apartment which created less financial stress. I got out in nature.	1	.1	.1	54.6
Computer	1	.1	.1	54.7

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
computer/remote work	1	.1	.1	54.8
connecting with family and friends as able. Exercise	1	.1	.1	54.9
Connecting with family via phone and zoom etc	1	.1	.1	55.0
Connecting with loved ones via technology, activities at home to distract the brain.	1	.1	.1	55.1
Connecting with spouse and reengaging with the equine world	1	.1	.1	55.2
connection with my family and friends	1	.1	.1	55.3
Connection with my friends and practice, practice, practice of my spiritual path and putting spiritual aspirations in to actions	1	.1	.1	55.4
connection, work, sense of community	1	.1	.1	55.5
contact others being social thank you	1	.1	.1	55.6
contact with friends outdoors	1	.1	.1	55.7
Continued subsistence and garden activities and running	1	.1	.1	55.8
COOKING, HOBBIES, SPENDING TIME WITH FAMILY	1	.1	.1	55.9
Coping the problem	1	.1	.1	56.0
counseling	1	.1	.1	56.1
Counseling	2	.2	.2	56.3
Counseling & medication	1	.1	.1	56.4
Counseling, exercise, making an effort to see friends.	1	.1	.1	56.5
Counseling, psychiatry, meditation, medication, arts & crafts, my dog, diet change, funny movies, attempts at a regular sleep schedule.	1	.1	.1	56.6

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
COUNSELING. CHANGED POSITIONS WITHIN EMPLOYER TO ACCOMMODATE LIFE STRESSERS AND OR ILLNESS CAUSED BY COVID 19	1	.1	.1	56.7
Covid 19 was control	1	.1	.1	56.8
Crafting, TV, radio	1	.1	.1	56.9
Crafts	1	.1	.1	57.0
CREATIVE HOBBIES, OUTDOOR RECREATION, VIRTUAL MEET UPS	1	.1	.1	57.1
dancing to Lady G, Lil Nas and ABBA	1	.1	.1	57.2
DARK, IRONIC, HUMOR	1	.1	.1	57.3
Day to day	1	.1	.1	57.4
Disc golf	1	.1	.1	57.5
DISNEY CHANNEL AND MORE BEACH WALKS	1	.1	.1	57.5
distancing, outdoor activities, staying active, listening to medical experts	1	.1	.1	57.6
Do not leave home, nothing at home with not to go to many places	1	.1	.1	57.7
doctors advice; mass media was no help	1	.1	.1	57.8
During COVID-19, we adopted a self-isolation model at home to prevent cross-infection.	1	.1	.1	57.9
During COVID-19, we reached out to the community to provide us with more disinfectant supplies.	1	.1	.1	58.0
During the COVID-19 pandemic, I turned to my community health services and needed their support to purchase the medicines I needed, as well as daily disinfecting with alcohol and so on.	1	.1	.1	58.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
During the pandemic we changed the direction, everything was online, it used to be offline, now it's online	1	.1	.1	58.2
During the pandemic, my family and I minimized our outings and bought a lot of supplies.	1	.1	.1	58.3
eating and drinking	1	.1	.1	58.4
Eating and drinking too much.	1	.1	.1	58.5
eating healthy, doing weights, exercise helped 100% reading, walking, running, masking being smart and safe, avoiding crowds	1	.1	.1	58.6
Emotional support from those within my "bubble", access to online food/groceries ordering. As a retirees, I did not have the stress of worrying about employment/financial issues. I had easy access to outdoor activities and tv streaming!	1	.1	.1	58.7
ENJOYED A SLOWED DOWN SCHEDULE AND STAYING HOME	1	.1	.1	58.8
enjoyed being around people less	1	.1	.1	58.9
Enjoyed time off!	1	.1	.1	59.0
Entrepreneurial ideas, close small group of friends	1	.1	.1	59.1
Escape from people	1	.1	.1	59.2
Excercise	1	.1	.1	59.3
Exercise a lot outdoors	1	.1	.1	59.4
exercise and daily meditation apps	1	.1	.1	59.5
Exercise and herbs	1	.1	.1	59.6
exercise and rest	1	.1	.1	59.7
Exercise, games, sleep	1	.1	.1	59.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Exercise, gathering with community	1	.1	.1	59.9
exercise, learning new things, friend, small groups	1	.1	.1	60.0
Exercise, stopping negative thoughts, and controlling anxiety before it was out of control.	1	.1	.1	60.1
Exercise, time out in nature, time with close family, FaceTime with family	1	.1	.1	60.2
exercise, yoga, daily meditation	1	.1	.1	60.3
extreme personal responsibility	1	.1	.1	60.4
Face Time Zoom Someone doing grocery shopping	1	.1	.1	60.5
FaceTime, cooking and gardening	1	.1	.1	60.6
FaceTime, texts with friends, therapy, work, going outside	1	.1	.1	60.7
Faith	1	.1	.1	60.8
Faith in God and surrounded by family. We ignored the advice to quarantine.	1	.1	.1	60.9
Faith. Trust in The lord. HE IS Faithful & True Prayer. Church family providing for each other's needs.	1	.1	.1	61.0
family	1	.1	.1	61.1
Family	4	.4	.4	61.5
FAMILY	1	.1	.1	61.6
Family & Food	1	.1	.1	61.7
Family activities/ employment support/ connecting with family	1	.1	.1	61.8
Family and friends	1	.1	.1	61.9

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Family and friends, that's all you need. Quit pushing that everyone needs mental health thur the medical system	1	.1	.1	62.0
Family and great work place support.	1	.1	.1	62.1
Family and health care staff support.	1	.1	.1	62.2
Family connection. Spousal support.	1	.1	.1	62.3
Family including pets, friends	1	.1	.1	62.4
family members did our shopping; we took walks, avoided crowds of any kind; met outside or side by side cars for chats with friends and family	1	.1	.1	62.5
Family picked up food for us.	1	.1	.1	62.5
family support	1	.1	.1	62.6
Family time	1	.1	.1	62.7
family time, Worship, Prayer	1	.1	.1	62.8
Family, education	1	.1	.1	62.9
Family, friend, religious relationships & got busy (through volunteering with religious entities and through the hospital) - trying to actively make a difference in other community member's lives that were made more difficult than usual by this pandemic.	1	.1	.1	63.0
Family, friends, medication, therapy	1	.1	.1	63.1
Fished	1	.1	.1	63.2
fitness	1	.1	.1	63.3
Focus on family	1	.1	.1	63.4
FOCUSED ON HOUSE PROJECTS	1	.1	.1	63.5

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Food, cannabis, and video games	1	.1	.1	63.6
Food... lots and lots of food	1	.1	.1	63.7
Fortunate enough that I was able to keep my job and stick to semi-normal schedule and life	1	.1	.1	63.8
friends	2	.2	.2	64.0
Friends	1	.1	.1	64.1
Friends and Doctors, Family to reach out to for help	1	.1	.1	64.2
Friends and family	2	.2	.2	64.4
friends and family...making contact even though distanced lots of outdoor recreationyion	1	.1	.1	64.5
Friends, being of service, healthy food, cooking	1	.1	.1	64.6
friends, being outside	1	.1	.1	64.7
friends, exercise	1	.1	.1	64.8
friends, family games and programs	1	.1	.1	64.9
Friends/family/walking outside	1	.1	.1	65.0
Funny movies-staying connected via facebook	1	.1	.1	65.1
GARDEN	1	.1	.1	65.2
Get outside and walked.	1	.1	.1	65.3
getting out in nature daily	1	.1	.1	65.4
Getting outdoors and walking or cross country skiing	1	.1	.1	65.5
Getting outdoors for physical exercise everyday.	1	.1	.1	65.6
Getting outside	1	.1	.1	65.7
Getting outside was hands down the best thing I could do. I exercised or adventured with my family and that was actually a wonderful side effect of the pandemic.	1	.1	.1	65.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
getting outside, connecting virtually with long distance family and friends	1	.1	.1	65.9
Getting together with other like-minded people.	1	.1	.1	66.0
Go hiking / walking. Reach out to others by phone	1	.1	.1	66.1
GO ON WALKS, GET OUTSIDE	1	.1	.1	66.2
Going for walks and bike rides, enjoying my spouse, enjoying my family when possible, talking to distant family on the phone	1	.1	.1	66.3
Going on walks/getting outdoors	1	.1	.1	66.4
Got a dog, drew a lot, read, called and texted friends and relatives	1	.1	.1	66.5
got into new hobbies	1	.1	.1	66.6
got more exercise, read more	1	.1	.1	66.7
Got outside. Didn't dwell on illness	1	.1	.1	66.8
got vaccinated and took all precautions to stay well, both physically and mentally	1	.1	.1	66.9
Government aid, Medicaid, savings, benefits	1	.1	.1	67.0
GRANDKIDS	1	.1	.1	67.1
grant from Alaska housing, unemployment, therapy	1	.1	.1	67.2
Gratitude Social network	1	.1	.1	67.3
Grind	1	.1	.1	67.4
Hang in there	1	.1	.1	67.5
Have a wonderful support system of friends/family. Had a baby during the pandemic and felt cared for. Also, clung to my faith in Jesus.	1	.1	.1	67.5
hiking	1	.1	.1	67.6
Hobbies	1	.1	.1	67.7

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Hobbies at home	1	.1	.1	67.8
HOBBIES, CAMPING	1	.1	.1	67.9
Hobby crafting	1	.1	.1	68.0
Honestly, I drank too much, ate too much, and slept all the time. Normal/healthy coping skills that I typically use went out the window because I was so severely depressed that I did not have the energy or ability to engage in my typical routine.	1	.1	.1	68.1
Hope that it would end soon	1	.1	.1	68.2
I began running. Lost 70 lbs and began eating better. I chose healthy coping strategies	1	.1	.1	68.3
I continue as usual only when in public wore a mask and safe distance . Just didn't eat out at all but ordered brought home .	1	.1	.1	68.4
I did art	1	.1	.1	68.5
I did not need any	1	.1	.1	68.6
I dont have time for self care	1	.1	.1	68.7
i drank, so i didn't	1	.1	.1	68.8
I had a remote job and I worked long hours -- the job involved Covid support. I was able to save some money and that's how I'm getting by now.	1	.1	.1	68.9
I had a supportive relationship with my spouse. The extended family got together outside and masked when the weather permitted	1	.1	.1	69.0
I HAD ENOUGHSENSE TO KNOW ITS FAKE	1	.1	.1	69.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I have garden and dogs and goats and a close partner. Keeping in touch with family. Reading and crafting.	1	.1	.1	69.2
I just work... and look on the people that needed me, and told myself that this is just one of the challenges in life that I needed to face and go through	1	.1	.1	69.3
I kept living as normally as possible and avoided people who were freaking out such as those who wore masks outside or wouldn't leave their homes.	1	.1	.1	69.4
I leaned on my family and friends for support. Hateful things were being said about folks who were unvaccinated in our work environments which made it very uncomfortable to be at work. More than once I heard people say "Well good, they can just die then." It was hard to know my coworkers would say such things regardless of what another person was choosing for themselves. Life is about choices, period. We have way to many much hate and anger in this world. As an empathetic person, it was hard to hear things like that. It definitely made it a struggle to come to work because I do have coworkers who were both vaccinated and unvaccinated and would never wish ill will towards ANY of them.	1	.1	.1	69.5
I let go!	1	.1	.1	69.6
I prefer not to answer	1	.1	.1	69.7

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I prefer not to say but they probably weren't the healthiest was to cope	1	.1	.1	69.8
I relied more on my partner and a small circle of family/friends for social connection. We socialized outdoors, as long as the weather was warm enough. We talked on the phone or face timed more. We learned to zoom for classes, talks, and meetings. We made/used masks. I made homemade hand sanitizer, studied and made Covid specific herbal tinctures with a friend, and focused on healthy living.	1	.1	.1	69.9
I tried to keep myself busy at home.	1	.1	.1	70.0
I TURNED OFF THE TV AND TALK RADIO.	1	.1	.1	70.1
I used my cell phone to connect with loved ones. I didn't talk about things that led to debates	1	.1	.1	70.2
I used telehealth for mental health counseling for a several months.	1	.1	.1	70.3
I was walking every day!	1	.1	.1	70.4
I went out and helped people with covid 19	1	.1	.1	70.5
I went to work, and used door dash alot.	1	.1	.1	70.6
I worked and resilience through stupidity in my healthcare field and observed fear in people. Yes I witnessed death of people and human suffering and all types reactions	1	.1	.1	70.7
I worked.	1	.1	.1	70.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I zoomed with a counselor and Church Family and my family	1	.1	.1	70.9
I'm in the Homer Chamber Visitor Cetner and we had a partnership with SPH. Including having the first drive through testing clinic if needed	1	.1	.1	71.0
I've never had it as bad as my grandparents and parents! Shame prevents me from harming myself	1	.1	.1	71.1
lbprofun	1	.1	.1	71.2
increased conversations by phone and video chatting	1	.1	.1	71.3
Increased outdoor exercise, walking with friends	1	.1	.1	71.4
increased working out, hiking/walking the dog, x country skiing with no one around; reliance on face-timing with distant family and friends; Resources: heavy reliance on sources to keep updated with what was new with pandemic (also one cause of burn-out)	1	.1	.1	71.5
Interacting with family and friends via Facetime/Skype/etc.	1	.1	.1	71.6
Internet and zoom	1	.1	.1	71.7
Internet entertainment, outdoor activities, cooking.	1	.1	.1	71.8
Internet, telephone, learning a language, reading.	1	.1	.1	71.9
It was lonely, still not fully socially engaged.	1	.1	.1	72.0
it was no big deal	1	.1	.1	72.1
Job yoga family movement nature	1	.1	.1	72.2
Just faith and family	1	.1	.1	72.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
JUST GO ALONG	1	.1	.1	72.4
Just kept trying to do my own thing on my own path	1	.1	.1	72.5
just live normal except with a mask on	1	.1	.1	72.5
Just stay busy-try to keep my house warm	1	.1	.1	72.6
Just trying to stay positive and show up to work every day to help my patients & make money to support my family. thank	1	.1	.1	72.7
KBBI radio, cooking, work	1	.1	.1	72.8
keep to myself, sleep and get a cat and dog	1	.1	.1	72.9
keeping busy	1	.1	.1	73.0
KEEPING HEALTHY, PRAYER, CHURCH, WORK	1	.1	.1	73.1
Keeping in touch with family	1	.1	.1	73.2
kept busy	2	.2	.2	73.4
Kept busy by baking and crafting	1	.1	.1	73.5
Leaned into my friend group and family members	1	.1	.1	73.6
Leaned on family and friends.	1	.1	.1	73.7
Learning about the Marxist colonization of cultural institutions and the abuse of children by the woke Marxists for subverting our nation with their hate-based intersectionalist oppressed vs oppressor dynamic	1	.1	.1	73.8
Learning to enjoy nature and solitude (more)	1	.1	.1	73.9
Limitation of social interaction.	1	.1	.1	74.0
Listening to music; talking with family and friends on the phone/social media.	1	.1	.1	74.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
LIVED LIFE FEARLESSLY	1	.1	.1	74.2
Lived rural and stayed home	1	.1	.1	74.3
Local Healthcare, work from home	1	.1	.1	74.4
Local medical facilities	1	.1	.1	74.5
Lots of outdoor exercise, meeting with friends outdoors	1	.1	.1	74.6
Lots of outdoor time and exercise	1	.1	.1	74.7
Lots of outside time, family games and food and drinks	1	.1	.1	74.8
LOts of phone calls and ZOOM calls.	1	.1	.1	74.9
Lots of phone calls with family and friends.	1	.1	.1	75.0
lots of sleep.	1	.1	.1	75.1
Lots of time outside working and connecting with nature and my body. Getting offline!!!!	1	.1	.1	75.2
Lots of video chats with friends and family far away.	1	.1	.1	75.3
Lots of walks on the beaches and trails, exercise. Talking to friends.	1	.1	.1	75.4
Lots of zoom	1	.1	.1	75.5
Many of the reserves have been hollowed out.	1	.1	.1	75.6
Mask wearing.	1	.1	.1	75.7
Masking, distancing, staying out of stores, getting vaccines and boosters.	1	.1	.1	75.8
masks, avoid large crowds, try hard to be safe	1	.1	.1	75.9
Medical Insurance	1	.1	.1	76.0
Meditation	1	.1	.1	76.1
Meditation making time for family creativity	1	.1	.1	76.2
Meditation, Family	1	.1	.1	76.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
MEDITATION, MY FAMILY	1	.1	.1	76.4
Meditation, walks, breathing, learning how to have better mental health	1	.1	.1	76.5
monthly therapy	1	.1	.1	76.6
More close family time	1	.1	.1	76.7
More time with friends and family, virtual meet ups, exercise	1	.1	.1	76.8
Much of the stockpile has been tapped since the COVID-19 pandemic.	3	.3	.3	77.1
Music-singing, dancing, art-painting, drawing, nature hikes	1	.1	.1	77.2
Music, Art, Baking	1	.1	.1	77.3
MY COLLEGE KIDS WERE HOME-SO I HAD THAT TO HELP	1	.1	.1	77.4
My community support	1	.1	.1	77.5
My dogs	1	.1	.1	77.5
My Faith in God	1	.1	.1	77.6
My faith in God. And i kept moving forward and doing what i needed to do everyday.	1	.1	.1	77.7
My faith in Jesus and the companionship of my husband of 32 years	1	.1	.1	77.8
My friends and family	1	.1	.1	77.9
My mental health issues are hereditary and not directly related to covid. Things that help include indfulness/meditation, controlled muscle relaxation... oh and lots of medication :)	1	.1	.1	78.0
my own strengths	1	.1	.1	78.1
My partner. BUT my partner did experience #12 and it is a lasting repercussion of the pandemic	1	.1	.1	78.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
My strong belief in the Bible and the salvation of Jesus Christ---along with a wonderful church family.	1	.1	.1	78.3
n/a	3	.3	.3	78.6
N/A	4	.4	.4	79.0
Nature walks	1	.1	.1	79.1
Nature walks, connecting on zoom	1	.1	.1	79.2
nature! spent so much time outside with my kid, art, films, cooking	1	.1	.1	79.3
Neighbors help each other with resources, using Internet social media software to ask for help	1	.1	.1	79.4
Netflix N' Chill	1	.1	.1	79.5
NETFLIX, AIRPLANE	1	.1	.1	79.6
NETFLIX, BEER, PROJECTS	1	.1	.1	79.7
new ways of relating, lots of zoom, and new friends in online ways	1	.1	.1	79.8
New ways to socialize at a distance, enjoying small pleasures at home, recreating outdoors	1	.1	.1	79.9
No fear	1	.1	.1	80.0
No response	1	.1	.1	80.1
nome senior center, library, nome city council	1	.1	.1	80.2
None	5	.5	.5	80.7
None needed- Press on with life	1	.1	.1	80.8
nothing	1	.1	.1	80.9
NOTHING	1	.1	.1	81.0
nothing but having to wear a mask changed for me	1	.1	.1	81.1
Nothing. I lived my life like nothing had changed. My family is still unvaxxed and healthy.	1	.1	.1	81.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
on the internet a lot (global connections)	1	.1	.1	81.3
One day at a time.	1	.1	.1	81.4
Online friends	1	.1	.1	81.5
online groups for mental health and exercise etc...	1	.1	.1	81.6
Online support and training	1	.1	.1	81.7
Our little "pod" did a lot of in house activities and (sanitized)cooking for each other. We had fun helping with the childcare. We used zoom for out of town visits with extended family.	1	.1	.1	81.8
Ourselves and common sense. Wash hands cover cough eat healthy	1	.1	.1	81.9
Outdoor activities, phone conversations	1	.1	.1	82.0
Outdoor activities, sleeping, researching, gardening	1	.1	.1	82.1
Outdoor activities!!!	1	.1	.1	82.2
outdoor walks with friends, phone calls, stopped listening to the news but signed up for AK state covid updates	1	.1	.1	82.3
Outdoors	1	.1	.1	82.4
Outside time	1	.1	.1	82.5
Paper survey: question skipped	6	.6	.6	83.0
Paper survey: Question skipped	6	.6	.6	83.6
partnership, building my home, starting a new job	1	.1	.1	83.7
personal relationships/outdoors + natural beauty	1	.1	.1	83.8
Phone calls with friends/ swimming	1	.1	.1	83.9
physical activity, family, outdoor time	1	.1	.1	84.0

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Physical activity, reading, drinking wine, talking w/friends, cooking, helping elderly community	1	.1	.1	84.1
Physical Isolation, nuclear family/close friend support system/social circle, vaccines, public health recommended prevention measures (mask/social distancing/etc).	1	.1	.1	84.2
Pleading with utilities and landlord to give more time to pay since every time there was a potential infection, my work made me take off several days with no pay. And I used the food bank a few times.	1	.1	.1	84.3
Positive Attitude	1	.1	.1	84.4
Practicing gratitude, getting outside, sifting perspective to be thankful for the time with family, finding other ways to connect with friends such as sending letters and drawings	1	.1	.1	84.5
Prayer	1	.1	.1	84.6
Prayer and serving my community.	1	.1	.1	84.7
Prayer for wisdom and trust in my own research and self care.	1	.1	.1	84.8
Prayer, zoom, NA, AA, Church	1	.1	.1	84.9
Praying for those who pushed this and praying for the people that died, especially the disabled and elderly, who lost their battle, but nice they went "productive" citizens, don't worry, it's no loss, well...except to their families.	1	.1	.1	85.0
projects	1	.1	.1	85.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Projects work for self as contraction, educate online	1	.1	.1	85.2
Rational thinking, in other words, I thought for myself, gathered my own information and consulted with people I trusted to come up with a plan for me and my family that we felt good and strongly about! The news sources were absolutely no help! So much conflicting information and so much fear paralyzed so many people. We continued to take vitamins, breathe fresh air and love each other! We did great!	1	.1	.1	85.3
Reached out to friends and families via internet and phone	1	.1	.1	85.4
Reaching out to people through letters, emails, and online communities, spending as much time as possible outside	1	.1	.1	85.5
read books, watched tv. exercised lots.	1	.1	.1	85.6
Read many books	1	.1	.1	85.7
read, walked, cooked learned something new	1	.1	.1	85.8
Reading, exercise, talking w/friends, long drives, camping	1	.1	.1	85.9
Reading, staying in touch with others, being outdoors	1	.1	.1	86.0
Reading, T.V., visiting friends/family on phone	1	.1	.1	86.1
RECREATIONAL ACTIVITIES	1	.1	.1	86.2
regular exercise, healthy diet, mindfulness activities, outdoor activities, texting friends/family	1	.1	.1	86.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
relationships with friends/family, outdoor recreation	1	.1	.1	86.4
Relied on family and work	1	.1	.1	86.5
reminding myself that it was only temporary	1	.1	.1	86.6
SAME AS ALWAYS	1	.1	.1	86.7
sdfger	1	.1	.1	86.8
SEEING FRIENDS IN MY CIRCLE AND SPENDING TIME OUTSIDE	1	.1	.1	86.9
Seeing friends in small groups.	1	.1	.1	87.0
self	1	.1	.1	87.1
Self education. Peer support.	1	.1	.1	87.2
Self regulation, support networks, being outside	1	.1	.1	87.3
Self reliance and my wife	1	.1	.1	87.4
Sewing, time with spouse, reading	1	.1	.1	87.5
Shelter in h9me	1	.1	.1	87.5
Silver colloid	1	.1	.1	87.6
ski, get outside	1	.1	.1	87.7
skiing	1	.1	.1	87.8
Skiing, spending time with family	1	.1	.1	87.9
Social media and WiFi and tv and books	1	.1	.1	88.0
Social media, friends and family	1	.1	.1	88.1
social media; taking deep breaths; trying to focus on the positive in life; spending time outdoors	1	.1	.1	88.2
social network	1	.1	.1	88.3
some travel in 2021 and 2022 stayed home	1	.1	.1	88.4

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Sometimes i'm talking to a trusted person, a friend or family member, is a good and easy way to feel better. When we share what's bothering us with someone, it is more likely we will feel relieved and better understand the situation we are in and the feelings that come with it.	1	.1	.1	88.5
Spend out walking or atving	1	.1	.1	88.6
Spend time with family	1	.1	.1	88.7
Spending time outdoors, bolstering telehealth measures both as provider and recipient of services, quality time at home	1	.1	.1	88.8
spending time with my family	1	.1	.1	88.9
SPH Behavioral Health services, Serene Waters.	1	.1	.1	89.0
Spiritual	1	.1	.1	89.1
SPIRITUAL ENRICHMENT, CONTINNUING TO FIND COMMUNITY AND MAINTAIN FRIENDSHIPS	1	.1	.1	89.2
Spiritual practices, tele-health therapy, friends	1	.1	.1	89.3
spirituality, dogs, time outside	1	.1	.1	89.4
Started counseling and medication.	1	.1	.1	89.5
started exercising, tried to spend more time with family and less hours at work, started reading for pleasure more, stopped taking work home (no email on phone at home)	1	.1	.1	89.6
Stay busy and involved	1	.1	.1	89.7
STAY BUSY, TREATING COVID WITH SINUS IRRIGATIONS, HOT BATH	1	.1	.1	89.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Stay healthy, follow standard precautions, reduce travel, do projects at home	1	.1	.1	89.9
Stay home	1	.1	.1	90.0
Stay in virtual contact with loved ones through video chat, phone calls, text messages, social media, apps and email. Usually daily exercise and exercise keep the body active. Maintain a regular sleep pattern and stick to a routine that provides structure to your life. Practice stress management techniques such as mindfulness, meditation, yoga and controlled breathing.	1	.1	.1	90.1
STAY NORMAL AS POSSIBLE	1	.1	.1	90.2
Stay put, enjoyed peace, strengthen economy through rescue grants	1	.1	.1	90.3
stayed away from people	1	.1	.1	90.4
stayed home	1	.1	.1	90.5
Stayed in family circle and used masks	1	.1	.1	90.6
Staying active	1	.1	.1	90.7
staying connected with spouse. Connecting with extended family frequently. Participating in church routinely online.	1	.1	.1	90.8
Staying connected with work family and friends. Getting outdoors in the summer: fishing, camping, backpacking, etc.	1	.1	.1	90.9
staying home	1	.1	.1	91.0
Staying in touch with Friends and family, Small group hikes,	1	.1	.1	91.1
Staying in touch, art	1	.1	.1	91.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Staying strong as a family and enjoying life together !	1	.1	.1	91.3
Strong primary relationship and family relationships- FaceTime, phone calls. Lots of outdoor time. Breaks from the media/reporting/doom and gloom. Gratitude.	1	.1	.1	91.4
Substances, meditation, mental escape, movies, small hangs.	1	.1	.1	91.5
Suck it up and deal	1	.1	.1	91.6
Support from family	1	.1	.1	91.7
Support from husband	1	.1	.1	91.8
Take care of yourself by eating regular meals, exercising, getting enough sleep and reducing all other stressors. Do something that puts you back in control of your life.	1	.1	.1	91.9
talk to someone	1	.1	.1	92.0
Talking to family	1	.1	.1	92.1
talking to family members, turning off the news, music, wine, exercise, making future plans	1	.1	.1	92.2
Talking to loved ones	1	.1	.1	92.3
talking to my doctor	1	.1	.1	92.4
talking to others	1	.1	.1	92.5
Talking with friends and family via phone or online. Journaling. Going for walks & enjoying nature. Getting vaccinated!	1	.1	.1	92.5
talking; being open and honest in my relationship	1	.1	.1	92.6
Tapping, time outside, cold water immersion	1	.1	.1	92.7
Technology to connect with others.	1	.1	.1	92.8
Telephone contact and public meeting attendance	1	.1	.1	92.9

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
TESTING IN HOMER, THANK YOU FOR ALL YOU DO	1	.1	.1	93.0
THC	1	.1	.1	93.1
The expectation of healthcare workers to step up. It wasn't the resiliency pizza.	1	.1	.1	93.2
the mental health center had people who visited me. I went on walks and stayed busy at home	1	.1	.1	93.3
The phone, concentrated effort to stay in contact with family friends and projects inspirational reading limit TV	1	.1	.1	93.4
Theapy and mental health meds	1	.1	.1	93.5
therapist	1	.1	.1	93.6
therapy	1	.1	.1	93.7
Therapy	2	.2	.2	93.9
THERAPY	2	.2	.2	94.1
THERAPY (thankfully SPH insurance covers my therapist). Lots of time outdoors. Stepping away from work.	1	.1	.1	94.2
Therapy, lots and lots of it!	1	.1	.1	94.3
Therapy, yoga, cooking, meditation, drinking	1	.1	.1	94.4
Therapy!	1	.1	.1	94.5
Time in nature, tapping, breathwork	1	.1	.1	94.6
Time outdoors	1	.1	.1	94.7
Tool repair; stuff to help others in need	1	.1	.1	94.8
Tried not to listen to all the fear porn from the mainstream media and cdc.	1	.1	.1	94.9

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
tried to be grateful for what we had and what we could do rather than resent what we did not have or could not do. avoided watching the news.	1	.1	.1	95.0
TRIED TO FIND JOY IN FAMILIES THINGS, TAKING WALKS	1	.1	.1	95.1
Try to find humor	1	.1	.1	95.2
TRY TO STAY PHYSICALLY ACTIVE AND GET OUTSIDE	1	.1	.1	95.3
tv, walking	1	.1	.1	95.4
Use support network, stay informed, follow thoughtful protocols.	1	.1	.1	95.5
Used my time for art/crafts/music Spent more time outside Video chatted with family members who live abroad more often	1	.1	.1	95.6
Using an online exercise program, reading, watching PBS	1	.1	.1	95.7
Using zoom to talk and communicate. Phone calls, looking out the window	1	.1	.1	95.8
VA	1	.1	.1	95.9
Vaccinations, including wearing a mask outside and keeping indoor air flowing inside your home	1	.1	.1	96.0
Vitamins, ivermectin, steamy showers	1	.1	.1	96.1
Walk on the beach, read books, art, music, movies, social media	1	.1	.1	96.2
Walk, call a friend/family member, workout, stand outside, play music, listen to music, take vacations, went to school to seek higher education	1	.1	.1	96.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
walking	1	.1	.1	96.4
walking on trails in nature- which allowed me also to visit with neighbors also out walking	1	.1	.1	96.5
Walking trails	1	.1	.1	96.6
WALKING WITH FRIENDS, CONNECTING ON INTERNET WITH FAMILY. MY DOG	1	.1	.1	96.7
Walking, skiing, and being in nature; working remotely; eating healthy foods; keeping routines; connecting with friends over Zoom and outdoors; supportive spouse.	1	.1	.1	96.8
walks, phone calls with family and friends, finding alternative ways to maintain social contacts	1	.1	.1	96.9
Walks. Snowshoe. Good food. Enhanced family time.	1	.1	.1	97.0
walks/drives	1	.1	.1	97.1
Wasn't that hard, really. Not much changed for me.	1	.1	.1	97.2
watched youtube, played xbox, projects around the house	1	.1	.1	97.3
We are a close family so we encouraged each other and reached out to other family and friends by phone	1	.1	.1	97.4
We called in community emergency support, provided us with supplies and medicine, and received a greeting from the health center.	1	.1	.1	97.5
We had a lot more family time being everything was closed. I didn't have to run my kids to sports/activities. Lots of camping.	1	.1	.1	97.5

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
We kept a close circle of friends.	1	.1	.1	97.6
We left to Mexico where restrictions were lifted and cost of living lower	1	.1	.1	97.7
We sought government assistance during COVID-19, asking for support in life, medicine and quarantine.	1	.1	.1	97.8
Wear a mask, do a good job of daily disinfection, reduce parties	1	.1	.1	97.9
Wearing a mask, following COVID guidelines, washing hands frequently, avoiding large public gatherings like church, indoor events, closed-in quarters with others like restaurants and nightclubs.	1	.1	.1	98.0
weed	1	.1	.1	98.1
Went out hiking a lot	1	.1	.1	98.2
Went to Providence in Anchorage	1	.1	.1	98.3
wore a mask, got vaccinated, avoided close contact with other people	1	.1	.1	98.4
Wore mask as required to protect others	1	.1	.1	98.5
work	1	.1	.1	98.6
Work was a blessing in many ways that others in the community did not always have - interaction with others, support from co-workers, no loss of income. I also maintained my connections to friends, family, and my church family even though it was through zoom for many months.	1	.1	.1	98.7
Worked and recreated outside	1	.1	.1	98.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Wove masks, got vaccinated, made do with zoom meetings; my husband died during pandemic but not due to covid.	1	.1	.1	98.9
writing, time in nature, phone calls with family/friends, meditation	1	.1	.1	99.0
Yes	1	.1	.1	99.1
Yoga Meditation Weekly bonfires with friends	1	.1	.1	99.2
Yoga and meditation	1	.1	.1	99.3
Yoga, mindfulness, having a core group of friends who I would see, gathering and other people outdoors	1	.1	.1	99.4
Yoga.	1	.1	.1	99.5
zoom meetings, walks outside, outdoor recreation	1	.1	.1	99.6
zoom, crafts	1	.1	.1	99.7
Zoom, face time, getting outside to walk and socialize	1	.1	.1	99.8
Zoom, Facebook, phone calls, exercising outside, finding projects at home to work on	1	.1	.1	99.9
Zoom, phone calls, keep informed.	1	.1	.1	100.0
Total	1020	100.0	100.0	

In what community do you live?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	16	1.6	1.7	1.7
	Anchor Point	138	13.5	14.7	16.4
	Diamond Ridge	65	6.4	6.9	23.4
	Fox River	13	1.3	1.4	24.8
	Fritz Creek	115	11.3	12.3	37.0
	Homer	445	43.6	47.5	84.5
	Kachemak City	44	4.3	4.7	89.2
	Kachemak Selo	1	.1	.1	89.3
	Nanwalek	8	.8	.9	90.2
	Nikolaevsk	18	1.8	1.9	92.1
	Ninilchik	44	4.3	4.7	96.8
	Port Graham	5	.5	.5	97.3
	Razdolna	2	.2	.2	97.5
	Seldovia	18	1.8	1.9	99.5
	Voznesenska	5	.5	.5	100.0
	Total	937	91.9	100.0	
Missing	System	83	8.1		
Total		1020	100.0		

Other (please specify)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1016	99.6	99.6	99.6
	did not answer	1	.1	.1	99.7
	NO ANSWER	2	.2	.2	99.9
	Prefer not to answer	1	.1	.1	100.0
	Total	1020	100.0	100.0	

What is your age?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	87	8.5	8.5	8.5
???	1	.1	.1	8.6
+75	1	.1	.1	8.7
0	2	.2	.2	8.9
15	1	.1	.1	9.0
16	1	.1	.1	9.1
17	2	.2	.2	9.3
19	4	.4	.4	9.7
20	3	.3	.3	10.0
21	7	.7	.7	10.7
22	2	.2	.2	10.9
23	3	.3	.3	11.2
24	5	.5	.5	11.7
25	12	1.2	1.2	12.8
26	10	1.0	1.0	13.8
27	9	.9	.9	14.7
28	12	1.2	1.2	15.9
29	11	1.1	1.1	17.0
30	16	1.6	1.6	18.5
30s	1	.1	.1	18.6
31	15	1.5	1.5	20.1
32	20	2.0	2.0	22.1
33	24	2.4	2.4	24.4
34	24	2.4	2.4	26.8
35	20	2.0	2.0	28.7
36	16	1.6	1.6	30.3
37	14	1.4	1.4	31.7
38	27	2.6	2.6	34.3
39	23	2.3	2.3	36.6
40	19	1.9	1.9	38.4
40+	1	.1	.1	38.5
41	15	1.5	1.5	40.0
42	20	2.0	2.0	42.0
43	19	1.9	1.9	43.8
44	17	1.7	1.7	45.5
45	19	1.9	1.9	47.4
46	16	1.6	1.6	48.9
47	13	1.3	1.3	50.2

What is your age?

	Frequency	Percent	Valid Percent	Cumulative Percent
48	13	1.3	1.3	51.5
49	11	1.1	1.1	52.5
50	10	1.0	1.0	53.5
50 plus	1	.1	.1	53.6
50+	1	.1	.1	53.7
51	14	1.4	1.4	55.1
52	16	1.6	1.6	56.7
53	12	1.2	1.2	57.8
54	16	1.6	1.6	59.4
55	13	1.3	1.3	60.7
56	6	.6	.6	61.3
57	17	1.7	1.7	62.9
58	14	1.4	1.4	64.3
59	8	.8	.8	65.1
60	19	1.9	1.9	67.0
60+	2	.2	.2	67.2
61	17	1.7	1.7	68.8
62	22	2.2	2.2	71.0
63	22	2.2	2.2	73.1
64	17	1.7	1.7	74.8
64+	1	.1	.1	74.9
65	21	2.1	2.1	77.0
66	23	2.3	2.3	79.2
67	14	1.4	1.4	80.6
68	25	2.5	2.5	83.0
69	14	1.4	1.4	84.4
70	13	1.3	1.3	85.7
71	12	1.2	1.2	86.9
72	13	1.3	1.3	88.1
73	10	1.0	1.0	89.1
74	7	.7	.7	89.8
75	9	.9	.9	90.7
76	9	.9	.9	91.6
77	5	.5	.5	92.1
78	7	.7	.7	92.7
79	6	.6	.6	93.3
80	3	.3	.3	93.6
81	2	.2	.2	93.8

What is your age?

	Frequency	Percent	Valid Percent	Cumulative Percent
82	3	.3	.3	94.1
83	5	.5	.5	94.6
84	1	.1	.1	94.7
85	2	.2	.2	94.9
86	1	.1	.1	95.0
89	2	.2	.2	95.2
93	1	.1	.1	95.3
did not answer	3	.3	.3	95.6
I prefer not to answer	1	.1	.1	95.7
N/a	1	.1	.1	95.8
N/A	4	.4	.4	96.2
na	13	1.3	1.3	97.5
Na	1	.1	.1	97.5
no answer	9	.9	.9	98.4
No answer	1	.1	.1	98.5
NO ANSWER	6	.6	.6	99.1
no response	2	.2	.2	99.3
Paper survey: I prefer not to answer	1	.1	.1	99.4
prefer not to answer	2	.2	.2	99.6
PREFER NOT TO ANSWER	1	.1	.1	99.7
x	1	.1	.1	99.8
X	1	.1	.1	99.9
zsdf	1	.1	.1	100.0
Total	1020	100.0	100.0	

Gender:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer to self-describe,	6	.6	.6	.6
	Male	211	20.7	22.6	23.3
	Female	673	66.0	72.1	95.4
	Transgender man/trans man	3	.3	.3	95.7
	Transgender woman/trans woman	1	.1	.1	95.8
	Genderqueer/gender nonconforming neither exclusively male nor female	10	1.0	1.1	96.9
	I prefer not to answer	29	2.8	3.1	100.0
	Total	933	91.5	100.0	
Missing	System	87	8.5		
Total		1020	100.0		

I prefer to self-describe,

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1014	99.4	99.4	99.4
	Do you mean biological sex or social expression of gender?	1	.1	.1	99.5
	Female/ non binary	1	.1	.1	99.6
	hermaphrodite	1	.1	.1	99.7
	Mostly female	1	.1	.1	99.8
	non- binary femme /mapa	1	.1	.1	99.9
	Stop	1	.1	.1	100.0
	Total	1020	100.0	100.0	

Do you think of yourself as:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer to self describe,	23	2.3	2.5	2.5
	Straight or Heterosexual	736	72.2	78.9	81.4
	Lesbian or Gay	24	2.4	2.6	83.9
	Bisexual	49	4.8	5.3	89.2
	Queer, pansexual, and/or questioning	20	2.0	2.1	91.3
	Don't Know	6	.6	.6	92.0
	I prefer not to answer	75	7.4	8.0	100.0
	Total	933	91.5	100.0	
Missing	System	87	8.5		
Total		1020	100.0		

I prefer to self describe,

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		997	97.7	97.7	97.7
	asexual	3	.3	.3	98.0
	Asexual	3	.3	.3	98.3
	demi heterosexual homosocial	1	.1	.1	98.4
	Demisexual	1	.1	.1	98.5
	Don't care	1	.1	.1	98.6
	FAT WHITE BOY	1	.1	.1	98.7
	human	2	.2	.2	98.9
	Human	1	.1	.1	99.0
	HUMAN	1	.1	.1	99.1
	I am a man	1	.1	.1	99.2
	I am normal whatever that is	1	.1	.1	99.3
	lesbian perspective in a heterosexual relationship	1	.1	.1	99.4
	myob!	1	.1	.1	99.5
	no answeer	1	.1	.1	99.6
	no answer	1	.1	.1	99.7
	Pansexual	1	.1	.1	99.8
	Sapiosexual	1	.1	.1	99.9
	Stop	1	.1	.1	100.0
	Total	1020	100.0	100.0	

Please select your race/ethnicity. Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	19	1.9	2.0	2.0
	American Indian or Alaska Native	62	6.1	6.7	8.7
	African American or Black	7	.7	.8	9.4
	Asian	8	.8	.9	10.3
	Hispanic	12	1.2	1.3	11.6
	Native Hawaiian or Other Pacific Islander	4	.4	.4	12.0
	White	722	70.8	77.5	89.5
	Two or more races	39	3.8	4.2	93.7
	I prefer not to answer	59	5.8	6.3	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

Other (please specify)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1001	98.1	98.1	98.1
	AK Native/White	1	.1	.1	98.2
	american	1	.1	.1	98.3
	American	2	.2	.2	98.5
	AMERICAN	1	.1	.1	98.6
	Caucasian	1	.1	.1	98.7
	from India	1	.1	.1	98.8
	Half white half American native	1	.1	.1	98.9
	human	1	.1	.1	99.0
	human race	1	.1	.1	99.1
	JEWISH	2	.2	.2	99.3
	middle eastern	1	.1	.1	99.4
	Native Alaskan, white	1	.1	.1	99.5
	no response	1	.1	.1	99.6
	Paper survey: American Indian or Alaska Native, and White	1	.1	.1	99.7
	Paper survey: Asian, White, Two or more races	1	.1	.1	99.8
	Paper survey: Hispanic and White	1	.1	.1	99.9

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Trish	1	.1	.1	100.0
Total	1020	100.0	100.0	

How long have you lived in your community?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year	56	5.5	6.0	6.0
	1-5 years	181	17.7	19.4	25.4
	6-10 years	129	12.6	13.8	39.3
	11-19 years	130	12.7	13.9	53.2
	20+ years	408	40.0	43.8	97.0
	I prefer not to answer	28	2.7	3.0	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

How many months a year do you live here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5	19	1.9	2.0	2.0
	6 to 11	89	8.7	9.5	11.6
	12	780	76.5	83.7	95.3
	I prefer not to answer	44	4.3	4.7	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

Were you born in another country other than the United States?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	If yes, please tell us your home country	28	2.7	3.0	3.0
	Yes	32	3.1	3.4	6.4
	No	845	82.8	90.7	97.1
	I prefer not to answer	27	2.6	2.9	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

If yes, please tell us your home country

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	992	97.3	97.3	97.3
Azores - on military base. parents were US citizens	1	.1	.1	97.4
BURMA	1	.1	.1	97.5
canada	1	.1	.1	97.5
Canada	4	.4	.4	97.9
china	1	.1	.1	98.0
Czech Republic	1	.1	.1	98.1
England	1	.1	.1	98.2
France	2	.2	.2	98.4
Georgia	2	.2	.2	98.6
GERMANY	1	.1	.1	98.7
Germany (on U.S. Military Base)	1	.1	.1	98.8
India	1	.1	.1	98.9
Mexico	1	.1	.1	99.0
Norway	1	.1	.1	99.1
Philippines	2	.2	.2	99.3
Phils.	1	.1	.1	99.4
Singapore	1	.1	.1	99.5
Switzerland	2	.2	.2	99.7
Tumisia	1	.1	.1	99.8
UK	1	.1	.1	99.9
Venezuela	1	.1	.1	100.0
Total	1020	100.0	100.0	

What is the highest education level you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than high school	19	1.9	2.0	2.0
	High school or equivalency	104	10.2	11.2	13.2
	Vocational training	41	4.0	4.4	17.6
	Some College	176	17.3	18.9	36.5
	Associates Degree	117	11.5	12.6	49.0
	Bachelor's Degree	263	25.8	28.2	77.3
	Master's Degree	142	13.9	15.2	92.5
	Professional Degree	12	1.2	1.3	93.8
	Doctorate Degree	24	2.4	2.6	96.4
	I prefer not to answer	34	3.3	3.6	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

How many people currently live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	168	16.5	18.1	18.1
	2	402	39.4	43.2	61.3
	3	135	13.2	14.5	75.8
	4	126	12.4	13.5	89.4
	5	51	5.0	5.5	94.8
	6	15	1.5	1.6	96.5
	7	7	.7	.8	97.2
	I prefer not to answer	26	2.5	2.8	100.0
	Total	930	91.2	100.0	
Missing	System	90	8.8		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5	147	14.4	100.0	100.0
Missing	System	873	85.6		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6-9	107	10.5	100.0	100.0
Missing	System	913	89.5		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10-13	98	9.6	100.0	100.0
Missing	System	922	90.4		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	14-17	96	9.4	100.0	100.0
Missing	System	924	90.6		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18+	76	7.5	100.0	100.0
Missing	System	944	92.5		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	110	10.8	100.0	100.0
Missing	System	910	89.2		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No children currently live in the household	442	43.3	100.0	100.0
Missing	System	578	56.7		
Total		1020	100.0		

What is your approximate annual household income?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$25,000	138	13.5	14.8	14.8
	\$25,000-\$49,999	159	15.6	17.1	31.9
	\$50,000-\$74,999	176	17.3	18.9	50.9
	\$75,000-\$99,999	131	12.8	14.1	64.9
	\$100,000+	175	17.2	18.8	83.8
	I prefer not to answer	151	14.8	16.2	100.0
	Total	930	91.2	100.0	
Missing	System	90	8.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	651	63.8	70.5	70.5
	No	42	4.1	4.5	75.0
	I prefer not to answer	231	22.6	25.0	100.0
	Total	924	90.6	100.0	
Missing	System	96	9.4		
Total		1020	100.0		

Have you ever (or currently) served in the U.S Armed Forces, Reserves or National Guard?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	81	7.9	8.8	8.8
	No	795	77.9	86.0	94.8
	I prefer not to answer	48	4.7	5.2	100.0
	Total	924	90.6	100.0	
Missing	System	96	9.4		
Total		1020	100.0		

recoded community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	16	1.6	1.7	1.7
	Anchor Point	138	13.5	14.7	16.4
	Diamond Ridge	65	6.4	6.9	23.4
	Fox River Region	21	2.1	2.2	25.6
	Fritz Creek	115	11.3	12.3	37.9
	Homer	445	43.6	47.5	85.4
	Kachemak City	44	4.3	4.7	90.1
	Nanwalek	8	.8	.9	90.9
	Nikolaevsk	18	1.8	1.9	92.8
	Ninilchik	44	4.3	4.7	97.5
	Port Graham	5	.5	.5	98.1
	Seldovia	18	1.8	1.9	100.0
	Total	937	91.9	100.0	
Missing	System	83	8.1		
Total		1020	100.0		

SKP MAPP Intercept Survey

1. Please enter the following information:

Location Conducted
Intercept Survey At

Date Conducted

Name of Person Who
Conducted Intercept
Survey

Contact for Person
who Conducted
Intercept Survey

2. Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
The overall health of the community	☐	☐	☐	☐	☐
Your personal health	☐	☐	☐	☐	☐
Your quality of life	☐	☐	☐	☐	☐

3. What do you see as the top community issues or stressors facing our community?

SKP MAPP Intercept Survey

4. The following statements describe the eight dimensions of wellness. Please tell me which response best reflects how you feel:

	Never	Sometimes	Frequently	Always
I have a sense of purpose and meaning in my life	☐	☐	☐	☐
I have a sense of connection, belonging, safety and a reliable support system	☐	☐	☐	☐
I have the ability to perform daily activities without undue fatigue or physical stress	☐	☐	☐	☐
I have opportunities to expand my knowledge and skills and to use my creative abilities	☐	☐	☐	☐
I can cope effectively with life stresses, and my work and relationships are enriching	☐	☐	☐	☐
My surroundings are adequate for me (from my home to the wider community or environment)	☐	☐	☐	☐
I have enough money for my basic needs, and I can adapt for unplanned expenses	☐	☐	☐	☐
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures	☐	☐	☐	☐

5. If you responded never to any of the above statements, please tell us what it would take to make it better.

6. If the hospital and MAPP could set and achieve one goal over the next three years, moving toward a healthier community, what would it be?

SKP MAPP Intercept Survey

7. In what community do you live?

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

8. What is your age?

☐ Under 18	☐ 45-64
☐ 18-24	☐ 65+
☐ 25-34	☐ I prefer not to answer
☐ 35-44	

SKP MAPP Intercept Survey

9. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/Gender Queer
- ☐ Gender Non-Conforming
- ☐ Gender Expansive
- ☐ I prefer not to answer
- ☐ I prefer to self describe,

10. What is your identified sexual orientation?

- ☐ Asexual
- ☐ Queer
- ☐ Bisexual
- ☐ Straight or Heterosexual
- ☐ Lesbian or Gay
- ☐ I prefer not to answer
- ☐ Pansexual
- ☐ I prefer to self describe

SKP MAPP Intercept Survey

11. Please select your race/ethnicity. Please check all that apply.

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ African American or Black

☐ White

☐ Asian

☐ Two or more races

☐ Hispanic

☐ Other (please specify)

SKP MAPP Intercept Survey

12. How long have you lived in your community?

☐ Less than 1 year

☐ 5 to less than 10 years

☐ 1 to less than 3 years

☐ 10 years or more

☐ 3 to less than 5 years

13. Do you live here year-round?

☐ Yes

☐ No

14. If Yes, how many months do you live here?

15. If Yes, which season?

SKP MAPP Intercept Survey

16. Were you born in another country other than the United States?

☐ Yes ☐ No

17. If Yes, please tell us your home country:

SKP MAPP Intercept Survey

18. What is the highest education level you have completed?

☐ Less than high school	☐ Some college	☐ Master's degree
☐ High school or equivalency	☐ Associates degree	☐ Professional Degree
☐ Vocational training	☐ Bachelor's Degree	☐ Doctorate Degree

19. How many people currently live in your household?

☐ 1	☐ 4	☐ 7
☐ 2	☐ 5	☐ 8+
☐ 3	☐ 6	

20. If child(ren) living in household, what ages? Please check all that apply.

☐ 0-5	☐ 4-17
☐ 6-9	☐ 18+
☐ 10-13	

SKP MAPP Intercept Survey

21. What is your approximate annual household income?

- ☐ Less than \$25,000 ☐ \$75,000-\$99,999
- ☐ \$25,000-\$49,999 ☐ \$100,000+
- ☐ \$50,000-\$74,999

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

- ☐ Yes ☐ No

23. Have you ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

- ☐ Never served in the military ☐ Now on active duty
- ☐ Only on active duty for training in the Reserves of National Guard ☐ On active duty in the past, but not now (includes retired military and veterans)

24. Please enter any other input they provided that you did not already record.

Q1 Please enter the following information:

Answered: 201 Skipped: 0

ANSWER CHOICES	RESPONSES	
Location Conducted Intercept Survey At	100.00%	201
Date Conducted	99.50%	200
Name of Person Who Conducted Intercept Survey	6.97%	14
Contact for Person who Conducted Intercept Survey	6.97%	14

#	LOCATION CONDUCTED INTERCEPT SURVEY AT	DATE
1	Anchor Point Bingo	8/24/2022 6:52 PM
2	Anchor Point Bingo	8/24/2022 6:50 PM
3	Anchor Point Bingo	8/24/2022 6:48 PM
4	Anchor Point Bingo	8/24/2022 6:45 PM
5	Anchor Point Bingo	8/24/2022 6:42 PM
6	Anchor Point Bingo	8/24/2022 6:41 PM
7	Anchor Point Bingo	8/24/2022 6:39 PM
8	Anchor Point Bingo	8/24/2022 6:37 PM
9	Anchor Point Bingo	8/24/2022 3:47 PM
10	Anchor Point Bingo	8/24/2022 3:46 PM
11	Anchor Point Bingo	8/24/2022 3:44 PM
12	Anchor Point Bingo	8/24/2022 3:43 PM
13	Anchor Point Bingo	8/24/2022 3:41 PM
14	Anchor Point Bingo	8/24/2022 3:40 PM
15	Anchor Point Bingo	8/24/2022 3:39 PM
16	Anchor Point Bingo	8/24/2022 3:36 PM
17	Anchor Point	8/24/2022 3:34 PM
18	Homer Library	8/23/2022 1:25 PM
19	Homer Library	8/23/2022 1:18 PM
20	Homer Library	8/23/2022 1:06 PM
21	Homer Library	8/23/2022 1:04 PM
22	Homer Library	8/23/2022 1:02 PM
23	Homer Library	8/23/2022 12:59 PM
24	Homer Library	8/23/2022 12:32 PM
25	Homer Library	8/23/2022 12:30 PM
26	Homer Library	8/23/2022 12:28 PM
27	Homer Library	8/23/2022 12:27 PM

SKP MAPP Intercept Survey

28	Homer Library	8/23/2022 12:25 PM
29	Homer Library	8/23/2022 12:23 PM
30	Homer Medical Clinic	8/22/2022 10:00 PM
31	Homer Medical Clinic	8/22/2022 9:58 PM
32	Homer Medical Clinic	8/22/2022 9:57 PM
33	Homer Medical Clinic	8/22/2022 9:56 PM
34	Homer Medical Clinic	8/22/2022 9:07 PM
35	Homer Medical Clinic	8/22/2022 9:06 PM
36	Homer Medical Clinic	8/22/2022 9:05 PM
37	Homer Medical Clinic	8/22/2022 9:04 PM
38	Homer Medical Clinic	8/22/2022 9:03 PM
39	Homer Medical Clinic	8/22/2022 4:38 PM
40	Homer Medical Clinic	8/22/2022 4:37 PM
41	Homer Medical Clinic	8/22/2022 4:36 PM
42	Homer Landfill	8/22/2022 4:35 PM
43	Homer Medical Clinic	8/22/2022 4:33 PM
44	Homer Medical Clinic	8/22/2022 4:31 PM
45	Homer Landfill	8/22/2022 4:29 PM
46	Homer Landfill	8/22/2022 4:28 PM
47	Homer Landfill	8/22/2022 4:11 PM
48	Homer Medical Clinic	8/22/2022 4:09 PM
49	Homer Medical Clinic	8/22/2022 4:07 PM
50	Homer Landfill	8/22/2022 4:05 PM
51	Homer Medical Clinic	8/22/2022 4:03 PM
52	Homer Landfill	8/22/2022 4:01 PM
53	Homer Landfill	8/22/2022 4:00 PM
54	Homer Medical Clinic	8/22/2022 3:59 PM
55	Homer Landfill	8/22/2022 3:57 PM
56	Homer Landfill	8/22/2022 3:55 PM
57	Fritz Creek	8/21/2022 9:00 PM
58	Fritz Creek	8/21/2022 8:59 PM
59	Fritz Creek	8/21/2022 8:58 PM
60	Fritz Creek	8/21/2022 8:57 PM
61	Fritz Creek	8/21/2022 8:56 PM
62	Fritz Creek	8/21/2022 8:55 PM
63	Fritz Creek	8/21/2022 8:55 PM
64	Fritz Creek	8/21/2022 8:54 PM
65	Fritz Creek	8/21/2022 8:53 PM

SKP MAPP Intercept Survey

66	Wagon Wheel	8/20/2022 2:17 PM
67	Wagon Wheel	8/20/2022 2:15 PM
68	Wagon Wheel	8/20/2022 2:14 PM
69	Wagon Wheel	8/20/2022 2:11 PM
70	Wagon Wheel	8/20/2022 2:09 PM
71	Wagon Wheel	8/20/2022 2:07 PM
72	Wagon Wheel	8/20/2022 1:58 PM
73	Wagon Wheel	8/20/2022 1:57 PM
74	Wagon Wheel	8/20/2022 1:55 PM
75	Wagon Wheel	8/20/2022 1:54 PM
76	Wagon Wheel	8/20/2022 1:52 PM
77	Wagon Wheel	8/20/2022 1:51 PM
78	Homer Medical Clinic	8/19/2022 12:54 PM
79	Homer Medical Clinic	8/19/2022 12:52 PM
80	Homer Medical Clinic	8/19/2022 12:51 PM
81	Homer Medical Clinic	8/19/2022 12:50 PM
82	Homer Medical Clinic	8/19/2022 12:48 PM
83	Homer Medical Clinic	8/19/2022 12:42 PM
84	Homer Medical Clinic	8/19/2022 12:40 PM
85	Homer Medical Clinic	8/19/2022 12:39 PM
86	Homer Medical Clinic	8/19/2022 12:37 PM
87	Homer Medical Clinic	8/19/2022 12:34 PM
88	Coles Market	8/18/2022 8:54 PM
89	Coles Market	8/18/2022 8:53 PM
90	Coles Market	8/18/2022 8:53 PM
91	Coles Market	8/18/2022 8:51 PM
92	Coles Market	8/18/2022 8:50 PM
93	Coles Market	8/18/2022 8:49 PM
94	Coles Market	8/18/2022 8:45 PM
95	Coles Market	8/18/2022 8:44 PM
96	Coles Market	8/18/2022 8:43 PM
97	Coles Market	8/18/2022 8:41 PM
98	Coles Market	8/18/2022 8:40 PM
99	Coles Market	8/18/2022 8:39 PM
100	Coles Market	8/18/2022 8:38 PM
101	Coles Market	8/18/2022 8:37 PM
102	KBFPF Fundraiser	8/17/2022 9:59 PM
103	KBFPF Fundraiser	8/17/2022 9:59 PM

SKP MAPP Intercept Survey

104	KBFPC Fundraiser	8/17/2022 9:58 PM
105	KBFPC Fundraiser	8/17/2022 9:57 PM
106	KBFPC Fundraiser	8/17/2022 9:56 PM
107	KBFPC Fundraiser	8/17/2022 9:55 PM
108	KBFPC Fundraiser	8/17/2022 9:54 PM
109	KBFPC Fundraiser	8/17/2022 9:53 PM
110	KBFPC Fundraiser	8/17/2022 9:51 PM
111	KBFPC Fundraiser	8/17/2022 9:50 PM
112	KBFPC Fundraiser	8/17/2022 9:48 PM
113	KBFPC Fundraiser	8/17/2022 9:47 PM
114	KBFPC Fundraiser	8/17/2022 9:47 PM
115	KBFPC Fundraiser	8/17/2022 9:46 PM
116	Concert on the Green	8/17/2022 9:44 PM
117	KBFPC Fundraiser	8/17/2022 9:43 PM
118	Concert on the Green	8/17/2022 9:43 PM
119	KBFPC Fundraiser	8/17/2022 9:42 PM
120	Concert on the Green	8/17/2022 9:40 PM
121	KBFPC Fundraiser	8/17/2022 9:39 PM
122	KBFPC Fundraiser	8/17/2022 9:31 PM
123	KBFPC Fundraiser	8/17/2022 9:30 PM
124	KBFPC Fundraiser	8/17/2022 9:29 PM
125	KBFPC Fundraiser	8/17/2022 9:28 PM
126	KBFPC Fundraiser	8/17/2022 9:27 PM
127	KBFPC Fundraiser	8/17/2022 9:26 PM
128	KBFPC Fundraiser	8/17/2022 9:25 PM
129	KBFPC Fundraiser	8/17/2022 9:24 PM
130	KBFPC Fundraiser	8/17/2022 9:23 PM
131	KBFPC Fundraiser	8/17/2022 9:22 PM
132	KBFPC Fundraiser	8/17/2022 9:20 PM
133	KBFPC Fundraiser	8/17/2022 9:19 PM
134	KBFPC Fundraiser	8/17/2022 9:18 PM
135	KBFPC Fundraiser	8/17/2022 9:17 PM
136	KBFPC Fundraiser	8/17/2022 9:16 PM
137	KBFPC Fundraiser	8/17/2022 9:16 PM
138	KBFPC Fundraiser	8/17/2022 9:14 PM
139	KBFPC Fundraiser	8/17/2022 9:13 PM
140	KBFPC Fundraiser	8/17/2022 9:12 PM
141	KBFPC Fundraiser	8/17/2022 9:11 PM

SKP MAPP Intercept Survey

142	Concert on the Green	8/16/2022 5:04 PM
143	Concert on the Green	8/16/2022 5:03 PM
144	Concert on the Green	8/16/2022 5:02 PM
145	Concert on the Green	8/16/2022 5:00 PM
146	Concert on the Green	8/16/2022 4:59 PM
147	Concert on the Green	8/16/2022 4:58 PM
148	Concert on the Green	8/16/2022 4:57 PM
149	Concert on the Green	8/16/2022 4:55 PM
150	Concert on the Green	8/16/2022 4:51 PM
151	Concert on the Green	8/16/2022 4:48 PM
152	Concert on the Green	8/16/2022 4:47 PM
153	Concert on the Green	8/16/2022 4:14 PM
154	Concert on the Green	8/16/2022 4:13 PM
155	Concert on the Green	8/16/2022 4:12 PM
156	Concert on the Green	8/16/2022 4:11 PM
157	Concert on the Green	8/16/2022 4:10 PM
158	Concert on the Green	8/16/2022 4:09 PM
159	Concert on the Green	8/16/2022 4:07 PM
160	Concert on the Green	8/16/2022 4:06 PM
161	Concert on the Green	8/16/2022 4:05 PM
162	Church on Roch	8/15/2022 5:34 PM
163	Church on Roch	8/15/2022 5:32 PM
164	Church on Roch	8/15/2022 5:31 PM
165	Church on Roch	8/15/2022 5:28 PM
166	Church on Roch	8/15/2022 5:26 PM
167	Church on Roch	8/15/2022 5:24 PM
168	Church on Roch	8/15/2022 5:22 PM
169	Church on Roch	8/15/2022 5:19 PM
170	Church on Roch	8/15/2022 5:15 PM
171	Church on Roch	8/15/2022 5:14 PM
172	Church on Roch	8/15/2022 5:12 PM
173	Church on Roch	8/15/2022 5:11 PM
174	Church on Roch	8/15/2022 5:09 PM
175	Church on Roch	8/15/2022 5:06 PM
176	Church on Roch	8/15/2022 5:04 PM
177	Church on Roch	8/15/2022 5:03 PM
178	Church on Roch	8/15/2022 5:00 PM
179	Church on Roch	8/15/2022 2:25 PM

SKP MAPP Intercept Survey

180	Church on Roch	8/15/2022 2:24 PM
181	Church on Roch	8/15/2022 2:21 PM
182	Church on Roch	8/15/2022 2:19 PM
183	Church on Roch	8/15/2022 2:16 PM
184	Church on Roch	8/15/2022 2:14 PM
185	Church on Roch	8/15/2022 2:12 PM
186	Church on Roch	8/15/2022 2:10 PM
187	Church on Roch	8/15/2022 2:07 PM
188	Food Pantry Homer	7/25/2022 9:52 PM
189	Food Pantry Homer	7/25/2022 9:46 PM
190	Food Pantry Homer	7/25/2022 9:41 PM
191	Food Pantry Homer	7/25/2022 9:35 PM
192	Food Pantry Homer	7/25/2022 9:27 PM
193	Food Pantry Homer	7/25/2022 9:22 PM
194	Food Pantry Homer	7/25/2022 9:15 PM
195	Food Pantry Homer	7/25/2022 9:10 PM
196	Food Pantry Homer	7/25/2022 9:03 PM
197	Food Pantry Homer	7/25/2022 8:59 PM
198	Food Pantry Homer	7/25/2022 8:53 PM
199	Food Pantry Homer	7/25/2022 8:48 PM
200	Food Pantry Homer	7/25/2022 8:41 PM
201	Food Pantry Homer	7/25/2022 8:29 PM
#	DATE CONDUCTED	DATE
1	7/22	8/24/2022 6:52 PM
2	7/22	8/24/2022 6:50 PM
3	7/22	8/24/2022 6:48 PM
4	7/22	8/24/2022 6:45 PM
5	7/22	8/24/2022 6:42 PM
6	7/22	8/24/2022 6:41 PM
7	7/22	8/24/2022 6:39 PM
8	7/22	8/24/2022 6:37 PM
9	7/22	8/24/2022 3:47 PM
10	7/22	8/24/2022 3:46 PM
11	7/22	8/24/2022 3:44 PM
12	7/22	8/24/2022 3:43 PM
13	7/22	8/24/2022 3:41 PM
14	7/22	8/24/2022 3:40 PM
15	7/22	8/24/2022 3:39 PM

SKP MAPP Intercept Survey

16	7/22	8/24/2022 3:36 PM
17	7/22	8/24/2022 3:34 PM
18	7/22	8/23/2022 1:25 PM
19	7/22	8/23/2022 1:18 PM
20	7/22	8/23/2022 1:06 PM
21	7/22	8/23/2022 1:04 PM
22	7/22	8/23/2022 1:02 PM
23	7/22	8/23/2022 12:59 PM
24	7/22	8/23/2022 12:32 PM
25	7/22	8/23/2022 12:30 PM
26	7/22	8/23/2022 12:28 PM
27	7/22	8/23/2022 12:27 PM
28	7/22	8/23/2022 12:25 PM
29	7/22	8/23/2022 12:23 PM
30	7/23	8/22/2022 10:00 PM
31	7/23	8/22/2022 9:58 PM
32	7/23	8/22/2022 9:57 PM
33	7/23	8/22/2022 9:56 PM
34	7/23	8/22/2022 9:07 PM
35	7/23	8/22/2022 9:06 PM
36	7/23	8/22/2022 9:05 PM
37	7/23	8/22/2022 9:04 PM
38	7/23	8/22/2022 9:03 PM
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41	7/23	8/22/2022 4:36 PM
42	7/23	8/22/2022 4:35 PM
43	7/23	8/22/2022 4:33 PM
44	7/23	8/22/2022 4:31 PM
45	7/23	8/22/2022 4:29 PM
46	7/23	8/22/2022 4:28 PM
47	7/23	8/22/2022 4:11 PM
48	7/23	8/22/2022 4:09 PM
49	7/23	8/22/2022 4:07 PM
50	7/23	8/22/2022 4:05 PM
51	7/23	8/22/2022 4:03 PM
52	7/23	8/22/2022 4:01 PM
53	7/23	8/22/2022 4:00 PM

SKP MAPP Intercept Survey

54	7/23	8/22/2022 3:59 PM
55	7/23	8/22/2022 3:57 PM
56	7/23	8/22/2022 3:55 PM
57	7/23	8/21/2022 9:00 PM
58	7/23	8/21/2022 8:59 PM
59	7/23	8/21/2022 8:58 PM
60	7/23	8/21/2022 8:57 PM
61	7/23	8/21/2022 8:56 PM
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65	7/23	8/21/2022 8:53 PM
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67	7/22	8/20/2022 2:15 PM
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69	7/22	8/20/2022 2:11 PM
70	7/22	8/20/2022 2:09 PM
71	7/22	8/20/2022 2:07 PM
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73	7/22	8/20/2022 1:57 PM
74	7/22	8/20/2022 1:55 PM
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76	7/22	8/20/2022 1:52 PM
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82	7/24	8/19/2022 12:48 PM
83	7/23	8/19/2022 12:42 PM
84	7/24	8/19/2022 12:40 PM
85	7/23	8/19/2022 12:39 PM
86	7/24	8/19/2022 12:37 PM
87	7/23	8/19/2022 12:34 PM
88	7/24	8/18/2022 8:54 PM
89	7/23	8/18/2022 8:53 PM
90	7/24	8/18/2022 8:53 PM
91	7/23	8/18/2022 8:51 PM

SKP MAPP Intercept Survey

92	7/24	8/18/2022 8:50 PM
93	7/23	8/18/2022 8:49 PM
94	7/24	8/18/2022 8:45 PM
95	7/23	8/18/2022 8:44 PM
96	7/23	8/18/2022 8:43 PM
97	7/23	8/18/2022 8:41 PM
98	7/23	8/18/2022 8:40 PM
99	7/23	8/18/2022 8:39 PM
100	7/23	8/18/2022 8:38 PM
101	7/23	8/18/2022 8:37 PM
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110	7/23	8/17/2022 9:51 PM
111	7/23	8/17/2022 9:50 PM
112	7/23	8/17/2022 9:48 PM
113	7/23	8/17/2022 9:47 PM
114	7/23	8/17/2022 9:47 PM
115	7/23	8/17/2022 9:46 PM
116	7/23	8/17/2022 9:44 PM
117	7/23	8/17/2022 9:43 PM
118	7/23	8/17/2022 9:43 PM
119	7/23	8/17/2022 9:42 PM
120	7/23	8/17/2022 9:40 PM
121	7/23	8/17/2022 9:39 PM
122	7/23	8/17/2022 9:31 PM
123	7/23	8/17/2022 9:30 PM
124	7/23	8/17/2022 9:29 PM
125	7/23	8/17/2022 9:28 PM
126	7/23	8/17/2022 9:27 PM
127	7/23	8/17/2022 9:26 PM
128	7/23	8/17/2022 9:25 PM
129	7/23	8/17/2022 9:24 PM

SKP MAPP Intercept Survey

130	7/23	8/17/2022 9:23 PM
131	7/23	8/17/2022 9:22 PM
132	7/23	8/17/2022 9:20 PM
133	7/23	8/17/2022 9:19 PM
134	7/23	8/17/2022 9:18 PM
135	7/23	8/17/2022 9:17 PM
136	7/23	8/17/2022 9:16 PM
137	7/23	8/17/2022 9:16 PM
138	7/23	8/17/2022 9:14 PM
139	7/23	8/17/2022 9:13 PM
140	7/23	8/17/2022 9:12 PM
141	7/23	8/17/2022 9:11 PM
142	7/24	8/16/2022 5:04 PM
143	7/24	8/16/2022 5:03 PM
144	7/24	8/16/2022 5:02 PM
145	7/24	8/16/2022 5:00 PM
146	7/24	8/16/2022 4:59 PM
147	7/24	8/16/2022 4:58 PM
148	7/24	8/16/2022 4:57 PM
149	7/24	8/16/2022 4:55 PM
150	7/24	8/16/2022 4:51 PM
151	7/24	8/16/2022 4:48 PM
152	7/24	8/16/2022 4:47 PM
153	7/24	8/16/2022 4:14 PM
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161	7/24	8/16/2022 4:05 PM
162	7/24	8/15/2022 5:34 PM
163	7/24	8/15/2022 5:32 PM
164	7/24	8/15/2022 5:31 PM
165	7/24	8/15/2022 5:28 PM
166	7/24	8/15/2022 5:26 PM
167	7/24	8/15/2022 5:24 PM

SKP MAPP Intercept Survey

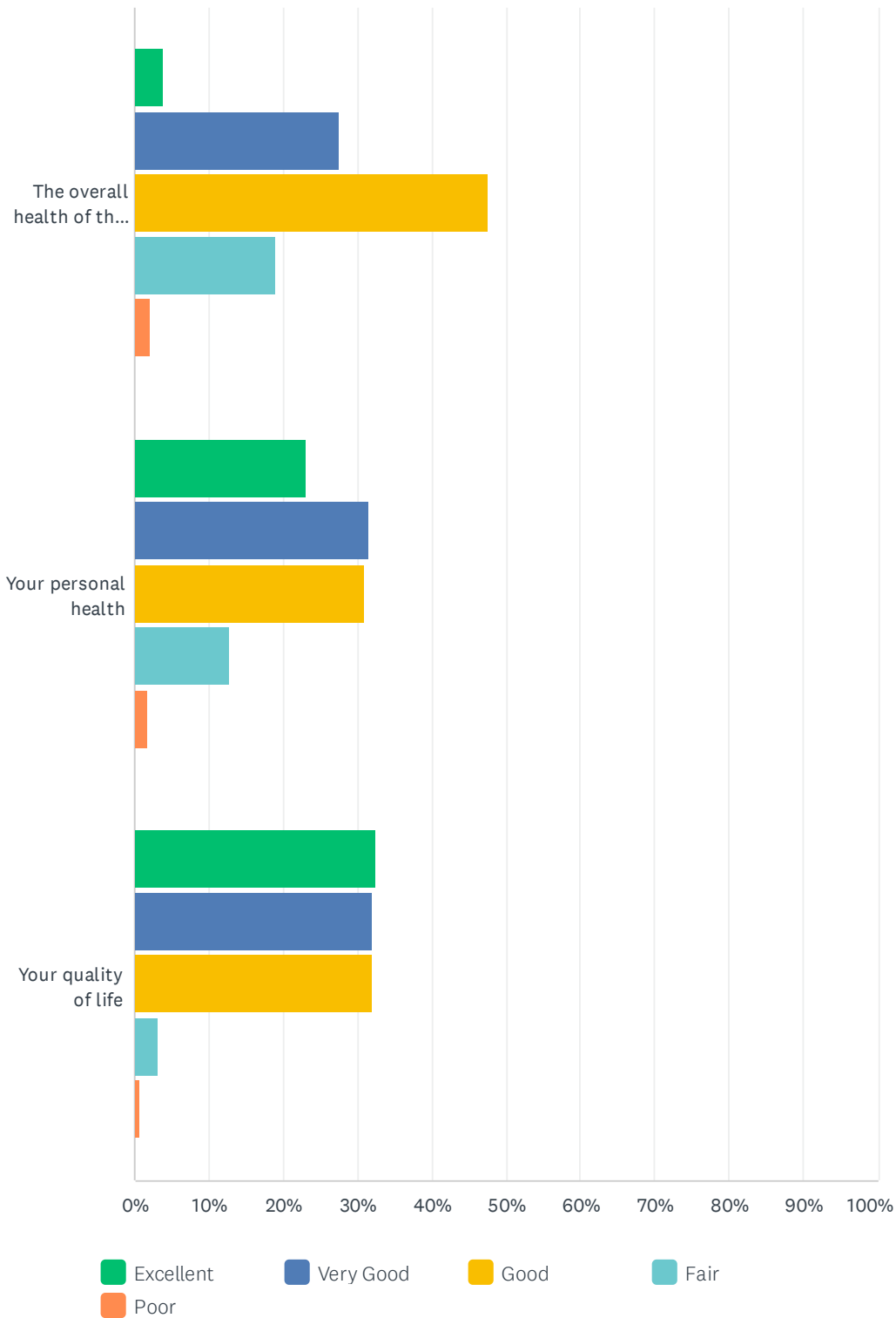
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169	7/24	8/15/2022 5:19 PM
170	7/24	8/15/2022 5:15 PM
171	7/24	8/15/2022 5:14 PM
172	7/24	8/15/2022 5:12 PM
173	7/24	8/15/2022 5:11 PM
174	7/24	8/15/2022 5:09 PM
175	7/24	8/15/2022 5:06 PM
176	7/24	8/15/2022 5:04 PM
177	7/24	8/15/2022 5:03 PM
178	7/24	8/15/2022 5:00 PM
179	7/24	8/15/2022 2:25 PM
180	7/24	8/15/2022 2:24 PM
181	7/24	8/15/2022 2:21 PM
182	7/24	8/15/2022 2:19 PM
183	7/24	8/15/2022 2:16 PM
184	7/24	8/15/2022 2:14 PM
185	7/24	8/15/2022 2:12 PM
186	7/24	8/15/2022 2:10 PM
187	7/24	8/15/2022 2:07 PM
188	7/25/22	7/25/2022 9:52 PM
189	7/25/22	7/25/2022 9:46 PM
190	7/25/22	7/25/2022 9:35 PM
191	7/25/22	7/25/2022 9:27 PM
192	7/25/22	7/25/2022 9:22 PM
193	7/25/22	7/25/2022 9:15 PM
194	7/25/22	7/25/2022 9:10 PM
195	7/25/22	7/25/2022 9:03 PM
196	7/25/22	7/25/2022 8:59 PM
197	7/25/22	7/25/2022 8:53 PM
198	7/25/22	7/25/2022 8:48 PM
199	7/25/22	7/25/2022 8:41 PM
200	7/25/22	7/25/2022 8:29 PM
#	NAME OF PERSON WHO CONDUCTED INTERCEPT SURVEY	DATE
1	Cynthia West	7/25/2022 9:52 PM
2	Cynthia West	7/25/2022 9:46 PM
3	Cynthia West	7/25/2022 9:41 PM
4	Cynthia West	7/25/2022 9:35 PM

SKP MAPP Intercept Survey

5	Cynthia West	7/25/2022 9:27 PM
6	Cynthia West	7/25/2022 9:22 PM
7	Cynthia West	7/25/2022 9:15 PM
8	Cynthia West	7/25/2022 9:10 PM
9	Cynthia West	7/25/2022 9:03 PM
10	Cynthia West	7/25/2022 8:59 PM
11	Cynthia West	7/25/2022 8:53 PM
12	Cynthia West	7/25/2022 8:48 PM
13	Cynthia West	7/25/2022 8:41 PM
14	Cynthia West	7/25/2022 8:29 PM
#	CONTACT FOR PERSON WHO CONDUCTED INTERCEPT SURVEY	DATE
1	cynthia.west@alaska.gov	7/25/2022 9:52 PM
2	cynthia.west@alaska.gov	7/25/2022 9:46 PM
3	cynthia.west@alaska.gov	7/25/2022 9:41 PM
4	cynthia.west@alaska.gov	7/25/2022 9:35 PM
5	cynthia.west@alaska.gov	7/25/2022 9:27 PM
6	cynthia.west@alaska.gov	7/25/2022 9:22 PM
7	cynthia.west@alaska.gov	7/25/2022 9:15 PM
8	cynthia.west@alaska.gov	7/25/2022 9:10 PM
9	cynthia.west@alaska.gov	7/25/2022 9:03 PM
10	cynthia.west@alaska.gov	7/25/2022 8:59 PM
11	cynthia.west@alaska.gov	7/25/2022 8:53 PM
12	cynthia.west@alaska.gov	7/25/2022 8:48 PM
13	cynthia.west@alaska.gov	7/25/2022 8:41 PM
14	cynthia.west@alaska.gov	7/25/2022 8:29 PM

Q2 Please rate the following:

Answered: 198 Skipped: 3



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	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
The overall health of the community	3.78% 7	27.57% 51	47.57% 88	18.92% 35	2.16% 4	185	3.12
Your personal health	22.99% 43	31.55% 59	31.02% 58	12.83% 24	1.60% 3	187	3.61
Your quality of life	32.43% 60	31.89% 59	31.89% 59	3.24% 6	0.54% 1	185	3.92

Q3 What do you see as the top community issues or stressors facing our community?

Answered: 163 Skipped: 38

#	RESPONSES	DATE
1	drugs	8/24/2022 6:50 PM
2	finances	8/24/2022 6:48 PM
3	local food shopping community activities for singles local news and activities, no single place to get	8/24/2022 6:45 PM
4	at this time covid is the main stress point	8/24/2022 6:42 PM
5	homeless food	8/24/2022 6:41 PM
6	Tourism- tourists coming up unvaccinated unmasked, untested	8/24/2022 6:37 PM
7	Tourist with covid	8/24/2022 3:47 PM
8	getting our full PFD	8/24/2022 3:46 PM
9	lack of supplies, groceries and fuel cost	8/24/2022 3:43 PM
10	bears	8/24/2022 3:40 PM
11	reassuring covid cases	8/24/2022 3:36 PM
12	affordable housing and homelessness	8/24/2022 3:34 PM
13	some groups are totally missed. My granddaughter has no legs (and there are no services for her). I feel totally missed. There are not enough people who know or care about the people who are being missed. There is nothing that can help me with the situation that I have. I lost my house to vandals. They came into the house and destroyed it – but I have to live in it in the condition that it is in because I cannot sell it. I had to pay an attorney to fight the insurance company because the insurance company would not pay for the damage. And even with the attorney, the insurance company never did pay for the damage. There is no water; I have a heart condition and I have to go to the end of the property and get water from the well and bring it to the house. There are moose and bear where I live. The house is not insulated and there are bats in the attic. There is no one that will deal with that. I have called numerous people but no one will do it. I am totally alone; I make too much for this and not enough for that (to get help). I finally found someone who would fix my porch after several years.	8/23/2022 1:25 PM
14	incoming population change in demographics	8/23/2022 1:18 PM
15	illegal drug use	8/23/2022 1:06 PM
16	inflation housing	8/23/2022 1:04 PM
17	places for the community to meet more sidewalks and bath paths	8/23/2022 1:02 PM
18	old age	8/23/2022 12:59 PM
19	mostly drugs	8/23/2022 12:28 PM
20	housing	8/23/2022 12:27 PM
21	affordable housing food security increase political divisiveness	8/23/2022 12:25 PM
22	childcare	8/23/2022 12:23 PM
23	homelessness drug problem help with elderly	8/22/2022 10:00 PM
24	weather	8/22/2022 9:58 PM

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25	lack of housing no property left + what is left is expensive	8/22/2022 9:56 PM
26	cost of living availability of affordable places to leave	8/22/2022 9:07 PM
27	finances unemployment government	8/22/2022 9:06 PM
28	getting covid supplies shelves full	8/22/2022 9:05 PM
29	increase in food and gas prices	8/22/2022 9:04 PM
30	prices	8/22/2022 9:03 PM
31	mental health sad	8/22/2022 4:37 PM
32	tourist trouble picking up garage	8/22/2022 4:36 PM
33	tourist garbage doesnt get picked up	8/22/2022 4:35 PM
34	childcare jobs housing it is great to see kids on the playground	8/22/2022 4:33 PM
35	lack of housing mental health	8/22/2022 4:31 PM
36	we need low income rental housing for everyone	8/22/2022 4:29 PM
37	it is covid + lack of uncertainty of covid	8/22/2022 4:11 PM
38	economic- we have been hit hard with covid 19 shutdowns price of gas not eating healthy because of cost of food	8/22/2022 4:09 PM
39	affordable housing- there is a good health care system leaders who bring us together	8/22/2022 4:07 PM
40	politics economy housing autism spectrum	8/22/2022 4:05 PM
41	politics	8/22/2022 4:03 PM
42	politics	8/22/2022 4:01 PM
43	making a living those sort of things	8/22/2022 4:00 PM
44	price of fuel+ groceries	8/22/2022 3:59 PM
45	economy is the biggest concern	8/22/2022 3:57 PM
46	pandemic news tourists	8/22/2022 3:55 PM
47	housing	8/21/2022 8:57 PM
48	food scarcity homeless	8/21/2022 8:56 PM
49	gas prices	8/21/2022 8:55 PM
50	food	8/21/2022 8:54 PM
51	health care sucks	8/21/2022 8:53 PM
52	all health to all people abortion services	8/20/2022 2:15 PM
53	expensive cost of living	8/20/2022 2:14 PM
54	specialty cancer care elderly needs	8/20/2022 2:11 PM
55	covid	8/20/2022 2:09 PM
56	cost of groceries + gas	8/20/2022 2:07 PM
57	need employees for small businesses	8/20/2022 1:58 PM
58	politics	8/20/2022 1:55 PM
59	political delusion	8/20/2022 1:54 PM
60	weather-seasonal depression	8/20/2022 1:51 PM
61	housing costs inflation	8/19/2022 12:51 PM
62	addiction and substance abuse	8/19/2022 12:50 PM

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63	housing	8/19/2022 12:48 PM
64	lots of obese people	8/19/2022 12:40 PM
65	gender confusion drug/alcohol usage	8/19/2022 12:39 PM
66	drug use lack of mental health care lack of trust in medical community (covid) lack of childcare so parents can work	8/19/2022 12:37 PM
67	homer is a great place to live	8/18/2022 8:54 PM
68	unemployment too many people not willing to work	8/18/2022 8:53 PM
69	covid politics	8/18/2022 8:51 PM
70	sick care system people go to the hospital to die	8/18/2022 8:50 PM
71	family housing	8/18/2022 8:49 PM
72	cost of food + housing	8/18/2022 8:44 PM
73	lack of help no one to work	8/18/2022 8:41 PM
74	housing	8/18/2022 8:40 PM
75	come through covid we have good access to healthcare	8/18/2022 8:39 PM
76	growth	8/18/2022 8:38 PM
77	healthy diet	8/18/2022 8:37 PM
78	mental health	8/17/2022 9:59 PM
79	housing	8/17/2022 9:59 PM
80	housing	8/17/2022 9:58 PM
81	mental health	8/17/2022 9:57 PM
82	high cost/inflation	8/17/2022 9:56 PM
83	housing	8/17/2022 9:55 PM
84	housing	8/17/2022 9:54 PM
85	cost + availability of mental cost of affordable healthy food	8/17/2022 9:53 PM
86	child care lots of violence toward women	8/17/2022 9:51 PM
87	child care fuel price	8/17/2022 9:50 PM
88	job security	8/17/2022 9:48 PM
89	housing substance abuse childcare	8/17/2022 9:47 PM
90	food price + shortage housing access	8/17/2022 9:46 PM
91	covid mental health housing cost	8/17/2022 9:44 PM
92	housing + childcare	8/17/2022 9:43 PM
93	healthcare mental health youth programs	8/17/2022 9:43 PM
94	housing affordable food security public/community	8/17/2022 9:42 PM
95	substance use	8/17/2022 9:40 PM
96	winter darkness	8/17/2022 9:39 PM
97	need more mental health	8/17/2022 9:31 PM
98	housing + mental health	8/17/2022 9:30 PM
99	mental health homeless housing	8/17/2022 9:29 PM
100	covid drugs	8/17/2022 9:27 PM

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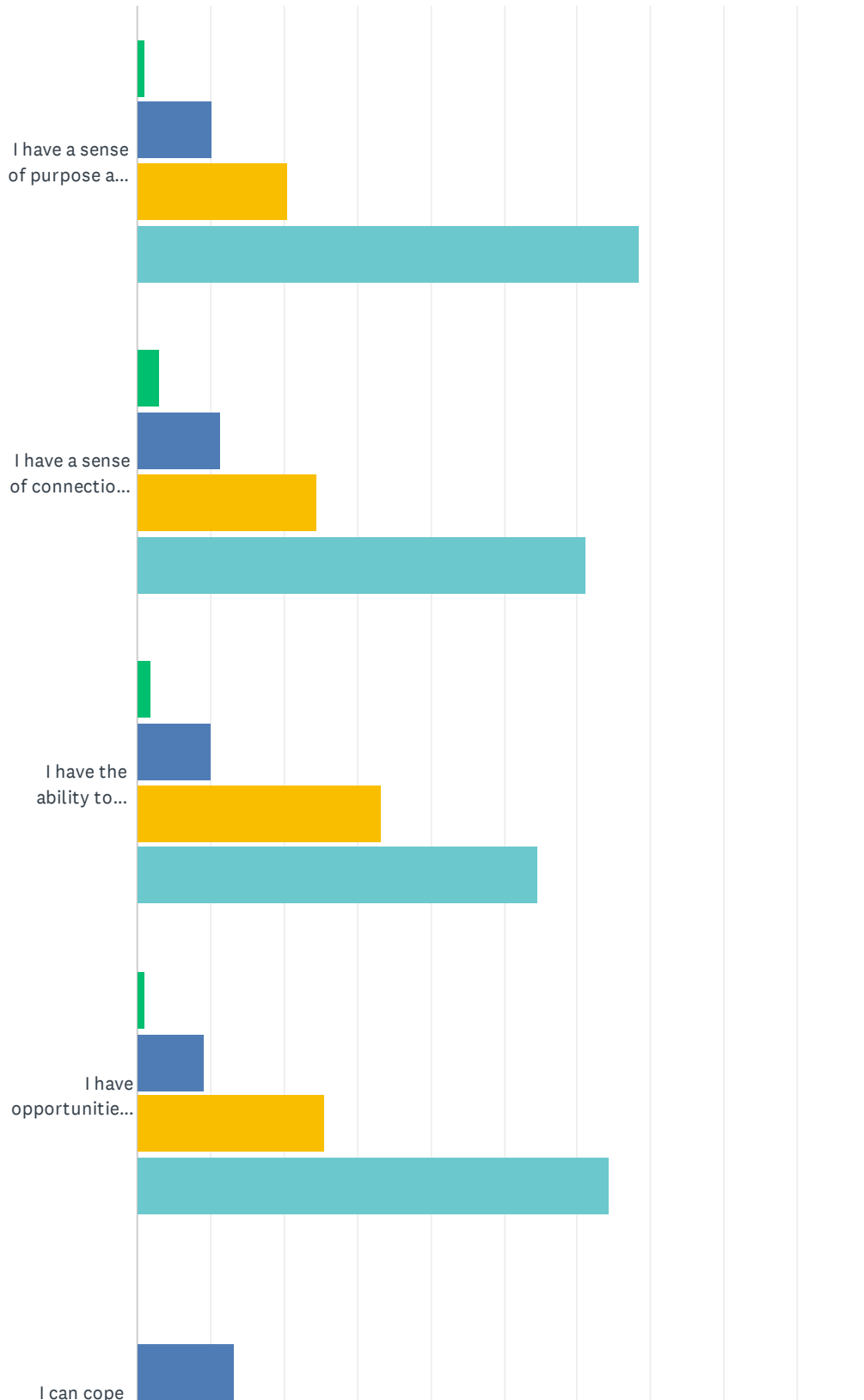
101	mental health housing food legal	8/17/2022 9:26 PM
102	unhoused population access to services	8/17/2022 9:25 PM
103	people are happy here cant think os any issues	8/17/2022 9:24 PM
104	mental health	8/17/2022 9:22 PM
105	lack of sidewalks mobility is an issue	8/17/2022 9:20 PM
106	affordable housing food	8/17/2022 9:18 PM
107	liveable wages	8/17/2022 9:17 PM
108	housing affordable	8/17/2022 9:16 PM
109	housing, child care, substance abuse	8/17/2022 9:16 PM
110	addiction	8/17/2022 9:14 PM
111	drugs jobs	8/17/2022 9:13 PM
112	inflation republican agenda	8/17/2022 9:12 PM
113	housing challenge	8/17/2022 9:11 PM
114	lack of affordable housing	8/16/2022 5:04 PM
115	political divide	8/16/2022 5:03 PM
116	poltiical delusion	8/16/2022 5:02 PM
117	cancer heart disease covid 19	8/16/2022 5:00 PM
118	mental health	8/16/2022 4:59 PM
119	need for affordable housing	8/16/2022 4:57 PM
120	safety/accessibility in winter to services	8/16/2022 4:55 PM
121	transportation	8/16/2022 4:51 PM
122	drug addicts	8/16/2022 4:48 PM
123	tourist bring covid	8/16/2022 4:47 PM
124	covid	8/16/2022 4:14 PM
125	drugs - anchor point	8/16/2022 4:13 PM
126	meth	8/16/2022 4:12 PM
127	housing	8/16/2022 4:11 PM
128	housing	8/16/2022 4:10 PM
129	dont feel stressed	8/16/2022 4:09 PM
130	covid	8/16/2022 4:05 PM
131	we desperatly need an urgent care that people can afford to go to	8/15/2022 5:31 PM
132	access to more mental health services. Depression, anxiety, work/finanical statements	8/15/2022 5:28 PM
133	division	8/15/2022 5:24 PM
134	winter healthy exercise options for kids	8/15/2022 5:19 PM
135	drug use poverty	8/15/2022 5:14 PM
136	mental health housing	8/15/2022 5:12 PM
137	housing price + avaiability economic down turn fresh healthy food year rounf	8/15/2022 5:11 PM
138	some drug use and need for education. The need for more free health care dental checkups,	8/15/2022 5:09 PM

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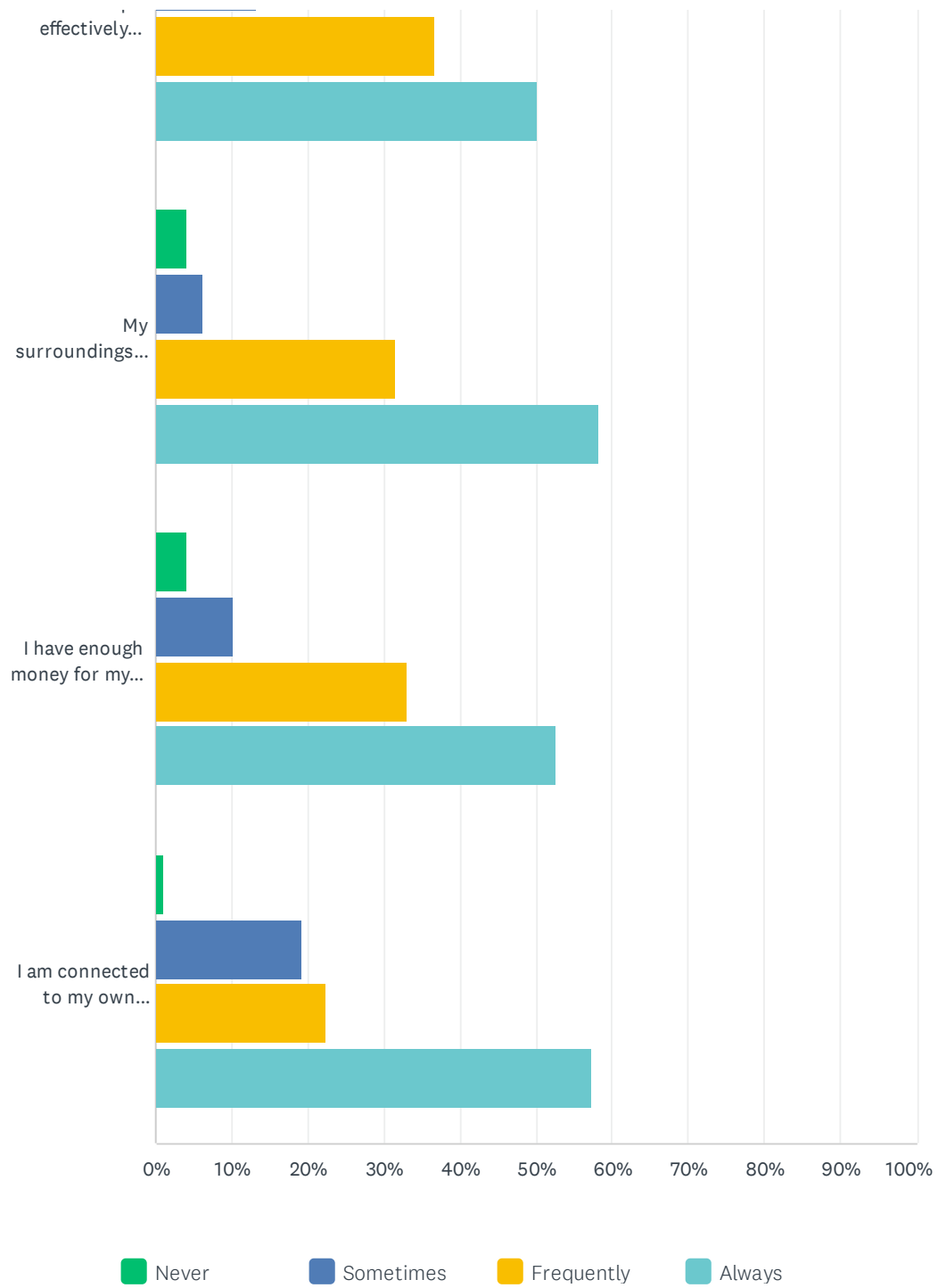
	screenings etc	
139	less focus on jesus	8/15/2022 5:06 PM
140	physical health	8/15/2022 5:04 PM
141	physical health	8/15/2022 5:03 PM
142	political divisions, people seem to have difficulty seeing togetherness despite differences- "same team" health of community, succeeding in life on peninsula as a whole	8/15/2022 5:00 PM
143	post covid effects on social interactions	8/15/2022 2:24 PM
144	addiction improve resources to those in need	8/15/2022 2:21 PM
145	politics	8/15/2022 2:19 PM
146	good paying jobs, lower housing costs, lower electric + water bills, utilities We have the space building/have find more teachers to do more exercise classes	8/15/2022 2:16 PM
147	mental health resources	8/15/2022 2:14 PM
148	homelessness or lack of affordable housing which leads to poor health. Also the push of the gender fluid movement is harming the emotional health of our teams.	8/15/2022 2:10 PM
149	crowding of limited infrastructure less availability of low income housing/rent	8/15/2022 2:07 PM
150	loneliness, lack of community activities, lack of places to dine out, access to products at the store, cost of living	7/25/2022 9:52 PM
151	cost of housing, crappy landlords, mold	7/25/2022 9:46 PM
152	need cheaper rent, better medical care, better prices at the store	7/25/2022 9:41 PM
153	None, its a great community	7/25/2022 9:35 PM
154	Early death, lack of free health care	7/25/2022 9:27 PM
155	people litter too much and we could pay people to pick up the trash. I wish people would donate to the food pantry more than the salvation arm because they give it away free here.	7/25/2022 9:22 PM
156	homelessness, survives and access for disabled.	7/25/2022 9:15 PM
157	Leaving Homer do to lack of childcare. More programs for single moms. Bring back plastic bags at the store.	7/25/2022 9:10 PM
158	Working 3 jobs, unable to make ends meet	7/25/2022 9:03 PM
159	choose not to answer	7/25/2022 8:59 PM
160	Housing costs and availability	7/25/2022 8:53 PM
161	Lack of affordable housing	7/25/2022 8:48 PM
162	None, appreciate Cheeky Moose (laundromat and showers) and the Ninilichik bus that does to Soldotna and Kenai for \$10.	7/25/2022 8:41 PM
163	Resources for home owners to make improvements/repairs. Unable to afford with cost of building materials.	7/25/2022 8:29 PM

Q4 The following statements describe the eight dimensions of wellness.
Please tell me which response best reflects how you feel:

Answered: 99 Skipped: 102



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	NEVER	SOMETIMES	FREQUENTLY	ALWAYS	TOTAL	WEIGHTED AVERAGE
I have a sense of purpose and meaning in my life	1.02% 1	10.20% 10	20.41% 20	68.37% 67	98	3.56
I have a sense of connection, belonging, safety and a reliable support system	3.06% 3	11.22% 11	24.49% 24	61.22% 60	98	3.44
I have the ability to perform daily activities without undue fatigue or physical stress	2.02% 2	10.10% 10	33.33% 33	54.55% 54	99	3.40
I have opportunities to expand my knowledge and skills and to use my creative abilities	1.02% 1	9.18% 9	25.51% 25	64.29% 63	98	3.53
I can cope effectively with life stresses, and my work and relationships are enriching	0.00% 0	13.27% 13	36.73% 36	50.00% 49	98	3.37
My surroundings are adequate for me (from my home to the wider community or environment)	4.08% 4	6.12% 6	31.63% 31	58.16% 57	98	3.44
I have enough money for my basic needs, and I can adapt for unplanned expenses	4.12% 4	10.31% 10	32.99% 32	52.58% 51	97	3.34
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures	1.06% 1	19.15% 18	22.34% 21	57.45% 54	94	3.36

Q5 If you responded never to any of the above statements, please tell us what it would take to make it better.

Answered: 17 Skipped: 184

#	RESPONSES	DATE
1	less inflation more awareness of people's basic needs/food/gas/utilities more assistance	8/24/2022 3:37 PM
2	a portable oxygen machine	8/24/2022 3:35 PM
3	5. we need more natural health care; more diversified medicine. We need people who will deal with severe allergies. We need a place to walk safely. There is no place in the community where people can walk safely; have to drive to Ninilchik for a place to walk.	8/23/2022 1:26 PM
4	everyone wants entry level jobs- needs affordable housing	8/22/2022 4:08 PM
5	great job of dealing with covid	8/22/2022 4:06 PM
6	I responded	8/16/2022 4:49 PM
7	i wish there was more seen cultural diversity + opportunity to learn about other cultures	8/15/2022 5:01 PM
8	more public green spaces	8/15/2022 2:07 PM
9	more activates and support for seniors. Help with daily activities.	7/25/2022 9:56 PM
10	I am broke because I am drinking all the time. need more money.	7/25/2022 9:43 PM
11	I have support and love the people who help me	7/25/2022 9:37 PM
12	Doing better now that I have Medicare and can get meds for my depression and high blood pressure. Living off the land in dry cabin - good live style. Save \$ how ever i can like using food pantry and volunteering for food.	7/25/2022 9:32 PM
13	Men's shelter would be nice	7/25/2022 9:23 PM
14	I am homeless, live in a tent, we help each other out, helping guy in tent next to us who has COVID	7/25/2022 9:17 PM
15	I live in a motor home and need an affordable place to park it.	7/25/2022 9:05 PM
16	I have a yurt and need help putting a road in to the property I own and camp on. Need help getting bags to put dirt in for a foundation for my yurt.	7/25/2022 8:43 PM
17	Unable to afford heating oil, electric, building materials, need septic and well.	7/25/2022 8:34 PM

Q6 If the hospital and MAPP could set and achieve one goal over the next three years, moving toward a healthier community, what would it be?

Answered: 131 Skipped: 70

#	RESPONSES	DATE
1	i know its not up to the hospital but we need to enforce laws + put in jail people that break laws	8/24/2022 6:50 PM
2	education on healthy lifestyle, physically, emotionally, spiritually	8/24/2022 6:49 PM
3	health fairs with discounted blood work office	8/24/2022 6:45 PM
4	Don't jump the gun sending a patient to Anchorage, be sure it really is important. Coming back can really be a challenge!	8/24/2022 6:43 PM
5	better home care	8/24/2022 6:41 PM
6	require tourists to be tested/vacinated	8/24/2022 6:38 PM
7	masks required longer quarantine period	8/24/2022 3:37 PM
8	more packing and employees	8/24/2022 3:35 PM
9	help kids not get hooked on drugs the peer pressure is tremendous	8/23/2022 1:06 PM
10	division of resource drugs	8/23/2022 1:05 PM
11	address homeless teen addicts flex school resources were a problem	8/23/2022 1:02 PM
12	not that i can think of	8/23/2022 1:00 PM
13	immune bosting nutrition focus solely on prescription	8/23/2022 12:32 PM
14	staffing at hospital	8/23/2022 12:27 PM
15	childcare	8/23/2022 12:26 PM
16	community education chronic health disease	8/23/2022 12:24 PM
17	more wellness checks	8/22/2022 10:00 PM
18	they did great during covid	8/22/2022 9:58 PM
19	mental health	8/22/2022 9:56 PM
20	income gap	8/22/2022 9:08 PM
21	more community programs lower cost	8/22/2022 9:06 PM
22	lack of professionals lack of communicatio staff that could be improved	8/22/2022 9:05 PM
23	kids on drugs	8/22/2022 9:03 PM
24	ketamin for depression acupuncture	8/22/2022 4:38 PM
25	improve mental health resources more providers willing to accept mediciaid	8/22/2022 4:37 PM
26	listen to the concerns	8/22/2022 4:36 PM
27	listen to what concerns are	8/22/2022 4:35 PM
28	we need more hospital space	8/22/2022 4:33 PM
29	easier access to healthcare people with no insurance offer home support	8/22/2022 4:32 PM
30	some sort of help for seniors who have no family in the community	8/22/2022 4:30 PM
31	continue to expand	8/22/2022 4:11 PM

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32	continue walking + encourage people to get out and be active	8/22/2022 4:10 PM
33	equality for all shouldn't be just a place for the rich	8/22/2022 4:08 PM
34	penetrate alcohol exposure	8/22/2022 4:06 PM
35	lower prices	8/22/2022 3:58 PM
36	lower costs	8/21/2022 8:57 PM
37	subsidized housing	8/21/2022 8:54 PM
38	better health care	8/21/2022 8:53 PM
39	service needs transportation to health care need more diversity	8/20/2022 2:17 PM
40	local services	8/20/2022 2:16 PM
41	classes not much in winter	8/20/2022 2:14 PM
42	covid	8/20/2022 2:11 PM
43	health for children - safe/basic needs	8/20/2022 2:09 PM
44	focus on functional medicine offerings more addiction support	8/20/2022 2:08 PM
45	affordable healthcare	8/20/2022 1:56 PM
46	more cultural events that are affordable for those with financial issues	8/20/2022 1:54 PM
47	quit buying up homes	8/20/2022 1:53 PM
48	nothing i can think of	8/19/2022 12:54 PM
49	following science that sexuality is based on physical traits at birth	8/19/2022 12:53 PM
50	educate doctors + other providers on addiction	8/19/2022 12:50 PM
51	find ways to connect the divergent philosophical political groups with the goal of encouraging community identity	8/19/2022 12:48 PM
52	partnership with public schools for better health programs + teaching	8/19/2022 12:39 PM
53	mental health outreach	8/19/2022 12:37 PM
54	buy on more specialty doctor	8/18/2022 8:55 PM
55	lower costs	8/18/2022 8:53 PM
56	mental health support	8/18/2022 8:52 PM
57	more doctors wider availability	8/18/2022 8:45 PM
58	more access to health care	8/18/2022 8:44 PM
59	cost of care lower healthcare	8/18/2022 8:43 PM
60	love homer- make it easier to get help if you don't have insurance	8/18/2022 8:42 PM
61	having food for lower income residents	8/18/2022 8:41 PM
62	childcare	8/18/2022 8:38 PM
63	transportation for pension	8/18/2022 8:37 PM
64	lower cost free healthcare	8/17/2022 10:00 PM
65	healthcare	8/17/2022 9:59 PM
66	3rd place for communities	8/17/2022 9:58 PM
67	more mental health services	8/17/2022 9:57 PM
68	lower hc costs	8/17/2022 9:56 PM
69	childcare	8/17/2022 9:55 PM

SKP MAPP Intercept Survey

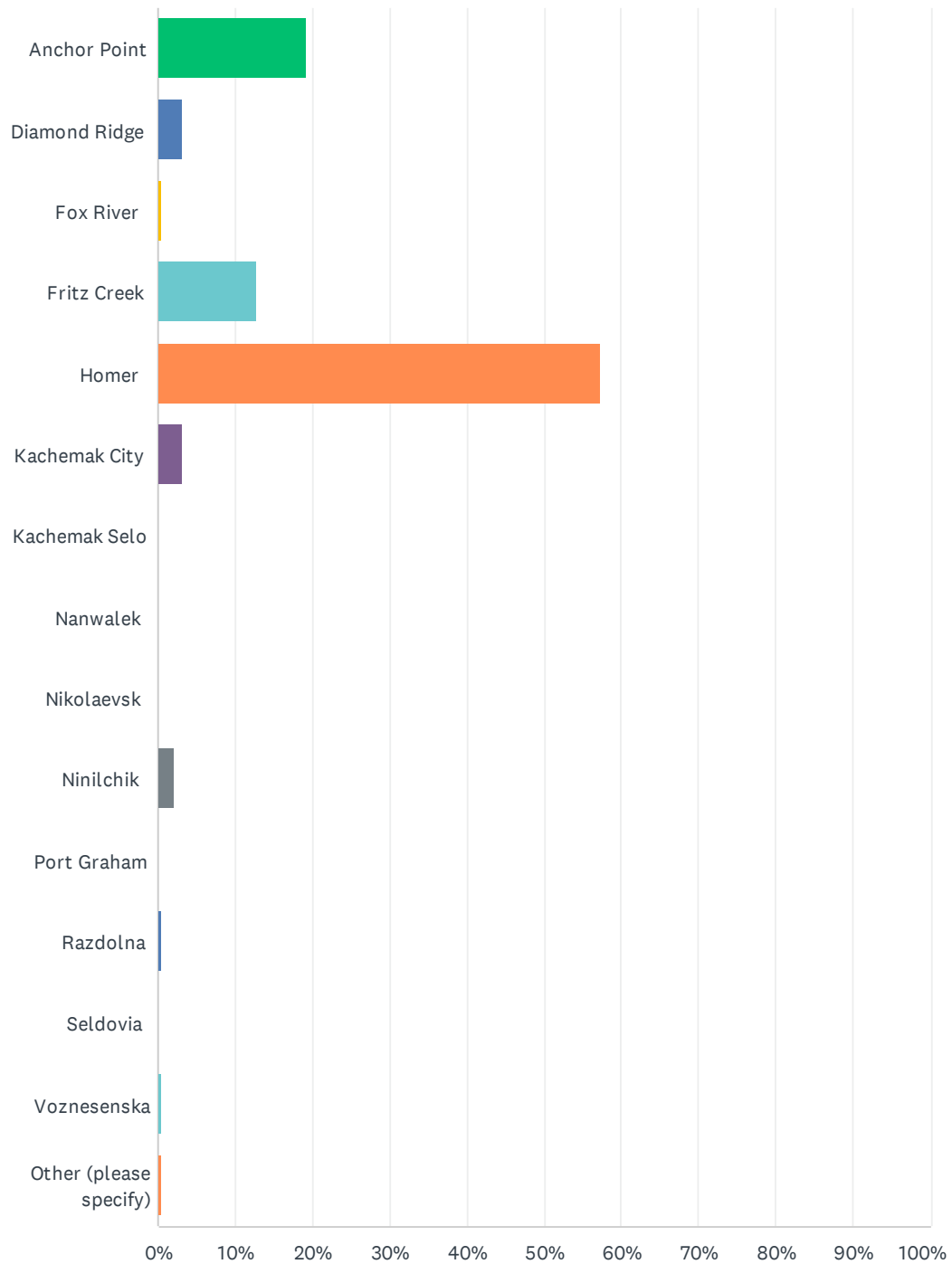
70	childcare	8/17/2022 9:54 PM
71	child care accessible/affordable healthy food	8/17/2022 9:53 PM
72	child care classes for men about how to treat women affordable healthy food	8/17/2022 9:52 PM
73	more child care	8/17/2022 9:50 PM
74	housing	8/17/2022 9:47 PM
75	physical activity	8/17/2022 9:46 PM
76	collaborations between orgs to work on big needs	8/17/2022 9:44 PM
77	expanding mental health	8/17/2022 9:43 PM
78	housing	8/17/2022 9:42 PM
79	more education about mental health	8/17/2022 9:41 PM
80	the hospital is so great more education	8/17/2022 9:39 PM
81	mh services	8/17/2022 9:29 PM
82	awareness of what is available to the community	8/17/2022 9:28 PM
83	services for unhoused bad coordination at hospital	8/17/2022 9:26 PM
84	hot meal for the unhoused	8/17/2022 9:25 PM
85	more mh services	8/17/2022 9:22 PM
86	access to help with mobility	8/17/2022 9:20 PM
87	affordable housing access to food	8/17/2022 9:19 PM
88	free clinic	8/17/2022 9:18 PM
89	support for growth + mental health	8/17/2022 9:17 PM
90	more community outreach	8/17/2022 9:13 PM
91	affordable mental health and dental care	8/16/2022 5:04 PM
92	plans to improve determinants of community health	8/16/2022 5:01 PM
93	more access to mental health social workers lack is a huge problem	8/16/2022 5:00 PM
94	affordable mental health + dental care	8/16/2022 4:58 PM
95	more community events	8/16/2022 4:55 PM
96	better access to diabetes supplies	8/16/2022 4:51 PM
97	dont really use health facilities	8/16/2022 4:15 PM
98	mental health	8/16/2022 4:12 PM
99	more gym space rec center	8/16/2022 4:10 PM
100	allowing people to choose what best for them medically and not judged or put down for not following "norms"	8/15/2022 5:31 PM
101	reduced depression rates, more mental health outreach, lowered suicide rates	8/15/2022 5:29 PM
102	people sharing their interests/skills voluntarily w/community members in need of knowledge/support in that area	8/15/2022 5:25 PM
103	provide more healthy options for activities in the winter	8/15/2022 5:20 PM
104	helping those with no support system addiction treatment/counseling	8/15/2022 5:14 PM
105	mental health support	8/15/2022 5:13 PM
106	continue collab w/sph, public health, non profits	8/15/2022 5:11 PM

SKP MAPP Intercept Survey

107	free health care for those who need universal health care	8/15/2022 5:09 PM
108	encourage a focus on community also not being asked question #9 ever	8/15/2022 5:06 PM
109	getting to know everyone and seeing from their shoes	8/15/2022 5:05 PM
110	not exactly sure But i love the work the hospital is doing + appreciate the effort	8/15/2022 5:01 PM
111	more opportunities for people to gather + socialize	8/15/2022 2:24 PM
112	parenting	8/15/2022 2:21 PM
113	access + healthcare for general needs esp children	8/15/2022 2:19 PM
114	if people don't want to change their ways it's hard to make their lives better	8/15/2022 2:17 PM
115	more couples, insurance sliding,	8/15/2022 2:14 PM
116	geriatric care+ support for farms	8/15/2022 2:11 PM
117	more easy walking trails/connections	8/15/2022 2:07 PM
118	Opportunities for seniors to be involved in community planning and activities, affordable food and products in local stores, affordable transportation to shopping in Soldotna and Kenai	7/25/2022 9:56 PM
119	Elderly need more services, disabled too. Very isolated.	7/25/2022 9:47 PM
120	give me more money	7/25/2022 9:43 PM
121	choose not to answer	7/25/2022 9:37 PM
122	Take care of environment for future generations. make people feel more welcome at hospital. Universal health care for everyone. pay attention to non Covid related deaths.	7/25/2022 9:32 PM
123	Men's shelter for homeless, women can go to Haven House	7/25/2022 9:23 PM
124	I place for me to live.	7/25/2022 9:17 PM
125	programs to help single moms.	7/25/2022 9:12 PM
126	More jobs in Anchor Point	7/25/2022 9:05 PM
127	Lower prices at Safeway/Save U More	7/25/2022 9:00 PM
128	Isolation - community event space - expand library	7/25/2022 8:55 PM
129	address lack of affordable housing	7/25/2022 8:49 PM
130	Just need help with my Yurt	7/25/2022 8:43 PM
131	Health care providers that have time and willingness to focus on one patient at a time. Review medical records before meeting with a patient. Are able to address and help with medical needs.	7/25/2022 8:34 PM

Q7 In what community do you live?

Answered: 188 Skipped: 13



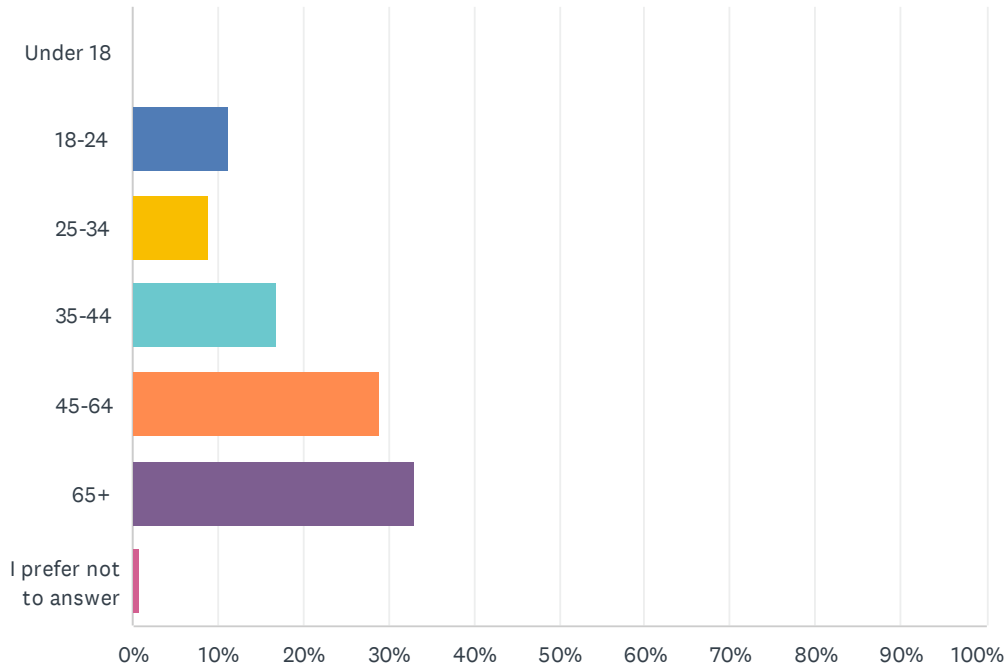
SKP MAPP Intercept Survey

ANSWER CHOICES	RESPONSES	
Anchor Point	19.15%	36
Diamond Ridge	3.19%	6
Fox River	0.53%	1
Fritz Creek	12.77%	24
Homer	57.45%	108
Kachemak City	3.19%	6
Kachemak Selo	0.00%	0
Nanwalek	0.00%	0
Nikolaevsk	0.00%	0
Ninilchik	2.13%	4
Port Graham	0.00%	0
Razdolna	0.53%	1
Seldovia	0.00%	0
Voznesenska	0.53%	1
Other (please specify)	0.53%	1
TOTAL		188

#	OTHER (PLEASE SPECIFY)	DATE
1	Happy Valley (between Anchor Point and Ninilchik)	7/25/2022 9:48 PM

Q8 What is your age?

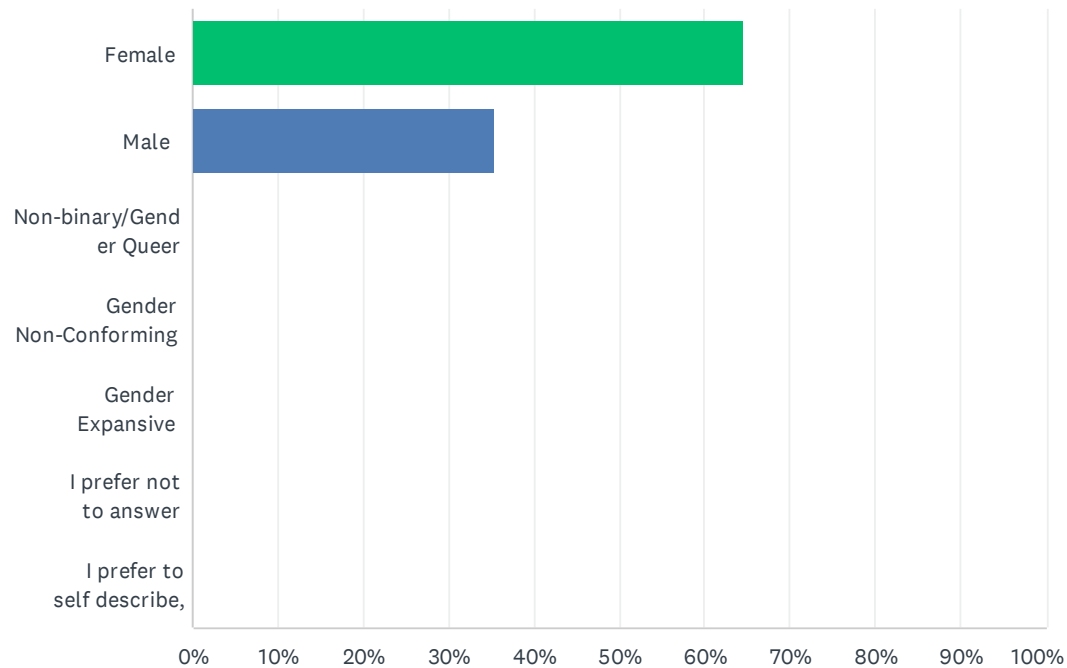
Answered: 124 Skipped: 77



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	11.29%	14
25-34	8.87%	11
35-44	16.94%	21
45-64	29.03%	36
65+	33.06%	41
I prefer not to answer	0.81%	1
TOTAL		124

Q9 What is your gender?

Answered: 187 Skipped: 14

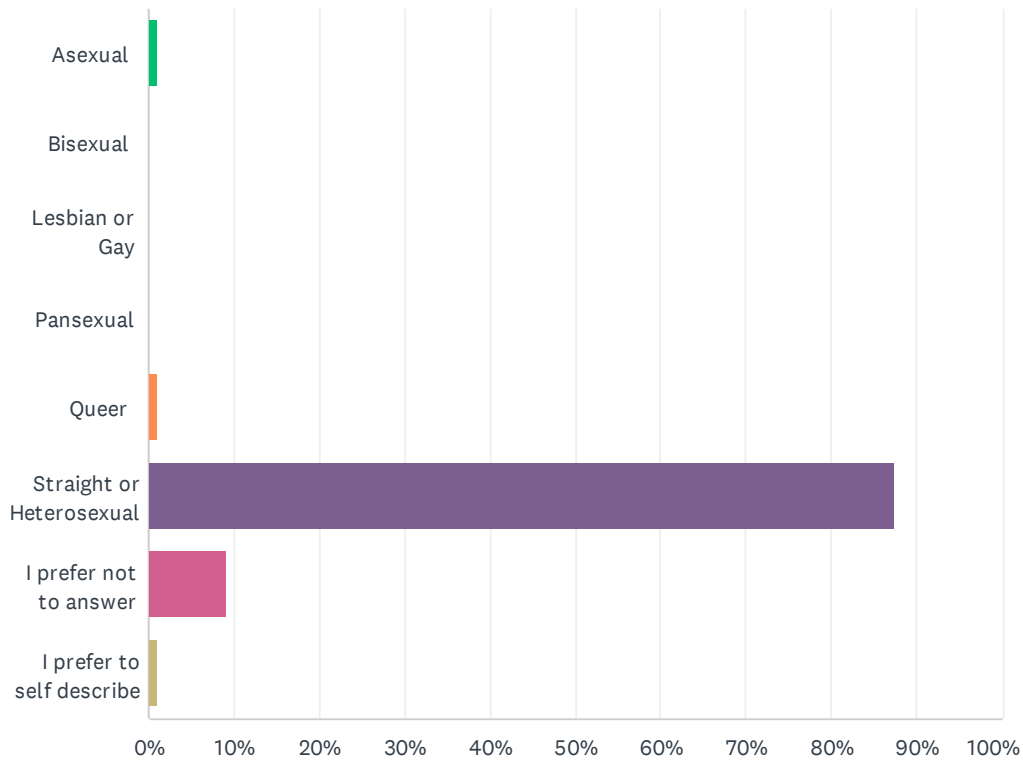


ANSWER CHOICES	RESPONSES	
Female	64.71%	121
Male	35.29%	66
Non-binary/Gender Queer	0.00%	0
Gender Non-Conforming	0.00%	0
Gender Expansive	0.00%	0
I prefer not to answer	0.00%	0
I prefer to self describe,	0.00%	0
TOTAL		187

#	I PREFER TO SELF DESCRIBE,	DATE
There are no responses.		

Q10 What is your identified sexual orientation?

Answered: 87 Skipped: 114

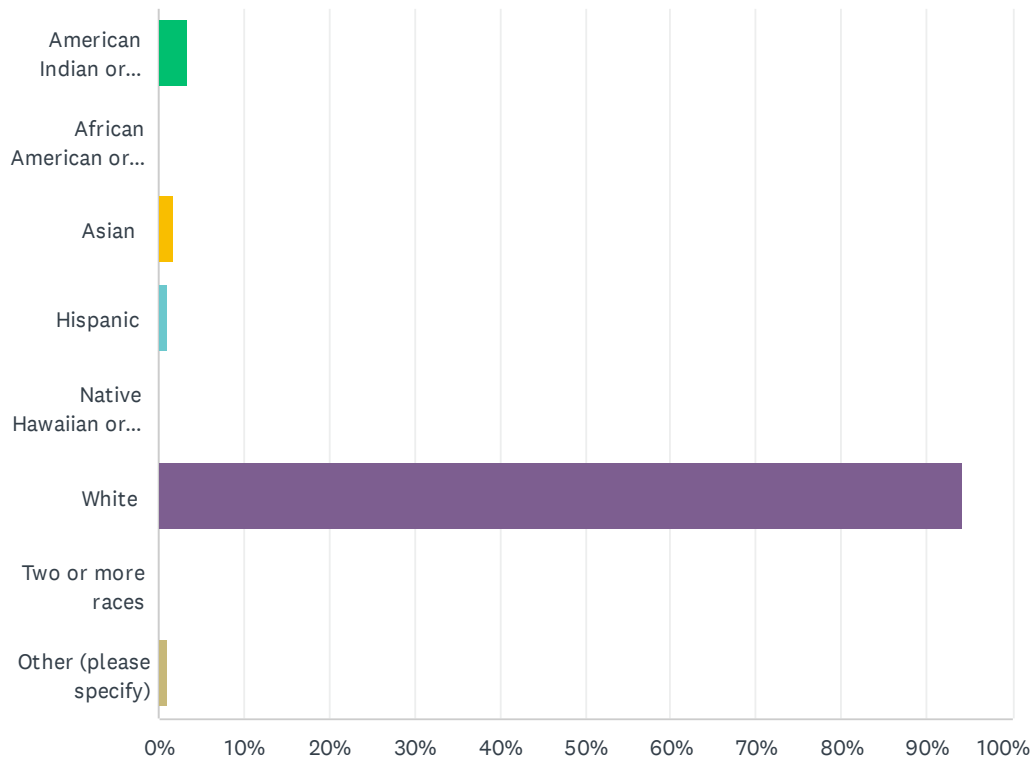


ANSWER CHOICES		RESPONSES	
Asexual		1.15%	1
Bisexual		0.00%	0
Lesbian or Gay		0.00%	0
Pansexual		0.00%	0
Queer		1.15%	1
Straight or Heterosexual		87.36%	76
I prefer not to answer		9.20%	8
I prefer to self describe		1.15%	1
TOTAL			87

#	I PREFER TO SELF DESCRIBE	DATE
1	heterosexual	8/15/2022 5:09 PM

Q11 Please select your race/ethnicity. Please check all that apply.

Answered: 176 Skipped: 25

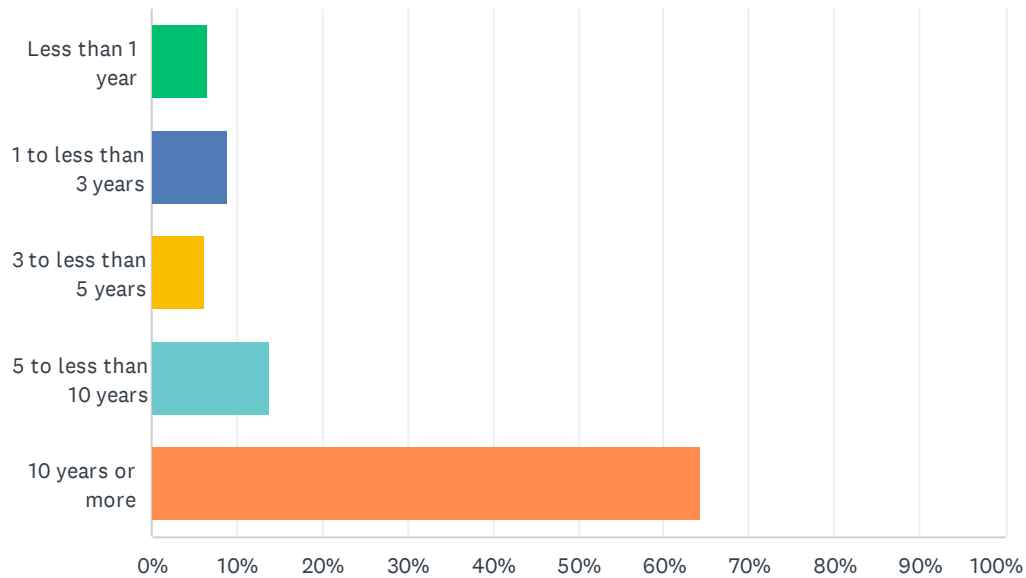


ANSWER CHOICES		RESPONSES	
American Indian or Alaska Native		3.41%	6
African American or Black		0.00%	0
Asian		1.70%	3
Hispanic		1.14%	2
Native Hawaiian or Other Pacific Islander		0.00%	0
White		94.32%	166
Two or more races		0.00%	0
Other (please specify)		1.14%	2
Total Respondents: 176			

#	OTHER (PLEASE SPECIFY)	DATE
1	human	8/20/2022 2:16 PM
2	Italian/Spanish/German	8/15/2022 2:17 PM

Q12 How long have you lived in your community?

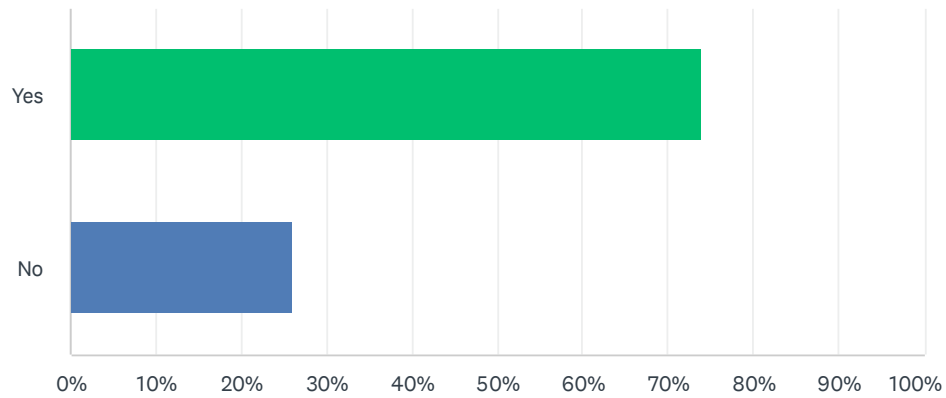
Answered: 180 Skipped: 21



ANSWER CHOICES	RESPONSES	
Less than 1 year	6.67%	12
1 to less than 3 years	8.89%	16
3 to less than 5 years	6.11%	11
5 to less than 10 years	13.89%	25
10 years or more	64.44%	116
TOTAL		180

Q13 Do you live here year-round?

Answered: 23 Skipped: 178



ANSWER CHOICES	RESPONSES	
Yes	73.91%	17
No	26.09%	6
TOTAL		23

Q14 If Yes, how many months do you live here?

Answered: 15 Skipped: 186

#	RESPONSES	DATE
1	6	8/24/2022 3:43 PM
2	12	7/25/2022 9:56 PM
3	12	7/25/2022 9:49 PM
4	12	7/25/2022 9:44 PM
5	12	7/25/2022 9:37 PM
6	12	7/25/2022 9:33 PM
7	12	7/25/2022 9:24 PM
8	12	7/25/2022 9:18 PM
9	12	7/25/2022 9:13 PM
10	12	7/25/2022 9:06 PM
11	12	7/25/2022 9:01 PM
12	12	7/25/2022 8:56 PM
13	12	7/25/2022 8:50 PM
14	12	7/25/2022 8:45 PM
15	12	7/25/2022 8:36 PM

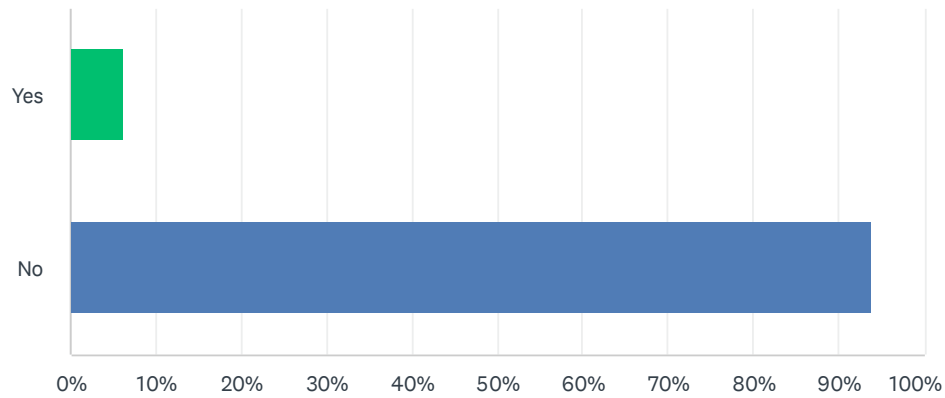
Q15 If Yes, which season?

Answered: 13 Skipped: 188

#	RESPONSES	DATE
1	all seasons	7/25/2022 9:56 PM
2	all seasons	7/25/2022 9:49 PM
3	all seasons	7/25/2022 9:44 PM
4	all seasons	7/25/2022 9:37 PM
5	all seasons	7/25/2022 9:33 PM
6	all seasons	7/25/2022 9:24 PM
7	all seasons	7/25/2022 9:18 PM
8	all seasons	7/25/2022 9:13 PM
9	all seasons	7/25/2022 9:06 PM
10	all seasons	7/25/2022 9:01 PM
11	all	7/25/2022 8:56 PM
12	all seasons	7/25/2022 8:50 PM
13	lived her before moved to CA came back 2 years ago	7/25/2022 8:45 PM

Q16 Were you born in another country other than the United States?

Answered: 96 Skipped: 105



ANSWER CHOICES	RESPONSES	
Yes	6.25%	6
No	93.75%	90
TOTAL		96

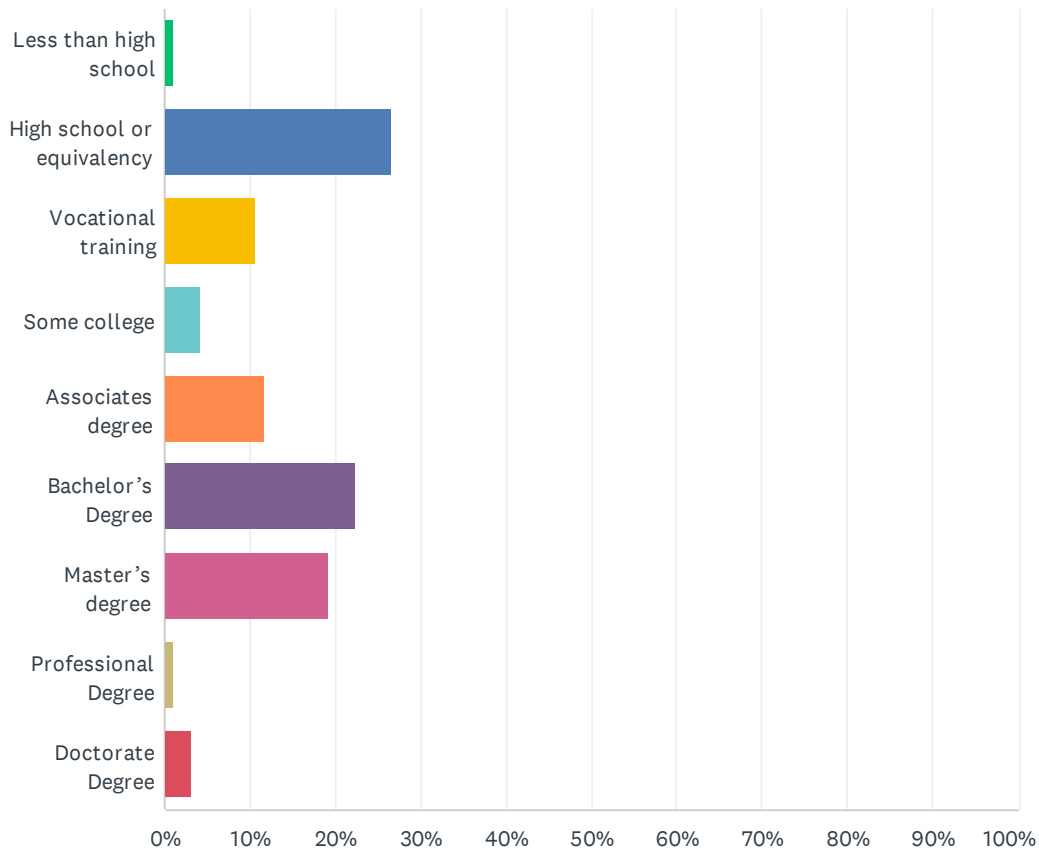
Q17 If Yes, please tell us your home country:

Answered: 5 Skipped: 196

#	RESPONSES	DATE
1	Istanbul, Turkey	8/24/2022 3:45 PM
2	canada	8/23/2022 12:31 PM
3	canada	8/19/2022 12:49 PM
4	philippines	8/15/2022 5:33 PM
5	ontario	8/15/2022 5:13 PM

Q18 What is the highest education level you have completed?

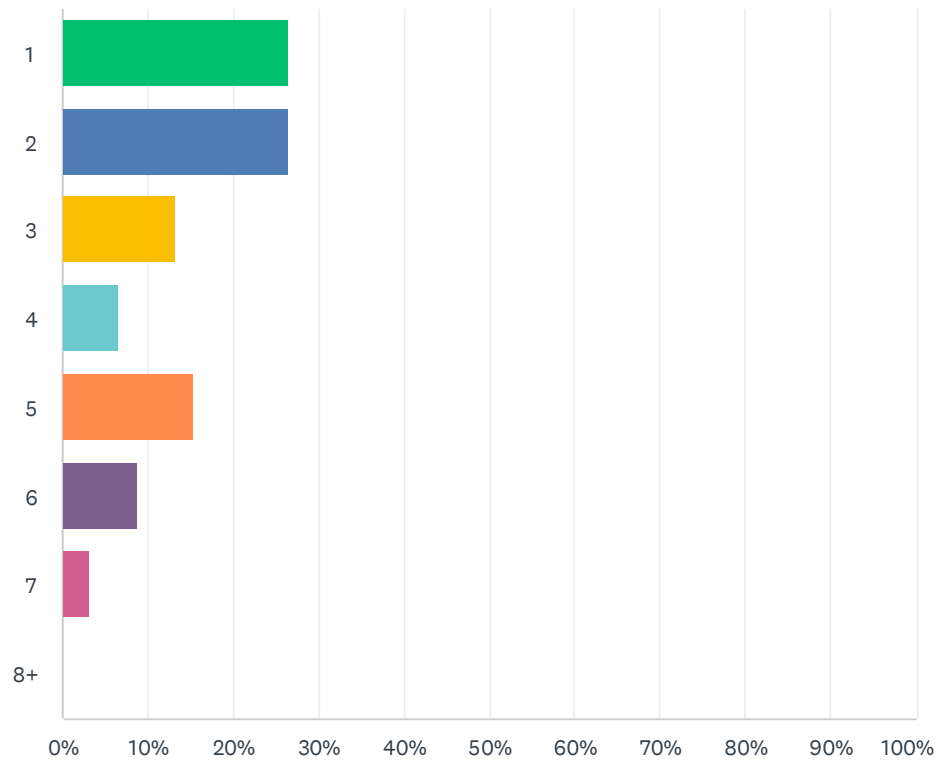
Answered: 94 Skipped: 107



ANSWER CHOICES	RESPONSES	
Less than high school	1.06%	1
High school or equivalency	26.60%	25
Vocational training	10.64%	10
Some college	4.26%	4
Associates degree	11.70%	11
Bachelor's Degree	22.34%	21
Master's degree	19.15%	18
Professional Degree	1.06%	1
Doctorate Degree	3.19%	3
TOTAL		94

Q19 How many people currently live in your household?

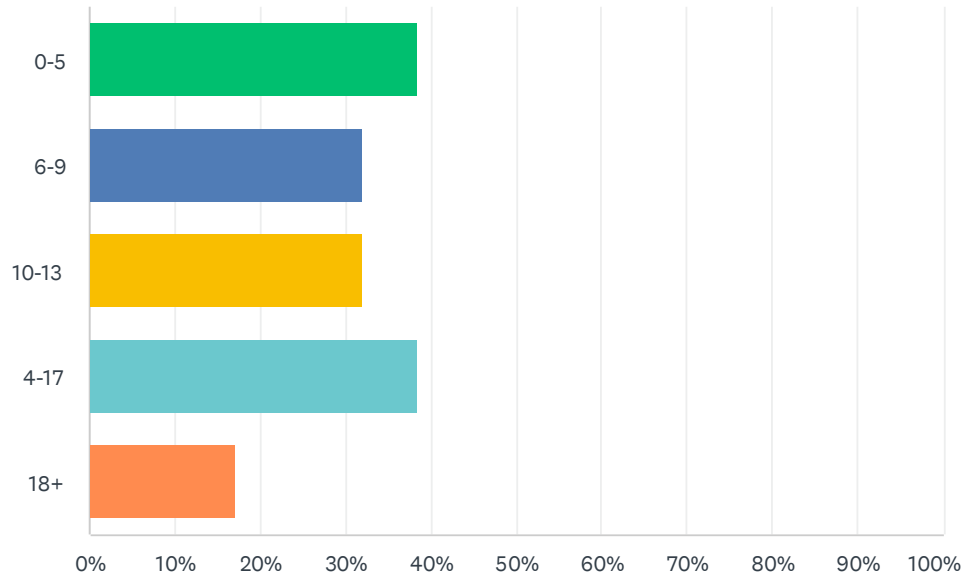
Answered: 91 Skipped: 110



ANSWER CHOICES	RESPONSES	
1	26.37%	24
2	26.37%	24
3	13.19%	12
4	6.59%	6
5	15.38%	14
6	8.79%	8
7	3.30%	3
8+	0.00%	0
TOTAL		91

Q20 If child(ren) living in household, what ages? Please check all that apply.

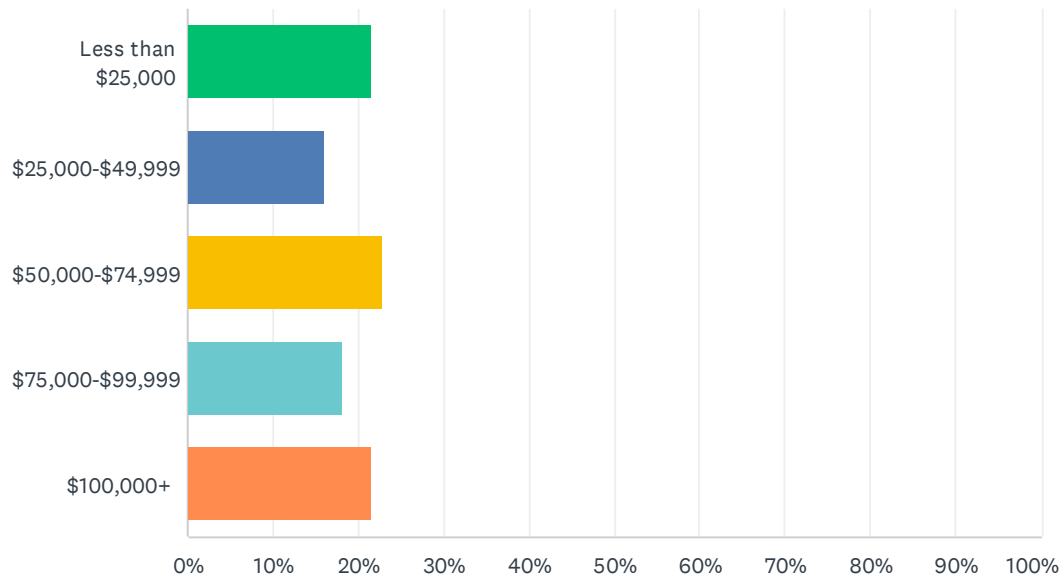
Answered: 47 Skipped: 154



ANSWER CHOICES	RESPONSES	
0-5	38.30%	18
6-9	31.91%	15
10-13	31.91%	15
4-17	38.30%	18
18+	17.02%	8
Total Respondents: 47		

Q21 What is your approximate annual household income?

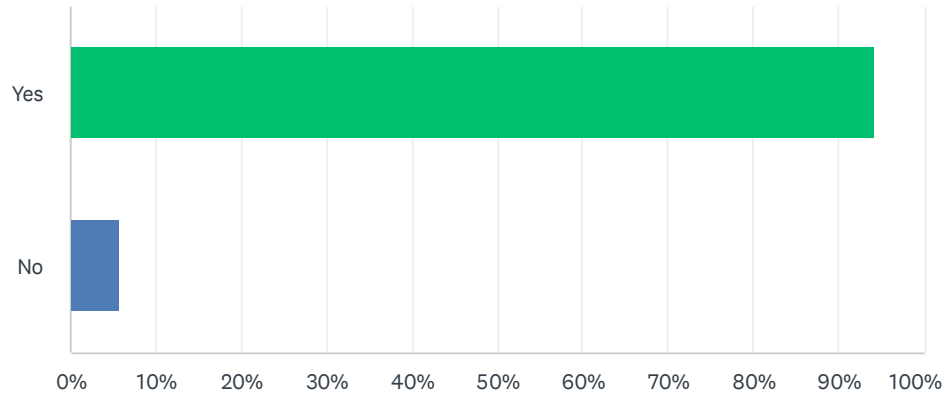
Answered: 88 Skipped: 113



ANSWER CHOICES	RESPONSES	
Less than \$25,000	21.59%	19
\$25,000-\$49,999	15.91%	14
\$50,000-\$74,999	22.73%	20
\$75,000-\$99,999	18.18%	16
\$100,000+	21.59%	19
TOTAL		88

Q22 Do you have health insurance? (of any type: private, public, military, Native, Medicaid or Medicare)

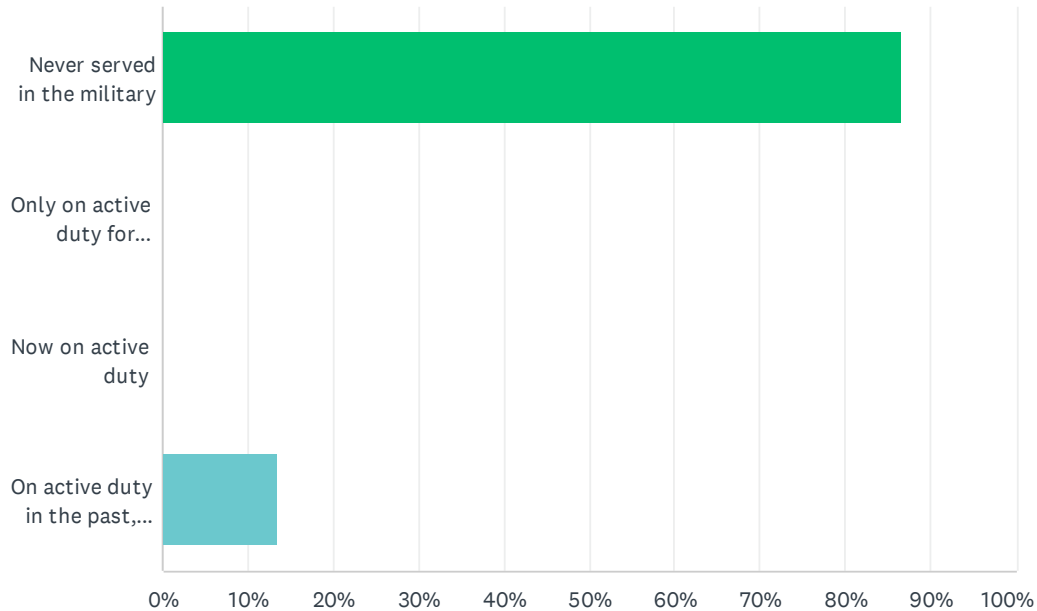
Answered: 87 Skipped: 114



ANSWER CHOICES	RESPONSES	
Yes	94.25%	82
No	5.75%	5
TOTAL		87

Q23 Have you ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

Answered: 90 Skipped: 111



ANSWER CHOICES	RESPONSES	
Never served in the military	86.67%	78
Only on active duty for training in the Reserves of National Guard	0.00%	0
Now on active duty	0.00%	0
On active duty in the past, but not now (includes retired military and veterans)	13.33%	12
TOTAL		90

Q24 Please enter any other input they provided that you did not already record.

Answered: 1 Skipped: 200

#	RESPONSES	DATE
1	concern about drug abuse and people not wanting to get better drain on system	8/15/2022 2:18 PM

REP TO READ: Hello, my name is _____ and I am part of the MAPP Steering Committee. We are here to gather information for a Community Health Needs Assessment. South Peninsula Hospital is a member of MAPP (Mobilizing for Action through Planning and Partnerships) and as a “non-profit hospital” is required by the Affordable Care Act to conduct a community health needs assessment every 3 years.

The results of this needs assessment will help to guide the hospital and MAPP in creating a healthier community. We are holding several community meetings and focus groups across the borough in order to hear about the opportunities and barriers that residents face in trying to access care and make healthy choices in their lives.

There are a few guidelines I would like to go over with you that we use in focus groups.

- One is that you speak up and only one person speaks at a time. This makes it clearer on the recording that we are making and easier for the person who transcribes the tape.
- The other thing is, please say exactly what you think. There IS no right or wrong answers in this. We’re just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.
- We have a lot to get through over the next hour or so. I ask that you limit storytelling and please do not be offended if I cut you off or ask you if we can continue the conversation after the session.
- Your participation is totally anonymous. We don’t want to know anyone’s full names. What you say in this room will only be reported with everyone else’s views in a report – and will not be associated with you specifically.
- We ask that you please keep the confidentiality of what is shared in this room in this room.

Health of the Community

1. What does a healthy community look like?
2. Would you say the health of the community is better, worse, or the same as it was 3 years ago?
Why do you say that?
3. What are the health related needs/issues facing your community?
4. What resources already exist in the community that are addressing these needs?
5. What barriers exist to accessing services? What do you think would help make these services more accessible?
6. What services are needed that are not available in the community?
7. What else needs to happen in your community to meet your definition of a healthy community?

Belonging

8. What are the things that make you feel a sense of purpose and meaning in life?
9. To what extent do these things exist in your local community?
10. How and where do you feel connected or like you really belong here in your local community?
11. What else might help someone feel like they belong in this community?
12. How can we make sure that all people have strong social connections and feel like they belong in this community?

Role

- 13. What role can South Peninsula Hospital do to help create a healthy community?
- 14. What role can MAPP of Southern Kenai Peninsula do to help create a healthy community?

Priorities

- 15. I am going to go around the room and ask each of you to tell me one priority need/issue you would like to see addressed. Please share the priority as well as the reason you feel it is a priority.

Thank you all for your time and valuable input into this planning process. If you have not already done so please take a few minutes to complete the brief survey at your table.

SHP MAPP
CHNA Stakeholder Interview Guide

Interview with:

Interviewed by/date:

Thank you for taking the time to talk with us to support the South Peninsula Hospital and MAPP (Mobilizing Action through Planning and Partnership) of Southern Kenai Peninsula Community Health Needs Assessment Process.

1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.

2. What, in your opinion, are the top 3 community health needs?	3. Why did you say <i>[insert each need they said in #2]</i> and what issues come to mind regarding that health need?
1.	
2.	
3.	
Others mentioned:	

SHP MAPP
CHNA Stakeholder Interview Guide

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding the health of the community. What do you feel are the key issues related to this topic area?

5. **What activities/initiatives are currently underway in the community to address the needs within each of your topic areas?**
6. **What more, in your opinion, still needs to be done in order to address each of your community health topic areas mentioned above?**
7. **In your opinion, what role do you think the South Peninsula Hospital, Homer Public Health, your medical provider, or a local coalition should take in addressing these needs? And, how can any of these agencies work with other community organizations to address the needs you mentioned? Who do you think should take the lead?**
8. **As South Peninsula Hospital, Homer Public Health, your medical provider or local coalitions come together to begin to create goals and objectives for the implementation strategy action plan, working on issues and needs identified through the community health improvement process, if asked, would you be interested in participating in a collaborative to address the identified issues and needs?**
9. **What advice do you have for the project steering committee who is implementing this community health assessment process?**

Appendix B:

Perception of Community

Health Data

Frequencies

[DataSet1] C:\Users\Jacqui\OneDrive - Strategy Solutions\Documents - Company Share\ACTIVE PROJECTS & PROSPECTS\South Peninsula Hospital CHNA\Perception of Health Community Survey\SPSS files\All data working file.sav

Frequency Table

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schools	214	21.0	100.0	100.0
Missing	System	806	79.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Housing	40	3.9	100.0	100.0
Missing	System	980	96.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Natural Beauty	575	56.4	100.0	100.0
Missing	System	445	43.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Social Networks	60	5.9	100.0	100.0
Missing	System	960	94.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Health Care	194	19.0	100.0	100.0
Missing	System	826	81.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural Diversity	44	4.3	100.0	100.0
Missing	System	976	95.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Environmental Health	82	8.0	100.0	100.0
Missing	System	938	92.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Support for Families	69	6.8	100.0	100.0
Missing	System	951	93.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Religious or Spiritual Opportunities	149	14.6	100.0	100.0
Missing	System	871	85.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Job Training & Higher Education	45	4.4	100.0	100.0
Missing	System	975	95.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural/Arts Opportunities	253	24.8	100.0	100.0
Missing	System	767	75.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private/Public Nonprofit Organizations	133	13.0	100.0	100.0
Missing	System	887	87.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jobs & Economic Opportunities	91	8.9	100.0	100.0
Missing	System	929	91.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Healthy Lifestyle Opportunities	179	17.5	100.0	100.0
Missing	System	841	82.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Substance Abuse Treatment	22	2.2	100.0	100.0
Missing	System	998	97.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Respect for Varied Viewpoints	52	5.1	100.0	100.0
Missing	System	968	94.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Behavioral Health Services	67	6.6	100.0	100.0
Missing	System	953	93.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Public Transportation	16	1.6	100.0	100.0
Missing	System	1004	98.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Recreational Opportunities	253	24.8	100.0	100.0
Missing	System	767	75.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People Help Each Other	281	27.5	100.0	100.0
Missing	System	739	72.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Healthy Food	76	7.5	100.0	100.0
Missing	System	944	92.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Elder Care	66	6.5	100.0	100.0
Missing	System	954	93.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	46	4.5	100.0	100.0
Missing	System	974	95.5		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	974	95.5	95.5	95.5
ability to live secluded / left alone	1	.1	.1	95.6
Absence of Criminal-minded aggression towards individuals and their resources	1	.1	.1	95.7
Additional answers more than 3 on paper survey: Access to Health Care, Religious or Spiritual Opportunities, Elder Care	1	.1	.1	95.8
Capable doctors	1	.1	.1	95.9
CHILDCARE- BOTH AFFORDABILITY AND AVAILABILITY	1	.1	.1	96.0
Cultural/Arts Opportunities, Long term care at SPH, Farms	1	.1	.1	96.1
d	1	.1	.1	96.2
Distance from large population centers	1	.1	.1	96.3
Extracurricular activity's for kids	1	.1	.1	96.4
food pantry	1	.1	.1	96.5
haircuts, sleeping bag	1	.1	.1	96.6
hard working people	1	.1	.1	96.7
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	96.8
I had to check 3 but really none	1	.1	.1	96.9
ILCm hospice	1	.1	.1	97.0
Information provided by our privately owned radio stations.	1	.1	.1	97.1
Kachemak Bay Family Planning Clinic	1	.1	.1	97.2
large distance from metro	1	.1	.1	97.3
Medical care	1	.1	.1	97.4
Money	1	.1	.1	97.5
MONEY	1	.1	.1	97.5

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Most topics on this list cover homer,thank you	1	.1	.1	97.6
na	2	.2	.2	97.8
no answer	1	.1	.1	97.9
NO ANSWER	1	.1	.1	98.0
NO ANSWERS	1	.1	.1	98.1
no response	1	.1	.1	98.2
only gave 2	1	.1	.1	98.3
Paper survey: 3rd choice skipped	1	.1	.1	98.4
Paper survey: Person also chose the following: Schools, Housing, Natural Beauty, Enviornmental Health, Religious or Spiritual Opportunities, Cultural/Arts Opportunities, Healthy Lifestyle Opportunities, Respect for Varied Viewpoints, Recreational Opportunities, People Help Each Other	1	.1	.1	98.5
Paper survey: third answer skipped	1	.1	.1	98.6
Recreational opportunities, access to healthy food, healthy lifestyle opportunities, elder care	1	.1	.1	98.7
relative freedom	1	.1	.1	98.8
Resilient neighbors	1	.1	.1	98.9
RIGHTEOUS GOVERNMENT	1	.1	.1	99.0
Rural quality	1	.1	.1	99.1
Schools, Access to healthcare, Environmental health, Recreational opportunities, access to healthy food	1	.1	.1	99.2
SPH making money for a few	1	.1	.1	99.3
Thai restaurants	1	.1	.1	99.4
The ability to spread out.	1	.1	.1	99.5
the community in general working together for the better of the whole	1	.1	.1	99.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
They are all important	1	.1	.1	99.7
tourism	1	.1	.1	99.8
VFW ANCHOR POINT	1	.1	.1	99.9
You really should have defined what you mean by "our community" at the beginning of this survey. You ask for resident community at the end, but there is ambiguity in these answers because I didn't know if I was answering for my region or specific community.	1	.1	.1	100.0
Total	1020	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schools	123	12.1	100.0	100.0
Missing	System	897	87.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Housing	586	57.5	100.0	100.0
Missing	System	434	42.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Natural Beauty	11	1.1	100.0	100.0
Missing	System	1009	98.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Social Networks	31	3.0	100.0	100.0
Missing	System	989	97.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Health Care	89	8.7	100.0	100.0
Missing	System	931	91.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural Diversity	85	8.3	100.0	100.0
Missing	System	935	91.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Environmental Health	38	3.7	100.0	100.0
Missing	System	982	96.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Support for Families	81	7.9	100.0	100.0
Missing	System	939	92.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Religious or Spiritual Opportunities	12	1.2	100.0	100.0
Missing	System	1008	98.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Job Training & Higher Education	129	12.6	100.0	100.0
Missing	System	891	87.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural/Arts Opportunities	16	1.6	100.0	100.0
Missing	System	1004	98.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private/Public Nonprofit Organizations	16	1.6	100.0	100.0
Missing	System	1004	98.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Jobs & Economic Opportunities	207	20.3	100.0	100.0
Missing	System	813	79.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Healthy Lifestyle Opportunities	40	3.9	100.0	100.0
Missing	System	980	96.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Substance Abuse Treatment	171	16.8	100.0	100.0
Missing	System	849	83.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Respect for Varied Viewpoints	148	14.5	100.0	100.0
Missing	System	872	85.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Behavioral Health Services	171	16.8	100.0	100.0
Missing	System	849	83.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Public Transportation	245	24.0	100.0	100.0
Missing	System	775	76.0		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Recreational Opportunities	58	5.7	100.0	100.0
Missing	System	962	94.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	People Help Each Other	21	2.1	100.0	100.0
Missing	System	999	97.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to Healthy Food	85	8.3	100.0	100.0
Missing	System	935	91.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Elder Care	140	13.7	100.0	100.0
Missing	System	880	86.3		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	211	20.7	100.0	100.0
Missing	System	809	79.3		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	809	79.3	79.3	79.3
Availability of quality, safe childcare	1	.1	.1	79.4
Walkable/rideable Homer	1	.1	.1	79.5
!! person only put Jobs	1	.1	.1	79.6
!! The person only put housing as an answer	1	.1	.1	79.7
!!! Did not answer	1	.1	.1	79.8
!!! Person did not answer	4	.4	.4	80.2
!!! Person did not put any	1	.1	.1	80.3
!!! Surveyor didn't select any	1	.1	.1	80.4
1. Trade school? 2. Rehab facilities 3. Homeless housing?	2	.2	.2	80.6
A shelter for unhoused men - Haven House is the only shelter resource I know of and it's for women	1	.1	.1	80.7
access to clean unbleached drinking water	1	.1	.1	80.8
Access to detox	1	.1	.1	80.9
Access, Quality & accountability of health care services/providers.	1	.1	.1	81.0
Accessibility for all to recreation	1	.1	.1	81.1
activities for youth	1	.1	.1	81.2
Actual doctors	1	.1	.1	81.3
Affordable BHS	1	.1	.1	81.4
affordable Childcare	1	.1	.1	81.5
Affordable Day Care	1	.1	.1	81.6
affordable/safe housing for low income	1	.1	.1	81.7
Afterschool programs for k-5th+	1	.1	.1	81.8
ALTHOUGH SVT HAS A CLINIC, IT DOES NOT AND CANNOT ADDRESS ALOT OF HEALTH ISSUES	1	.1	.1	81.9
Assisted living and skilled care facilities	1	.1	.1	82.0
Bike trail on kachemak drive, and more bike trails	1	.1	.1	82.1

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Broad band/high speed internet to strengthen economy	1	.1	.1	82.2
camping	1	.1	.1	82.3
child care	2	.2	.2	82.5
Child care	1	.1	.1	82.5
Child Care	1	.1	.1	82.6
Child care and equitable pay for EC providers	1	.1	.1	82.7
Child care for families	1	.1	.1	82.8
Child day care	1	.1	.1	82.9
childcare	2	.2	.2	83.1
Childcare	2	.2	.2	83.3
CHILDCARE	3	.3	.3	83.6
childcare - access, affordable, extended hours	1	.1	.1	83.7
Childcare, possibly more along the lines of after school and summer day camp	1	.1	.1	83.8
Childcare. Re: JOBS - year round opportunities (not just seasonal)	1	.1	.1	83.9
Childcare/ afterschool care	1	.1	.1	84.0
Childcare/after school opportunities	1	.1	.1	84.1
CHILDREN	1	.1	.1	84.2
Cleaner streets, cheaper taxes	1	.1	.1	84.3
coffee shops	1	.1	.1	84.4
Computer education for seniors	1	.1	.1	84.5
day care/child care	1	.1	.1	84.6
DAYCARES	1	.1	.1	84.7
dental care	1	.1	.1	84.8
did not answer	6	.6	.6	85.4
DID NOT ANSWER	2	.2	.2	85.6
DID NOT RESPOND	1	.1	.1	85.7
dirty hospital, bad city council, representation	1	.1	.1	85.8

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
DOG CRAP IN PUBLIC PLACES, TOO MANY DOGS, METH AND DRUGS	1	.1	.1	85.9
dogs running loose and dogs crap in public, crystal meth and other powder drugs	1	.1	.1	86.0
Elder care AND Behavioral Health services (I NEEDED TO CHOOSE 4)	1	.1	.1	86.1
Fuel prices	1	.1	.1	86.2
Good healthcare providers!	1	.1	.1	86.3
haircuts, sleeping bag, sharing/lost of love	1	.1	.1	86.4
Health Care	1	.1	.1	86.5
Health specialists	1	.1	.1	86.6
Homelessness	1	.1	.1	86.7
Housing for men and elders	1	.1	.1	86.8
housing listed three times	1	.1	.1	86.9
I am pleased with the services I received	1	.1	.1	87.0
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	87.1
I DONT KNOW	1	.1	.1	87.2
icy sidewalks- no joke!	1	.1	.1	87.3
Just moved here	1	.1	.1	87.4
laws first, less government	1	.1	.1	87.5
Low income housing	1	.1	.1	87.5
Lowered taxes, especially for the seniors in this town on fixed incomes.	1	.1	.1	87.6
Men safe housing transitional or like IONIA community helps with self sufficiency and mental health	1	.1	.1	87.7
mental health	1	.1	.1	87.8
Mental health	1	.1	.1	87.9
Mental health hospital	1	.1	.1	88.0
Mental health resources	1	.1	.1	88.1

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Mental health services	1	.1	.1	88.2
Mental illness treatment/support	1	.1	.1	88.3
Misinformation and Disinformation	1	.1	.1	88.4
More access to VA	1	.1	.1	88.5
More Childcare options, so more people can work with children	1	.1	.1	88.6
N.P.org and people	1	.1	.1	88.7
N/A	2	.2	.2	88.9
na	11	1.1	1.1	90.0
NA	3	.3	.3	90.3
no answer	8	.8	.8	91.1
No answer	1	.1	.1	91.2
NO ANSWER	13	1.3	1.3	92.5
no reponse	1	.1	.1	92.5
no response	15	1.5	1.5	94.0
No response	2	.2	.2	94.2
no third answer	1	.1	.1	94.3
No third answer	1	.1	.1	94.4
ocs	1	.1	.1	94.5
OCS	1	.1	.1	94.6
only gave housing	1	.1	.1	94.7
OPPORTUNITIES FOR THE HOMELESS	1	.1	.1	94.8
Our public walking paths and posts	1	.1	.1	94.9
Paper survey is hard to read: "Access to health care" (?)	1	.1	.1	95.0
Paper survey: 1. Access to services, 2. Local advantages, 3. Shared resources	1	.1	.1	95.1
Paper survey: Healthy lifestyles	1	.1	.1	95.2
Paper Survey: No answer	1	.1	.1	95.3
Paper survey: No third answer	1	.1	.1	95.4
Paper survey: No third choice	1	.1	.1	95.5

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Paper survey: Person circled the number 3	1	.1	.1	95.6
Paper survey: person wrote down "?"	1	.1	.1	95.7
Paper survey: question skipped	8	.8	.8	96.5
Paper survey: Question skipped	9	.9	.9	97.4
Pedestrian/bike trails	1	.1	.1	97.5
Person did not put third answer	1	.1	.1	97.5
Primary medical care	1	.1	.1	97.6
programs for kids and cultural diversity	1	.1	.1	97.7
Quality health care - there is plenty health care but not of quality	1	.1	.1	97.8
Recreational Opportunities on THIS side	1	.1	.1	97.9
Reduction of tolerance for Marxism/anti-america perspectives	1	.1	.1	98.0
Rehab facility	1	.1	.1	98.1
Reproductive health funding	1	.1	.1	98.2
Respect	1	.1	.1	98.3
Respectable doctors	1	.1	.1	98.4
School bus for kids	1	.1	.1	98.5
Social activities for those 18-21	1	.1	.1	98.6
Social networks	1	.1	.1	98.7
South Peninsula Hospital	1	.1	.1	98.8
Stop proselytizing your religion	1	.1	.1	98.9
Substance Abuse	1	.1	.1	99.0
support for families	1	.1	.1	99.1

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
The state of behavioral health care services in Homer is declining annually, not getting better. Our local mental health center is not providing services competently (I've been familiar with the agency since it's inception in the early 1980's and used to be on the board)	1	.1	.1	99.2
UNANSWERED	3	.3	.3	99.5
VA	1	.1	.1	99.6
VFW	1	.1	.1	99.7
X	1	.1	.1	99.8
YOUTH HOMELESSNESS, EDUCATION LOW AND HIGH	1	.1	.1	99.9
Z	1	.1	.1	100.0
Total	1020	100.0	100.0	

Physical Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	358	35.1	100.0	100.0
Missing	System	662	64.9		
Total		1020	100.0		

Physical Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	149	14.6	100.0	100.0
Missing	System	871	85.4		
Total		1020	100.0		

Mental/Emotional Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	362	35.5	100.0	100.0
Missing	System	658	64.5		
Total		1020	100.0		

Mental/Emotional Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	551	54.0	100.0	100.0
Missing	System	469	46.0		
Total		1020	100.0		

Substance Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	120	11.8	100.0	100.0
Missing	System	900	88.2		
Total		1020	100.0		

Substance Abuse

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	668	65.5	100.0	100.0
Missing	System	352	34.5		
Total		1020	100.0		

Interpersonal Violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	52	5.1	100.0	100.0
Missing	System	968	94.9		
Total		1020	100.0		

Interpersonal Violence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	252	24.7	100.0	100.0
Missing	System	768	75.3		
Total		1020	100.0		

Economic Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	367	36.0	100.0	100.0
Missing	System	653	64.0		
Total		1020	100.0		

Economic Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	416	40.8	100.0	100.0
Missing	System	604	59.2		
Total		1020	100.0		

Environmental Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	133	13.0	100.0	100.0
Missing	System	887	87.0		
Total		1020	100.0		

Environmental Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	128	12.5	100.0	100.0
Missing	System	892	87.5		
Total		1020	100.0		

Education (costs and availability)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	227	22.3	100.0	100.0
Missing	System	793	77.7		
Total		1020	100.0		

Education (costs and availability)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	237	23.2	100.0	100.0
Missing	System	783	76.8		
Total		1020	100.0		

None of the above

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	You and Your Family	251	24.6	100.0	100.0
Missing	System	769	75.4		
Total		1020	100.0		

None of the above

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Community	88	8.6	100.0	100.0
Missing	System	932	91.4		
Total		1020	100.0		

Other (please specify)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		912	89.4	89.4	89.4
	Affordable housing	1	.1	.1	89.5
	You and Your Family: cold, damp, air fall/winter	1	.1	.1	89.6
	A more balanced city council, respect for the more conservative leaning citizens.	1	.1	.1	89.7
	acceptance of others especially LGBT community	1	.1	.1	89.8
	Access to fast HEALTHY food	1	.1	.1	89.9
	access to goods	1	.1	.1	90.0
	Access to healthcare	1	.1	.1	90.1
	Access to mutual aid/ community building	1	.1	.1	90.2
	Affordable and seasonal housing locally, public transport, childcare after school	1	.1	.1	90.3
	affordable home ownership	1	.1	.1	90.4
	affordable housing	1	.1	.1	90.5
	Affordable housing	1	.1	.1	90.6
	affordable housing in the community	1	.1	.1	90.7
	affordable living	1	.1	.1	90.8
	affordable wages, housing	1	.1	.1	90.9
	after school programs	1	.1	.1	91.0
	Access to specialists	1	.1	.1	91.1
	Cancer and Heart Disease	1	.1	.1	91.2
	Childcare	2	.2	.2	91.4
	Childcare (Me and My Family)	1	.1	.1	91.5

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Childcare availability, for both	1	.1	.1	91.6
Childcare Cost (family), Short Term-Rentals (community)	1	.1	.1	91.7
Childcare for working parents	1	.1	.1	91.8
Climate Change, pending pandemic that everyone is ignoring	1	.1	.1	91.9
cliqueyness affects community health and individual well being	1	.1	.1	92.0
close community with attitude that "new" people families are not welcome.	1	.1	.1	92.1
Cold/Dark months	1	.1	.1	92.2
common core education, city and fire dept	1	.1	.1	92.3
Community too right wing in politics & religion	1	.1	.1	92.4
cost of food	1	.1	.1	92.5
COST OF FOOD	1	.1	.1	92.5
Cost of Health Care	1	.1	.1	92.6
Cost of healthcare	1	.1	.1	92.7
Cost of living	1	.1	.1	92.8
DAYCARE COSTS/AVAILABILITY	1	.1	.1	92.9
did not answer	2	.2	.2	93.1
Divisive society (You and Your Family AND Community)	1	.1	.1	93.2
dogs running loose	1	.1	.1	93.3
Education:large class sizes, not enough teachers/resource staff	1	.1	.1	93.4
family disagreements	1	.1	.1	93.5
health care costs	1	.1	.1	93.6
healthcare	1	.1	.1	93.7
High cost of rentals and lack of housing	1	.1	.1	93.8
Higher paying Job opportunities	1	.1	.1	93.9

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
home care assistants for elders	1	.1	.1	94.0
hostile political opinions	1	.1	.1	94.1
housing	1	.1	.1	94.2
Housing	1	.1	.1	94.3
HOUSING	2	.2	.2	94.5
Housing - community	2	.2	.2	94.7
housing help	1	.1	.1	94.8
Housing, elder care	1	.1	.1	94.9
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	95.0
I don't quite know how to answer these questions seems unclear to me	1	.1	.1	95.1
I have everything I need - but there is a decided lack of housing and childcare in our community	1	.1	.1	95.2
Icy conditions	1	.1	.1	95.3
INFLATION	1	.1	.1	95.4
jobs	1	.1	.1	95.5
Jobs/economic opportunities	1	.1	.1	95.6
LACK OF AFFORDABLE HOUSING	1	.1	.1	95.7
Lack of availability of responsive health care is the single issue that negatively affects our health care.	1	.1	.1	95.8
LACK OF CARE FOR CHILDREN	1	.1	.1	95.9
Lack of child care (for our family)	1	.1	.1	96.0
Lack of diversified housing-both my family and community and lack of qualified staffing-both	1	.1	.1	96.1
lack of housing	1	.1	.1	96.2
Lack of housing	1	.1	.1	96.3

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of housing for seasonal workers, too many vacation/short term rentals.	1	.1	.1	96.4
LACK OF MENTAL HEALTH CARE	1	.1	.1	96.5
lack of social connections, single 59 year old female	1	.1	.1	96.6
legal help	1	.1	.1	96.7
Me and my family AND community: Lack of affordable year-round housing	1	.1	.1	96.8
money	1	.1	.1	96.9
New censorship and restrictions imposed on doctors	1	.1	.1	97.0
NO ANSWER	1	.1	.1	97.1
no response	2	.2	.2	97.3
Paper survey: Person didn't answer questions 1, 3, 4, 6, 8 of this section	1	.1	.1	97.4
political partisanship	1	.1	.1	97.5
poor availability of good home health aids for elderly assistance (even private pay) in their homes	1	.1	.1	97.5
Price of food!!	1	.1	.1	97.6
propaganda taught in government schools	1	.1	.1	97.7
Quality education	1	.1	.1	97.8
Racism	1	.1	.1	97.9
Safe, affordable housing for the community	1	.1	.1	98.0
seasonal darkness/SAD	1	.1	.1	98.1
South Peninsula Hospital	1	.1	.1	98.2
Speeding on roads, Qanon, Bullying, Politics	1	.1	.1	98.3
state and government	1	.1	.1	98.4
tabacco & alcohol	1	.1	.1	98.5
taxes	1	.1	.1	98.6
Taxes-property	1	.1	.1	98.7

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
This question is so poorly formatted I had to say some thing about it here. Yikes!	1	.1	.1	98.8
to many rich not enough working class, unhealthy lifestyle to leave others out because of money	1	.1	.1	98.9
Tolerance & Civility	1	.1	.1	99.0
Traffic	1	.1	.1	99.1
TRANSPORTATION	1	.1	.1	99.2
UNANSWERED	1	.1	.1	99.3
VA access	1	.1	.1	99.4
We're new to Homer but I would say access to housing is a huge problem as well as childcare (outside of school) and cost of living are the top 3 community issues	1	.1	.1	99.5
winter shut in	1	.1	.1	99.6
x	1	.1	.1	99.7
You and Your Family and Community: Energy Cost	1	.1	.1	99.8
You and Your Family AND Community: Icy sidewalks	1	.1	.1	99.9
You and Your Family: Childcare	1	.1	.1	100.0
Total	1020	100.0	100.0	

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Schedule Conflicts	336	32.9	100.0	100.0
Missing	System	684	67.1		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Age Restrictions	37	3.6	100.0	100.0
Missing	System	983	96.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Stigma	75	7.4	100.0	100.0
Missing	System	945	92.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Childcare	117	11.5	100.0	100.0
Missing	System	903	88.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Confidentiality	84	8.2	100.0	100.0
Missing	System	936	91.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medicaid Problem	46	4.5	100.0	100.0
Missing	System	974	95.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Membership Restrictions	74	7.3	100.0	100.0
Missing	System	946	92.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Enough Time	269	26.4	100.0	100.0
Missing	System	751	73.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Found Services Elsewhere	35	3.4	100.0	100.0
Missing	System	985	96.6		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Distrust/Dislike Agency or Provider	100	9.8	100.0	100.0
Missing	System	920	90.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural or Religious Convictions	23	2.3	100.0	100.0
Missing	System	997	97.7		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Language Barrier	5	.5	100.0	100.0
Missing	System	1015	99.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lack of Anonymity	118	11.6	100.0	100.0
Missing	System	902	88.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Transportation	123	12.1	100.0	100.0
Missing	System	897	87.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Harassment	27	2.6	100.0	100.0
Missing	System	993	97.4		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Awareness	120	11.8	100.0	100.0
Missing	System	900	88.2		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cost	338	33.1	100.0	100.0
Missing	System	682	66.9		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None of these prevent me from using available services or activities	189	18.5	100.0	100.0
Missing	System	831	81.5		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	58	5.7	100.0	100.0
Missing	System	962	94.3		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	962	94.3	94.3	94.3
ACCESSIBILITY	1	.1	.1	94.4
Activities not available	1	.1	.1	94.5
Availability of providers	1	.1	.1	94.6
availability of services	1	.1	.1	94.7
CAN'T AFFORD MONEY	1	.1	.1	94.8
Childcare, childcare, childcare!	1	.1	.1	94.9
COVID Pandemic	1	.1	.1	95.0
did not answer	1	.1	.1	95.1
Do I feel welcome	1	.1	.1	95.2
Don't hear of many because i don't have facebook nor have internet at home	1	.1	.1	95.3
Empathy and the beliefs of hysteria in women	1	.1	.1	95.4
Entitlement attitudes of many of the participants	1	.1	.1	95.5
Equal access to activities and services for disabled/challenged residents	1	.1	.1	95.6
F	1	.1	.1	95.7
Feel unwelcome,	1	.1	.1	95.8
gang stalking	1	.1	.1	95.9
haircuts	1	.1	.1	96.0
Having to go all the way to town for activities	1	.1	.1	96.1
High cost	1	.1	.1	96.2
Home health care and mental health support is needed and no one is available.	1	.1	.1	96.3
homophobia	1	.1	.1	96.4
I don't live in Homer, so it's hard to know which "community" you're referring to	1	.1	.1	96.5
ignore problems, no help, no solutions	1	.1	.1	96.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Lack of adequate staff in parts of medical community. Example radiology -too long to get appointments when you need	1	.1	.1	96.7
Lack of friends able to support each other	1	.1	.1	96.8
Lack of knowledge of them	1	.1	.1	96.9
lack of quality health care	1	.1	.1	97.0
Lack of universal health insurance	1	.1	.1	97.1
lack of willing private pay caregivers for elderly for hire in this community	1	.1	.1	97.2
Mobility restrictions, bad weather, severe shortage of PCA's and other healthcare workers as well as Medicaid employees, leading to backlogged applications and denials. Lack of communication and poor record keeping. Lack of accountability when mistakes are made (especially at the pharmacy).	1	.1	.1	97.3
More provider options	1	.1	.1	97.4
na	3	.3	.3	97.6
NA	1	.1	.1	97.7
no	1	.1	.1	97.8
NO ANSWER	5	.5	.5	98.3
no response	4	.4	.4	98.7
No response	1	.1	.1	98.8
none in Anchor Point	1	.1	.1	98.9
Paper survey: question skipped	4	.4	.4	99.3
Paper survey: Question skipped	1	.1	.1	99.4
perceived difficulty of finding into and of scheduling	1	.1	.1	99.5
Prefer not to answer	1	.1	.1	99.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Services not offered in Homer	1	.1	.1	99.7
THE MANAGER OF SPH TOLD ME TO FIND HEALTHCARE ELSEWHERE	1	.1	.1	99.8
Time and money burdened by slavery/taxation	1	.1	.1	99.9
WEATHER	1	.1	.1	100.0
Total	1020	100.0	100.0	

I have a sense of purpose and meaning in my life

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	35	3.4	3.7	3.7
	Never	14	1.4	1.5	5.2
	Sometimes	136	13.3	14.3	19.5
	Frequently	270	26.5	28.4	47.9
	Always	495	48.5	52.1	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have a sense of connection, belonging, safety and a reliable support system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	45	4.4	4.7	4.7
	Never	23	2.3	2.4	7.2
	Sometimes	161	15.8	16.9	24.1
	Frequently	268	26.3	28.2	52.3
	Always	453	44.4	47.7	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have the ability to perform daily activities without undue fatigue or physical stress

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	35	3.4	3.7	3.7
	Never	29	2.8	3.1	6.7
	Sometimes	169	16.6	17.8	24.5
	Frequently	334	32.7	35.2	59.7
	Always	383	37.5	40.3	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have opportunities to expand my knowledge and skills and to use my creative abilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	45	4.4	4.7	4.7
	Never	20	2.0	2.1	6.8
	Sometimes	217	21.3	22.8	29.7
	Frequently	322	31.6	33.9	63.6
	Always	346	33.9	36.4	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I can cope effectively with life stresses, and my work and relationships are enriching

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	40	3.9	4.2	4.2
	Never	9	.9	.9	5.2
	Sometimes	206	20.2	21.7	26.8
	Frequently	405	39.7	42.6	69.5
	Always	290	28.4	30.5	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

My surroundings are adequate for me (from my home to the wider community or environment)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	47	4.6	4.9	4.9
	Never	20	2.0	2.1	7.1
	Sometimes	136	13.3	14.3	21.4
	Frequently	280	27.5	29.5	50.8
	Always	467	45.8	49.2	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I have enough money for my basic needs, and I can adapt for unplanned expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	39	3.8	4.1	4.1
	Never	80	7.8	8.4	12.5
	Sometimes	203	19.9	21.4	33.9
	Frequently	250	24.5	26.3	60.2
	Always	378	37.1	39.8	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

I am connected to my own culture and traditions, and I see the diversity and richness of other cultures

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	67	6.6	7.1	7.1
	Never	35	3.4	3.7	10.7
	Sometimes	171	16.8	18.0	28.7
	Frequently	294	28.8	30.9	59.7
	Always	383	37.5	40.3	100.0
	Total	950	93.1	100.0	
Missing	System	70	6.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Housing (paying rent, facing eviction, foreclosure, maintenance, etc.)	169	16.6	100.0	100.0
Missing	System	851	83.4		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Job security (unemployed, fired or laid off, less work to do than before, less income, etc.)	206	20.2	100.0	100.0
Missing	System	814	79.8		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Transportation (getting to places you need to go, riding public transit, driving a car, etc.)	113	11.1	100.0	100.0
Missing	System	907	88.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to food (affordable groceries, getting SNAP benefits, feeding family or loved ones, etc.)	185	18.1	100.0	100.0
Missing	System	835	81.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Utilities (electric, gas, or water shut-offs or difficulty paying for them)	153	15.0	100.0	100.0
Missing	System	867	85.0		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Paying bills (medical or other)	187	18.3	100.0	100.0
Missing	System	833	81.7		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to medical care	193	18.9	100.0	100.0
Missing	System	827	81.1		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Safety at home (abuse, interpersonal violence, family violence, or domestic violence)	31	3.0	100.0	100.0
Missing	System	989	97.0		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Access to childcare	84	8.2	100.0	100.0
Missing	System	936	91.8		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Affording other basic needs (not mentioned)	104	10.2	100.0	100.0
Missing	System	916	89.8		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not experience any challenges	225	22.1	100.0	100.0
Missing	System	795	77.9		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	133	13.0	100.0	100.0
Missing	System	887	87.0		
Total		1020	100.0		

During the COVID-19 pandemic were any of these more challenging for you than normal? Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	127	12.5	100.0	100.0
Missing	System	893	87.5		
Total		1020	100.0		

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	893	87.5	87.5	87.5
Access to family and close friends, human contact	1	.1	.1	87.6
access to friends and family and community public events	1	.1	.1	87.7
school opportunities	1	.1	.1	87.8
ABILITY TO GET TOGETHER WITH OTHERS, SAFETY	1	.1	.1	87.9
Access to and cost of proper prescriptions both from doctor and pharmacy	1	.1	.1	88.0
Access to business and activities (that were closed, canceled, or discriminatory towards mask/"vaccine" choices	1	.1	.1	88.1
access to pca help for elder care, and staffing issues at friendship terrace	1	.1	.1	88.2
access to proper school education for kids	1	.1	.1	88.3
Access to transparent COVID-19 information.	1	.1	.1	88.4
Access to travel was more difficult for my family when RAVN was shut down	1	.1	.1	88.5
activities for teens and keeping them engaged	1	.1	.1	88.6
adjusting to conditions	1	.1	.1	88.7
Adult children moved back in.	1	.1	.1	88.8
Affordable dental care	1	.1	.1	88.9
all	1	.1	.1	89.0
ANXIETY	1	.1	.1	89.1
Authoritarian stupid Mask-Hags	1	.1	.1	89.2
Being out in public w/ people wearing masks incorrectly	1	.1	.1	89.3
CHALLENGING TO FIND RESTAURANTS TO EAT OUT	1	.1	.1	89.4

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Change in work expectations once returned to work after Pandemic. My long time company was not a supportive organization to their employees upon their return. Their priority remained the bottom line and not focused on a healthy transition back to a different world. It ultimately ended my 3 decade career.	1	.1	.1	89.5
Community and arts events	1	.1	.1	89.6
concern about remaining healthy as have autoimmune disease and social isolation	1	.1	.1	89.7
Connection mental health	1	.1	.1	89.8
Connection Mental Health	1	.1	.1	89.9
CONNECTING WITH OTHERS	1	.1	.1	90.0
DEALING WITH IDIOTS WHO ARE OPPRESSED BY MASKS	1	.1	.1	90.1
Depression	1	.1	.1	90.2
due to a city mandate two of my jobs were lost for two years	1	.1	.1	90.3
elder care, which is needed for a dependent parent	1	.1	.1	90.4
Emotional stress and uncertainty	1	.1	.1	90.5
Everything got more expensive: Rent, water utility, insurance and food	1	.1	.1	90.6
Exposure to others who refused to get vaccinated and/or refused to wear masks and acting awful	1	.1	.1	90.7
Family stress	1	.1	.1	90.8
Fear of catching Covid as a auto immune front line worker	1	.1	.1	90.9
Fear of family getting sick	1	.1	.1	91.0

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
finding anyone to hire to do work at my home	1	.1	.1	91.1
Finding available housing rentals	1	.1	.1	91.2
Finding people willing to work	1	.1	.1	91.3
Fortunate to not have any of the above concerns	1	.1	.1	91.4
FUEL	1	.1	.1	91.5
govt input	1	.1	.1	91.6
Had to work on zoom from a vehicle because we don't have electric or Wi-Fi to keep my job	1	.1	.1	91.7
Harassment for being unvaccinated	1	.1	.1	91.8
Harder to visit family and friends	1	.1	.1	91.9
Health issues	1	.1	.1	92.0
Household management division of labor with spouse	1	.1	.1	92.1
i recently moved to the area and do not feel i can answer the question	1	.1	.1	92.2
I've had to delay things like vision and dental care during pandemic	1	.1	.1	92.3
Interstate/international travel	1	.1	.1	92.4
intolerance and confusion surrounding covid	1	.1	.1	92.5
isolation	3	.3	.3	92.7
Isolation	2	.2	.2	92.9
isolation from friends and family	1	.1	.1	93.0
Isolation was difficult	1	.1	.1	93.1
isolation, loss of sense of community and belonging	1	.1	.1	93.2

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Isolation, stress, and collective trauma. (Survey feedback: It feels like half of the defined choices are about or could be about money. it feels like financial health is disproportionately represented in our framing of the pandemic challenges. You should consider this when interpreting your results.)	1	.1	.1	93.3
isolation; discomfort masking; loss of indoor exercise options	1	.1	.1	93.4
IT WAS A SCAM AND WE ALL KNOW IT	1	.1	.1	93.5
Job	1	.1	.1	93.6
lack of relationships with others	1	.1	.1	93.7
Lack of social interaction	1	.1	.1	93.8
LACK OF SOCIAL TIME	1	.1	.1	93.9
Lack of the number in this community who bothered to get vaccinated, workplace did NOT enforce a good vaccine policy	1	.1	.1	94.0
Less support available for medical needs/procedures	1	.1	.1	94.1
live in nome	1	.1	.1	94.2
LOSS OF JOBS	1	.1	.1	94.3
lost spouse unexpectedly at the beginning of covid	1	.1	.1	94.4
MAINTAINING FRIENDSHIPS	1	.1	.1	94.5
Maintaining isolation practice around those that chose not to.	1	.1	.1	94.6
maintaining social ties	1	.1	.1	94.7
making healthy social connections, anxiety with interpersonal dynamics	1	.1	.1	94.8
Making social connections with friends & family	1	.1	.1	94.9

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Mental Health	1	.1	.1	95.0
mental health challenges	1	.1	.1	95.1
mental health support	1	.1	.1	95.2
mental health- anxiety depression	1	.1	.1	95.3
mental health, homeschooling	1	.1	.1	95.4
mental health, isolation	1	.1	.1	95.5
mental wellness	1	.1	.1	95.6
moving from and back to AK during Covid	1	.1	.1	95.7
na	1	.1	.1	95.8
NO ANSWER	3	.3	.3	96.1
NONE APPLY	1	.1	.1	96.2
None of the above	1	.1	.1	96.3
NONE WHERE A CHALLENGE FOR ME	1	.1	.1	96.4
NONE, I LIVED LIFE AS NORMAL, I DID NOT SECUM TO FEAR	1	.1	.1	96.5
Not able to be with family;	1	.1	.1	96.6
not having things to do, being closed in was challenging or others to do it with	1	.1	.1	96.7
ocs	1	.1	.1	96.8
Overall inflation has made everything more expensive	1	.1	.1	96.9
Paper survey: question skipped	1	.1	.1	97.0
Paper survey: Question skipped	2	.2	.2	97.2
People's lack of respect for each others positions	1	.1	.1	97.3
Providers were overwhelmed with the pandemic and it could take weeks or months to get an appointment.	1	.1	.1	97.4
reduced socialization	1	.1	.1	97.5
Restrictions	1	.1	.1	97.5
school and social aspects of school for children	1	.1	.1	97.6

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
SCHOOL AND SOCIAL BREAKDOWN OF COMMUNITY	1	.1	.1	97.7
See below	1	.1	.1	97.8
self care and big concerns for family members	1	.1	.1	97.9
Severe decline in mental health	1	.1	.1	98.0
Social activities on hold. Angst felt in community.	1	.1	.1	98.1
social connection	1	.1	.1	98.2
Social Connection	1	.1	.1	98.3
social connections	1	.1	.1	98.4
SOCIAL CONTACT	1	.1	.1	98.5
Social interactions.	1	.1	.1	98.6
social opportunities	1	.1	.1	98.7
SOCIAL WITHDRAWAL	1	.1	.1	98.8
socialization	1	.1	.1	98.9
Socialization and connection to others	1	.1	.1	99.0
Socializing	1	.1	.1	99.1
Socially, everything changed (as it did for most people)	1	.1	.1	99.2
South peninsula hospital has no overseer of actual care	1	.1	.1	99.3
the whole problem was the government in everyones bussiness	1	.1	.1	99.4
UNANSWERED	1	.1	.1	99.5
UNTRUE INFO, ENCROACHMENT ON FREEDOM	1	.1	.1	99.6
WE WERE LUCKY	1	.1	.1	99.7
Work related stressors	1	.1	.1	99.8
Working with the public.	1	.1	.1	99.9
Zoom-could not hear on this platform	1	.1	.1	100.0
Total	1020	100.0	100.0	

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	605	59.3	59.3	59.3
I couldn't see my family (international travel)	1	.1	.1	59.4
Isolation	1	.1	.1	59.5
Not spending time with loved ones, attending events	1	.1	.1	59.6
-Shortages of many food and household items at stores during the pandemic -Sense of isolation due to maintaining a small social bubble -Sense of helplessness	1	.1	.1	59.7
0	1	.1	.1	59.8
1	1	.1	.1	59.9
A bit of a lonely time. Didn't get to be with friends as much.	1	.1	.1	60.0
a little too much drinking	1	.1	.1	60.1
A sense of isolation: sent home to work so don't see people most days.	1	.1	.1	60.2
A sense that many community members did not see value in practicing protective protocols which meant changes in school attendance for my child, strained relationships, and overall social isolation.	1	.1	.1	60.3
Access to 12 Step meetings.	1	.1	.1	60.4
Access to business and activities (that were closed, canceled, or discriminatory towards mask/"vaccine" choices. Cost of FOOD!!	1	.1	.1	60.5
access to each other	1	.1	.1	60.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
access to food was in terms of shopping and going to public places, accessing needed health care services as all providers were not vaccinated and concern about exposure from health care workers	1	.1	.1	60.7
Access to products needed quickly - replacing appliances Refrig and washer when quit.	1	.1	.1	60.8
Access to services that were closed, variability in community reactions to covid.	1	.1	.1	60.9
affordable housing	1	.1	.1	61.0
All the lies	1	.1	.1	61.1
All together under one roof for a long time, caused stress.	1	.1	.1	61.2
Almost all of these apply. When the community basically shut its doors it became hard to get out of town or in, which made it hard to get to medical care and groceries. Along with this also came the increase in prices of everything, making it so we had to pick and choose which bills we could afford to pay each month.	1	.1	.1	61.3
Altercations with police and public because of disregard to health reasons long term poor because of family life	1	.1	.1	61.4
Angst among some in community towards Covid safety measures like masking and vaccines.	1	.1	.1	61.5
Anxiety about being in public, fear for vulnerable family members.	1	.1	.1	61.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
ANXIETY ABOUT INCREASING POLITIZATION OF THE PANDEMIC	1	.1	.1	61.7
Anxiety and witnessing bullying between groups or people with differing opinions.	1	.1	.1	61.8
anxiety. depression. lonely.	1	.1	.1	61.9
At the time I was working for a doctors office, so I had the opposite issue as most... I was working longer hours and it was in a very stressful and anxious filled space- lots of unknowns at the beginning of COVID and then with the influx of patients and their anxieties made some days harder than others to stay in a positive and calm mindset.	1	.1	.1	62.0
Balancing work responsibilities on top of keeping the kids engaged and managing online school.	1	.1	.1	62.1
Behavioral Health issues due to isolation	1	.1	.1	62.2
Being too closed off from my family and friends, too closed in with a troubled spouse.	1	.1	.1	62.3
Being unable to travel to see family for 2 years was difficult, as was the loss of the ability to freely socialize with friends and family in town.	1	.1	.1	62.4
Believing what was being passed as "news" Feeling secure outside my home	1	.1	.1	62.5
boredom	1	.1	.1	62.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
both adults in household with jobs that were demanding during covid... lots of hours worked and little personal time and family time.	1	.1	.1	62.6
Both adults in our household had to work many extra hours to pivot to the new reality. Exhausting!	1	.1	.1	62.7
BS Lies	1	.1	.1	62.8
Businesses closing	1	.1	.1	62.9
cancer diagnosis and treatments fear of the unknown	1	.1	.1	63.0
Career and educational goals were derailed.	1	.1	.1	63.1
Changed our habits; no longer do the social things we did prior to the pandemic. Its hard to restart some of them so we are still home a lot.	1	.1	.1	63.2
Civility between people (groups) eroded	1	.1	.1	63.3
CLOSED BUSINESSES	1	.1	.1	63.4
Community networking	1	.1	.1	63.5
Conflicts of interest, some family members vaccinating, some not.	1	.1	.1	63.6
Connecting with social groups	1	.1	.1	63.7
Connection	2	.2	.2	63.9
Constant fear and changes in recommendations.	1	.1	.1	64.0
Could not keep home health Care lined up for elderly parent	1	.1	.1	64.1
COULDNT GET OUT OF ALASKA	1	.1	.1	64.2
Covid killed my mother. Inability to travel & be with friends. Society unraveling.	1	.1	.1	64.3

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
COVID NURSE HUNG UP ON US AND WE DIDNT HAVE A WAY TO CALL BACK. HEALTHCARE FACILITIES TREATED MY PREGNANCY LIKE COVID WHEN I WENT INTO LABOR	1	.1	.1	64.4
Dealing with MAGA people	1	.1	.1	64.5
Death	1	.1	.1	64.6
Decreased availability of community programming	1	.1	.1	64.7
depression	1	.1	.1	64.8
Depression and lots of mental health issues	1	.1	.1	64.9
Differing local opinions about the seriousness of the pandemic, and how this affects decision making	1	.1	.1	65.0
Difficulty buying groceries. No strength.	1	.1	.1	65.1
disagreement re: mitigation	1	.1	.1	65.2
Disconnected from community affected mental health	1	.1	.1	65.3
Disconnection from community events.	1	.1	.1	65.4
Distance (Most Family Outside)	1	.1	.1	65.5
Division in health care and political community over masking and vaccinations	1	.1	.1	65.6
Divorce	1	.1	.1	65.7
Drank more w/ immediate neighbors	1	.1	.1	65.8
Due to lack of social connection, keeping emotionally and mentally steadiness was challenging.	1	.1	.1	65.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
During COVID-19, my family also faced the challenge of a shortage of supplies.	1	.1	.1	66.0
During COVID-19, our outdoor environment became very vulnerable, and the lack of medical supplies made it impossible for us to carry out our daily fitness activities outside.	1	.1	.1	66.1
During COVID-19, we can't go out in large areas, health campaigns are much less frequent, and supplies are scarce.	1	.1	.1	66.2
During COVID-19, we haven't been able to see older family members, and their health status and medication support have been challenged.	1	.1	.1	66.3
Economic benefits	1	.1	.1	66.4
Education struggles for my grandchildren because they didn't have electric or wifi	1	.1	.1	66.5
Elevated stress due to social pressure to discuss personal medical decisions.	1	.1	.1	66.6
emotional and mental stress/fatigue	1	.1	.1	66.7
Emotional stress and travel stress to see relatives further away.	1	.1	.1	66.8
Employment difficulties, no ability to travel	1	.1	.1	66.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
even though student loans have been on hold for the COVID-19 pandemic, it has been stressful, as I know when the order is lifted, I will have to make huge payments. (Thank goodness I have been able to save a little during this time).	1	.1	.1	67.0
Everything is expensive	1	.1	.1	67.1
Everything was just more expensive and more isolating.	1	.1	.1	67.2
extreme stress, fatigue, lack of connections and support. isolation from family and friends	1	.1	.1	67.3
Family gathering	1	.1	.1	67.4
FAMILY GET TOGETHERS	1	.1	.1	67.5
Family stress/cabin fever	1	.1	.1	67.5
Fear of health issues arising with family members while access to health care was limited. Worries if they caught the virus as well!!! Older parents	1	.1	.1	67.6
Fear of losing my job if I was unvaccinated. We struggled w/kids doing e-learning while we worked outside of the home. Crappy internet issues, inability to be at home to help guide small children with school work. Our teen was trying to help younger siblings while trying himself to graduate.	1	.1	.1	67.7
Fear of neighbors/community who would not vaccinate and would not wear masks	1	.1	.1	67.8
fear of sickness	1	.1	.1	67.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Fear, stress, worry, boredom, paranoid, loneliness	1	.1	.1	68.0
Feeling safe, Lack of solid information	1	.1	.1	68.1
Feelings of being isolated; not being able to visit family out of state	1	.1	.1	68.2
Finding childcare	1	.1	.1	68.3
Finding employees, getting exercise	1	.1	.1	68.4
finding work	1	.1	.1	68.5
Food delivery	1	.1	.1	68.6
General pandemic related grief, stress, and trauma to taxed mental and emotional health and interpersonal relationships.	1	.1	.1	68.7
Getting groceries and mail safely. Isolation from friends. No air travel.	1	.1	.1	68.8
Got divorced . My partner had very different ideas than I did regarding appropriate behavior during a pandemic being a major stressor in our relationship.	1	.1	.1	68.9
Gout-gas lighting, stockholm syndrome suffering	1	.1	.1	69.0
GOVERNMENT TAKING CONTROL. HANG THEM	1	.1	.1	69.1
Harassment for being unvaccinated	1	.1	.1	69.2
HARRASSMENT FOR NOT FOLLOWING THE NARRITVE	1	.1	.1	69.3
Having to go to emergency room in extreme pain just to be told I'm a druggie	1	.1	.1	69.4
Having to take time off work with no pay if one was exposed to covid.	1	.1	.1	69.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Healthcare	1	.1	.1	69.6
Higher depression, anxiety, panic, mania, fear, parnoia , sleeplessness	1	.1	.1	69.7
Home bound	1	.1	.1	69.8
Home schooling my son in his senior year.	1	.1	.1	69.9
Homeschooling	1	.1	.1	70.0
Housing funds, grumpy	1	.1	.1	70.1
Husband in Cancer care	1	.1	.1	70.2
I feel like as a solo parent I lost all opportunities to work/ had minimal savings and those went fast I can't even begin to explain how insecure mine and my sons life has been, continues to be..I mean I can but it's be a whole conversation.	1	.1	.1	70.3

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I found it hard to book appointments, or get certain services entirely. Healthcare workers were spread thin, giving priority to critical patients, having sickness or loss in their own lives, or due to personal voluntary behaviors to avoid vaccinations/ infection. It has become difficult to decipher "fake news" from reliable information, and unclear where to access transparent sources of information that are easily understood. When mistakes are made, such as at the pharmacy or hospital, that put patients at risk, or affect their quality of life, it seems like the pandemic has been some what of an excuse. This is a reoccurring problem with no accountability. Electronic/ paper record keeping issues. Not receiving full records and receiving other patients records. Incorrect Medicaid billing. If Medicaid denies a claim according to their own internal policies and requirements, the referring physician can dispute the denial with a peer-to-peer review. The AMA says peer-to-peer review should be available at any point following an adverse PA determination. Since the pandemic, I've had to face so many denials, and the referring physician almost never does a peer-to-peer review. I am also nervous to go to appointments because I don't want to get sick.	1	.1	.1	70.4

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
i lost my family	1	.1	.1	70.5
I missed many family celebrations and holidays together	1	.1	.1	70.6
I PREFER NOT TO COMMENT	1	.1	.1	70.7
I think the biggest challenge was the changes in socialization in the community. I attend church on a weekly basis but did not physically attend because many were not wearing masks. I did church online, but it just wasn't the same. So, lack of connection with people had the biggest impact on my family during COVID.	1	.1	.1	70.8
I used alcohol more than before COVID	1	.1	.1	70.9
I was not able to travel to visit my family -international Mostly emotional stress - missing family	1	.1	.1	71.0
Ignorance and apathy	1	.1	.1	71.1
Increased isolation, putting off medical and dental issues, added stress	1	.1	.1	71.2
Increased mental health challenges related to isolation, ongoing remote work, etc..	1	.1	.1	71.3
Initial fear, isolation	1	.1	.1	71.4
Interpersonal	1	.1	.1	71.5
Isolated from social networks	1	.1	.1	71.6
isolation	6	.6	.6	72.2
Isolation	11	1.1	1.1	73.2
ISOLATION	2	.2	.2	73.4
isolation and loneliness	1	.1	.1	73.5
Isolation and lonliness	1	.1	.1	73.6
Isolation and social interactions.	1	.1	.1	73.7

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Isolation from family and friends, supply chain frustrations, difficulty accessing health care but HMC and SPH did their best!	1	.1	.1	73.8
isolation induced loneliness	1	.1	.1	73.9
Isolation was difficult	1	.1	.1	74.0
ISOLATION-MISSED INTERACTING WITH OTHERS	1	.1	.1	74.1
Isolation-tough shopping	1	.1	.1	74.2
Isolation, fear of social interaction	1	.1	.1	74.3
isolation, lack of accurate info	1	.1	.1	74.4
Isolation, lack of community	1	.1	.1	74.5
isolation, lack of interpersonal relationships, education barriers with schools doing more online vs in person.	1	.1	.1	74.6
Isolation, living/working apart for jobs and college	1	.1	.1	74.7
isolation, made to feel I do not belong in Homer by people who have lived here longer. First question I am asked is " how long have you lived here".	1	.1	.1	74.8
isolation, not seeing our family	1	.1	.1	74.9
Isolation, terrible work/life balance, high costs of living	1	.1	.1	75.0
isolation. loneliness.	1	.1	.1	75.1
Isolation...lack of contact with others.	1	.1	.1	75.2
Isolation/lifestyle changes	1	.1	.1	75.3
it deeply disturbed me that a health matter became a political weapon and source of divisiveness.	1	.1	.1	75.4

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
It delayed our dental care so we are scrambling to get work done for our daughter now before she loses our dental coverage	1	.1	.1	75.5
It was awkward we didn't unite on how to reduce transmission. Facemasks when they did become readily available became political. I felt it unfair that people not working in my income bracket were making more than I was with unemployment compensation.	1	.1	.1	75.6
It was difficult being able to physically get to see my family who live outside	1	.1	.1	75.7
Job Challenges	1	.1	.1	75.8
Job security	1	.1	.1	75.9
Job stress definitely had an impact on our household.	1	.1	.1	76.0
Just a disconnect from people	1	.1	.1	76.1
just being able to socialize	1	.1	.1	76.2
Just stinking lonely	1	.1	.1	76.3
Just the ability to travel	1	.1	.1	76.4
just the things we wanted to do closed down	1	.1	.1	76.5
Keeping up with all the guidelines and booster shots.	1	.1	.1	76.6
Lack of connection, had just moved to Homer and then had to quarantine so didn't get to meet people.	1	.1	.1	76.7
Lack of food on the store shelves	1	.1	.1	76.8
LACK OF REAL SOCIALIZATION DUE TO SHUTDOWNS.	1	.1	.1	76.9
Lack of social connection	1	.1	.1	77.0

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
lack of social contact; obtaining factual information	1	.1	.1	77.1
Lack of social interactions	2	.2	.2	77.3
Lack of social opportunities, community events	1	.1	.1	77.4
Lack of social visits w/ friends	1	.1	.1	77.5
LACK OF SPACE AND PRIVACY	1	.1	.1	77.5
Lack of support due to not seeing family and friends, temporary feeling of loss of community	1	.1	.1	77.6
lay off and no unemployment options	1	.1	.1	77.7
Limited activities	1	.1	.1	77.8
Living in fear and not as much social interactions	1	.1	.1	77.9

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Living in Seldovia, access to competent, judgement-free medical care was nearly impossible. SVT, on the whole, does not believe that COVID is a real and dangerous illness, and so did not offer services that would have helped many in our community. Testing at the height of the pandemic was limited to patients; plus, you had to make an appointment to be seen by a provider to get a test. Appointments cost money. And people were being charged for both appointments and tests. Accessing tests outside of Seldovia was cost-prohibitive for most Seldovians-not to mention a public health risk when considering spreading illness. Lastly, because of the small population here, COVID data was suppressed, making it difficult to make informed choices regarding risk. COVID data stopped being reported altogether about a year ago.	1	.1	.1	78.0
LOCKED UP COULDNT LIVE. WAS BASICALLY UNDER HOUSE ARREST	1	.1	.1	78.1
Loneliness	2	.2	.2	78.3
Loneliness, not enough casual staff to cover. Political differences difficult to fathom, but definitely problematic for many.	1	.1	.1	78.4
Long Covid	1	.1	.1	78.5
Longer hours at work. Child home schooling	1	.1	.1	78.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
loss of business and ultimately selling our home/business to pay bills	1	.1	.1	78.7
Loss of community gatherings	1	.1	.1	78.8
Loss of work	1	.1	.1	78.9
LOSS OF WORK/INCOME, LESS ACCESS TO SUPPORT SYSTEMS	1	.1	.1	79.0
Lost a loved one to Covid, which caused emotional challenges.	1	.1	.1	79.1
Mainly isolation	1	.1	.1	79.2
Maintaining friendships	1	.1	.1	79.3
Managing physical and mental health during the pandemic due to being separated from loved ones	1	.1	.1	79.4
Managing stressful pandemic related jobs and differing opinions on COVID pandemic between family members.	1	.1	.1	79.5
Mandates seemed excessive, especially when we weren't permitted to visit a loved one living in Friendship Terrace. Also the travesty of not being with her when she died there alone.	1	.1	.1	79.6
Many would like to move on. My life, my choice, masks have disabled some thinking on some peoples parts	1	.1	.1	79.7
Mask mandates left to employees to enforce	1	.1	.1	79.8
medical	1	.1	.1	79.9
Medical expenses. Job using all saved PTO, so now can not visit home.	1	.1	.1	80.0

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Medical was the only challenge. I almost died because of lack of mental health care. I was prescribed drugs that said could be monitored any day, but they lied.	1	.1	.1	80.1
Mental & emotional stress, separation from extended family	1	.1	.1	80.2
Mental and emotional trauma. Experienced great fear and uncertainty. Lack of connection or stimulation. Lack of exercise and vitamin D and fresh air. Spiritual connection suffered	1	.1	.1	80.3
mental burn-out	1	.1	.1	80.4
Mental health	2	.2	.2	80.6
Mental health challenges	1	.1	.1	80.7
Mental health challenges largely stemming from science deniers worsening an already difficult public health situation through their unwillingness to take even basic prevention measures in order to reduce the morbidity and mortality experienced by our community.	1	.1	.1	80.8
Mental health due to Quarantine	1	.1	.1	80.9
mental health for the kids and family.	1	.1	.1	81.0
Mental health issues	1	.1	.1	81.1
Mental health issues associated with isolation and managing risk	1	.1	.1	81.2
Mental health issues with my children and family stress mask vs no masks	1	.1	.1	81.3
mental health obstacles	1	.1	.1	81.4
mental health support	1	.1	.1	81.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
mental stress	1	.1	.1	81.6
Mental wellness	1	.1	.1	81.7
Mental wellness challenges	1	.1	.1	81.8
mentally, stress, and fatigue,	1	.1	.1	81.9
Minor increased stress from making sure my family was taking all the precautions that we could, and not getting sick at work	1	.1	.1	82.0
Missed contact with friends	1	.1	.1	82.1
missing volunteer opportunities at the senior center	1	.1	.1	82.2
money	1	.1	.1	82.3
Money	1	.1	.1	82.4
money issues, bills etc	1	.1	.1	82.5
MONEY, JOB, FOOD SHOPPING	1	.1	.1	82.5
Mood disorders Increased stress Physical health issues	1	.1	.1	82.6
MORE HOME TIME	1	.1	.1	82.7
Mostly Financial which impacted emotional	1	.1	.1	82.8
mother with alzheimers had to transition to friendship terrace just before covid, there were often severe staffing shortages and the care was poor during these months, we visited often and made suggestions, but we worried about elders there that didn't have family advocates	1	.1	.1	82.9
Moving across state in the winter. Dealing with grief and loss, and financial burdens. Laid off of work and social isolation.	1	.1	.1	83.0
MOVING UP TO ALASKA FROM WASHINGTON	1	.1	.1	83.1

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
My biggest concern is racism. Education is everything	1	.1	.1	83.2
My children did not enjoy homeschool or remote learning. They definitely missed in person interaction and learning	1	.1	.1	83.3
My husband had treatment for and died of cancer	1	.1	.1	83.4
n/a	2	.2	.2	83.6
N/a	1	.1	.1	83.7
N/A	8	.8	.8	84.5
NA	1	.1	.1	84.6
Navigating uncertainty. Feeling stuck in a relationship that wasn't working because change felt too scary.	1	.1	.1	84.7
No	1	.1	.1	84.8
no money, no help trying to stay warm, pay bills, keep shoveled out	1	.1	.1	84.9
none	2	.2	.2	85.1
None	7	.7	.7	85.8
NONE	1	.1	.1	85.9
none-thankful	1	.1	.1	86.0
None, really. However, local small businesses did + changed their hours + lost spirit + that affects the whole community. A Big deal.	1	.1	.1	86.1
Not being able to see grandbabies birth	1	.1	.1	86.2
Not being able to socialize led to an increase in the level of dementia in my partner	1	.1	.1	86.3
not being allowed in places that force masks	1	.1	.1	86.4
not enough human interaction	1	.1	.1	86.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Not having community activities to go to	1	.1	.1	86.6
Not seeing family.	1	.1	.1	86.7
Nothing is the same anymore	1	.1	.1	86.8
NOTHING, I THRIVED BECAUSE OF PEOPLES STUPIDITY	1	.1	.1	86.9
Nothing, it was the silly brain dead nazi followers that tried to press their phobias. Shame on you all.	1	.1	.1	87.0
Obtaining goods and services due to businesses being closed	1	.1	.1	87.1
Other than myself, my household partner at the time suffered from total loss of employment, severe mental health decline, inability to repay debt, inability to afford typical bills/rent, and increased self-destructive behavior due to addiction	1	.1	.1	87.2
Our mental health and motivation that my children faced at highschool and college level. Fear and anxiety and anger amongst toward everyone due to the unknown forced on us.	1	.1	.1	87.3
OVER TESTING AND CONTRACT TRACING WHEN THE KIDS WENT BACK TO SCHOOL. RELENTLESS PRESSURE TO VACCINATE	1	.1	.1	87.4

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Paper survey: Community seems deeply divided politically- with Progressives insisting that only they know the political truths. This clearly demonstrates an ego that rests its' conclusions on propaganda and msm's total unwillingness to research BOTH sides of current "?" (could not read what last word is)	1	.1	.1	87.5
Paper survey: question skipped	10	1.0	1.0	88.4
Paper survey: Question skipped	25	2.5	2.5	90.9
Paper Survey: Question skipped	1	.1	.1	91.0
Paying bill	1	.1	.1	91.1
People not taking precautions not wearing masks in stores	1	.1	.1	91.2
people using the pandemic to get away with unethical and illegal behavior	1	.1	.1	91.3
Perceived isolation, especially because we moved to the area just before the pandemic. It was hard to meet people and I just now feel like I'm starting to find community here.	1	.1	.1	91.4
Political discrimination	1	.1	.1	91.5
Politically motivated violence	1	.1	.1	91.6
POWER DISCONNECT	1	.1	.1	91.7
Problem: some local businesses were discriminatory over mask mandates.	1	.1	.1	91.8
Pushback from anti-vax and anti- mask people	1	.1	.1	91.9
quality education for kids	1	.1	.1	92.0

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
reduced overall sense of wellbeing, geopolitically caused anxiety	1	.1	.1	92.1
Restaurants were closed	1	.1	.1	92.2
Rising prices since the COVID-19 pandemic have increased the cost of living and the cost of health care.	2	.2	.2	92.4
Rising prices since the COVID-19 pandemic have increased the cost of living.	1	.1	.1	92.5
Safety at home	1	.1	.1	92.5
School was tough. My kids didn't like remote schooling.	1	.1	.1	92.6
Schooling at home, lots of connection with broader community.	1	.1	.1	92.7
sda	1	.1	.1	92.8
See above commentz	1	.1	.1	92.9
Seeing my friends and favorite businesses struggle due to shutdowns of "non-essential" business and remote learning (i.e. no learning)	1	.1	.1	93.0
shingles	1	.1	.1	93.1
Shunning. Exclusion.	1	.1	.1	93.2
Since the COVID-19 pandemic, prices have risen, the cost of living has increased, and the pressure is great.	1	.1	.1	93.3
social challenges- isolation, schooling at home was hard, income	1	.1	.1	93.4
social distancing and lack of social events for kids family and elderly	1	.1	.1	93.5
social events to enjoy fun with family and friends	1	.1	.1	93.6
Social interactions for my children, lack of connection to school	1	.1	.1	93.7

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Social isolation	1	.1	.1	93.8
social isolation, restaurants closed	1	.1	.1	93.9
social isolation; excessive screen time	1	.1	.1	94.0
Social isolation/lack of emotional connection to the community.	1	.1	.1	94.1
Social networking	1	.1	.1	94.2
Socializing	1	.1	.1	94.3
SOME CHALLENGES MY FAMILY HAD WAS BEING FORCED TO ISOLATE FROM LOVED ONES. FAMILY COULDNT BE WITH THEIR LOVED ONE WHEN IN THE HOSPITAL.	1	.1	.1	94.4
some isolation, lack of mental health support for family/teenager	1	.1	.1	94.5
Some people's fear was so great that they couldn't function rationally, causing more than physical distancing between community members.	1	.1	.1	94.6
Sorrow	1	.1	.1	94.7
SPH, HMC, and SVT were fantastic in all ways through the whole pandemic!	1	.1	.1	94.8
Stigma	1	.1	.1	94.9
Strained mental health, loads of stress	1	.1	.1	95.0
Stress	1	.1	.1	95.1
stress of it all	1	.1	.1	95.2
Stress, fatigue, breathing difficulties and physical challenges from long hours in PPE	1	.1	.1	95.3
Stress, in general and from varying social expectations	1	.1	.1	95.4
Stupid people	1	.1	.1	95.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Suffocating in a mask scientists proved doesn't work	1	.1	.1	95.6
Summer and winter Childcare for the younger adults that have school kids was a problem for my extended family where both parents work.	1	.1	.1	95.7
Surgeries and other medical procedures being postponed due to the early pandemic. Severe strain on household mental health.	1	.1	.1	95.8
SURVIVING ON A SINGLE INCOME, SCHOOL CLOSURES, HAVING TO STAY HOME TO TEACH, CHILDCARE, EXPENSES ADDING UP RESULTING IN CREDIT CARD DEBT.	1	.1	.1	95.9
the assurance others were practicing and follow health mandates and taking precautions to keep themselves and others safe	1	.1	.1	96.0
The challenges of education and learning, as well as the help needed by families with special disabilities	1	.1	.1	96.1
The contentiousness of attitudes regarding masking in particular.	1	.1	.1	96.2
The inconvenience of wearing facemasks	1	.1	.1	96.3
The isolation of not being with family and friends.	1	.1	.1	96.4
The lack of social life like everyone else.	1	.1	.1	96.5
The lack of willingness/need to return to work for local business	1	.1	.1	96.6
The mental health impacts of prolonged isolation.	1	.1	.1	96.7

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
The pandemic has upended the lives of families across the country. Parents and caregivers are working to protect their own health and well-being and that of their children. Many are doing so to juggle new or different job responsibilities, while millions of others are struggling to meet the large financial needs of their families after being laid off or having their hours reduced. For parents of school-age children, whether or how often their children can attend school is complicated.	1	.1	.1	96.8
There are so many challenges that we face during the pandemic, income issues, unemployment issues, children learning issues	1	.1	.1	96.9
There will be a bit of pressure on families' living expenses and sources during the COVID-19 period	1	.1	.1	97.0
This destroyed the social connection between people and communities in our country	1	.1	.1	97.1

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Time wasted on closures, jobs down the tubes, grocery shelves empty, people binge shopping, inaccurate information on COVID, the vaccine's being used to push a agenda of fear and unhealthy use of masks that obviously don't work, health issues because of wearing masks, the unnecessary push of vaccines for children and the treatment of people who became covid positive and if not vaccinated, treated like a sub-human, keeping their families from seeing them before they died. All because of a global agenda to make our health dictated by foreigners, making us one big global family and losing the freedom to decide for themselves what is good, or not, for their bodies. People being fired if they don't want the vaccine. That's just the beginning. Drug companies making tons of money on this and hospitals receiving \$\$\$ from the government to push the drug company's "new" drug and-pharmacies refusing to fill prescriptions of Ivermectin. To al the people who died or received those vaccines having adverse life changing effects on their bodies, I pray God provides some solace in knowing that this will be brought to the attention of someone or somebody far more powerful than the everyday, ordinary citizen.	1	.1	.1	97.2

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Too many businesses were shut down, and/or making requirements of public	1	.1	.1	97.3
Took on too many side gigs.	1	.1	.1	97.4
trapped in lower 48 with Covid	1	.1	.1	97.5
TRAVEL THROUGH CANADA, MILITARY MOVING	1	.1	.1	97.5
Traveling due to other countries being Covid-scared towards "unvaxxed".	1	.1	.1	97.6
unable to grieve losses with others who share the losses	1	.1	.1	97.7
Unable to travel.	1	.1	.1	97.8
Uncertainty	1	.1	.1	97.9
uncertainty regarding the force of vaccination from employer	1	.1	.1	98.0
Uncertainty with the unknowns of the pandemic.	1	.1	.1	98.1
Unforgivable violation of Nuremberg Code requiring accountability	1	.1	.1	98.2
Unnecessary closures, restrictions, travel restrictions, lack of treatment options, masks	1	.1	.1	98.3
Unprocessed trauma from isolation. A partner that was deemed "essential" so worked 10+ hours a day, 6 days a week resulting in 100% of caregiving, domestic labor and homeschooling fell on my shoulders. Exhausting.	1	.1	.1	98.4
visiting friends and family; limited travel	1	.1	.1	98.5

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Watching my fellow man succumb to fear and misinformation. So sad.	1	.1	.1	98.6
We all coped very well	1	.1	.1	98.7
We deeply missed going to church and connecting with the community face-to-face	1	.1	.1	98.8
We don't have enough supplies for COVID-19, and we have a very high infection rate outdoors.	1	.1	.1	98.9
We have young children and during the height of the pandemic, we were pretty conservative about isolating so I think our children suffered a bit from not being around their peers enough.	1	.1	.1	99.0
We lost a lot of money from our tourist business bc people weren't traveling	1	.1	.1	99.1
We were very lucky to be able to transition.	1	.1	.1	99.2
We will face the challenge of economic hardship	1	.1	.1	99.3
Wearing a mask was challenging for me.	1	.1	.1	99.4
weight gain	1	.1	.1	99.5
Weirdly, COVID-19 was a much-needed reset for my family. Remote school was a major challenge with work, but we found a way to do it (at a significant monthly cost for the instructor we hired for education and childcare -pre school and elementary aged kids). Other than that, it was good to refocus our energy and SLOW DOWN.	1	.1	.1	99.6

What other challenges did you or your family face during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Went to the hospital and was discharged, without being made well. Following week was medivac to Anchorage for a three week stay at Providence, where they did help me.	1	.1	.1	99.7
WIFE NEEDED TO QUIT HER JOB, I HAVE BREATHING ISSUES AND AM LIVING LESS THAN 100\$ A MONTH	1	.1	.1	99.8
Work was challenging. I work in a public setting and delt with a lot of abuse from assjole customers about masks	1	.1	.1	99.9
Zoom school	1	.1	.1	100.0
Total	1020	100.0	100.0	

Did you test positive for COVID-19 at any time during the pandemic?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	469	46.0	49.9	49.9
	No	352	34.5	37.4	87.3
	I prefer not to answer	119	11.7	12.7	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did someone in your household test positive for COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	480	47.1	51.1	51.1
	No	336	32.9	35.7	86.8
	I prefer not to answer	124	12.2	13.2	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did you or someone in your household seek treatment for COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	279	27.4	29.7	29.7
	No	537	52.6	57.1	86.8
	I prefer not to answer	124	12.2	13.2	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Are you or a loved one suffering from lingering health problems related to COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	172	16.9	18.3	18.3
	No	633	62.1	67.3	85.6
	I prefer not to answer	135	13.2	14.4	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did you experience unexpected loss of a loved one due to COVID-19?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	148	14.5	15.7	15.7
	No	661	64.8	70.3	86.1
	I prefer not to answer	131	12.8	13.9	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

Did you have any trouble managing any health needs during the COVID-19 pandemic?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes (please explain below)	193	18.9	20.5	20.5
	No	566	55.5	60.2	80.7
	I prefer not to answer	181	17.7	19.3	100.0
	Total	940	92.2	100.0	
Missing	System	80	7.8		
Total		1020	100.0		

If yes, please explain:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		834	81.8	81.8	81.8
	Going in for annual medical /dental and feeling safe from C-19	1	.1	.1	81.9
	It was difficult to get appointments and with health issues reluctant to go into facilities where we might contract Covid	1	.1	.1	82.0
	"Elective" surgeries postponed affected health. COVID positive also delays procedures.	1	.1	.1	82.1
	access to mental health services for teens	1	.1	.1	82.2
	ACCESS TO NEEDED PROCEDURES AND GENERAL EXERCISE	1	.1	.1	82.3
	access to therapy harder	1	.1	.1	82.4
	answered in previous question. Concern about getting diagnostic tests due to the rate of unvaccinated employees at SPH. Delayed in tests which resulted in issues not being identified in timely manner and has effected overall health plan	1	.1	.1	82.5
	Anxiety and no insurance.	1	.1	.1	82.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
As a health care professional, we struggled mentally and emotionally. We worked short staffed and we worked HARD.	1	.1	.1	82.6
Basic hygiene needs due to transportation and funds	1	.1	.1	82.7
Because Covid was so new. I personally had trouble finding care related to my Long Covid Syndrome. No one in Alaska had the education. I left the state for care	1	.1	.1	82.8
Because I tested positive for Covid-19, I couldn't properly isolate my wife and children, so they were also infected.	1	.1	.1	82.9
Because of COVID-19, we don't have enough support for our medicines.	1	.1	.1	83.0
being alone after surgery and not understanding what I was told d/t anesthesia	1	.1	.1	83.1
can't get to doctor's, no money, truck needed work and no money for gas	1	.1	.1	83.2
Cancer treatment	1	.1	.1	83.3
cancer treatments and travel	1	.1	.1	83.4
chronic pain	1	.1	.1	83.5
Couldn't see doctors to renew medications or get basic health care	1	.1	.1	83.6
Couldn't get into health facilities in timely manner	1	.1	.1	83.7
Couldn't get medical appointments on a timely basis.	1	.1	.1	83.8
delayed health screenings such as colonoscopy	1	.1	.1	83.9

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Delayed preventative services. Negative medical outcomes for non-covid related hospitalization associated with healthcare providers and facilities too full with covid patients.	1	.1	.1	84.0
DELAYS IN TWO SEPARATE SURGERIES DUE TO SCHEDULING PROBLEMS OR PROBLEMS GETTING PRIOR AUTHORIZATION DUE TO LIMITED STAFF	1	.1	.1	84.1
Dental	1	.1	.1	84.2
Dental care	1	.1	.1	84.3
Dental care paused during pandemic. Just started going again and will need dental caries repaired.	1	.1	.1	84.4
dental care put off to lower exposure, less likely to go see the doctor for concerns	1	.1	.1	84.5
Dental work. Our daughter is almost 21 and it delayed work she needed that takes up to a year to do (implants). Now we are scrambling to get them completed before she doesn't have coverage anymore	1	.1	.1	84.6
Depending on the situation	1	.1	.1	84.7
Depression, anxiety, add all got severely worse; transitioning to remote telehealth was difficult	1	.1	.1	84.8
Did not do regular wellness checkups, dental, or eye care	1	.1	.1	84.9
DIDNT WANT TO BE IN HOSPITAL AND CLINIC	1	.1	.1	85.0
Difficult to schedule medical & dental appointments	1	.1	.1	85.1

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
difficult to seek medical care for non covid-19 health concerns	1	.1	.1	85.2
difficulty access resource and healthcare	1	.1	.1	85.3
Difficulty receiving adequate support during first pregnancy (especially mental health/emotional support)	1	.1	.1	85.4
Doctor appointments took a long time (scheduling), however they still do. Generally, when you go to make an appointment, they tell you it will be about a month to a month and a half from now.	1	.1	.1	85.5
Dr appointments seem to need to be scheduled a month or more out from the need.	1	.1	.1	85.6
drugs that actually help you get well were not available---nor was alternative healthcare.	1	.1	.1	85.7
Due to economic reasons	1	.1	.1	85.8
Due to lack of available beds, our family treatment was delayed. Due to a different check in system, we had more complications to deal with because of a delay having to check-in and wait in the car.	1	.1	.1	85.9
During COVID-19, when my whole family was infected, we were supported with medication, but it was not enough because we were not adequately equipped.	1	.1	.1	86.0
Early proactive prevention and treatment for Covid was denied. Too much fear and not enough clear minded practical care.	1	.1	.1	86.1

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Even though we don't have COVID-19, we still worry about whether we have enough drugs to protect us from it.	1	.1	.1	86.2
Every time I tried to get medicine there was none available.	1	.1	.1	86.3
Everything listed above	1	.1	.1	86.4
Exercise a lot outdoors	1	.1	.1	86.5
family member mental health needs	1	.1	.1	86.6
Fatigue	1	.1	.1	86.7
Fearful of going to health care setting	1	.1	.1	86.8
Financial	1	.1	.1	86.9
Getting a pulse oximeter in mail self monitoring	1	.1	.1	87.0
Getting appointments at the start of the pandemic was difficult unless it was an emergency	1	.1	.1	87.1
Had 2 unplanned surgeries and follow up appointments and care were challenging	1	.1	.1	87.2
had long covid	1	.1	.1	87.3
Had my knee replaced in Anchorage Jan. 8, 2020 Covid made it hard to travel to Anchorage for follow ups.	1	.1	.1	87.4

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Had to find online/teledoc format to locate a physician who would prescribe HCQ and Ivermectin. Local physicians were banned from prescribing medicines that were proven to work. Once we got the prescription, the pharmacy had issues filling them as the govt commandeered to distribution or stopping distribution of life saving medicine. Adding to that was the outrageous cost.	1	.1	.1	87.5
Had to wait for care, couldn't be seen for services.	1	.1	.1	87.5
had trouble getting dr appointment	1	.1	.1	87.6
hard to access some care	1	.1	.1	87.7
Hard to get into places	1	.1	.1	87.8
Hate that our hospital boosted about making millions from Covid-19 shows what their main abjection was.	1	.1	.1	87.9
HAVE COPD CAN'T BREATHE WITH AMASK AND I COULD NOT GO PLACES	1	.1	.1	88.0
Haven't been to the dentist or gyno	1	.1	.1	88.1
Health care workers have been so busy since the COVID-19 pandemic that many community health care services have fallen behind.	1	.1	.1	88.2
Hearing difficulty with Zoom and teleconference calls	1	.1	.1	88.3
Hesitant to do anything unnecessary	1	.1	.1	88.4
High hospital census as a consequence causing delays in treatment.	1	.1	.1	88.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Horrible medical care from a hospital that did not know me personally, infection went into my brain causing me to act suspicious, was then treated as a problem patient and was discharged without fixing the problem. Had I been allowed visitors my husband could have explained that something was very wrong because I'm usually not a weird oh.	1	.1	.1	88.6
Hospitals were stressed, nurses were stressed, it was an unfortunate time for health care.	1	.1	.1	88.7
Husband in cancer treatment	1	.1	.1	88.8
I covered for fellow employees that didn't vaccinate, then got sick and either died or lost a family member. Shifting responsibility at work to me, because I was well.	1	.1	.1	88.9
I did not seek medical care because of the overwhelmed medical system.	1	.1	.1	89.0
I don't have enough protective and disinfecting supplies.	1	.1	.1	89.1
I had a surgery that left me vulnerable and i ended up getting a covid a second time	1	.1	.1	89.2
I had major surgery and was alone due to restrictions	1	.1	.1	89.3
I HAVE A CONTINUING COUGH USING OTC DRUGS	1	.1	.1	89.4

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
I have had problems with chest pressure and shortness of breath since I got my Covid vaccines. Doctors chalk it up to being Costochondritis but I've never had that before getting vaccinated. The vaccine was required for me to keep my job.	1	.1	.1	89.5
I have loved ones who were vaccine injured and one friend who died from the vaccine	1	.1	.1	89.6
I still haven't made time to get a dental cleaning. I just put off preventative care because it was even more inconvenient than usual.	1	.1	.1	89.7
I strongly believe I had a sinus infection, and would not be treated to antibiotics for it because of having COVID	1	.1	.1	89.8
I suffered an injury just prior to the pandemic, and my physical therapy was cut short because of it.	1	.1	.1	89.9
I was able to have telemed appointments with several health care providers, but I avoided completing some medical tests which were ordered, because I didn't want to expose myself to possible Covid infection at the hospital or clinics.	1	.1	.1	90.0
I was denied covid treatment	1	.1	.1	90.1
I was having gynecological issues which caused me to become severely anemic; I needed surgery to resolve it but I had to wait due to lack of availability for "non-emergent" procedures	1	.1	.1	90.2

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
I was very ill, living by myself. Was told to go to ED multiples times by health care professionals but was afraid of the cost.	1	.1	.1	90.3
I was walking every day!	1	.1	.1	90.4
IT BECAME DIFFICULT TO SCEDULE REGULAR APPOINTMENTS WHEN THE HOSPITAL WAS OVERWHELMED WITH COVID PATIENTS	1	.1	.1	90.5
It was difficult to get a prescription for Paxlovid right away. I had to call clinic several time for them to agree to an appointment within 5 days of onset.	1	.1	.1	90.6
It wasn't worth going to see the doctor with all the mandates in place. I just put off all my medical needs and lived with the consequences. Thankful I had no dire emergencies.	1	.1	.1	90.7
It's still a pandemic!!!!!! My phone number was given to a covid nurse from the drs office. She called me two days later and hung up in the middle of our conversation, I had no way to call her back	1	.1	.1	90.8
Just basic check ups and appointments were on hold.. unaddressed health issues I' m very much paying for now	1	.1	.1	90.9
lack of access to healthcare	1	.1	.1	91.0
Local clinic was resistant to mandates and prevailing evidence in support of them	1	.1	.1	91.1
Long lines for healthcare-long time	1	.1	.1	91.2

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Long wait periods for appointments and fear of going to the doctor and not being able to leave	1	.1	.1	91.3
long waits at different times during the pandemic	1	.1	.1	91.4
Masking safety	1	.1	.1	91.5
Masks are annoying and unhealthy	1	.1	.1	91.6
Medical appointments unavailable	1	.1	.1	91.7
medical/mental healthcare	1	.1	.1	91.8
Medication, nutrition, hydration, sleep, social, mental, physical, time management.	1	.1	.1	91.9
Mental health	2	.2	.2	92.1
Mental Health	1	.1	.1	92.2
Mental Health concerns with isolation	1	.1	.1	92.3
Mental health needs	1	.1	.1	92.4
Mental health primarily due to work stress, environmental/societal stress secondary....multiple adult household members.	1	.1	.1	92.5
Mental health.	1	.1	.1	92.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
My autistic child has not had OT services since covid 19. My dad died in anchorage from covid, traveling to anchorage to support my mom made me stop going to my own medical appts like PT. Severe grief, sudden onset of anxiety and depression have been my state of expierence since. It's hard to meet my needs, it's harder to care for my families on going needs. My partner is what they call the long covid and contriunes to have more Healthcare needs. Now we have to travel to see specialists and Medicaid of course is a Hassle. I'm considering leaving Homer because of these types of issues. When we first moved here 5 years ago we were so impressed with medical options not being wait listed like anchorage. Now I am constantly frustrated with the lack of humanity in the systems Here. The food bank offers half rotten food to those of us already struggling, I watched a man get mistreated by a police officer this week at safeway. He communicated he had PTSD and needed his case manager and the officer disregarded his request and wrestled him to the ground with extreme unnecessary force. I went to see a casemanger at the center myself to get help applying for social security disability and she told me I seemed fine and should focus my application on my physical issues instead of mental health. These situations were all with in 2 weeks. Not to mention the ridiculous interactions we have had by going to the ER 5x the last month to try and get my partner diagnosed. Because she's still dealing with issues from covid. I am not the type of person whom sees the negative for	1	.1	.1	92.6

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
My child didn't want to wear a mask and anger. Husband did not seek physical therapy appointment because of mask policy. Both never got covid ever with no vaccine.	1	.1	.1	92.7
My husband broke his humerus in AZ. They would not do anything to help him in 4 months time but put a splint on it. We came back to Homer within 2 weeks he was in Anchorage having surgery , putting a pin in it and on the road to recovery.	1	.1	.1	92.8
My husband had surgery in Washington and the access and visitation was much harder to navigate	1	.1	.1	92.9
My husband not being allowed to be with me at doctor's appointments and surgeries.	1	.1	.1	93.0
MY MUCH-NEEDED SURGERY WHICH WAS TREATED AS NON-ESSENTIAL WAS POSTPONED BECAUSE OF COVID.	1	.1	.1	93.1
Needed health services but didn't want to go inside places during the pandemic	1	.1	.1	93.2
Needed to take a lot of extra precautions being pregnant during the pandemic. Routine doctors visits were stressful and the protocols didn't allow for my family to be present for support.	1	.1	.1	93.3
No access to women's wellness exam	1	.1	.1	93.4
Non	1	.1	.1	93.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Not able to get appointment at my regular Dr went somewhere else with no problem .	1	.1	.1	93.6
not being able to get into reg doc. for evaluation and med check.	1	.1	.1	93.7
NOT BEING ABLE TO GO TO THE ER COMES TO MIND. NURSES MAKING TIKTOK VIDEOS WAS CRINGE	1	.1	.1	93.8
Not enough appointments to meet mental health needs	1	.1	.1	93.9
NURSE HUNG UP, NOT ALLOWED TO SEE DR ANYMORE. KELLY NEVER CALLED BACK	1	.1	.1	94.0
Often as a single mom me or my kids couldn't make it to appointments because of the limit of people that could come	1	.1	.1	94.1
Options were highly restricted!	1	.1	.1	94.2
Our community shut its doors and because everyone was afraid of covid it was almost impossible to get to medical care for basic medical needs like a check up, we'll child visits/immunizations, dental. We lost basic medical necessities because everyone was afraid to get covid.	1	.1	.1	94.3
Paper survey: 9th question skipped	1	.1	.1	94.4
Paper survey: question skipped	2	.2	.2	94.6
Paper survey: Question skipped	1	.1	.1	94.7

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
picking up prescriptions had to cancel medical procedures	1	.1	.1	94.8
Please see the prior answer related to COVID-19 testing in Seldovia.	1	.1	.1	94.9
Postponed minor medical issues where would have gone to Dr. Normally. Dental also.	1	.1	.1	95.0
POSTPONED NEEDED OPERATION	1	.1	.1	95.1
preventative care such as annual exams / mammograms where delayed.	1	.1	.1	95.2
Preventative care wasn't an option. Known remedies weren't available.	1	.1	.1	95.3
procedures were cancelled and not rescheduled	1	.1	.1	95.4
Product not at store/pharmacy	1	.1	.1	95.5
Provider wouldn't see me because chronic issues were not covid related.	1	.1	.1	95.6
providers had limits, I had limits due to safety concerns. I do know people who were negatively impacted (and continue to be) by COVID-19	1	.1	.1	95.7
received results of many allergies	1	.1	.1	95.8
Restricted access to healthcare	1	.1	.1	95.9
Routine care was more difficult to access at times.	1	.1	.1	96.0
Sanitary supplies are not in sufficient supply to complete a thorough cleaning and disinfection of the home	1	.1	.1	96.1
Screening procedures were delayed, dental work postponed	1	.1	.1	96.2

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Seeing my provider was difficult and getting dental work done was impossible.	1	.1	.1	96.3
Shortage of doctors available	1	.1	.1	96.4
Since the COVID-19 pandemic, health care workers have been stretched and have little time to spare, so there is a lot that cannot be done in terms of community health.	2	.2	.2	96.6
Skin & leg issues. Hives/boils	1	.1	.1	96.7
skipped appointments	1	.1	.1	96.8
sometimes the clinic was closed to non urgent matters	1	.1	.1	96.9
stopped dentist and doctor visits	1	.1	.1	97.0
Struggled with decreased functioning	1	.1	.1	97.1
Surgery had to be postponed	1	.1	.1	97.2
Teenage daughter struggled with some mental health issues with the onset of covid when schools closed increasing isolation. We sought counseling and took a proactive family role in assisting her.	1	.1	.1	97.3
Tested positive on a Friday, wanted Paxlovid and was turned away from a clinic, turned away from ED, then on Monday well taken care of at a clinic. It was difficult as an ill person to get the medicine.	1	.1	.1	97.4
The availability to health care for other related health problems or for general dental or medical check ups	1	.1	.1	97.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
The pandemic has posed a number of serious challenges to health services, including inadequate capacity, supply shortages, the need to redesign health services and financial losses. Complexity science views health care providers as complex, adaptive systems operating in a highly complex and unpredictable environment. It assumes that large parts of organizational life are unknowable, uncertain, or unpredictable, and therefore cannot be standardized or controlled.	1	.1	.1	97.5
They don't get the right treatment	1	.1	.1	97.6
Too sick to travel to town but when I could the care was great	1	.1	.1	97.7
TRANSPORT TO MED	1	.1	.1	97.8
transportation to Anchorage and back; we could not drive and public transportation was limited.	1	.1	.1	97.9
Trouble affording my regular medications and food	1	.1	.1	98.0
Trouble getting testing results back quickly. Had to take too many days off unpaid.	1	.1	.1	98.1
TRYING TO GET A DR APPT WAS RIDICULOUS	1	.1	.1	98.2
unable to get a well-woman appt at hmc for 3 years for preventative care.	1	.1	.1	98.3
Unable to get an appointment in person	1	.1	.1	98.4
Unable to get diagnostic tests done, dental care, physical therapy.	1	.1	.1	98.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
Unable to get medical care for routine issues due to COVID crisis. Watching my sister die because she could not get adequate care for medical issues due to COVID crisis overwhelming the system	1	.1	.1	98.6
Unable to go into doctors office because my spouse had compromising health and myself	1	.1	.1	98.7
unable to seek preventative care	1	.1	.1	98.8
Unrelated covid sickness, difficulty treating due to pandemic	1	.1	.1	98.9
Used over the phone for appointments and didn't go get standard test I should have Linger health problems are from the covid vaccine	1	.1	.1	99.0
Very good	1	.1	.1	99.1
Very limited access to treatment and surgeries during Covid 19	1	.1	.1	99.2
We could not get in to see specialists when appropriate. Telehealth visits did not work well with Alzheimer's	1	.1	.1	99.3
We really appreciated the "Covid- breifs" on KBBI w/SPH, schools, public health nurse updates+callins :)	1	.1	.1	99.4
Wellness visits were cancelled for over 18 months. So many people getting seen via telehealth vs in person screenings. Primary care lacking the quality it had prior to COVID.	1	.1	.1	99.5

If yes, please explain:

	Frequency	Percent	Valid Percent	Cumulative Percent
When I got sick I stayed home, used oils, and never tested. I still have fatigue and lung issues	1	.1	.1	99.6
WORK EXPOSURES TO COVID 19 AND PENALTIES FOR THAT. SCHOOLS SENDING HOME KIDS FOR ANY SYMPTOM AND PROLONGED ABSENCE UNTIL THEY COULD RETURN, TRYING TO FIGURE OUT WHAT TO DO WITH KIDS THAT CAN'T GO TO SCHOOL AND STILL WORK.	1	.1	.1	99.7
Work life balance as an rn at the hospital	1	.1	.1	99.8
Yes	1	.1	.1	99.9
Yes, during COVID-19, we had a virus, but luckily not a serious one. But we don't have enough drugs to sustain the treatment. And it doesn't work well at home.	1	.1	.1	100.0
Total	1020	100.0	100.0	

Your mental health before the COVID-19 pandemic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	109	10.7	11.6	11.6
	Poor	21	2.1	2.2	13.8
	Fair	73	7.2	7.8	21.6
	Good	246	24.1	26.2	47.8
	Very Good	306	30.0	32.6	80.4
	Excellent	184	18.0	19.6	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

Your mental health during the COVID-19 pandemic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	108	10.6	11.5	11.5
	Poor	119	11.7	12.7	24.2
	Fair	216	21.2	23.0	47.2
	Good	266	26.1	28.3	75.5
	Very Good	149	14.6	15.9	91.4
	Excellent	81	7.9	8.6	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

Your mental health now

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	107	10.5	11.4	11.4
	Poor	41	4.0	4.4	15.8
	Fair	158	15.5	16.8	32.6
	Good	267	26.2	28.4	61.0
	Very Good	234	22.9	24.9	85.9
	Excellent	132	12.9	14.1	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

At any time during the COVID-19 pandemic, did you have serious thoughts about ending your life or of hurting yourself in some way?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	65	6.4	6.9	6.9
	No	739	72.5	78.7	85.6
	I prefer not to answer	135	13.2	14.4	100.0
	Total	939	92.1	100.0	
Missing	System	81	7.9		
Total		1020	100.0		

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	507	49.7	49.7	49.7
Looking for good. Online free offerings for yoga and meditation. Journaling	1	.1	.1	49.8
My spouse and I got outside whenever the weather was decent to hike, bike, kayak. We missed time with our friends	1	.1	.1	49.9
We walked, hiked, biked, skied, camped... we were outside exercising most days. Feeling blessed to be in Homer where we can ski, hike or walk the beach	1	.1	.1	50.0
1. Talking with friends/family 2. Re-entering in-face, non-electronic socializing events. This was the most important for regaining /improving mental health.	1	.1	.1	50.1
1) Worked part time 2) sought counselling 3) maintained contact with family/friends	1	.1	.1	50.2
12 step meetings, medication, exercise	1	.1	.1	50.3
A good therapist that I see virtually. Getting out in nature. Exercise.	1	.1	.1	50.4
A very small bubble. Outdoor recreation.	1	.1	.1	50.5
Accepted help from others.	1	.1	.1	50.6
Activities with my dogs, reading	1	.1	.1	50.7
alaska housing, food pantry	1	.1	.1	50.8
all and any	1	.1	.1	50.9
All of them all ways	1	.1	.1	51.0
Am retired stayed home busy	1	.1	.1	51.1
art, exercise, cooking, simplifying my schedule	1	.1	.1	51.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
As an essential worker my life continued on with the adaptation of Covid precautions.	1	.1	.1	51.3
Ate well, exercised, used zinc, Vitamin D3, Vitamin C and Ivermectin (all proven and effective)	1	.1	.1	51.4
Avoidance of others	1	.1	.1	51.5
Avoided crowds of people	1	.1	.1	51.6
Bay club/ aquazine / Book club via zoom	1	.1	.1	51.7
Bay club/aqua zine/book club via zoom	1	.1	.1	51.8
Beach walks. Zoom with friends	1	.1	.1	51.9
became more active in community groups	1	.1	.1	52.0
Being a Christian, prayer, my Bible, love of my husband and support network.	1	.1	.1	52.1
being creative entrepreneurially & staying in a close nitched circle of friends	1	.1	.1	52.2
Bible	1	.1	.1	52.3
Bible study and friendships	1	.1	.1	52.4
binge watching shows on Netflix not really a strategy but a way to stay entertained as a person living alone with no family in town and very few friends near by.	1	.1	.1	52.5
Both my husband and I worked t/o pandemic and did not experience issues.	1	.1	.1	52.5
built birdhouses	1	.1	.1	52.6
Bunnies	1	.1	.1	52.7
Calling family, support	1	.1	.1	52.8
Calling friends on phone	1	.1	.1	52.9
Calls- cell phone. Exercise/lungs	1	.1	.1	53.0

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
CARRYING ON WITH MY NORMAL LIFE, I STILL HAD A JOB AND HAD TO GO TO WORK EVERY DAY. THAT HELPED ALOT WITH COPING WITH THE PANDEMIC	1	.1	.1	53.1
Catch up overdue projects	1	.1	.1	53.2
CDC recommendations	1	.1	.1	53.3
Changed jobs so I could get out of the house.	1	.1	.1	53.4
changing jobs. enriching home life	1	.1	.1	53.5
Church	1	.1	.1	53.6
Church online and family online	1	.1	.1	53.7
Clear	1	.1	.1	53.8
CLOSE FRIENDS	1	.1	.1	53.9
common sense	1	.1	.1	54.0
Common sense	1	.1	.1	54.1
Communicate to family, be outside with family alone on lockdown, retire from Active duty army	1	.1	.1	54.2
communicated with landlord and utility company. Fortunately they listened and worked with the situation and let me make payments	1	.1	.1	54.3
Community	1	.1	.1	54.4
Community outreach. Volunteered to bring foodbank to our elders.	1	.1	.1	54.5
Community. I found ways to create spaces for friends online to stay connected. I helped Homer Pride Planning to make a weekly coffee time zoom meeting. I got rid of my apartment which created less financial stress. I got out in nature.	1	.1	.1	54.6
Computer	1	.1	.1	54.7

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
computer/remote work	1	.1	.1	54.8
connecting with family and friends as able. Exercise	1	.1	.1	54.9
Connecting with family via phone and zoom etc	1	.1	.1	55.0
Connecting with loved ones via technology, activities at home to distract the brain.	1	.1	.1	55.1
Connecting with spouse and reengaging with the equine world	1	.1	.1	55.2
connection with my family and friends	1	.1	.1	55.3
Connection with my friends and practice, practice, practice of my spiritual path and putting spiritual aspirations in to actions	1	.1	.1	55.4
connection, work, sense of community	1	.1	.1	55.5
contact others being social thank you	1	.1	.1	55.6
contact with friends outdoors	1	.1	.1	55.7
Continued subsistence and garden activities and running	1	.1	.1	55.8
COOKING, HOBBIES, SPENDING TIME WITH FAMILY	1	.1	.1	55.9
Coping the problem	1	.1	.1	56.0
counseling	1	.1	.1	56.1
Counseling	2	.2	.2	56.3
Counseling & medication	1	.1	.1	56.4
Counseling, exercise, making an effort to see friends.	1	.1	.1	56.5
Counseling, psychiatry, meditation, medication, arts & crafts, my dog, diet change, funny movies, attempts at a regular sleep schedule.	1	.1	.1	56.6

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
COUNSELING. CHANGED POSITIONS WITHIN EMPLOYER TO ACCOMMODATE LIFE STRESSERS AND OR ILLNESS CAUSED BY COVID 19	1	.1	.1	56.7
Covid 19 was control	1	.1	.1	56.8
Crafting, TV, radio	1	.1	.1	56.9
Crafts	1	.1	.1	57.0
CREATIVE HOBBIES, OUTDOOR RECREATION, VIRTUAL MEET UPS	1	.1	.1	57.1
dancing to Lady G, Lil Nas and ABBA	1	.1	.1	57.2
DARK, IRONIC, HUMOR	1	.1	.1	57.3
Day to day	1	.1	.1	57.4
Disc golf	1	.1	.1	57.5
DISNEY CHANNEL AND MORE BEACH WALKS	1	.1	.1	57.5
distancing, outdoor activities, staying active, listening to medical experts	1	.1	.1	57.6
Do not leave home, nothing at home with not to go to many places	1	.1	.1	57.7
doctors advice; mass media was no help	1	.1	.1	57.8
During COVID-19, we adopted a self-isolation model at home to prevent cross-infection.	1	.1	.1	57.9
During COVID-19, we reached out to the community to provide us with more disinfectant supplies.	1	.1	.1	58.0
During the COVID-19 pandemic, I turned to my community health services and needed their support to purchase the medicines I needed, as well as daily disinfecting with alcohol and so on.	1	.1	.1	58.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
During the pandemic we changed the direction, everything was online, it used to be offline, now it's online	1	.1	.1	58.2
During the pandemic, my family and I minimized our outings and bought a lot of supplies.	1	.1	.1	58.3
eating and drinking	1	.1	.1	58.4
Eating and drinking too much.	1	.1	.1	58.5
eating healthy, doing weights, exercise helped 100% reading, walking, running, masking being smart and safe, avoiding crowds	1	.1	.1	58.6
Emotional support from those within my "bubble", access to online food/groceries ordering. As a retirees, I did not have the stress of worrying about employment/financial issues. I had easy access to outdoor activities and tv streaming!	1	.1	.1	58.7
ENJOYED A SLOWED DOWN SCHEDULE AND STAYING HOME	1	.1	.1	58.8
enjoyed being around people less	1	.1	.1	58.9
Enjoyed time off!	1	.1	.1	59.0
Entrepreneurial ideas, close small group of friends	1	.1	.1	59.1
Escape from people	1	.1	.1	59.2
Excercise	1	.1	.1	59.3
Exercise a lot outdoors	1	.1	.1	59.4
exercise and daily meditation apps	1	.1	.1	59.5
Exercise and herbs	1	.1	.1	59.6
exercise and rest	1	.1	.1	59.7
Exercise, games, sleep	1	.1	.1	59.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Exercise, gathering with community	1	.1	.1	59.9
exercise, learning new things, friend, small groups	1	.1	.1	60.0
Exercise, stopping negative thoughts, and controlling anxiety before it was out of control.	1	.1	.1	60.1
Exercise, time out in nature, time with close family, FaceTime with family	1	.1	.1	60.2
exercise, yoga, daily meditation	1	.1	.1	60.3
extreme personal responsibility	1	.1	.1	60.4
Face Time Zoom Someone doing grocery shopping	1	.1	.1	60.5
FaceTime, cooking and gardening	1	.1	.1	60.6
FaceTime, texts with friends, therapy, work, going outside	1	.1	.1	60.7
Faith	1	.1	.1	60.8
Faith in God and surrounded by family. We ignored the advice to quarantine.	1	.1	.1	60.9
Faith. Trust in The lord. HE IS Faithful & True Prayer. Church family providing for each other's needs.	1	.1	.1	61.0
family	1	.1	.1	61.1
Family	4	.4	.4	61.5
FAMILY	1	.1	.1	61.6
Family & Food	1	.1	.1	61.7
Family activities/ employment support/ connecting with family	1	.1	.1	61.8
Family and friends	1	.1	.1	61.9

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Family and friends, that's all you need. Quit pushing that everyone needs mental health thur the medical system	1	.1	.1	62.0
Family and great work place support.	1	.1	.1	62.1
Family and health care staff support.	1	.1	.1	62.2
Family connection. Spousal support.	1	.1	.1	62.3
Family including pets, friends	1	.1	.1	62.4
family members did our shopping; we took walks, avoided crowds of any kind; met outside or side by side cars for chats with friends and family	1	.1	.1	62.5
Family picked up food for us.	1	.1	.1	62.5
family support	1	.1	.1	62.6
Family time	1	.1	.1	62.7
family time, Worship, Prayer	1	.1	.1	62.8
Family, education	1	.1	.1	62.9
Family, friend, religious relationships & got busy (through volunteering with religious entities and through the hospital) - trying to actively make a difference in other community member's lives that were made more difficult than usual by this pandemic.	1	.1	.1	63.0
Family, friends, medication, therapy	1	.1	.1	63.1
Fished	1	.1	.1	63.2
fitness	1	.1	.1	63.3
Focus on family	1	.1	.1	63.4
FOCUSED ON HOUSE PROJECTS	1	.1	.1	63.5

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Food, cannabis, and video games	1	.1	.1	63.6
Food... lots and lots of food	1	.1	.1	63.7
Fortunate enough that I was able to keep my job and stick to semi-normal schedule and life	1	.1	.1	63.8
friends	2	.2	.2	64.0
Friends	1	.1	.1	64.1
Friends and Doctors, Family to reach out to for help	1	.1	.1	64.2
Friends and family	2	.2	.2	64.4
friends and family...making contact even though distanced lots of outdoor recreationyion	1	.1	.1	64.5
Friends, being of service, healthy food, cooking	1	.1	.1	64.6
friends, being outside	1	.1	.1	64.7
friends, exercise	1	.1	.1	64.8
friends, family games and programs	1	.1	.1	64.9
Friends/family/walking outside	1	.1	.1	65.0
Funny movies-staying connected via facebook	1	.1	.1	65.1
GARDEN	1	.1	.1	65.2
Get outside and walked.	1	.1	.1	65.3
getting out in nature daily	1	.1	.1	65.4
Getting outdoors and walking or cross country skiing	1	.1	.1	65.5
Getting outdoors for physical exercise everyday.	1	.1	.1	65.6
Getting outside	1	.1	.1	65.7
Getting outside was hands down the best thing I could do. I exercised or adventured with my family and that was actually a wonderful side effect of the pandemic.	1	.1	.1	65.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
getting outside, connecting virtually with long distance family and friends	1	.1	.1	65.9
Getting together with other like-minded people.	1	.1	.1	66.0
Go hiking / walking. Reach out to others by phone	1	.1	.1	66.1
GO ON WALKS, GET OUTSIDE	1	.1	.1	66.2
Going for walks and bike rides, enjoying my spouse, enjoying my family when possible, talking to distant family on the phone	1	.1	.1	66.3
Going on walks/getting outdoors	1	.1	.1	66.4
Got a dog, drew a lot, read, called and texted friends and relatives	1	.1	.1	66.5
got into new hobbies	1	.1	.1	66.6
got more exercise, read more	1	.1	.1	66.7
Got outside. Didn't dwell on illness	1	.1	.1	66.8
got vaccinated and took all precautions to stay well, both physically and mentally	1	.1	.1	66.9
Government aid, Medicaid, savings, benefits	1	.1	.1	67.0
GRANDKIDS	1	.1	.1	67.1
grant from Alaska housing, unemployment, therapy	1	.1	.1	67.2
Gratitude Social network	1	.1	.1	67.3
Grind	1	.1	.1	67.4
Hang in there	1	.1	.1	67.5
Have a wonderful support system of friends/family. Had a baby during the pandemic and felt cared for. Also, clung to my faith in Jesus.	1	.1	.1	67.5
hiking	1	.1	.1	67.6
Hobbies	1	.1	.1	67.7

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Hobbies at home	1	.1	.1	67.8
HOBBIES, CAMPING	1	.1	.1	67.9
Hobby crafting	1	.1	.1	68.0
Honestly, I drank too much, ate too much, and slept all the time. Normal/healthy coping skills that I typically use went out the window because I was so severely depressed that I did not have the energy or ability to engage in my typical routine.	1	.1	.1	68.1
Hope that it would end soon	1	.1	.1	68.2
I began running. Lost 70 lbs and began eating better. I chose healthy coping strategies	1	.1	.1	68.3
I continue as usual only when in public wore a mask and safe distance . Just didn't eat out at all but ordered brought home .	1	.1	.1	68.4
I did art	1	.1	.1	68.5
I did not need any	1	.1	.1	68.6
I dont have time for self care	1	.1	.1	68.7
i drank, so i didn't	1	.1	.1	68.8
I had a remote job and I worked long hours -- the job involved Covid support. I was able to save some money and that's how I'm getting by now.	1	.1	.1	68.9
I had a supportive relationship with my spouse. The extended family got together outside and masked when the weather permitted	1	.1	.1	69.0
I HAD ENOUGHSENSE TO KNOW ITS FAKE	1	.1	.1	69.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I have garden and dogs and goats and a close partner. Keeping in touch with family. Reading and crafting.	1	.1	.1	69.2
I just work... and look on the people that needed me, and told myself that this is just one of the challenges in life that I needed to face and go through	1	.1	.1	69.3
I kept living as normally as possible and avoided people who were freaking out such as those who wore masks outside or wouldn't leave their homes.	1	.1	.1	69.4
I leaned on my family and friends for support. Hateful things were being said about folks who were unvaccinated in our work environments which made it very uncomfortable to be at work. More than once I heard people say "Well good, they can just die then." It was hard to know my coworkers would say such things regardless of what another person was choosing for themselves. Life is about choices, period. We have way to many much hate and anger in this world. As an empathetic person, it was hard to hear things like that. It definitely made it a struggle to come to work because I do have coworkers who were both vaccinated and unvaccinated and would never wish ill will towards ANY of them.	1	.1	.1	69.5
I let go!	1	.1	.1	69.6
I prefer not to answer	1	.1	.1	69.7

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I prefer not to say but they probably weren't the healthiest was to cope	1	.1	.1	69.8
I relied more on my partner and a small circle of family/friends for social connection. We socialized outdoors, as long as the weather was warm enough. We talked on the phone or face timed more. We learned to zoom for classes, talks, and meetings. We made/used masks. I made homemade hand sanitizer, studied and made Covid specific herbal tinctures with a friend, and focused on healthy living.	1	.1	.1	69.9
I tried to keep myself busy at home.	1	.1	.1	70.0
I TURNED OFF THE TV AND TALK RADIO.	1	.1	.1	70.1
I used my cell phone to connect with loved ones. I didn't talk about things that led to debates	1	.1	.1	70.2
I used telehealth for mental health counseling for a several months.	1	.1	.1	70.3
I was walking every day!	1	.1	.1	70.4
I went out and helped people with covid 19	1	.1	.1	70.5
I went to work, and used door dash alot.	1	.1	.1	70.6
I worked and resilience through stupidity in my healthcare field and observed fear in people. Yes I witnessed death of people and human suffering and all types reactions	1	.1	.1	70.7
I worked.	1	.1	.1	70.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
I zoomed with a counselor and Church Family and my family	1	.1	.1	70.9
I'm in the Homer Chamber Visitor Cetner and we had a partnership with SPH. Including having the first drive through testing clinic if needed	1	.1	.1	71.0
I've never had it as bad as my grandparents and parents! Shame prevents me from harming myself	1	.1	.1	71.1
lbprofun	1	.1	.1	71.2
increased conversations by phone and video chatting	1	.1	.1	71.3
Increased outdoor exercise, walking with friends	1	.1	.1	71.4
increased working out, hiking/walking the dog, x country skiing with no one around; reliance on face-timing with distant family and friends; Resources: heavy reliance on sources to keep updated with what was new with pandemic (also one cause of burn-out)	1	.1	.1	71.5
Interacting with family and friends via Facetime/Skype/etc.	1	.1	.1	71.6
Internet and zoom	1	.1	.1	71.7
Internet entertainment, outdoor activities, cooking.	1	.1	.1	71.8
Internet, telephone, learning a language, reading.	1	.1	.1	71.9
It was lonely, still not fully socially engaged.	1	.1	.1	72.0
it was no big deal	1	.1	.1	72.1
Job yoga family movement nature	1	.1	.1	72.2
Just faith and family	1	.1	.1	72.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
JUST GO ALONG	1	.1	.1	72.4
Just kept trying to do my own thing on my own path	1	.1	.1	72.5
just live normal except with a mask on	1	.1	.1	72.5
Just stay busy-try to keep my house warm	1	.1	.1	72.6
Just trying to stay positive and show up to work every day to help my patients & make money to support my family. thank	1	.1	.1	72.7
KBBI radio, cooking, work	1	.1	.1	72.8
keep to myself, sleep and get a cat and dog	1	.1	.1	72.9
keeping busy	1	.1	.1	73.0
KEEPING HEALTHY, PRAYER, CHURCH, WORK	1	.1	.1	73.1
Keeping in touch with family	1	.1	.1	73.2
kept busy	2	.2	.2	73.4
Kept busy by baking and crafting	1	.1	.1	73.5
Leaned into my friend group and family members	1	.1	.1	73.6
Leaned on family and friends.	1	.1	.1	73.7
Learning about the Marxist colonization of cultural institutions and the abuse of children by the woke Marxists for subverting our nation with their hate-based intersectionalist oppressed vs oppressor dynamic	1	.1	.1	73.8
Learning to enjoy nature and solitude (more)	1	.1	.1	73.9
Limitation of social interaction.	1	.1	.1	74.0
Listening to music; talking with family and friends on the phone/social media.	1	.1	.1	74.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
LIVED LIFE FEARLESSLY	1	.1	.1	74.2
Lived rural and stayed home	1	.1	.1	74.3
Local Healthcare, work from home	1	.1	.1	74.4
Local medical facilities	1	.1	.1	74.5
Lots of outdoor exercise, meeting with friends outdoors	1	.1	.1	74.6
Lots of outdoor time and exercise	1	.1	.1	74.7
Lots of outside time, family games and food and drinks	1	.1	.1	74.8
LOts of phone calls and ZOOM calls.	1	.1	.1	74.9
Lots of phone calls with family and friends.	1	.1	.1	75.0
lots of sleep.	1	.1	.1	75.1
Lots of time outside working and connecting with nature and my body. Getting offline!!!!	1	.1	.1	75.2
Lots of video chats with friends and family far away.	1	.1	.1	75.3
Lots of walks on the beaches and trails, exercise. Talking to friends.	1	.1	.1	75.4
Lots of zoom	1	.1	.1	75.5
Many of the reserves have been hollowed out.	1	.1	.1	75.6
Mask wearing.	1	.1	.1	75.7
Masking, distancing, staying out of stores, getting vaccines and boosters.	1	.1	.1	75.8
masks, avoid large crowds, try hard to be safe	1	.1	.1	75.9
Medical Insurance	1	.1	.1	76.0
Meditation	1	.1	.1	76.1
Meditation making time for family creativity	1	.1	.1	76.2
Meditation, Family	1	.1	.1	76.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
MEDITATION, MY FAMILY	1	.1	.1	76.4
Meditation, walks, breathing, learning how to have better mental health	1	.1	.1	76.5
monthly therapy	1	.1	.1	76.6
More close family time	1	.1	.1	76.7
More time with friends and family, virtual meet ups, exercise	1	.1	.1	76.8
Much of the stockpile has been tapped since the COVID-19 pandemic.	3	.3	.3	77.1
Music-singing, dancing, art-painting, drawing, nature hikes	1	.1	.1	77.2
Music, Art, Baking	1	.1	.1	77.3
MY COLLEGE KIDS WERE HOME-SO I HAD THAT TO HELP	1	.1	.1	77.4
My community support	1	.1	.1	77.5
My dogs	1	.1	.1	77.5
My Faith in God	1	.1	.1	77.6
My faith in God. And i kept moving forward and doing what i needed to do everyday.	1	.1	.1	77.7
My faith in Jesus and the companionship of my husband of 32 years	1	.1	.1	77.8
My friends and family	1	.1	.1	77.9
My mental health issues are hereditary and not directly related to covid. Things that help include indfulness/meditation, controlled muscle relaxation... oh and lots of medication :)	1	.1	.1	78.0
my own strengths	1	.1	.1	78.1
My partner. BUT my partner did experience #12 and it is a lasting repercussion of the pandemic	1	.1	.1	78.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
My strong belief in the Bible and the salvation of Jesus Christ---along with a wonderful church family.	1	.1	.1	78.3
n/a	3	.3	.3	78.6
N/A	4	.4	.4	79.0
Nature walks	1	.1	.1	79.1
Nature walks, connecting on zoom	1	.1	.1	79.2
nature! spent so much time outside with my kid, art, films, cooking	1	.1	.1	79.3
Neighbors help each other with resources, using Internet social media software to ask for help	1	.1	.1	79.4
Netflix N' Chill	1	.1	.1	79.5
NETFLIX, AIRPLANE	1	.1	.1	79.6
NETFLIX, BEER, PROJECTS	1	.1	.1	79.7
new ways of relating, lots of zoom, and new friends in online ways	1	.1	.1	79.8
New ways to socialize at a distance, enjoying small pleasures at home, recreating outdoors	1	.1	.1	79.9
No fear	1	.1	.1	80.0
No response	1	.1	.1	80.1
nome senior center, library, nome city council	1	.1	.1	80.2
None	5	.5	.5	80.7
None needed- Press on with life	1	.1	.1	80.8
nothing	1	.1	.1	80.9
NOTHING	1	.1	.1	81.0
nothing but having to wear a mask changed for me	1	.1	.1	81.1
Nothing. I lived my life like nothing had changed. My family is still unvaxxed and healthy.	1	.1	.1	81.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
on the internet a lot (global connections)	1	.1	.1	81.3
One day at a time.	1	.1	.1	81.4
Online friends	1	.1	.1	81.5
online groups for mental health and exercise etc...	1	.1	.1	81.6
Online support and training	1	.1	.1	81.7
Our little "pod" did a lot of in house activities and (sanitized)cooking for each other. We had fun helping with the childcare. We used zoom for out of town visits with extended family.	1	.1	.1	81.8
Ourselves and common sense. Wash hands cover cough eat healthy	1	.1	.1	81.9
Outdoor activities, phone conversations	1	.1	.1	82.0
Outdoor activities, sleeping, researching, gardening	1	.1	.1	82.1
Outdoor activities!!!	1	.1	.1	82.2
outdoor walks with friends, phone calls, stopped listening to the news but signed up for AK state covid updates	1	.1	.1	82.3
Outdoors	1	.1	.1	82.4
Outside time	1	.1	.1	82.5
Paper survey: question skipped	6	.6	.6	83.0
Paper survey: Question skipped	6	.6	.6	83.6
partnership, building my home, starting a new job	1	.1	.1	83.7
personal relationships/outdoors + natural beauty	1	.1	.1	83.8
Phone calls with friends/ swimming	1	.1	.1	83.9
physical activity, family, outdoor time	1	.1	.1	84.0

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Physical activity, reading, drinking wine, talking w/friends, cooking, helping elderly community	1	.1	.1	84.1
Physical Isolation, nuclear family/close friend support system/social circle, vaccines, public health recommended prevention measures (mask/social distancing/etc).	1	.1	.1	84.2
Pleading with utilities and landlord to give more time to pay since every time there was a potential infection, my work made me take off several days with no pay. And I used the food bank a few times.	1	.1	.1	84.3
Positive Attitude	1	.1	.1	84.4
Practicing gratitude, getting outside, sifting perspective to be thankful for the time with family, finding other ways to connect with friends such as sending letters and drawings	1	.1	.1	84.5
Prayer	1	.1	.1	84.6
Prayer and serving my community.	1	.1	.1	84.7
Prayer for wisdom and trust in my own research and self care.	1	.1	.1	84.8
Prayer, zoom, NA, AA, Church	1	.1	.1	84.9
Praying for those who pushed this and praying for the people that died, especially the disabled and elderly, who lost their battle, but nice they went "productive" citizens, don't worry, it's no loss, well...except to their families.	1	.1	.1	85.0
projects	1	.1	.1	85.1

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Projects work for self as contraction, educate online	1	.1	.1	85.2
Rational thinking, in other words, I thought for myself, gathered my own information and consulted with people I trusted to come up with a plan for me and my family that we felt good and strongly about! The news sources were absolutely no help! So much conflicting information and so much fear paralyzed so many people. We continued to take vitamins, breathe fresh air and love each other! We did great!	1	.1	.1	85.3
Reached out to friends and families via internet and phone	1	.1	.1	85.4
Reaching out to people through letters, emails, and online communities, spending as much time as possible outside	1	.1	.1	85.5
read books, watched tv. exercised lots.	1	.1	.1	85.6
Read many books	1	.1	.1	85.7
read, walked, cooked learned something new	1	.1	.1	85.8
Reading, exercise, talking w/friends, long drives, camping	1	.1	.1	85.9
Reading, staying in touch with others, being outdoors	1	.1	.1	86.0
Reading, T.V., visiting friends/family on phone	1	.1	.1	86.1
RECREATIONAL ACTIVITIES	1	.1	.1	86.2
regular exercise, healthy diet, mindfulness activities, outdoor activities, texting friends/family	1	.1	.1	86.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
relationships with friends/family, outdoor recreation	1	.1	.1	86.4
Relied on family and work	1	.1	.1	86.5
reminding myself that it was only temporary	1	.1	.1	86.6
SAME AS ALWAYS	1	.1	.1	86.7
sdfger	1	.1	.1	86.8
SEEING FRIENDS IN MY CIRCLE AND SPENDING TIME OUTSIDE	1	.1	.1	86.9
Seeing friends in small groups.	1	.1	.1	87.0
self	1	.1	.1	87.1
Self education. Peer support.	1	.1	.1	87.2
Self regulation, support networks, being outside	1	.1	.1	87.3
Self reliance and my wife	1	.1	.1	87.4
Sewing, time with spouse, reading	1	.1	.1	87.5
Shelter in h9me	1	.1	.1	87.5
Silver colloid	1	.1	.1	87.6
ski, get outside	1	.1	.1	87.7
skiing	1	.1	.1	87.8
Skiing, spending time with family	1	.1	.1	87.9
Social media and WiFi and tv and books	1	.1	.1	88.0
Social media, friends and family	1	.1	.1	88.1
social media; taking deep breaths; trying to focus on the positive in life; spending time outdoors	1	.1	.1	88.2
social network	1	.1	.1	88.3
some travel in 2021 and 2022 stayed home	1	.1	.1	88.4

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Sometimes i'm talking to a trusted person, a friend or family member, is a good and easy way to feel better. When we share what's bothering us with someone, it is more likely we will feel relieved and better understand the situation we are in and the feelings that come with it.	1	.1	.1	88.5
Spend out walking or atving	1	.1	.1	88.6
Spend time with family	1	.1	.1	88.7
Spending time outdoors, bolstering telehealth measures both as provider and recipient of services, quality time at home	1	.1	.1	88.8
spending time with my family	1	.1	.1	88.9
SPH Behavioral Health services, Serene Waters.	1	.1	.1	89.0
Spiritual	1	.1	.1	89.1
SPIRITUAL ENRICHMENT, CONTINNUING TO FIND COMMUNITY AND MAINTAIN FRIENDSHIPS	1	.1	.1	89.2
Spiritual practices, tele-health therapy, friends	1	.1	.1	89.3
spirituality, dogs, time outside	1	.1	.1	89.4
Started counseling and medication.	1	.1	.1	89.5
started exercising, tried to spend more time with family and less hours at work, started reading for pleasure more, stopped taking work home (no email on phone at home)	1	.1	.1	89.6
Stay busy and involved	1	.1	.1	89.7
STAY BUSY, TREATING COVID WITH SINUS IRRIGATIONS, HOT BATH	1	.1	.1	89.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Stay healthy, follow standard precautions, reduce travel, do projects at home	1	.1	.1	89.9
Stay home	1	.1	.1	90.0
Stay in virtual contact with loved ones through video chat, phone calls, text messages, social media, apps and email. Usually daily exercise and exercise keep the body active. Maintain a regular sleep pattern and stick to a routine that provides structure to your life. Practice stress management techniques such as mindfulness, meditation, yoga and controlled breathing.	1	.1	.1	90.1
STAY NORMAL AS POSSIBLE	1	.1	.1	90.2
Stay put, enjoyed peace, strengthen economy through rescue grants	1	.1	.1	90.3
stayed away from people	1	.1	.1	90.4
stayed home	1	.1	.1	90.5
Stayed in family circle and used masks	1	.1	.1	90.6
Staying active	1	.1	.1	90.7
staying connected with spouse. Connecting with extended family frequently. Participating in church routinely online.	1	.1	.1	90.8
Staying connected with work family and friends. Getting outdoors in the summer: fishing, camping, backpacking, etc.	1	.1	.1	90.9
staying home	1	.1	.1	91.0
Staying in touch with Friends and family, Small group hikes,	1	.1	.1	91.1
Staying in touch, art	1	.1	.1	91.2

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Staying strong as a family and enjoying life together !	1	.1	.1	91.3
Strong primary relationship and family relationships- FaceTime, phone calls. Lots of outdoor time. Breaks from the media/reporting/doom and gloom. Gratitude.	1	.1	.1	91.4
Substances, meditation, mental escape, movies, small hangs.	1	.1	.1	91.5
Suck it up and deal	1	.1	.1	91.6
Support from family	1	.1	.1	91.7
Support from husband	1	.1	.1	91.8
Take care of yourself by eating regular meals, exercising, getting enough sleep and reducing all other stressors. Do something that puts you back in control of your life.	1	.1	.1	91.9
talk to someone	1	.1	.1	92.0
Talking to family	1	.1	.1	92.1
talking to family members, turning off the news, music, wine, exercise, making future plans	1	.1	.1	92.2
Talking to loved ones	1	.1	.1	92.3
talking to my doctor	1	.1	.1	92.4
talking to others	1	.1	.1	92.5
Talking with friends and family via phone or online. Journaling. Going for walks & enjoying nature. Getting vaccinated!	1	.1	.1	92.5
talking; being open and honest in my relationship	1	.1	.1	92.6
Tapping, time outside, cold water immersion	1	.1	.1	92.7
Technology to connect with others.	1	.1	.1	92.8
Telephone contact and public meeting attendance	1	.1	.1	92.9

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
TESTING IN HOMER, THANK YOU FOR ALL YOU DO	1	.1	.1	93.0
THC	1	.1	.1	93.1
The expectation of healthcare workers to step up. It wasn't the resiliency pizza.	1	.1	.1	93.2
the mental health center had people who visited me. I went on walks and stayed busy at home	1	.1	.1	93.3
The phone, concentrated effort to stay in contact with family friends and projects inspirational reading limit TV	1	.1	.1	93.4
Theapy and mental health meds	1	.1	.1	93.5
therapist	1	.1	.1	93.6
therapy	1	.1	.1	93.7
Therapy	2	.2	.2	93.9
THERAPY	2	.2	.2	94.1
THERAPY (thankfully SPH insurance covers my therapist). Lots of time outdoors. Stepping away from work.	1	.1	.1	94.2
Therapy, lots and lots of it!	1	.1	.1	94.3
Therapy, yoga, cooking, meditation, drinking	1	.1	.1	94.4
Therapy!	1	.1	.1	94.5
Time in nature, tapping, breathwork	1	.1	.1	94.6
Time outdoors	1	.1	.1	94.7
Tool repair; stuff to help others in need	1	.1	.1	94.8
Tried not to listen to all the fear porn from the mainstream media and cdc.	1	.1	.1	94.9

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
tried to be grateful for what we had and what we could do rather than resent what we did not have or could not do. avoided watching the news.	1	.1	.1	95.0
TRIED TO FIND JOY IN FAMILIES THINGS, TAKING WALKS	1	.1	.1	95.1
Try to find humor	1	.1	.1	95.2
TRY TO STAY PHYSICALLY ACTIVE AND GET OUTSIDE	1	.1	.1	95.3
tv, walking	1	.1	.1	95.4
Use support network, stay informed, follow thoughtful protocols.	1	.1	.1	95.5
Used my time for art/crafts/music Spent more time outside Video chatted with family members who live abroad more often	1	.1	.1	95.6
Using an online exercise program, reading, watching PBS	1	.1	.1	95.7
Using zoom to talk and communicate. Phone calls, looking out the window	1	.1	.1	95.8
VA	1	.1	.1	95.9
Vaccinations, including wearing a mask outside and keeping indoor air flowing inside your home	1	.1	.1	96.0
Vitamins, ivermectin, steamy showers	1	.1	.1	96.1
Walk on the beach, read books, art, music, movies, social media	1	.1	.1	96.2
Walk, call a friend/family member, workout, stand outside, play music, listen to music, take vacations, went to school to seek higher education	1	.1	.1	96.3

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
walking	1	.1	.1	96.4
walking on trails in nature-which allowed me also to visit with neighbors also out walking	1	.1	.1	96.5
Walking trails	1	.1	.1	96.6
WALKING WITH FRIENDS, CONNECTING ON INTERNET WITH FAMILY. MY DOG	1	.1	.1	96.7
Walking, skiing, and being in nature; working remotely; eating healthy foods; keeping routines; connecting with friends over Zoom and outdoors; supportive spouse.	1	.1	.1	96.8
walks, phone calls with family and friends, finding alternative ways to maintain social contacts	1	.1	.1	96.9
Walks. Snowshoe. Good food. Enhanced family time.	1	.1	.1	97.0
walks/drives	1	.1	.1	97.1
Wasn't that hard, really. Not much changed for me.	1	.1	.1	97.2
watched youtube, played xbox, projects around the house	1	.1	.1	97.3
We are a close family so we encouraged each other and reached out to other family and friends by phone	1	.1	.1	97.4
We called in community emergency support, provided us with supplies and medicine, and received a greeting from the health center.	1	.1	.1	97.5
We had a lot more family time being everything was closed. I didn't have to run my kids to sports/activities. Lots of camping.	1	.1	.1	97.5

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
We kept a close circle of friends.	1	.1	.1	97.6
We left to Mexico where restrictions were lifted and cost of living lower	1	.1	.1	97.7
We sought government assistance during COVID-19, asking for support in life, medicine and quarantine.	1	.1	.1	97.8
Wear a mask, do a good job of daily disinfection, reduce parties	1	.1	.1	97.9
Wearing a mask, following COVID guidelines, washing hands frequently, avoiding large public gatherings like church, indoor events, closed-in quarters with others like restaurants and nightclubs.	1	.1	.1	98.0
weed	1	.1	.1	98.1
Went out hiking a lot	1	.1	.1	98.2
Went to Providence in Anchorage	1	.1	.1	98.3
wore a mask, got vaccinated, avoided close contact with other people	1	.1	.1	98.4
Wore mask as required to protect others	1	.1	.1	98.5
work	1	.1	.1	98.6
Work was a blessing in many ways that others in the community did not always have - interaction with others, support from co-workers, no loss of income. I also maintained my connections to friends, family, and my church family even though it was through zoom for many months.	1	.1	.1	98.7
Worked and recreated outside	1	.1	.1	98.8

What strategies/tools/resources did you use to cope during the COVID-19 pandemic?

	Frequency	Percent	Valid Percent	Cumulative Percent
Wove masks, got vaccinated, made do with zoom meetings; my husband died during pandemic but not due to covid.	1	.1	.1	98.9
writing, time in nature, phone calls with family/friends, meditation	1	.1	.1	99.0
Yes	1	.1	.1	99.1
Yoga Meditation Weekly bonfires with friends	1	.1	.1	99.2
Yoga and meditation	1	.1	.1	99.3
Yoga, mindfulness, having a core group of friends who I would see, gathering and other people outdoors	1	.1	.1	99.4
Yoga.	1	.1	.1	99.5
zoom meetings, walks outside, outdoor recreation	1	.1	.1	99.6
zoom, crafts	1	.1	.1	99.7
Zoom, face time, getting outside to walk and socialize	1	.1	.1	99.8
Zoom, Facebook, phone calls, exercising outside, finding projects at home to work on	1	.1	.1	99.9
Zoom, phone calls, keep informed.	1	.1	.1	100.0
Total	1020	100.0	100.0	

In what community do you live?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	16	1.6	1.7	1.7
	Anchor Point	138	13.5	14.7	16.4
	Diamond Ridge	65	6.4	6.9	23.4
	Fox River	13	1.3	1.4	24.8
	Fritz Creek	115	11.3	12.3	37.0
	Homer	445	43.6	47.5	84.5
	Kachemak City	44	4.3	4.7	89.2
	Kachemak Selo	1	.1	.1	89.3
	Nanwalek	8	.8	.9	90.2
	Nikolaevsk	18	1.8	1.9	92.1
	Ninilchik	44	4.3	4.7	96.8
	Port Graham	5	.5	.5	97.3
	Razdolna	2	.2	.2	97.5
	Seldovia	18	1.8	1.9	99.5
	Voznesenska	5	.5	.5	100.0
	Total	937	91.9	100.0	
Missing	System	83	8.1		
Total		1020	100.0		

Other (please specify)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1016	99.6	99.6	99.6
	did not answer	1	.1	.1	99.7
	NO ANSWER	2	.2	.2	99.9
	Prefer not to answer	1	.1	.1	100.0
	Total	1020	100.0	100.0	

What is your age?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	87	8.5	8.5	8.5
???	1	.1	.1	8.6
+75	1	.1	.1	8.7
0	2	.2	.2	8.9
15	1	.1	.1	9.0
16	1	.1	.1	9.1
17	2	.2	.2	9.3
19	4	.4	.4	9.7
20	3	.3	.3	10.0
21	7	.7	.7	10.7
22	2	.2	.2	10.9
23	3	.3	.3	11.2
24	5	.5	.5	11.7
25	12	1.2	1.2	12.8
26	10	1.0	1.0	13.8
27	9	.9	.9	14.7
28	12	1.2	1.2	15.9
29	11	1.1	1.1	17.0
30	16	1.6	1.6	18.5
30s	1	.1	.1	18.6
31	15	1.5	1.5	20.1
32	20	2.0	2.0	22.1
33	24	2.4	2.4	24.4
34	24	2.4	2.4	26.8
35	20	2.0	2.0	28.7
36	16	1.6	1.6	30.3
37	14	1.4	1.4	31.7
38	27	2.6	2.6	34.3
39	23	2.3	2.3	36.6
40	19	1.9	1.9	38.4
40+	1	.1	.1	38.5
41	15	1.5	1.5	40.0
42	20	2.0	2.0	42.0
43	19	1.9	1.9	43.8
44	17	1.7	1.7	45.5
45	19	1.9	1.9	47.4
46	16	1.6	1.6	48.9
47	13	1.3	1.3	50.2

What is your age?

	Frequency	Percent	Valid Percent	Cumulative Percent
48	13	1.3	1.3	51.5
49	11	1.1	1.1	52.5
50	10	1.0	1.0	53.5
50 plus	1	.1	.1	53.6
50+	1	.1	.1	53.7
51	14	1.4	1.4	55.1
52	16	1.6	1.6	56.7
53	12	1.2	1.2	57.8
54	16	1.6	1.6	59.4
55	13	1.3	1.3	60.7
56	6	.6	.6	61.3
57	17	1.7	1.7	62.9
58	14	1.4	1.4	64.3
59	8	.8	.8	65.1
60	19	1.9	1.9	67.0
60+	2	.2	.2	67.2
61	17	1.7	1.7	68.8
62	22	2.2	2.2	71.0
63	22	2.2	2.2	73.1
64	17	1.7	1.7	74.8
64+	1	.1	.1	74.9
65	21	2.1	2.1	77.0
66	23	2.3	2.3	79.2
67	14	1.4	1.4	80.6
68	25	2.5	2.5	83.0
69	14	1.4	1.4	84.4
70	13	1.3	1.3	85.7
71	12	1.2	1.2	86.9
72	13	1.3	1.3	88.1
73	10	1.0	1.0	89.1
74	7	.7	.7	89.8
75	9	.9	.9	90.7
76	9	.9	.9	91.6
77	5	.5	.5	92.1
78	7	.7	.7	92.7
79	6	.6	.6	93.3
80	3	.3	.3	93.6
81	2	.2	.2	93.8

What is your age?

	Frequency	Percent	Valid Percent	Cumulative Percent
82	3	.3	.3	94.1
83	5	.5	.5	94.6
84	1	.1	.1	94.7
85	2	.2	.2	94.9
86	1	.1	.1	95.0
89	2	.2	.2	95.2
93	1	.1	.1	95.3
did not answer	3	.3	.3	95.6
I prefer not to answer	1	.1	.1	95.7
N/a	1	.1	.1	95.8
N/A	4	.4	.4	96.2
na	13	1.3	1.3	97.5
Na	1	.1	.1	97.5
no answer	9	.9	.9	98.4
No answer	1	.1	.1	98.5
NO ANSWER	6	.6	.6	99.1
no response	2	.2	.2	99.3
Paper survey: I prefer not to answer	1	.1	.1	99.4
prefer not to answer	2	.2	.2	99.6
PREFER NOT TO ANSWER	1	.1	.1	99.7
x	1	.1	.1	99.8
X	1	.1	.1	99.9
zsdf	1	.1	.1	100.0
Total	1020	100.0	100.0	

Gender:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer to self-describe,	6	.6	.6	.6
	Male	211	20.7	22.6	23.3
	Female	673	66.0	72.1	95.4
	Transgender man/trans man	3	.3	.3	95.7
	Transgender woman/trans woman	1	.1	.1	95.8
	Genderqueer/gender nonconforming neither exclusively male nor female	10	1.0	1.1	96.9
	I prefer not to answer	29	2.8	3.1	100.0
	Total	933	91.5	100.0	
Missing	System	87	8.5		
Total		1020	100.0		

I prefer to self-describe,

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1014	99.4	99.4	99.4
	Do you mean biological sex or social expression of gender?	1	.1	.1	99.5
	Female/ non binary	1	.1	.1	99.6
	hermaphrodite	1	.1	.1	99.7
	Mostly female	1	.1	.1	99.8
	non- binary femme /mapa	1	.1	.1	99.9
	Stop	1	.1	.1	100.0
	Total	1020	100.0	100.0	

Do you think of yourself as:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer to self describe,	23	2.3	2.5	2.5
	Straight or Heterosexual	736	72.2	78.9	81.4
	Lesbian or Gay	24	2.4	2.6	83.9
	Bisexual	49	4.8	5.3	89.2
	Queer, pansexual, and/or questioning	20	2.0	2.1	91.3
	Don't Know	6	.6	.6	92.0
	I prefer not to answer	75	7.4	8.0	100.0
	Total	933	91.5	100.0	
Missing	System	87	8.5		
Total		1020	100.0		

I prefer to self describe,

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		997	97.7	97.7	97.7
	asexual	3	.3	.3	98.0
	Asexual	3	.3	.3	98.3
	demi heterosexual homosocial	1	.1	.1	98.4
	Demisexual	1	.1	.1	98.5
	Don't care	1	.1	.1	98.6
	FAT WHITE BOY	1	.1	.1	98.7
	human	2	.2	.2	98.9
	Human	1	.1	.1	99.0
	HUMAN	1	.1	.1	99.1
	I am a man	1	.1	.1	99.2
	I am normal whatever that is	1	.1	.1	99.3
	lesbian perspective in a heterosexual relationship	1	.1	.1	99.4
	myob!	1	.1	.1	99.5
	no answeer	1	.1	.1	99.6
	no answer	1	.1	.1	99.7
	Pansexual	1	.1	.1	99.8
	Sapiosexual	1	.1	.1	99.9
	Stop	1	.1	.1	100.0
	Total	1020	100.0	100.0	

Please select your race/ethnicity. Please check all that apply.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	19	1.9	2.0	2.0
	American Indian or Alaska Native	62	6.1	6.7	8.7
	African American or Black	7	.7	.8	9.4
	Asian	8	.8	.9	10.3
	Hispanic	12	1.2	1.3	11.6
	Native Hawaiian or Other Pacific Islander	4	.4	.4	12.0
	White	722	70.8	77.5	89.5
	Two or more races	39	3.8	4.2	93.7
	I prefer not to answer	59	5.8	6.3	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

Other (please specify)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1001	98.1	98.1	98.1
	AK Native/White	1	.1	.1	98.2
	american	1	.1	.1	98.3
	American	2	.2	.2	98.5
	AMERICAN	1	.1	.1	98.6
	Caucasian	1	.1	.1	98.7
	from India	1	.1	.1	98.8
	Half white half American native	1	.1	.1	98.9
	human	1	.1	.1	99.0
	human race	1	.1	.1	99.1
	JEWISH	2	.2	.2	99.3
	middle eastern	1	.1	.1	99.4
	Native Alaskan, white	1	.1	.1	99.5
	no response	1	.1	.1	99.6
	Paper survey: American Indian or Alaska Native, and White	1	.1	.1	99.7
	Paper survey: Asian, White, Two or more races	1	.1	.1	99.8
	Paper survey: Hispanic and White	1	.1	.1	99.9

Other (please specify)

	Frequency	Percent	Valid Percent	Cumulative Percent
Trish	1	.1	.1	100.0
Total	1020	100.0	100.0	

How long have you lived in your community?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year	56	5.5	6.0	6.0
	1-5 years	181	17.7	19.4	25.4
	6-10 years	129	12.6	13.8	39.3
	11-19 years	130	12.7	13.9	53.2
	20+ years	408	40.0	43.8	97.0
	I prefer not to answer	28	2.7	3.0	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

How many months a year do you live here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5	19	1.9	2.0	2.0
	6 to 11	89	8.7	9.5	11.6
	12	780	76.5	83.7	95.3
	I prefer not to answer	44	4.3	4.7	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

Were you born in another country other than the United States?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	If yes, please tell us your home country	28	2.7	3.0	3.0
	Yes	32	3.1	3.4	6.4
	No	845	82.8	90.7	97.1
	I prefer not to answer	27	2.6	2.9	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

If yes, please tell us your home country

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	992	97.3	97.3	97.3
Azores - on military base. parents were US citizens	1	.1	.1	97.4
BURMA	1	.1	.1	97.5
canada	1	.1	.1	97.5
Canada	4	.4	.4	97.9
china	1	.1	.1	98.0
Czech Republic	1	.1	.1	98.1
England	1	.1	.1	98.2
France	2	.2	.2	98.4
Georgia	2	.2	.2	98.6
GERMANY	1	.1	.1	98.7
Germany (on U.S. Military Base)	1	.1	.1	98.8
India	1	.1	.1	98.9
Mexico	1	.1	.1	99.0
Norway	1	.1	.1	99.1
Philippines	2	.2	.2	99.3
Phils.	1	.1	.1	99.4
Singapore	1	.1	.1	99.5
Switzerland	2	.2	.2	99.7
Tumisia	1	.1	.1	99.8
UK	1	.1	.1	99.9
Venezuela	1	.1	.1	100.0
Total	1020	100.0	100.0	

What is the highest education level you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than high school	19	1.9	2.0	2.0
	High school or equivalency	104	10.2	11.2	13.2
	Vocational training	41	4.0	4.4	17.6
	Some College	176	17.3	18.9	36.5
	Associates Degree	117	11.5	12.6	49.0
	Bachelor's Degree	263	25.8	28.2	77.3
	Master's Degree	142	13.9	15.2	92.5
	Professional Degree	12	1.2	1.3	93.8
	Doctorate Degree	24	2.4	2.6	96.4
	I prefer not to answer	34	3.3	3.6	100.0
	Total	932	91.4	100.0	
Missing	System	88	8.6		
Total		1020	100.0		

How many people currently live in your household?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	168	16.5	18.1	18.1
	2	402	39.4	43.2	61.3
	3	135	13.2	14.5	75.8
	4	126	12.4	13.5	89.4
	5	51	5.0	5.5	94.8
	6	15	1.5	1.6	96.5
	7	7	.7	.8	97.2
	I prefer not to answer	26	2.5	2.8	100.0
	Total	930	91.2	100.0	
Missing	System	90	8.8		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5	147	14.4	100.0	100.0
Missing	System	873	85.6		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	6-9	107	10.5	100.0	100.0
Missing	System	913	89.5		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10-13	98	9.6	100.0	100.0
Missing	System	922	90.4		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	14-17	96	9.4	100.0	100.0
Missing	System	924	90.6		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18+	76	7.5	100.0	100.0
Missing	System	944	92.5		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I prefer not to answer	110	10.8	100.0	100.0
Missing	System	910	89.2		
Total		1020	100.0		

If child(ren) living in household, what ages?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No children currently live in the household	442	43.3	100.0	100.0
Missing	System	578	56.7		
Total		1020	100.0		

What is your approximate annual household income?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$25,000	138	13.5	14.8	14.8
	\$25,000-\$49,999	159	15.6	17.1	31.9
	\$50,000-\$74,999	176	17.3	18.9	50.9
	\$75,000-\$99,999	131	12.8	14.1	64.9
	\$100,000+	175	17.2	18.8	83.8
	I prefer not to answer	151	14.8	16.2	100.0
	Total	930	91.2	100.0	
Missing	System	90	8.8		
Total		1020	100.0		

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	651	63.8	70.5	70.5
	No	42	4.1	4.5	75.0
	I prefer not to answer	231	22.6	25.0	100.0
	Total	924	90.6	100.0	
Missing	System	96	9.4		
Total		1020	100.0		

Have you ever (or currently) served in the U.S Armed Forces, Reserves or National Guard?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	81	7.9	8.8	8.8
	No	795	77.9	86.0	94.8
	I prefer not to answer	48	4.7	5.2	100.0
	Total	924	90.6	100.0	
Missing	System	96	9.4		
Total		1020	100.0		

recoded community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other (please specify)	16	1.6	1.7	1.7
	Anchor Point	138	13.5	14.7	16.4
	Diamond Ridge	65	6.4	6.9	23.4
	Fox River Region	21	2.1	2.2	25.6
	Fritz Creek	115	11.3	12.3	37.9
	Homer	445	43.6	47.5	85.4
	Kachemak City	44	4.3	4.7	90.1
	Nanwalek	8	.8	.9	90.9
	Nikolaevsk	18	1.8	1.9	92.8
	Ninilchik	44	4.3	4.7	97.5
	Port Graham	5	.5	.5	98.1
	Seldovia	18	1.8	1.9	100.0
	Total	937	91.9	100.0	
Missing	System	83	8.1		
Total		1020	100.0		

Appendix C:

Intercept Survey

SKP MAPP Intercept Survey

1. Please enter the following information:

Location Conducted Intercept Survey At	
Date Conducted	
Name of Person Who Conducted Intercept Survey	
Contact for Person who Conducted Intercept Survey	

2. Please rate the following:

	Excellent	Very Good	Good	Fair	Poor
The overall health of the community	☐	☐	☐	☐	☐
Your personal health	☐	☐	☐	☐	☐
Your quality of life	☐	☐	☐	☐	☐

3. What do you see as the top community issues or stressors facing our community?

SKP MAPP Intercept Survey

4. The following statements describe the eight dimensions of wellness. Please tell me which response best reflects how you feel:

	Never	Sometimes	Frequently	Always
I have a sense of purpose and meaning in my life	☐	☐	☐	☐
I have a sense of connection, belonging, safety and a reliable support system	☐	☐	☐	☐
I have the ability to perform daily activities without undue fatigue or physical stress	☐	☐	☐	☐
I have opportunities to expand my knowledge and skills and to use my creative abilities	☐	☐	☐	☐
I can cope effectively with life stresses, and my work and relationships are enriching	☐	☐	☐	☐
My surroundings are adequate for me (from my home to the wider community or environment)	☐	☐	☐	☐
I have enough money for my basic needs, and I can adapt for unplanned expenses	☐	☐	☐	☐
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures	☐	☐	☐	☐

5. If you responded never to any of the above statements, please tell us what it would take to make it better.

6. If the hospital and MAPP could set and achieve one goal over the next three years, moving toward a healthier community, what would it be?

SKP MAPP Intercept Survey

7. In what community do you live?

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

8. What is your age?

☐ Under 18	☐ 45-64
☐ 18-24	☐ 65+
☐ 25-34	☐ I prefer not to answer
☐ 35-44	

SKP MAPP Intercept Survey

9. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/Gender Queer
- ☐ Gender Non-Conforming
- ☐ Gender Expansive
- ☐ I prefer not to answer
- ☐ I prefer to self describe,

10. What is your identified sexual orientation?

- ☐ Asexual
- ☐ Queer
- ☐ Bisexual
- ☐ Straight or Heterosexual
- ☐ Lesbian or Gay
- ☐ I prefer not to answer
- ☐ Pansexual
- ☐ I prefer to self describe

SKP MAPP Intercept Survey

11. Please select your race/ethnicity. Please check all that apply.

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ African American or Black

☐ White

☐ Asian

☐ Two or more races

☐ Hispanic

☐ Other (please specify)

SKP MAPP Intercept Survey

12. How long have you lived in your community?

- ☐ Less than 1 year ☐ 5 to less than 10 years
☐ 1 to less than 3 years ☐ 10 years or more
☐ 3 to less than 5 years

13. Do you live here year-round?

- ☐ Yes ☐ No

14. If Yes, how many months do you live here?

15. If Yes, which season?

SKP MAPP Intercept Survey

16. Were you born in another country other than the United States?

☐ Yes ☐ No

17. If Yes, please tell us your home country:

SKP MAPP Intercept Survey

18. What is the highest education level you have completed?

☐ Less than high school	☐ Some college	☐ Master's degree
☐ High school or equivalency	☐ Associates degree	☐ Professional Degree
☐ Vocational training	☐ Bachelor's Degree	☐ Doctorate Degree

19. How many people currently live in your household?

☐ 1	☐ 4	☐ 7
☐ 2	☐ 5	☐ 8+
☐ 3	☐ 6	

20. If child(ren) living in household, what ages? Please check all that apply.

☐ 0-5	☐ 4-17
☐ 6-9	☐ 18+
☐ 10-13	

SKP MAPP Intercept Survey

21. What is your approximate annual household income?

- ☐ Less than \$25,000 ☐ \$75,000-\$99,999
- ☐ \$25,000-\$49,999 ☐ \$100,000+
- ☐ \$50,000-\$74,999

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

- ☐ Yes ☐ No

23. Have you ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

- ☐ Never served in the military ☐ Now on active duty
- ☐ Only on active duty for training in the Reserves of National Guard ☐ On active duty in the past, but not now (includes retired military and veterans)

24. Please enter any other input they provided that you did not already record.

Appendix D:

Intercept Survey Data

Q1 Please enter the following information:

Answered: 201 Skipped: 0

ANSWER CHOICES	RESPONSES	
Location Conducted Intercept Survey At	100.00%	201
Date Conducted	99.50%	200
Name of Person Who Conducted Intercept Survey	6.97%	14
Contact for Person who Conducted Intercept Survey	6.97%	14

#	LOCATION CONDUCTED INTERCEPT SURVEY AT	DATE
1	Anchor Point Bingo	8/24/2022 6:52 PM
2	Anchor Point Bingo	8/24/2022 6:50 PM
3	Anchor Point Bingo	8/24/2022 6:48 PM
4	Anchor Point Bingo	8/24/2022 6:45 PM
5	Anchor Point Bingo	8/24/2022 6:42 PM
6	Anchor Point Bingo	8/24/2022 6:41 PM
7	Anchor Point Bingo	8/24/2022 6:39 PM
8	Anchor Point Bingo	8/24/2022 6:37 PM
9	Anchor Point Bingo	8/24/2022 3:47 PM
10	Anchor Point Bingo	8/24/2022 3:46 PM
11	Anchor Point Bingo	8/24/2022 3:44 PM
12	Anchor Point Bingo	8/24/2022 3:43 PM
13	Anchor Point Bingo	8/24/2022 3:41 PM
14	Anchor Point Bingo	8/24/2022 3:40 PM
15	Anchor Point Bingo	8/24/2022 3:39 PM
16	Anchor Point Bingo	8/24/2022 3:36 PM
17	Anchor Point	8/24/2022 3:34 PM
18	Homer Library	8/23/2022 1:25 PM
19	Homer Library	8/23/2022 1:18 PM
20	Homer Library	8/23/2022 1:06 PM
21	Homer Library	8/23/2022 1:04 PM
22	Homer Library	8/23/2022 1:02 PM
23	Homer Library	8/23/2022 12:59 PM
24	Homer Library	8/23/2022 12:32 PM
25	Homer Library	8/23/2022 12:30 PM
26	Homer Library	8/23/2022 12:28 PM
27	Homer Library	8/23/2022 12:27 PM

SKP MAPP Intercept Survey

28	Homer Library	8/23/2022 12:25 PM
29	Homer Library	8/23/2022 12:23 PM
30	Homer Medical Clinic	8/22/2022 10:00 PM
31	Homer Medical Clinic	8/22/2022 9:58 PM
32	Homer Medical Clinic	8/22/2022 9:57 PM
33	Homer Medical Clinic	8/22/2022 9:56 PM
34	Homer Medical Clinic	8/22/2022 9:07 PM
35	Homer Medical Clinic	8/22/2022 9:06 PM
36	Homer Medical Clinic	8/22/2022 9:05 PM
37	Homer Medical Clinic	8/22/2022 9:04 PM
38	Homer Medical Clinic	8/22/2022 9:03 PM
39	Homer Medical Clinic	8/22/2022 4:38 PM
40	Homer Medical Clinic	8/22/2022 4:37 PM
41	Homer Medical Clinic	8/22/2022 4:36 PM
42	Homer Landfill	8/22/2022 4:35 PM
43	Homer Medical Clinic	8/22/2022 4:33 PM
44	Homer Medical Clinic	8/22/2022 4:31 PM
45	Homer Landfill	8/22/2022 4:29 PM
46	Homer Landfill	8/22/2022 4:28 PM
47	Homer Landfill	8/22/2022 4:11 PM
48	Homer Medical Clinic	8/22/2022 4:09 PM
49	Homer Medical Clinic	8/22/2022 4:07 PM
50	Homer Landfill	8/22/2022 4:05 PM
51	Homer Medical Clinic	8/22/2022 4:03 PM
52	Homer Landfill	8/22/2022 4:01 PM
53	Homer Landfill	8/22/2022 4:00 PM
54	Homer Medical Clinic	8/22/2022 3:59 PM
55	Homer Landfill	8/22/2022 3:57 PM
56	Homer Landfill	8/22/2022 3:55 PM
57	Fritz Creek	8/21/2022 9:00 PM
58	Fritz Creek	8/21/2022 8:59 PM
59	Fritz Creek	8/21/2022 8:58 PM
60	Fritz Creek	8/21/2022 8:57 PM
61	Fritz Creek	8/21/2022 8:56 PM
62	Fritz Creek	8/21/2022 8:55 PM
63	Fritz Creek	8/21/2022 8:55 PM
64	Fritz Creek	8/21/2022 8:54 PM
65	Fritz Creek	8/21/2022 8:53 PM

SKP MAPP Intercept Survey

66	Wagon Wheel	8/20/2022 2:17 PM
67	Wagon Wheel	8/20/2022 2:15 PM
68	Wagon Wheel	8/20/2022 2:14 PM
69	Wagon Wheel	8/20/2022 2:11 PM
70	Wagon Wheel	8/20/2022 2:09 PM
71	Wagon Wheel	8/20/2022 2:07 PM
72	Wagon Wheel	8/20/2022 1:58 PM
73	Wagon Wheel	8/20/2022 1:57 PM
74	Wagon Wheel	8/20/2022 1:55 PM
75	Wagon Wheel	8/20/2022 1:54 PM
76	Wagon Wheel	8/20/2022 1:52 PM
77	Wagon Wheel	8/20/2022 1:51 PM
78	Homer Medical Clinic	8/19/2022 12:54 PM
79	Homer Medical Clinic	8/19/2022 12:52 PM
80	Homer Medical Clinic	8/19/2022 12:51 PM
81	Homer Medical Clinic	8/19/2022 12:50 PM
82	Homer Medical Clinic	8/19/2022 12:48 PM
83	Homer Medical Clinic	8/19/2022 12:42 PM
84	Homer Medical Clinic	8/19/2022 12:40 PM
85	Homer Medical Clinic	8/19/2022 12:39 PM
86	Homer Medical Clinic	8/19/2022 12:37 PM
87	Homer Medical Clinic	8/19/2022 12:34 PM
88	Coles Market	8/18/2022 8:54 PM
89	Coles Market	8/18/2022 8:53 PM
90	Coles Market	8/18/2022 8:53 PM
91	Coles Market	8/18/2022 8:51 PM
92	Coles Market	8/18/2022 8:50 PM
93	Coles Market	8/18/2022 8:49 PM
94	Coles Market	8/18/2022 8:45 PM
95	Coles Market	8/18/2022 8:44 PM
96	Coles Market	8/18/2022 8:43 PM
97	Coles Market	8/18/2022 8:41 PM
98	Coles Market	8/18/2022 8:40 PM
99	Coles Market	8/18/2022 8:39 PM
100	Coles Market	8/18/2022 8:38 PM
101	Coles Market	8/18/2022 8:37 PM
102	KBFPF Fundraiser	8/17/2022 9:59 PM
103	KBFPF Fundraiser	8/17/2022 9:59 PM

SKP MAPP Intercept Survey

104	KBFPC Fundraiser	8/17/2022 9:58 PM
105	KBFPC Fundraiser	8/17/2022 9:57 PM
106	KBFPC Fundraiser	8/17/2022 9:56 PM
107	KBFPC Fundraiser	8/17/2022 9:55 PM
108	KBFPC Fundraiser	8/17/2022 9:54 PM
109	KBFPC Fundraiser	8/17/2022 9:53 PM
110	KBFPC Fundraiser	8/17/2022 9:51 PM
111	KBFPC Fundraiser	8/17/2022 9:50 PM
112	KBFPC Fundraiser	8/17/2022 9:48 PM
113	KBFPC Fundraiser	8/17/2022 9:47 PM
114	KBFPC Fundraiser	8/17/2022 9:47 PM
115	KBFPC Fundraiser	8/17/2022 9:46 PM
116	Concert on the Green	8/17/2022 9:44 PM
117	KBFPC Fundraiser	8/17/2022 9:43 PM
118	Concert on the Green	8/17/2022 9:43 PM
119	KBFPC Fundraiser	8/17/2022 9:42 PM
120	Concert on the Green	8/17/2022 9:40 PM
121	KBFPC Fundraiser	8/17/2022 9:39 PM
122	KBFPC Fundraiser	8/17/2022 9:31 PM
123	KBFPC Fundraiser	8/17/2022 9:30 PM
124	KBFPC Fundraiser	8/17/2022 9:29 PM
125	KBFPC Fundraiser	8/17/2022 9:28 PM
126	KBFPC Fundraiser	8/17/2022 9:27 PM
127	KBFPC Fundraiser	8/17/2022 9:26 PM
128	KBFPC Fundraiser	8/17/2022 9:25 PM
129	KBFPC Fundraiser	8/17/2022 9:24 PM
130	KBFPC Fundraiser	8/17/2022 9:23 PM
131	KBFPC Fundraiser	8/17/2022 9:22 PM
132	KBFPC Fundraiser	8/17/2022 9:20 PM
133	KBFPC Fundraiser	8/17/2022 9:19 PM
134	KBFPC Fundraiser	8/17/2022 9:18 PM
135	KBFPC Fundraiser	8/17/2022 9:17 PM
136	KBFPC Fundraiser	8/17/2022 9:16 PM
137	KBFPC Fundraiser	8/17/2022 9:16 PM
138	KBFPC Fundraiser	8/17/2022 9:14 PM
139	KBFPC Fundraiser	8/17/2022 9:13 PM
140	KBFPC Fundraiser	8/17/2022 9:12 PM
141	KBFPC Fundraiser	8/17/2022 9:11 PM

SKP MAPP Intercept Survey

142	Concert on the Green	8/16/2022 5:04 PM
143	Concert on the Green	8/16/2022 5:03 PM
144	Concert on the Green	8/16/2022 5:02 PM
145	Concert on the Green	8/16/2022 5:00 PM
146	Concert on the Green	8/16/2022 4:59 PM
147	Concert on the Green	8/16/2022 4:58 PM
148	Concert on the Green	8/16/2022 4:57 PM
149	Concert on the Green	8/16/2022 4:55 PM
150	Concert on the Green	8/16/2022 4:51 PM
151	Concert on the Green	8/16/2022 4:48 PM
152	Concert on the Green	8/16/2022 4:47 PM
153	Concert on the Green	8/16/2022 4:14 PM
154	Concert on the Green	8/16/2022 4:13 PM
155	Concert on the Green	8/16/2022 4:12 PM
156	Concert on the Green	8/16/2022 4:11 PM
157	Concert on the Green	8/16/2022 4:10 PM
158	Concert on the Green	8/16/2022 4:09 PM
159	Concert on the Green	8/16/2022 4:07 PM
160	Concert on the Green	8/16/2022 4:06 PM
161	Concert on the Green	8/16/2022 4:05 PM
162	Church on Roch	8/15/2022 5:34 PM
163	Church on Roch	8/15/2022 5:32 PM
164	Church on Roch	8/15/2022 5:31 PM
165	Church on Roch	8/15/2022 5:28 PM
166	Church on Roch	8/15/2022 5:26 PM
167	Church on Roch	8/15/2022 5:24 PM
168	Church on Roch	8/15/2022 5:22 PM
169	Church on Roch	8/15/2022 5:19 PM
170	Church on Roch	8/15/2022 5:15 PM
171	Church on Roch	8/15/2022 5:14 PM
172	Church on Roch	8/15/2022 5:12 PM
173	Church on Roch	8/15/2022 5:11 PM
174	Church on Roch	8/15/2022 5:09 PM
175	Church on Roch	8/15/2022 5:06 PM
176	Church on Roch	8/15/2022 5:04 PM
177	Church on Roch	8/15/2022 5:03 PM
178	Church on Roch	8/15/2022 5:00 PM
179	Church on Roch	8/15/2022 2:25 PM

SKP MAPP Intercept Survey

180	Church on Roch	8/15/2022 2:24 PM
181	Church on Roch	8/15/2022 2:21 PM
182	Church on Roch	8/15/2022 2:19 PM
183	Church on Roch	8/15/2022 2:16 PM
184	Church on Roch	8/15/2022 2:14 PM
185	Church on Roch	8/15/2022 2:12 PM
186	Church on Roch	8/15/2022 2:10 PM
187	Church on Roch	8/15/2022 2:07 PM
188	Food Pantry Homer	7/25/2022 9:52 PM
189	Food Pantry Homer	7/25/2022 9:46 PM
190	Food Pantry Homer	7/25/2022 9:41 PM
191	Food Pantry Homer	7/25/2022 9:35 PM
192	Food Pantry Homer	7/25/2022 9:27 PM
193	Food Pantry Homer	7/25/2022 9:22 PM
194	Food Pantry Homer	7/25/2022 9:15 PM
195	Food Pantry Homer	7/25/2022 9:10 PM
196	Food Pantry Homer	7/25/2022 9:03 PM
197	Food Pantry Homer	7/25/2022 8:59 PM
198	Food Pantry Homer	7/25/2022 8:53 PM
199	Food Pantry Homer	7/25/2022 8:48 PM
200	Food Pantry Homer	7/25/2022 8:41 PM
201	Food Pantry Homer	7/25/2022 8:29 PM
#	DATE CONDUCTED	DATE
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2	7/22	8/24/2022 6:50 PM
3	7/22	8/24/2022 6:48 PM
4	7/22	8/24/2022 6:45 PM
5	7/22	8/24/2022 6:42 PM
6	7/22	8/24/2022 6:41 PM
7	7/22	8/24/2022 6:39 PM
8	7/22	8/24/2022 6:37 PM
9	7/22	8/24/2022 3:47 PM
10	7/22	8/24/2022 3:46 PM
11	7/22	8/24/2022 3:44 PM
12	7/22	8/24/2022 3:43 PM
13	7/22	8/24/2022 3:41 PM
14	7/22	8/24/2022 3:40 PM
15	7/22	8/24/2022 3:39 PM

SKP MAPP Intercept Survey

16	7/22	8/24/2022 3:36 PM
17	7/22	8/24/2022 3:34 PM
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19	7/22	8/23/2022 1:18 PM
20	7/22	8/23/2022 1:06 PM
21	7/22	8/23/2022 1:04 PM
22	7/22	8/23/2022 1:02 PM
23	7/22	8/23/2022 12:59 PM
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33	7/23	8/22/2022 9:56 PM
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46	7/23	8/22/2022 4:28 PM
47	7/23	8/22/2022 4:11 PM
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49	7/23	8/22/2022 4:07 PM
50	7/23	8/22/2022 4:05 PM
51	7/23	8/22/2022 4:03 PM
52	7/23	8/22/2022 4:01 PM
53	7/23	8/22/2022 4:00 PM

SKP MAPP Intercept Survey

54	7/23	8/22/2022 3:59 PM
55	7/23	8/22/2022 3:57 PM
56	7/23	8/22/2022 3:55 PM
57	7/23	8/21/2022 9:00 PM
58	7/23	8/21/2022 8:59 PM
59	7/23	8/21/2022 8:58 PM
60	7/23	8/21/2022 8:57 PM
61	7/23	8/21/2022 8:56 PM
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85	7/23	8/19/2022 12:39 PM
86	7/24	8/19/2022 12:37 PM
87	7/23	8/19/2022 12:34 PM
88	7/24	8/18/2022 8:54 PM
89	7/23	8/18/2022 8:53 PM
90	7/24	8/18/2022 8:53 PM
91	7/23	8/18/2022 8:51 PM

SKP MAPP Intercept Survey

92	7/24	8/18/2022 8:50 PM
93	7/23	8/18/2022 8:49 PM
94	7/24	8/18/2022 8:45 PM
95	7/23	8/18/2022 8:44 PM
96	7/23	8/18/2022 8:43 PM
97	7/23	8/18/2022 8:41 PM
98	7/23	8/18/2022 8:40 PM
99	7/23	8/18/2022 8:39 PM
100	7/23	8/18/2022 8:38 PM
101	7/23	8/18/2022 8:37 PM
102	7/23	8/17/2022 9:59 PM
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106	7/23	8/17/2022 9:56 PM
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110	7/23	8/17/2022 9:51 PM
111	7/23	8/17/2022 9:50 PM
112	7/23	8/17/2022 9:48 PM
113	7/23	8/17/2022 9:47 PM
114	7/23	8/17/2022 9:47 PM
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116	7/23	8/17/2022 9:44 PM
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118	7/23	8/17/2022 9:43 PM
119	7/23	8/17/2022 9:42 PM
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121	7/23	8/17/2022 9:39 PM
122	7/23	8/17/2022 9:31 PM
123	7/23	8/17/2022 9:30 PM
124	7/23	8/17/2022 9:29 PM
125	7/23	8/17/2022 9:28 PM
126	7/23	8/17/2022 9:27 PM
127	7/23	8/17/2022 9:26 PM
128	7/23	8/17/2022 9:25 PM
129	7/23	8/17/2022 9:24 PM

SKP MAPP Intercept Survey

130	7/23	8/17/2022 9:23 PM
131	7/23	8/17/2022 9:22 PM
132	7/23	8/17/2022 9:20 PM
133	7/23	8/17/2022 9:19 PM
134	7/23	8/17/2022 9:18 PM
135	7/23	8/17/2022 9:17 PM
136	7/23	8/17/2022 9:16 PM
137	7/23	8/17/2022 9:16 PM
138	7/23	8/17/2022 9:14 PM
139	7/23	8/17/2022 9:13 PM
140	7/23	8/17/2022 9:12 PM
141	7/23	8/17/2022 9:11 PM
142	7/24	8/16/2022 5:04 PM
143	7/24	8/16/2022 5:03 PM
144	7/24	8/16/2022 5:02 PM
145	7/24	8/16/2022 5:00 PM
146	7/24	8/16/2022 4:59 PM
147	7/24	8/16/2022 4:58 PM
148	7/24	8/16/2022 4:57 PM
149	7/24	8/16/2022 4:55 PM
150	7/24	8/16/2022 4:51 PM
151	7/24	8/16/2022 4:48 PM
152	7/24	8/16/2022 4:47 PM
153	7/24	8/16/2022 4:14 PM
154	7/24	8/16/2022 4:13 PM
155	7/24	8/16/2022 4:12 PM
156	7/24	8/16/2022 4:11 PM
157	7/24	8/16/2022 4:10 PM
158	7/24	8/16/2022 4:09 PM
159	7/24	8/16/2022 4:07 PM
160	7/24	8/16/2022 4:06 PM
161	7/24	8/16/2022 4:05 PM
162	7/24	8/15/2022 5:34 PM
163	7/24	8/15/2022 5:32 PM
164	7/24	8/15/2022 5:31 PM
165	7/24	8/15/2022 5:28 PM
166	7/24	8/15/2022 5:26 PM
167	7/24	8/15/2022 5:24 PM

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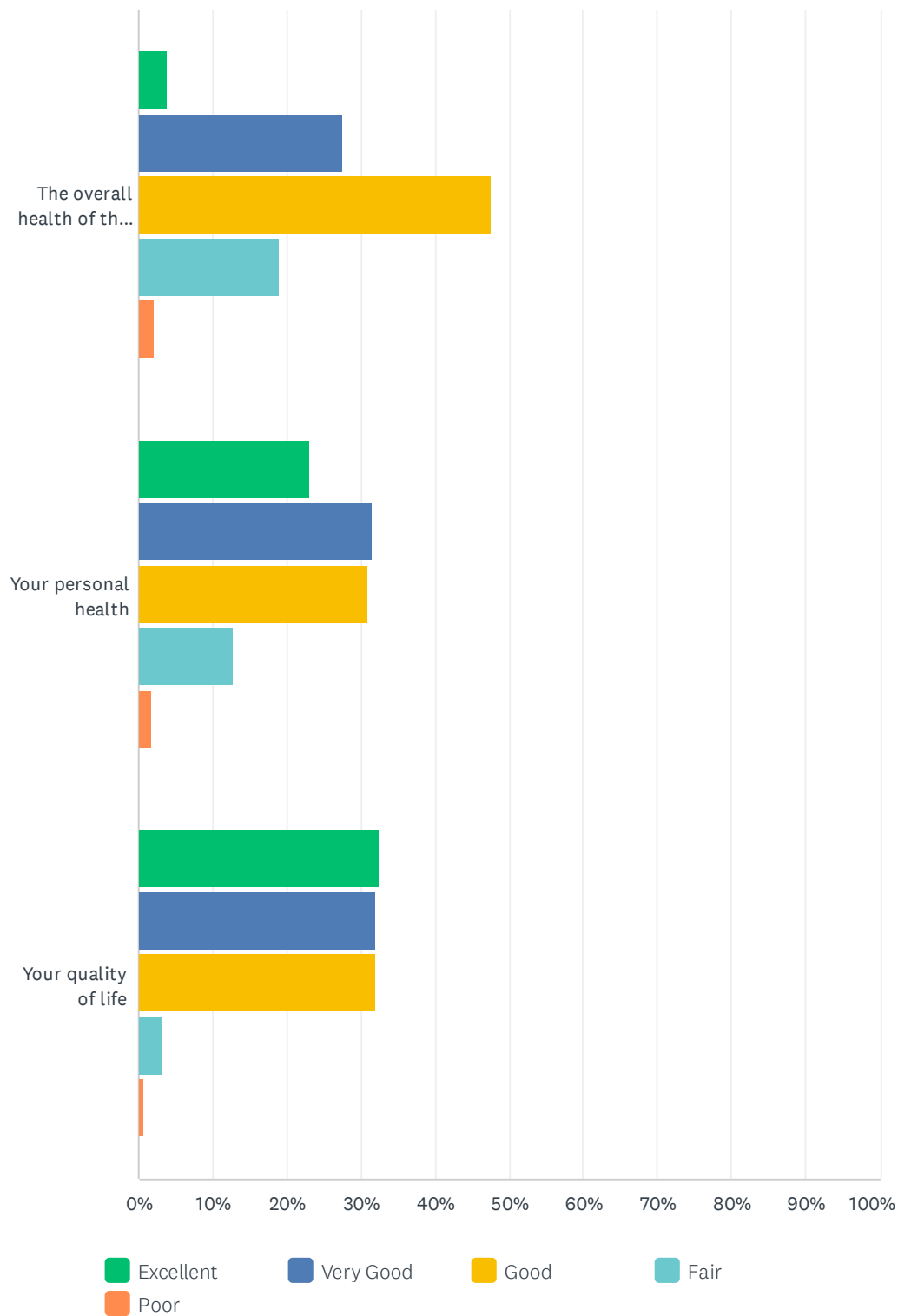
168	7/24	8/15/2022 5:22 PM
169	7/24	8/15/2022 5:19 PM
170	7/24	8/15/2022 5:15 PM
171	7/24	8/15/2022 5:14 PM
172	7/24	8/15/2022 5:12 PM
173	7/24	8/15/2022 5:11 PM
174	7/24	8/15/2022 5:09 PM
175	7/24	8/15/2022 5:06 PM
176	7/24	8/15/2022 5:04 PM
177	7/24	8/15/2022 5:03 PM
178	7/24	8/15/2022 5:00 PM
179	7/24	8/15/2022 2:25 PM
180	7/24	8/15/2022 2:24 PM
181	7/24	8/15/2022 2:21 PM
182	7/24	8/15/2022 2:19 PM
183	7/24	8/15/2022 2:16 PM
184	7/24	8/15/2022 2:14 PM
185	7/24	8/15/2022 2:12 PM
186	7/24	8/15/2022 2:10 PM
187	7/24	8/15/2022 2:07 PM
188	7/25/22	7/25/2022 9:52 PM
189	7/25/22	7/25/2022 9:46 PM
190	7/25/22	7/25/2022 9:35 PM
191	7/25/22	7/25/2022 9:27 PM
192	7/25/22	7/25/2022 9:22 PM
193	7/25/22	7/25/2022 9:15 PM
194	7/25/22	7/25/2022 9:10 PM
195	7/25/22	7/25/2022 9:03 PM
196	7/25/22	7/25/2022 8:59 PM
197	7/25/22	7/25/2022 8:53 PM
198	7/25/22	7/25/2022 8:48 PM
199	7/25/22	7/25/2022 8:41 PM
200	7/25/22	7/25/2022 8:29 PM
#	NAME OF PERSON WHO CONDUCTED INTERCEPT SURVEY	DATE
1	Cynthia West	7/25/2022 9:52 PM
2	Cynthia West	7/25/2022 9:46 PM
3	Cynthia West	7/25/2022 9:41 PM
4	Cynthia West	7/25/2022 9:35 PM

SKP MAPP Intercept Survey

5	Cynthia West	7/25/2022 9:27 PM
6	Cynthia West	7/25/2022 9:22 PM
7	Cynthia West	7/25/2022 9:15 PM
8	Cynthia West	7/25/2022 9:10 PM
9	Cynthia West	7/25/2022 9:03 PM
10	Cynthia West	7/25/2022 8:59 PM
11	Cynthia West	7/25/2022 8:53 PM
12	Cynthia West	7/25/2022 8:48 PM
13	Cynthia West	7/25/2022 8:41 PM
14	Cynthia West	7/25/2022 8:29 PM
#	CONTACT FOR PERSON WHO CONDUCTED INTERCEPT SURVEY	DATE
1	cynthia.west@alaska.gov	7/25/2022 9:52 PM
2	cynthia.west@alaska.gov	7/25/2022 9:46 PM
3	cynthia.west@alaska.gov	7/25/2022 9:41 PM
4	cynthia.west@alaska.gov	7/25/2022 9:35 PM
5	cynthia.west@alaska.gov	7/25/2022 9:27 PM
6	cynthia.west@alaska.gov	7/25/2022 9:22 PM
7	cynthia.west@alaska.gov	7/25/2022 9:15 PM
8	cynthia.west@alaska.gov	7/25/2022 9:10 PM
9	cynthia.west@alaska.gov	7/25/2022 9:03 PM
10	cynthia.west@alaska.gov	7/25/2022 8:59 PM
11	cynthia.west@alaska.gov	7/25/2022 8:53 PM
12	cynthia.west@alaska.gov	7/25/2022 8:48 PM
13	cynthia.west@alaska.gov	7/25/2022 8:41 PM
14	cynthia.west@alaska.gov	7/25/2022 8:29 PM

Q2 Please rate the following:

Answered: 198 Skipped: 3



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	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
The overall health of the community	3.78% 7	27.57% 51	47.57% 88	18.92% 35	2.16% 4	185	3.12
Your personal health	22.99% 43	31.55% 59	31.02% 58	12.83% 24	1.60% 3	187	3.61
Your quality of life	32.43% 60	31.89% 59	31.89% 59	3.24% 6	0.54% 1	185	3.92

Q3 What do you see as the top community issues or stressors facing our community?

Answered: 163 Skipped: 38

#	RESPONSES	DATE
1	drugs	8/24/2022 6:50 PM
2	finances	8/24/2022 6:48 PM
3	local food shopping community activities for singles local news and activities, no single place to get	8/24/2022 6:45 PM
4	at this time covid is the main stress point	8/24/2022 6:42 PM
5	homeless food	8/24/2022 6:41 PM
6	Tourism- tourists coming up unvaccinated unmasked, untested	8/24/2022 6:37 PM
7	Tourist with covid	8/24/2022 3:47 PM
8	getting our full PFD	8/24/2022 3:46 PM
9	lack of supplies, groceries and fuel cost	8/24/2022 3:43 PM
10	bears	8/24/2022 3:40 PM
11	reassuring covid cases	8/24/2022 3:36 PM
12	affordable housing and homelessness	8/24/2022 3:34 PM
13	some groups are totally missed. My granddaughter has no legs (and there are no services for her). I feel totally missed. There are not enough people who know or care about the people who are being missed. There is nothing that can help me with the situation that I have. I lost my house to vandals. They came into the house and destroyed it – but I have to live in it in the condition that it is in because I cannot sell it. I had to pay an attorney to fight the insurance company because the insurance company would not pay for the damage. And even with the attorney, the insurance company never did pay for the damage. There is no water; I have a heart condition and I have to go to the end of the property and get water from the well and bring it to the house. There are moose and bear where I live. The house is not insulated and there are bats in the attic. There is no one that will deal with that. I have called numerous people but no one will do it. I am totally alone; I make too much for this and not enough for that (to get help). I finally found someone who would fix my porch after several years.	8/23/2022 1:25 PM
14	incoming population change in demographics	8/23/2022 1:18 PM
15	illegal drug use	8/23/2022 1:06 PM
16	inflation housing	8/23/2022 1:04 PM
17	places for the community to meet more sidewalks and bath paths	8/23/2022 1:02 PM
18	old age	8/23/2022 12:59 PM
19	mostly drugs	8/23/2022 12:28 PM
20	housing	8/23/2022 12:27 PM
21	affordable housing food security increase political divisiveness	8/23/2022 12:25 PM
22	childcare	8/23/2022 12:23 PM
23	homelessness drug problem help with elderly	8/22/2022 10:00 PM
24	weather	8/22/2022 9:58 PM

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25	lack of housing no property left + what is left is expensive	8/22/2022 9:56 PM
26	cost of living availability of affordable places to leave	8/22/2022 9:07 PM
27	finances unemployment government	8/22/2022 9:06 PM
28	getting covid supplies shelves full	8/22/2022 9:05 PM
29	increase in food and gas prices	8/22/2022 9:04 PM
30	prices	8/22/2022 9:03 PM
31	mental health sad	8/22/2022 4:37 PM
32	tourist trouble picking up garage	8/22/2022 4:36 PM
33	tourist garbage doesnt get picked up	8/22/2022 4:35 PM
34	childcare jobs housing it is great to see kids on the playground	8/22/2022 4:33 PM
35	lack of housing mental health	8/22/2022 4:31 PM
36	we need low income rental housing for everyone	8/22/2022 4:29 PM
37	it is covid + lack of uncertainty of covid	8/22/2022 4:11 PM
38	economic- we have been hit hard with covid 19 shutdowns price of gas not eating healthy because of cost of food	8/22/2022 4:09 PM
39	affordable housing- there is a good health care system leaders who bring us together	8/22/2022 4:07 PM
40	politics economy housing autism spectrum	8/22/2022 4:05 PM
41	politics	8/22/2022 4:03 PM
42	politics	8/22/2022 4:01 PM
43	making a living those sort of things	8/22/2022 4:00 PM
44	price of fuel+ groceries	8/22/2022 3:59 PM
45	economy is the biggest concern	8/22/2022 3:57 PM
46	pandemic news tourists	8/22/2022 3:55 PM
47	housing	8/21/2022 8:57 PM
48	food scarcity homeless	8/21/2022 8:56 PM
49	gas prices	8/21/2022 8:55 PM
50	food	8/21/2022 8:54 PM
51	health care sucks	8/21/2022 8:53 PM
52	all health to all people abortion services	8/20/2022 2:15 PM
53	expensive cost of living	8/20/2022 2:14 PM
54	specialty cancer care elderly needs	8/20/2022 2:11 PM
55	covid	8/20/2022 2:09 PM
56	cost of groceries + gas	8/20/2022 2:07 PM
57	need employees for small businesses	8/20/2022 1:58 PM
58	politics	8/20/2022 1:55 PM
59	political delusion	8/20/2022 1:54 PM
60	weather-seasonal depression	8/20/2022 1:51 PM
61	housing costs inflation	8/19/2022 12:51 PM
62	addiction and substance abuse	8/19/2022 12:50 PM

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63	housing	8/19/2022 12:48 PM
64	lots of obese people	8/19/2022 12:40 PM
65	gender confusion drug/alcohol usage	8/19/2022 12:39 PM
66	drug use lack of mental health care lack of trust in medical community (covid) lack of childcare so parents can work	8/19/2022 12:37 PM
67	homer is a great place to live	8/18/2022 8:54 PM
68	unemployment too many people not willing to work	8/18/2022 8:53 PM
69	covid politics	8/18/2022 8:51 PM
70	sick care system people go to the hospital to die	8/18/2022 8:50 PM
71	family housing	8/18/2022 8:49 PM
72	cost of food + housing	8/18/2022 8:44 PM
73	lack of help no one to work	8/18/2022 8:41 PM
74	housing	8/18/2022 8:40 PM
75	come through covid we have good access to healthcare	8/18/2022 8:39 PM
76	growth	8/18/2022 8:38 PM
77	healthy diet	8/18/2022 8:37 PM
78	mental health	8/17/2022 9:59 PM
79	housing	8/17/2022 9:59 PM
80	housing	8/17/2022 9:58 PM
81	mental health	8/17/2022 9:57 PM
82	high cost/inflation	8/17/2022 9:56 PM
83	housing	8/17/2022 9:55 PM
84	housing	8/17/2022 9:54 PM
85	cost + availability of mental cost of affordable healthy food	8/17/2022 9:53 PM
86	child care lots of violence toward women	8/17/2022 9:51 PM
87	child care fuel price	8/17/2022 9:50 PM
88	job security	8/17/2022 9:48 PM
89	housing substance abuse childcare	8/17/2022 9:47 PM
90	food price + shortage housing access	8/17/2022 9:46 PM
91	covid mental health housing cost	8/17/2022 9:44 PM
92	housing + childcare	8/17/2022 9:43 PM
93	healthcare mental health youth programs	8/17/2022 9:43 PM
94	housing affordable food security public/community	8/17/2022 9:42 PM
95	substance use	8/17/2022 9:40 PM
96	winter darkness	8/17/2022 9:39 PM
97	need more mental health	8/17/2022 9:31 PM
98	housing + mental health	8/17/2022 9:30 PM
99	mental health homeless housing	8/17/2022 9:29 PM
100	covid drugs	8/17/2022 9:27 PM

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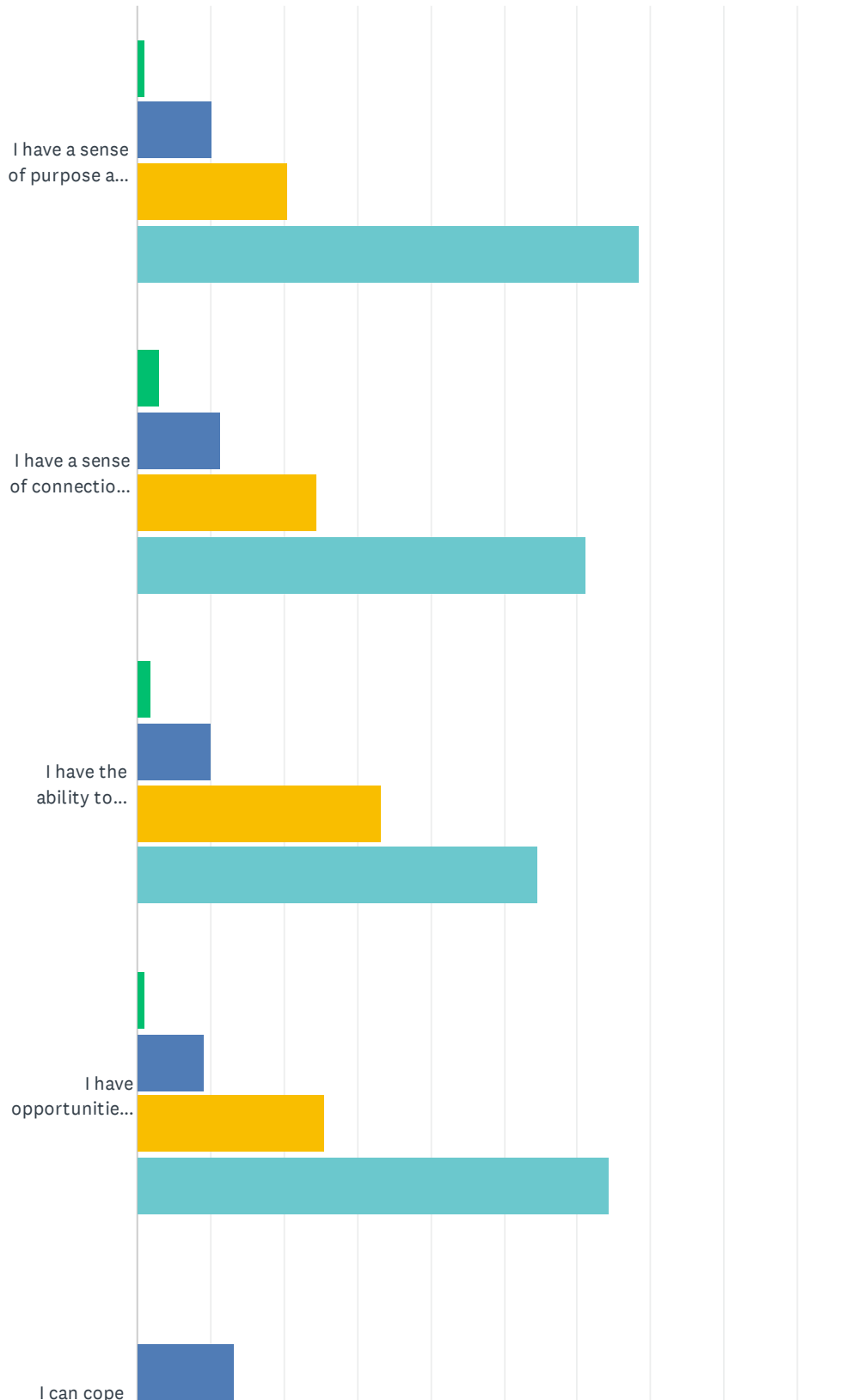
101	mental health housing food legal	8/17/2022 9:26 PM
102	unhoused population access to services	8/17/2022 9:25 PM
103	people are happy here cant think os any issues	8/17/2022 9:24 PM
104	mental health	8/17/2022 9:22 PM
105	lack of sidewalks mobility is an issue	8/17/2022 9:20 PM
106	affordable housing food	8/17/2022 9:18 PM
107	liveable wages	8/17/2022 9:17 PM
108	housing affordable	8/17/2022 9:16 PM
109	housing, child care, substance abuse	8/17/2022 9:16 PM
110	addiction	8/17/2022 9:14 PM
111	drugs jobs	8/17/2022 9:13 PM
112	inflation republican agenda	8/17/2022 9:12 PM
113	housing challenge	8/17/2022 9:11 PM
114	lack of affordable housing	8/16/2022 5:04 PM
115	political divide	8/16/2022 5:03 PM
116	poltiical delusion	8/16/2022 5:02 PM
117	cancer heart disease covid 19	8/16/2022 5:00 PM
118	mental health	8/16/2022 4:59 PM
119	need for affordable housing	8/16/2022 4:57 PM
120	safety/accessibility in winter to services	8/16/2022 4:55 PM
121	transportation	8/16/2022 4:51 PM
122	drug addicts	8/16/2022 4:48 PM
123	tourist bring covid	8/16/2022 4:47 PM
124	covid	8/16/2022 4:14 PM
125	drugs - anchor point	8/16/2022 4:13 PM
126	meth	8/16/2022 4:12 PM
127	housing	8/16/2022 4:11 PM
128	housing	8/16/2022 4:10 PM
129	dont feel stressed	8/16/2022 4:09 PM
130	covid	8/16/2022 4:05 PM
131	we desperatly need an urgent care that people can afford to go to	8/15/2022 5:31 PM
132	access to more mental health services. Depression, anxiety, work/finanical statements	8/15/2022 5:28 PM
133	division	8/15/2022 5:24 PM
134	winter healthy exercise options for kids	8/15/2022 5:19 PM
135	drug use poverty	8/15/2022 5:14 PM
136	mental health housing	8/15/2022 5:12 PM
137	housing price + avaiability economic down turn fresh healthy food year rounf	8/15/2022 5:11 PM
138	some drug use and need for education. The need for more free health care dental checkups,	8/15/2022 5:09 PM

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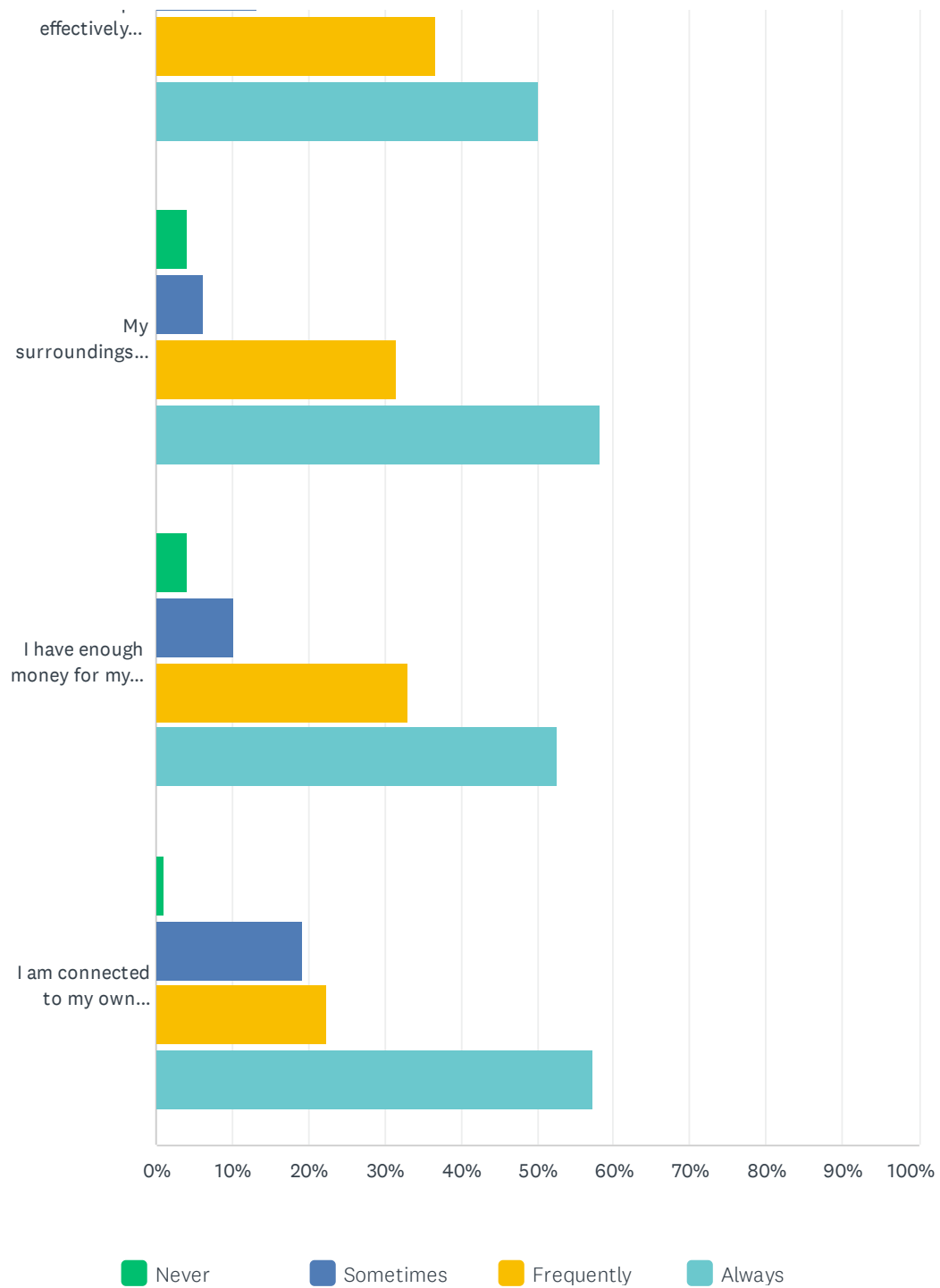
	screenings etc	
139	less focus on jesus	8/15/2022 5:06 PM
140	physical health	8/15/2022 5:04 PM
141	physical health	8/15/2022 5:03 PM
142	political divisions, people seem to have difficulty seeing togetherness despite differences- "same team" health of community, succeeding in life on peninsula as a whole	8/15/2022 5:00 PM
143	post covid effects on social interactions	8/15/2022 2:24 PM
144	addiction improve resources to those in need	8/15/2022 2:21 PM
145	politics	8/15/2022 2:19 PM
146	good paying jobs, lower housing costs, lower electric + water bills, utilities We have the space building/have find more teachers to do more exercise classes	8/15/2022 2:16 PM
147	mental health resources	8/15/2022 2:14 PM
148	homelessness or lack of affordable housing which leads to poor health. Also the push of the gender fluid movement is harming the emotional health of our teams.	8/15/2022 2:10 PM
149	crowding of limited infrastructure less availability of low income housing/rent	8/15/2022 2:07 PM
150	loneliness, lack of community activities, lack of places to dine out, access to products at the store, cost of living	7/25/2022 9:52 PM
151	cost of housing, crappy landlords, mold	7/25/2022 9:46 PM
152	need cheaper rent, better medical care, better prices at the store	7/25/2022 9:41 PM
153	None, its a great community	7/25/2022 9:35 PM
154	Early death, lack of free health care	7/25/2022 9:27 PM
155	people litter too much and we could pay people to pick up the trash. I wish people would donate to the food pantry more than the salvation arm because they give it away free here.	7/25/2022 9:22 PM
156	homelessness, survives and access for disabled.	7/25/2022 9:15 PM
157	Leaving Homer do to lack of childcare. More programs for single moms. Bring back plastic bags at the store.	7/25/2022 9:10 PM
158	Working 3 jobs, unable to make ends meet	7/25/2022 9:03 PM
159	choose not to answer	7/25/2022 8:59 PM
160	Housing costs and availability	7/25/2022 8:53 PM
161	Lack of affordable housing	7/25/2022 8:48 PM
162	None, appreciate Cheeky Moose (laundromat and showers) and the Ninilichik bus that does to Soldotna and Kenai for \$10.	7/25/2022 8:41 PM
163	Resources for home owners to make improvements/repairs. Unable to afford with cost of building materials.	7/25/2022 8:29 PM

Q4 The following statements describe the eight dimensions of wellness.
Please tell me which response best reflects how you feel:

Answered: 99 Skipped: 102



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	NEVER	SOMETIMES	FREQUENTLY	ALWAYS	TOTAL	WEIGHTED AVERAGE
I have a sense of purpose and meaning in my life	1.02% 1	10.20% 10	20.41% 20	68.37% 67	98	3.56
I have a sense of connection, belonging, safety and a reliable support system	3.06% 3	11.22% 11	24.49% 24	61.22% 60	98	3.44
I have the ability to perform daily activities without undue fatigue or physical stress	2.02% 2	10.10% 10	33.33% 33	54.55% 54	99	3.40
I have opportunities to expand my knowledge and skills and to use my creative abilities	1.02% 1	9.18% 9	25.51% 25	64.29% 63	98	3.53
I can cope effectively with life stresses, and my work and relationships are enriching	0.00% 0	13.27% 13	36.73% 36	50.00% 49	98	3.37
My surroundings are adequate for me (from my home to the wider community or environment)	4.08% 4	6.12% 6	31.63% 31	58.16% 57	98	3.44
I have enough money for my basic needs, and I can adapt for unplanned expenses	4.12% 4	10.31% 10	32.99% 32	52.58% 51	97	3.34
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures	1.06% 1	19.15% 18	22.34% 21	57.45% 54	94	3.36

Q5 If you responded never to any of the above statements, please tell us what it would take to make it better.

Answered: 17 Skipped: 184

#	RESPONSES	DATE
1	less inflation more awareness of people's basic needs/food/gas/utilities more assistance	8/24/2022 3:37 PM
2	a portable oxygen machine	8/24/2022 3:35 PM
3	5. we need more natural health care; more diversified medicine. We need people who will deal with severe allergies. We need a place to walk safely. There is no place in the community where people can walk safely; have to drive to Ninilchik for a place to walk.	8/23/2022 1:26 PM
4	everyone wants entry level jobs- needs affordable housing	8/22/2022 4:08 PM
5	great job of dealing with covid	8/22/2022 4:06 PM
6	I responded	8/16/2022 4:49 PM
7	i wish there was more seen cultural diversity + opportunity to learn about other cultures	8/15/2022 5:01 PM
8	more public green spaces	8/15/2022 2:07 PM
9	more activates and support for seniors. Help with daily activities.	7/25/2022 9:56 PM
10	I am broke because I am drinking all the time. need more money.	7/25/2022 9:43 PM
11	I have support and love the people who help me	7/25/2022 9:37 PM
12	Doing better now that I have Medicare and can get meds for my depression and high blood pressure. Living off the land in dry cabin - good live style. Save \$ how ever i can like using food pantry and volunteering for food.	7/25/2022 9:32 PM
13	Men's shelter would be nice	7/25/2022 9:23 PM
14	I am homeless, live in a tent, we help each other out, helping guy in tent next to us who has COVID	7/25/2022 9:17 PM
15	I live in a motor home and need an affordable place to park it.	7/25/2022 9:05 PM
16	I have a yurt and need help putting a road in to the property I own and camp on. Need help getting bags to put dirt in for a foundation for my yurt.	7/25/2022 8:43 PM
17	Unable to afford heating oil, electric, building materials, need septic and well.	7/25/2022 8:34 PM

Q6 If the hospital and MAPP could set and achieve one goal over the next three years, moving toward a healthier community, what would it be?

Answered: 131 Skipped: 70

#	RESPONSES	DATE
1	i know its not up to the hospital but we need to enforce laws + put in jail people that break laws	8/24/2022 6:50 PM
2	education on healthy lifestyle, physically, emotionally, spiritually	8/24/2022 6:49 PM
3	health fairs with discounted blood work office	8/24/2022 6:45 PM
4	Don't jump the gun sending a patient to Anchorage, be sure it really is important. Coming back can really be a challenge!	8/24/2022 6:43 PM
5	better home care	8/24/2022 6:41 PM
6	require tourists to be tested/vacinated	8/24/2022 6:38 PM
7	masks required longer quarantine period	8/24/2022 3:37 PM
8	more packing and employees	8/24/2022 3:35 PM
9	help kids not get hooked on drugs the peer pressure is tremendous	8/23/2022 1:06 PM
10	division of resource drugs	8/23/2022 1:05 PM
11	address homeless teen addicts flex school resources were a problem	8/23/2022 1:02 PM
12	not that i can think of	8/23/2022 1:00 PM
13	immune bosting nutrition focus solely on prescription	8/23/2022 12:32 PM
14	staffing at hospital	8/23/2022 12:27 PM
15	childcare	8/23/2022 12:26 PM
16	community education chronic health disease	8/23/2022 12:24 PM
17	more wellness checks	8/22/2022 10:00 PM
18	they did great during covid	8/22/2022 9:58 PM
19	mental health	8/22/2022 9:56 PM
20	income gap	8/22/2022 9:08 PM
21	more community programs lower cost	8/22/2022 9:06 PM
22	lack of professionals lack of communicatio staff that could be improved	8/22/2022 9:05 PM
23	kids on drugs	8/22/2022 9:03 PM
24	ketamin for depression acupuncture	8/22/2022 4:38 PM
25	improve mental health resources more providers willing to accept mediciaid	8/22/2022 4:37 PM
26	listen to the concerns	8/22/2022 4:36 PM
27	listen to what concerns are	8/22/2022 4:35 PM
28	we need more hospital space	8/22/2022 4:33 PM
29	easier access to healthcare people with no insurance offer home support	8/22/2022 4:32 PM
30	some sort of help for seniors who have no family in the community	8/22/2022 4:30 PM
31	continue to expand	8/22/2022 4:11 PM

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32	continue walking + encourage people to get out and be active	8/22/2022 4:10 PM
33	equality for all shouldn't be just a place for the rich	8/22/2022 4:08 PM
34	penetrate alcohol exposure	8/22/2022 4:06 PM
35	lower prices	8/22/2022 3:58 PM
36	lower costs	8/21/2022 8:57 PM
37	subsidized housing	8/21/2022 8:54 PM
38	better health care	8/21/2022 8:53 PM
39	service needs transportation to health care need more diversity	8/20/2022 2:17 PM
40	local services	8/20/2022 2:16 PM
41	classes not much in winter	8/20/2022 2:14 PM
42	covid	8/20/2022 2:11 PM
43	health for children - safe/basic needs	8/20/2022 2:09 PM
44	focus on functional medicine offerings more addiction support	8/20/2022 2:08 PM
45	affordable healthcare	8/20/2022 1:56 PM
46	more cultural events that are affordable for those with financial issues	8/20/2022 1:54 PM
47	quit buying up homes	8/20/2022 1:53 PM
48	nothing i can think of	8/19/2022 12:54 PM
49	following science that sexuality is based on physical traits at birth	8/19/2022 12:53 PM
50	educate doctors + other providers on addiction	8/19/2022 12:50 PM
51	find ways to connect the divergent philosophical political groups with the goal of encouraging community identity	8/19/2022 12:48 PM
52	partnership with public schools for better health programs + teaching	8/19/2022 12:39 PM
53	mental health outreach	8/19/2022 12:37 PM
54	buy on more specialty doctor	8/18/2022 8:55 PM
55	lower costs	8/18/2022 8:53 PM
56	mental health support	8/18/2022 8:52 PM
57	more doctors wider availability	8/18/2022 8:45 PM
58	more access to health care	8/18/2022 8:44 PM
59	cost of care lower healthcare	8/18/2022 8:43 PM
60	love homer- make it easier to get help if you don't have insurance	8/18/2022 8:42 PM
61	having food for lower income residents	8/18/2022 8:41 PM
62	childcare	8/18/2022 8:38 PM
63	transportation for pension	8/18/2022 8:37 PM
64	lower cost free healthcare	8/17/2022 10:00 PM
65	healthcare	8/17/2022 9:59 PM
66	3rd place for communities	8/17/2022 9:58 PM
67	more mental health services	8/17/2022 9:57 PM
68	lower hc costs	8/17/2022 9:56 PM
69	childcare	8/17/2022 9:55 PM

SKP MAPP Intercept Survey

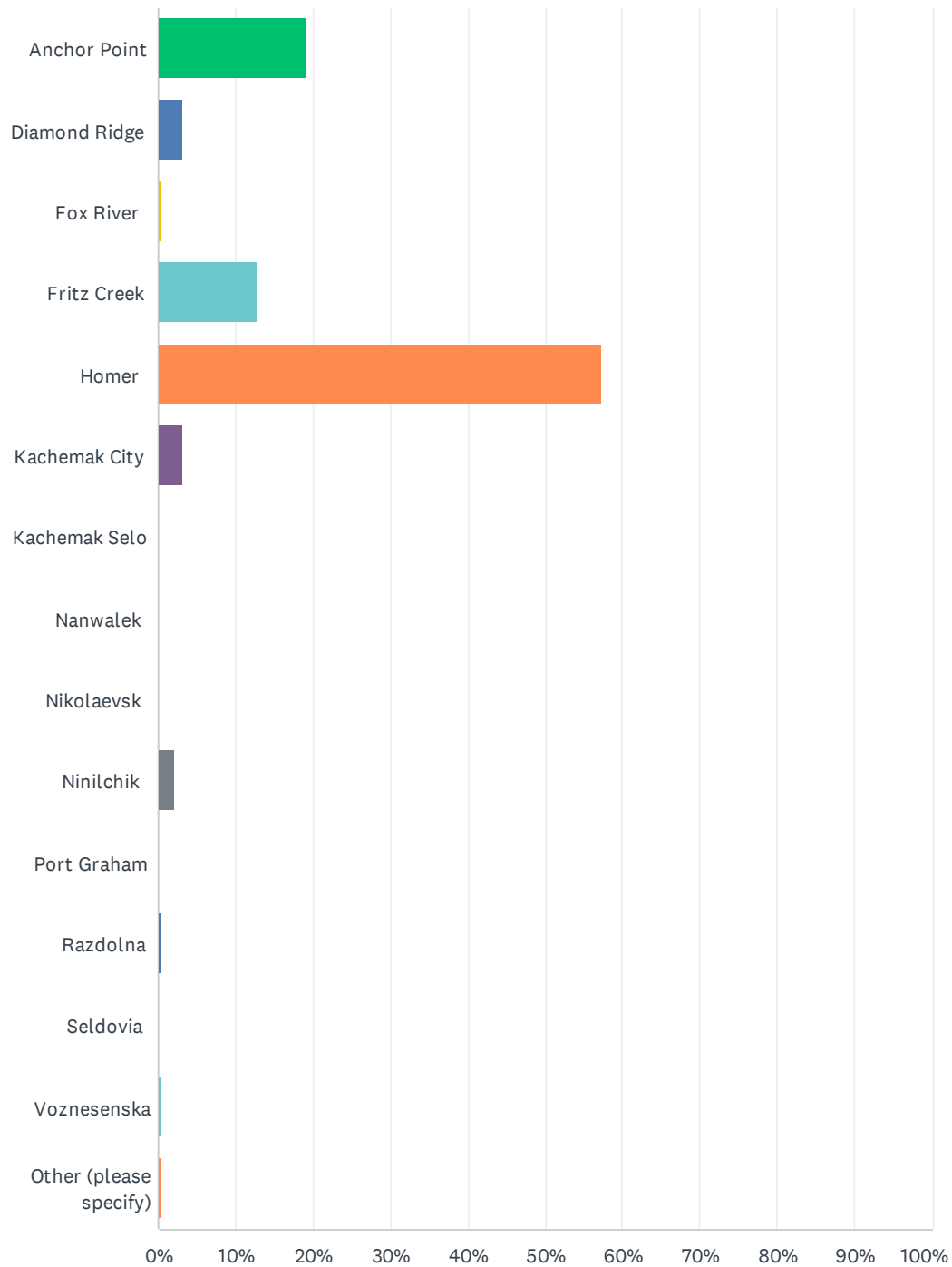
70	childcare	8/17/2022 9:54 PM
71	child care accessible/affordable healthy food	8/17/2022 9:53 PM
72	child care classes for men about how to treat women affordable healthy food	8/17/2022 9:52 PM
73	more child care	8/17/2022 9:50 PM
74	housing	8/17/2022 9:47 PM
75	physical activity	8/17/2022 9:46 PM
76	collaborations between orgs to work on big needs	8/17/2022 9:44 PM
77	expanding mental health	8/17/2022 9:43 PM
78	housing	8/17/2022 9:42 PM
79	more education about mental health	8/17/2022 9:41 PM
80	the hospital is so great more education	8/17/2022 9:39 PM
81	mh services	8/17/2022 9:29 PM
82	awareness of what is available to the community	8/17/2022 9:28 PM
83	services for unhoused bad coordination at hospital	8/17/2022 9:26 PM
84	hot meal for the unhoused	8/17/2022 9:25 PM
85	more mh services	8/17/2022 9:22 PM
86	access to help with mobility	8/17/2022 9:20 PM
87	affordable housing access to food	8/17/2022 9:19 PM
88	free clinic	8/17/2022 9:18 PM
89	support for growth + mental health	8/17/2022 9:17 PM
90	more community outreach	8/17/2022 9:13 PM
91	affordable mental health and dental care	8/16/2022 5:04 PM
92	plans to improve determinants of community health	8/16/2022 5:01 PM
93	more access to mental health social workers lack is a huge problem	8/16/2022 5:00 PM
94	affordable mental health + dental care	8/16/2022 4:58 PM
95	more community events	8/16/2022 4:55 PM
96	better access to diabetes supplies	8/16/2022 4:51 PM
97	dont really use health facilities	8/16/2022 4:15 PM
98	mental health	8/16/2022 4:12 PM
99	more gym space rec center	8/16/2022 4:10 PM
100	allowing people to choose what best for them medically and not judged or put down for not following "norms"	8/15/2022 5:31 PM
101	reduced depression rates, more mental health outreach, lowered suicide rates	8/15/2022 5:29 PM
102	people sharing their interests/skills voluntarily w/community members in need of knowledge/support in that area	8/15/2022 5:25 PM
103	provide more healthy options for activities in the winter	8/15/2022 5:20 PM
104	helping those with no support system addiction treatment/counseling	8/15/2022 5:14 PM
105	mental health support	8/15/2022 5:13 PM
106	continue collab w/sph, public health, non profits	8/15/2022 5:11 PM

SKP MAPP Intercept Survey

107	free health care for those who need universal health care	8/15/2022 5:09 PM
108	encourage a focus on community also not being asked question #9 ever	8/15/2022 5:06 PM
109	getting to know everyone and seeing from their shoes	8/15/2022 5:05 PM
110	not exactly sure But i love the work the hospital is doing + appreciate the effort	8/15/2022 5:01 PM
111	more opportunities for people to gather + socialize	8/15/2022 2:24 PM
112	parenting	8/15/2022 2:21 PM
113	access + healthcare for general needs esp children	8/15/2022 2:19 PM
114	if people don't want to change their ways it's hard to make their lives better	8/15/2022 2:17 PM
115	more couples, insurance sliding,	8/15/2022 2:14 PM
116	geriatric care+ support for farms	8/15/2022 2:11 PM
117	more easy walking trails/connections	8/15/2022 2:07 PM
118	Opportunities for seniors to be involved in community planning and activities, affordable food and products in local stores, affordable transportation to shopping in Soldotna and Kenai	7/25/2022 9:56 PM
119	Elderly need more services, disabled too. Very isolated.	7/25/2022 9:47 PM
120	give me more money	7/25/2022 9:43 PM
121	choose not to answer	7/25/2022 9:37 PM
122	Take care of environment for future generations. make people feel more welcome at hospital. Universal health care for everyone. pay attention to non Covid related deaths.	7/25/2022 9:32 PM
123	Men's shelter for homeless, women can go to Haven House	7/25/2022 9:23 PM
124	I place for me to live.	7/25/2022 9:17 PM
125	programs to help single moms.	7/25/2022 9:12 PM
126	More jobs in Anchor Point	7/25/2022 9:05 PM
127	Lower prices at Safeway/Save U More	7/25/2022 9:00 PM
128	Isolation - community event space - expand library	7/25/2022 8:55 PM
129	address lack of affordable housing	7/25/2022 8:49 PM
130	Just need help with my Yurt	7/25/2022 8:43 PM
131	Health care providers that have time and willingness to focus on one patient at a time. Review medical records before meeting with a patient. Are able to address and help with medical needs.	7/25/2022 8:34 PM

Q7 In what community do you live?

Answered: 188 Skipped: 13



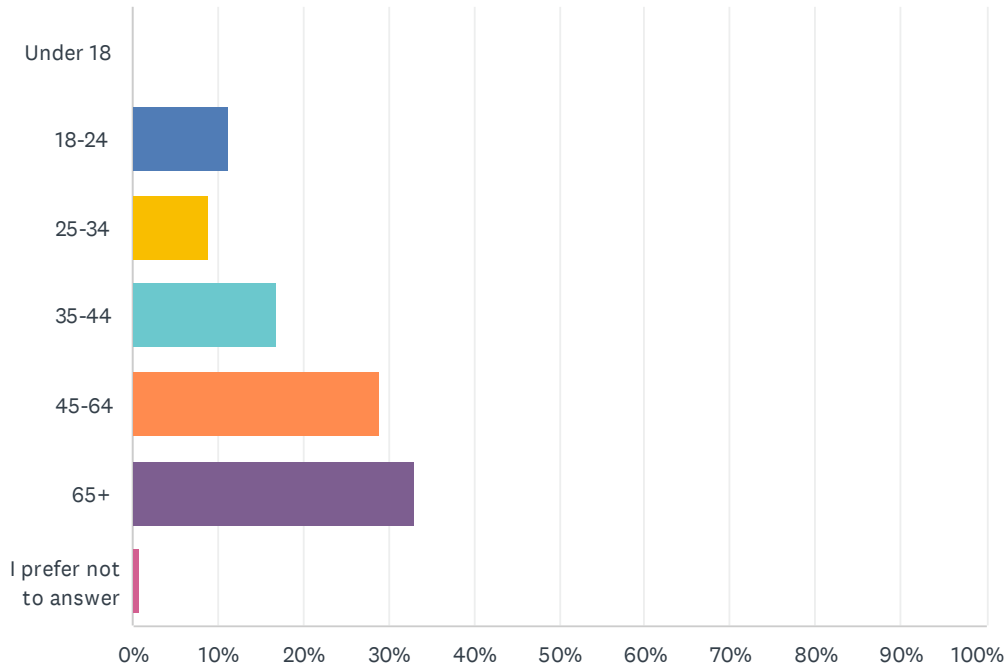
SKP MAPP Intercept Survey

ANSWER CHOICES	RESPONSES	
Anchor Point	19.15%	36
Diamond Ridge	3.19%	6
Fox River	0.53%	1
Fritz Creek	12.77%	24
Homer	57.45%	108
Kachemak City	3.19%	6
Kachemak Selo	0.00%	0
Nanwalek	0.00%	0
Nikolaevsk	0.00%	0
Ninilchik	2.13%	4
Port Graham	0.00%	0
Razdolna	0.53%	1
Seldovia	0.00%	0
Voznesenska	0.53%	1
Other (please specify)	0.53%	1
TOTAL		188

#	OTHER (PLEASE SPECIFY)	DATE
1	Happy Valley (between Anchor Point and Ninilchik)	7/25/2022 9:48 PM

Q8 What is your age?

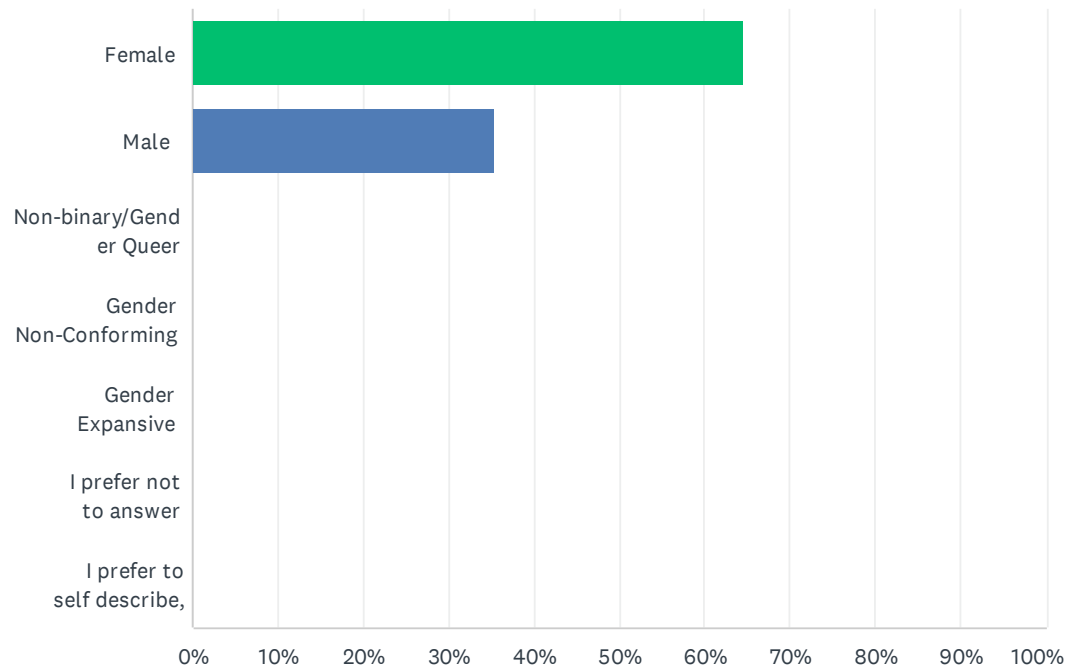
Answered: 124 Skipped: 77



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	11.29%	14
25-34	8.87%	11
35-44	16.94%	21
45-64	29.03%	36
65+	33.06%	41
I prefer not to answer	0.81%	1
TOTAL		124

Q9 What is your gender?

Answered: 187 Skipped: 14

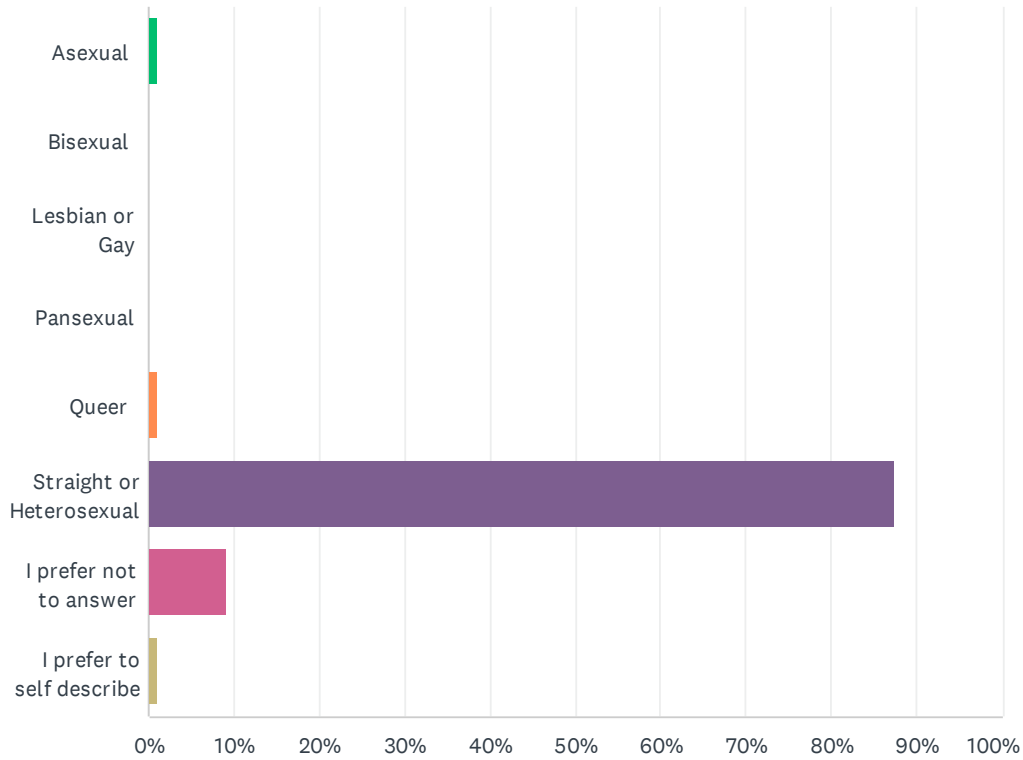


ANSWER CHOICES	RESPONSES	
Female	64.71%	121
Male	35.29%	66
Non-binary/Gender Queer	0.00%	0
Gender Non-Conforming	0.00%	0
Gender Expansive	0.00%	0
I prefer not to answer	0.00%	0
I prefer to self describe,	0.00%	0
TOTAL		187

#	I PREFER TO SELF DESCRIBE,	DATE
There are no responses.		

Q10 What is your identified sexual orientation?

Answered: 87 Skipped: 114

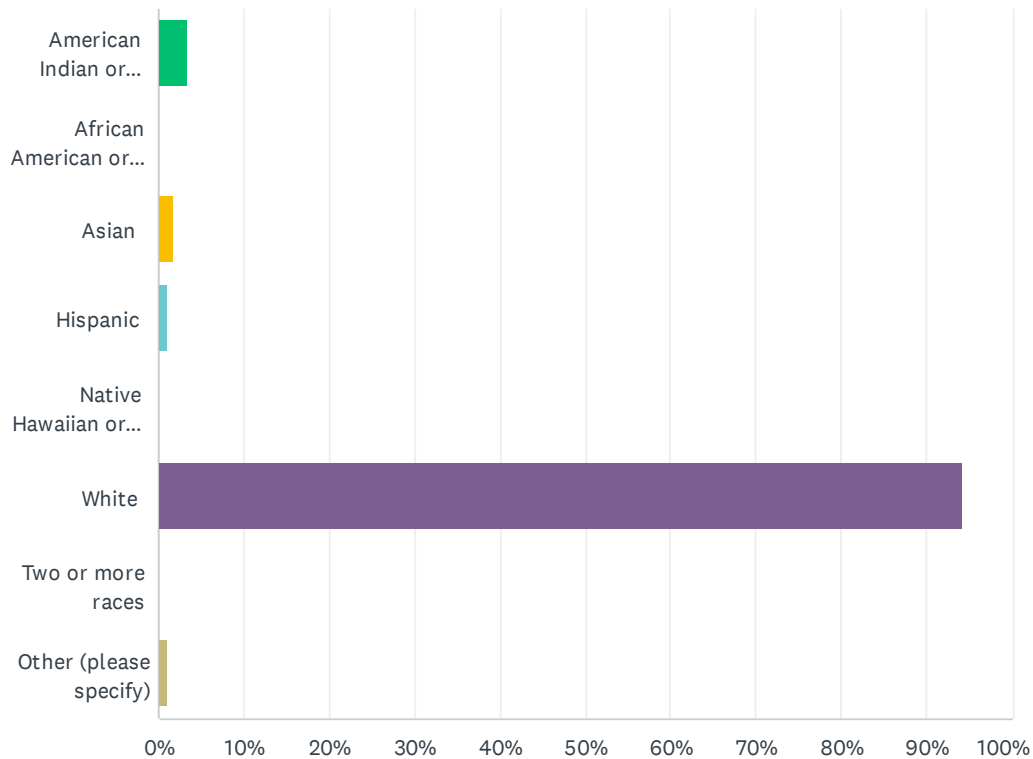


ANSWER CHOICES		RESPONSES	
Asexual		1.15%	1
Bisexual		0.00%	0
Lesbian or Gay		0.00%	0
Pansexual		0.00%	0
Queer		1.15%	1
Straight or Heterosexual		87.36%	76
I prefer not to answer		9.20%	8
I prefer to self describe		1.15%	1
TOTAL			87

#	I PREFER TO SELF DESCRIBE	DATE
1	heterosexual	8/15/2022 5:09 PM

Q11 Please select your race/ethnicity. Please check all that apply.

Answered: 176 Skipped: 25

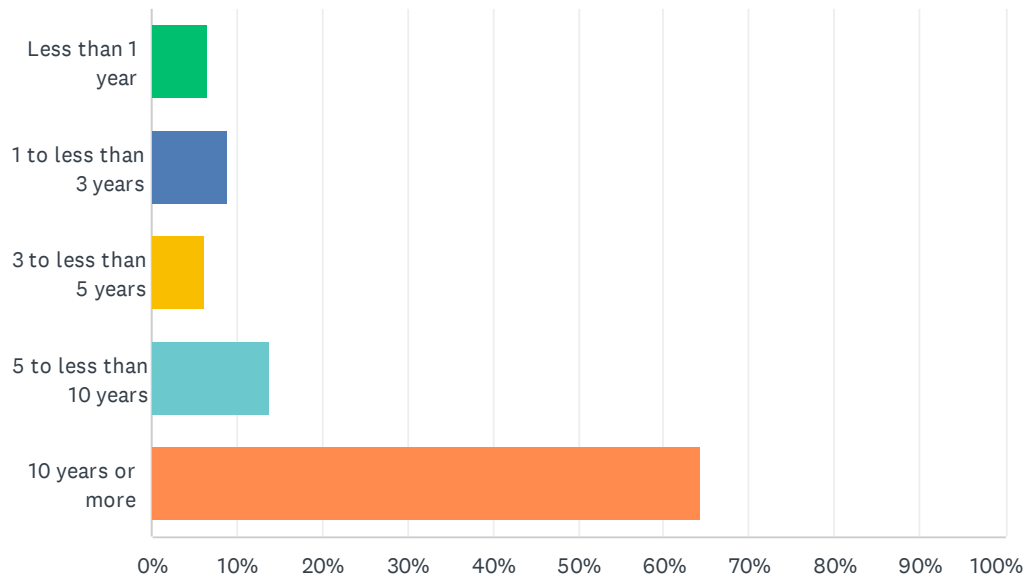


ANSWER CHOICES		RESPONSES	
American Indian or Alaska Native		3.41%	6
African American or Black		0.00%	0
Asian		1.70%	3
Hispanic		1.14%	2
Native Hawaiian or Other Pacific Islander		0.00%	0
White		94.32%	166
Two or more races		0.00%	0
Other (please specify)		1.14%	2
Total Respondents: 176			

#	OTHER (PLEASE SPECIFY)	DATE
1	human	8/20/2022 2:16 PM
2	Italian/Spanish/German	8/15/2022 2:17 PM

Q12 How long have you lived in your community?

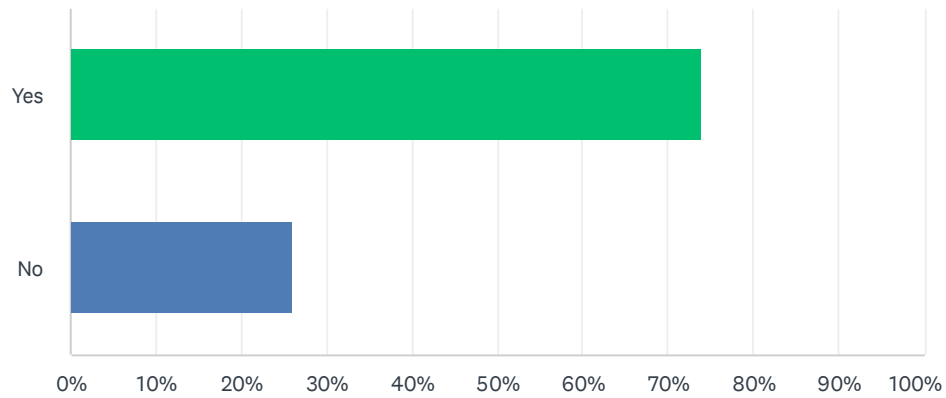
Answered: 180 Skipped: 21



ANSWER CHOICES	RESPONSES	
Less than 1 year	6.67%	12
1 to less than 3 years	8.89%	16
3 to less than 5 years	6.11%	11
5 to less than 10 years	13.89%	25
10 years or more	64.44%	116
TOTAL		180

Q13 Do you live here year-round?

Answered: 23 Skipped: 178



ANSWER CHOICES	RESPONSES	
Yes	73.91%	17
No	26.09%	6
TOTAL		23

Q14 If Yes, how many months do you live here?

Answered: 15 Skipped: 186

#	RESPONSES	DATE
1	6	8/24/2022 3:43 PM
2	12	7/25/2022 9:56 PM
3	12	7/25/2022 9:49 PM
4	12	7/25/2022 9:44 PM
5	12	7/25/2022 9:37 PM
6	12	7/25/2022 9:33 PM
7	12	7/25/2022 9:24 PM
8	12	7/25/2022 9:18 PM
9	12	7/25/2022 9:13 PM
10	12	7/25/2022 9:06 PM
11	12	7/25/2022 9:01 PM
12	12	7/25/2022 8:56 PM
13	12	7/25/2022 8:50 PM
14	12	7/25/2022 8:45 PM
15	12	7/25/2022 8:36 PM

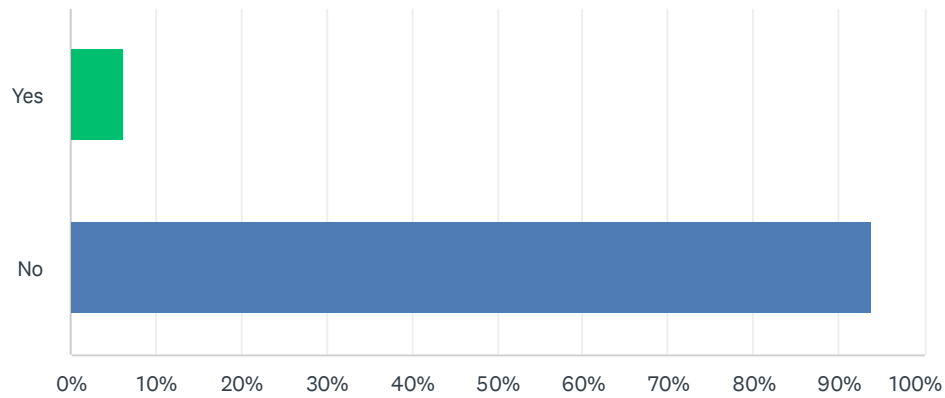
Q15 If Yes, which season?

Answered: 13 Skipped: 188

#	RESPONSES	DATE
1	all seasons	7/25/2022 9:56 PM
2	all seasons	7/25/2022 9:49 PM
3	all seasons	7/25/2022 9:44 PM
4	all seasons	7/25/2022 9:37 PM
5	all seasons	7/25/2022 9:33 PM
6	all seasons	7/25/2022 9:24 PM
7	all seasons	7/25/2022 9:18 PM
8	all seasons	7/25/2022 9:13 PM
9	all seasons	7/25/2022 9:06 PM
10	all seasons	7/25/2022 9:01 PM
11	all	7/25/2022 8:56 PM
12	all seasons	7/25/2022 8:50 PM
13	lived her before moved to CA came back 2 years ago	7/25/2022 8:45 PM

Q16 Were you born in another country other than the United States?

Answered: 96 Skipped: 105



ANSWER CHOICES		RESPONSES	
Yes		6.25%	6
No		93.75%	90
TOTAL			96

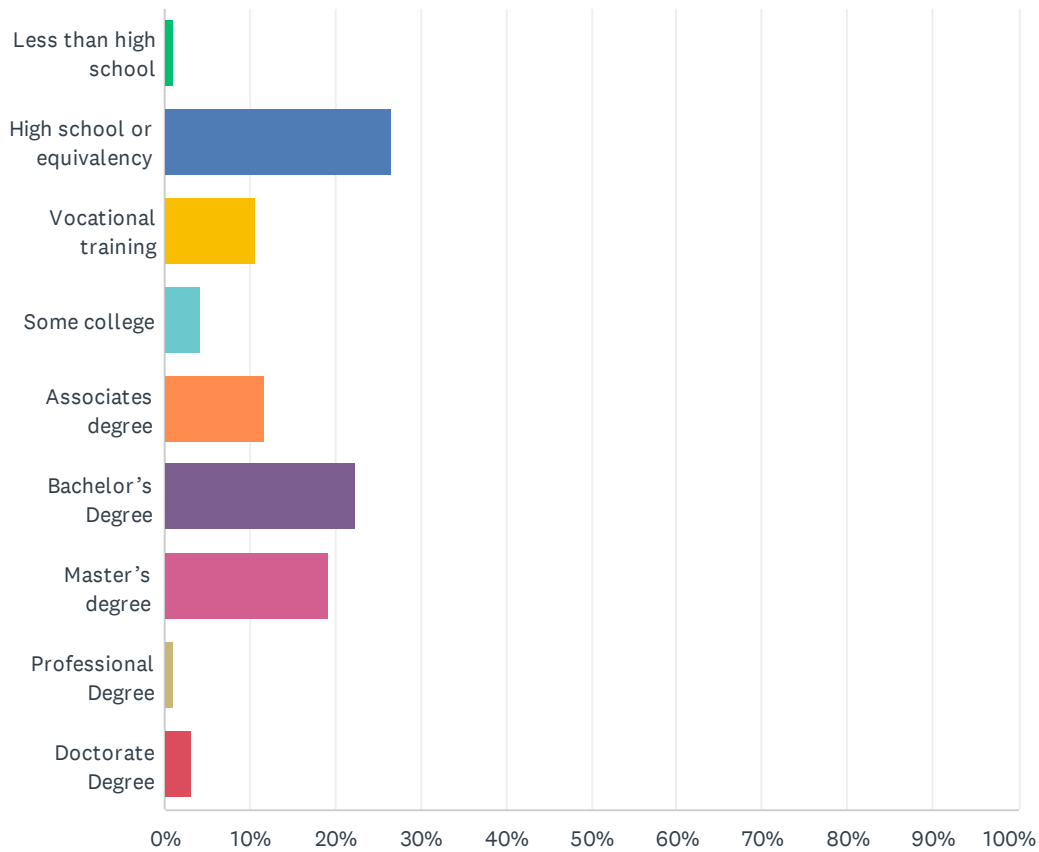
Q17 If Yes, please tell us your home country:

Answered: 5 Skipped: 196

#	RESPONSES	DATE
1	Istanbul, Turkey	8/24/2022 3:45 PM
2	canada	8/23/2022 12:31 PM
3	canada	8/19/2022 12:49 PM
4	philippines	8/15/2022 5:33 PM
5	ontario	8/15/2022 5:13 PM

Q18 What is the highest education level you have completed?

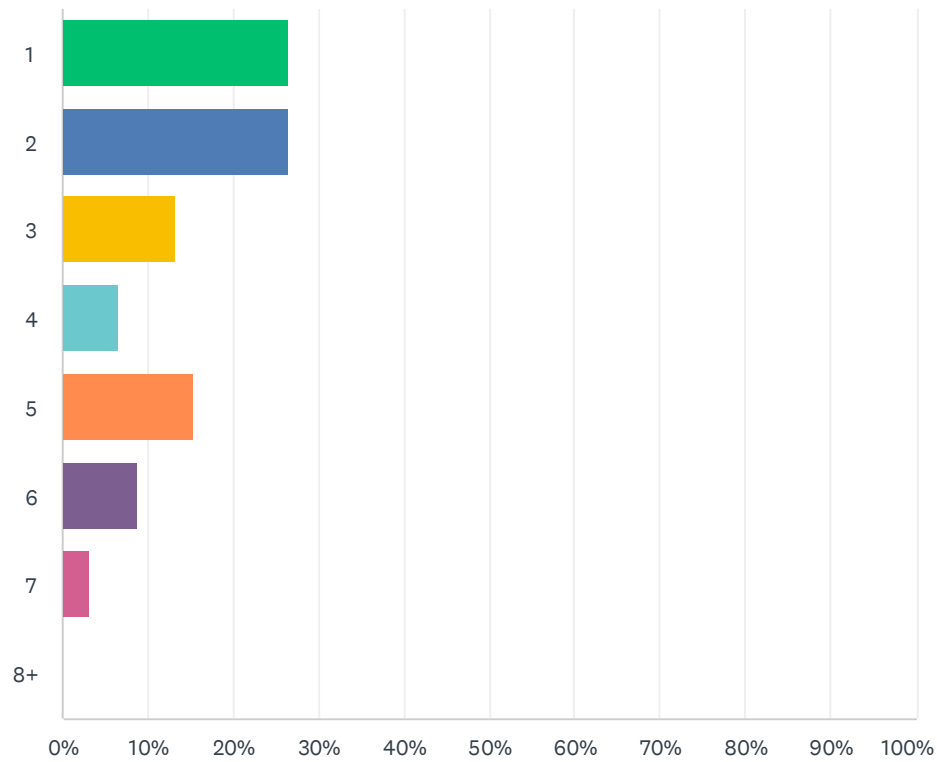
Answered: 94 Skipped: 107



ANSWER CHOICES	RESPONSES	
Less than high school	1.06%	1
High school or equivalency	26.60%	25
Vocational training	10.64%	10
Some college	4.26%	4
Associates degree	11.70%	11
Bachelor's Degree	22.34%	21
Master's degree	19.15%	18
Professional Degree	1.06%	1
Doctorate Degree	3.19%	3
TOTAL		94

Q19 How many people currently live in your household?

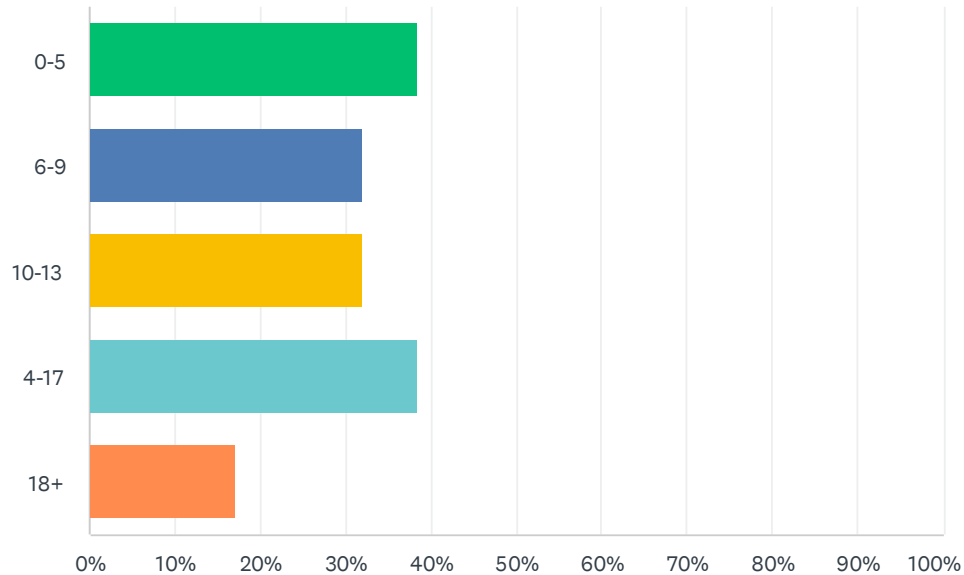
Answered: 91 Skipped: 110



ANSWER CHOICES	RESPONSES	
1	26.37%	24
2	26.37%	24
3	13.19%	12
4	6.59%	6
5	15.38%	14
6	8.79%	8
7	3.30%	3
8+	0.00%	0
TOTAL		91

Q20 If child(ren) living in household, what ages? Please check all that apply.

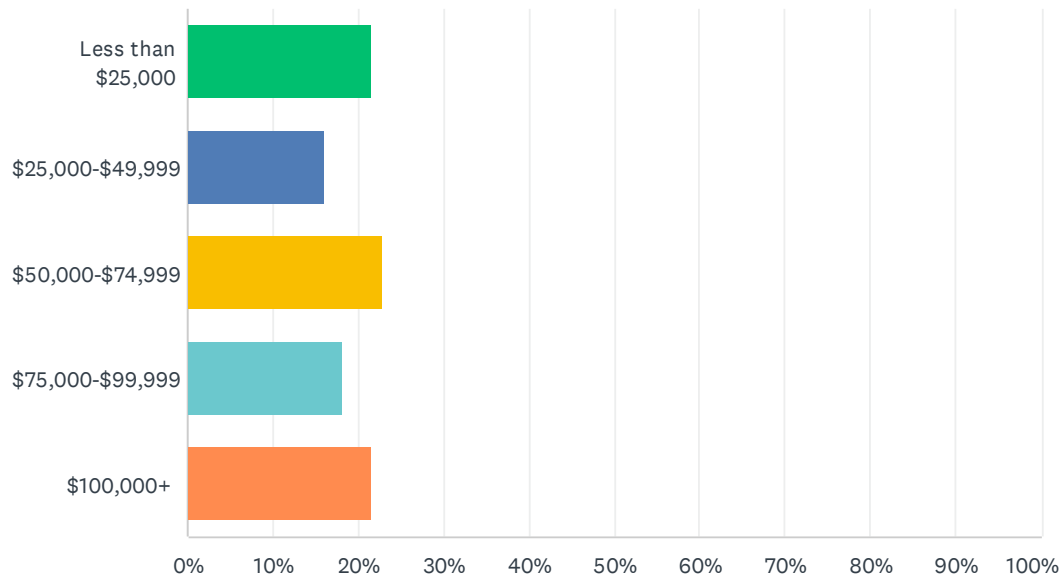
Answered: 47 Skipped: 154



ANSWER CHOICES	RESPONSES	
0-5	38.30%	18
6-9	31.91%	15
10-13	31.91%	15
4-17	38.30%	18
18+	17.02%	8
Total Respondents: 47		

Q21 What is your approximate annual household income?

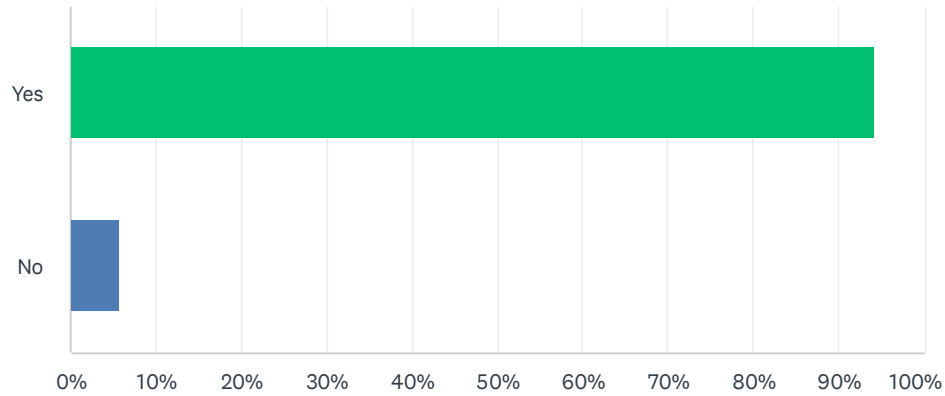
Answered: 88 Skipped: 113



ANSWER CHOICES	RESPONSES	
Less than \$25,000	21.59%	19
\$25,000-\$49,999	15.91%	14
\$50,000-\$74,999	22.73%	20
\$75,000-\$99,999	18.18%	16
\$100,000+	21.59%	19
TOTAL		88

Q22 Do you have health insurance? (of any type: private, public, military, Native, Medicaid or Medicare)

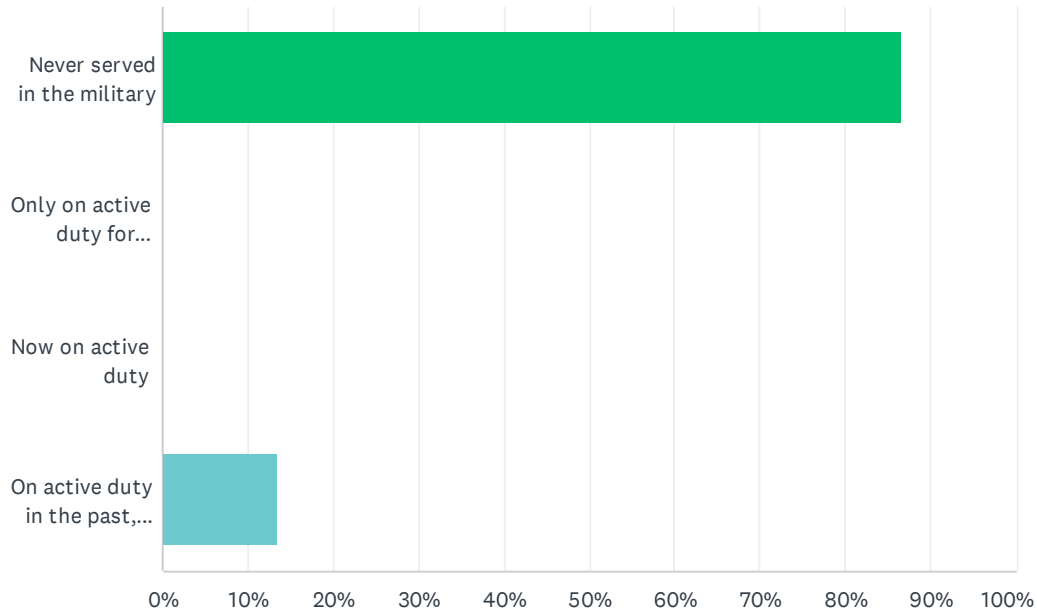
Answered: 87 Skipped: 114



ANSWER CHOICES	RESPONSES	
Yes	94.25%	82
No	5.75%	5
TOTAL		87

Q23 Have you ever served on active duty in the U.S. Armed Forces, Reserves or National Guard?

Answered: 90 Skipped: 111



ANSWER CHOICES	RESPONSES	
Never served in the military	86.67%	78
Only on active duty for training in the Reserves of National Guard	0.00%	0
Now on active duty	0.00%	0
On active duty in the past, but not now (includes retired military and veterans)	13.33%	12
TOTAL		90

Q24 Please enter any other input they provided that you did not already record.

Answered: 1 Skipped: 200

#	RESPONSES	DATE
1	concern about drug abuse and people not wanting to get better drain on system	8/15/2022 2:18 PM

Appendix E:

Focus Group Guide

REP TO READ: Hello, my name is _____ and I am part of the MAPP Steering Committee. We are here to gather information for a Community Health Needs Assessment. South Peninsula Hospital is a member of MAPP (Mobilizing for Action through Planning and Partnerships) and as a “non-profit hospital” is required by the Affordable Care Act to conduct a community health needs assessment every 3 years.

The results of this needs assessment will help to guide the hospital and MAPP in creating a healthier community. We are holding several community meetings and focus groups across the borough in order to hear about the opportunities and barriers that residents face in trying to access care and make healthy choices in their lives.

There are a few guidelines I would like to go over with you that we use in focus groups.

- One is that you speak up and only one person speaks at a time. This makes it clearer on the recording that we are making and easier for the person who transcribes the tape.
- The other thing is, please say exactly what you think. There IS no right or wrong answers in this. We’re just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.
- We have a lot to get through over the next hour or so. I ask that you limit storytelling and please do not be offended if I cut you off or ask you if we can continue the conversation after the session.
- Your participation is totally anonymous. We don’t want to know anyone’s full names. What you say in this room will only be reported with everyone else’s views in a report – and will not be associated with you specifically.
- We ask that you please keep the confidentiality of what is shared in this room in this room.

Health of the Community

1. What does a healthy community look like?
2. Would you say the health of the community is better, worse, or the same as it was 3 years ago?
Why do you say that?
3. What are the health related needs/issues facing your community?
4. What resources already exist in the community that are addressing these needs?
5. What barriers exist to accessing services? What do you think would help make these services more accessible?
6. What services are needed that are not available in the community?
7. What else needs to happen in your community to meet your definition of a healthy community?

Belonging

8. What are the things that make you feel a sense of purpose and meaning in life?
9. To what extent do these things exist in your local community?
10. How and where do you feel connected or like you really belong here in your local community?
11. What else might help someone feel like they belong in this community?
12. How can we make sure that all people have strong social connections and feel like they belong in this community?

Role

- 13. What role can South Peninsula Hospital do to help create a healthy community?
- 14. What role can MAPP of Southern Kenai Peninsula do to help create a healthy community?

Priorities

- 15. I am going to go around the room and ask each of you to tell me one priority need/issue you would like to see addressed. Please share the priority as well as the reason you feel it is a priority.

Thank you all for your time and valuable input into this planning process. If you have not already done so please take a few minutes to complete the brief survey at your table.

Appendix F:

Stakeholder Interview

Questions

SHP MAPP
CHNA Stakeholder Interview Guide

Interview with:

Interviewed by/date:

Thank you for taking the time to talk with us to support the South Peninsula Hospital and MAPP (Mobilizing Action through Planning and Partnership) of Southern Kenai Peninsula Community Health Needs Assessment Process.

1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.

2. What, in your opinion, are the top 3 community health needs?	3. Why did you say <i>[insert each need they said in #2]</i> and what issues come to mind regarding that health need?
1.	
2.	
3.	
Others mentioned:	

SHP MAPP
CHNA Stakeholder Interview Guide

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding the health of the community. What do you feel are the key issues related to this topic area?

5. **What activities/initiatives are currently underway in the community to address the needs within each of your topic areas?**
6. **What more, in your opinion, still needs to be done in order to address each of your community health topic areas mentioned above?**
7. **In your opinion, what role do you think the South Peninsula Hospital, Homer Public Health, your medical provider, or a local coalition should take in addressing these needs? And, how can any of these agencies work with other community organizations to address the needs you mentioned? Who do you think should take the lead?**
8. **As South Peninsula Hospital, Homer Public Health, your medical provider or local coalitions come together to begin to create goals and objectives for the implementation strategy action plan, working on issues and needs identified through the community health improvement process, if asked, would you be interested in participating in a collaborative to address the identified issues and needs?**
9. **What advice do you have for the project steering committee who is implementing this community health assessment process?**

2023 Health Status Assessment

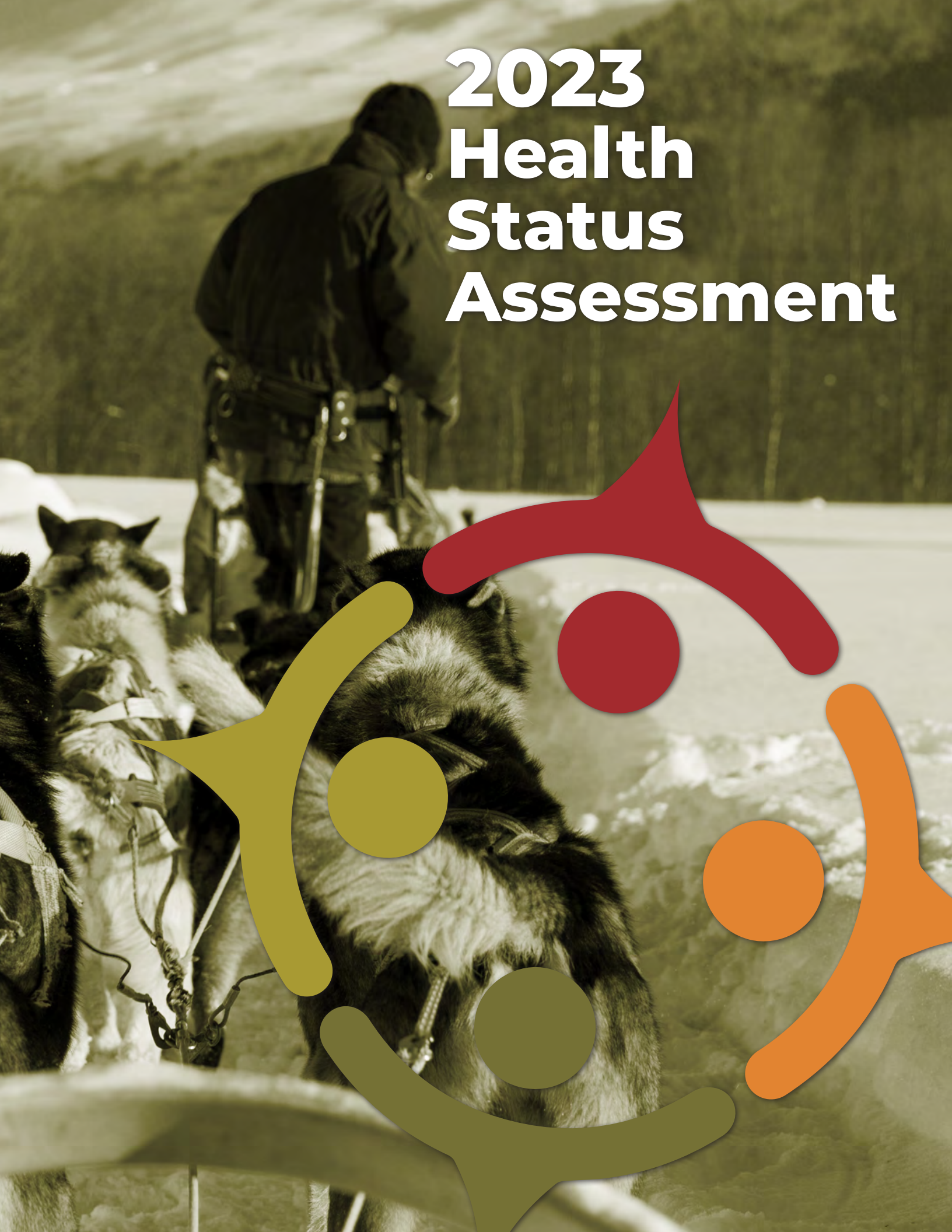


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Welcome To Our Community Health Needs Assessment

THANK YOU FOR BEING A PART OF OUR COMMUNITY.

MAPP stands for Mobilizing for Action through Planning and Partnerships. MAPP is a health improvement coalition that facilitates citizens who are committed to making their community a better place for everyone. To do that, MAPP provides information about emerging health issues and opportunities, convenes conversations to develop a shared vision for well-being, and serves as a catalyst for community members to take action on projects that support the shared vision. Then MAPP monitors and shares progress on our shared community measures so we'll know when we've been successful.

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

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

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

Acknowledgment

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

This Community Health Needs Assessment was funded in part by a sub-grant award of the State of Alaska Healthy & Equitable Communities funds from the City of Homer.

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Acronyms

AK	Alaska
CDC	Centers for Disease Control & Prevention
CHNA	Community Health Needs Assessment
HA	Healthy Alaskans
HP	Healthy People
KP	Kenai Peninsula
KPB	Kenai Peninsula Borough
MAPP	Mobilizing for Action through Planning and Partnerships
NACCHO	National Association of City & County Health Officials
SHP	South Peninsula Hospital
SKP	Southern Kenai Peninsula
US	United States

Community Health Assessment Background

In 2008, South Peninsula Hospital initiated the first Community Health Needs Assessment (CHNA) using a framework developed by CDC and NACCHO called Mobilizing for Action through Planning and Partnership (MAPP). Out of the MAPP framework, a MAPP coalition formed and included several community partners that have been actively working to improve community health since 2008. A CHNA has been conducted every three years¹ to assess the health of the community in order to inform new and existing community and agency efforts. The CHNA process is composed of six phases and the following four assessments:

- I. Community Themes & Strengths Assessment
Qualitative input from community members to identify the issues they feel are important.
 - a. Perceptions of Community Health Survey
 - b. Wellness Dimension Focus Groups
- II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, 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.
- 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.

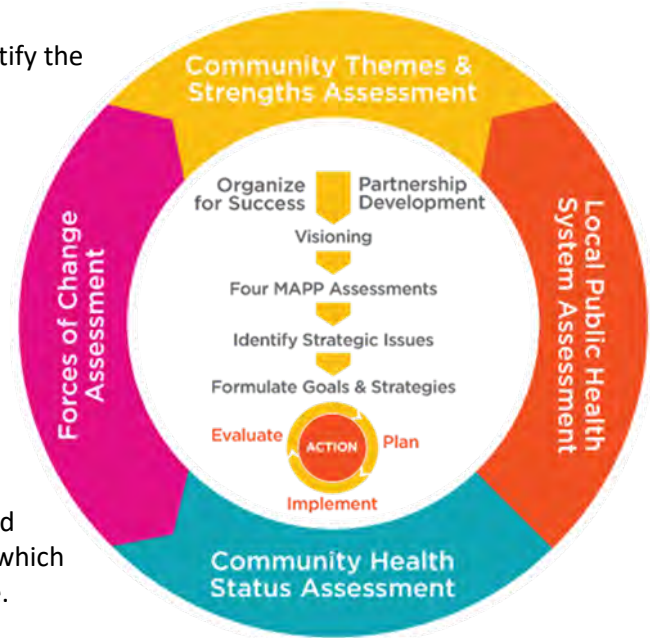


Figure 1: MAPP Framework Flowchart

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of our community 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.

¹ All non-profit hospitals are required to conduct a CHNA every three years. These CHNAs were completed in 2009, 2013, 2016, 2020, and 2023. The 2020 assessment was a minimalized version.

In the summer of 2022, the MAPP Steering Committee learned of a new MAPP 2.0 framework being piloted but not yet available. They elected to move forward and use the MAPP 1.0 framework for the 2023 assessment, which appears in Figure 2 below.

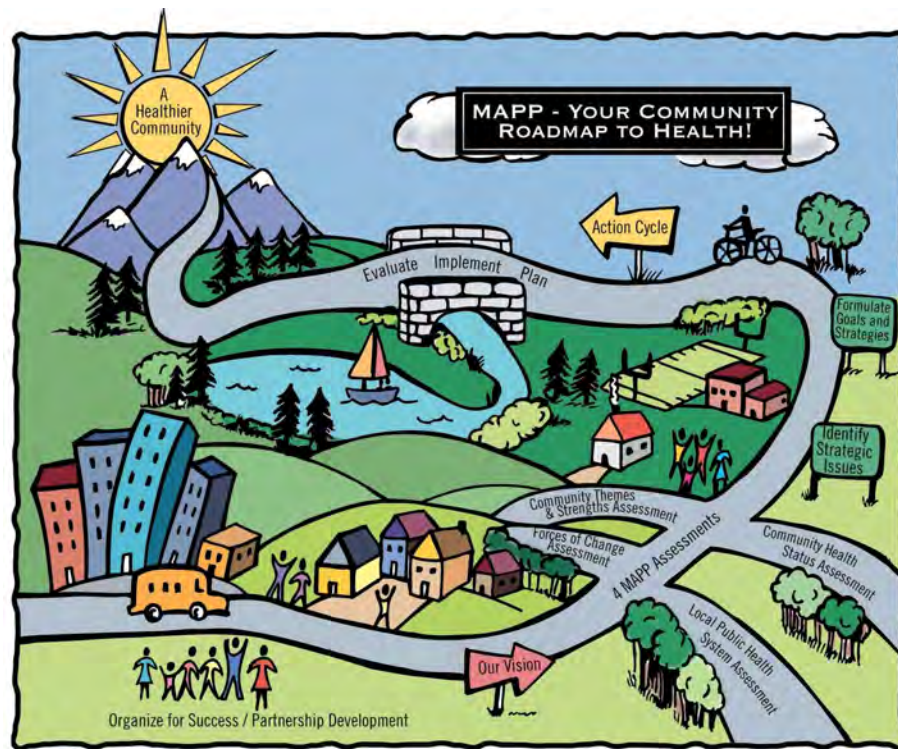


Figure 2: MAPP 1.0 Framework

The following is the information obtained as part of the Community Health Status Assessment. To view all assessments or additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Hannah Gustafson, MAPP of SKP Coordinator, at mappofskp@gmail.com or 907-317-2050.

The 2023 Community Health Needs Assessment is funded in part by a sub-grant award of State of Alaska Healthy & Equitable Communities funds from the City of Homer.

Executive Summary

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population's health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

This CHNA was done with the Southern Kenai Peninsula MAPP, of which the South Peninsula Hospital is a member of. The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the Southern Kenai Peninsula. The priorities identified in this report help to guide the MAPP and its members' community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Facilitated by Strategy Solutions, Inc., a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the Southern Kenai Peninsula communities, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2023 Southern Kenai Peninsula MAPP CHNA was conducted to identify primary health issues, current health status, and health needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community.

Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Alaska Department of Health, Alaska Department of Labor, the Centers for Disease Control, as well as Healthy People 2030, Healthy Alaskans 2030, County Health Rankings and Roadmaps, US Census, and the American Community Survey. Aggregate utilization data was included in Appendix A from South Peninsula Hospital patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.). Demographic data was collected from Claritas-Pop-Facts Premier, Environics Analytics, US Census and Alaska Department of Labor.

On May 31, 2023, the SKP MAPP Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the Southern Kenai Peninsula. Strategy Solutions, Inc. presented the data to the Steering Committee and discussed the needs of the local area, what the MAPP, hospital, health district and other providers are currently offering the community and discussed other potential needs that were not reflected in the data collected. A total of 28 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national, Healthy People 2030 goals, Healthy Alaskans 2030 Targets, negative trends, or growing incidence). Five criteria, including magnitude of the problem, disparities/equity, impact on other health outcomes, capacity to implement evidence-based solutions or promising practices and community collaboration, were identified that the group would use to evaluate identified needs and issues.

Following the meeting, Steering Committee members completed the prioritization exercise via SurveyMonkey to rate each of the needs and issues on a one to ten scale by each of the selected criteria. A total of 16 Steering Committee members participated in the prioritization exercise. The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria).

The MAPP as well as South Peninsula Hospital leadership will meet to discuss the prioritization results and identify priorities for their 2023-2026 Implementation Plan.

Review and Approval

Per the Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014, this CHNA report was adopted by the Southern Kenai Peninsula MAPP on June 21, 2023 and the South Peninsula Hospital Board of Directors on June 28, 2023.

Methodology

To guide this assessment, SKP MAPP formed a CHNA Steering Committee of its members who represented the broad interests of their local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, those with chronic disease needs, individuals with expertise in public health, and internal program managers. The Steering Committee met on July 6, 2022, and May 31, 2023, to provide guidance on the various components of the CHNA.

In an effort to examine the health-related needs of the residents of the Southern Kenai Peninsula and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods as part of the MAPP assessment process. The CHNA Work Group, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service area, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, through extensive use of data and the public health department participation on the Steering Committee.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Claritas-Pop-Facts Premier, Environics Analytics; disease incidence and prevalence data obtained from the Alaska Departments of Health; Centers for Disease Control and Prevention; US Census, Alaska Department of Labor, the Healthy People 2030 goals from HealthyPeople.gov and the Healthy Alaskans 2030 Targets from healthyalaskans.org. In addition, various health and health related data from the following sources were also utilized for the assessment including County Health Rankings (www.countyhealthrankings.org). Selected Emergency Department and inpatient utilization data from South Peninsula Hospital was also included in Appendix A. Economic data was obtained through the U.S. Census Bureau. Data presented are the most recent published by the source at the time of the data collection and for the available geographic areas.

Primary data was collected via focus groups, individual stakeholder interviews and a community survey which can be found in the Community Themes and Strengths Assessment.

Data Limitations

There are a variety of limitations to both the secondary and primary data collected and utilized in this study. The Secondary data may be incomplete and lack accuracy depending on a variety of factors including but not limited to:

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

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

- Data was obtained from a convenience sample of community members willing to participate as well as geographies where data collection could occur.
- Data was largely qualitative.

Map of Southern Kenai Peninsula

The communities that make up the Southern Kenai Peninsula are illustrated in the map below, including Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Halibut Cove, Happy Valley, Homer, Kachemak City, Kachemak Selo, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Razdolna, Seldovia² and Voznesenka.

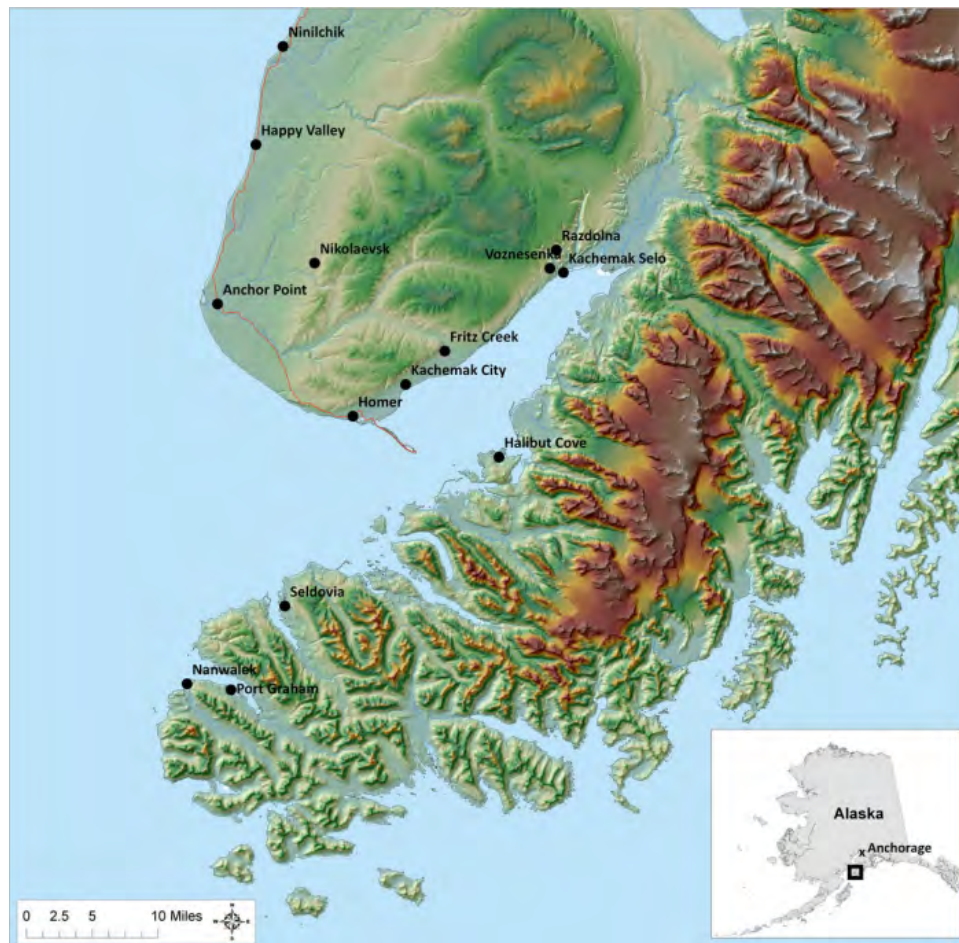


Figure 3: Map of Southern Kenai Peninsula Communities

² Seldovia City is not part of South Peninsula Hospital's service territory.

Community Resources

Available community resources can be accessed at <https://skpresourcedirectory.net/>.

Hospital Resources

The following services are available at South Peninsula Hospital:

Table 1: South Peninsula Hospital Resources

Acute Care	Imaging
Addiction Medicine	Laboratory
Birth Center	Long Term Care
Diabetes Education	Outpatient Oncology and Infusion Center
Emergency	Rehabilitation Services
Family Care Clinic	Sleep Center
Functional Medicine Clinic	South Peninsula Orthopedics
General Surgery	Specialty Clinic
Home Health Services	Sunrise Medical Weight Loss
Homer Medical Center	Surgery

Evaluation of the 2020 MAPP Implementation Strategies

As a result of the 2020 SKP MAPP CHNA has been working on improving community health through two community coalitions:

- Southern Kenai Peninsula Resilience Coalition
- All Things Recovery Coalition (formerly the Opioid Task Force and All Things Addiction)

Below is a brief description of each coalition and a summary of the progress and accomplishments made between 2020 and 2022. Note that these efforts took place during and were therefore impacted by COVID-19.

Southern Kenai Peninsula Resilience Coalition

The Southern Kenai Peninsula Resilience Coalition (SKPRC) has a vision that, “Communities on the Southern Kenai Peninsula cultivate healthy relationships and resilient families, free from violence and substance misuse.” In service of this vision, the SKPRC has developed a three-pronged approach: (1) ACEs Communications; (2) Expanding and Supporting the Network of Trauma-Informed Organizations (TIO); and (3) Spreading the Power of Protective Factors (put on hold because of COVID-19). The workgroups convene on a variable and self-determined schedule, from weekly to quarterly. The full coalition meets monthly and other events (such as training and community outreach) occur as needed throughout the year.

2020-2021	2021-2022
• Welcome Packet created • Created SKPRC products such as stickers and thank you cards • Evolved from TIO to TIA (Trauma-Informed Approach) model • Launched TIA cohort of social service agencies (6 participants) • 63 individuals trained in Trauma Informed Approach • Launched the #ConnectedCommunity Campaign (in response to COVID-19) ○ 6,570 postcards distributed with positive messaging ○ 64 road signs posted with positive messaging ○ 54% of survey respondents shared that they encountered the messaging • Built out an inventory of existing and desired local trainings • Provided Logic Model training, with 12 participants, with 100% reporting they felt more knowledgeable about logic models • Workgroups updated individual logic models • Coalition collaboratively created Coalition Agreements	• Welcome Packet printed and distributed • Hosted/participated in the following outreach events: ○ March “Meet Your Neighbor” Month in honor of Mr. Rogers ▪ Community Walkabout ▪ SPH Wellness Walk ○ Community Yoga ○ Safe & Healthy Kids Fair ○ City Council Presentation ○ Pride/Juneteenth Celebration • Evolved from ACEs Communications to Communications • Launched TIA cohort of youth-serving agencies (10 participants) • Participated in and/or facilitated the following trainings ○ Ripple Effects Mapping ○ More Matters: Increasing Protective Factors Among Alaskan Youth ○ Tamarack Reconnect: Making Communities Essential ○ History and Hope (three trainings total) ○ Community Readiness Assessment • Convened two coalition Data Walks

2020-2021	2021-2022
- Awarded CARES Act funding from the State of Alaska Department of Behavioral Health to address economic needs and social isolation: 13 community agencies coordinated to distribute items to community members - Family Wellness Packages delivered to 110 families	- Convened Youth and Youth Service/Activity Provider Focus Groups - Community Concern defined as, “There are not enough welcoming, no-cost, safe spaces in Homer for young people to connect with safe and trusted adults, explore and engage in interests, and enjoy free time during after-school and evening hours.” - Conducted Community Readiness Assessment on above concern - Community Readiness Level 4 (Preplanning Stage)

All Things Recovery Coalition

The All Things Recovery (ATR) Coalition has a vision of, “A community free of opioid and substance misuse.” In service of this vision, the ATR has identified three strategic initiatives/workgroups: (1) Navigating the System; (2) Lived Experience; and (3) Family and Youth Support (merged with the Resilience Coalition in late 2022). Each of the workgroups meet monthly. The coalition also hosts monthly sober events as well as Quarterly Coalition Meetings and a Quarterly Speaker Series.

2020-2021	2021-2022
- Evolved from Opioid Task Force to All Things Addiction - launched www.allthingsaddiction.net - Set Free Alaska Residential Treatment Program opened its doors with an open house on July 25th, 2020. - Formed a detox workgroup who worked with South Peninsula Hospital to add additional detox services and increased training to hospital staff to care for acute withdrawal for patients. Plans to create warm hand offs between hospital and treatment services were implemented. - Expanded local treatment services in the area by partnering with statewide agencies to offer increased telehealth services. - Worked with local pharmacies to ensure that adequate access to treatment medications were available. - Collaborated with local providers to offer a destigmatizing & education presentation at local pharmacies to decrease dispensing hesitancy. - Completed 1st Social Media Campaign on Facebook.	- Engaged with Opioid Response Network for Technical Assistance to assess community’s No Wrong Door policy. - Conducted activities, outreach and communications through those with lived experience. - Worked with Resilience Coalition to bring the lens of SUD and challenges related to families affected by SUD. - Evolved from All Things Addiction to All Things Recovery. - Passage of a KPB Resolution honoring September as Recovery month. - Partnered with Megan’s Place (the December 2021 100 Women Who Care recipient) to distribute 100 “Hope for the Holidays” holiday gift bags to people accessing treatment and harm reduction services throughout the community. - Supported the formation of a local Recovery Community Organization, a new local non-profit called Kachemak Bay Recovery Connection

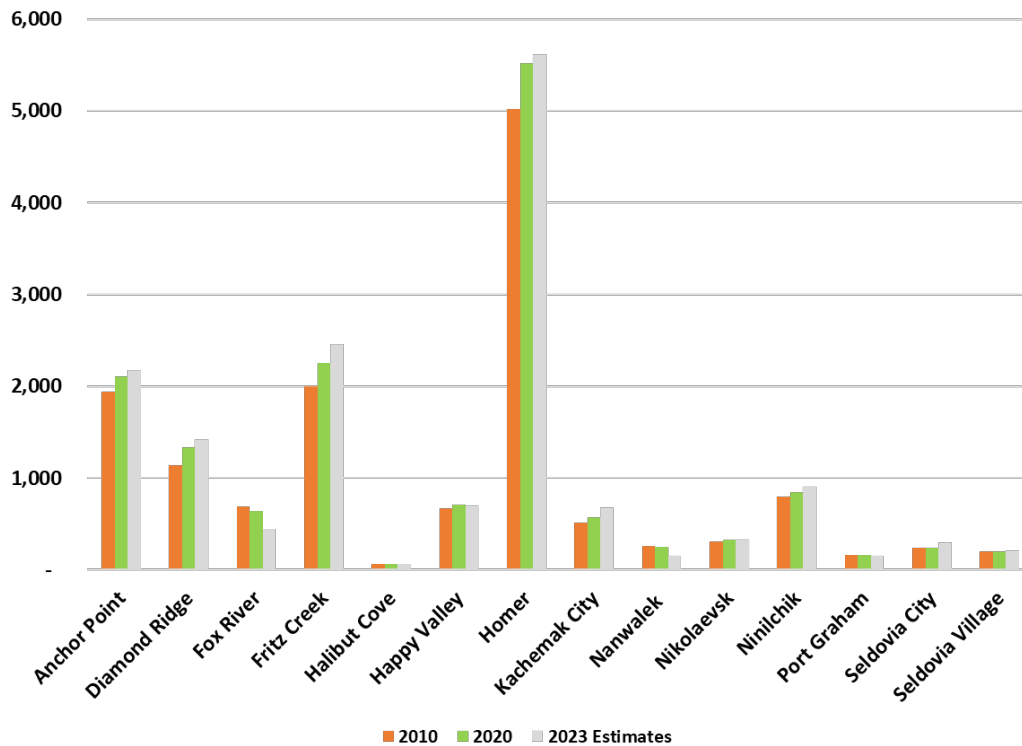
2020-2021	2021-2022
• Partnered with The Alliance to identify PSAs for the Kenai Peninsula with messages for reducing stigma, inclusion, prevention, alcohol misuse, harm reduction and treatment for substance misuse. • Participated in community events: ○ Monthly Coffee Connections ○ Partnered with Golden Willow Retreats to do presentation on Loss & Grief, Addiction & Recovery and the Parallels during COVID ○ Hosted OSMAP presentation on Alaskan Data Trends and Information related to substance misuse and overdose ○ Help is Here: Virtual Treatment Provider Panel ○ Sponsored Sober Garden at Salmonfest Music Festival ○ Hosted Adventures in Sobriety: Recovery Trails Day • Statewide Collaboration ○ Presentation at the Regional All member Coalition Meeting ○ Mat-Su Opioid Task Force presentation ○ Facilitator participated on Steering Committee for statewide Alaskan opioid coalition network ○ Participated in statewide initiatives including: The Alliance, Change4Kenai Coalition, Kenai Peninsula Reentry Coalition, Alaska Wellness Coalition, Alaskan Opioid Coalition Network	• Participated in KPB dialogues on establishing a program for the borough's portion of the state's opioid settlement. • Provided quarterly updates to the Homer City Council. • Hosted/participated in the following outreach events: ○ Monthly: ▪ Coalition Coffee Connections ▪ Discovering Recovery Dialogues ○ Annual ▪ Safe & Healthy Kids Fair ▪ Concert on the Lawn ▪ Salmonfest Sober Garden ▪ Project Homeless Connect ▪ Burning Basket "Recover" honoring National Recovery Month

Please refer to Appendix B for an evaluation of South Peninsula Hospital's Implementation Strategies.

Demographics

The population of the majority of the Southern Kenai Peninsula communities have increased and are estimated to continue to do so. The communities range from populations 59 to 5,614. The communities of Anchor Point, Fritz Creek and Homer account for 66% of the Southern Kenai Peninsula Population.

Figure 4: Southern Kenai Peninsula Population by Community, 2010, 2020 and 2023 Estimates



Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor

The Southern Kenai Peninsula Population is estimated to be 15,575 and has been increasing. The Southern Kenai Peninsula accounts for 2.1% of Alaska's overall population.

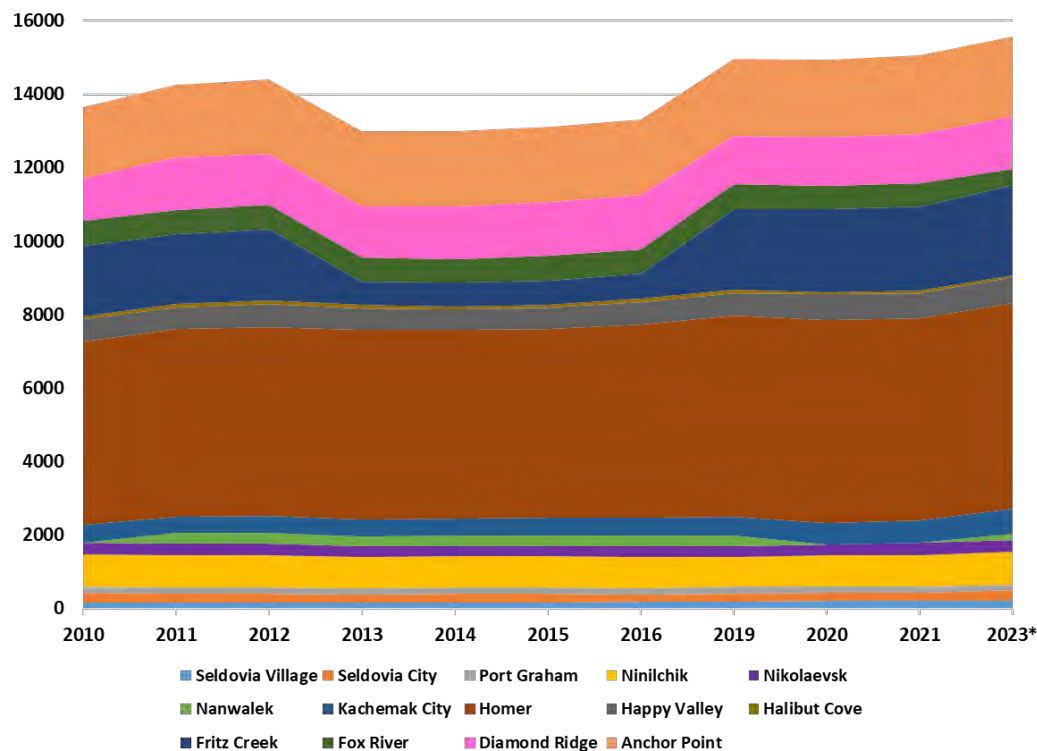
Table 2: Southern Kenai Population by Community, 2010, 2020 and 2023 Estimates

Community	2010	2020	2023 Estimates
Anchor Point	1,940	2,105	2,174
Diamond Ridge	1,142	1,330	1,421
Fox River	685	644	444
Fritz Creek	2,002	2,248	2,456
Halibut Cove	61	60	59
Happy Valley	670	713	702
Homer	5,016	5,522	5,614
Kachemak City	513	576	676
Nanwalek	254	247	153
Nikolaevsk	308	328	329
Ninilchik	794	845	901
Port Graham	164	162	147
Seldovia City	237	235	294
Seldovia Village	201	199	205
Southern Kenai Peninsula	13,871	15,214	15,575
Alaska	710,223	733,391	734,544

Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor

As seen in Figure 4, Anchor Point, Diamond Ridge, Fox River and Fritz Creek experienced a population decline between 2013 and 2016, after which time they experienced growth. The others have been fairly stable with slight population fluctuations.

Figure 5: Southern Kenai Peninsula Historical Population by Community, 2010-2023



Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor

Between 2020 and 2023 the Southern Kenai Peninsula experienced population growth (2.4%) two times that of both Alaska (0.20%) and the United States (0.90%), with projected growth increasing to 4.2% between 2023 and 2028. Population grew the most in Seldovia (25.1%) and Kachemak (17.4%) between 2020 and 2023, while Nanwalek (-38.1%) and Fox River (-30.8%) saw the greatest decline. Looking ahead to projected growth between 2023 and 2028 Fox River is projected to have the greatest population growth (5.6%), while Halibut Cove is projected to experience the greatest population decline (-1.7%).

Table 3: Southern Kenai Peninsula Population Change by Community

	Growth 2010-2020	Growth 2020-2023	Growth 2023-2028
ANCHOR POINT	8.5%	3.3%	4.8%
DIAMOND RIDGE	16.5%	6.8%	5.1%
FOX RIVER	12.2%	-30.8%	5.6%
FRITZ CREEK	12.3%	9.3%	5.0%
HALIBUT COVE	-4.2%	-1.7%	-1.7%
HAPPY VALLEY	6.4%	-1.5%	3.6%
HOMER	10.1%	1.7%	4.3%
KACHEMAK	12.3%	17.4%	5.0%
NANWALEK	-0.8%	-38.1%	-1.3%
NIKOLAEVSK	6.5%	0.3%	4.3%
NINILCHIK	6.4%	6.6%	3.4%
PORT GRAHAM	-1.2%	-9.3%	-1.4%
SELDOVIA	-0.8%	25.1%	-1.4%
SELDOVIA VILLAGE	-1.0%	3.0%	-1.5%
SKP	9.7%	2.4%	4.2%
ALASKA	3.3%	0.2%	0.9%
USA	7.4%	0.9%	2.1%

Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor

The Kenai Peninsula Borough, which includes the Southern Kenai Peninsula communities, has a total population of 59,797 with accounts for 8.1% of the state's population. It consists of 16,017 square miles with 3.7 people per square mile.

Table 4: Population Density, 2021

	Total Population	Total Land Area (square miles)	Population Density (people per square mile)
Kenai Peninsula Borough (KPB)	59,797	16,017	3.7
Alaska (AK)	736,990	665,400	1.2
United States (US)	335,241,595	3,531,837	94

Source: USA Facts

Between 2020-2022 the Kenai Peninsula Borough experienced a population increase of 1.6% based on population in/out migration while the state experienced a 0.7% decrease in population.

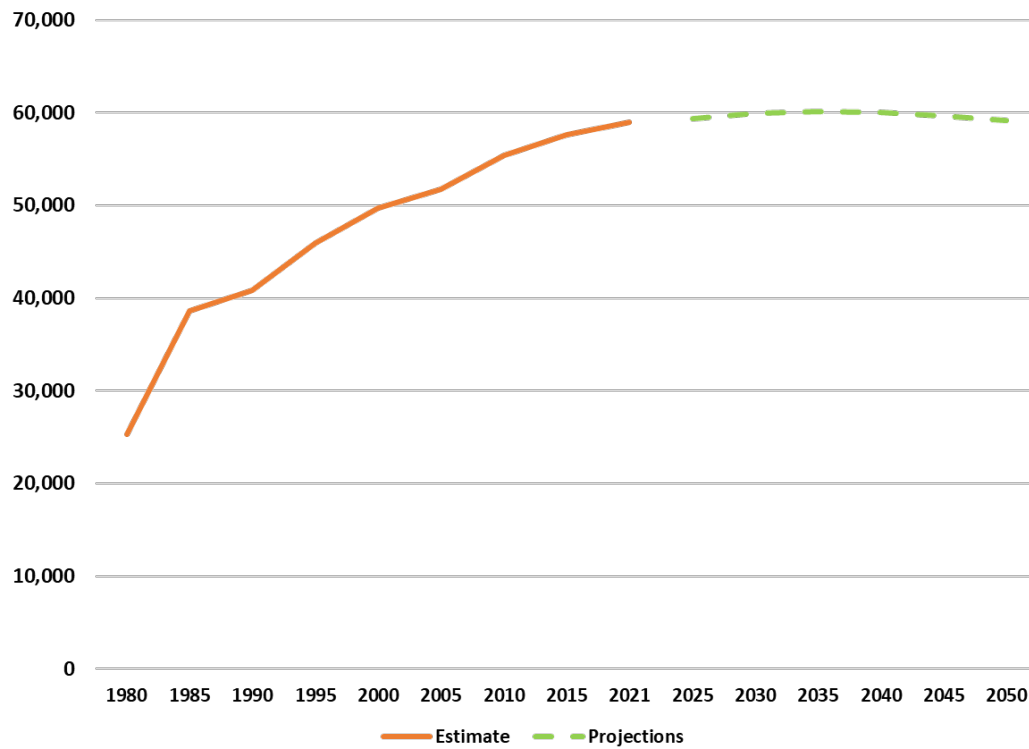
Table 5: Population Geographic Mobility, 2020-2022

	Total Population (July 2022)	Population In/Out Migration (2020-2022)	Percent In/Out Migration (2020-2022)
Kenai Peninsula Borough (KPB)	60,017	965	1.6%
Alaska (AK)	736,556	-5,057	-0.7%

Source: Alaska Department of Labor and Workforce Development

The population of the Kenai Peninsula Borough has been increasing since 1980 but is projected to begin to level off around 60,000 in 2025.

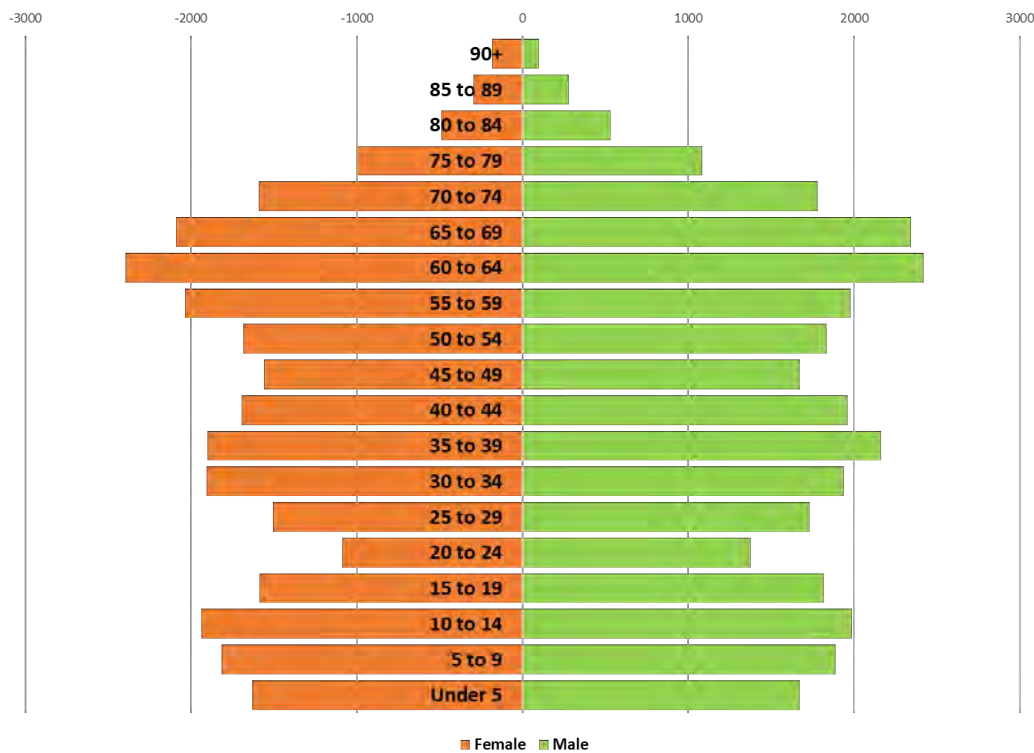
Figure 6: Kenai Peninsula Borough Population Projections, 1980-2050



Source: Alaska Department of Labor and Workforce Development

There are more males than females in the Kenai Peninsula in almost all age categories.

Figure 7: Kenai Peninsula Age and Sex Distribution, 2021



Source: Alaska Department of Labor and Workforce Development

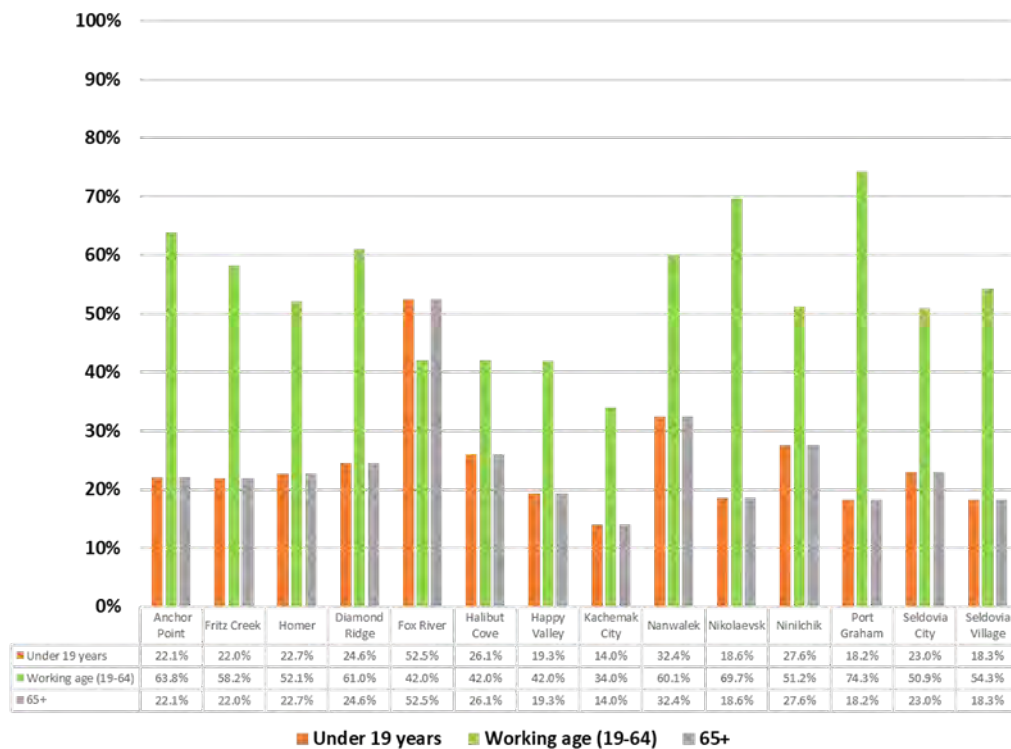
Table 6: Southern Kenai Peninsula Age and Sex Distribution, 2021

Age	Male	Female	Total
Under 5	1,675	1,633	3,308
5-9	1,888	1,815	3,703
10-14	1,987	1,937	3,924
15-19	1,818	1,588	3,406
20-24	1,375	1,088	2,463
25-29	1,730	1,505	3,235
30-34	1,940	1,905	3,845
35-39	2,165	1,903	4,068
40-44	1,961	1,694	3,655
45-49	1,672	1,558	3,230
50-54	1,833	1,688	3,521
55-59	1,979	2,037	4,016
60-64	2,418	2,396	4,814
65-69	2,342	2,092	4,434
70-74	1,779	1,593	3,372
75-79	1,086	1,000	2,086
80-84	529	490	1,019
85-89	277	298	575
90+	97	186	283
Total	30,551	28,406	58,957

Source: Alaska Department of Labor and Workforce Development, 2021 Population Estimates.

In most communities the largest population is between the ages of 19 and 64, with the exception of Fox River which has a higher percentage who are either under 19 years of age or 65 years of age and older.

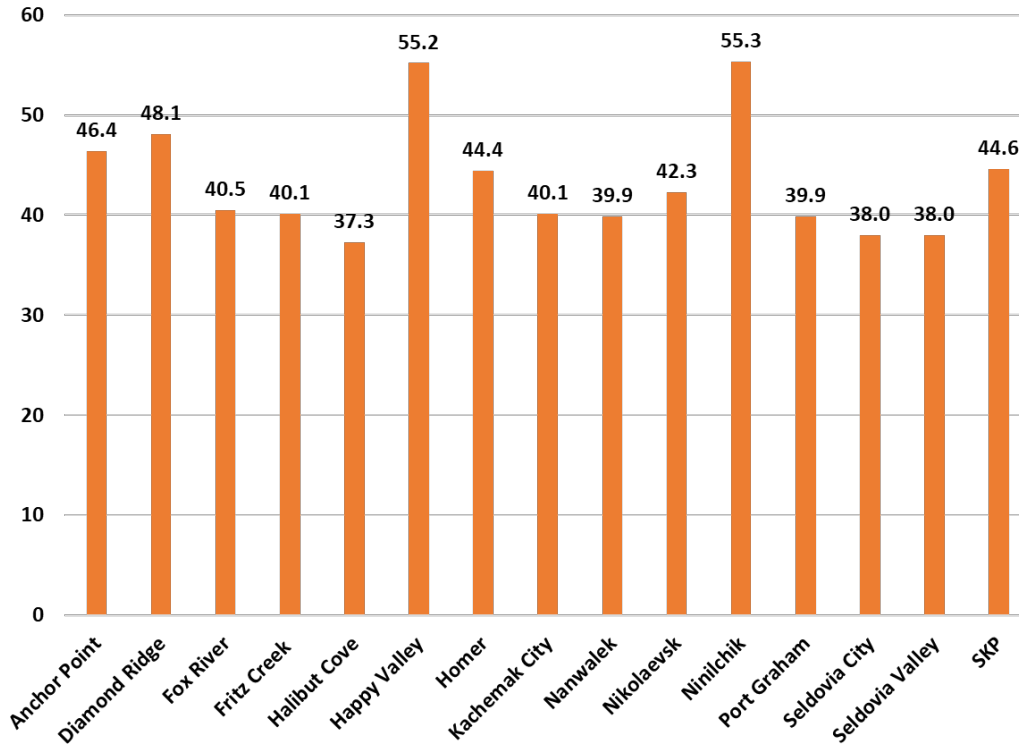
Figure 8: Southern Kenai Peninsula Population by Age and Community, 2021



Source: US Census Bureau

Ninilchik (55.3) and Happy Valley (55.2) have the highest median ages among the communities in the Southern Kenai Peninsula, which Halibut Cove (37.3), Seldovia City (30.0) and Seldovia Valley (38.0) have the lowest median age.

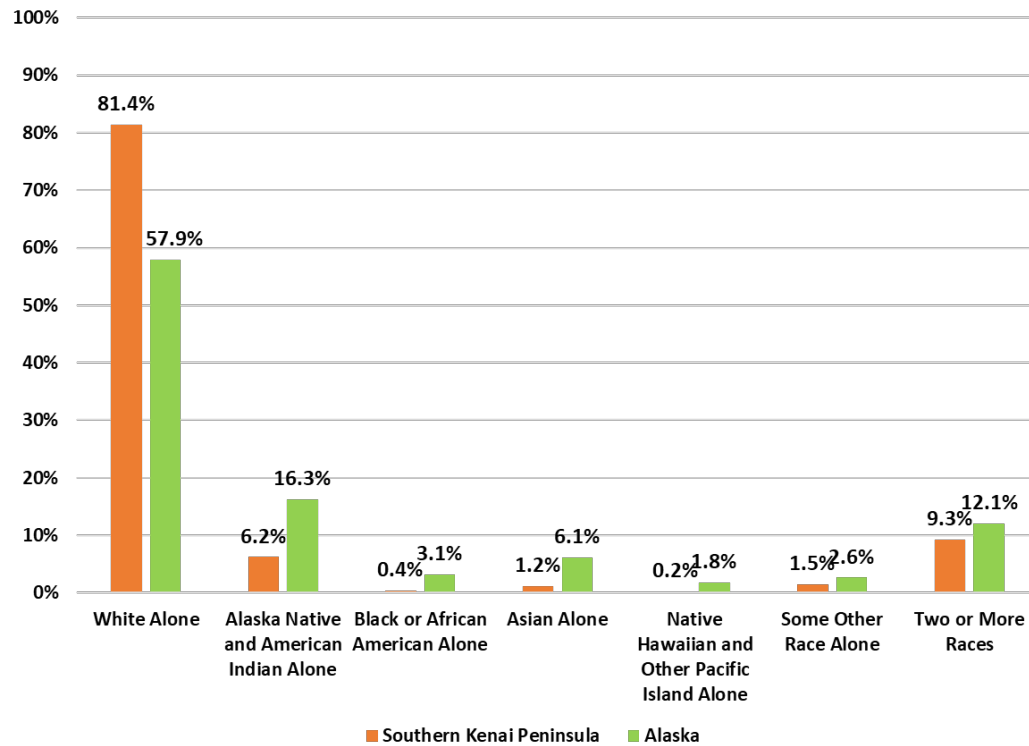
Figure 9: Southern Kenai Peninsula Media Age, by Community, 2023 Estimates



Source: Claritas Environics/United States Census Bureau

The Southern Kenai Peninsula Population is predominantly White (81.4%) and is less diverse in comparison to the state.

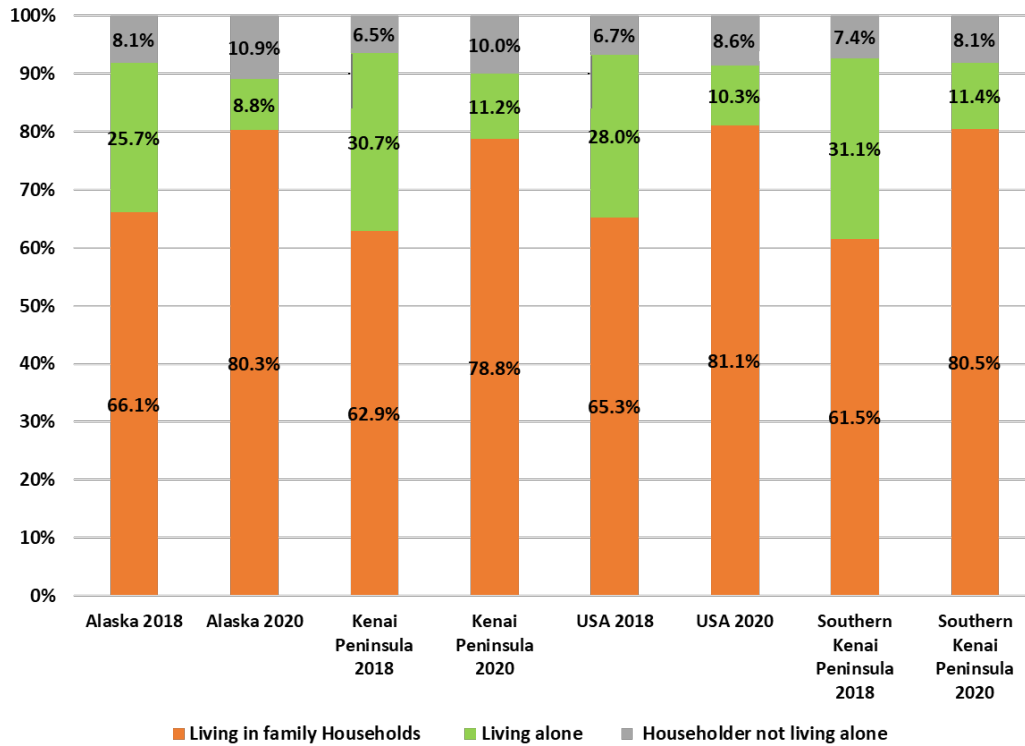
Figure 10: Southern Kenai Peninsula Population by Race, 2023 Estimates



Source Claritas Environics/United States Census Bureau

There has been an increase in individuals living in family households for the Southern Kenai Peninsula, Kenai Peninsula, state and nation between 2018 and 2020. The majority of individuals in the Southern Kenai Peninsula live in family households (80.5%).

Figure 11: Household Composition, 2018 vs. 2020



Source: US Census Bureau

There has been a decrease in family households with children under the age of 18 in the Kenai Peninsula Borough, state and nation.

Table 7: Family Households with Children Under Age 18, 2014-2020

	2014	2018	2020
Kenai Peninsula Borough	27.3%	26.0%	22.4%
Alaska	33.0%	31.4%	24.9%
US	29.2%	27.9%	22.0%

Source: US Census Bureau

According to the most recent census, there has been a decrease in the number of children age through 17 in the Kenai Peninsula Borough, state and nation.

Table 8: Children 3 through Age 17, 2014-2020

	2014	2018	2020
Kenai Peninsula Borough	23.3%	22.8%	19.1%
Alaska	25.7%	25.1%	20.8%
US	23.4%	22.7%	18.5%

Source: US Census Bureau

In the Kenai Peninsula Borough, the population of adults between the ages of 65 and 74 is projected to decline between 2020 and 2045, with large growth expected for those age 85 and older.

Table 9: Projected Population 65+, Kenai Peninsula, 2020-2045

Kenai Peninsula Borough								
Age Group	2020	2025	2030	2035	2040	2045	% Change 2020-2030	% Change 2020-2045
65 to 74 years	7,333	8,236	7,576	6,215	5,414	5,451	3%	-26%
75 to 84 years	2,948	4,128	5,405	6,098	5,587	4,565	83%	55%
85+ years	805	1,046	1,495	2,114	2,839	3,255	86%	304%
Total	11,086	13,410	14,476	14,427	13,840	13,271	31%	20%

Source: US Census Bureau

The veteran population has declined in the Southern Kenai Peninsula while remaining the same in the Kenai Peninsula Borough, Alaska and United States. About a one in ten residents (10.8%) are veterans.

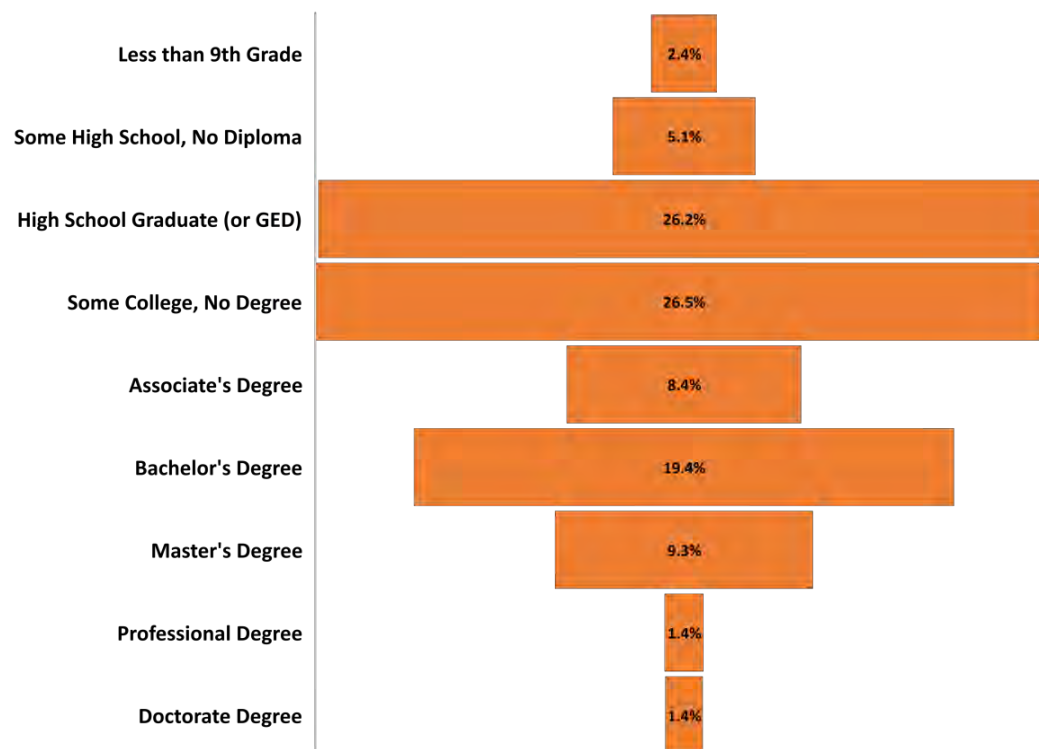
Table 10: Veterans Population, 2014, 2018, 2020

	2014	2018	2020
Southern Kenai Peninsula	14.3%	11.1%	10.8%
Kenai Peninsula Borough	13.7%	11.3%	11.3%
Alaska	13.4%	12.6%	12.6%
US	8.7%	7.5%	7.5%

Source: US Census Bureau

About one in four residents in the Southern Kenai Peninsula have a high school diploma or equivalent (26.2%) or some college, no degree (26.5%) as their highest level of educational attainment. Just under a third (31.5%) have a bachelor's degree or higher.

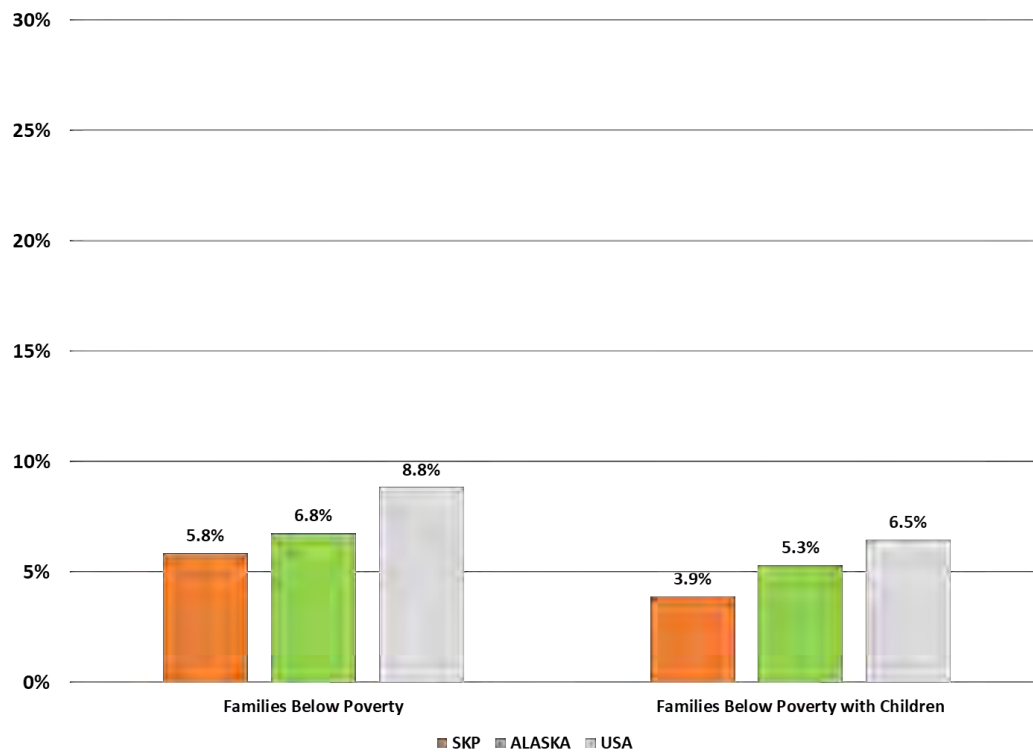
Figure 12: Educational Attainment, Southern Kenai Peninsula, 2023 Estimates



Source: Claritas Environics/United States Census Bureau

It is estimated that in 2023, 5.8% of families in Southern Kenai Peninsula are living below poverty with 3.9% having children. This is lower in comparison to both the state and nation.

Figure 13: Families Living Below Poverty, 2023 Estimates



Source: Claritas Environics/United States Census Bureau

The community with the highest percentage of families living below poverty is Nikolaevsk (12.8%), while Diamond Ridge has the lowest (2.6%).

Table 11: Families Living in Poverty by Community, 2023 Estimates

	% 2023 Families Below Poverty	% 2023 Families Below Poverty with Children
Anchor Point	4.5%	2.4%
Diamond Ridge	2.6%	1.1%
Fox River	6.1%	4.4%
Fritz Creek	6.8%	5.4%
Halibut Cove	7.1%	7.1%
Happy Valley	7.3%	3.4%
Homer	5.7%	4.1%
Kachemak	6.4%	4.6%
Nanwalek	8.3%	8.3%
Nikolaevsk	12.8%	5.3%
Ninilchik	7.2%	3.8%
Port Graham	5.7%	5.7%
Seldovia	7.1%	7.1%
Seldovia Village	6.1%	6.1%
Southern Kenai Peninsula	5.8%	3.9%
Alaska	6.8%	5.3%
USA	8.8%	6.5%

Source: Claritas Environics/United States Census Bureau

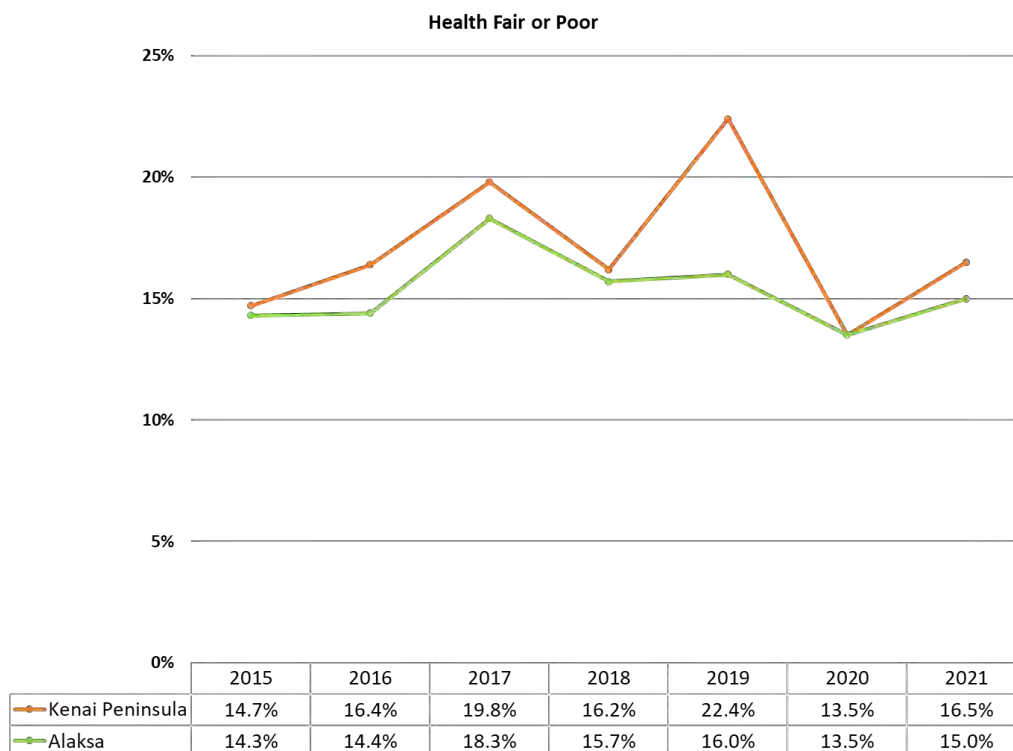
General Findings

Health Status

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention.

The percentage of the population who rate their health as fair or poor increased in the Kenai Peninsula between 2020 (13.5%) and 2021 (16.5%), as well as in Alaska (13.5% to 15.0%). The Kenai Peninsula had a slightly higher percentage rate their health as fair or poor (16.5%) compared to the state (15.0%).

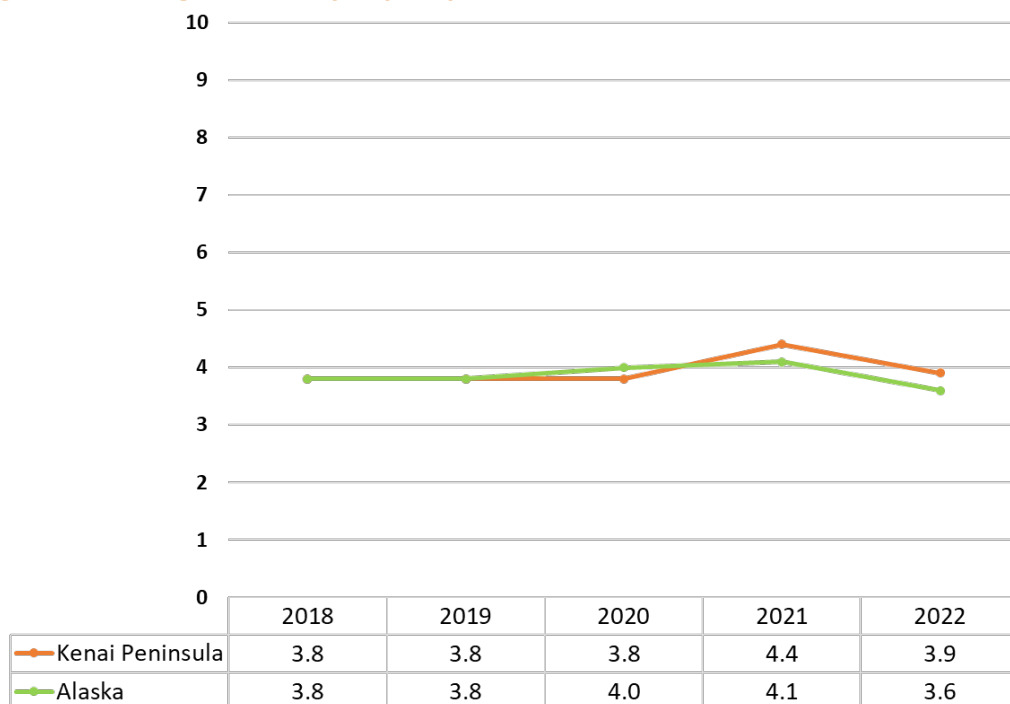
Figure 14: Health Fair or Poor, 2015-2021



Source: County Health Rankings and Roadmaps

The average number of days adults in the Kenai Peninsula (4.4 to 3.9) and Alaska (4.1 to 3.6) report their physical health was not good has decreased between 2021 and 2022.

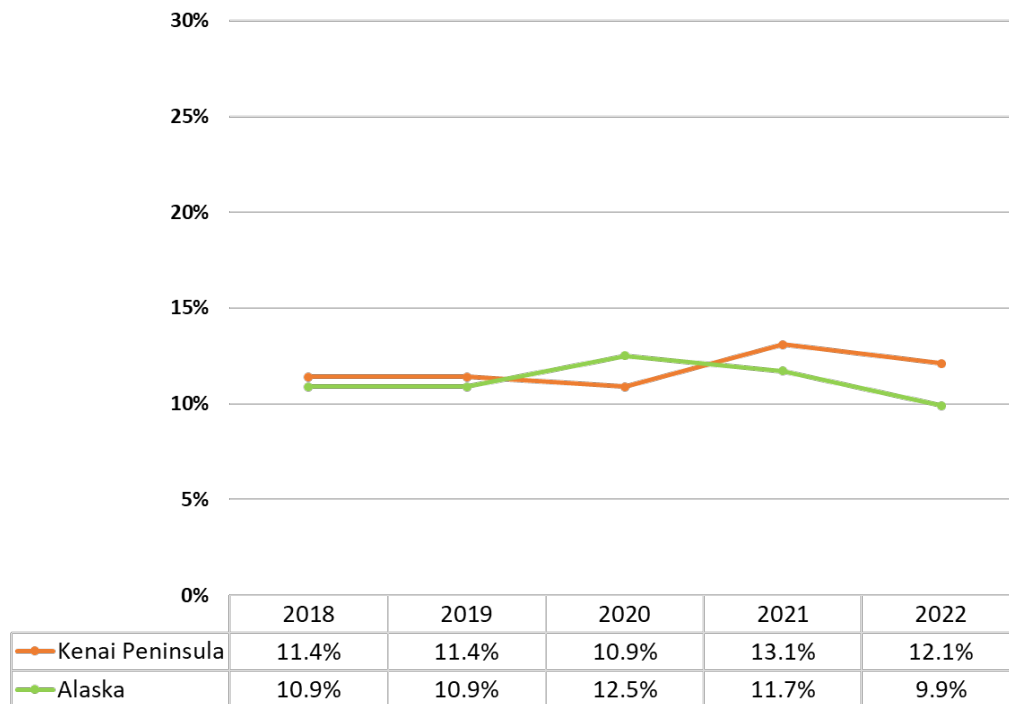
Figure 15: Average Number of Days Physical Health Not Good, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults in the Kenai Peninsula (13.1% to 12.1%) and Alaska (11.7% to 9.9%) who report frequent physical distress has decreased between 2021 and 2022, with the Kenai Peninsula (12.1%) higher than Alaska (9.9%) in the most recent year.

Figure 16: Frequent Physical Distress, 2018-2022



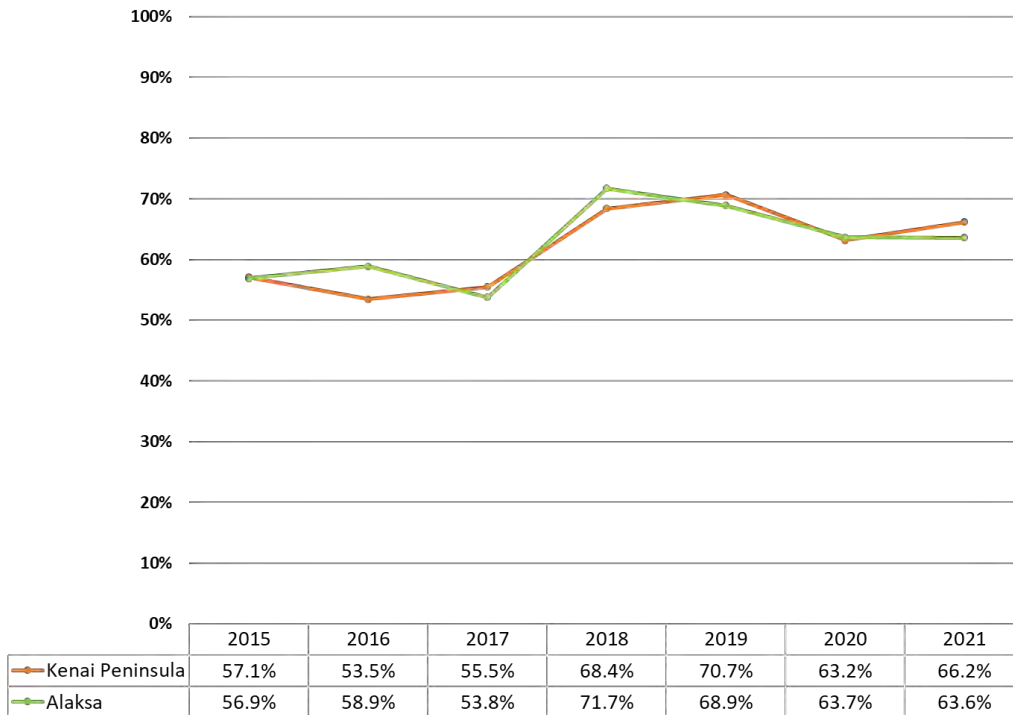
Source: County Health Rankings and Roadmaps

Access to Quality Health Services

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community.

The percentage of adults who had a routine checkup in the past year has increased in the Kenai Peninsula (63.2% to 66.2%) between 2020 and 2021, with the Kenai Peninsula having a slightly higher percentage in comparison to the state (63.6%).

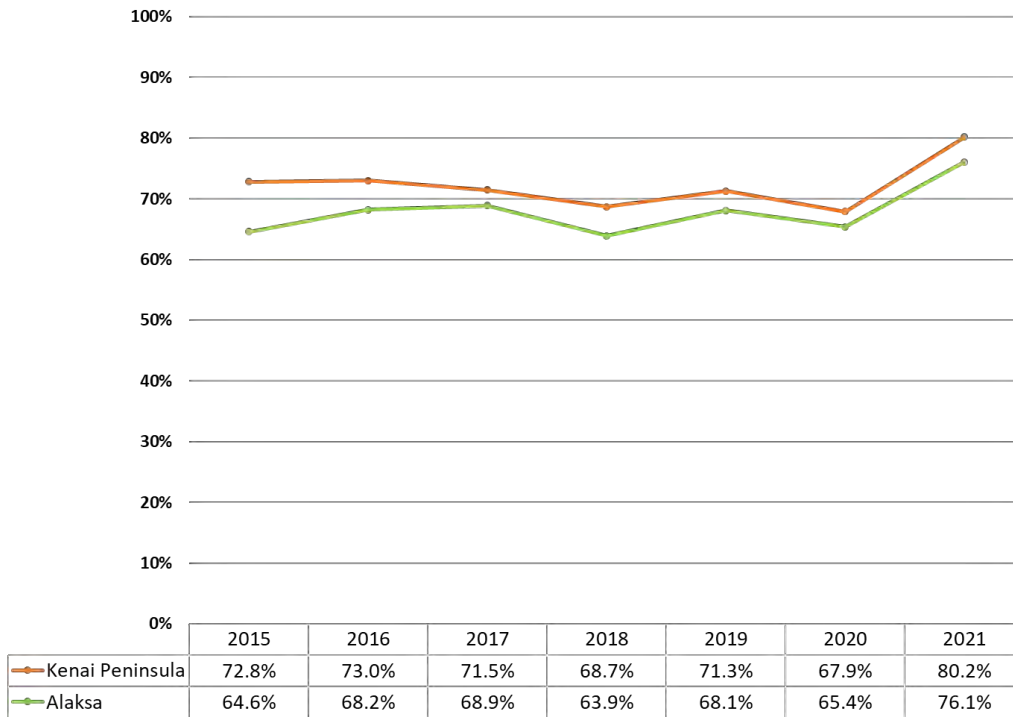
Figure 17: Routine Checkup, Past Year, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of adults with a personal care provider has increased in the Kenai Peninsula (67.9% to 80.2%) and Alaska (65.4% to 76.1%) between 2020 and 2021, with the Kenai Peninsula having a higher percentage compared to the state.

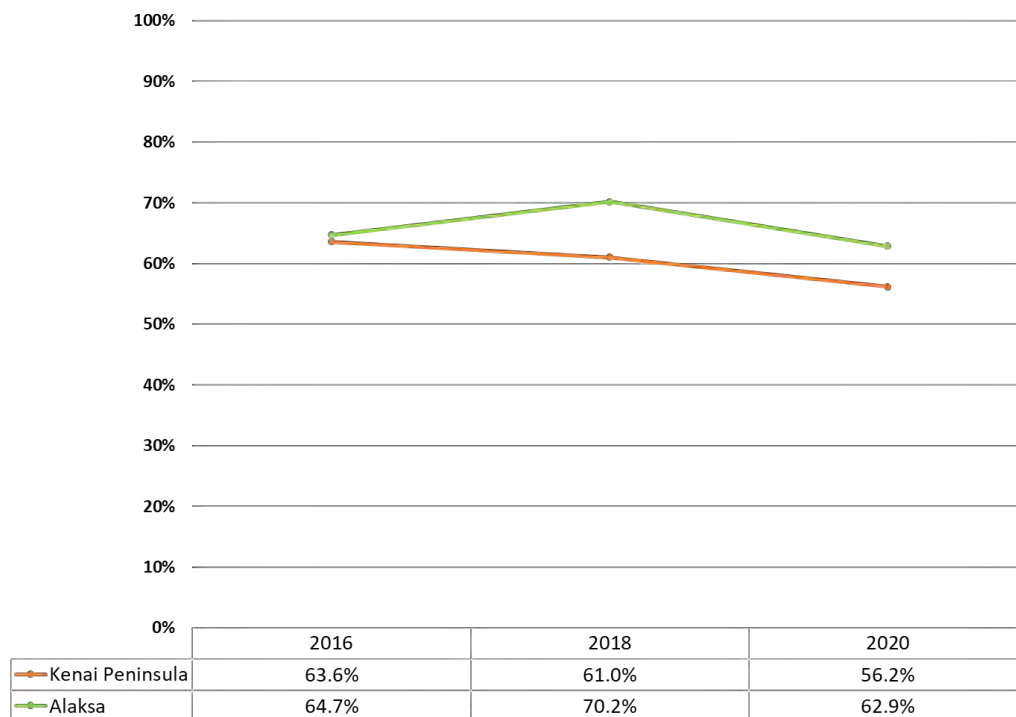
Figure 18: Have Personal Care Provider, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of adults who had a dental visit in the past year decreased between 2018 and 2020 in the Kenai Peninsula (61.0% to 56.2%) and Alaska (70.2% to 62.9%), with the Kenai Peninsula having a lower percentage in comparison to the state.

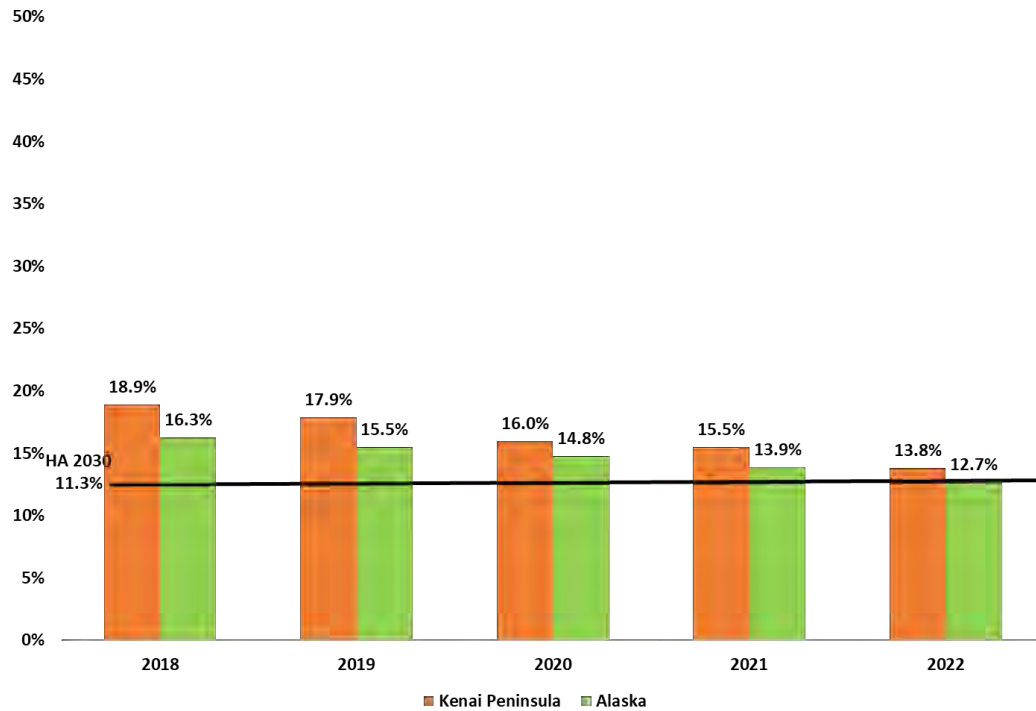
Figure 19: Dental Visit, Past Year, 2016, 2018, 2020



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of the population that is currently uninsured decreased in the Kenai Peninsula (15.3% to 13.8%) and Alaska (13.9% to 12.7%) between 2021 and 2022. In 2022, both the Kenai Peninsula (13.9%) and state (12.7%) fell above the Healthy Alaskans 2030 Target of 11.3% uninsured.

Figure 20: Uninsured Adults, 2018 - 2022



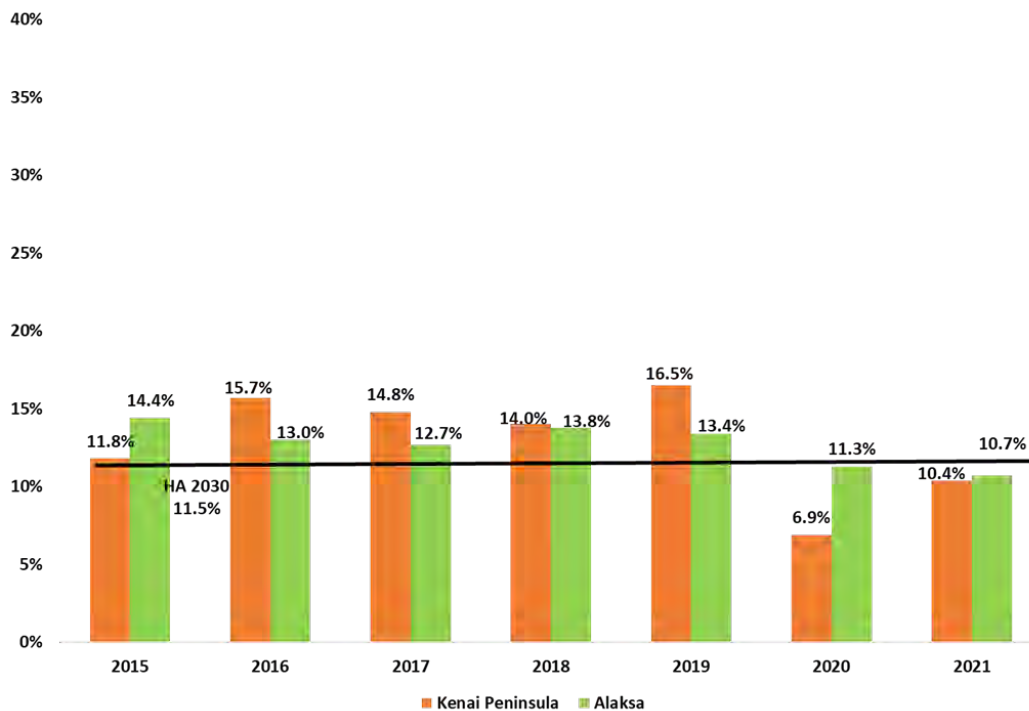
Source: County Health Rankings and Roadmaps

Barriers to Healthcare

According to Healthy People 2020, barriers or social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the barriers of health—including both social and physical determinants.

The percentage of adults in the Kenai Peninsula with an unmet medical need due to cost in the past year has increased in the Kenai Peninsula from 6.9% in 2020 to 10.4% in 2021, which is comparable to the state (10.7%) and just below the Healthy Alaskans 2030 Target of 11.5%.

Figure 21: Unmet Medical Need Due to Cost, Past Year, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

Chronic Disease

Conditions that are long-lasting, relapse, in remission and have continued persistence are categorized as chronic diseases.

In 2021, the leading causes of death in the Southern Kenai Peninsula were diseases of heart (38 deaths), malignant neoplasms (37 deaths) and COVID-19 (25 deaths).

Table 12: Southern Kenai Peninsula Leading Causes of Death by Year, 2000-2021

Year	Rank	Cause of Death	Deaths	Year	Rank	Cause of Death	Deaths
2000	1	Diseases of Heart	23	2011	1	Diseases of heart	23
	2	Malignant Neoplasms	17		2	Malignant neoplasms	16
	3	Cerebrovascular Diseases	6		3	Chronic lower respiratory diseases	10
	4	Alzheimer Disease	<6		4	accidents	6
	5	Chronic Lower Respiratory Diseases	<6		5	Intentional self harm	<6
2001	1	Malignant Neoplasms	14	2012	1	Diseases of heart	27
	2	Diseases of Heart	14		2	Malignant neoplasms	23
	3	Cerebrovascular Diseases	7		3	Alzheimer's diseases	8
	4	Accidents	7		4	Diabetes mellitus	7
	5	Chronic Liver Disease and Cirrhosis	<6		5	Intentional self harm	7
2002	1	Diseases of Heart	21	2013	1	Malignant neoplasms	30
	2	Malignant Neoplasms	13		2	Diseases of heart	22
	3	Cerebrovascular Diseases	<6		3	Accidents	13
	4	Alzheimer Disease	<6		4	Alzheimer's diseases	8
	5	Chronic lower respiratory diseases	<6		5	Cerebrovascular diseases	7
2003	1	Diseases of Heart	19	2014	1	Malignant neoplasms	40
	2	Malignant Neoplasms	12		2	Diseases of heart	23
	3	Accidents	10		3	Accidents	11
	4	Alzheimer Disease	<6		4	Alzheimer's diseases	<6
	5	Diabetes Mellitus	<6		5	Cerebrovascular diseases	<6
2004	1	Malignant Neoplasms	12	2015	1	Malignant neoplasms	36
	2	Diseases of Heart	9		2	Diseases of heart	34
	3	Cerebrovascular Diseases	<6		3	Accidents	13
	4	Accidents	<6		4	Cerebrovascular diseases	8
	5	Diabetes Mellitus	<6		5	Intentional self harm	<6
2005	1	Diseases of Heart	13	2016	1	Malignant neoplasms	33
	2	Malignant Neoplasms	9		2	Diseases of heart	31
	3	Accidents	9		3	Accidents	10
	4	Alzheimer Disease	<6		4	Cerebrovascular diseases	8
	5	Cerebrovascular Diseases	<6		5	Alzheimer's disease	7
2006	1	Malignant Neoplasms	21	2017	1	Malignant neoplasms	34
	2	Diseases of heart	15		2	Diseases of heart	32
	3	Accidents	10		3	Accidents	11
	4	Chronic Lower Respiratory Diseases	7		4	Intentional self harm	6
	5	Alzheimer's Diseases	<6		5	Diabetes mellitus	<6

Year	Rank	Cause of Death	Deaths
2007	1	Malignant Neoplasms	25
	2	Diseases of heart	10
	3	Accidents	<6
	4	Cerebrovascular diseases	<6
	5	Influenza and Pneumonia	<6
2008	1	Diseases of heart	20
	2	Malignant neoplasms	12
	3	Accidents	6
	4	Diabetes Mellitus	<6
	5	Intentional self -harm	<6
2009	1	Malignant neoplasms	29
	2	Diseases of heart	23
	3	Chronic lower respiratory diseases	8
	4	Chronic liver diseases and cirrhosis	<6
	5	Diabetes mellitus	<6
2010	1	Diseases of heart	26
	2	Malignant neoplasms	19
	3	Intentional self harm	<6
	4	Accidents	<6
	5	Chronic liver diseases and cirrhosis	<6

Year	Rank	Cause of Death	Deaths
2018	1	Malignant neoplasms	37
	2	Diseases of heart	29
	3	Cerebrovascular diseases	8
	4	Accidents	8
	5	Chronic liver diseases and cirrhosis	7
2019	1	Malignant neoplasms	39
	2	Diseases of heart	27
	3	Chronic lower respiratory diseases	9
	4	Accidents	9
	5	Cerebrovascular diseases	8
2020	1	Malignant neoplasms	30
	2	Diseases of heart	30
	3	accidents	9
	4	Diabetes Mellitus	8
	5	Cerebrovascular diseases	8
2021	1	Diseases of heart	38
	2	Malignant neoplasms	37
	3	Covid-19	25
	4	Accidents	11
	5	Diabetes Mellitus	10

Source: Alaska Division of Public Health, Health Analytics and Vital Records Section

The cumulative leading cause of death for the Southern Kenai Peninsula for years 2000 to 2021 were malignant neoplasms (538) and diseases of the heart (509).

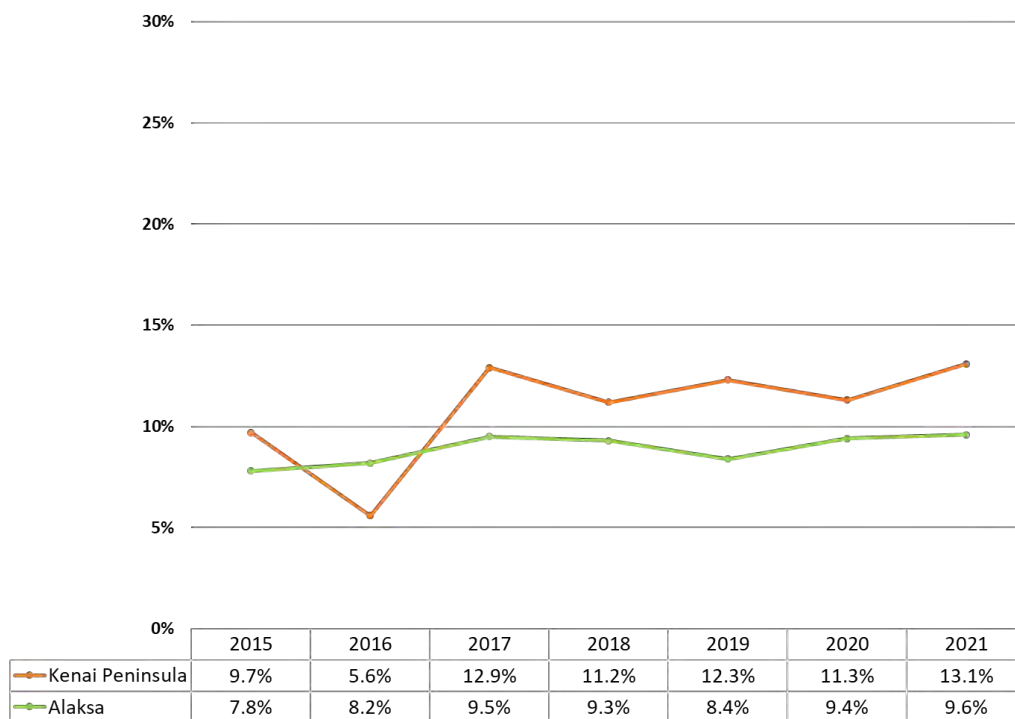
Table 13: Southern Kenai Peninsula Leading Causes of Death, Cumulative 2000-2021

Cause of Death	Deaths
Malignant neoplasms	538
Diseases of heart	509
Accidents	161
Cerebrovascular diseases	90
Alzheimer's Diseases	59
Diabetes mellitus	55
Chronic lower respiratory diseases	46
Intentional self harm	31
Covid-19	25
Chronic liver diseases and cirrhosis	25
Influenza and Pneumonia	6

Source: Alaska Department of Health

The percentage of adults who have received a cancer diagnosis has increased in the Kenai Peninsula (11.3% to 13.1%) and Alaska (9.4% to 9.6%) between 2020 and 2021, with the percentage for the Kenai Peninsula (13.1%) higher in comparison to the state (9.6%) in the most recent year.

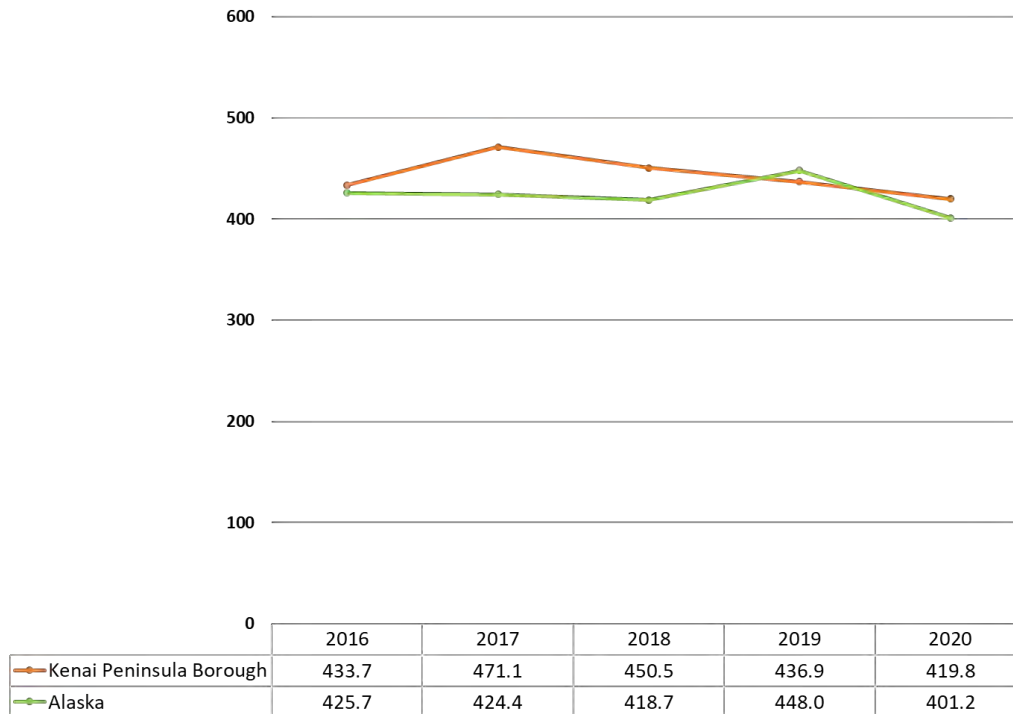
Figure 22: Cancer Diagnosis, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The cancer incidence rate per 100,000 has been decreasing in the Kenai Peninsula Borough since 2017 (471.1). In 2020, the rate was higher in the Kenai Peninsula Borough (419.8) in comparison to the state (401.2). The rate for the state decreased between 2019 (448.0) and 2020 (401.2).

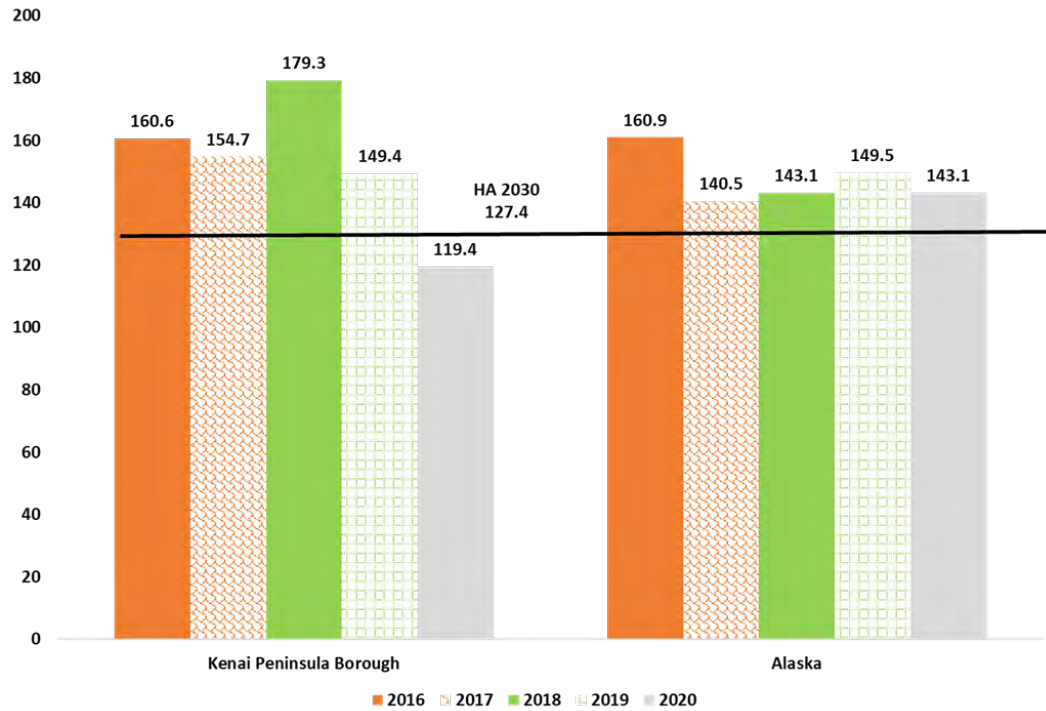
Figure 23: Cancer Incidence Rate Per 100,000, All Sites, 2016-2020



Source: Alaska Department of Health

The cancer mortality rate per 100,000 has fluctuated in the Kenai Peninsula Borough although has been decreasing since 2018 (179.3) and in 2020 (119.4) was lower than the state. The state rate decreased between 2019 (149.5) and 2020 (143.1). The Kenai Peninsula Borough rate exceeded the Healthy Alaska 2030 Target of 127.4, while the state remained above it.

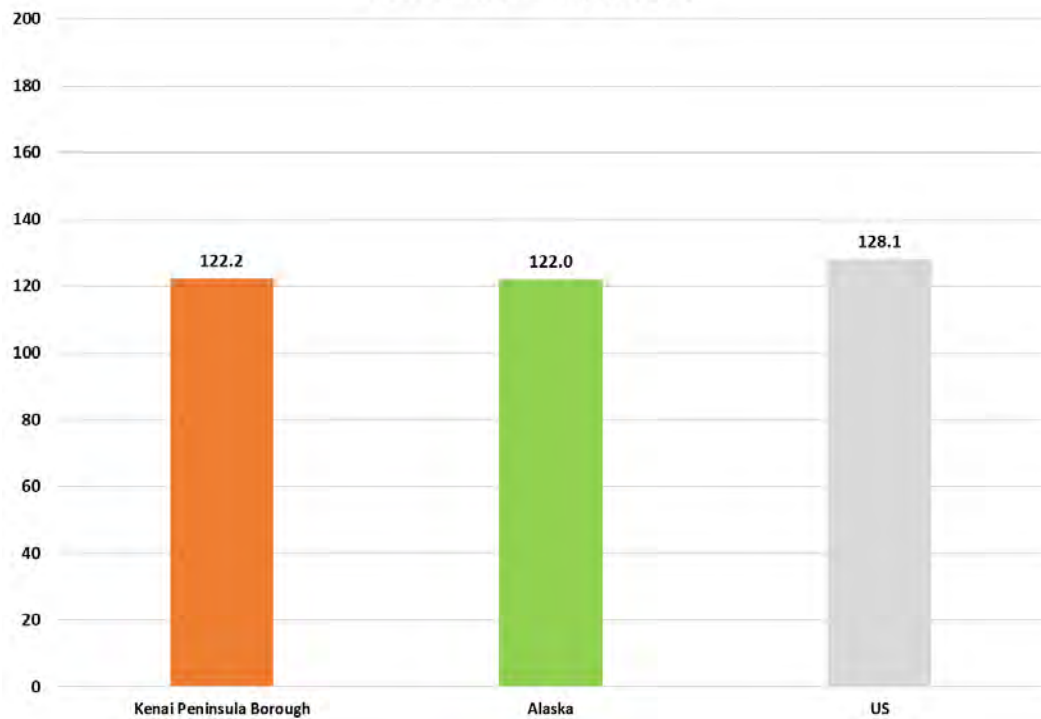
Figure 24: Cancer Mortality Rate Per 100,000, All Sites, 2016-2020



Source: Alaska Department of Health

The breast cancer incidence rate per 100,000 in 2015-2019 in the Kenai Peninsula Borough (122.2) is comparable to the state (122.0) and just below the nation (128.1)

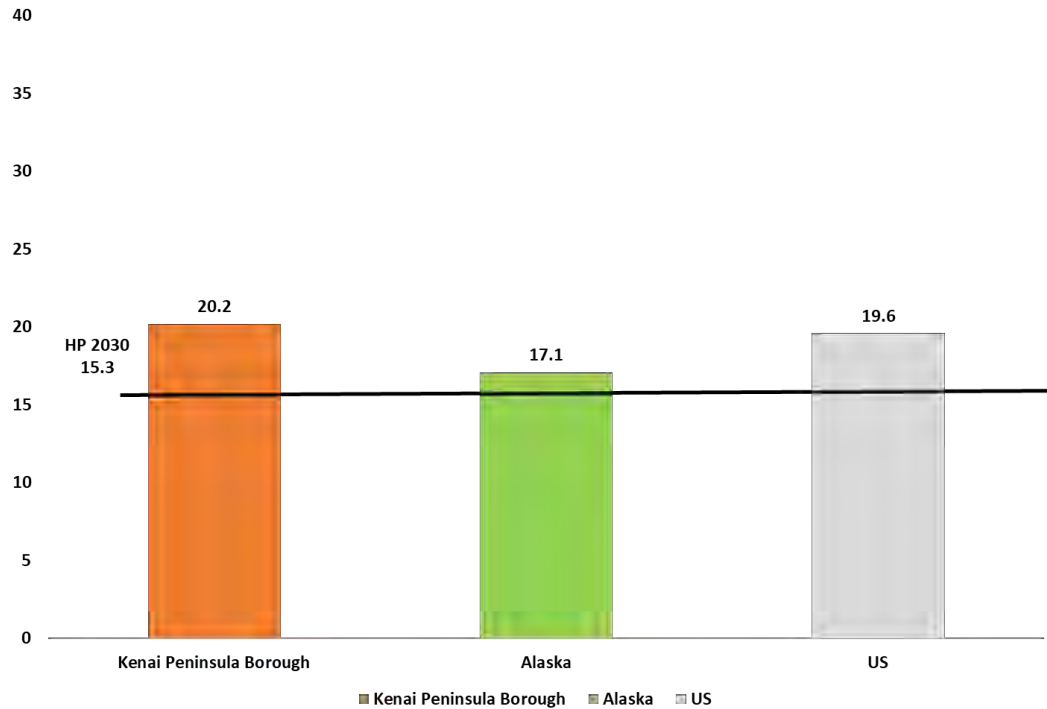
Figure 25: Breast Cancer Incidence Rate Per 100,000, 2015-2019



Source: Center for Disease Control, National Cancer Institute

The breast cancer mortality rate per 100,000 was 20.2 in the Kenai Peninsula Borough in 2016-2020, which was higher than Alaska (17.1) and the Healthy People 2030 Goal of 15.3. The rate for the Kenai Peninsula Borough was comparable to that of the state (19.6).

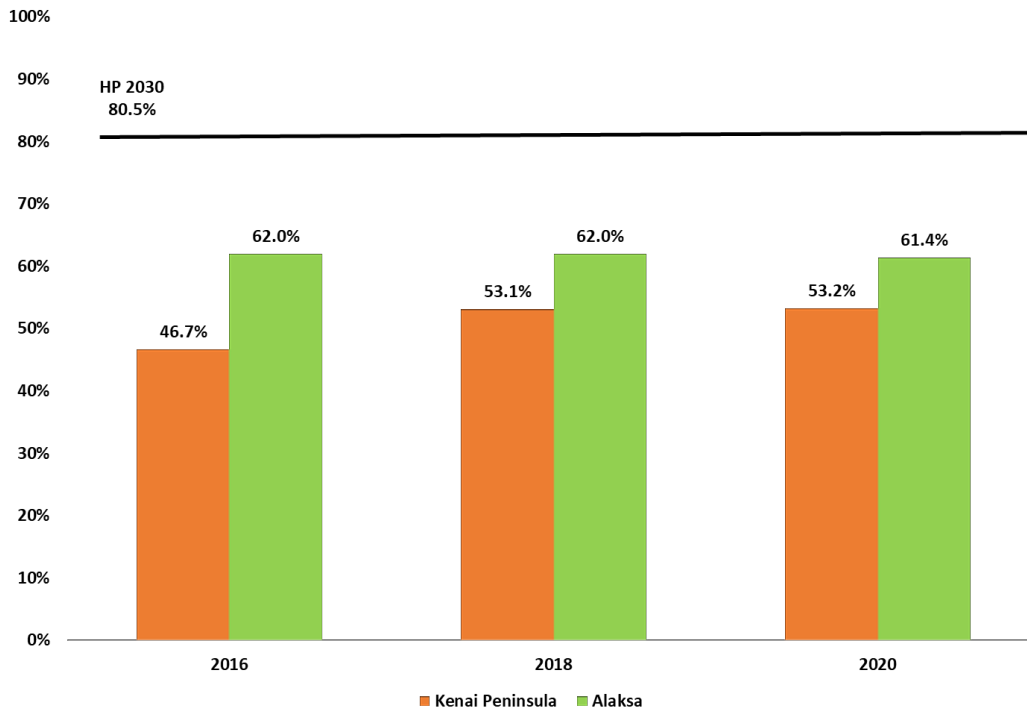
Figure 26: Breast Cancer Mortality Rate Per 100,000, 2016-2020



Source: Center for Disease Control, National Cancer Institute

The percentage of females aged 40 and older who receive a mammogram in the past two years increased in the Kenai Peninsula between 2016 (46.7%) and 2018 (53.1%) and remained steady in 2020 (53.2%). For the years 2016, 2018 and 2020, the Kenai Peninsula had a lower percentage in comparison to the state and both fell below the Healthy People 2030 Goal of 80.5%.

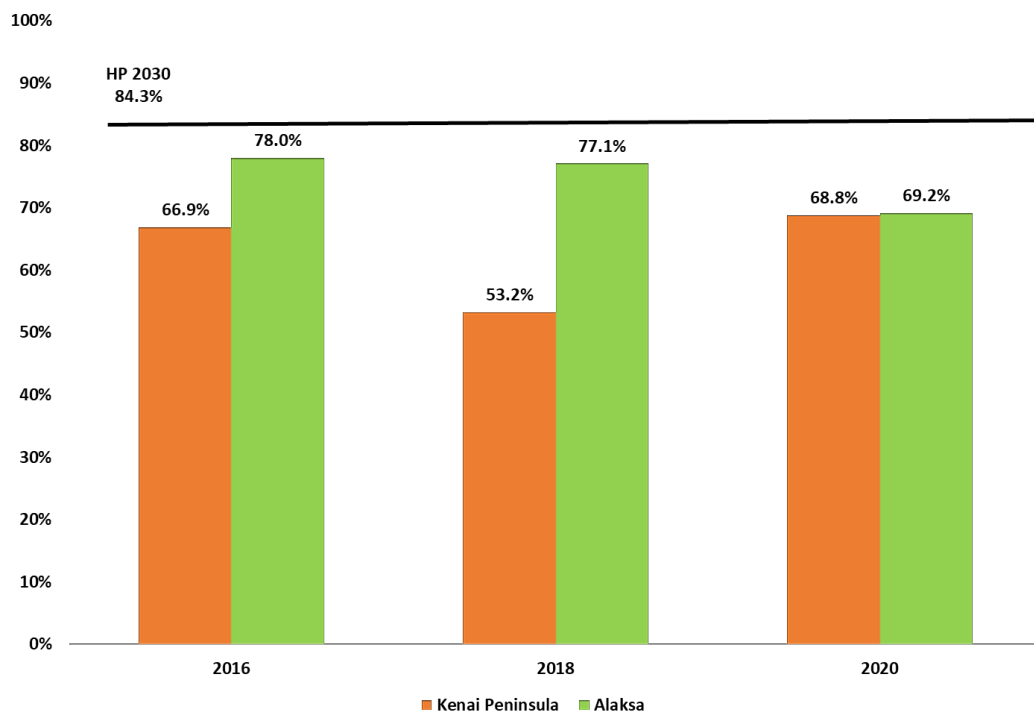
Figure 27: Mammogram, Females Age 40+, Past 2 Years, 2016, 2018, 2020



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of females ages 21 to 65 who had a pap test in the past 3 years has increased for the Kenai Peninsula from 53.2% in 2018 to 69.2% in 2020 which is still below the Healthy People 2030 Target of 84.3%. During the same timeframe the percentage decreased for Alaska from 77.1% to 69.2%, which was also below the Healthy People 2030 Target.

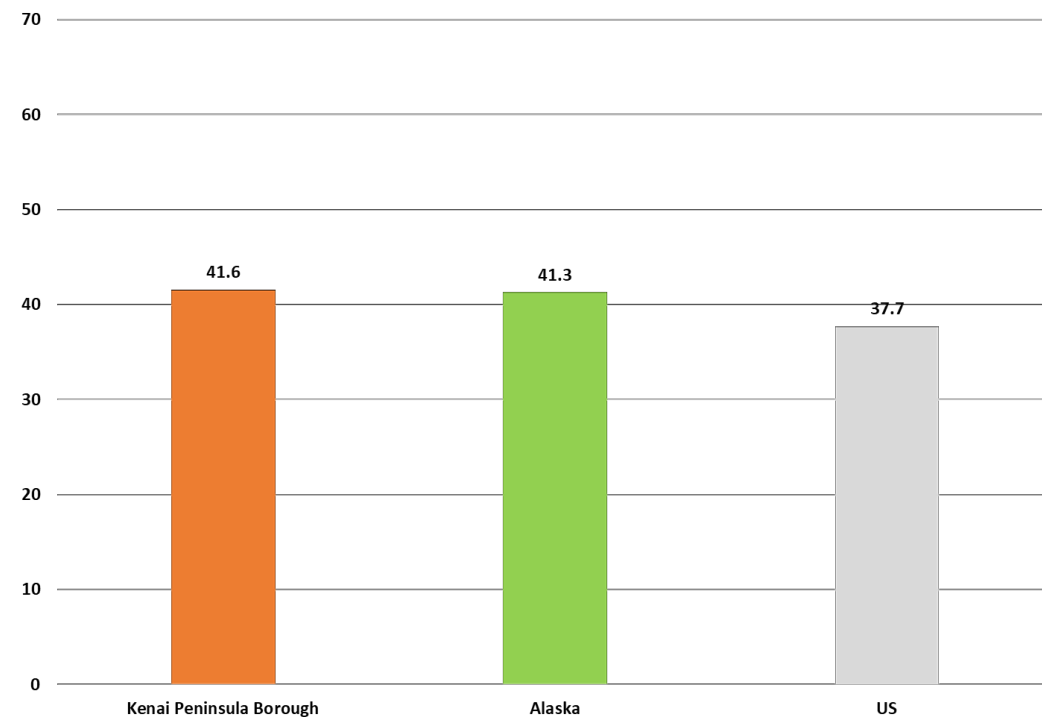
Figure 28: Pap Test, Females Ages 21 to 65, Past 3 Years, 2016, 2018, 2020



Source: Alaska Behavioral Risk Factor Surveillance System Survey

In 2015-2019, the Colon and Rectum Cancer incidence rate in the Kenai Peninsula Borough (41.6) was comparable to the state (41.3), with both above the nation (37.7).

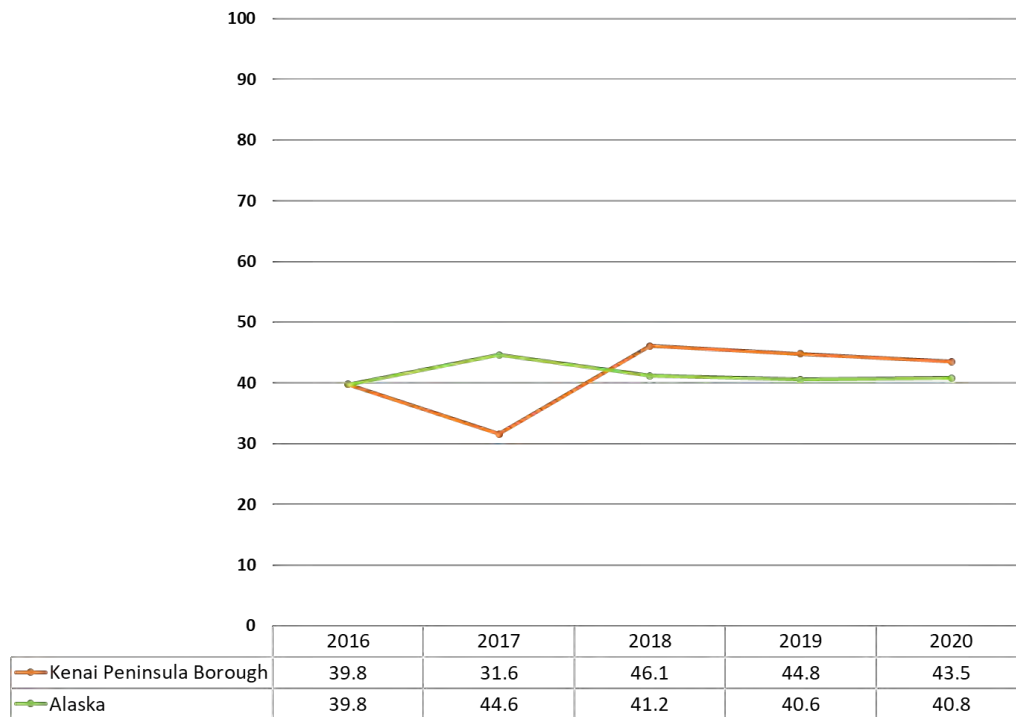
Figure 29: Colon and Rectum Cancer Incidence Per 100,000, 2015-2019



Source: Center for Disease Control, National Cancer Institute

The Colon and Rectum Cancer incidence rate per 100,000 had increased between 2017 (31.6) and 2018 (46.1) and has been decreasing ever since. In 2020, the rate in the Kenai Peninsula Borough (43.5) was higher in comparison to the state (40.8).

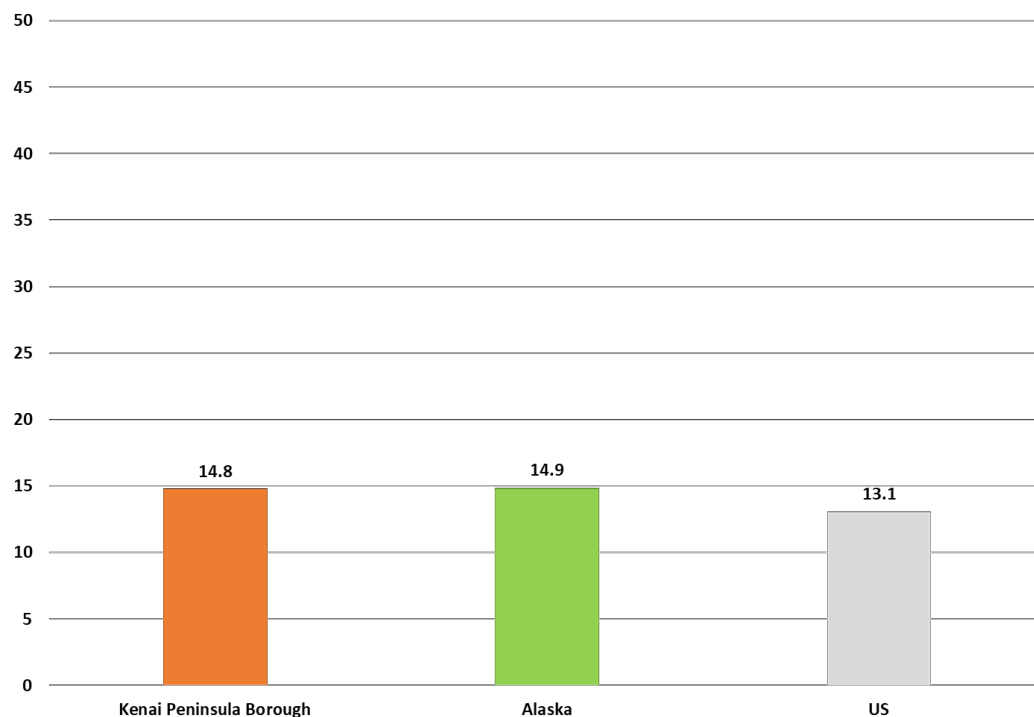
Figure 30: Colon and Rectum Cancer Incidence Rate Per 100,000, 2016-2020



Source: Alaska Department of Health

In 2016-2020 the Colon and Rectum Cancer mortality rate in the Kenai Peninsula Borough (14.8) was comparable to Alaska (14.9) with both just above the national rate of 13.1.

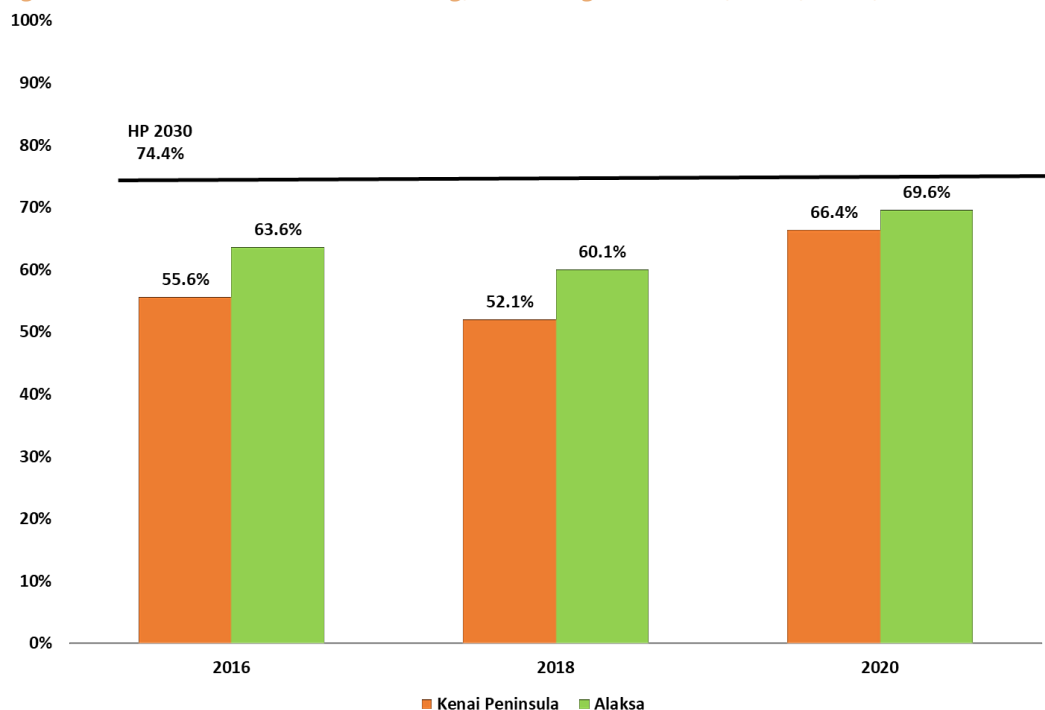
Figure 31: Colon and Rectum Cancer Mortality Rate Per 100,000, 2016-2020



Source: Center for Disease Control, National Cancer Institute

Between 2018 and 2020, the percentage of adults ages 50 to 75 who received a colorectal cancer screening increased in both the Kenai Peninsula (52.1% to 66.4%) and Alaska (60.1% to 69.6%) increased, although fell below the Healthy People 2030 Target of 74.4%. In 2020, a slightly lower percentage had received the screening in the Kenai Peninsula in comparison to the state.

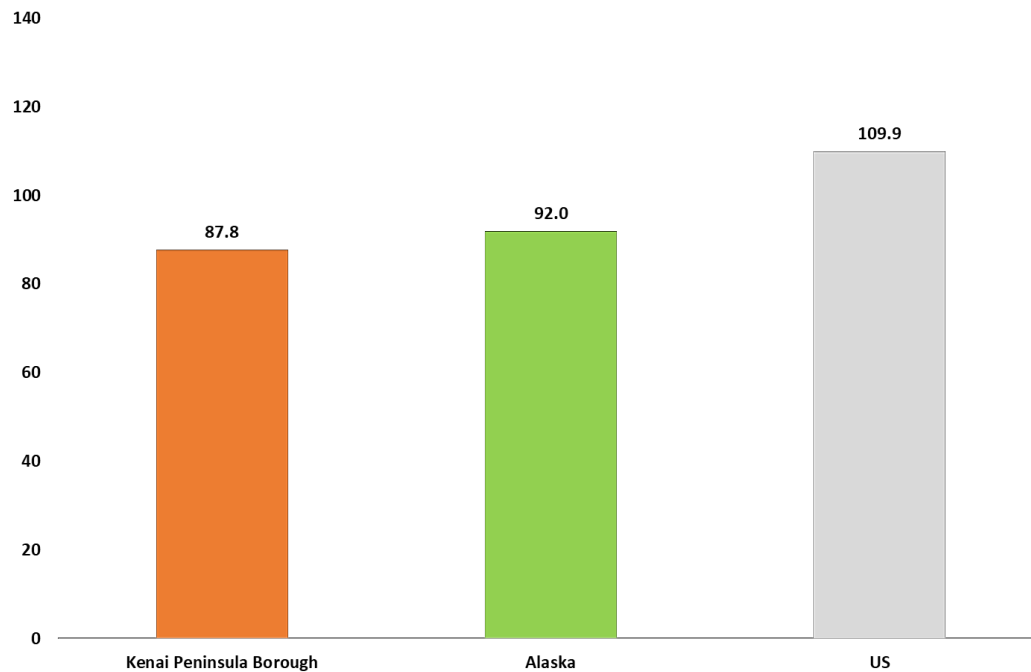
Figure 32: Colorectal Cancer Screening, Adults Ages 50 to 75, 2016, 2018, 2020



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The Prostate Cancer incidence rate per 100,000 was lower in the Kenai Peninsula Borough (87.8) in 2015-2019 in comparison to both the state (92.0) and nation (109.9).

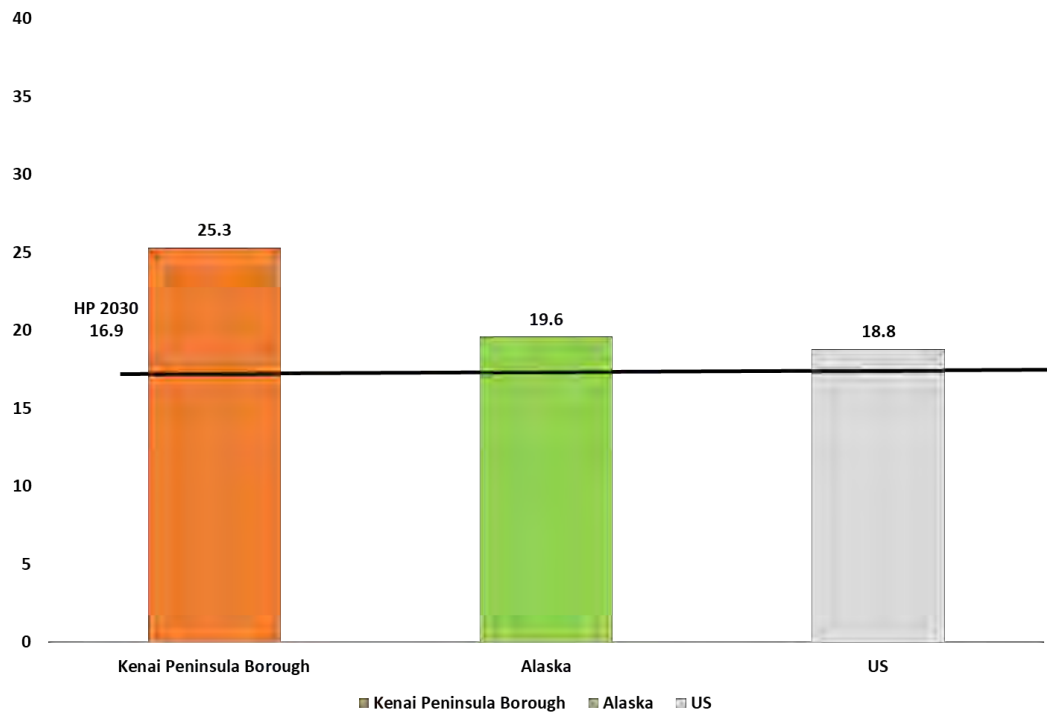
Figure 33: Prostate Cancer Incidence Rate Per 100,000, 2015-2019



Source: Center for Disease Control, National Cancer Institute

In 2016-2020, the Prostate Cancer mortality rate per 100,000 in the Kenai Peninsula Borough (25.3) was higher than both the state (19.6) and nation (18.8) with all above the Health People 2030 Goal of 16.9.

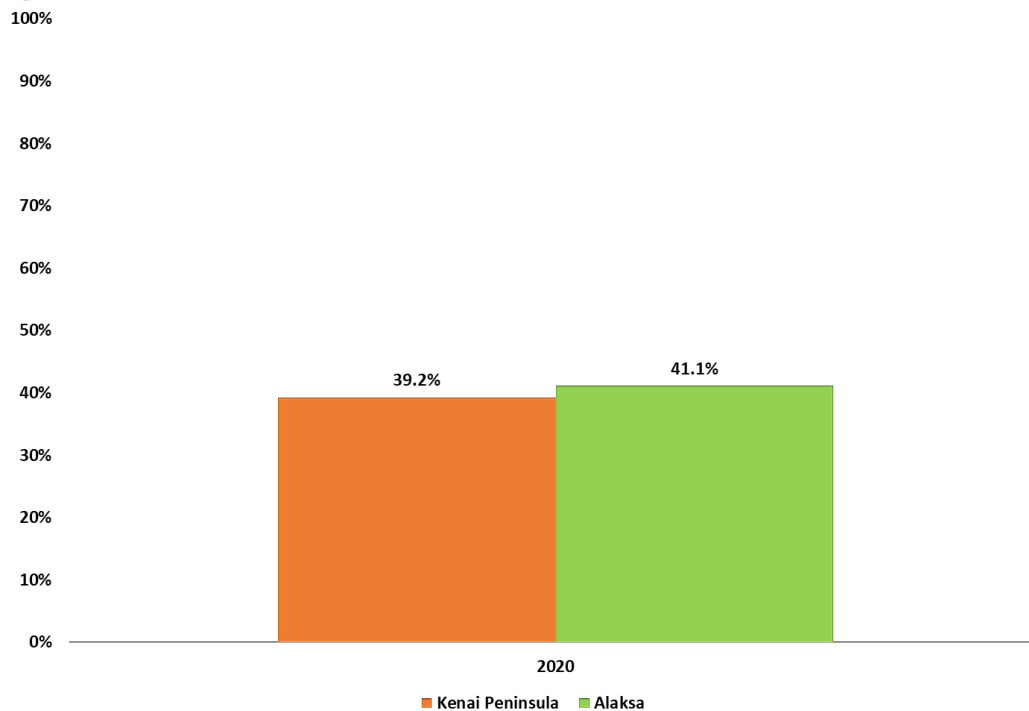
Figure 34: Prostate Cancer Mortality Rate Per 100,000, 2016-2020



Source: Center for Disease Control, National Cancer Institute

In 2020, a slightly lower percentage of males ages 55-69 had a PSA test in the past two years in the Kenai Peninsula (39.2%) in comparison to the state (41.1%).

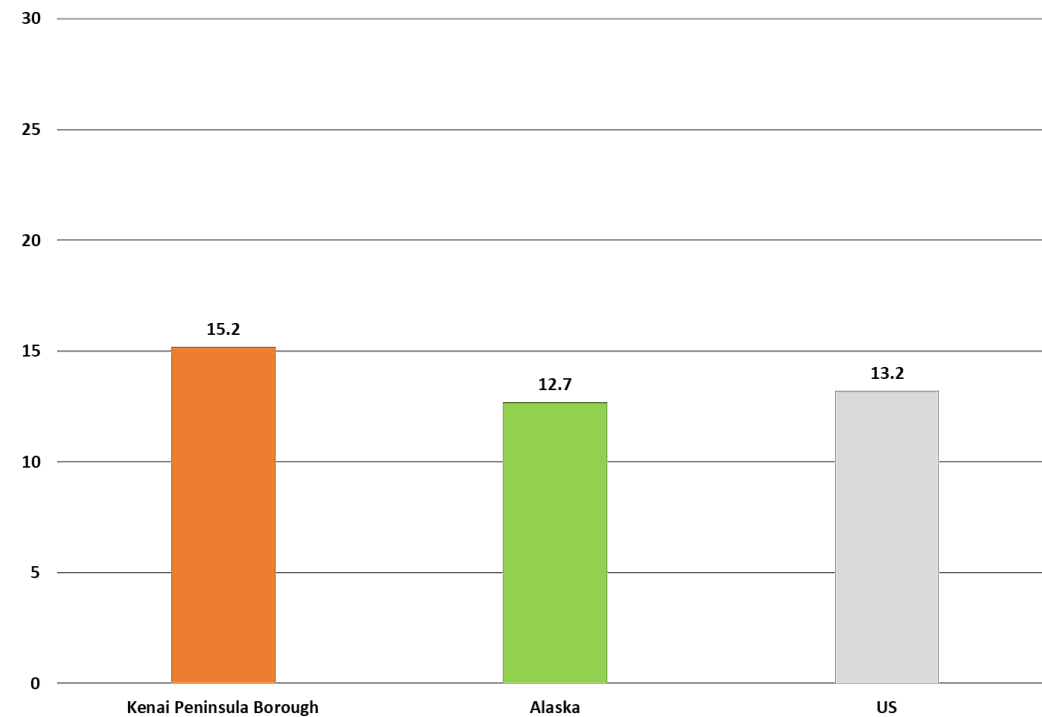
Figure 35: PSA Test, Past 2 Years, Males 55-69, 2020



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The Pancreatic Cancer incidence rate per 100,000 was higher in the Kenai Peninsula Borough (15.2) in 2015-2019 in comparison to the state (12.7) and nation (13.2).

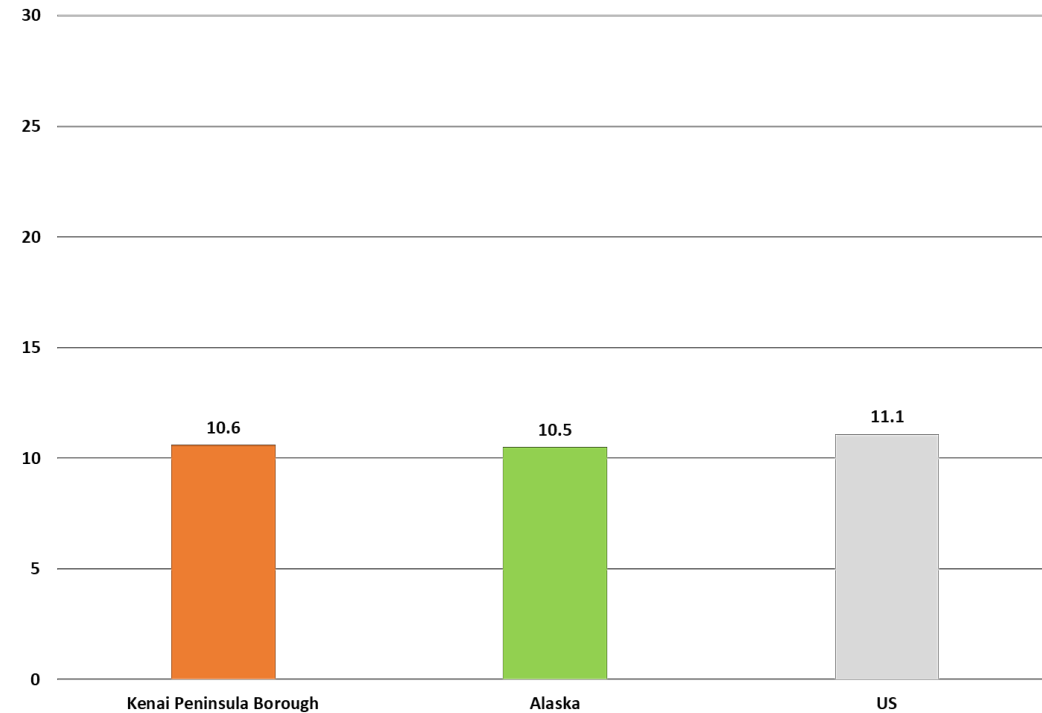
Figure 36: Pancreatic Cancer Incidence Rate Per 100,000, 2015-2019



Source: Center for Disease Control, National Cancer Institute

In 2016-2020, the Pancreatic Cancer mortality rate per 100,000 was comparable in the Kenai Peninsula Borough (10.6), Alaska (10.5) and United States (11.1) despite the Kenai Peninsula Borough having a higher incidence rate.

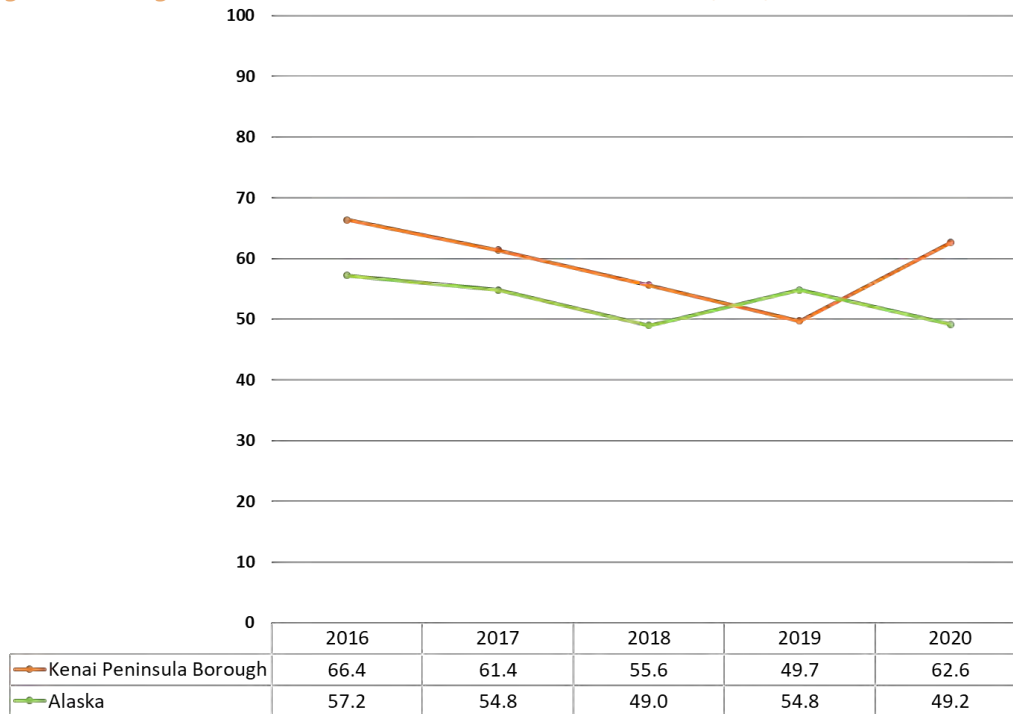
Figure 37: Pancreatic Cancer Mortality Rate Per 100,000, 2016-2020



Source: Center for Disease Control, National Cancer Institute

The Lung and Bronchus cancer incidence rate per 100,000 had been decreasing in the Kenai Peninsula Borough from 66.4 in 2016 to 49.7 in 2019, at which time the rate increased to 62.6 in 2020. The incidence rate for Alaska decreased between 2019 (54.8) and 2020 (49.2). In 2020, the rate in the Kenai Peninsula Borough was higher the state.

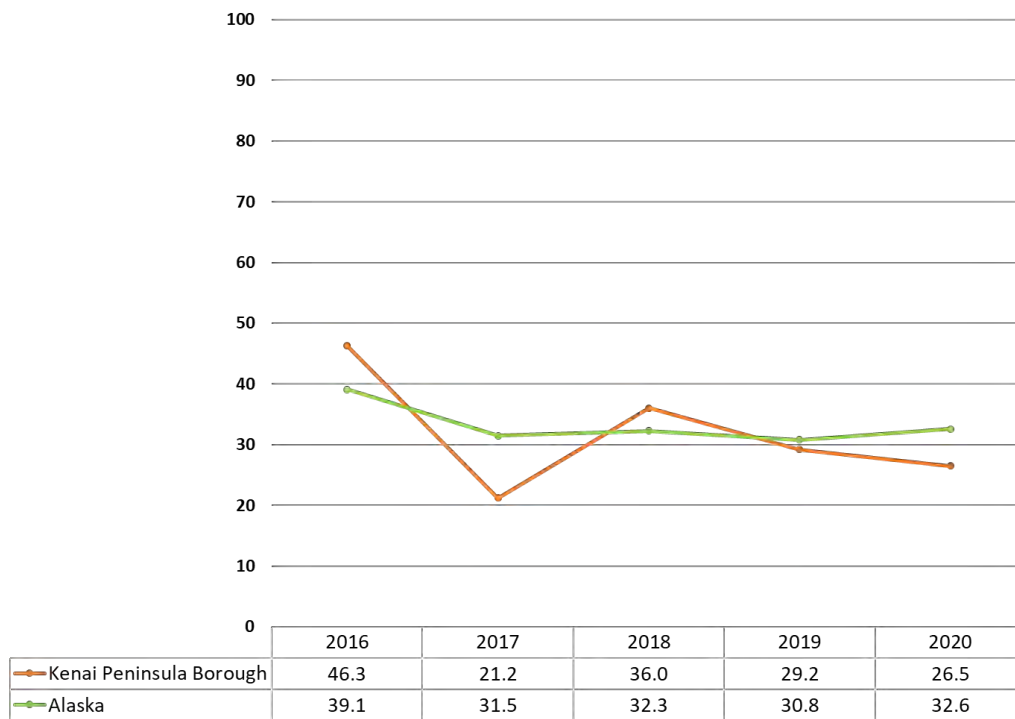
Figure 38: Lung and Bronchus Cancer Incidence Rate Per 100,000, 2016-2020



Source: Alaska Department of Health

The Lung and Bronchus Cancer mortality rate per 100,000 has been decreasing in the Kenai Peninsula Borough since 2018 (36.0) and in 2020 (26.5) is below the state (32.6).

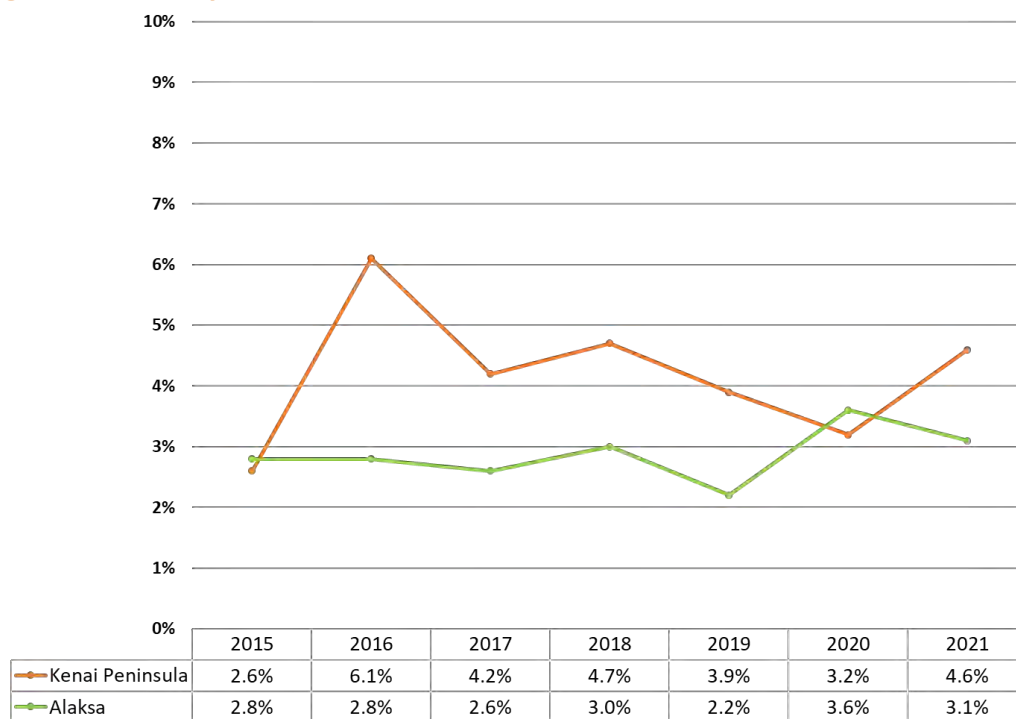
Figure 39 Lung and Bronchus Cancer Mortality Rate Per 100,000, 2016-2020



Source: Alaska Department of Health

The percentage of adults in the Kenai Peninsula Borough with Coronary Heart Disease had decreased from 4.7% in 2018 to 3.2% in 2020, then increased to 4.6% in 2021, which was higher than Alaska (3.1%).

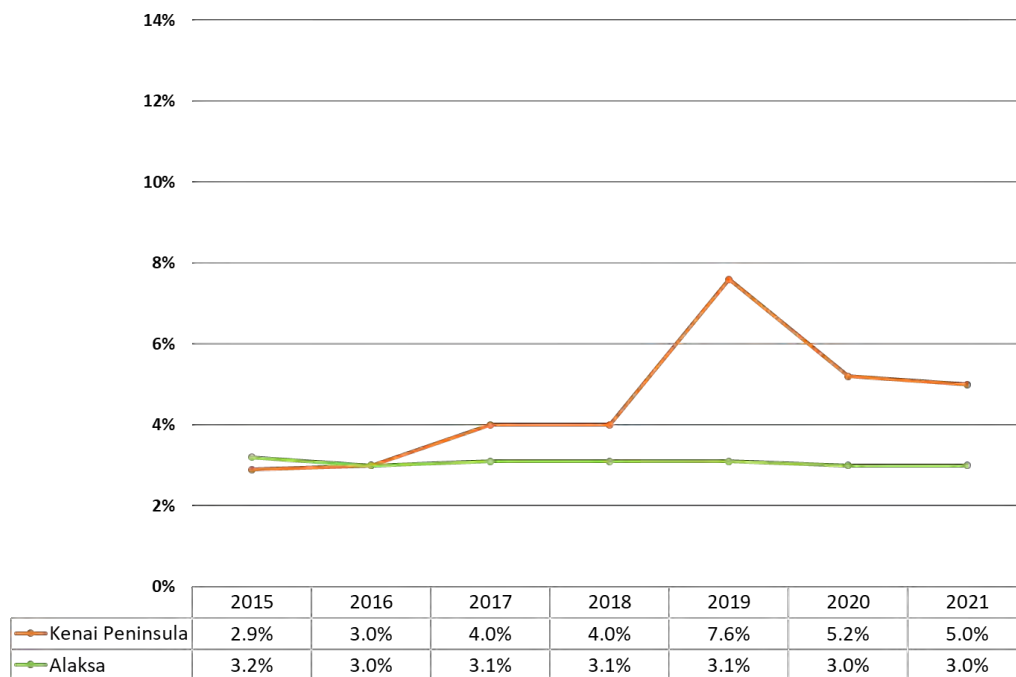
Figure 40: Coronary Heart Disease, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of adults who have had a heart attack in the Kenai Peninsula increased from 4.0% in 2018 to 7.6% in 2019 before decreasing to 5.0% in 2021, which was higher than the state (3.0%).

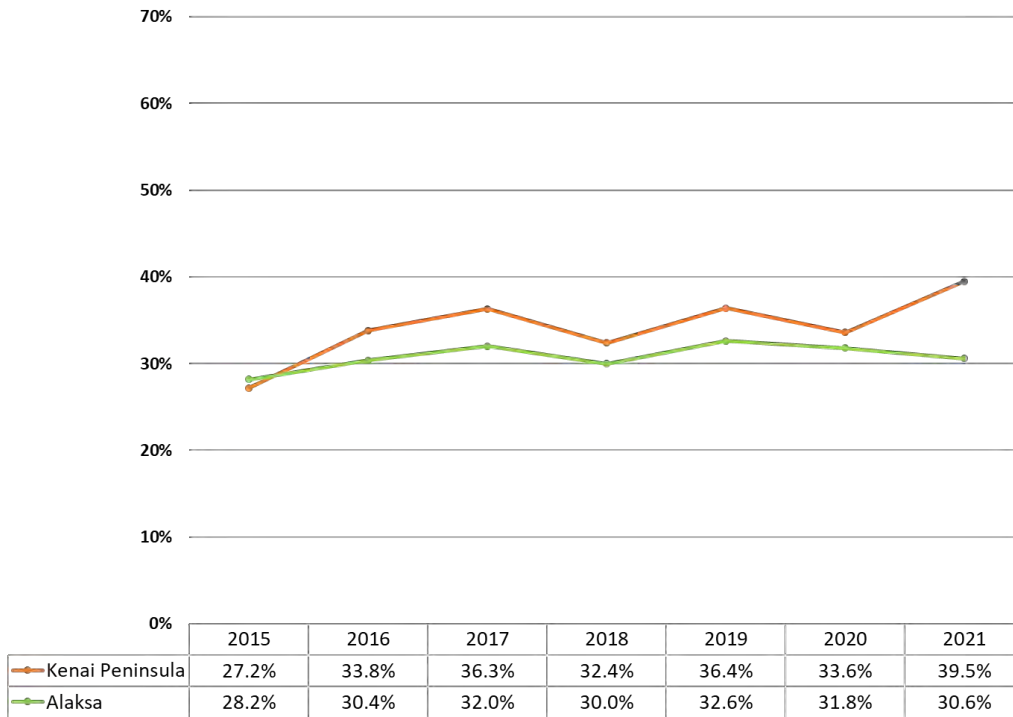
Figure 41: Heart Attack, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of adults with high blood pressure has fluctuated in the Kenai Peninsula Borough and Alaska between 2015 and 2021. In the most recent years, the percentage increased in the Kenai Peninsula from 33.6% in 2020 to 39.5% in 2021, which was higher than the state (30.6%).

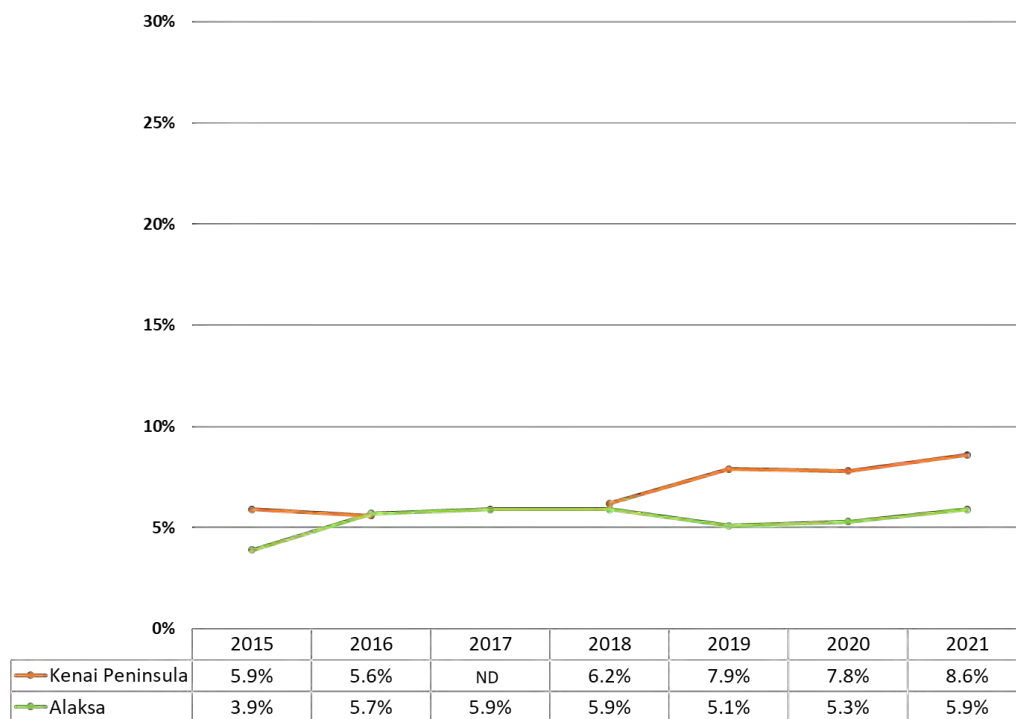
Figure 42: Adults with High Blood Pressure, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

Between 2018 (6.2%) and 2021 (8.6%) the percentage of adults with COPD increased in the Kenai Peninsula and in 2021 was higher in comparison to Alaska (5.9%). During this time the percentage for the state also increased slightly from 5.1% in 2019 to 5.9% in 2021.

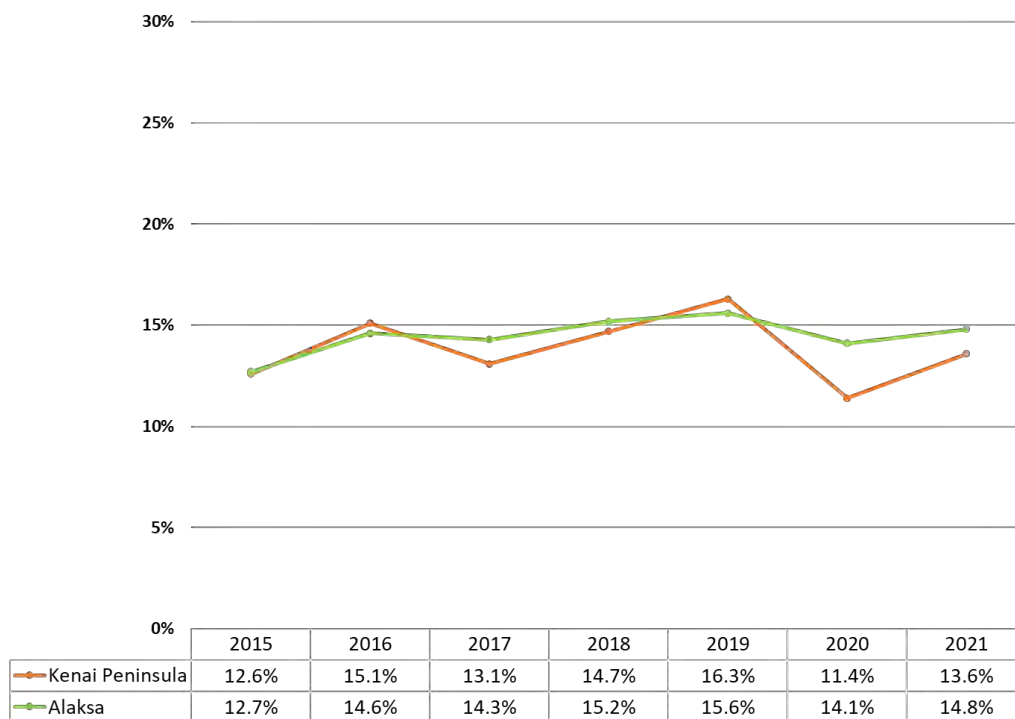
Figure 43: Adults with COPD, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of adults with Asthma has fluctuated in the Kenai Peninsula with a high of 16.3% in 2019, down to 11.4% in 2020 and then increasing to 13.6% in 2021. In 2021 the percentage in the Kenai Peninsula (13.6%) was just below the state (14.8%).

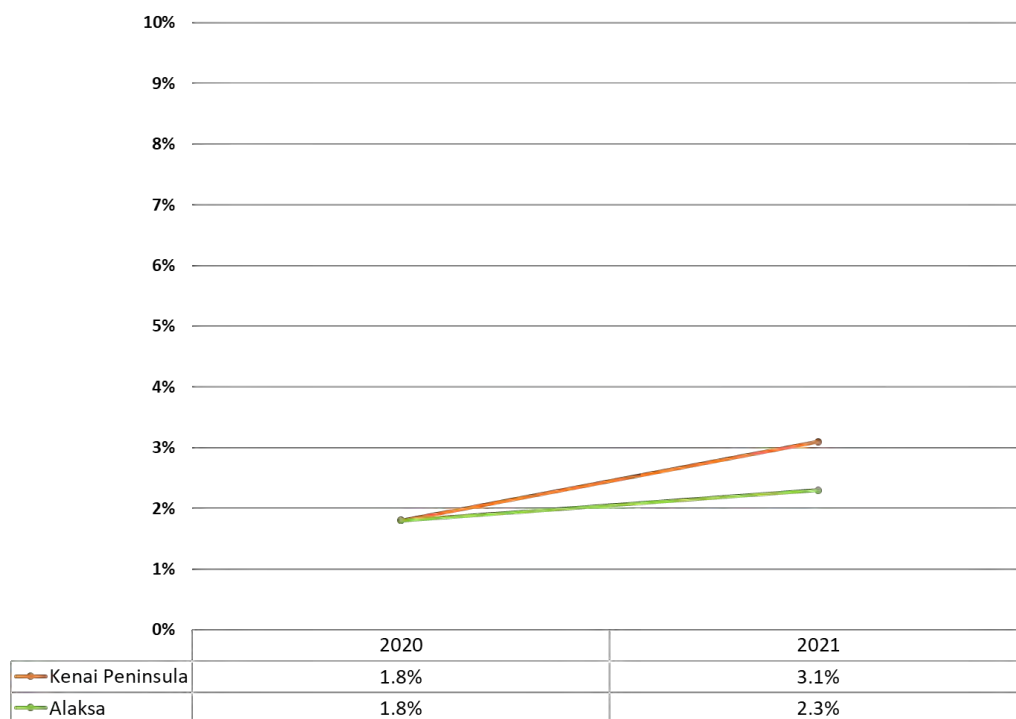
Figure 44: Adults with Asthma, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

The percentage of adults with Kidney Disease increased for both the Kenai Peninsula (1.8% to 3.1%) and Alaska (1.8% to 2.3%) between 2020 and 2021.

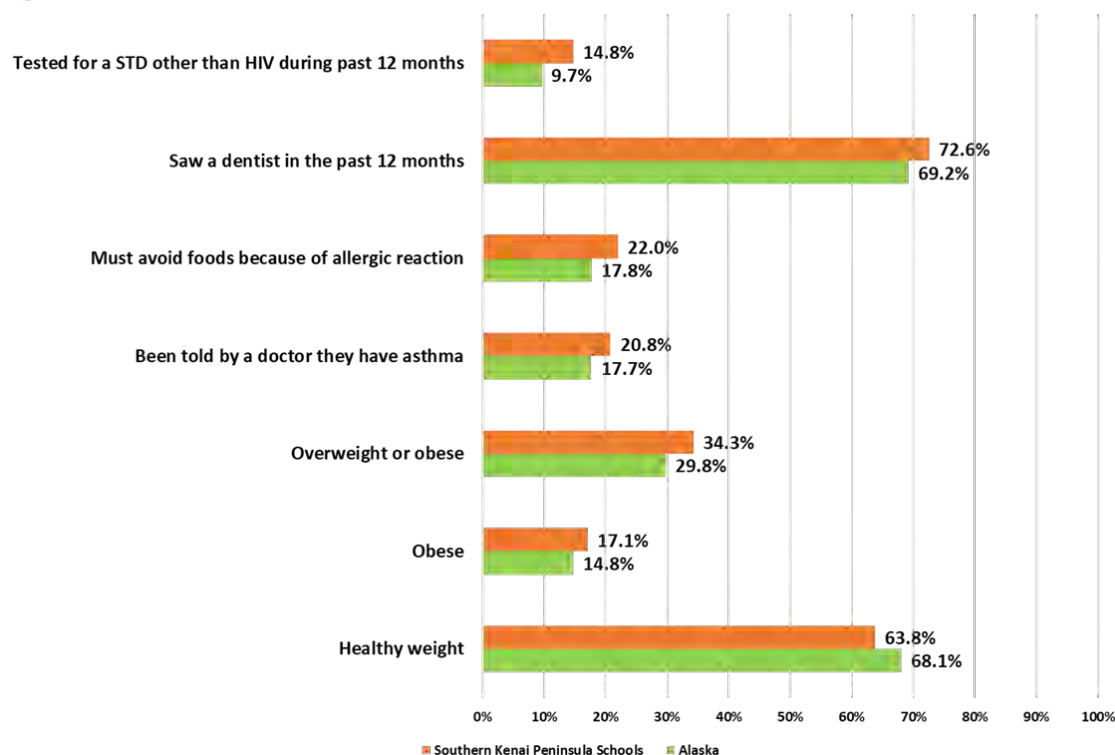
Figure 45: Adults with Kidney Disease, 2020-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

According to the most recent Youth Risk Behavior Survey (2019) students in the Southern Kenai Peninsula Borough School District were more likely to have been tested for an STD (14.8 %, 9.7%), saw a dentist (72.6%, 69.2%), avoid foods because of allergic reaction (22.0%, 17.8%), been told they have asthma (20.8%, 17.7%), be considered overweight or obese (34.3%, 29.8%) or obese (17.1%) in comparison to the state respectively.

Figure 46: Student Health, 2019

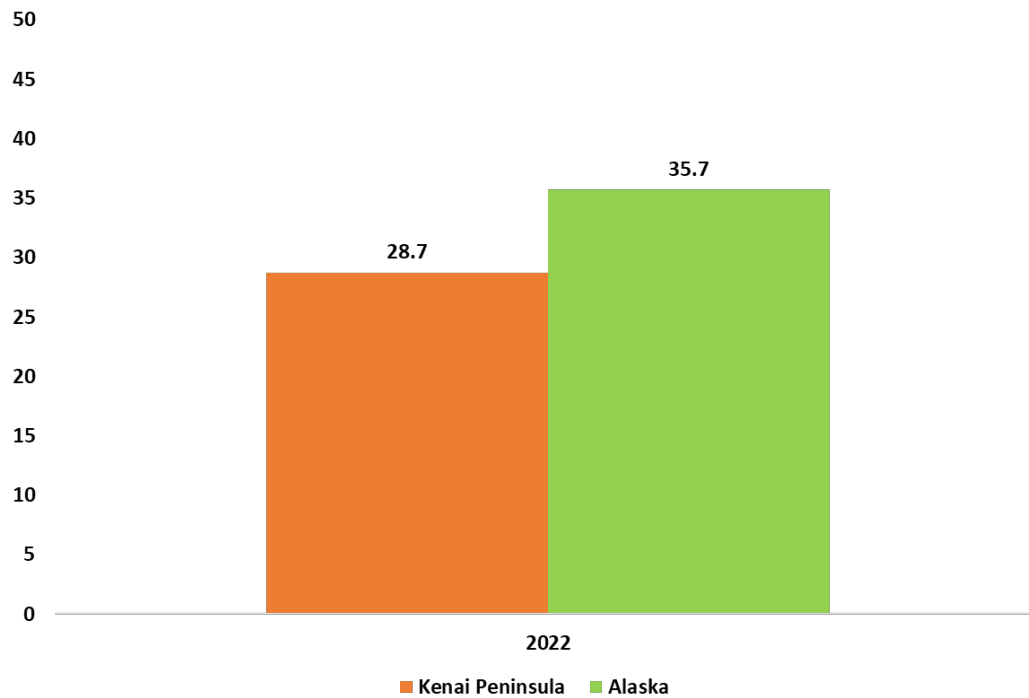


Source: Alaska Youth Risk Behavior Survey

COVID 19

According to County Health Rankings and Roadmaps, in 2022 the COVID-19 death rate was higher in Alaska (35.7) than in the Kenai Peninsula (28.7).

Figure 47: COVID-19 Death Rate Per 100,000, 2022



Source: County Health Rankings and Roadmaps

South Peninsula Hospital saw the highest number of COVID-19 related deaths in 2021 (18).

Table 14: COVID-19 Related Deaths, South Peninsula Hospital, 2020-2022

2020	2021	2022
2	18	3

Source: South Peninsula Hospital

The number of COVID-19 related ER visits has increased in South Peninsula Hospital with a high of 303 in 2022.

Table 15: COVID-19 Related ER Visits, South Peninsula Hospital, 2020-2021

2020	2021	2022
49	226	303

Source: South Peninsula Hospital

The number of COVID-19 related hospitalizations at South Peninsula Hospital was highest in 2021.

Table 16: COVID-19 Related Hospitalizations, South Peninsula Hospital, 2020-2022

2020	2021	2022
18	95	81

Source: South Peninsula Hospital

SVT Health and Wellness saw a decrease in visits for COVID-19 between 2021 (676) and 2022 (140). In 2022, SVT Health and Wellness started to track visits for long COVID-19 and had 27 visits.

Table 17: COVID-19 Related Visits, SVT Health and Wellness, 2021-2022

	2021	2022
Number of Visits for COVID	676	140
Number of Visits for Long COVID	N/A*	27

*Data was not being tracked

Source: SVT Health and Wellness

The South Peninsula Hospital Clinics saw an increase in COVID-19 related visits between 2021 (598) and 2022 (920), although there was a decrease in visits for suspected exposure (49 to 26). The number of patients with a personal history of COVID-19 increased from 93 in 2021 to 157 in 2022. Those with a post COVID-19 condition increased from 4 in 2021 to 87 in 2022.

Table 18: COVID-19 Related Visits, South Peninsula Hospital Clinics, 2021-2022

	2021	2022	Total
COVID-19	598	920	1,518
Contact with (suspected exposure)	49	26	75
Personal history of COVID-19	93	157	250
Post-COVID-19 condition	4	87	91
Total	744	1,190	1,934

Source: SVT Health & Wellness, Homer Medical Center, South Peninsula Family Care Clinic, Seaworthy Functional Medicine

According to the American Cancer Society, the COVID-19 pandemic had an immediate impact in March and April of 2020, as screenings initially dropped by close to 80%. Although many people caught up on screenings later in 2020, overall, the COVID-19 pandemic kept screenings down over the course of the entire year.

South Peninsula Hospital saw an increase in the number of colonoscopies between 2019 (79) and 2020 (255) with the number increasing in 2021 (324).

Table 19: Colonoscopies, South Peninsula Hospital, 2018-2021

2018	2019	2020	2021
52	79	255	324

Source: South Peninsula Hospital

The number of mammograms performed at South Peninsula Hospital decreased in 2020 (986 from 1,235 in 2019) and in 2021 (1,172) was close to the number performed in the prior year.

Table 20: Mammograms, South Peninsula Hospital, 2018-2021

2018	2019	2020	2021
1,102	1,235	986	1,172

Source: South Peninsula Hospital

Harvard Medical School conducted a study that found a 33% drop in heart attack patients and 58% drop in stroke patients at the hospital during March and April of 2020. A study from BioMed Central reported a decrease in Emergency Department (ED) visits for cardiac conditions from the US and Western Europe due to the COVID-19 pandemic.

The number of heart related ER visits actually increased in the South Peninsula Hospital in 2020 (181 from 146 in 2019) and remained steady in 2021 (180).

Table 21: Heart Related ER Visits, South Peninsula Hospital, 2018-2021

2018	2019	2020	2021
124	146	181	180

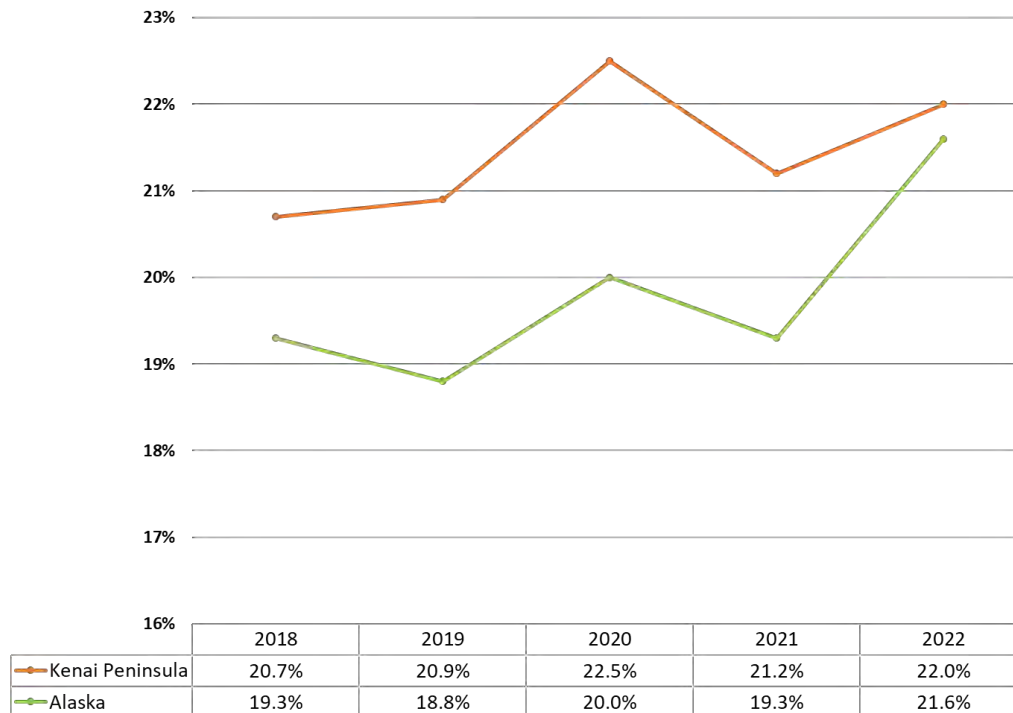
Source: South Peninsula Hospital

Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.

The percentage of adults reporting physical inactivity had decreased in the Kenai Peninsula between 2020 (22.5%) and 2021 (21.2%) before increasing to 22.0% in 2022, just above the state (21.6%). The state followed a similar trend as the Kenai Peninsula.

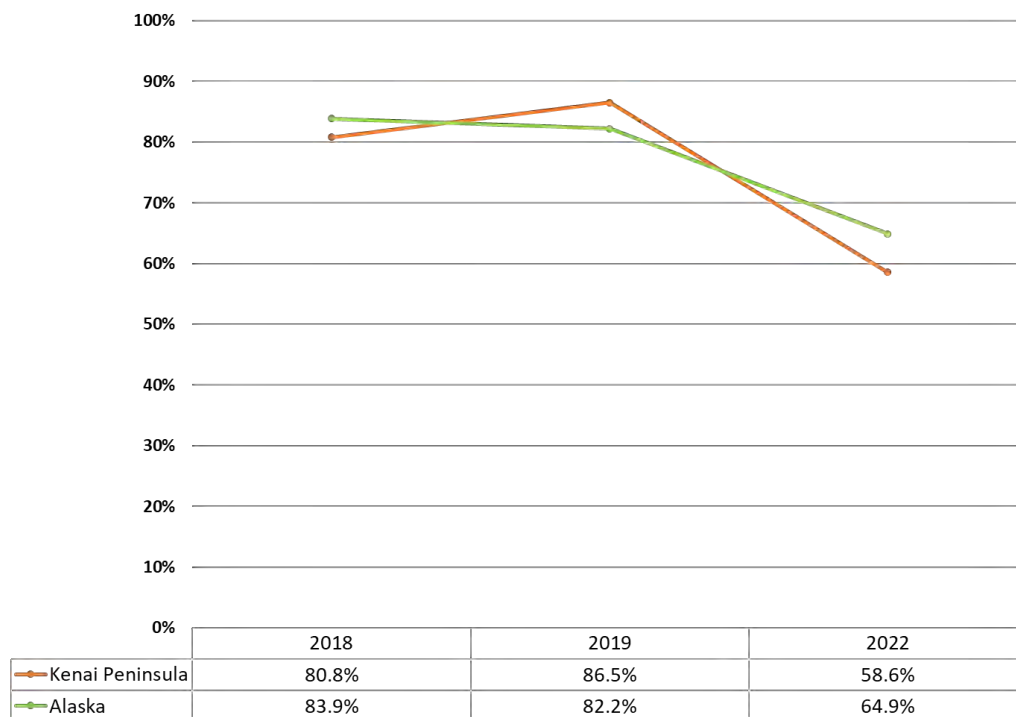
Figure 48: Physical Inactivity, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults with access to exercise opportunities in the Kenai Peninsula decreased from 86.5% in 2019 to 58.6% in 2022, which was lower in comparison to Alaska (64.9%). During this timeframe, the percentage also decreased in Alaska from 82.2% in 2019 to 64.9% in 2022.

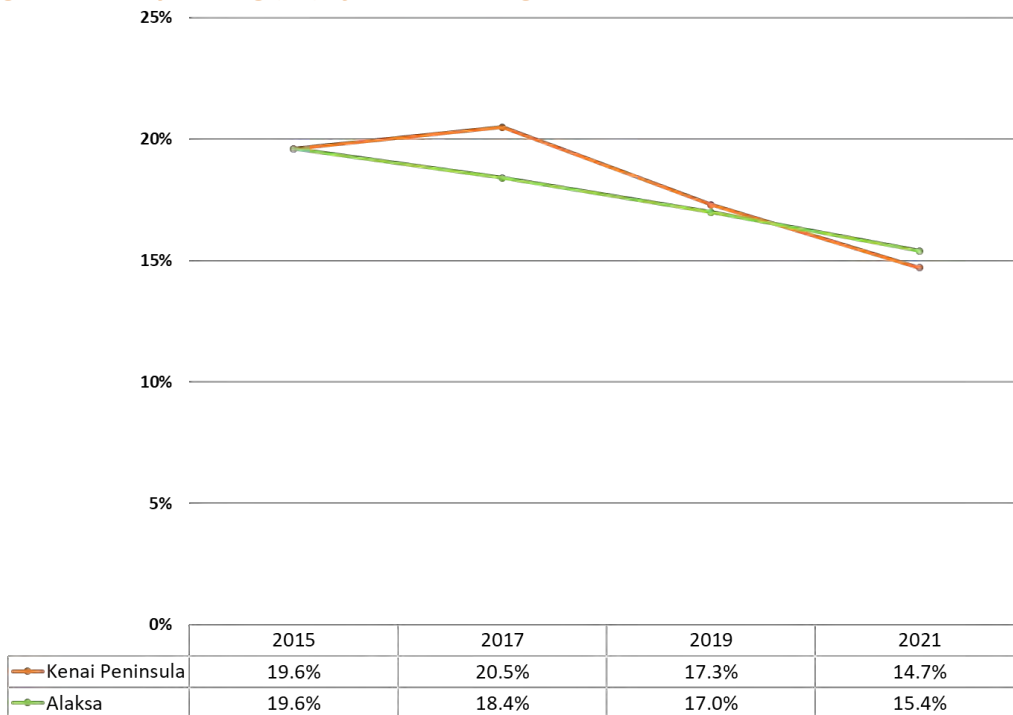
Figure 49: Access to Exercise Opportunities, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults who report daily consumption of five or more servings of fruit and vegetables decreased in the Kenai Peninsula between 2017 (20.5%) and 2021 (14.7%), while the percentage for Alaska has been decreasing since 2015 (19.6%). In 2021, the Kenai Peninsula (14.7%) was just below the state (15.4%)

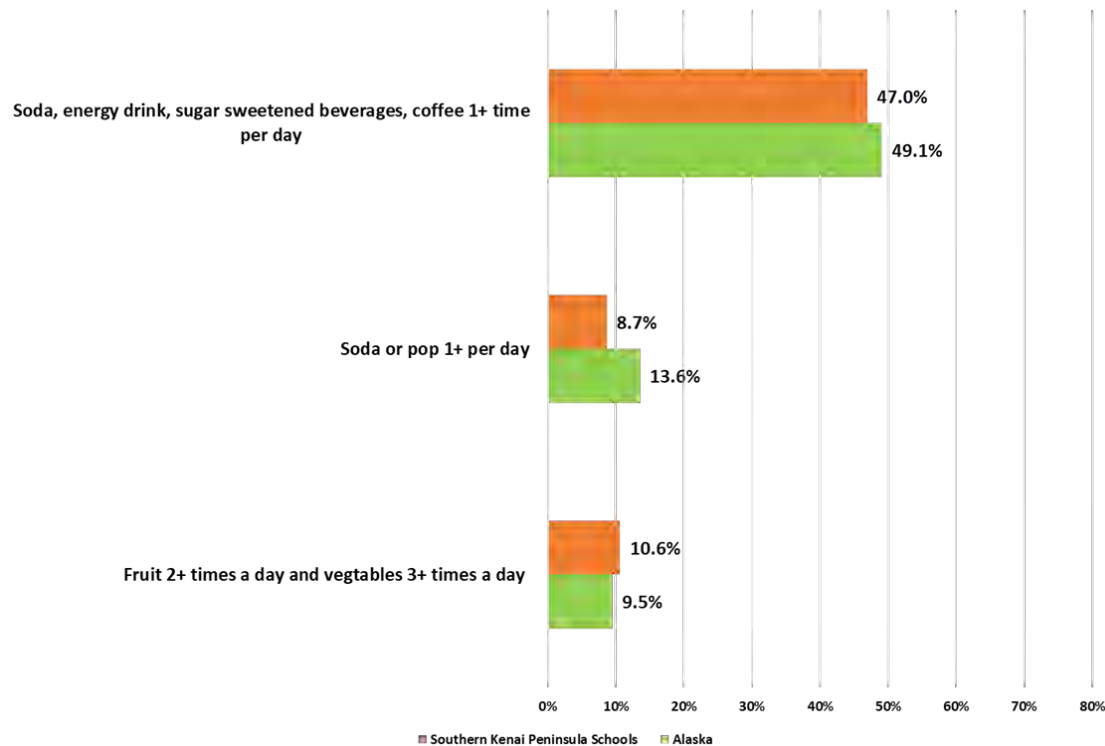
Figure 50: Daily Serving (5+) of Fruits and Vegetables, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

A higher percentage of students in the Kenai Peninsula Borough School District (10.6%) report eating fruit twice a day and vegetables three times a day compared to the state (9.5%). A slightly smaller percentage in the Kenai Peninsula Borough School District consume soda, energy drinks, sweetened beverages or coffee one or more times a day (47.6%) or drink soda one or more times a day (10.3%) in comparison to Alaska (49.1% and 13.6% respectively).

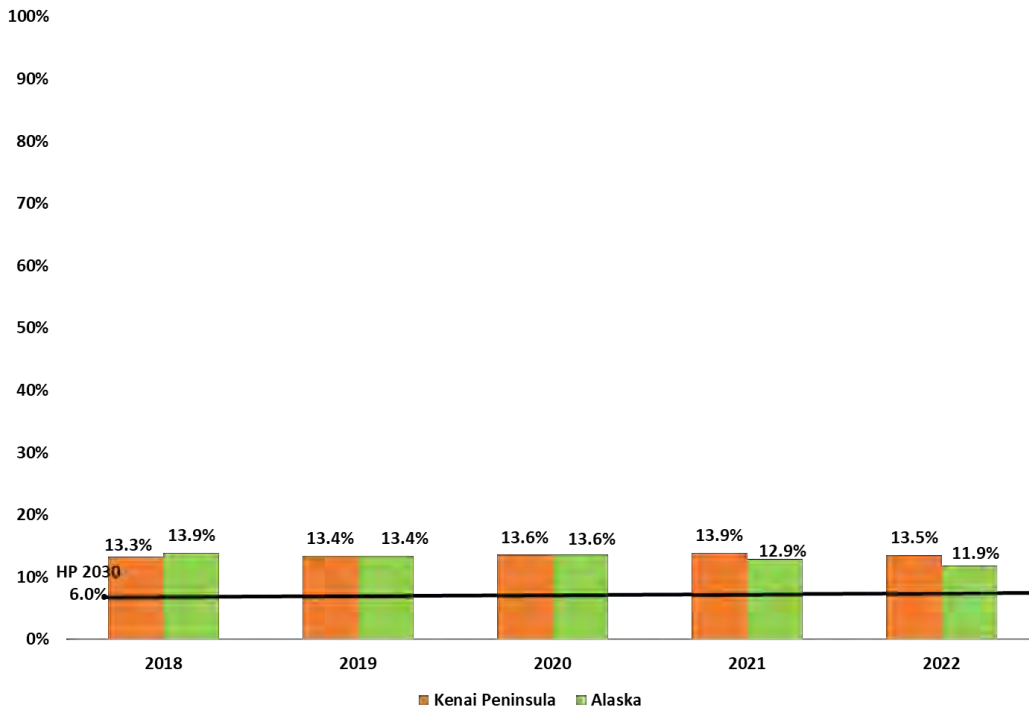
Figure 51: Student Nutrition, 2019



Source: Alaska Youth Risk Behavior Survey

The Kenai Peninsula Borough population who report food insecurity has remained fairly steady between 2018 and 2019, while the state saw a decrease between 2020 (13.6%) and 2022 (11.9%). In 2022, the percentage of residents with food insecurity was higher in the Kenai Peninsula (13.5%) than Alaska (11.9%) with both above the Healthy People 2030 Goal of 6.0%.

Figure 52: Food Insecurity, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of residents with limited access to healthy food increased in the Kenai Peninsula between 2021 (5.8%) and 2022 (7.9%), with the percentage decreased in Alaska (9.2% to 7.9%). In 2022, the Kenai Peninsula (7.9%) was comparable to the state (7.9%).

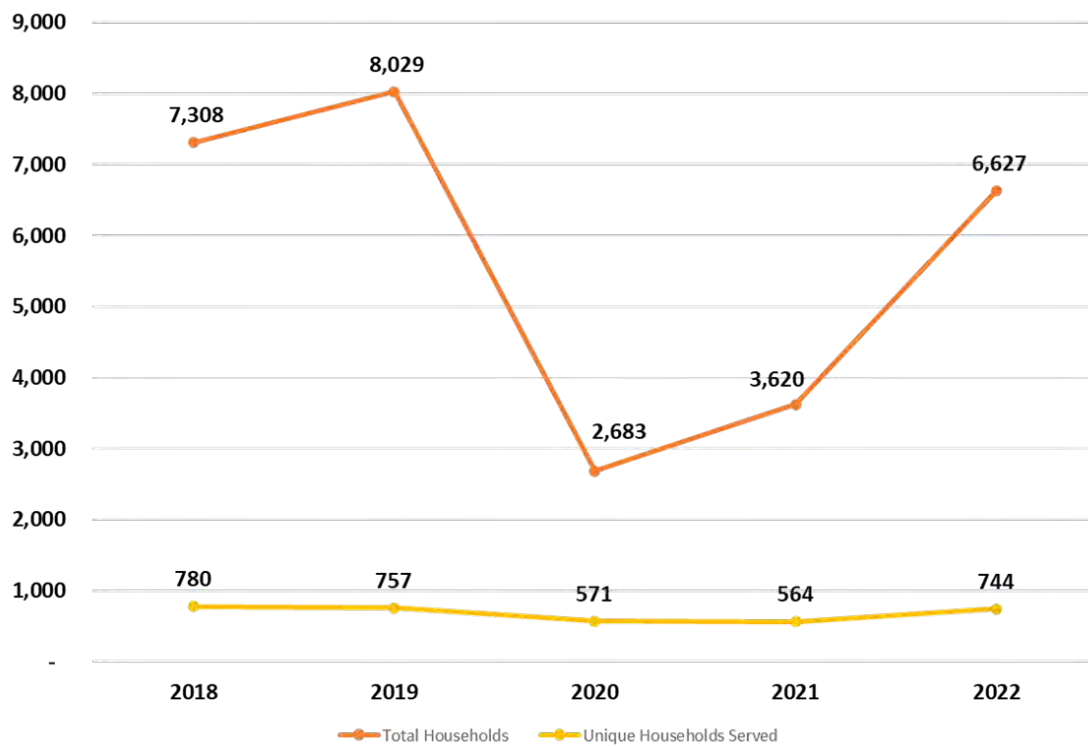
Figure 53: Limited Access to Healthy Food, 2018-2022



Source: County Health Rankings and Roadmaps

The number of total households served by the Homer Community Food Pantry has increased from 2,863 in 2020 to 6,627 in 2022. The total of unique households served increased from 564 in 2021 to 744 in 2022.

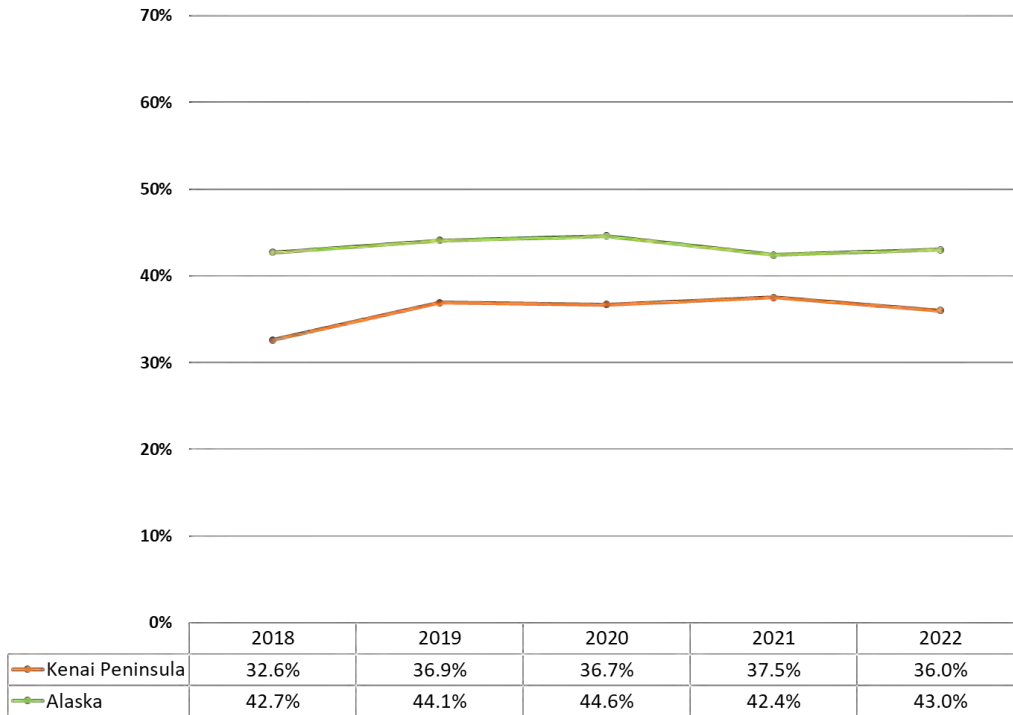
Figure 54: Households Served by Homer Community Food Pantry, 2018-2022



Source: Homer Community Food Pantry

The percentage of students in the Kenai Peninsula eligible for free or reduced lunch has not changed much since 2018 and has remained lower than the state from 2018 to 2022. The percentage for the Kenai Peninsula decreased slightly from 37.5% in 2021 to 36.0% in 2022.

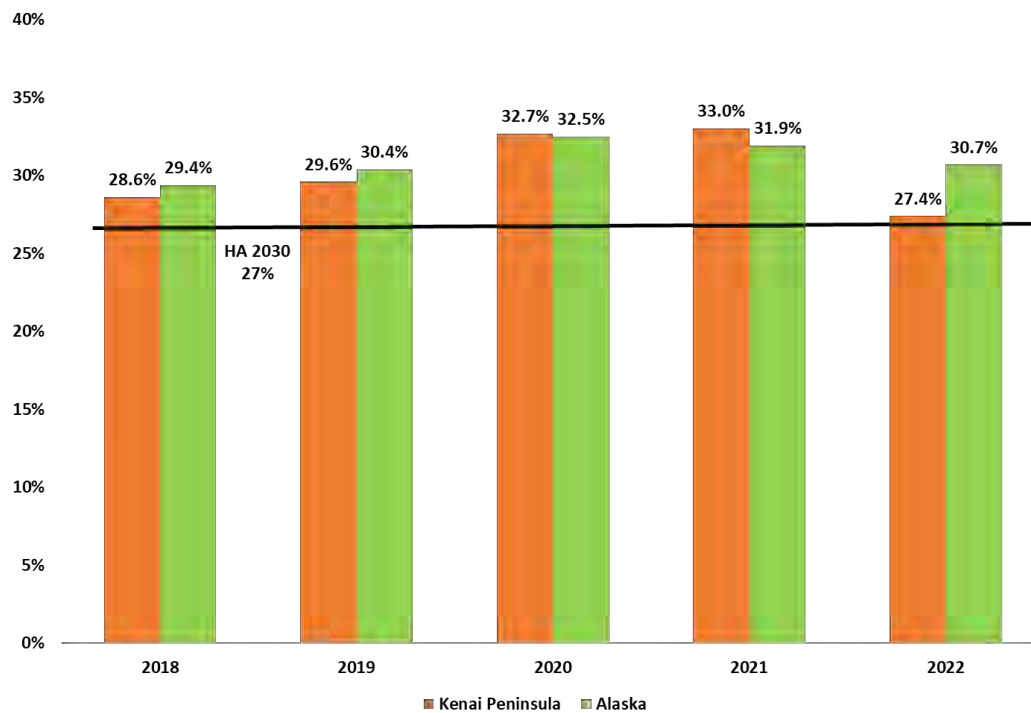
Figure 55: Students Eligible for Free or Reduced Lunch, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of obese adults in the Kenai Peninsula decreased in recent years from 33.0% in 2021 to 27.4% in 2022 which meets the Healthy Alaskans 2030 Target of 27%. In 2021, the percentage of obese adults was lower in the Kenai Peninsula (27.4%) in comparison to Alaska (30.7%).

Figure 56: Obese Adults, 2018 to 2022



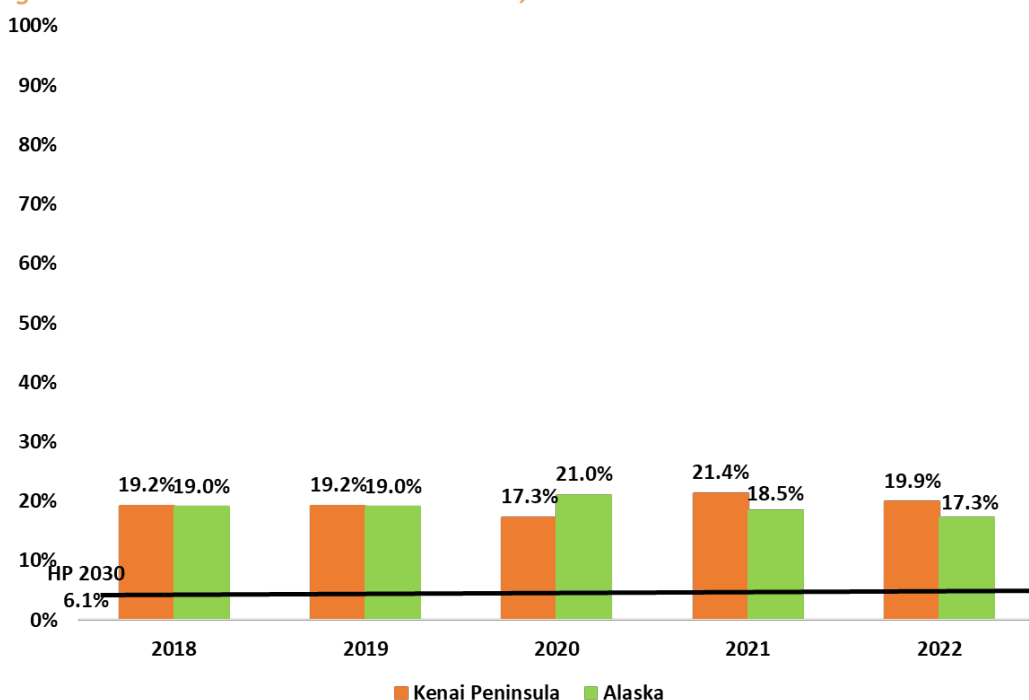
Source: County Health Rankings and Roadmaps

Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.

The percentage of adults who report being a current smoker has fluctuated in the Kenai Peninsula, with a slight decrease in most recent years (21.4% in 2021 to 19.9% in 2022). In 2022, the Kenai Peninsula had a higher percentage of current smokers (19.9%) in comparison to Alaska (17.3%) with both well above the Healthy People 2030 Goal of 6.1%.

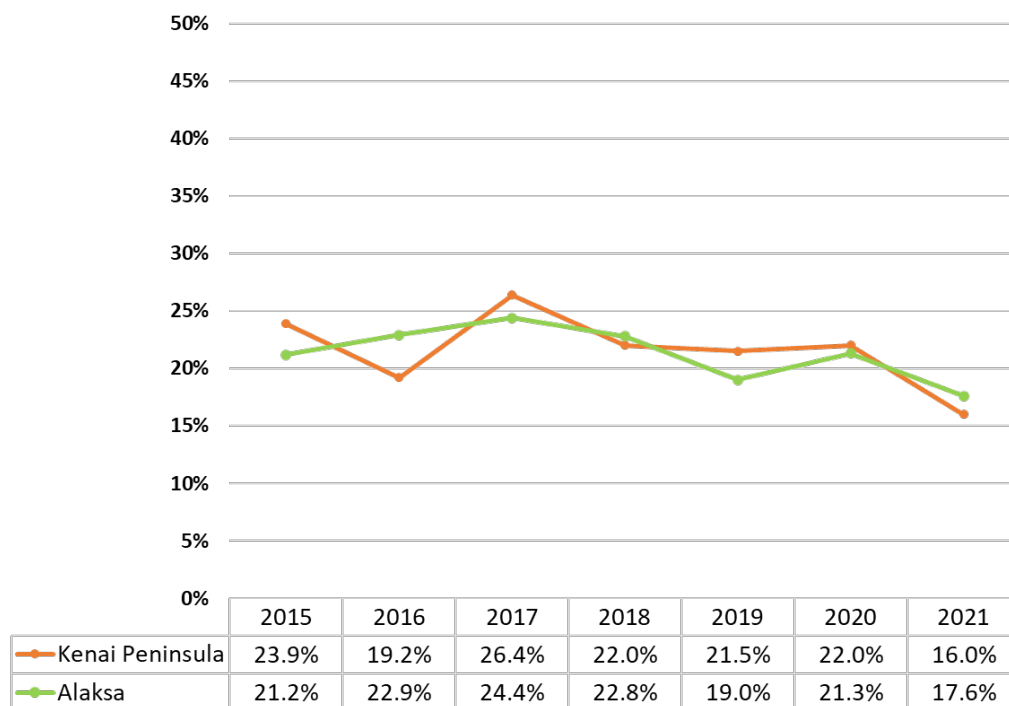
Figure 57: Adults Who Are Current Smokers, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults who report current cigarette use has fluctuated in the Kenai Peninsula and Alaska. In most recent years current cigarette use decreased in both the Kenai Peninsula (22.0% in 2020 to 16.0% in 2021) and Alaska (21.3% in 2020 and 17.6% in 2021). In 2021 the percentage of current smokers in the Kenai Peninsula (16.0%) was lower than the state (17.6%).

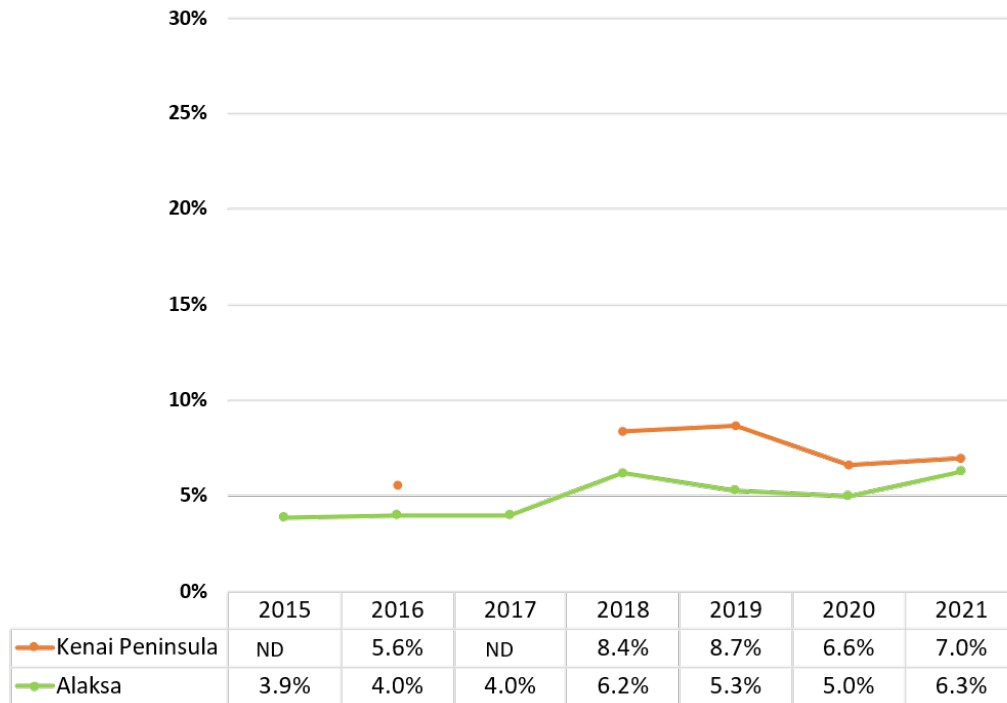
Figure 58: Current Cigarette Use, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

The percentage of adults in the Kenai Peninsula who report current E-Cigarette use has decreased from 8.4% in 2018 to 7.0% in 2021, although in 2021 was just above the state (6.3%).

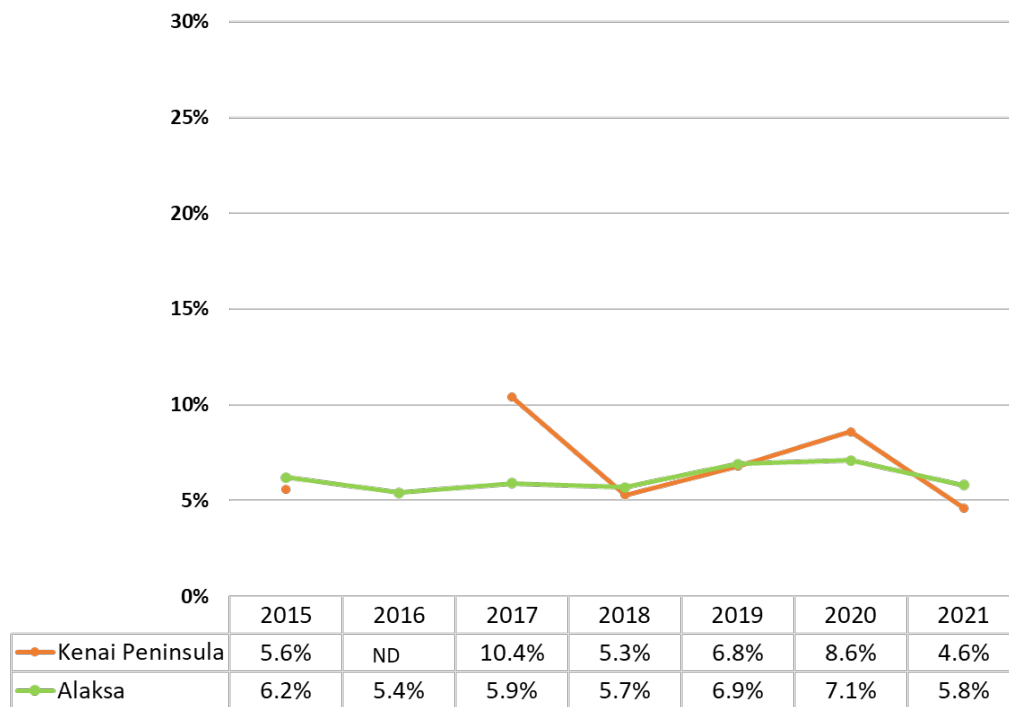
Figure 59: Current E-Cigarette Use, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

The percentage of adults who report current smokeless tobacco use had been increasing between 2018 (5.3%) to 2020 (8.6%) until decreasing to 4.6% in 2021, which was lower than the state (5.8%).

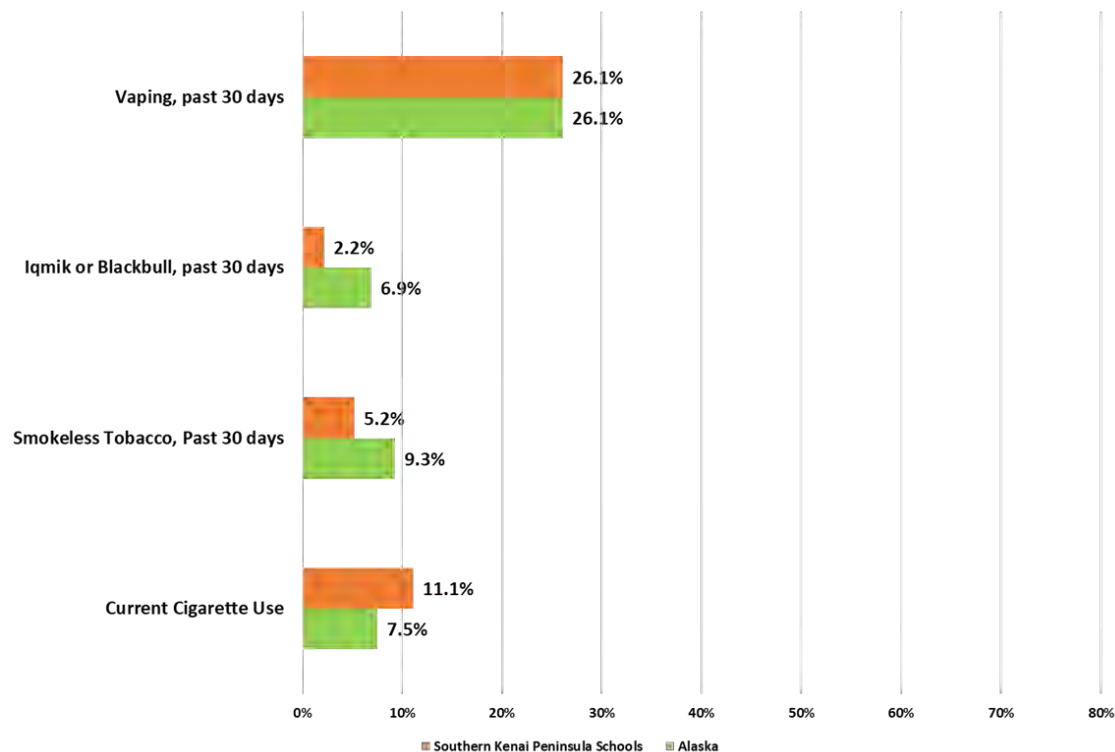
Figure 60: Current Smokeless Tobacco Use, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

Students in the Southern Kenai Peninsula schools are more likely to report current cigarette use (11.1%) in comparison to the state (7.5%).

Figure 61: Student Tobacco Use, 2019



Source: Alaska Youth Risk Behavior Survey

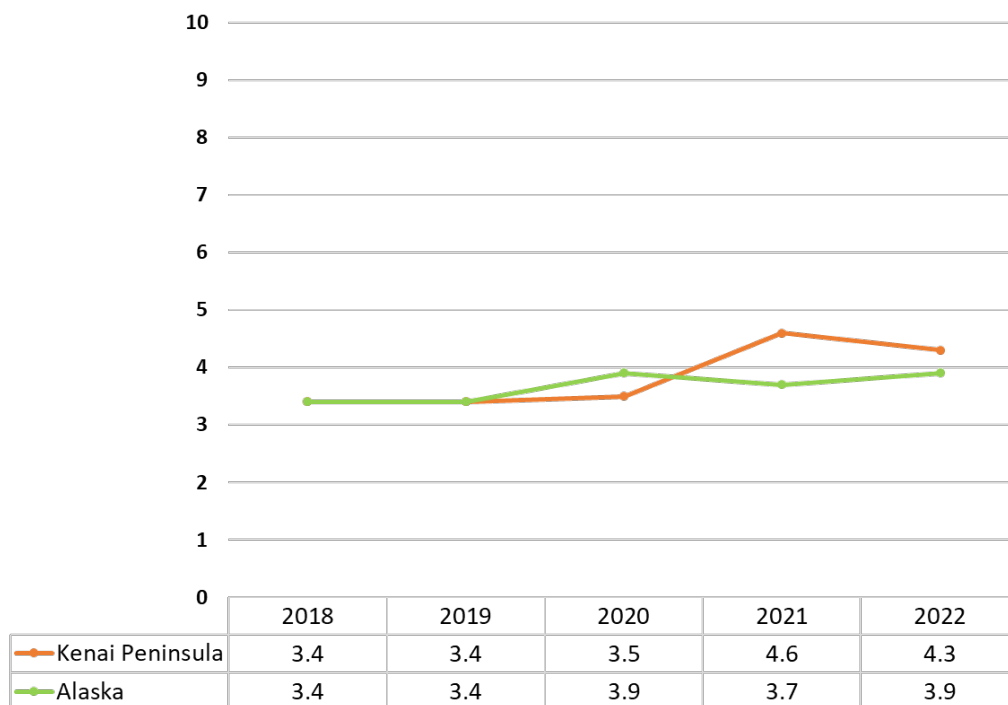
Mental Health and Substance Use Disorder

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The average number of days adults report their mental health was not good had increased in the Kenai Peninsula from 3.5 in 2020 to 4.6 in 2021 before decreasing to 4.3 in 2022. In 2022, adults in the Kenai Peninsula (4.3) reported a higher average number of days when their mental health was not good in comparison to the state (3.9).

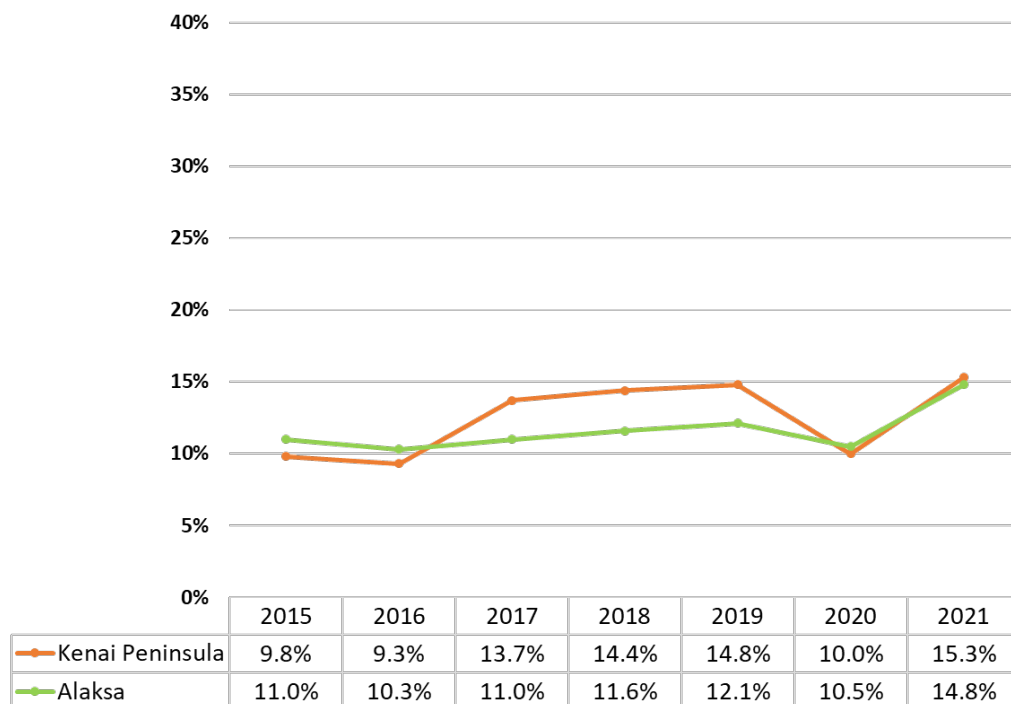
Figure 62: Average Number of Days Mental Health Not Good, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults who report their mental health was not good two or more weeks in the past 30 days increased for both the Kenai Peninsula and Alaska between 2020 (10.0%, 10.5% respectively) and 2021 (15.3%, 14.8% respectively), after the percentage had decreased between 2019 and 2020. In 2021, the percentage was slightly higher in the Kenai Peninsula (15.3%) when compared to Alaska (14.8%).

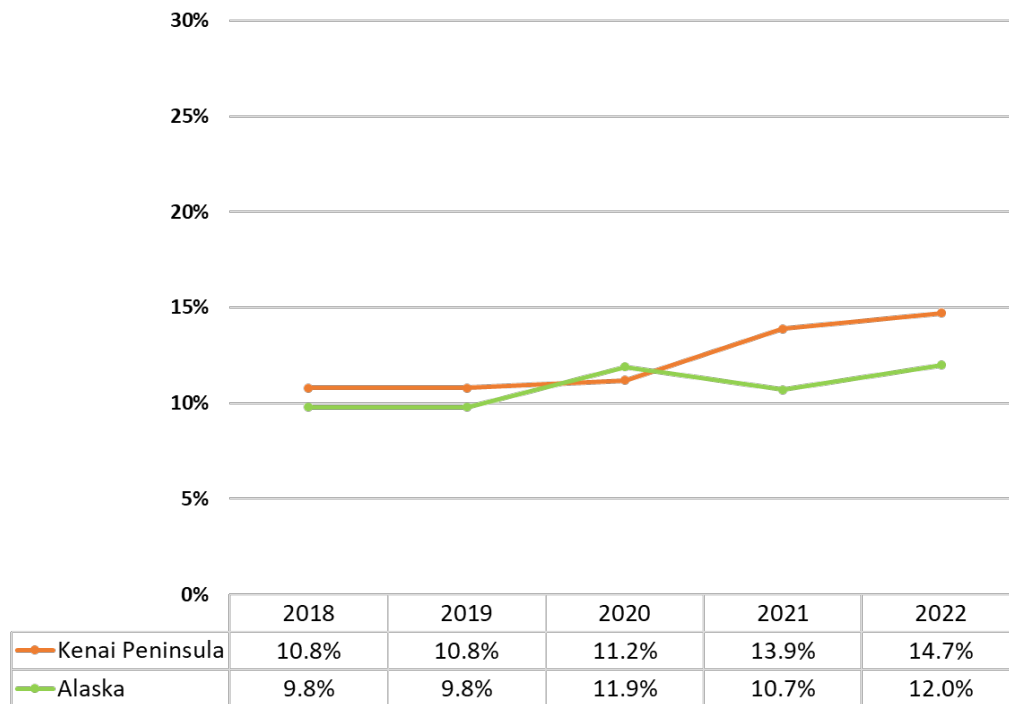
Figure 63: Mental Health Not Good 2+ Weeks, Past 30 Days, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

The percentage of adults who report frequent mental distress has been increasing in the Kenai Peninsula from 11.2% in 2020 to 14.7% in 2022. The percentage also increased for Alaska between 2021 (10.7%) and 2022 (12.0%). In 2022, the Kenai Peninsula (14.7%) had a higher percentage report frequent mental distress than Alaska (12.0%).

Figure 64: Frequent Mental Distress, 2018-2022



Source: County Health Rankings and Roadmaps

Due to the small numbers suicide data is reported in the aggregate for 10 years of rolling data. The number of suicide deaths has been steadily increasing in the Southern Kenai Peninsula, with a slight decrease between 2010-2019 (51) and 2011-2020 (49) although in 2012-2021 is one of the highest years.

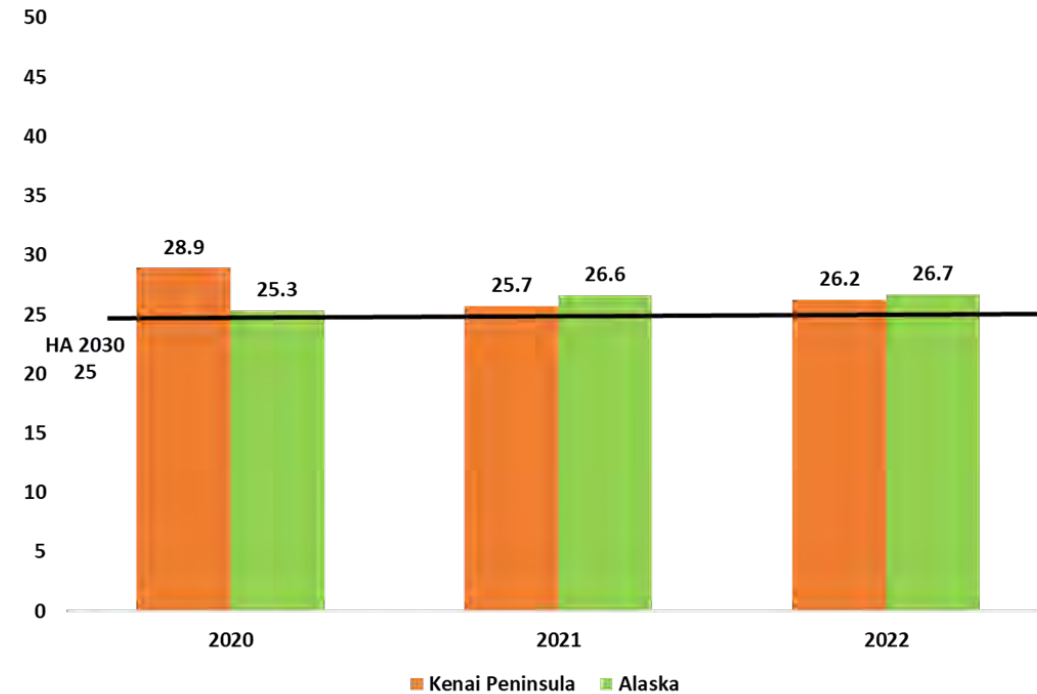
Table 22: Southern Kenai Peninsula Resident Intentional Self-Harm (Suicide) Deaths, 1999 - 2021

Year	Deaths
1999-2008	22
2000-2009	20
2001-2010	20
2002-2011	25
2003-2012	29
2004-2013	32
2005-2014	37
2006-2015	41
2007-2016	44
2008-2017	48
2009-2018	48
2010-2019	51
2011-2020	49
2012-2021	51

Source: Alaska Division of Public Health, Health Analytics and Vital Records Section

The suicide mortality rate per 100,000 increased slightly in the Kenai Peninsula between 2021 (25.7) and 2022 (26.2), while the state rate remained steady. In 2022, the Kenai Peninsula and Alaska were just above the Healthy Alaskans 2030 Target of 25.

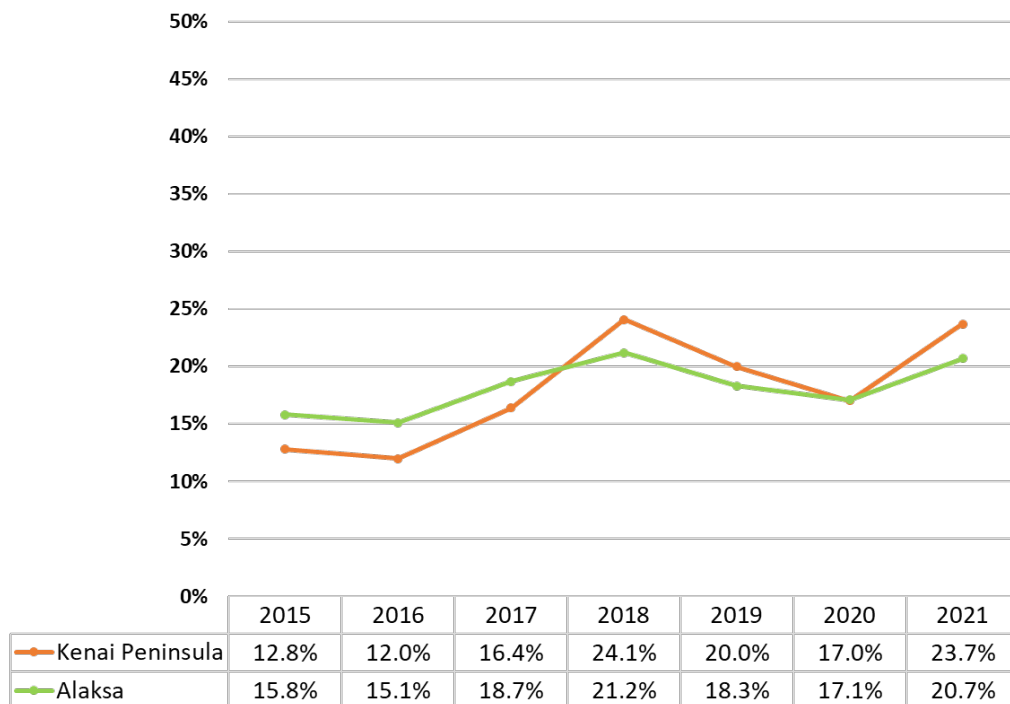
Figure 65: Suicide Mortality Rate, Per 100,000, 2020-2022



Source: County Health Rankings and Roadmaps

Between 2020 and 2021, the percentage of adults diagnosed with depressive disorder increased in both the Kenai Peninsula (17.0% to 23.7%) and Alaska (17.1% to 20.7%). In 2021, the percentage was higher in the Kenai Peninsula (23.7%) than in the state (20.7%).

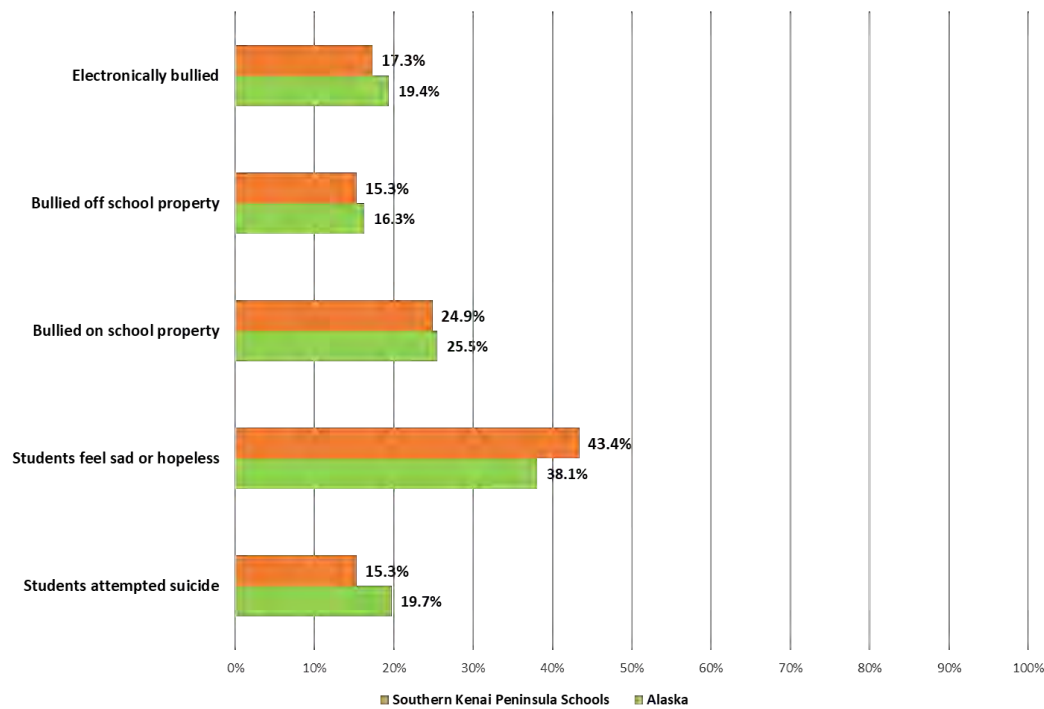
Figure 66: Adults Diagnosed with Depressive Disorder, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

Students in the Southern Kenai Peninsula Schools were more likely to feel sad or hopeless (43.4%) than students across the state (38.1%).

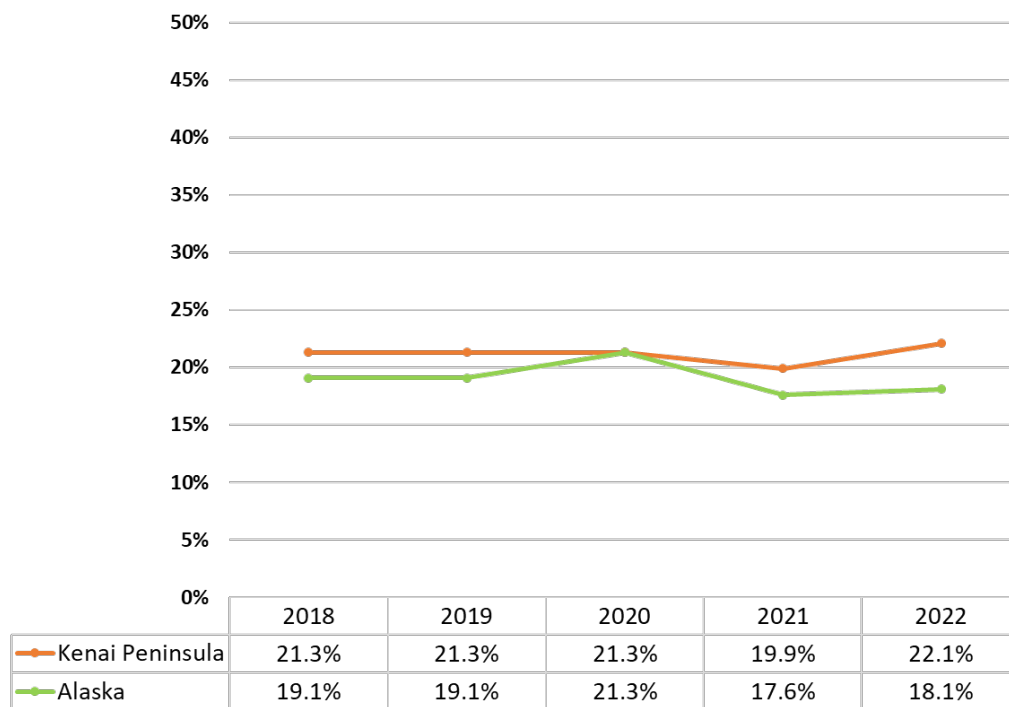
Figure 67: Student Mental Health, 2019



Source: Alaska Youth Risk Behavior Survey

The percentage of adults who report excess drinking increased in the Kenai Peninsula from 19.9% in 2021 to 22.1% in 2022, which was higher than Alaska (18.1%).

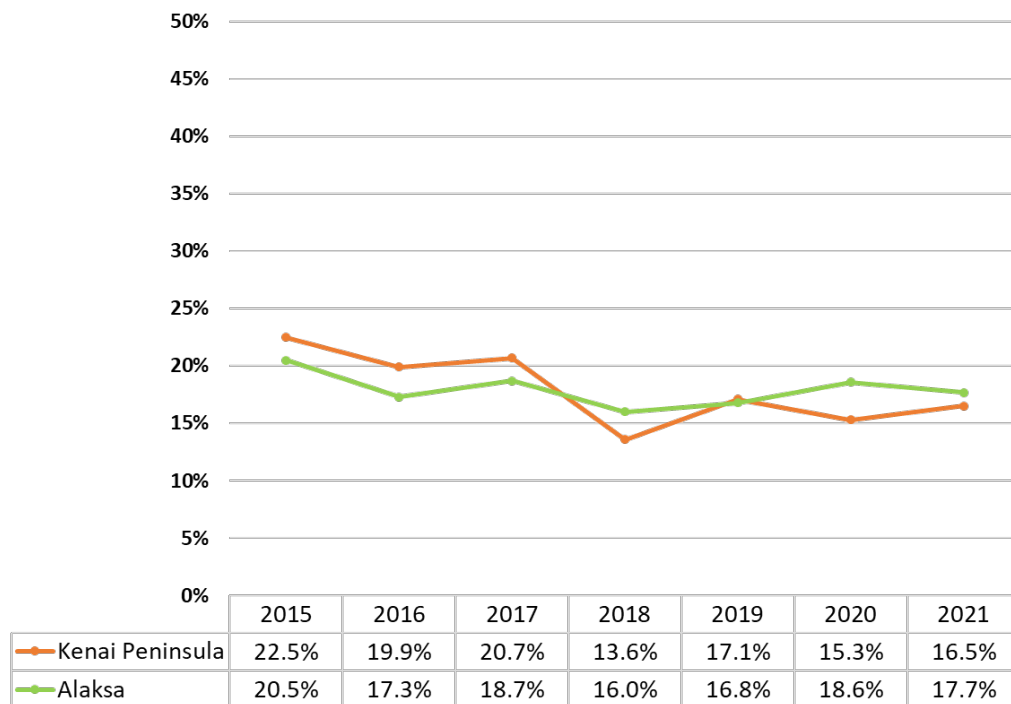
Figure 68: Excessive Drinking, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults who report binge drinking increased from 15.3% in 2020 to 16.5% in 2021, although overall is lower than it had been in 2015 (22.5%). During this time period, the percentage for Alaska decreased from 18.6% to 17.7%, although remained higher than the Kenai Peninsula.

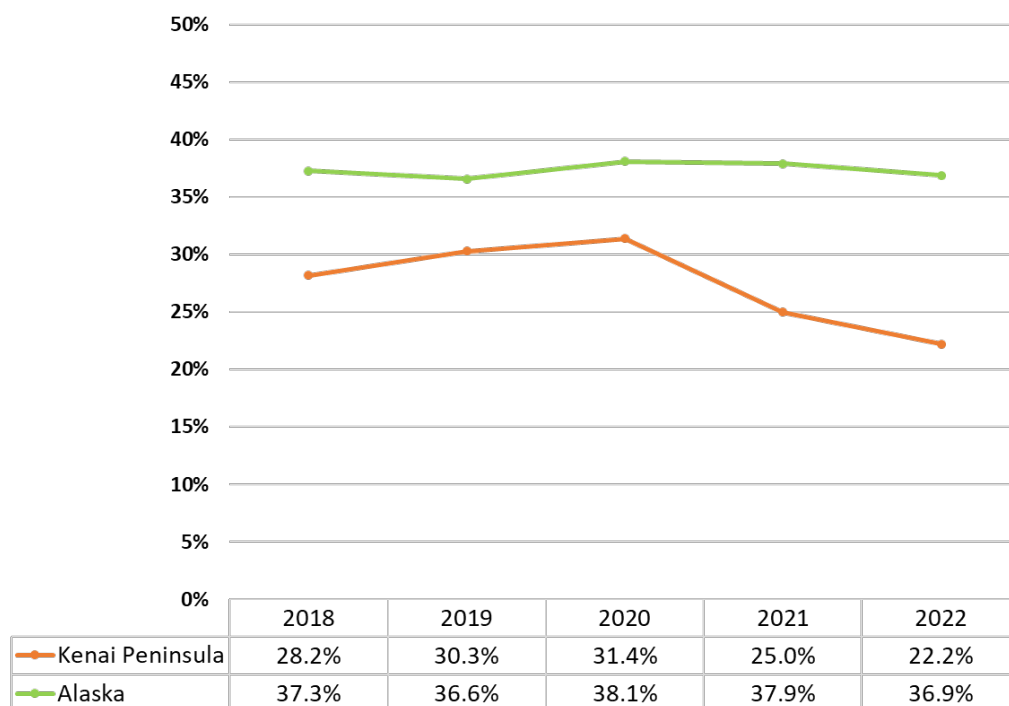
Figure 69: Binge Drinking, Past 30 Days, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

The percentage of driving deaths with alcohol involved has been decreasing in the Kenai Peninsula since 2020 (31.4%) and in 2022 (22.2%) was lower than Alaska (36.9%).

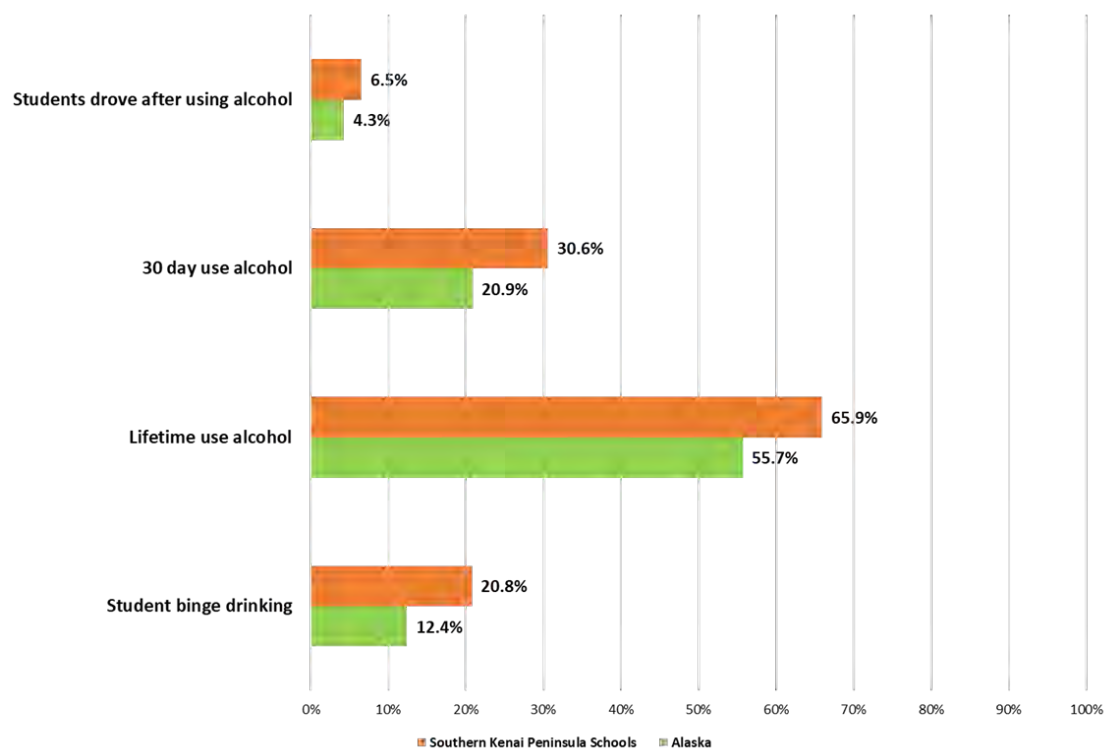
Figure 70: Driving Deaths with Alcohol Involved, 2018-2022



Source: County Health Rankings and Roadmaps

Students in the Southern Kenai Peninsula Schools were more likely to have drove after drinking, used alcohol or to have binge drank in comparison to students across the state.

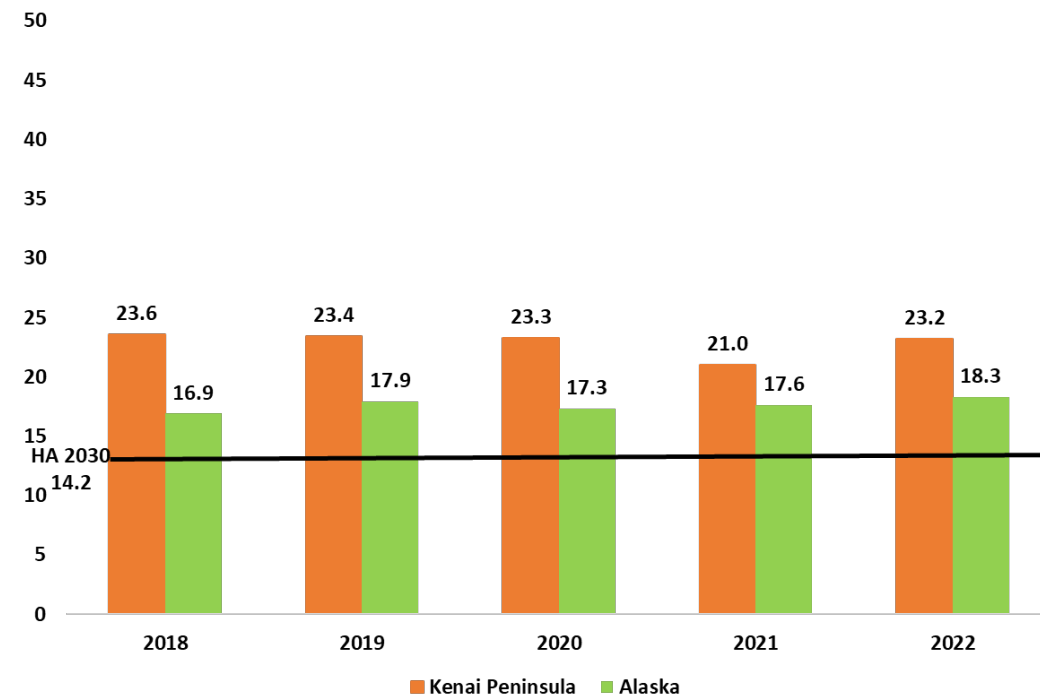
Figure 71: Student Alcohol Use, 2019



Source: Alaska Youth Risk Behavior Survey

The drug induced mortality rate per 100,000 has fluctuated in the Kenai Peninsula, with an increase in recent years from 21.0 in 2021 to 23.2 in 2022. During this time the rate also increased for the state (17.6 to 18.3). In 2022, the rate for the Kenai Peninsula (23.2) was higher than Alaska (18.3) with both well above the Healthy Alaskans 2030 Target of 14.2.

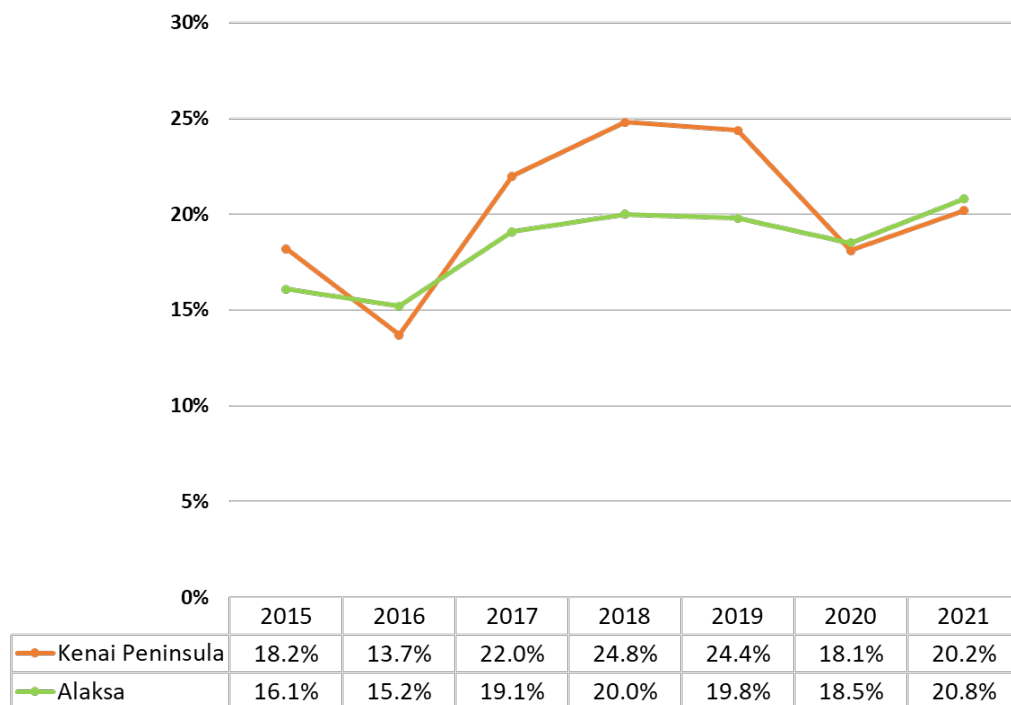
Figure 72: Drug Induced Mortality Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

Between 2020 and 2021 the percentage of adults who report marijuana use in the past 30 days increased in both the Kenai Peninsula (18.1% to 20.2%) and Alaska (18.5% to 20.8%).

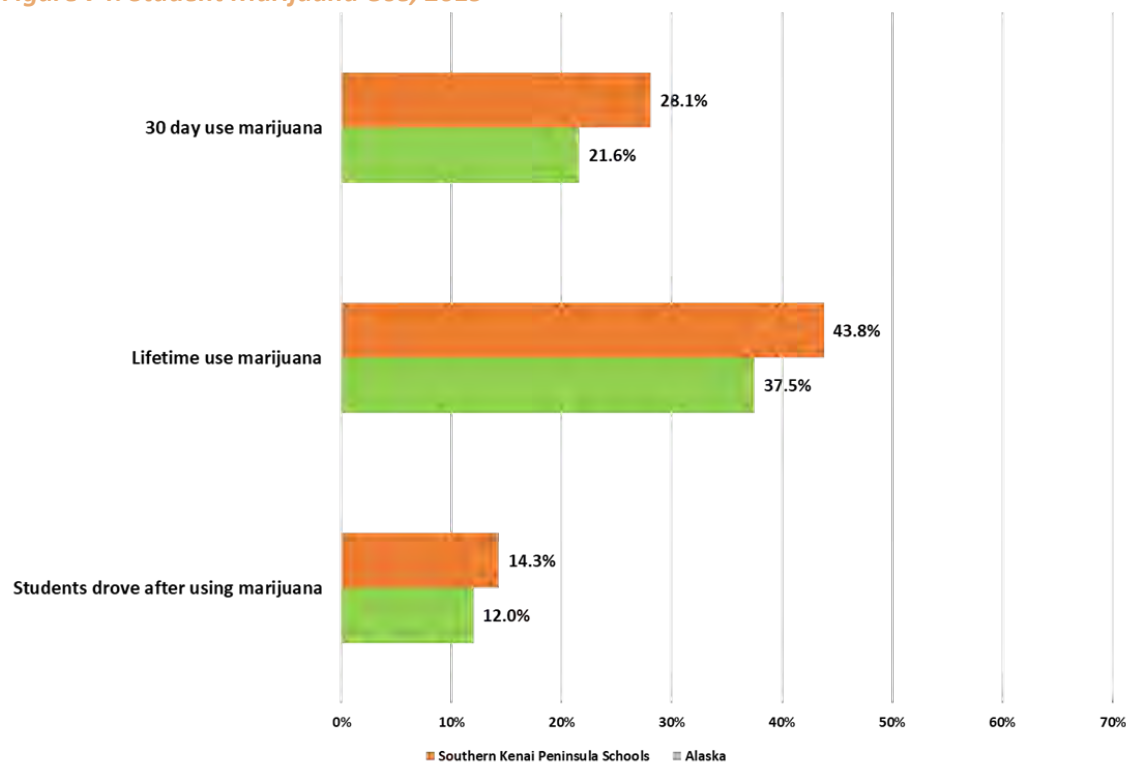
Figure 73: Marijuana Use, Past 30 Days, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

Students in the Southern Kenai Peninsula Borough Schools were more likely to have used marijuana or drove after using marijuana in comparison to their peers across the state.

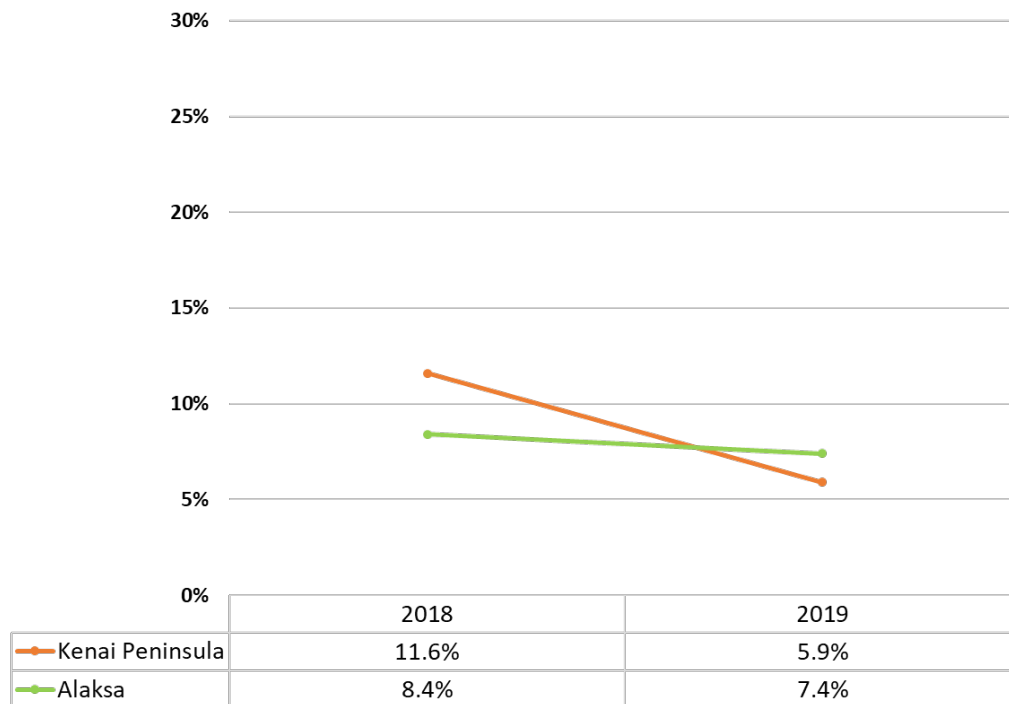
Figure 74: Student Marijuana Use, 2019



Source: Alaska Youth Risk Behavior Survey

The percentage of adults who report opioid use in the past 30 days decreased in both the Kenai Peninsula (11.6% to 5.9%) and Alaska (8.4% to 7.4%) between 2018 and 2019. In 2019, opioid use in the past 30 days was lower in the Kenai Peninsula than the state.

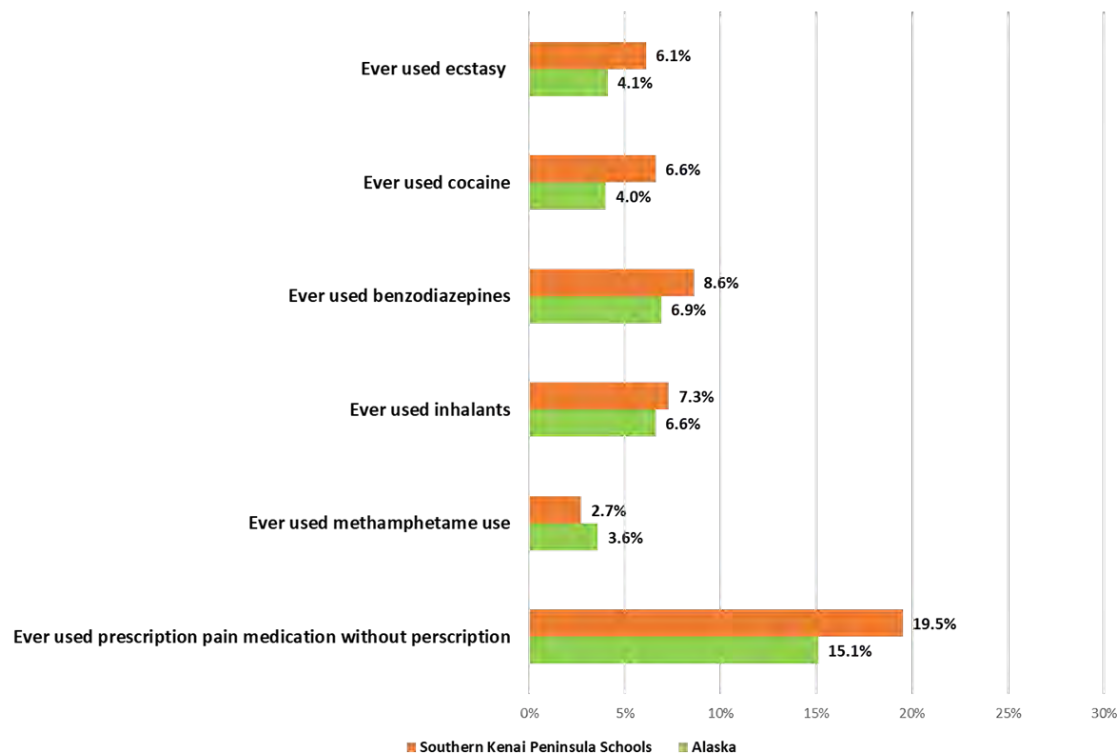
Figure 75: Opioid Use, Past 30 Days, 2018-2019



Source: Alaska Behavioral Risk Factor Surveillance System

Students in the Southern Kenai Peninsula Schools were more likely to have used ecstasy, cocaine, benzodiazepines, inhalants, prescription medications without a prescription than peers across the state.

Figure 76: Student Drug Use, 2019



Source: Alaska Youth Risk Behavior Survey

Megan's Place is a needle and syringe exchange resource in Homer. Every first and third Tuesday from 5-7PM at the SPH Training Center at 203 W. Pioneer Ave., anyone in need can confidentially dispose of used needles & obtain clean needles, access free resources and information including naloxone (overdose) kits, sanitary products, free rapid on-site HIV and Hepatitis C testing, fresh cookies, and MORE! Safe, confidential, and an incredible FREE community resource ran by a great team of discreet, helpful, trained volunteers.

The number of NARCAN kits distributed doubled from 51 in June 2020 to March 2021 to 116 in 2022. Megan's Place distributed 5,000 more syringes in 2022 in comparison to the prior timeframe. In 2022, 10,000 fewer syringes were disposed of. Despite an increase in distribution, the number of participant visits decreased.

Table 23: Megan's Place Exchange, 2020-2022

	June 2020 – March 2021	2022
NARCAN Kits Distributed	51	116
Syringes Distributed	25,000	30,000
Syringes Disposed	27,000	17,000
Participant Visits	145	112

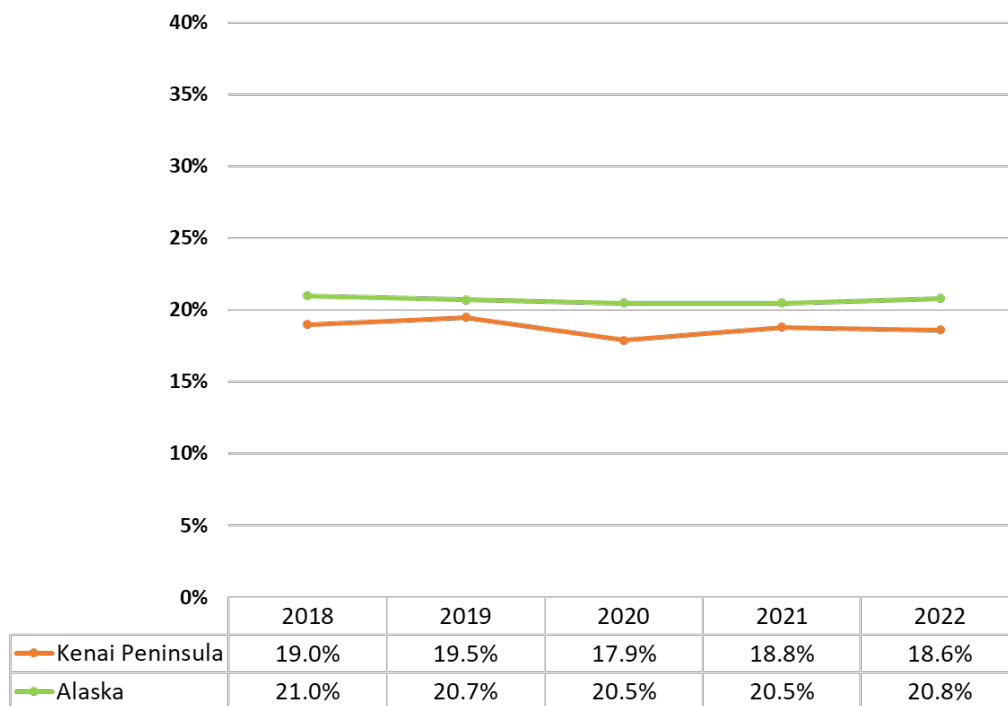
Source: Megan's Place

Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.

The percentage of households with severe housing problems has not changed much in the Kenai Peninsula or Alaska, and in 2022 the percentage was lower in the Kenai Peninsula (18.6%) in comparison to the state (20.8%).

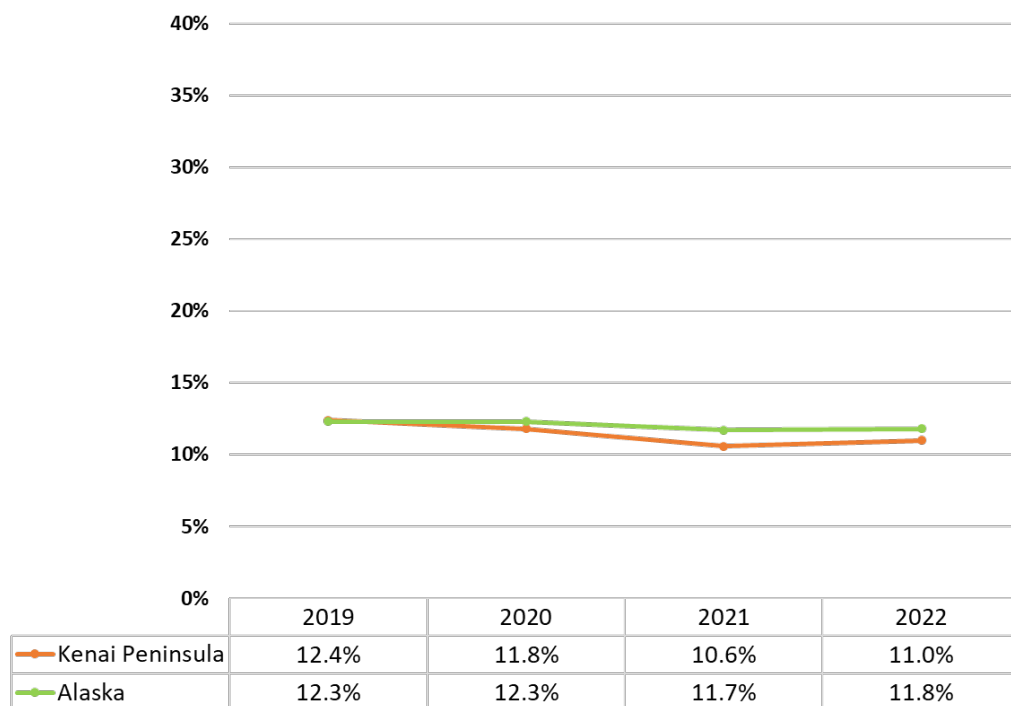
Figure 77: Severe Housing Problems, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of households who are severe cost burdened has not changed much in the Kenai Peninsula or Alaska and in 2022 the percentages were comparable.

Figure 78: Severe Housing Cost Burdened, 2019 - 2022

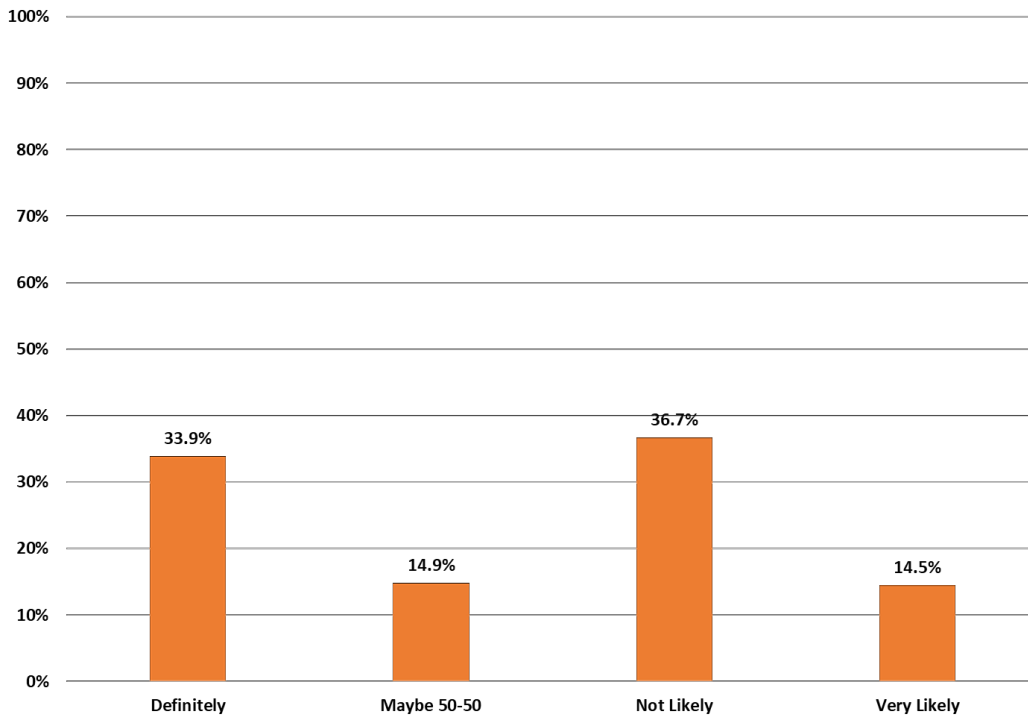


Source: County Health Rankings and Roadmaps

Of the respondents who completed the Homer Residential Housing Survey, 33.9% are definitely likely to buy or rent residential property in Homer in the next 5 years with another 14.5% very likely to.

Respondents were asked to indicate the type of property they would be looking for, the most common types of property respondents noted they would be looking for are single family with many open to an apartment or duplex. Of those who might be looking, most are looking for a new primary residence.

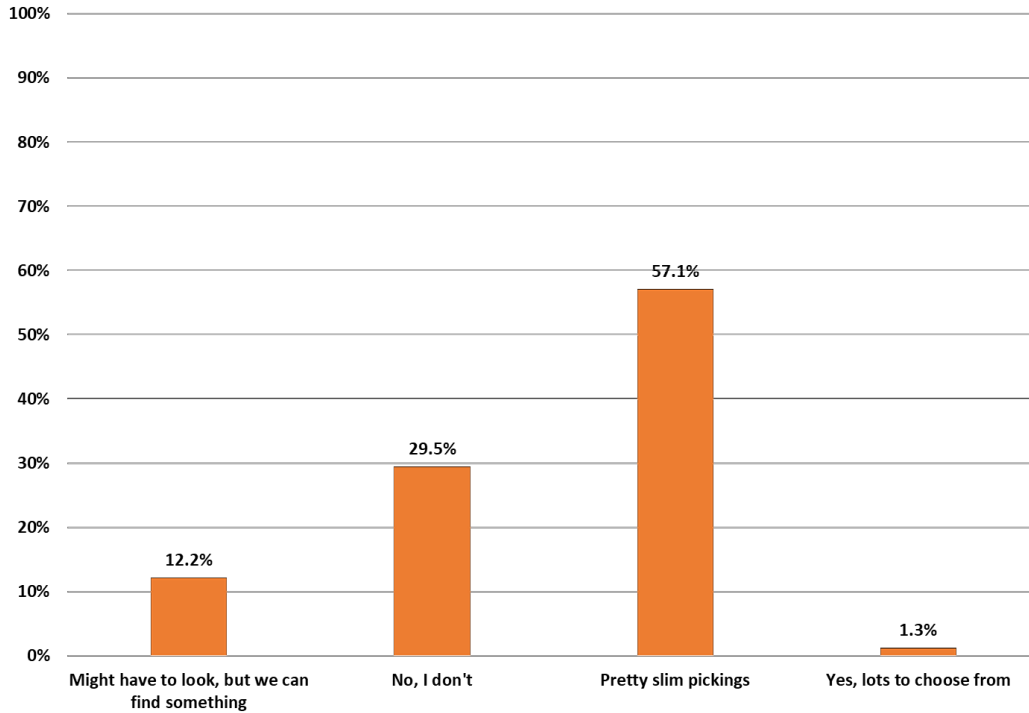
Figure 79: Likeliness to Buy or Rent Residential Property in Homer, Next 5 Years



Source: Homer Residential Housing Survey

Over half of respondents to the Homer Residential Housing Survey think there are slim pickings when it comes to finding housing in Homer, with another 29.5% indicating they do not think what they are looking for is available in Homer.

Figure 80: Think There is Availability in Homer for What Looking for



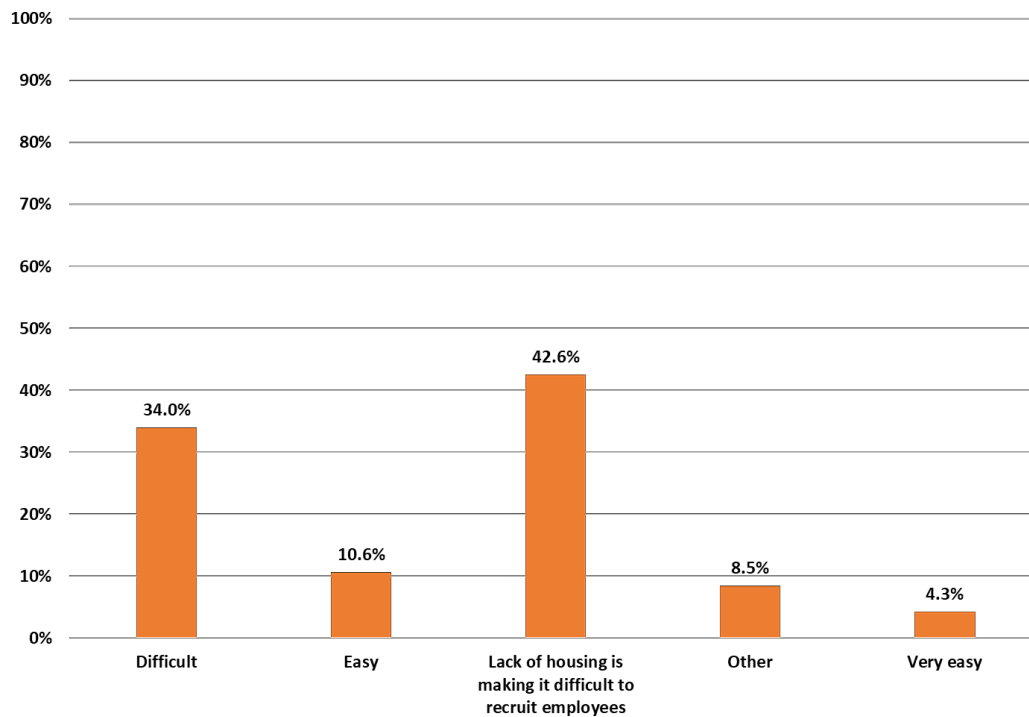
Source: Homer Residential Housing Survey

The following were the most frequently identified barriers to finding housing in Homer:

- Affordable housing
- Availability
- Impact of short-term rentals (VRBO, Airbnb)

Respondents to the Homer Business Housing Survey indicate that employees are having a difficult time finding housing in Homer (34.0%) and that the lack of housing is making it difficult to recruit employees (42.6%).

Figure 81: Employees Experience Finding Housing in Homer



Source: Homer Business Housing Survey

Employers shared the reasons their employees live outside of Homer:

- Lack of affordable housing
- Lack of rental
- Lack of housing for sale

In 2022 there were zoning permits for 42 new residential properties.

Table 24: Zoning Permits, Homer, 2012-2022

Year	New Construction Permits	New Residential	New Commercial	Additions/ Remodels	Value of New Construction Permits
2022	47	42	5	18	\$28.1 million
2021	48	43	5	12	\$21.4 million
2020	54	48	6	12	\$17.4 million
2019	45	37	8	25	\$21 million
2018	50	41	9	17	\$20.2 million
2017	42	35	7	15	\$11.4 million
2016	39	33	6	14	\$9.7 million
2015	43	38	5	17	\$12.2 million
2014	47	37	10	15	\$14.8 million
2013	47	36	11	17	\$9.9 million

City of Homer, Zoning Permits Report

Based on the most recent Homer Project Homeless Connect report, 47.1% of individuals slept in their apartment or home, which 24.8% doubled up and 13.2% slept in a car. A small number slept on the streets or in a homeless camp (3.3%) or an abandoned property (1.7%).

Table 25: Where Individuals Slept Last Night, 2023

	Frequency	Percent
On Streets/Homeless Camp	4	3.3%
Abandoned Property (Not meant for habitation)	2	1.7%
Vehicle/Car	16	13.2%
Local Homeless Shelter	0	0%
Friends/Family (Doubled up)	30	24.8%
My Apartment/House	57	47.1%
Hotel/Motel	2	1.7%
Jail/Institutional Setting	0	0%
Other (Specify)*	16	13.2%
No Answer	2	1.7%
Total	129**	106.7%**

**Other responses included: Cabin, RV, Dog sitting, Yurt, Camper, Dry cabin, Haven House, Trailer*

***Percentages above are based on the total number of responses. Some participants chose more than one option.*

Source: Homer Project Homeless Connect

Of those who report being homeless, 33.9% have been homeless for one year or more.

Table 26: Length of Time Homeless, 2023

	Frequency	Percent
Less than 1 year	21	17.4%
1 year or more	41	33.9%
Don't know/Refused	15	12.4%
No Answer*	44	36.3%
Total	121	100%

**Some participants were 'No Answer' because they did not consider themselves currently homeless.*

Source: Homer Project Homeless Connect

Of those who report being homeless and provided a response, 38.0% have been homeless more than once.

Table 27: Number of Times Homeless, 2023

	Frequency	Percent
This is the first time	16	13.2%
One time	5	4.1%
Two to three times	22	18.2%
Four or more times	20	16.5%
The whole time	4	3.3%
Don't know/Refused	11	9.1%
No Answer	43	35.6%
Total	121	100%

Source: Homer Project Homeless Connect

Of those who report being homeless in 2023, 28.9% report having a physical health problem and 16.5% report having a mental health problem. This has been pretty consistent in comparison to 2020 and 2021.

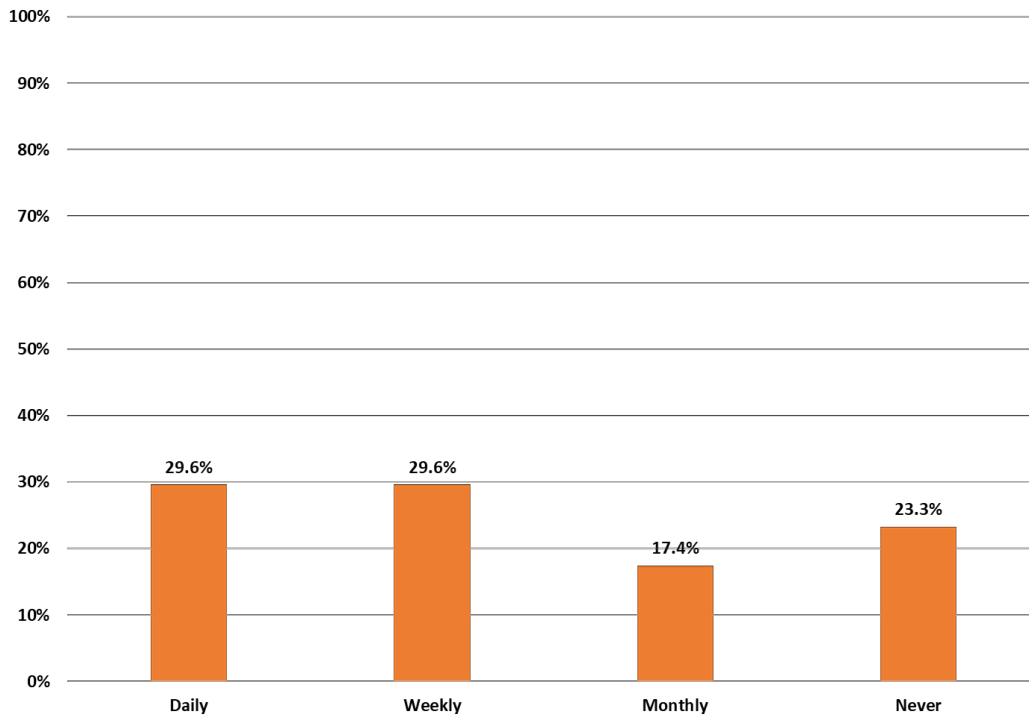
Table 28: Disabling Condition, Homeless Population, 2020 - 2023

	2020		2021		2022		2023	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alcohol abuse	1	3%	4	8%	ND	ND	1	0.8%
Both alcohol & drug abuse	3	9%	4	8%	ND	ND	ND	ND
Chronic health condition	14	41%	16	32.5%	ND	ND	17	14%
Developmental	4	12%	ND	ND	ND	ND	3	2.5%
Drug abuse	2	6%	2	4%	ND	ND	3	2.5%
HIV/AIDS	0	0%	ND	ND	ND	ND	1	0.8%
Mental health problem	16	47%	8	16.5%	ND	ND	20	16.5%
Physical health problem	16	47%	15	31%	ND	ND	35	28.9%
Client doesn't know	0	0%	ND	ND	ND	ND	4	3.3%
Client refused	0	0%	ND	ND	ND	ND	ND	ND
Total	34	162%	49	100%	ND	ND	146	121%

Source: Homer Project Homeless Connect

Just under a third (29.6%) of respondents to the Kenai Peninsula Economic Development District Transportation survey use or would use public transportation daily with another 29.6% of respondents indicating they use or would use it weekly. The most frequent reason for using public transportation was to avoid driving in bad weather (26.2%).

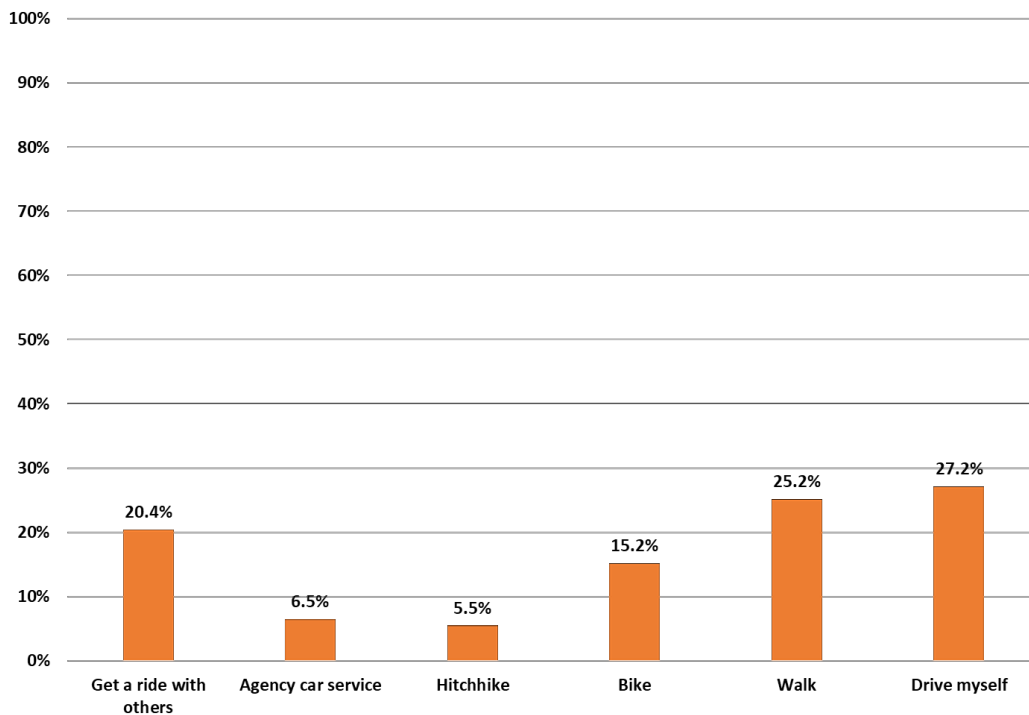
Figure 82: Frequency Use or Would Use Public Transportation



Source: Kenai Peninsula Economic Development District, Transportation Survey

Outside of public transportation, respondents to the transportation survey were most likely to drive themselves (27.2%), walk (25.2%) or get a ride from others (20.4%).

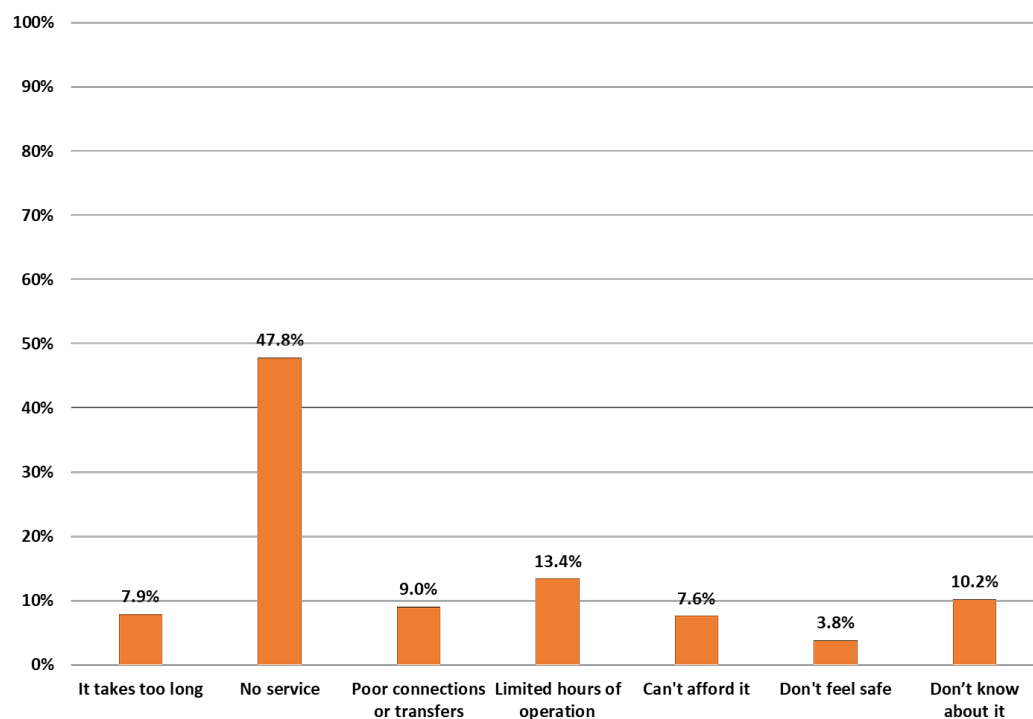
Figure 83: Other Modes of Transportation Used



Source: Kenai Peninsula Economic Development District, Transportation Survey

Transportation survey respondents who do not regularly use public transportation do not use it because there is no service (47.8%).

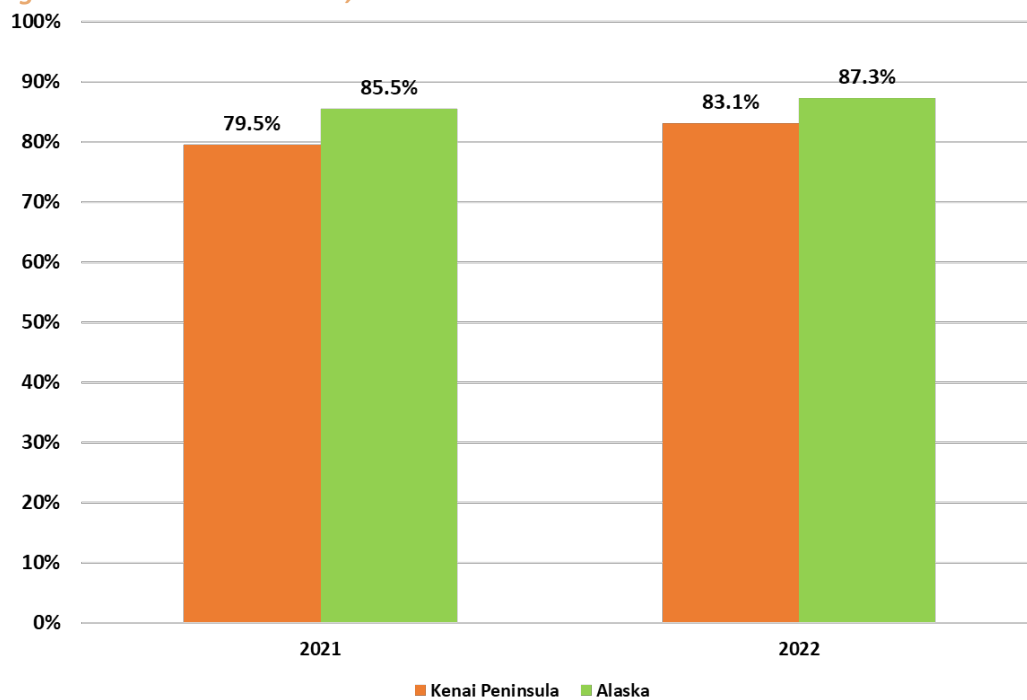
Figure 84: Reasons Do Not Use Public Transportation Regularly



Source: Kenai Peninsula Economic Development District, Transportation Survey

Residents in the Kenai Peninsula and Alaska with broadband access has increased, although in 2022 fewer residents had access in the Kenai Peninsula (83.1%) than the state (87.3%).

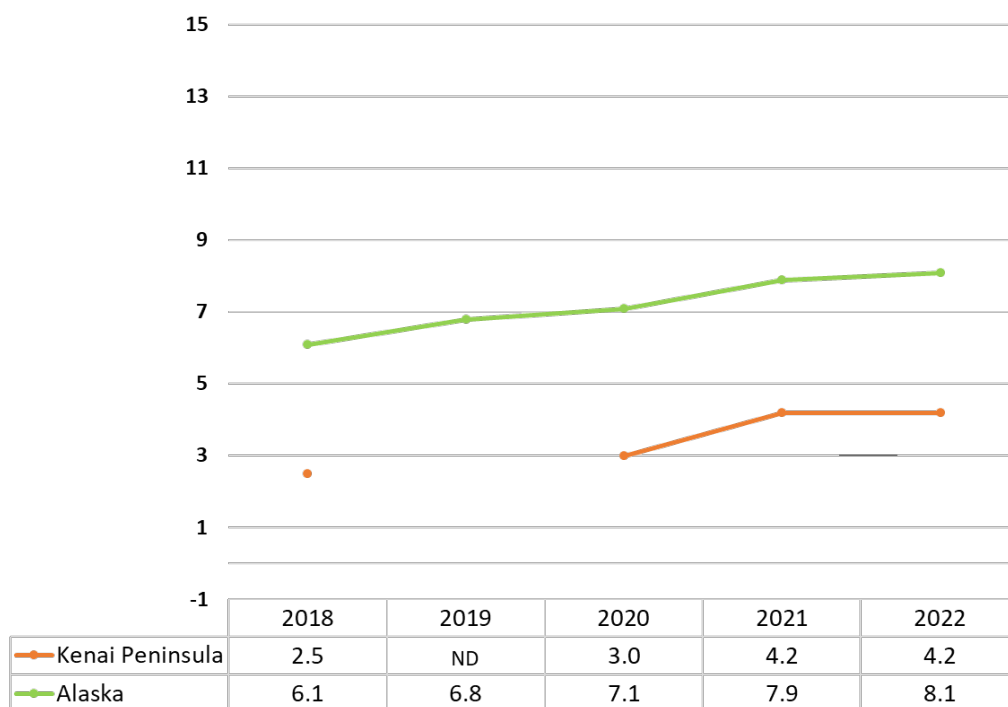
Figure 85: Broadband Access, 2021-2022



Source: County Health Rankings and Roadmaps

The homicide mortality rate per 100,000 in the Kenai Peninsula increased from 3.0 in 2020 to 4.2 in 2021 and remained the same for 2022. In 2022 the rate in the Kenai Peninsula (4.2) was lower than the state rate (8.1).

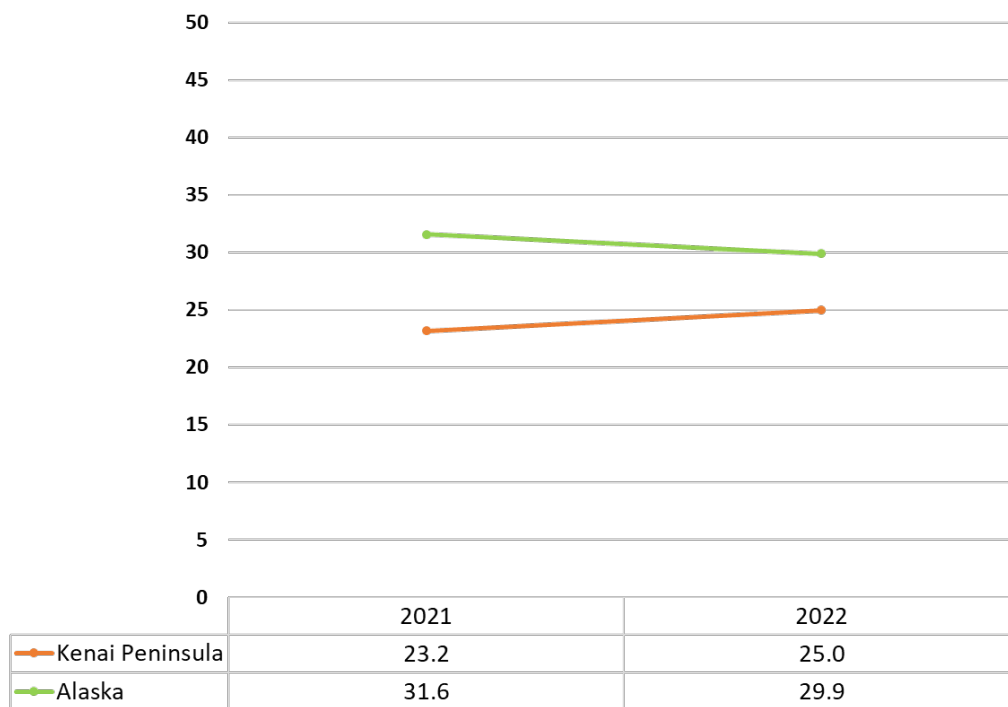
Figure 86: Homicide Mortality Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

The juvenile arrest rate per 1,000 increased from 23.3 in 2021 to 25.0 in 2022 in the Kenai Peninsula, while decreasing in Alaska (31.6 to 29.9) during that time.

Figure 87: Juvenile Arrest Rate, Per 1,000, 2021-2022



Source: County Health Rankings and Roadmaps

The total number of reported incidents has decreased in Homer overall since 2016 and has been on a steady decline since 2019. In 2022 the most frequent incidents included: 911 hang ups, welfare checks, REDDI report, agency assist and disturbance.

Table 29: Total Reported Incidents, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	7,338	7,025	6,933	7,147	3,983	3,373	3,187

Source: Homer Police Annual Reports

The total arrest charges in Homer for years 2016-2022. The number has been increasing since 2020 and is higher in 2022 in comparison to 2016. In 2022 the most frequent arrest charges included violation of condition of release, driving while intoxicated, and unlawful contact 1st and 2nd degree (DV).

Table 30: Total Arrest Charges, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	468	489	542	522	328	566	617

Source: Homer Police Annual Reports

The total number of persons arrested in Homer has decreased overall since 2016 and in the most recent year.

Table 31: Number of Persons Arrested, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	332	337	353	328	204	338	264

Source: Homer Police Annual Reports

The majority of arrests in Homer are adults, although the number of arrest charges has been increasing for both juveniles and adults since 2020.

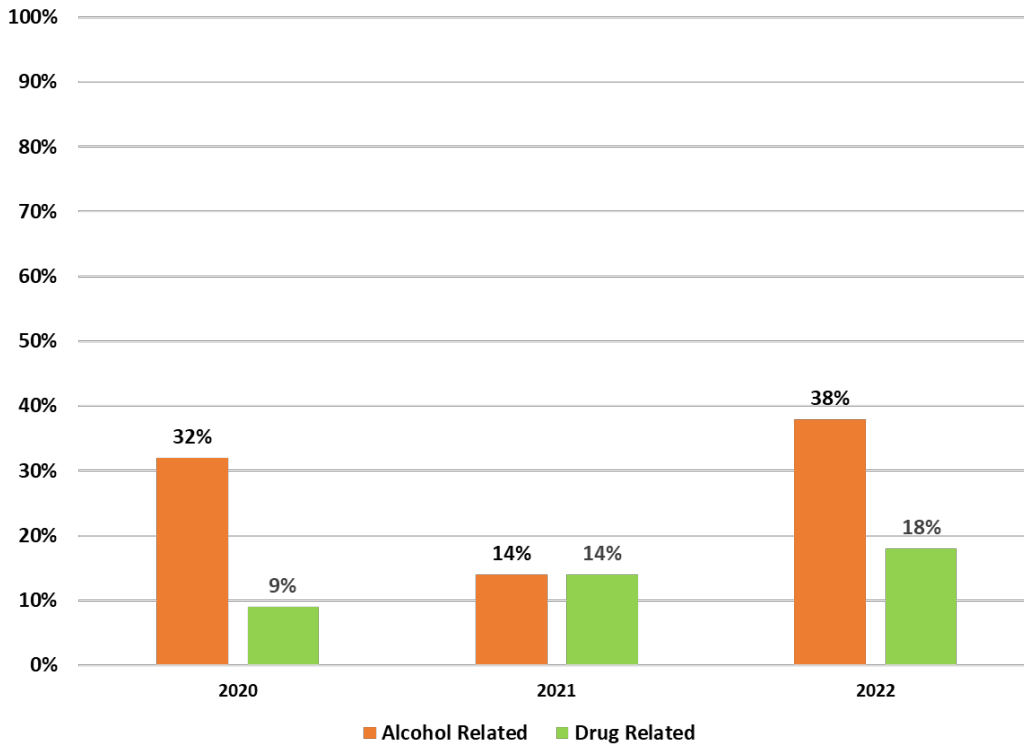
Table 32: Arrest Charge by Group, Homer Police Department, 2020-2022

	2020	2021	2022
Juvenile	5	9	17
Adult	323	557	600

Source: Homer Police Annual Reports

A higher percentage of arrests in Homer are alcohol related in comparison to drug related, with the exception of 2021 when they were the same. Overall, the percentage of arrests that are drug related has been increasing since 2020.

Figure 88: Alcohol and Drug Related Arrests, Homer Police Department, 2020 - 2022



Source: Homer Police Annual Reports

The majority of crimes in Homer are property crimes, although the numbers has decreased since 2020.

Table 33: Crimes by Type of Crime, Homer Police Department, 2020-2022

	Property Crimes	Violent Crimes
2020	332	59
2021	293	69
2022	278	62

Source: Homer Police Annual Reports

The number of traffic citations is down overall from 2016 but increased between 2021 and 2022.

Table 34: Traffic Citations, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	442	1,097	613	866	111	80	103

Source: Homer Police Annual Reports

The total number of motor vehicle accidents in Homer has decreased overall since 2016 and in the most recent year.

Table 35: Motor Vehicle Accidents, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	112	103	100	91	129	158	91

Source: Homer Police Annual Reports

The total number of prisoners in the Homer Community Jail has been increasing since 2020 and is higher in comparison to 2019.

Table 36: Prisoners, Homer Community Jail, 2019-2022

	2019	2020	2021	2022
Homer	458	375	484	519

Source: Homer Police Annual Reports

The number of EMS calls to the Homer Volunteer Fire Department has decreased since 2021 but is higher in comparison to 2019.

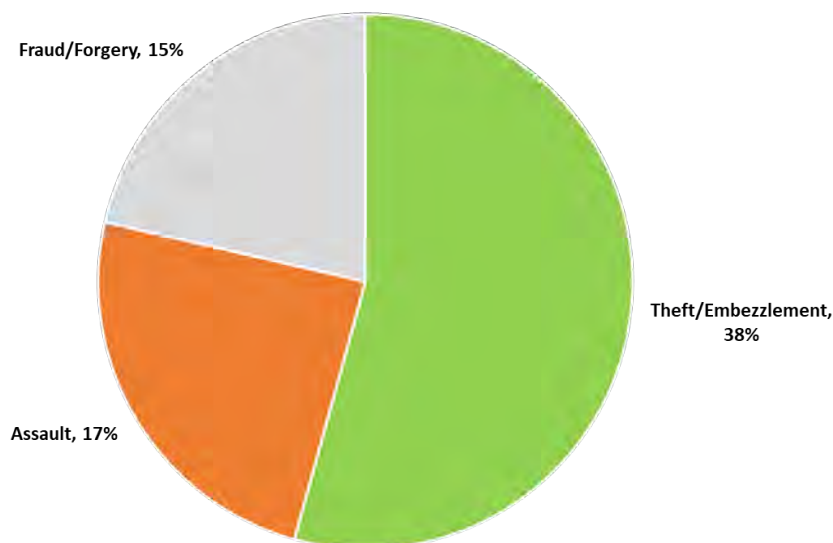
Table 37: EMS Calls, Homer Volunteer Fire Department, 2019-2022

	2019	2020	2021	2022
Homer	570	518	619	589

Source: Homer Volunteer Fire Department

In 2022, a little over one third (38%) of major offenses are theft/embezzlement, followed by assault (17%) and fraud/forgery (15%).

Figure 89: Major Offense by Charge, Homer Police Department, 2022



Source: Homer Police Annual Reports

The City of Homer Economic Development Commission completed a Homer Quality of Life study which included a SWOT analysis to identify strengths, weaknesses, opportunities and threats.

Figure 90: Community SWOT Analysis



Source: Homer Quality of Life, City of Homer Economic Development Commission

In 2022, the Kenai Peninsula had a higher drinking water violation rate (0.48) when compared to the state (0.25), nation (0.03) and peer groups (0.06).

Table 38: Environmental Risks, 2022

	Kenai Peninsula	U.S.	Peer Group	Alaska
Airborne Cancer Risk ³	7.72	25.92	18.82	15.05
Air Quality Hazard ⁴	0.09	0.34	0.24	0.21
Drinking Water Violation Rate Per 1,000 ⁵	0.48	0.03	0.06	0.25
Toxic Release Index Score ⁶	0.00	0.04	0.01	0.02

Source: US News

³ Probability of contracting cancer over the course of a lifetime based on air toxics health risks; per 1M population

⁴ Potential risk of developing serious respiratory complications over the course of a lifetime; smaller values indicate reduced risk

⁵ Violation points, according to EPA standards, per 1,000 population

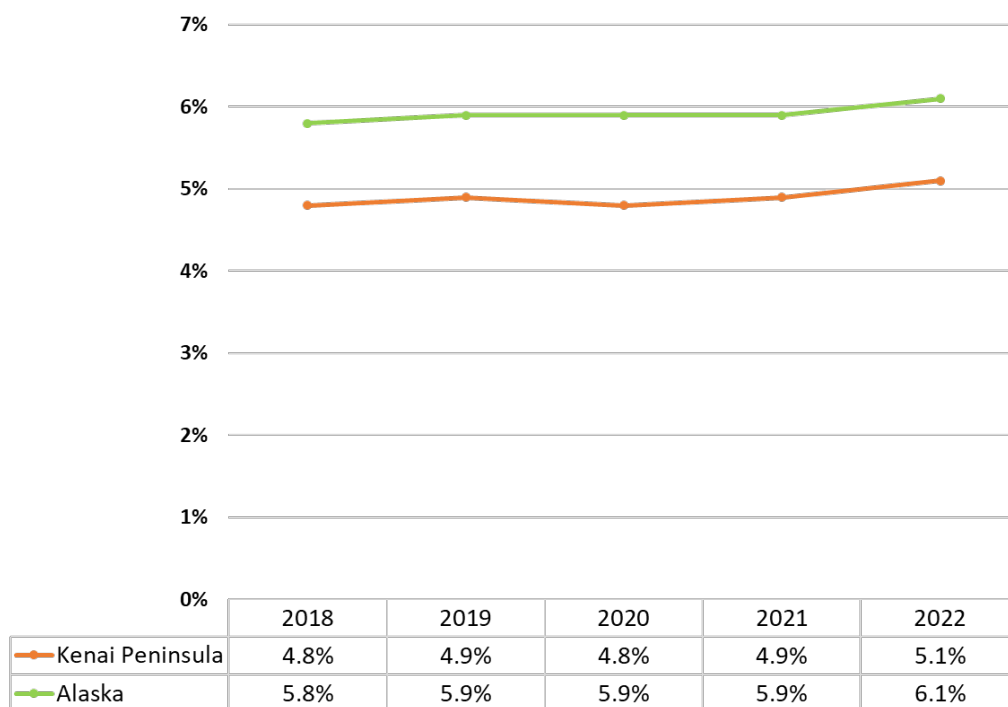
⁶ Relative health risk from exposure to toxic chemicals

Healthy Women, Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community. One commented on the connection between obesity and chronic conditions.

The percentage of babies born at low birthweight has remained fairly steady in both the Kenai Peninsula and Alaska between 2018 and 2022. There was a slight increase between 2021 and 2022, with the Kenai Peninsula lower than Alaska for all reported years.

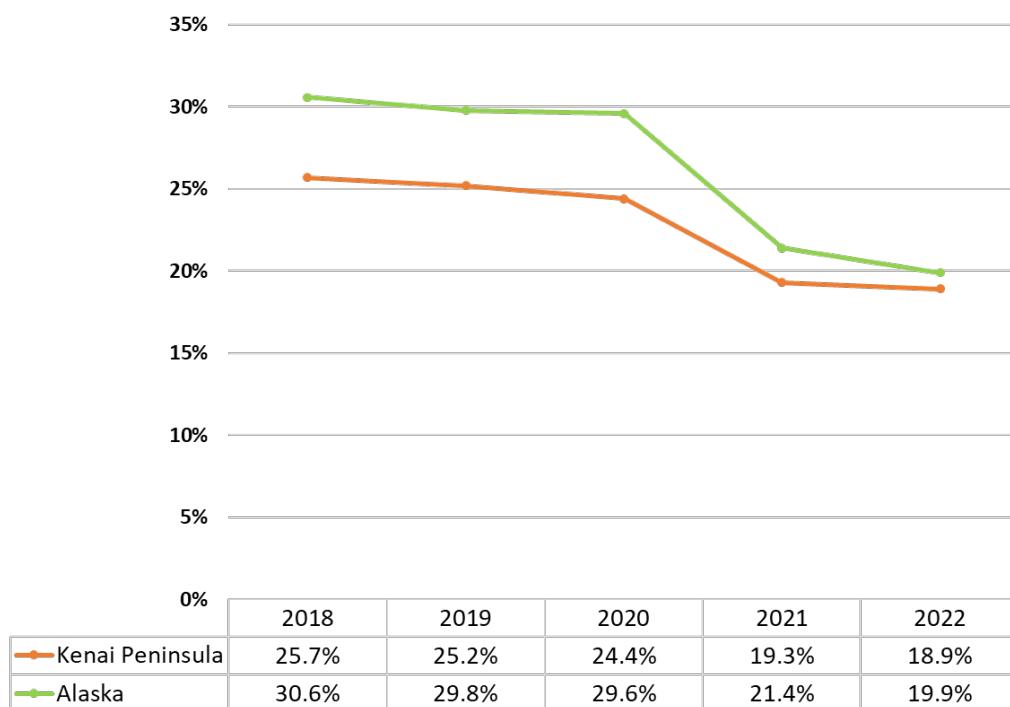
Figure 91: Babies Born at Low Birthweight, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of children living in single parent households has been decreasing in both the Kenai Peninsula and Alaska since 2020. In 2022, the Kenai Peninsula percentage (18.9%) was just below that of the state (19.9%).

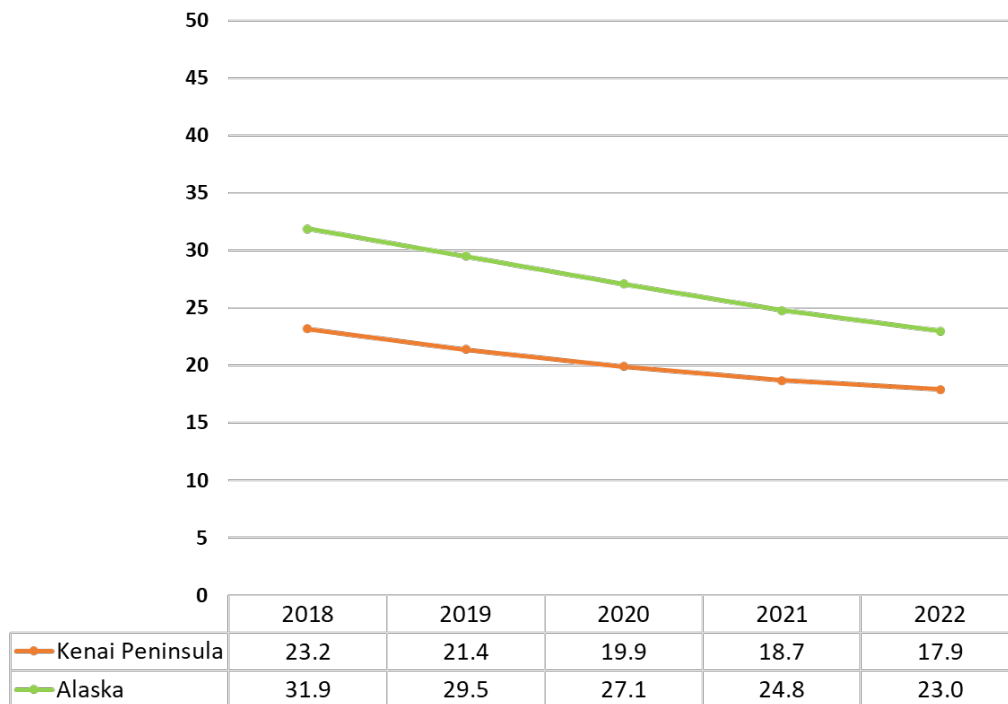
Figure 92: Children Living in Single Parent Households, 2018-2022



Source: County Health Rankings and Roadmaps

The teen birth rate per 1,000 female population ages 15-19 has been decreasing in the Kenai Peninsula and Alaska since 2018, with the Kenai Peninsula rate lower than the state rate.

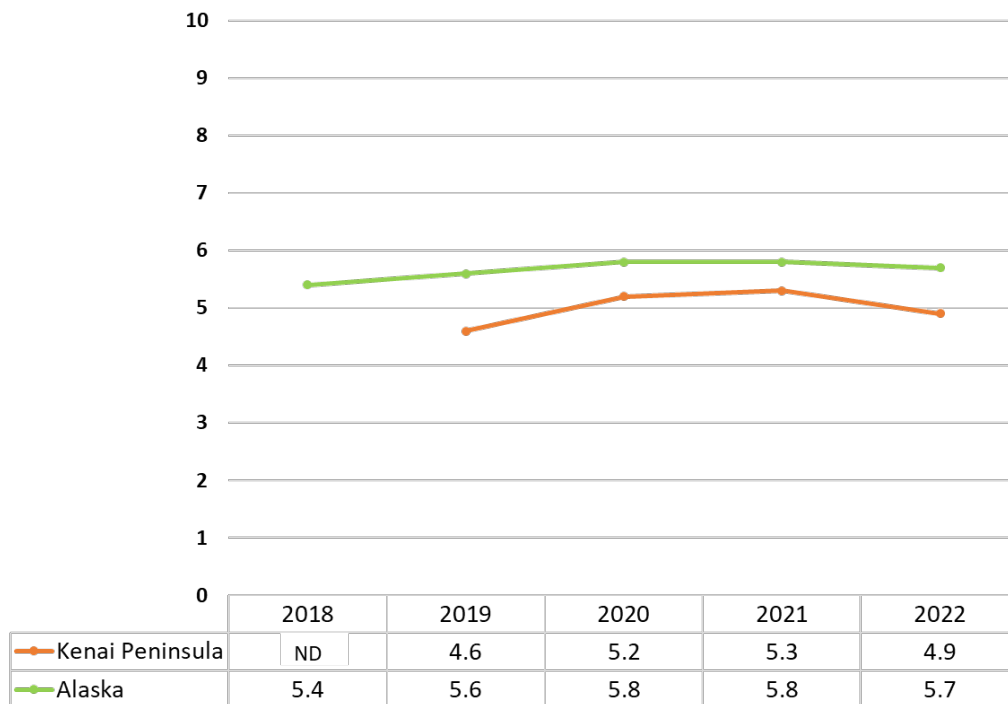
Figure 93: Teen Birth Rate, Per 1,000 Females Ages 15-19, 2018-2022



Source: County Health Rankings and Roadmaps

The infant mortality rate per 1,000 live births had been increasing in the Kenai Peninsula since 2019 but decreased between 2021 (5.3) and 2022 (4.9). The rate in the Kenai Peninsula was lower than the state for all reported years.

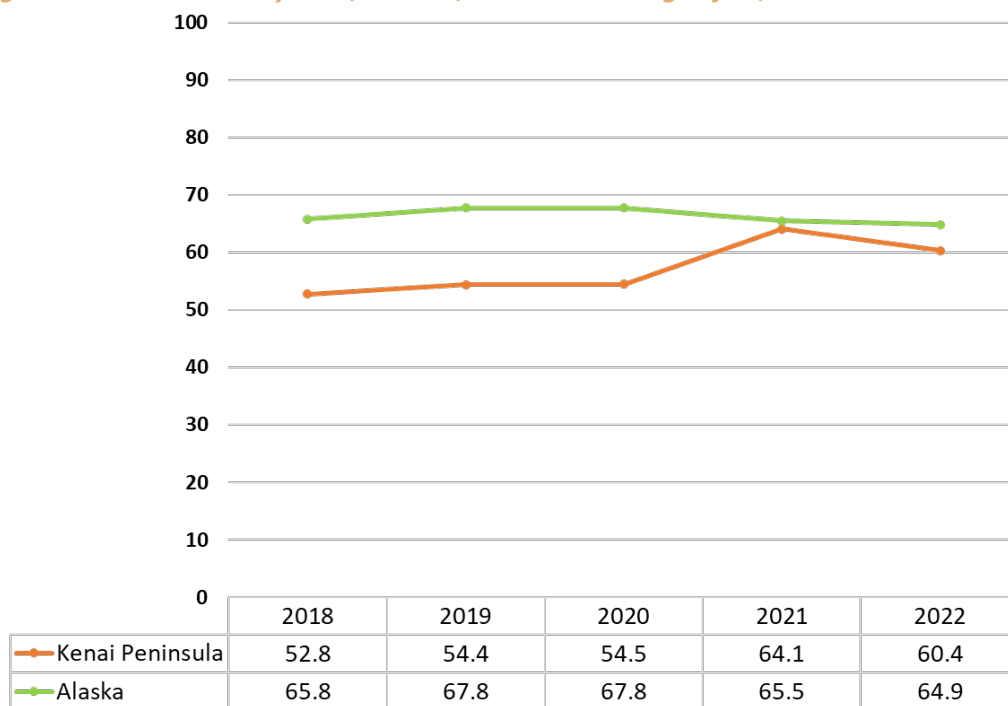
Figure 94: Infant Mortality Rate, Per 1,000 Live Births, 2018-2022



Source: County Health Rankings and Roadmaps

The child mortality rate among residents under age 18 per 100,000 population increased in the Kenai Peninsula from 54.5 in 2020 to 64.1 in 2021 then decreased to 60.4 in 2022. During this time period, the rate in Alaska had steadily decreased. In 2022, the Kenai Peninsula rate (60.4) was lower than the state rate (64.9).

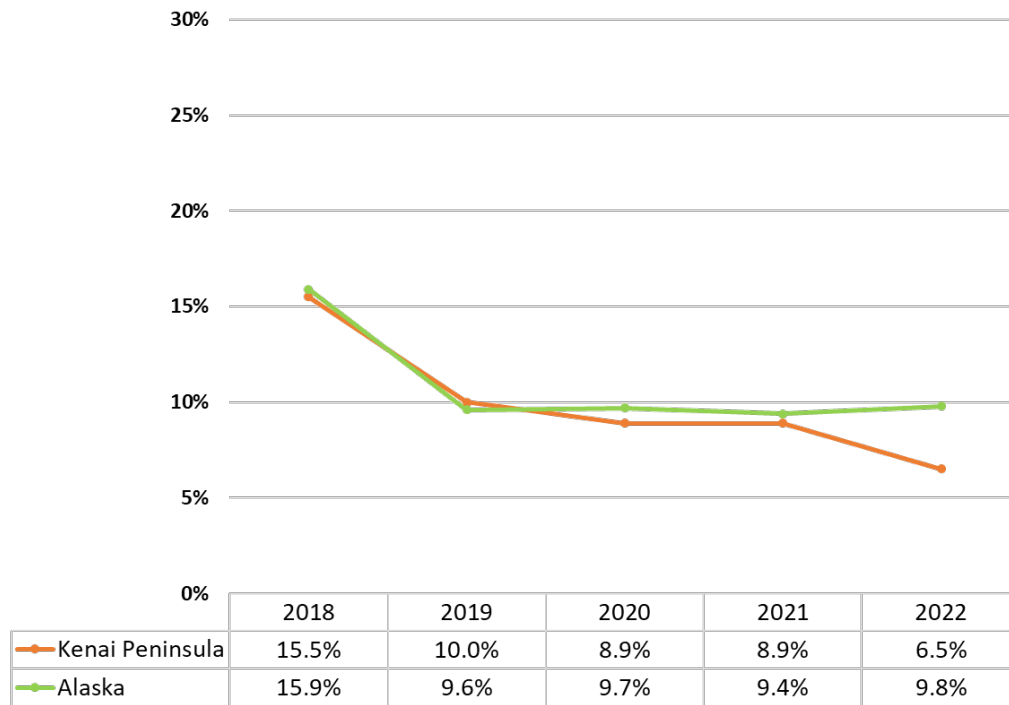
Figure 95: Child Mortality Rate, Per 100,000 Under the Age of 18, 2018-2022



Source: County Health Rankings and Roadmaps

Disconnected Youth are teens and young adults ages 16-19 who are neither working nor in school. The percentage of disconnected youth has been decreasing in the Kenai Peninsula since 2018 and in 2022 (6.5%) was lower than Alaska (9.8%).

Figure 96: Disconnected Youth, 2018-2022



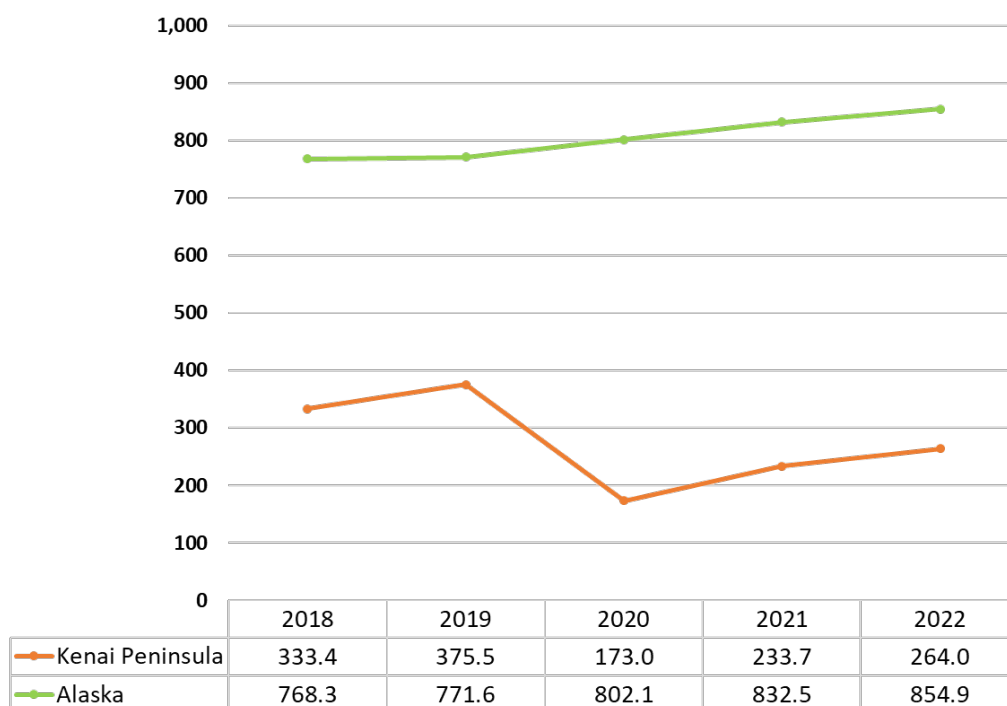
Source: County Health Rankings and Roadmaps

Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).

The Chlamydia rate per 100,000 has been increasing in the Kenai Peninsula since 2020 (173.0) although in 2022 (264.0) is well below the Alaska rate of 854.9.

Figure 97: Chlamydia Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

Kachemak Bay Family Planning reported an increase in the number of STI tests completed in 2022 in comparison to prior years. The percentage of positive Herpes tests declined from 62% in 2020 to 44% in 2021 to 14% in 2022. In 2022 5% of tests were positive for Hep C, 2% for Syphilis and 5% for Chlamydia/Gonorrhea.

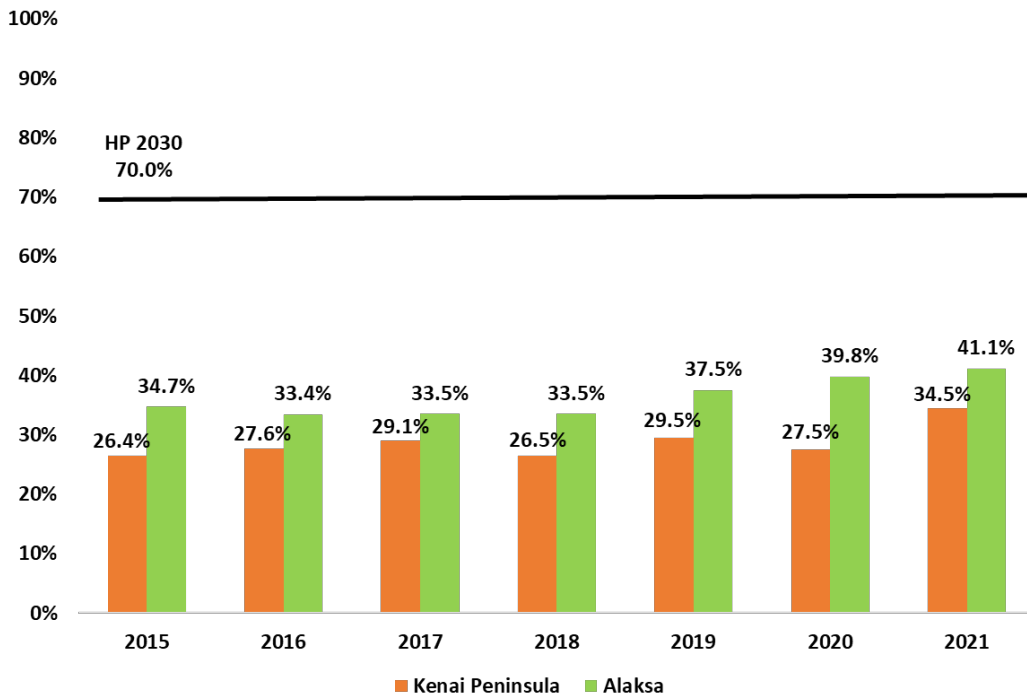
Table 39: Positive STI Tests, Kachemak Bay Family Planning Clinic, 2020-2022

STI	STI Test	2020 % Positive	2021 % Positive	2022 % Positive
Hep C	HCV-Rapid	N/A	N/A	2%
Hep C	HCV-Antibody	0%	0%	3%
Syphilis	RPR	0%	0%	0%
Syphilis	Syphilis Rapid	N/A	N/A	2%
Herpes	Herpes Simplex Virus I/II	62%	44%	14%
Chlamydia/Gonorrhea	Chlamydia/GC Amplification	4%	10%	5%
Hep B	HBsAg Screen	0%	0%	0%
HIV	HIV 1/2-rapid	0%	0%	0%
HIV	HIV serum	0%	0%	0%

Source: Kachemak Bay Family Planning Clinic

The percentage of adults who received an annual flu vaccine increased in the Kenai Peninsula between 2020 (27.5%) and 2021 (34.5%). In 2022, the Kenai Peninsula (34.5%) had a lower percentage of adults receiving the annual flu vaccine than the state (41.1%). The Kenai Peninsula and Alaska fall well below the Healthy People 2030 Goal of 70.0%.

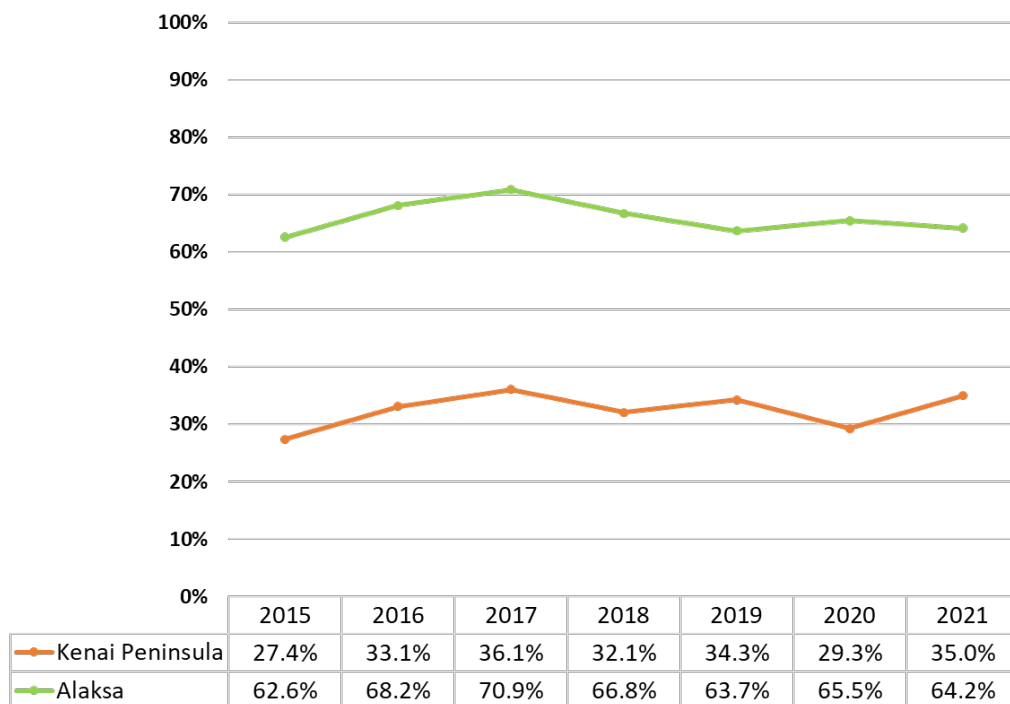
Figure 98: Annual Flu Vaccine, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

The percentage of adults aged 65 and older in both the Kenai Peninsula and Alaska who received the pneumonia vaccine has fluctuated between 2015 and 2021, with the Kenai Peninsula having a lower percentage in comparison. The percentage increased in the Kenai Peninsula between 2020 (29.3%) and 2021 (35.0%), while decreasing in Alaska (65.5% to 64.2%).

Figure 99: Pneumonia Vaccine, Adults 65+, 2015-2021



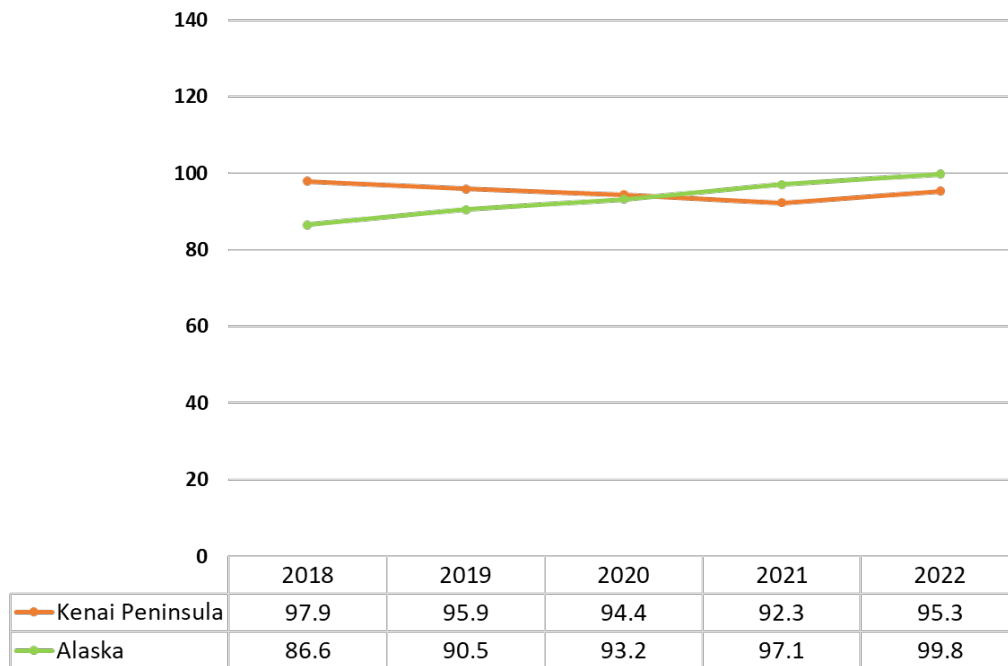
Source: Alaska Behavioral Risk Factor Surveillance System

Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.

The injury death rate per 100,000 had been decreasing in the Kenai Peninsula since 2018, although increased between 2021 (92.3) and 2022 (95.3). The state rate has steadily been increasing since 2018 and in 2022 was higher than the Kenai Peninsula rate.

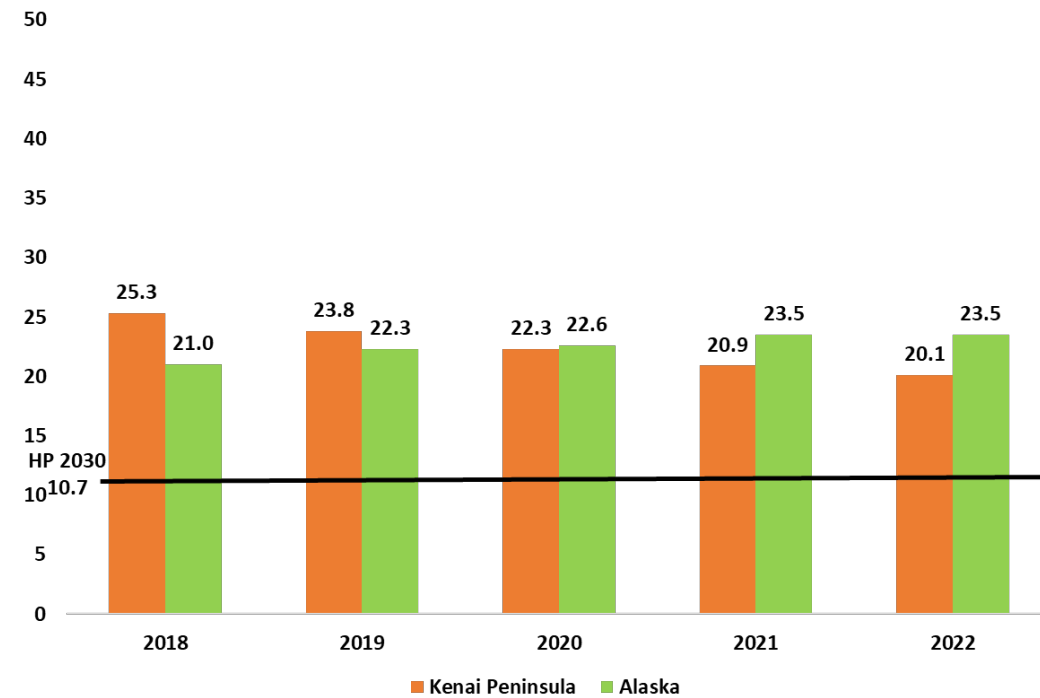
Figure 100: Injury Death Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

The firearm mortality rate per 100,000 has been decreasing in the Kenai Peninsula since 2018 although has remained well above the Healthy People 2030 Goal of 10.7. The rate for the state has increased during this timeframe. In 2022, the Kenai Peninsula rate (20.1) was lower than the state rate (23.5).

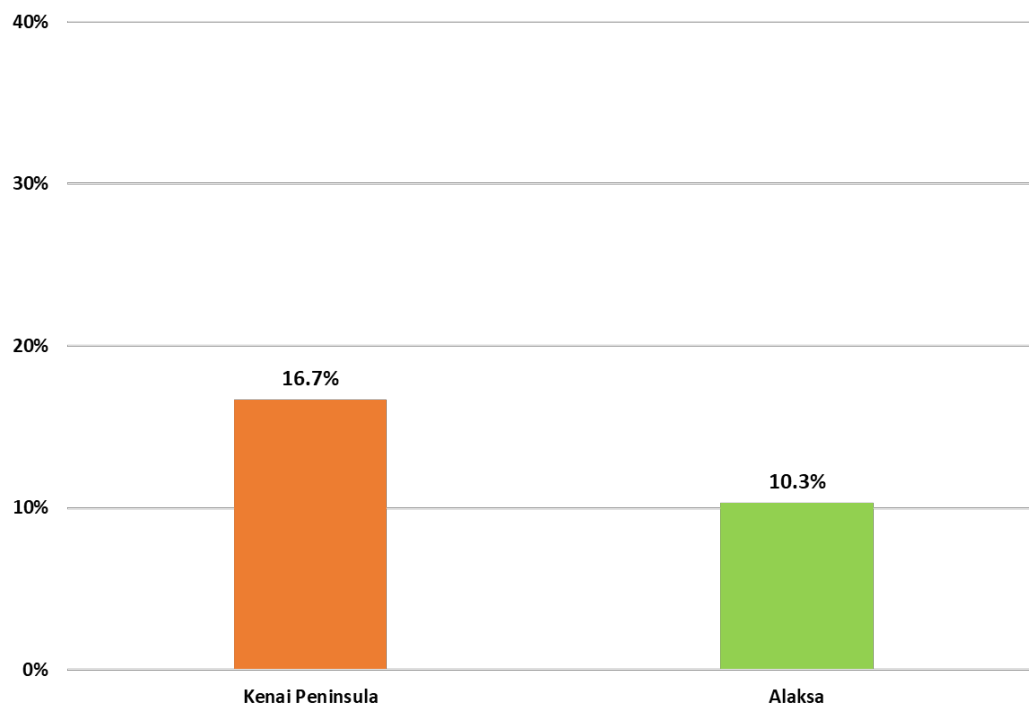
Figure 101: Firearm Mortality Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

In 2021, the Kenai Peninsula (16.7%) has a higher percentage of residents reporting firearms are loaded and unlocked in their home in comparison to Alaska (10.3%).

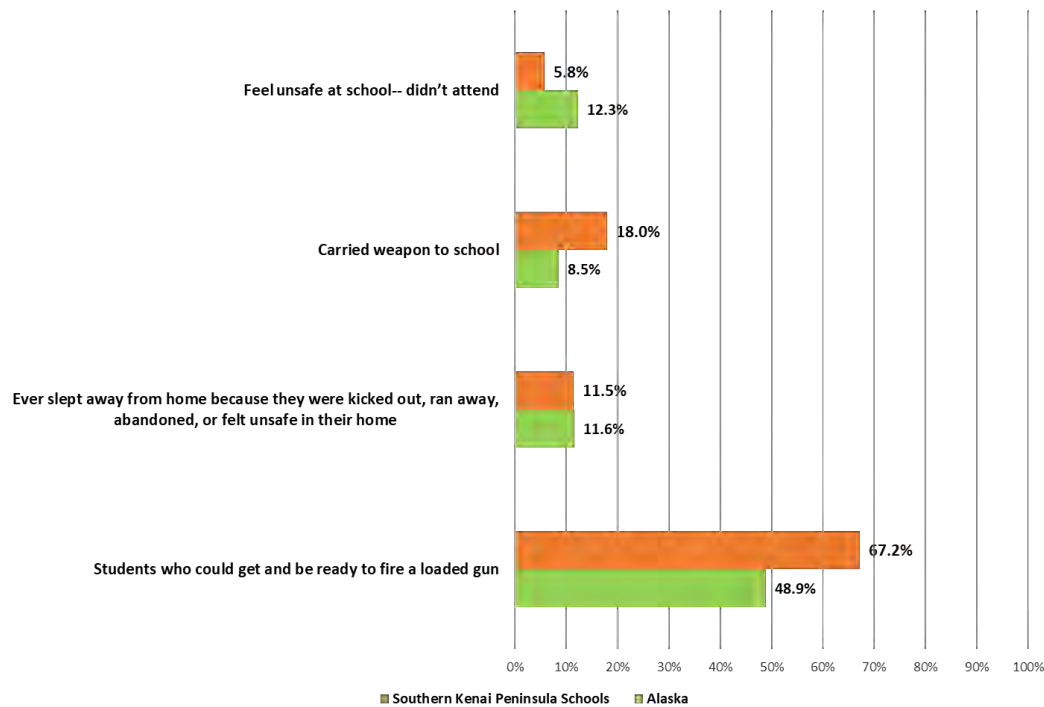
Figure 102: Firearms Loaded and Unlocked in Home, 2021



Source: Alaska Behavioral Risk Factor Surveillance System

In 2019, a higher percentage of students in the Kenai Peninsula Borough School District (66.0%) report that they could get and be ready to fire a loaded gun in comparison the state (48.9%).

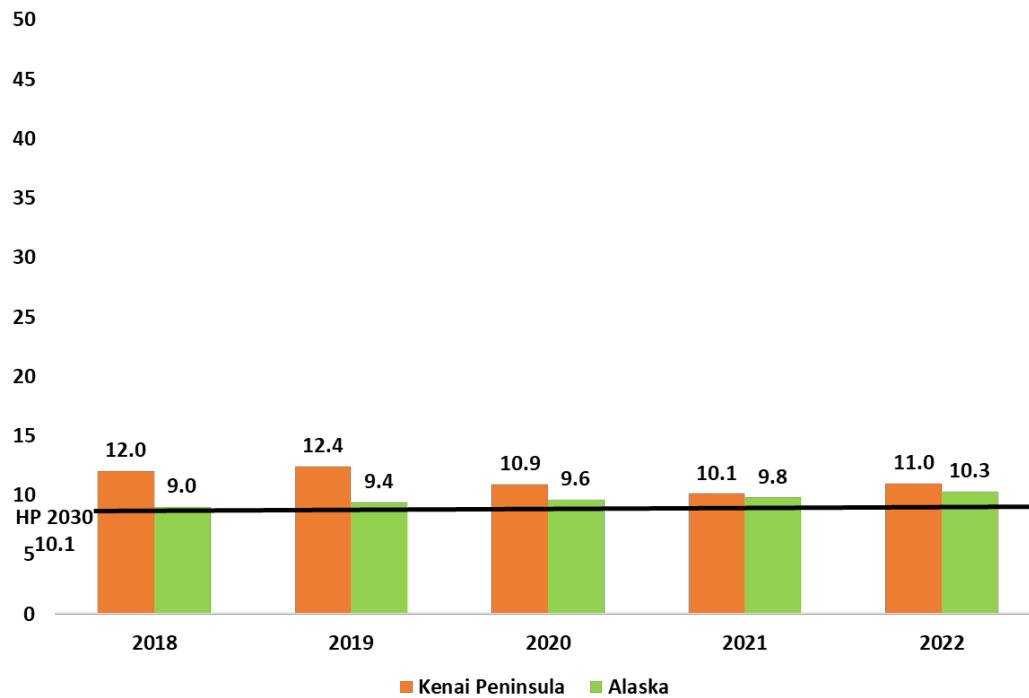
Figure 103: Student Safety, 2019



Source: Alaska Youth Risk Behaviors Survey

Between 2021 and 2022, the motor vehicle rate per 100,000 increased slightly in the Kenai Peninsula (10.1 to 11.0) and Alaska (9.8 to 10.3), with both just above the Healthy People 2030 Goal of 10.1.

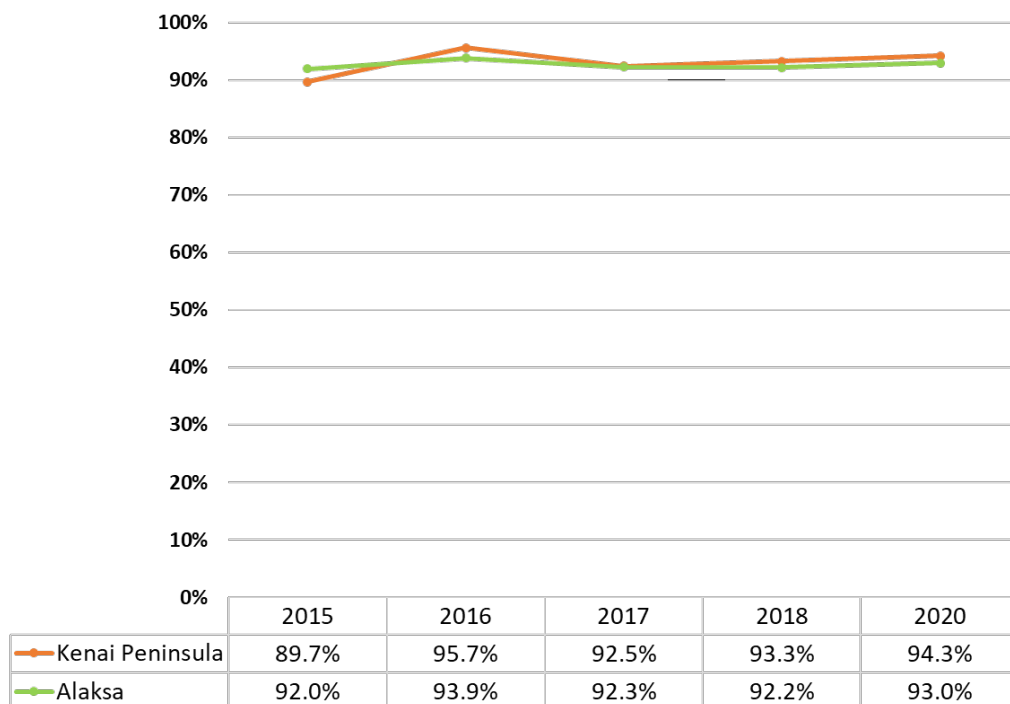
Figure 104: Motor Vehicle Mortality Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

The percentage of adults who report that they always or almost always wear their seatbelt is comparable in the Kenai Peninsula and Alaska, with the percentage in the Kenai Peninsula just above that of the state.

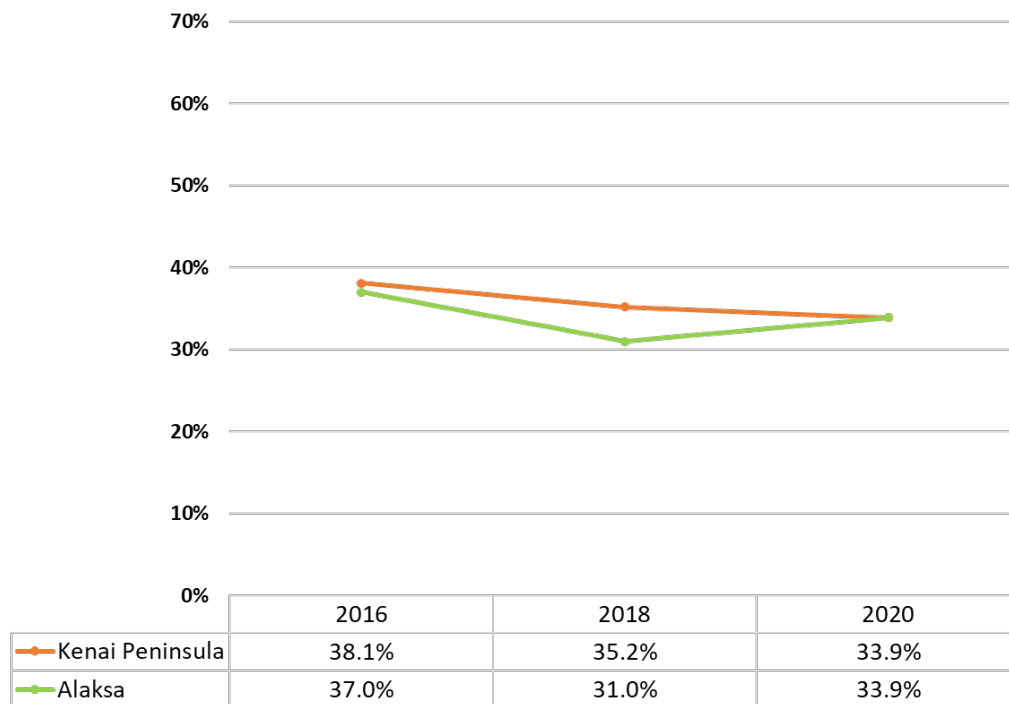
Figure 105: Always or Almost Always Wear Seatbelt, 2015-2020



Source: Alaska Behavioral Risk Factor Surveillance System

The percentage of adults aged 45 and older who report a fall in the Kenai Peninsula decreased from 38.1% in 2016 to 33.9% in 2020, which was comparable to the state (33.9%). The percentage of adults aged 45 and older in Alaska who report a fall increased from 31.0% in 2018 to 33.9% in 2020.

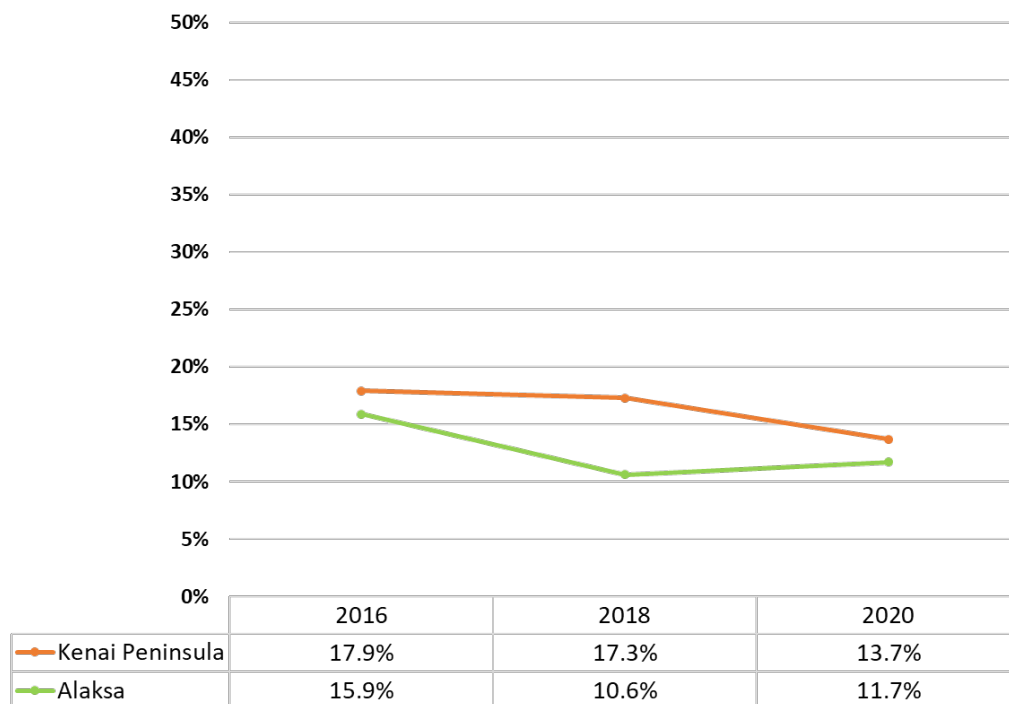
Figure 106: Falls, Adults Age 45+, 2016-2020



Source: Alaska Behavioral Risk Factor Surveillance System

Between 2016 (17.9%) and 2020 (13.7%) the percentage of falls with injury for adults aged 45 and older in the Kenai Peninsula decreased. The percentage had decreased in Alaska from 15.9% in 2016 to 10.6% in 2018 before increasing to 11.7% in 2020. In 2020, the percentage in the Kenai Peninsula was just above that of the state.

Figure 107: Falls with Injury, Adults Age 45+, 2016-2020



Source: Alaska Behavioral Risk Factor Surveillance System

Prioritization

On May 31, 2023, the Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the Southern Kenai Peninsula. Strategy Solutions, Inc. presented the data to the Steering Committee and facilitated discussion about the needs of the local area, what MAP, SHP and other providers are currently offering to the community and identified other potential needs that were not reflected in the data collected. A total of 28 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 goals, Healthy Alaskans 2030, negative trends, or growing incidence). Five criteria, including magnitude of the problem, disparities/equity, impact on other health outcomes, capacity to implement evidence-based solutions or promising practices and community collaboration, were identified that the group would use to evaluate identified needs and issues.

Table 40: Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium	High (10)
1. Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
2. Disparities/ Equity	The degree to which there are disparities within particular populations and/or inequitable access to prevention and/or treatment resources	There are few or no disparities and generally equal access	There are some disparities and/or access challenges	There are significant disparities and/or inequities in access
3. Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
4. Capacity to implement evidence based solutions or promising practices	This considers the capacity of existing systems and resources available.	There is little or no capacity to implement evidence based solutions or promising practices	Some capacity exists to implement evidence based solutions or promising practices	There is solid capacity to implement evidence based solutions or promising practices in this area
5. Community collaboration	The extent to which there is opportunity for community collaboration and buy-in to address this issue	There is no opportunity for community collaboration	There is some opportunity for community collaboration	There is high opportunity for community collaboration

Following the meeting, Steering Committee members completed the prioritization exercise using SurveyMonkey to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. The results appear in the table below.

Table 41: Prioritization Results

	Magnitude of the Problem	Disparities /Equity	Impact on Other Health Outcomes	Capacity to Implement Evidenced Based Solutions or Promising Practices	Community Collaboration	Total	Ranking
Mental/Emotional Health (prevalence, lack of services)	7.81	7.50	9.29	6.50	6.50	37.60	1
Housing (including homelessness, accessibility, affordability, availability)	7.31	8.93	8.93	5.50	6.50	37.17	2
Substance Use (prevalence, lack of services)	5.19	6.43	9.29	6.79	7.86	35.54	3
Lack of Child Care	6.06	7.93	7.50	5.50	7.50	34.49	4
Youth Mental Health	6.88	6.43	8.57	5.50	6.79	34.16	5
Physical Health (Cancer, Diabetes, Heart Disease, Asthma, Obesity, Overweight)	6.06	6.43	8.93	6.50	5.79	33.71	6
Access to Food/Food Insecurity	4.88	5.79	8.21	5.36	6.79	31.02	7
Youth Risk Behaviors (substance use, violence)	5.19	6.21	7.93	4.43	6.86	30.62	8
Increasing Senior Population	6.31	5.93	6.57	5.14	6.57	30.53	9
Violence (interpersonal, domestic)	4.53	6.50	7.64	5.08	6.14	29.90	10
Access to Services (ability to get needed care when needed, removing barriers to access)	5.06	6.14	6.50	5.71	5.43	28.85	11
Social Isolation (people are staying in, less active in community)	5.31	5.57	7.50	4.86	5.50	28.74	12
Lack of Youth Programs/Youth Opportunities (including places to go)	4.31	5.79	6.14	5.43	6.86	28.53	13
Staff/Workforce Shortages	6.13	5.21	6.43	4.71	5.86	28.34	14
Lack of Transportation	4.44	7.50	6.79	3.93	5.50	28.15	15
Siloed Systems/Lack of Collaboration	4.69	4.93	5.93	5.86	6.21	27.62	16
Stigma (around invisible disabilities, accessing services in a small town)	4.13	5.57	6.93	4.36	6.57	27.55	17
Support for LGBTQIA community (available resources, places to go)	4.06	6.14	5.93	3.93	6.21	26.28	18
Youth Suicide (self-reported attempted/completed)	3.81	4.64	6.36	3.86	6.50	25.17	19
Increasing Political Discourse/Cultural Divide	5.81	6.29	5.57	2.79	4.64	25.10	20

	Magnitude of the Problem	Disparities /Equity	Impact on Other Health Outcomes	Capacity to Implement Evidenced Based Solutions or Promising Practices	Community Collaboration	Total	Ranking
Lack of Emergency Response in Outlying Areas	4.06	5.50	5.86	4.14	4.21	23.78	21
Economic Health (lack of job opportunities, loss of businesses)	4.19	4.29	6.50	4.21	4.50	23.69	22
Discrimination against others in the community	4.69	6.21	5.21	3.00	4.50	23.62	23
Lack of Local Data (including timely access to what is available upon request)	4.19	4.57	3.64	4.86	6.14	23.40	24
Lack of Safe Streets/Sidewalks	3.56	3.93	4.29	4.93	5.50	22.21	25
Accidents/Unintentional Injury (among the top leading causes of death)	3.38	3.07	5.21	4.93	4.86	21.45	26
Human Trafficking (prevalence in community)	1.75	5.00	5.36	3.93	4.57	20.61	27
Code Enforcement (lack of existing regulations and enforcement)	3.38	4.29	4.29	4.00	4.64	20.59	28

Source: 2023 MAPP Steering Committee Prioritization, Strategy Solutions, Inc.

The next step of the MAPP Framework includes engaging the community around the results of the prioritization exercise to identify the specific areas of focus that will be addressed through the Implementation Plan. The MAPP Steering Committee will meet to discuss the preferred approach for the community convening.

In addition to participating in the MAPP Health Coalition in a community level approach to address the priority themes found in the CHNA, South Peninsula Hospital will also specifically address the findings which align to hospital mission and capacity. These will be adopted by hospital management and outlined in the SPH Implementation Strategy.

Appendix A: South Peninsula Hospital Utilization Data

Appendix A: South Peninsula Hospital Utilization Data

The table below shows the top inpatient Diagnosis-Related Group (DRG) Conditions for South Peninsula Hospital in 2019-2022, based on primary diagnosis. The number of inpatient admissions increased for heart failure and shock during this time while decreasing for the others. Although in comparison to 2019 the admission decreased when looking at 2021 to 2022 the number increased for alcohol drug abuse or dependence, chronic obstructive pulmonary disease, heart failure and shock and simple pneumonia and pleurisy.

Table 42: Inpatient Diagnosis-Related Group (DRG) Conditions, South Peninsula Hospital, 2019-2022

	2019	2020	2021	2022
ALCOHOL DRUG ABUSE OR DEPENDENCE	19	4	1	8
BRONCHITIS AND ASTHMA	3	5	0	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	30	7	9	12
DIGESTIVE MALIGNANCY	1	4	4	0
FRACTURES OF HIP AND PELVIS	2	0	4	2
HEART FAILURE AND SHOCK	10	2	8	17
HYPERTENSION	3	3	3	3
SIMPLE PNEUMONIA AND PLEURISY	25	9	7	17

Source: South Peninsula Hospital

Ambulatory Care Sensitive Conditions (ACSCs) are health conditions for which adequate management, treatment and interventions delivered in the ambulatory care setting could potentially prevent hospitalization. The following shows the top conditions based on primary diagnosis. Those that have increased between 2019 and 2022 include: COVID-19, urinary tract infection, essential (primary) hypertension, laceration, other chest pain, hypertensive urgency, syncope and collapse, noninfective gastroenteritis, unspecified atrial fibrillation, acute bronchitis, dizziness and giddiness, hypertensive heart disease, cerebral infarction - unspecified, low back pain, local infection of the skin, headache – unspecified, heart failure, epilepsy - unspecified, not intractable and abrasion.

Table 43: Ambulatory Care Sensitive Conditions, South Peninsula Hospital, 2019-2022

	2019	2020	2021	2022
COVID-19	0	20	72	120
Urinary tract infection	43	58	58	48
Chronic obstructive pulmonary disease	54	22	30	43
Periapical abscess without sinus	48	21	39	32
Essential (primary) hypertension	20	26	55	37
Diabetes	38	21	30	25
Chest pain, unspecified	25	17	37	17
Unspecified asthma	23	20	26	21
Unspecified convulsions	36	15	12	26
Acute upper respiratory infection,	33	11	12	32
Laceration	20	19	15	25
Other chest pain	20	16	18	22
Acute pharyngitis, unspecified	27	12	15	20
Hypertensive urgency	10	23	17	21
Sepsis, unspecified organism	16	18	21	16

	2019	2020	2021	2022
Syncope and collapse	14	13	11	26
Noninfective gastroenteritis	15	18	13	17
Nausea with vomiting	15	9	16	15
Unspecified atrial fibrillation	4	12	15	21
Acute bronchitis	10	7	15	15
Pneumonia	14	8	10	13
Dizziness and giddiness	7	12	6	12
Hypertensive heart disease	6	4	7	18
Lobar pneumonia, unspecified organism	13	12	7	3
Unspecified abdominal pain	7	14	10	3
Cerebral infarction, unspecified	6	5	6	10
Low back pain	4	5	5	13
Non-ST elevation (NSTEMI) myocardia	7	11	7	2
Local infection of the skin	4	2	6	11
Headache, unspecified	0	2	5	14
Heart failure	3	2	4	9
Epilepsy, unspecified, not intractable	2	2	10	3
Abrasion	1	3	5	3

Source: South Peninsula Hospital

ER visits for the following mental health conditions increased between 2019 and 2020: alcohol abuse, alcohol dependence, bipolar disorder and altered mental status. Inpatient or outpatient discharges increased for: alcohol abuse, suicidal ideations, bipolar disorder, opioid dependence, adjustment disorder and schizoaffective disorder.

Table 44: Mental Health Discharges: Emergency Department, Inpatient and Outpatient, South Peninsula Hospital, 2019-2022

	ER				Inpatient/Outpatient			
	2019	2020	2021	2022	2019	2020	2021	2022
Alcohol Abuse	38	31	52	50	3	2	5	7
Suicidal ideations	17	0	18	9	23	4	7	24
Alcohol Dependence	16	19	27	55	22	22	23	18
Major depressive disorder	14	14	5	2	2	20	15	2
Bipolar Disorder	3	10	9	5	2	9	7	9
Altered mental status, unspecified	5	5	5	6	11	4	5	4
Opioid Dependence	6	7	7	1	1	2	0	2
Adjustment disorder	3	3	4	1	2	2	0	4
Post-traumatic stress disorder	3	2	2	3	1	0	0	0
Schizophrenia	2	2	2	1	3	3	1	1
Schizoaffective disorder	1	0	4	1	4	6	5	7

Source: South Peninsula Hospital

Appendix B:

SPH Community Health

Implementation

Strategy Evaluation

Appendix B: South Peninsula Hospital Community Health Implementation Strategy Evaluation

Introduction

From November 2019 through May, 2020, South Peninsula Hospital conducted a community health needs assessment (CHNA) in the southern Kenai Peninsula. This CHNA was conducted in compliance with IRS Section 501(r) and identified health needs of the 14,000+ residents of the South Kenai Peninsula Hospital Service Area of the Kenai Peninsula Borough.

The final assessment was adopted by the SPH Board of Directors on June 24, 2020, and made available to the public on the organization's website www.sphosp.org free of charge on June 25. The complete CHNA report can be found in the separate document link titled CHNA on the South Peninsula Hospital website www.sphosp.org.

Numerous presentations were made of the report from August - October, including at meetings of the hospital's Board of Directors, publicly elected Service Area Board, Rotary Club of Homer Kachemak Bay, hospital General Medical Staff and [MAPP of the Southern Kenai Peninsula](#), the local community health coalition made up of twelve partnering local agencies representing the eight dimensions of wellness.

Health Needs Priorities

South Peninsula Hospital management team reviewed the findings, and considered input and feedback received during presentations, to prioritize the most significant health needs to address. Consideration was given to the magnitude of the issue, consequences if issue was not addressed, and feasibility to affect change. Special consideration was given to the lack of organizational resources due to staff shortages, financial uncertainty and modified access to care due to the COVID-19 pandemic. The health needs priorities are:

1) Health needs of an aging community

- Services for a rapidly growing senior population

2) Strengthen Primary and Preventative Care

- Mental Health and Wellness
- Economic security and social support
- Substance use, misuse and addiction
- Chronic diseases / Obesity
- Interpersonal violence
- Access to Care

3) COVID-19 Pandemic

- Improved emergency preparedness
- Long term consequences to community from one year in conditions of the pandemic (schools closed, job loss, social distancing, quarantines, layoffs, etc.)
- Long term health consequences to individuals from the disease
- Long term health consequences due to individuals delaying care
- Potential impact to staff and organizational systems

Based on these priority needs identified, this document outlines the summary of strategies developed to address these issues affecting the health and wellness of the community. Annual updates will be reported out in the Critical Access Hospital annual program report.

Implementation strategies for 2020-2023

Priority Finding #1: Health needs of an aging community

1. Services for a rapidly growing senior population –
 - a) Specialty provider retention and recruitment
 - Recruited and now offer weekly neurology clinics; added a hand & shoulder orthopedic surgeon;
 - b) Strengthen senior based services, including but not limited to outpatient surgery, rehabilitation, swing bed, home health, etc.
 - Added a second general surgeon; transitioned to full-time hospitalists for more continuity of inpatient care
 - c) Develop specific senior care offerings within services (i.e., fall risk assessments, senior walking programs, senior promotions, etc.)
 - Offer free weekly yoga for beginners, great for all ages and abilities
 - d) Explore alternate funding opportunities such as grants and other means based programs to support equipment and service needs of the growing senior population
 - e) Secure space and facilities to support service growth
 - Sponsored Senior Day at the Kenai Peninsula State Fair with education and offerings geared towards seniors
 - Community education offered on end of life decision making and living wills including medical and legal components

Priority Finding #2: Strengthen Primary and Preventative Care

1. Mental health and emotional wellness
 - a) Recruit and retain ample outpatient and inpatient psychiatric providers
 - Recruited a psychiatrist, and LCSW, expanding behavioral health services.
 - b) Support wellness programs in the community
 - Participated in and assisted with the promotion of multiple community wellness programs
 - c) Strengthen relations with other providers in the community for seamless transition of care
 - Participated in annual mental health provider luncheon with partner organizations
 - Collaborated with both private practice and organization based providers through various veins including presentations, health fairs, pop-up clinics, education outreach, and more
2. Economic security and social supports
 - a) Provide charity care to those in need
 - Donations given to support various community endeavors and partner organizations including Rotary, Independent Living Center, Community Resource Connect, and more
 - Continued charity care, providing free care for 1,072 individuals in 2022.
 - b) Offer promotions and education that help individuals access preventive (free flu shot clinics, sports physical day, vaccine outreach, etc.)
 - Free flu shot clinics offered to the community
 - Free Covid-19 vaccinations offered to the community

- Discounted pediatric immunization clinic offered to the community
 - Community and school based education programming offered both virtually and in-person
 - c) Offer insurance consult and enrollment services to residents
 - Free financial assistance offered to patients and non-patients alike
 - Did community outreach during open enrollment
 - d) Explore and apply for alternate funding opportunities such as grants and other needs based programs to support economic and social community programs
 - Provided support, collaboration, and funding for a part time employee to manage the South Peninsula Hospital Foundation, a 501c3 dedicated to improving community health
 - e) Ensure financial aid is widely publicized and easy to access
 - Promoted at annual health fair, on website and at quarterly presentations to Kenai Peninsula Borough
 - f) Recruit locally for entry level positions
 - SPH incentive program developed to offer graduates of SKP service area sign on bonuses
 - HR participation in multiple job fairs within the SKP
 - g) Support local workforce development programs
 - Collaboration with Kenai Peninsula College to increase awareness of adult education programming, specifically within the healthcare arena.
 - Support and staff instruction provided for Certified Nursing Assistant program through KPC
 - Developed a “earn to learn” program for five C.N.A.s
3. Substance use, misuse and addiction
- a) Strengthen relations between inpatient, Emergency Department, outpatient clinics and local opioid task force resources to ensure seamless transition of care
 - b) Provide SPH clinical representation on local MAPP opioid task force
 - Continued participation and collaboration with All things Recovery (formerly known as the Opioid Task Force),
 - SPH will fund the community task force on addiction
 - c) Develop and strengthen outpatient addiction services - M.A.T. (alcohol?)
 - Expansion of clinic staff to include a MA CDC 1 provider
 - Creation of new clinic for behavioral health services: Serene Waters
 - Increased awareness of MAT program through presence at community events, offerings, and virtual presence
 - d) Adopt critical recommendations put forth by SPH Substance Use, Misuse and Addiction Task Force which will improve addiction related care and services
 - e) Support prevention provider practices
 - f) Explore and apply for alternate funding opportunities such as grants and means based programs to support substance abuse treatment programs, equipment, and support
 - Funding acquired through SKP Resiliency Coalition grant
 - Secured a grant to expand our MAT program
4. Chronic disease / Obesity
- a) Support nutrition education, obesity, diabetes and other related chronic disease care
 - Multiple communication and school based educational presentations offered through the Sunrise Medical Weight Loss team. Content focused on the science of weight loss, nutrition education, and obesity
 - Provided three community presentations on obesity prevention and medical weight loss

- Offer lunch and learns for employees
- b) Support and promote physical activity among staff and community residents
 - Wellness incentives offered through staff wellness program aimed at addressing the 8 dimensions of wellness
 - SPH sponsored HRA contributions
 - Expansion of employee health wellness program
 - Facilitation of yearly staff and community wide community walking challenge
 - Facilitation of free weekly community yoga program
 - Facilitation of free community walks in indoor space
 - Facilitation of free community cirque classes
- c) Support access to good nutrition, education and dietary habits, both as an employer and provider
 - Healthy meals provided to SPH staff through cafeteria at a discounted rate
 - Execution of yearly holiday food drive for local food banks
 - SPH catered food provided for community education events on an ongoing basis
 - Nutrition education provided through community presentations, health fairs, and e-newsletter
- d) Utilize Health and Wellness to provide outreach to community
 - Delivery of monthly wellness e-newsletter “Healthy in Homer” to over 600 subscribers
 - Robust community health and wellness program providing offerings to the community including classes, presentations, health fairs, pop-up events, trainings, and more
- e) Ensure inpatient has seamless connection to outpatient referral for chronic disease management needs upon discharge
 - Inpatient social work team has been expanded for daily coverage to support discharge planning work
 - Use of E.H.R. messaging is utilized for appointment and documentation across buildings.

5. Interpersonal violence

- a) Ensure E.R., inpatient and outpatient systems provide necessary safeguards to identify victims of violence
 - SART/SANE staff provides training, and available on call for assessments.
- b) Ensure seamless connection to necessary care and services
- c) Support local Center of Excellence, continuing SPH role with clinical services and financial support
 - Continued financial support and participation in our local Sexual Assault Response Center, and expanded the number of SART / SANE nursing staff.

6. Access to Care

- a) Adopt trauma-informed care practices system wide, ensuring all residents feel welcomed seeking services at SPH
 - Supported Community Health and Wellness Educator RN in participation in trauma informed care training
- b) Review and ensure our services meet the residents where the need is (Homeless Connect, Health Fairs, etc.)
 - Coordinating member of Rotary Health Fair, Safe and Healthy Kids Fair, and Community Resource Connect (formerly known as Project Homeless Connect) which are aimed at including services and resources to meet the needs of unique populations and/or the community at large
 - Staffed and managed a free Covid-19 testing site open 7 days a week including evenings during height of pandemic; and remained open two years and nine months total.

- Facilitation of 12+ free Covid-19 large scale “pod” vaccination clinics for the community, vaccinating thousands of community members
- Provided Covid-19 vaccine and education outreach to remote/rural areas of the SKP
- Now offer free Covid Home test kits at all locations, and a greatly discounted PCR test for un/underinsured.
- c) Consider or promote flexible hours of operation, such as evenings and weekends
 - Flexible hours of operation offered through multiple clinics including mammogram appointments in evenings and Saturdays, walk-in evening visits at HMC, and more.
- d) Continue to strengthen and promote telehealth services
 - Creation of streamlined patient portal services with increased accessibility to telehealth services
 - All primary care practices now offer telehealth.
- e) Promote and assist with insurance enrollment, consult and financial aid
 - Financial aid counselors made available for consult at no cost to patients and community members alike

Priority Finding #3: COVID-19 Pandemic

1. Improve emergency preparedness readiness
 - a) Provide annual training that supports H.I.C.S. event management
 - b) Drill and exercise regularly
 - Conducted annual drills for emergency preparedness
 - c) Maintain relations with local emergency response partners
 - Throughout pandemic, SPH maintained regularly scheduled meetings with emergency response partners
 - With support of partners, are planning a county-wide mass casualty drill this year.
 - d) Develop and train backup staff for key positions in the incident command structure
 - All Chiefs now have identified back-ups, and are securing appropriate trainings
 - HIMT member trainings tracked on intranet
2. Offer safe, timely, best practices for testing, treatment, patient care and vaccination.
 - Employee Health and Infection Prevention team undertook planning and implementation of Covid-19 services for staff and community including testing, quarantine and isolation guidelines, and vaccination. Home Health, HMC, and inpatient teams undertook patient care and treatment protocols. Operations team stayed abreast current news via weekly state ECHO calls and relayed current information to staff and community through the PIO. Consistent collaboration and communication among community partners maintained throughout the height of pandemic to meet the needs of the community.
3. Monitor for and respond to Long term consequences in the community due to one year in conditions of the pandemic (schools closed, job loss, social distancing, quarantines, layoffs)
 - In progress of conducting new CHNA with an emphasis on pandemic impact to the community
4. Monitor for and respond to long term health consequences to individuals from the disease
 - a) Outreach to patients who were confirmed positive for COVID to develop local tracking of long term symptoms and provide necessary support and symptom management

- On a short-term basis: all patients testing positive were individually called during the height of pandemic and offered education regarding quarantine/isolation/testing/vaccine/treatment options.
 - Public dashboard was maintained and updated on a weekly basis throughout pandemic
 - SPH Functional Medicine provider is providing specialized care to patients experiencing long-haul covid symptoms
5. Long term health consequences due to individuals delaying care
 - a) Promote the importance of regular checkups, and not delaying care
 - Promoting regular health screenings through annual health fair for staff and community
 - Added two new primary care providers to help with increased patient load
 - b) Make systems easy and normal to access care
 - Returned to all pre-covid protocols and systems in regards to seeking care
 - Increased access to care via telehealth offerings
 - c) Use positive language and messaging regarding safe practices and systems
 - Messaging and language developed using a trauma-informed/ non-fear based/ unbiased approach focusing on promotion of positive health outcomes
 - Mask-optional facility
 - d) Reach out to those not recently seen for care
 6. Monitor for potential impact to staff and organizational systems
 - a) Continue close monitoring of all supplies and resources
 - Regular upkeep of inventory for Covid-19 supplies ranging from PPE to vaccine to testing supplies maintained on a regular basis
 - Provide intranet access to all covid protocols, policies and supply levels
 - b) Provide wellness related services to employees
 - Promotion of employee wellness reimbursement program
 - Lunch and learns on site
 - Staff engagement for participation in community health & wellness offerings
 - Offer Support-Linc Employee Assistance program to all employees
 - c) Focus on employee engagement and maintaining employee morale
 - Lunch and learns on site
 - Offer an SPH Connections platform to connect with fellow employees
 - Facebook group for off time connection
 - Numerous staff appreciation events and celebrations

Insert Official MAPP Logo



Mobilizing for Action through Planning and Partnerships

Local Public Health System Assessment

MAPP of the Southern Kenai Peninsula, Alaska

June 2023

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Acknowledgments

This Assessment was made possible with support from the South Peninsula Hospital Service Area Board, Community Partners, and the State of Alaska's Healthy & Equitable Communities grant. Thank you to the Kachemak Bay Campus and Cook Inlet Counseling for hosting these assessment discussions.

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Southern Kenai Peninsula Map

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

****Current SKP Map?****

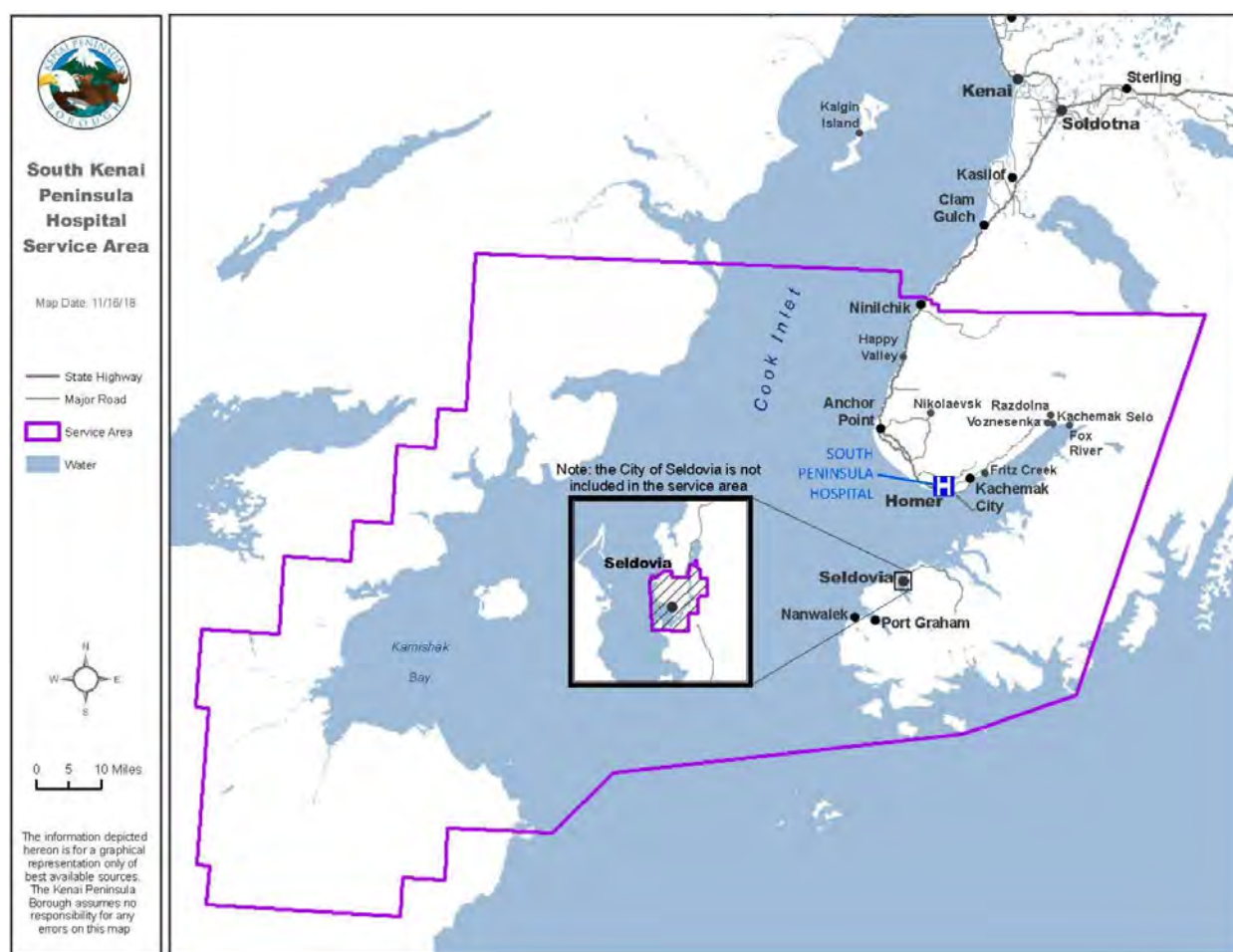


Figure 1. Map of Southern Kenai Peninsula, AK

Acronym Glossary

CHNA	<i>Community Health Needs Assessment</i>
CHIP	<i>Community Health Improvement Plan</i>
KPB	<i>Kenai Peninsula Borough</i>
LPHS	<i>Local Public Health System</i>
LPHSA	<i>Local Public Health System Assessment</i>
MAPP	<i>Mobilizing for Action through Planning and Partnerships</i>
NACCHO	<i>National Association of City and County Health Officials</i>
NPHPS	<i>National Public Health Performance Standards</i>
SKP	<i>Southern Kenai Peninsula</i>
SPH	<i>South Peninsula Hospital</i>

Community Health Needs Assessment Background and Components

Background:

In 2008, South Peninsula Hospital initiated the first Community Health Needs Assessment (CHNA) using a framework developed by CDC and NACCHO called Mobilizing for Action through Planning and Partnership (MAPP). Out of the MAPP framework, a MAPP coalition formed and included several community partners that have been actively working to improve community health since 2008. A CHNA has been conducted every three years¹ to assess the health of the community in order to inform new and existing community and agency efforts. The CHNA process is composed of six phases and the following four assessments:

I. **Community Themes and Strengths Assessment**

Assessment

Collects qualitative data from community members via surveys to identify and deeply understand the issues that residents feel are important.

II. **Community Health Status Assessment**

Utilizes quantitative data to identify community health and quality of life issues.

III. **Forces of Change Assessment**

Helps identify how changes to legislation, technology, etc. affect the context in which the community and its public health system operate.

IV. **Local Public Health System Assessment**

Focuses on how local organizations and entities contribute to the delivery of public health services.



Figure 2. MAPP Framework Flowchart

After each assessment is completed, the combined results are processed and prioritized into opportunities for community members to collaboratively address. Each assessment can be used independently to inform organizational and community level opportunities for improvement.

¹ All non-profit hospitals are required to conduct a CHNA every three years. These CHNAs were completed in 2009, 2013, 2016, 2020, and 2023. The 2020 assessment was a minimized version.

Local Public Health System Assessment

Local Public Health System Assessment Planning Team

Lorne Carroll, Homer Public Health Center
Derotha Ferraro, South Peninsula Hospital

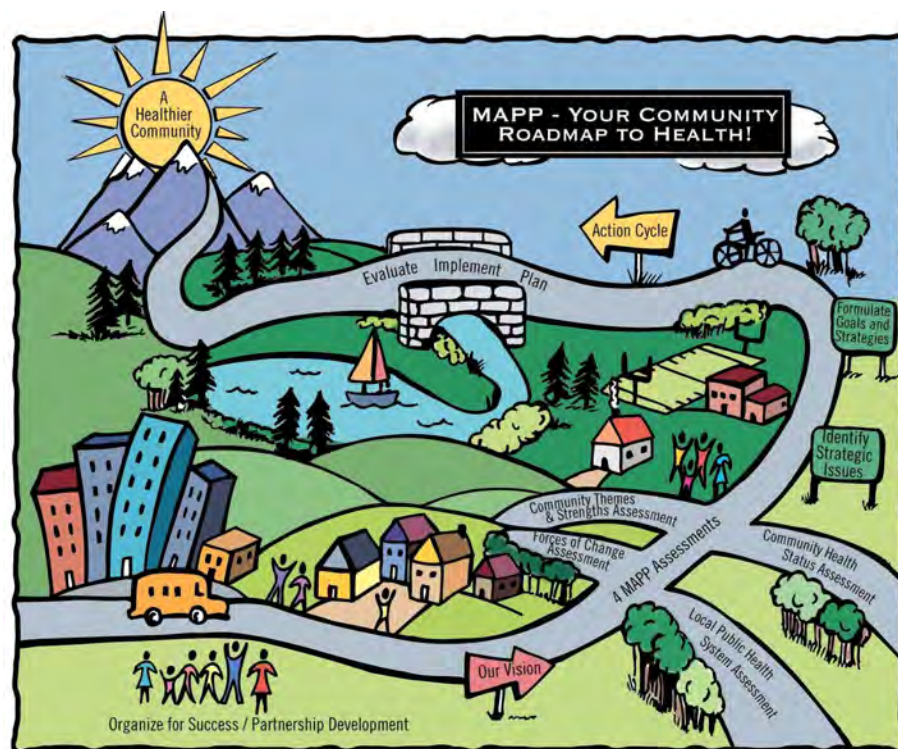
Annie Garay, South Peninsula Hospital
Hannah Gustafson, MAPP Coordinator

Instruments and Frameworks

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

1. MAPP 1.0 Framework

In the summer of 2022 the MAPP Steering Committee elected to use the MAPP 1.0 framework. It was known that the new MAPP 2.0 framework was being developed, but it was unavailable when the 2023 assessment was initiated.



2. National Public Health Performance Standards (NPHPS) Local Assessment Instrument²

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

3. The 10 Essential Public Health Services

The 10 Essential Public Health Services (Essential Services) provide the framework for the Local Assessment Instrument by describing the public health activities that should be undertaken in all local communities.

The planning team defined the 10 Essential Public Health Services as:

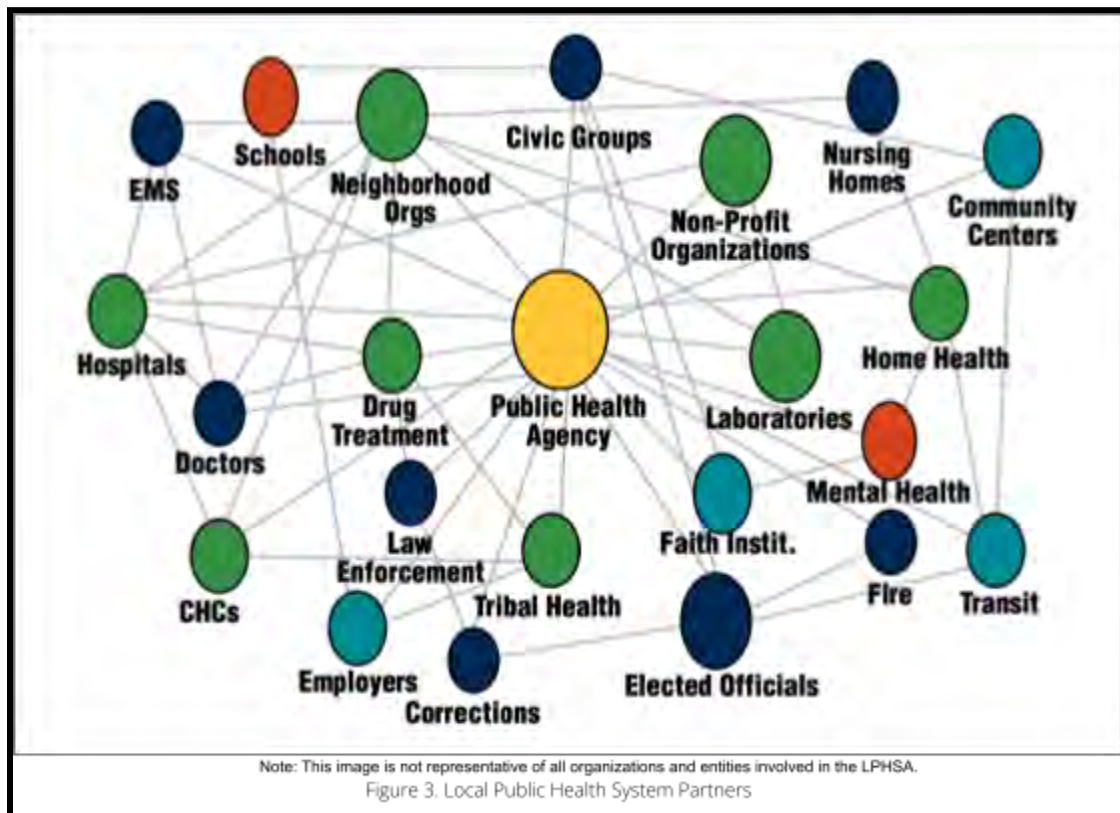
The 10 Essential Public Health Services	
1.	Monitor health status to identify and solve community health problems
2.	Diagnose and investigate health problems and health hazards in the community
3.	Inform, educate, and empower people about health issues
4.	Mobilize community partnerships and action to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

²

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

Methods

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



The '10 Essential Public Health Services' framework was utilized as a guide for selecting local organizations and entities. This framework describes the public health activities that should be attempted in all local communities. After categorizing organizations based on this framework (Figure 4), individual representatives were selected from each organization and a contact list was compiled using a Google spreadsheet categorized by the 10 Essential Services. Next, the selected

³ NACCHO. (2023). *National Public Health Performance Standards Local implementation guide*. NACCHO.org https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/2013_1203_FINAL_NPHP_S_LocalAssessmentInstrument.pdf.

individuals were invited to attend an assessment process meeting for the Essential Service congruent with their organizational work. The email invitations included links to [When2Meet.com](https://www.when2meet.com/), a scheduler used for gathering individual availability. Meeting dates were chosen based on the majority who were able to participate. Ten meetings were scheduled over the course of a month

for each Essential Service. Note: Several individuals were selected for multiple Essential Services and therefore attended more than one meeting.

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

[MentiMeter.com](https://www.mentiimeter.com/) was used to collect participant responses. The following ratings were used to rate

the degree to which each Essential Service's major components or practice areas (Model Standards) are being met:

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

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

Results

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

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

Table 1. Essential Service Overall Results – 2009 vs. 2016 vs. 2023

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

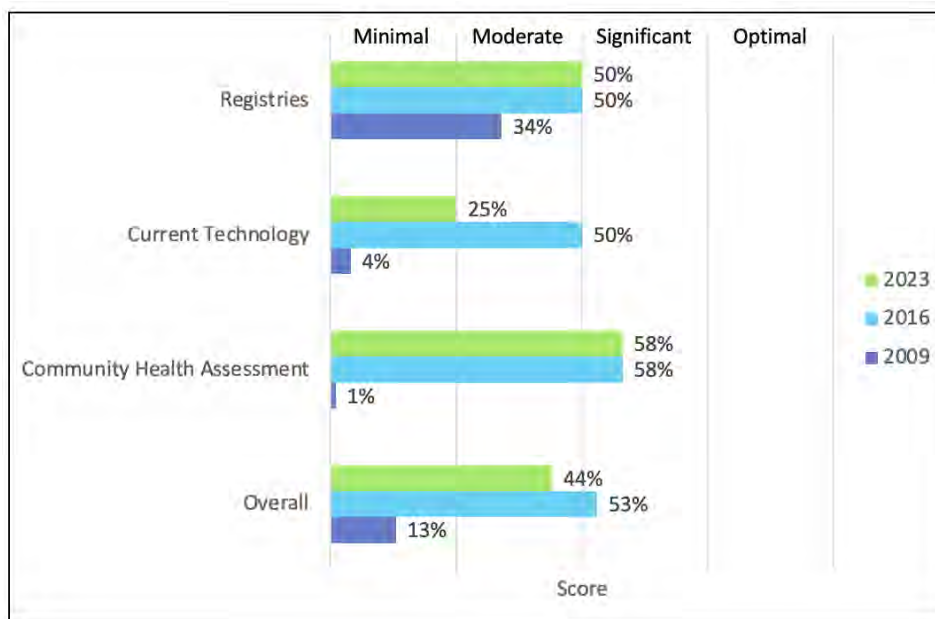
Strengths, challenges, opportunities for improvement, and model standard score comparisons of 2009, 2016, and 2023 are shown for each of the 10 Essential Services on the following pages.

Essential Service 1: Monitor Health Status

This Essential Service 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 multisector integrated data systems

Model Standard Scores



Overall Scores

2009: 13% 2016: 53% 2023: 44%

Strengths

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

Challenges

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

Opportunities for Improvement

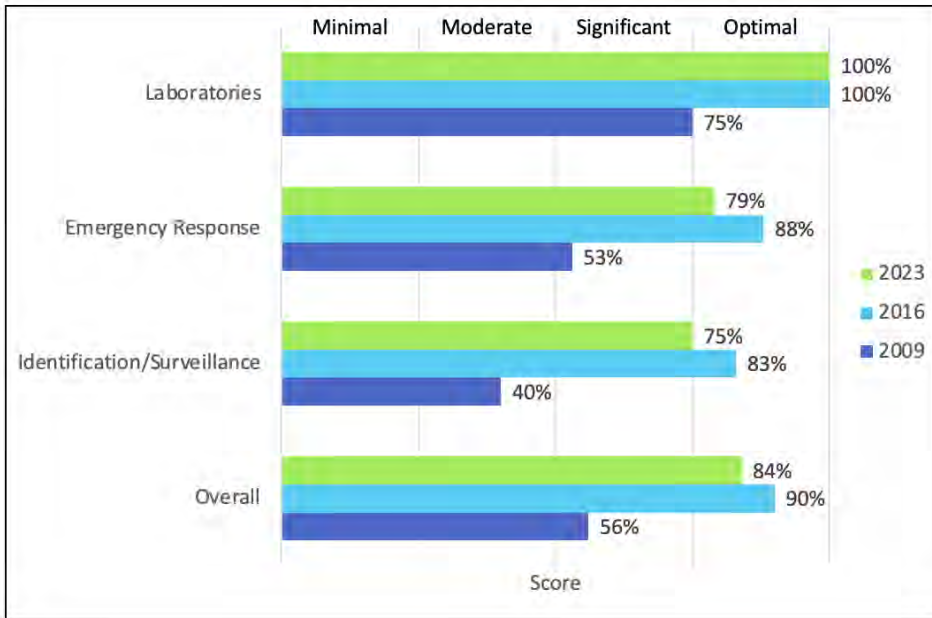
- Greater use of the CHNA through promotions via the agency and community (Kenai Peninsula Borough Assembly, city, decision makers) and public access to data and dashboards on the website
- Improve presentation of CHNA data through shorter reports, more infographics, and dashboards to show real time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

Essential Service 2: Diagnose and Investigate Health Problems

This Essential Service 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



Overall Scores		
2009: 56%	2016: 90%	2023: 84%

Strengths

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

- Emergency response is strengthened by community experiences with multiple natural disasters, vulnerability assessments, trainings, and quality improvement
- The local system and communication are bolstered by the relationships, technology (phones, texting), Incident Command Structure, and local radio

Challenges

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

Opportunities for Improvement

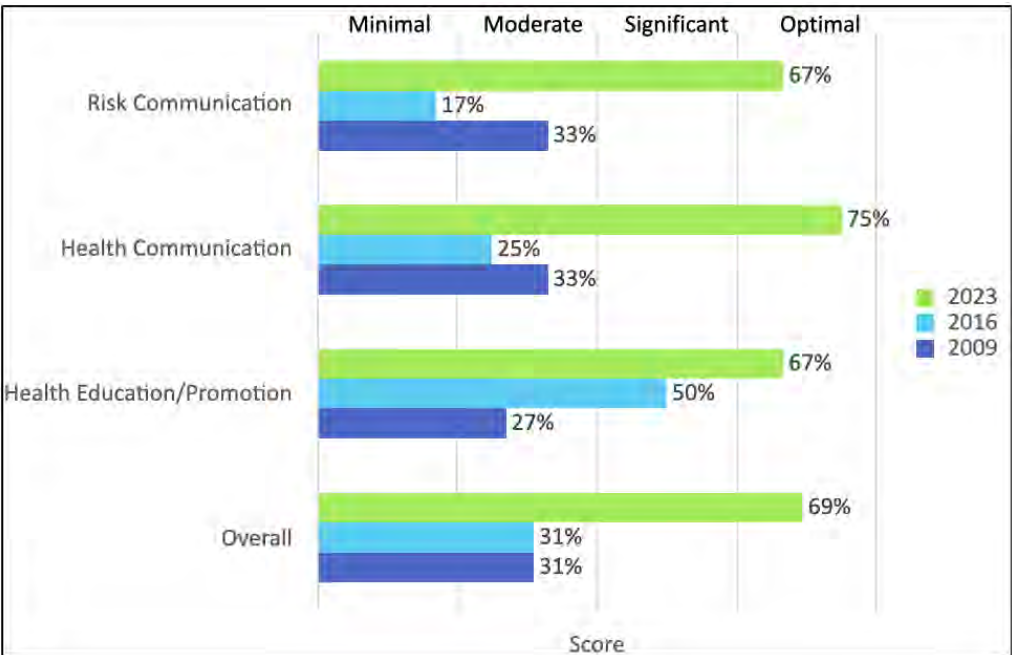
- Retrieve Outcome and Assessment Information Set (OASIS) assessment and other data surrounding clinical intake screenings
- Work with the Environmental Sector to outline threat and resilience public health factors
- Make improvements promptly following the After Action Reports
- Re-initiate child swim and safety programs
- Increase access to data for noncommunicable disease, clinical intake screenings, and OASIS assessment
- Improve collective response to noncommunicable disease (e.g., obesity, cancer, heart disease)

Essential Service 3: Inform, Educate, and Empower People

This Essential Service 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



Overall Scores		
2009: 31%	2016: 31%	2023: 69%

Strengths

- Cooperation and collaboration across the LPHS, including through public meetings, regular meetings with the state, results in getting the word out, sharing information about services, and sharing skills
- Strong public health communications with shared messaging including across the bay, through Extension for Community Healthcare Outcomes (ECHOs), and through contact with families
- Tools and resources including media, newsletters, websites, printed materials, posters, Kenai Peninsula Borough alerts, connections with the city
- A broad definition of health and creative offerings to promote wellness and prevention

- COVID resulted in greater willingness to participate in IT and technology, knowledge of National Incident Management System (NIMS) and Incident Command System (ICS), and telehealth
- Local plans are adaptable

Challenges

- Unclear how to sustain the collaboration and cooperation that resulted from COVID
- Many offerings were on hold during COVID
- Youth is high-risk group without gathering space, limited services outside of downtown
- Limited access to local, current data makes it difficult to know local need or update plans and systems
- Some individuals alienated without access to electronic enrollment and delivery or cell phone messaging
- Challenges with messaging and education include: exclusion of at-risk groups, lack of LPHS coordination to stay on message, varying messaging protocols across agencies, complexity of messaging, complex approvals to provide health education, and lack of public interest
- Insufficient workforce
- Areas outside of a service area are not tied into emergency response
- Emergencies not inclusive of cancer, chronic disease, racism, etc.
- Communicable disease tracking systems are siloed, state registries don't communicate
- Band-aid approaches skip or miss information that might lead to risks
- Some don't have back up for technology

Opportunities for Improvement

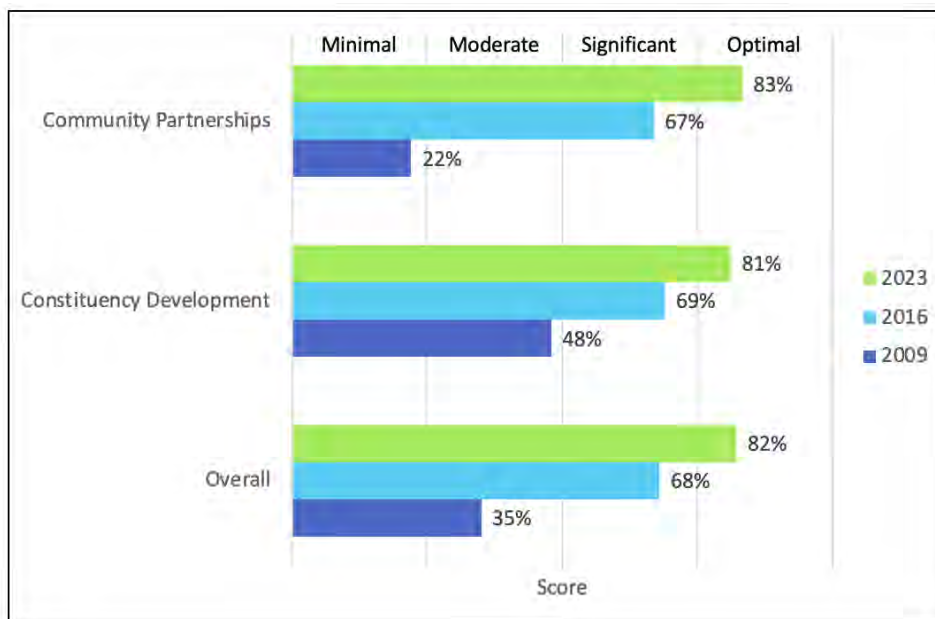
- Relax state regulations for classroom health education or rely on outside educators
- Acquire grants or funding to resume activities, support messaging and programs for high-risk populations, help those in need participate, and remove barriers, including recovery populations and those in outlying areas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

Essential Service 4: Mobilize Community Partnerships

This Essential Service 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



Overall Scores		
2009: 35%	2016: 68%	2023: 82%

Strengths

- Cross-sectoral (nonprofit, for profit, businesses, public), growing partnerships fueled by small town relationships and asking, “who’s missing?”, support strategic pursuit and alignment of resources, and shared ownership of MAPP
- Multiple outlets and formats to share information including public health newsletters (MAPP, SPH), MAPP interagency updates (including Emergency Services Booklet)
- Innovative community engagement with multiple points of engagement and formats
- Increased awareness of public health issues, in part through KBBi Radio collaboration, including around substance misuse, housing, food insecurity, and employee mental health
- “Perceptions of Health Survey” since 2008 repeated every 3 years

- Resource directories for individuals and families, including one through the Department of Labor
- Strong coalitions including a homeless coalition, and the long lasting Resilience Coalition with youth-led initiatives
- Community is better at stopping to reflect intentionally and evaluate before moving forward strategically
- Broad definition of health within MAPP has been adopted and bolsters individual and organizational efforts

Challenges

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

Opportunities for Improvement

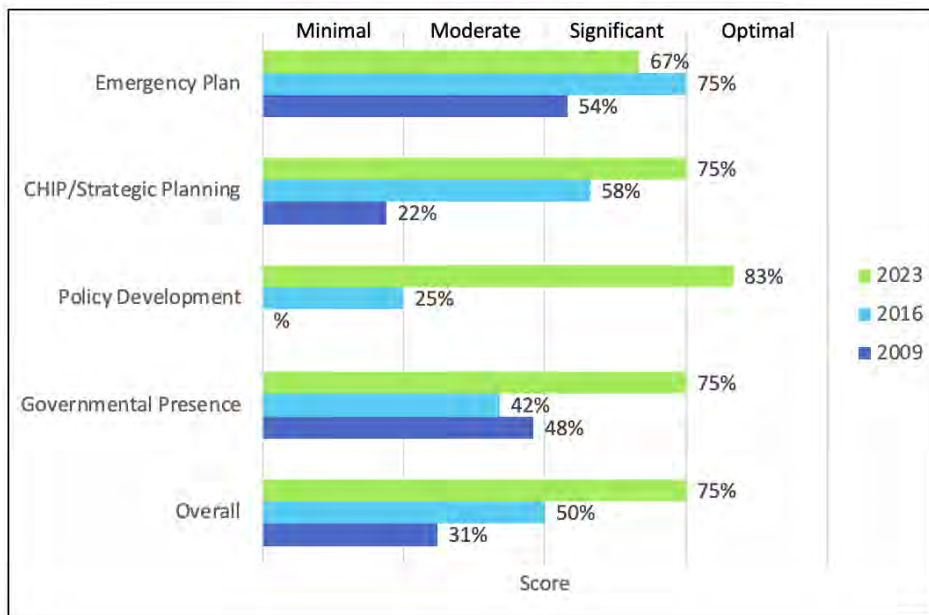
- Strengthen, expand, and align existing relationships (e.g., with local business partners, youth-led initiatives) and align through mutually beneficial pursuits and shared workspaces
- Expand community, in-person events (e.g., bike rodeo, Rotary Health Fair) for more connection and information sharing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

Essential Service 5: Develop Policies and Plans

This Essential Service 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



Overall Scores		
2009: 31%	2016: 50%	2023: 75%

Strengths

- Updated plans including: Joint Information System (JIS) Plan, Point of Dispensing (POD) plan tested in December 2018, All Hazards Plan revisited in City of Homer
- Emergency Operations Center (EOC) and other systems for emergency response activated smoothly and are refined over time
- There is a culture of wellness in SKP and longstanding engagement across the state
- High recognition of MAPP and continued progress on CHNA every three years (including 3 iterations of LPHSA since 2009) and alignment with Healthy People 2030 metrics

- Routine engagement of partners that expands beyond MAPP Steering Committee; collaboration of Alaska Department of Health with Tribal governments; existence of recovery community; South Peninsula Hospital involvement with the community
- Strong advocacy efforts due to state statute requiring prompt communication from local to statewide to policymakers; from community members to City of Homer (e.g., regarding community recreation needs), policymakers (e.g., LPHS discussing houseless challenges and opportunities), Public Health Nurse and South Peninsula Hospital presentations to Homer City Council, and improved tsunami zone response efforts in response to recent studies
- Local resources including Homer Police Department, State Troopers, local hospital tax revenue, Public Health Nurse in Homer within Homer Public Health Center
- Local Public Health Nurse office contributes to Public Health Accreditation Board (PHAB)

Challenges

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

Opportunities for Improvement

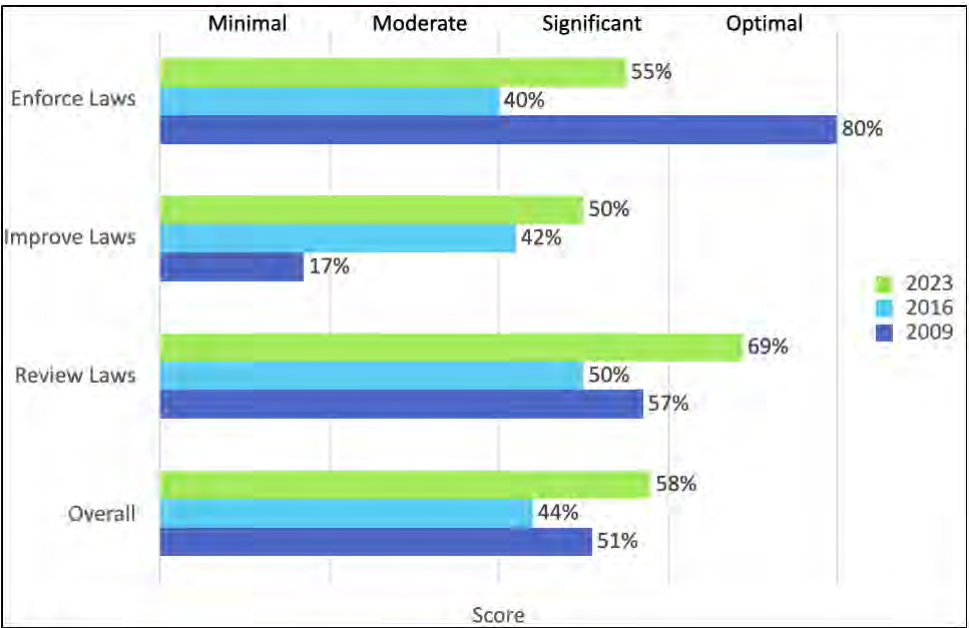
- Greater collaboration of municipalities, borough, and Tribal governments on noncommunicable diseases
- Outline the pros/cons of municipalities having Health Powers
- Create a comprehensive, long-term recreation system for the community
- MAPP Steering Committee organizations and other organizations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

Essential Service 6: Enforce Laws and Regulations

This Essential Service 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



Overall Scores		
2009: 51%	2016: 44%	2023: 58%

Strengths

- Local groups do community education, loan equipment and resources, or provide free or reduced rate, for prevention
- Occupational Safety and Health Administration (OSHA) study on onboard emergency response to identify laws to eliminate, with data from Musculoskeletal Disorders (MSD) reports and Fire/Emergency Medical Services (EMS)
- Local public health department has power to enforce by going through the state office
- Occupational health and safety onboard vessels is a growing regulation at the congressional level and coast guard level (e.g., USCG has Memorandum of Understanding [MOU] with CDC to enforce quarantines on vessels, and prevent docking, for communicable disease.)

- Effective mandated reporting for communicable diseases, and requirements are easy for healthcare providers to find
- Federal changes announced on the federal register; no state or local tracking regarding most entities
- City, Borough and State have attorneys
- Statewide data collection and analysis, annual surveys, accreditations, data from Department of Health Services to inform decision making
- Strong vaccine and public health compliance in school district
- Tribal communities have power to control their community decision
- Sharing of policies, online ECHOs, educational events and online trainings (e.g., regular bulletins to boating community, USCG event teaching boat safety, Safe & Healthy Kids Fair, local community group education)

Challenges

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

Opportunities for Improvement

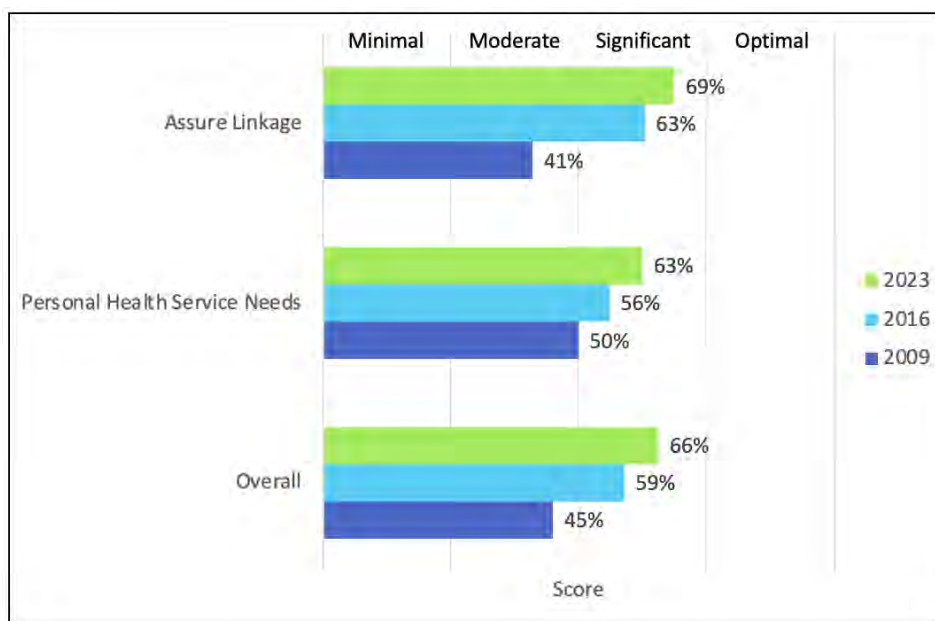
- Require boating education card in order to get a slip at the harbor or use the boat launch
- Address non-communicable diseases and health literacy through laws, regulations and ordinances, and enforce laws around communicable disease

Essential Service 7: Link to Health Services

This Essential Service 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



Overall Scores		
2009: 45%	2016: 59%	2023: 66%

Strengths

- Patient surveys are available in most medical homes
- Many health facilities offer grievance procedures
- Opportunities exist to make healthcare more accessible: Free Rotary Health Fair, Safe & Healthy Kids Fair, pop-up health education events, sliding fee scale model
- Medication Management Information System (MMIS) is an online portal for organizations to research healthcare coverage for individuals, and is available to hospitals, public health, family planning, Seldovia Village Tribe (SVT)

- Organizations have strong relationships as a whole as well as between individuals, and therefore can share information, education, awareness, whether through a resource pamphlet or informal referral system

Challenges

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

Opportunities for Improvement

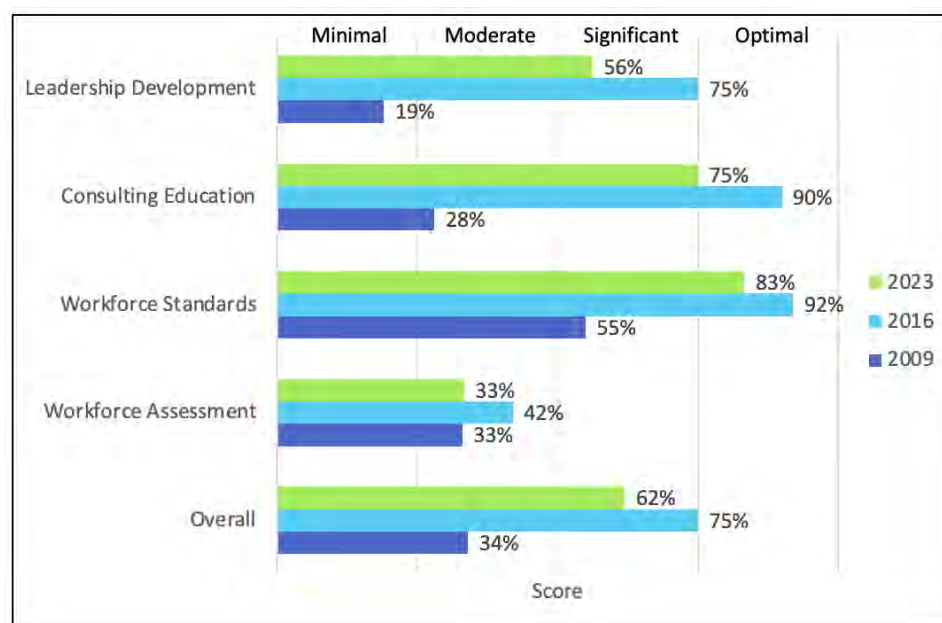
- Decrease barriers to care (transportation, need for technology, and cost)
- Streamline care across organizations with a universal intake packet and connected patient portals
- Access to accurate data at the local level
- Advocates needed for individuals accessing healthcare for the first time to navigate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

Essential Service 8: Assure a Competent Workforce

This Essential Service 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



Overall Scores

2009: 34% 2016: 75% 2023: 62%

Strengths

- Monitoring of vacancies by local public health office (informal) and statewide (tracking vacancies)
- Participation in assessments and studies including: SPH in workforce burnout, Alaska Healthcare Association 2022 assessment, hospital in statewide assessment, Foraker non-profit assessment. The assessment data is used to support plans for using existing staff training to fill in the gaps
- Most local employers use state or federal guidelines, and the state public health requirements and standards have been streamlined. For example, there are reduced educational

requirements to be hired at SPH, including “earn to learn” for Certified Nursing Assistant (CNA) licensing program

- There are opportunities to have certifications paid for including: 2-year certifications from Department of Labor, extra wage for SPH current employees who get more certifications, 100% tuition for nursing training from SPH, Continuing Education Units and licensing from the South Peninsula Behavioral Health Services (SPBHS), sign-on bonuses from employers
- Opportunities including new certifications for peer support (alcohol, drug use), online trainings and connections; internal trainings for staff at SPBHS, which are also offered to neighboring organizations, using internal subject matter experts and external trainers; SPH has an internal education department with elective and required staff training
- MAPP brought strong collaboration, cultural difference appreciation, 8 Dimensions of Wellness, Social Determinants of Health (SDOH), and a shared community vision, which is shared by local members. It also redefined “wellness”, broke down silos, and attracted people from across the spectrum
- The level of engagement of the community in identifying workforce needs is high
- SPH has been developing a succession plan and training all levels to help fill leadership positions

Challenges

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

Opportunities for Improvement

- Trainings including: community wide leadership training, workforce training on Social Determinants of Health
- Relocate individuals from Anchorage workforce to here
- Reduce certification requirements without compromising quality of services
- Incentivize professionals to move from field work into professional education, and add preceptor programs
- Local health coalition steering committee outreach

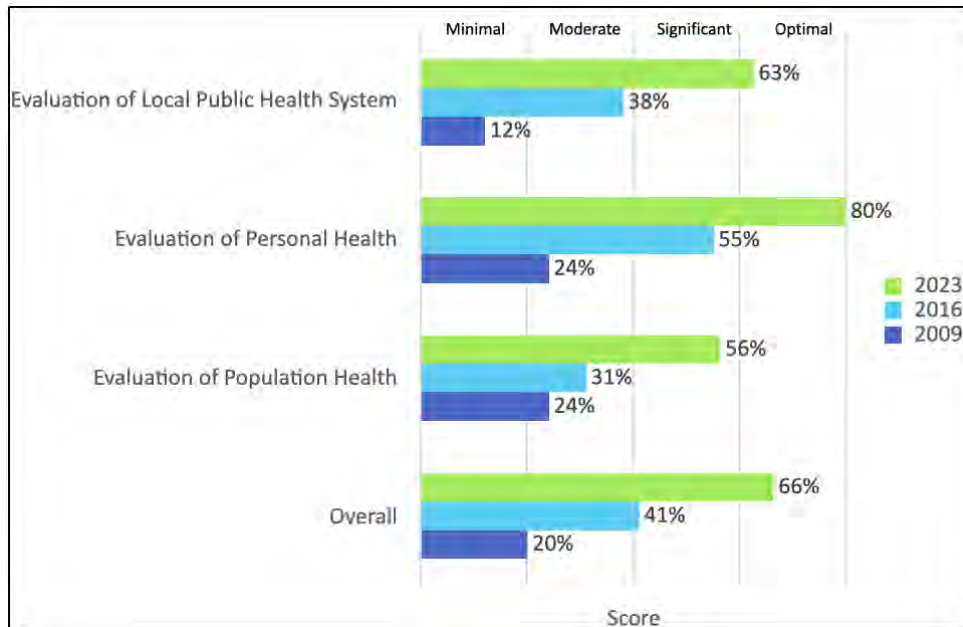
- Succession planning for individual pieces of the LPHS
- Get MAPP message to new hires within agencies, such as SPH

Essential Service 9: Evaluate Services

This Essential Service is about:

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

Model Standard Scores



Overall Scores		
2009: 20%	2016: 41%	2023: 66%

Strengths

- Ongoing evaluating and reporting supported by an incentive based system
- Useful methods to connect include ECHO, agency staff listservs
- Some processes are regulated or mandated, including agency specific accreditation processes (Commission on Accreditation of Rehabilitation Facilities [CARF] every 3 years), site reviews by regulatory agencies for hospital, Seldovia Village Tribe (SVT)
- Evaluation methods are quantitative and qualitative, and include: self-evaluation within agencies, personal services evaluation (e.g., surgical site infections, primary care association data, Centers for Medicare and Medicaid Services [CMS] data), hospital surveys, community substance abuse tracking, individual personnel evaluations, digital/text patient satisfaction surveys, appointment availability tracking; infections, social determinants of health, and services reporting

- Useful systems include state information exchange, the required Automatic Identification and Monitoring System (AIMS) statewide system for addiction/recovery, and the Electronic Health Record (EHR) which updates periodically to reflect changes in reporting or reimbursement requirements
- Data, both positive and negative feedback, is used to make changes (de-identified survey data in hospitals; using appointment availability to make changes in staffing, facility/appointment times; SVT reviews referral numbers to make changes to care; VaxTrak follows patients as they move around the state to determine changes)
- Partnerships are managed with Memorandum of Understanding and referral tracking, and they lead to community-wide shared resources and monitoring of public health needs, and relationships are evaluated by MAPP every 3 years
- There is also an informal network for addressing individual needs and highlighting gaps, and community members are comfortable speaking up about needs

Challenges

- Challenges with platforms – it's hard to get entities to buy in to the state information exchange when there are others available from large organizations; and the hospital uses multiple platforms which can be overwhelming
- Misconceptions between medical home vs. public health
- Statewide data does not represent local area well, and it's difficult to advocate for more local data
- Reactive vs. proactive approach to addressing health outcomes and social determinants of health. Can lead to people falling through the cracks (e.g., in substance disorders when assessment data is delayed)
- Outdated, time-consuming reporting and data management platforms
- Reporting and surveying on hold due to COVID
- Difficult to access metrics for: sub-populations, health literacy, structural racism, non-communicable diseases. Some measurements are based on current standards of practice, but are legislated
- Assessment needed for: sharing of information, linkage mechanisms between providers, COVID partnerships/coordinated use of resources, partnership evaluations (outside of MAPP); potential patients; gaps in service delivery. Hospitals could share more data on obesity and smoking
- Assessments could be shared more widely with considerations for certain populations and health literacy levels
- Lacking partner representation (e.g., environmental, spiritual, tribal sector, old believer communities), and meeting times/logistics may make it challenging for some to be present
- Programs sometimes generated by revenue potential, funding streams, or individual needs rather than population needs; similarly, some systems are based on ICD-10 codes for billing rather than outcome-specific

Opportunities for Improvement

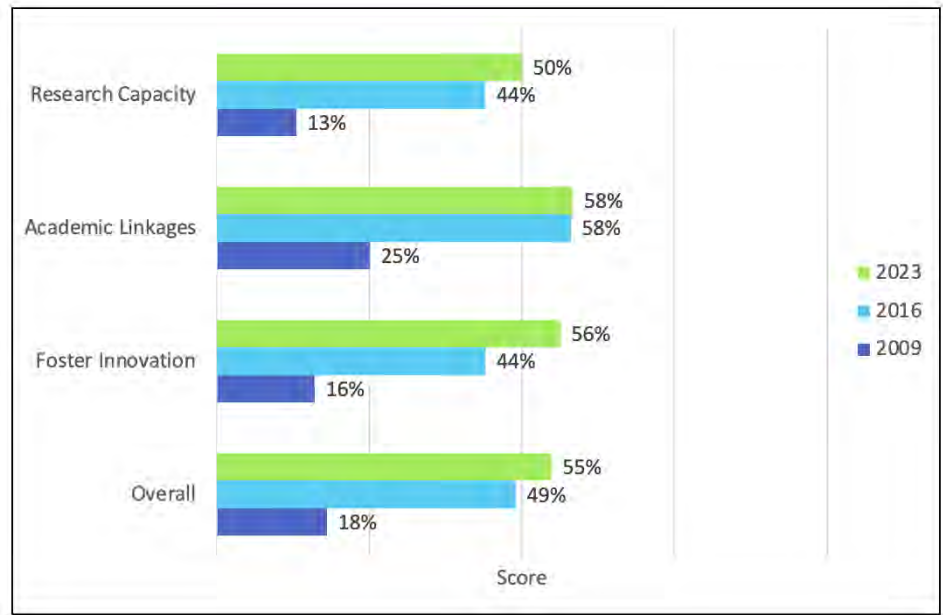
- Perception that a CHNA is not needed if goals are met
- Need for more data – the Service Area Board could use more data reflecting community needs. Could create a dashboard for local health metrics, and the MAPP Steering Committee could share more trends in public health information among member organizations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

Essential Service 10: Research and Innovations

This Essential Service 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



Overall Scores		
2009: 18%	2016: 49%	2023: 55%

Strengths

- Ample research findings from COVID studies to work with – e.g., health literacy and disparities spanning the population
- Our community is unique and has the capacity to tailor services to meet the needs of individuals in unique ways. For example, using home health, or bi-weekly state ECHO calls during the pandemic to level up communication across various platforms. There are many resources within Homer to help improve health.
- The pandemic changed the way education has been offered to the community (e.g., Kenai Peninsula College greatly expanded services and alternative methods of delivery)

- Individuals are highly engaged with community efforts, especially individuals within community organizations (e.g., Kenai Peninsula College is a hub and shares space with SPH, reducing cost barriers and increasing accessibility; the University of Alaska system is stackable and strong)

Challenges

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

Opportunities for Improvement

- Community dashboard for organizations to share and receive information to increase collaboration between providers across care sectors
- Create more connections and align resources between partners to improve service delivery, through more conversation, identifying top concerns across primary care providers, generating buy-in, mapping out connections/roles, annual/bi-annual meetings, and initiating new conversations between partners
- Increase opportunities to maximize use of the workforce's essential skills; partner with University of Alaska students in Masters programs to engage in local data collection

Recurrent Themes

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

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

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

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

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

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

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

How to Use Results

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

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

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

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

2023 Forces of Change Assessment

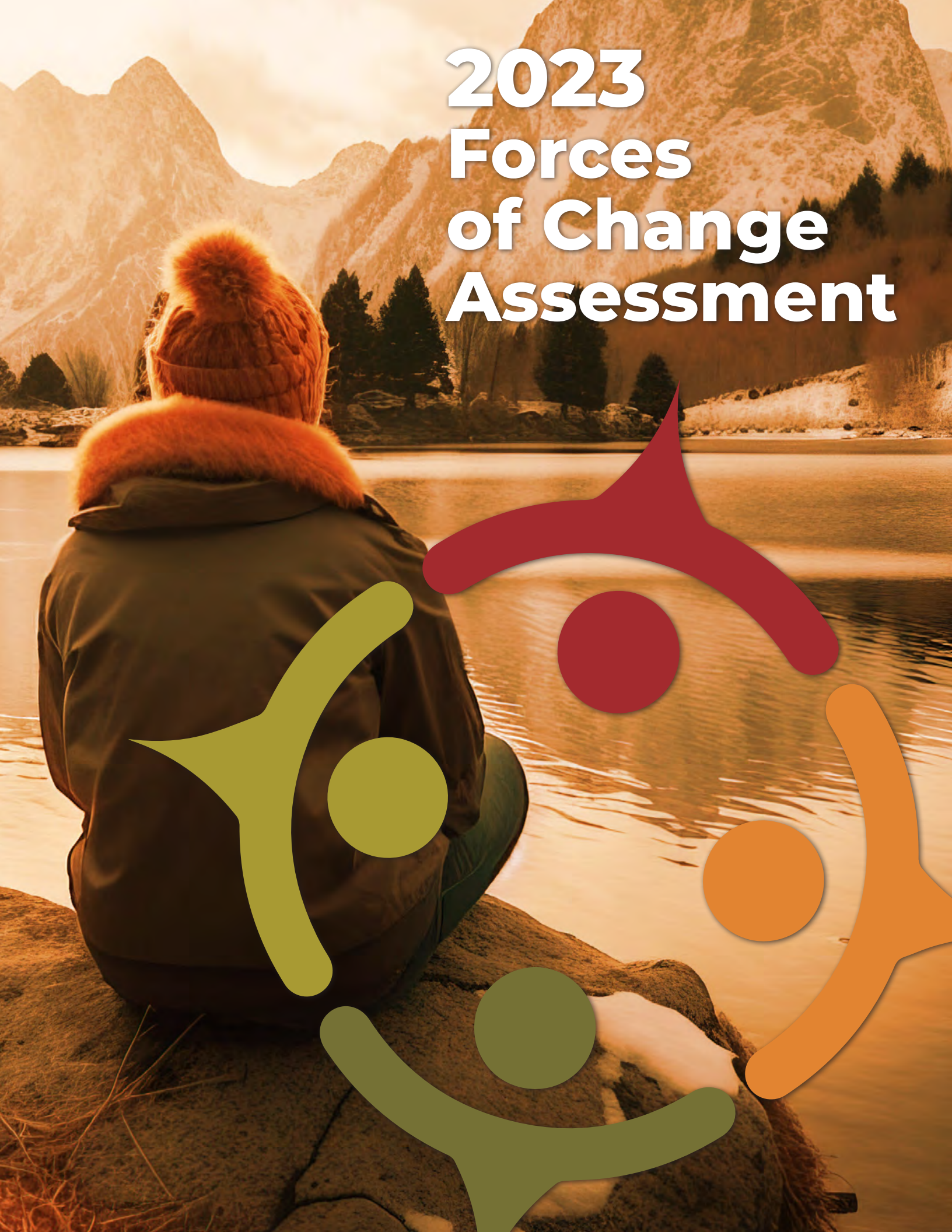


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Acknowledgment

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

This Community Health Needs Assessment was funded in part by a sub-grant award of the State of Alaska Healthy & Equitable Communities funds from the City of Homer.

MAPP CHNA Workgroup

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Derotha Ferraro, South Peninsula Hospital
Laura Miller, South Peninsula Hospital
Raquel Eisenmann, Homer Public Health Center
Cynthia West, Homer Public Health Center
Annie Garay, South Peninsula Hospital

MAPP CHNA Steering Committee

Rick Abboud, City of Homer
Lorne Carroll, Homer Public Health Center
Lisa Marie Talbott, Homer United Methodist Church
Brian Partridge, Kachemak Bay Campus (Kenai Peninsula College)
Judy Kamara, Sprout Family Services
Emma Schumann, SVT Health & Wellness
Jay Bechtol, South Peninsula Behavioral Health Services

Ronnie Leach, South Peninsula Haven House
 Asia Freeman, Bunnell Street Arts Center
 Derotha Ferraro, South Peninsula Hospital
 Kyra Wagner, Sustainable Homer
 Claudia Haines, Kachemak Bay Family Planning Clinic
 Hannah Gustafson, MAPP Coordinator

Acronyms

CHNA Community Health Needs Assessment
 MAPP Mobilizing for Action through Planning and Partnerships
 SKP Southern Kenai Peninsula

Map of Southern Kenai Peninsula



Figure 1: Map of Southern Kenai Peninsula Communities, AK

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. The six phases of MAPP are represented in Figure 2. Building on the lessons-learned and results from the first and second CHNAs, this and the third CHNAs are composed of the following four separate assessments.

They are:

- I. Community Themes & Strengths Assessment
Qualitative input from community members to identify the issues they feel are important.
 - a. Perceptions of Community Health Survey
 - b. Wellness Dimension Focus Groups
- II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, 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.
- 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.



Figure 2: MAPP Framework Flowchart

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of our community 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 the factors that are often beyond our control. Issues identified were brainstormed on December 7, 2022. Participants continued to complete the assessment individually via shared Google Doc following the session. To

view all assessments or additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Hannah Gustafson, MAPP of SKP Coordinator, at mappofskp@gmail.com or 907-317-2050.

Forces of Change Assessment

Forces of Change Discussion Participants

Cynthia West – Healthy and Equitable Communities Team
Derotha Ferraro – South Peninsula Hospital
Laura Miller – South Peninsula Hospital
Claudia Haines – Kachemak Bay Family Planning Clinic
Brian Partridge – Kachemak Bay Campus (Kenai Peninsula College)
Kyra Wagner – Sustainable Homer
Jay Bechtol- South Peninsula Behavioral Health Services
Raquel Eisenmann - Healthy and Equitable Communities Team

Annie Garay – South Peninsula Hospital
Hannah Gustafson – MAPP Coordinator
Rick Abboud – City of Homer
Emma Schumann – SVT Health & Wellness
Judy Kamara – Sprout Family Services
Lisa Marie Talbott – Homer United Methodist Church

Methodology

A group Forces of Change brainstorm was conducted on November 7, 2022, at a MAPP Steering Committee meeting. The Steering Committee brainstormed ideas and captured them on a virtual flipchart in the matrix seen below. The group then reviewed these Forces of Change and identified challenges and opportunities that could result from each trend. Following the brainstorm sessions, Steering Committee members continued to complete the assessment via a shared Google Doc. The 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 input provided by the Steering Committee.

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.	Environmental: A harmonious and sustainable relationship with immediate surroundings that expands to the natural world.
Economic: The ability to meet financial needs and adapt to unanticipated financial situations.	Physical: The ability to perform daily activities without undue fatigue or physical stress.
Educational: Recognition of creative abilities and the expansion of knowledge and skills.	Social: A sense of connection, belonging, safety, and a reliable support system.
Emotional: The ability to cope effectively with life and create personal enrichment through one's work and relationships.	Spiritual: A sense of purpose and meaning in life.

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
1. Housing Crisis/Homelessness	• Outmigration • Impacts workforce • Large portion of salary going towards housing limits resources towards other essentials • Impacts physical and mental health • People suffer from exposure • Increased demand on emergency services • Increased trespassing and arrests	• Creative problem solving (i.e. yurts, tiny homes) • High demand allows developers to invest big while getting a return on their investment • Crosses political lines, all agree its an issue • Bring additional services to the community • Create transitional housing	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
2. Increased funding/availability of funding	• Creates instability managing programs • Will impact workforce, programs and the community when it goes away • Contributes to inflation • Causes reliance on public assistance programs • Possible outmigration to more affordable areas	• Ability to creatively problem solve/try new solutions • Increased collaboration • Build infrastructure and increase capacity	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
3. Workforce (staffing shortage, remote workforce, women who left workforce)	• Business are closing/reducing hours • Increased burn out/turnover • Reduces quality of services • Impacts access to services • Impact personal/family income • Loss of institutional memory	• Professional development and growth • Workforce development/training • More jobs open to lower skilled people that would not have otherwise been • Shared resources among businesses	CUL	EDU	ENV	SOC

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
	- Isolation which impacts mental health - Pressure on housing system - Not as connected to community	- More opportunities for those who can work from home - Increased family time - Work/life balance - Easier to share information/data - People are buying/using local - Influx of people into community - Telehealth/remote services	ECO	EMO	PHY	SPI
4. Current Economic Environment	- Creates inequity - Causes reliance on public assistance - Outmigration - Strain on existing resources - Increased crime - Stress/impacts physical and mental health	- Help prioritize where to spend resources - Connect people to available supports	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
5. Increased awareness of mental health/trauma informed practices	- Outpacing existing infrastructure/services - Competition for funding - Increased conflict - Misunderstanding if not trained - False representation	- Reduced stigma - Increased self-awareness - More advocating for services - Redistribute funding toward prevention - Highlighted places where healing can occur - People are seeking services - Continued training	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
6. Trend to understand and seek truth/facts	- Mistrust - Adds stress - Impacts people seeking services	- Willingness to listen - Self-reflection - People are doing research before making decisions	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
7. Lack of Childcare	- Impacts ability to meet development needs/special needs of children - People leaving workforce - Impacts economic stability of individual/family - May limit number deciding to have children - Impact on mental health of the family	- Cottage industry/home business opportunities - Look at daycare as infrastructure - Might encourage state to increase rates	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
8. Political Climate (also impacting spiritual community)	- Divisiveness in the community - Supreme Court making decisions impacting local level - Trouble making effective policies - People ignore important information - People are less likely to speak up - Loss of community - Declining mental health	- More people are paying attention and participating in discussion - Increased voter turnout - More dialogue - Trauma informed leadership - Create safe spaces	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
9. Limited Transportation	- Reduces ability to find employment - Difficulty accessing services	- Collaboration across different political groups to address - People are talking/problem solving	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
10. Community Involvement	- People do not have as much time to volunteer - Same people always involved - Creates toxicity (i.e. Homer Communications)	- Creating local solutions - Respectful communication within community	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
11. Lot of organizations supporting community	- Those not connected are not getting the message/do not have opportunity - Economy and education knocks people out	- Creates better outreach - More options to get needed support	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
12. Pandemic (current state)	- Those still avoiding interaction are not forming bonds - Isolation impacts physical and mental health - Increased community conflict - Instability of workforce - Susceptibility to those immune compromised - Economic impact to businesses/artists - Delayed care/lack of preventative care - Jails were closed impacting ability to visit with family	- Isolation minimizes spread of infection - COVID relief funding - Seeking care for health conditions delayed during height of pandemic - Return of in person gatherings - Development of therapeutics - More appreciation of traditional things that have been done for years - Ability to care for self (exercise, nutrition) - Provide care in new ways - Opportunity to prioritize family and social connections	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
13. Food Insecurity	- Nutrition issues - Stressor	Community involvement/support	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
14. Overt Discrimination/Increased Stigmatization	- Violence/Threats of safety - Inequities - Poor quality of life - Social isolation - Access to services - May delay seeking treatment	- Increased conversation - Understanding and acceptance - New services/supports - Inclusive practices	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
15. Education (impact of online learning, available community resources)	- Challenge with interpersonal interactions - Delayed entry into workforce - Shifting educational system - Concept of homework is gone - Dependent on funding from state	- Will bring new schools of thought - Technology infrastructure - New teaching modalities, better support for students - More job opportunities for those who are tech savvy - Kenai Peninsula College allows students to stay local for education - High school students can earn college credits - Provides workforce training - Space for community gatherings	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
16. Licensing agencies/infrastructure is breaking down	- Crippling access to skilled service and professionals at local level - Poor health - Poor quality of life	- Federal partners are more willing to lower standards when comes to hiring - Bringing in more diverse people	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
17. Growing senior population and lack of services	- Increased hospitalizations - Burden on existing services	- Private development/new services to come in - Community step up and care for family and neighbors	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
18. Challenges young families are facing (housing, childcare, employment)	- Outmigration - School closures and impact on funding to schools - Labor shortage	Increase in wealthy and older demographic that can support local nonprofits	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
19. Substance Use/Abuse	- Not enough services to meet need - Increased crime - Impact on physical and mental health	- Community education and reduction of stigma - Rethink drug misuse treatment	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
20. Increased focus on growing local food/local agriculture	- Increased sale of land not good for agriculture - Loss of forest - Impact on climate change - Increased competition on farmers	- Local food - Less reliance on long supply chains - Small business opportunities - Long term sustainability - Kenai Peninsula College is starting Ag program	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
21. Mental Fatigue	- Burnout - Stress - Loss of workforce - Domestic violence - Long term impact of mental health issues - Long term impact of physical health	Receptive to self-care practices	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
22. Need creative solutions to reproductive health on regulatory side	- Funding could get cut - Policies can change	- New services - Additional staff - More access	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
23. Climate Change	Infrastructure destruction	- Longer growing season - Increased connectivity and reverence to the land that sustains us	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
24. People are willing to use Zoom	- Internet infrastructure - Out of town influence on local decisions - Zoom burnout	- More Native representation - Harder to ignore rural voices/better connected to rural communities - New collaborations	CUL	EDU	ENV	SOC

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
		- Finding shared experiences and similarities - Higher caliber of keynote speakers	ECO	EMO	PHY	SPI
25. Value and importance of human connection	- Isolation created by pandemic - Difficult time engaging	- People vocalize about social opportunities - Appreciation of opportunities	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
26. Increase in domestic violence during pandemic	- Victims unable to access help - Lack of transitional housing - Wait list of housing vouchers	- Create transitional housing - Increased housing options for low income individuals	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
27. Rumors of decreased federal funding for Indian Health Services	Impact on tribal clinics	Raised local awareness of importance of tribal health clinics	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
28. Growing understanding or indigenous land	- Racist backlash - Lip service versus actual change	- Land acknowledgement has grown - Increased cultural awareness - Opportunity for reparations	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
29. Safe spaces, activities and opportunities for youth	- Possible backlash for self identity/expression - Increased divide among young people - Cost burden to families	- Increased acceptance - Increased communication skills - Foster healthy relationships - Create safe sidewalks	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
30. Physical beauty of where we are	- Many are away from extended family - Difficulty getting to know one another/finding community	- Connection to place and grounding can heal trauma - Connection to seasons/weather/tides provides framework for connection that transcends socioeconomic divide	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
31. Increase prevalence of disease	- Infected population increases - Impact on vulnerable communities	- Provide education - Advocate for free vaccinations	CUL	EDU	ENV	SOC

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
	• Death • Quality of life degrades • Can cause mental health issues	• Address root cause of disease	ECO	EMO	PHY	SPI

Appendix

Appendix

Detailed notes from brainstorming meeting and follow up exercise.

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Housing crisis in Homer - Lack of affordable houses/rentals - Lack of short-term rentals - Airbnb rentals	- Outmigration - Contributes to inability to fill staff positions - More of one's personal income going toward housing costs, so salaries have to increase which impacts bottom line budget especially for small agencies - Think people are moving around more frequently which is not the greatest for a stable lifestyle - Increased cost of housing is reducing money people have for healthy food, they are putting off medical, dental, behavioral health care – all of these things are impacting quality of life - Disproportionately effects younger families and those of lower socioeconomic status – they are the future leaders and can't afford to live here - Being forced to have 1 income households rather than 2 - Direct impact on healthy physical and mental health for parents and children - Forces people to look further outside of Homer – they are moving to Anchor Point or further out which impacts the amount of money they are spending on fuel, vehicle maintenance, etc. - Directly impacts service provision for the entire town as it limits the workforce - Makes it harder for certain employees to stay here – those who have jobs in housekeeping, restaurants, etc. who are making lower wages	- Has led to people getting creative for solving housing problem – they are adding yurts, tiny homes on their property - When demand is so high developers are more able to make bigger investment in adding to the supply – there is a better chance they will get a return - When demand is high there is better buying power for supplies which helps impact those planning for expansion - This is an issue to cross political divides – it is something we all agree upon and are talking about

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Available funding for services • Many agencies are government funded • Short term increase in funding with COVID money • Federal funding is generous right now	• Creates instability in managing the sustainability of programs • Creates issue with capacity for agencies/providers to be able to apply for increased funding opportunities • The amount of grant funding dumped into the community/agencies for Covid relief will create cliff effect when it ends • Greater amount of money on the street contributes to overall inflation • Causes more reliance on public assistance programs that might not have the capacity to be there • Might lead to out migration to areas with more affordable living, services, etc. • Position opened with funding are short term positions not long term – bring in great folks only promise pay year or so • Crisis will create if not prepared	• Gives ability to think creatively about how to solve some of the issues • Opportunity for agencies to test out creative solutions that might need to be tweaked before they are long term projects – agencies can try something new • Seen more collaboration between agencies trying to address capacity – they have combined forces to apply for these things • Lot of collaborators trying to figure out how to spend/distribute • Short term – build infrastructure and long-term capacity – or at least focus on it
Current Economic Environment • individuals' ability pay for things • increased cost/prices • gas prices • contractor cost	• Inequity among folks who don't have access to affordable healthy foods, healthcare, activities, etc. • Causes more reliance on public assistance programs that might not have the capacity to be there • Might lead to outmigration to areas with more affordable living, services, etc. • Puts on strain on existing services which may not be adequate to begin with • In addition to outmigration prevents in migration • Impacts one's ability to pay for healthcare, mental health, dental, food, etc. • Creates additional stress that affects mental health • Increased crime	• Might help prioritize consolidating where individuals spend their money – may results in a decrease of waste • May bring some families to services and get them involved in supports

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Workforce issues/challenges • staffing shortages • need to pay increased wages • people are switching jobs	• Hit smaller business harder - small business not able to do business – some are closing early or only open limited days, others have closed down • Increase burn out • High turnover rate • Reducing quality of services as straining to get more done with fewer people • Impacting access to services, resources, etc. • Impacting quantity of services available in the community • Impacting image – what is Homer if restaurants are not open? • Long range impact on tourism – especially in the summer when expectation is to be open • Small business ability to stay open in the long term if can't address those needs in the short term which impacts the economy, people lives, etc. • Unrest of people who can't get services • More work responsibility means less time to play and create • Loss of institutional memory	• Opportunity for individual to expand their professional skills and try new and additional responsibilities • Opportunity to advocate for self – pay and positions • Huge opportunity for workforce development and being creative in what that looks like • Creating an understanding of the value of people working for small business • Paid training – hospital paying more and more of nursing and CNA training and certifications with existing staff • Lower skilled people are able to get job where they can learn and grow that they would not have qualified for in the past • Opportunity to look at how you can streamline processes • Opportunity for shared resourcing with smaller businesses • People are getting dream job – since jobs opening up able to follow passion and find things fit them or lifestyle better • Usually better way to do it might be fine to lose institutional memory and rethink how to do it
Increased awareness of what mental health means (positive force) • Seeing among different generations • People are more attuned to mental health	• Outpacing existing structures/infrastructure/services available • Might be more people vying for same monies • Can increase conflict when have someone more open to express where they are at and someone not as open to hearing where they are – this can appear to increase conflict	• Reduced the stigma • Can increase self-awareness and willingness to get help when it is needed • More people advocating for behavioral health services – working it into every day other services too • Opportunity to restructure and redistribute monies toward prevention

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Development seeing nationwide of the understanding of truth to the facts/seeking truth	• Mistrust of medical system, church, government, education, media – really any institution • Makes education very hard • Adds to stresses of things like education, healthcare • Can prevent people from getting the healthcare they need	• Seen institutions not as revered for places of knowledge - people are willing to listen to people with experience and wait for study, which is great for farming, maybe not for healthcare, people are listening to farmers because they are viewed as experts • Self-reflection and introspection of institution to identify systemic issues such as racism, sexism, etc. – it has called for introspection to change institutional structures • As far as pendulum when it swings in one direction people consider corrective action so it is helping people to think in ways that would not have thought before • Forces people to do more homework on a subject before making decision – can't just believe 1 source for anything
Lack of Childcare • Quality • Affordability • Access	• Ability to meet developmental needs or special needs • Impacts workforce – people resign because they can't find childcare • Impacts people's economic stability • Impact mental health of the family • Impacts decisions about whether to have children or not (at a time when that choice might be taken away)	• Great cottage industry/home business that could be useful to person who quit their job because couldn't find childcare • Opportunity for rebranding day care as infrastructure rather than social services • Might encourage state to increase the rates that families get toward childcare which often dictate how much providers charge for childcare – cost of doing business

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
	PASS increase won't make difference if licensure can't licensed centers to accept PASS	high that is not good for business to survive – might cause state to increase which makes childcare more doable businesses PASS program at state – going to release in a little bit – increase for family income limit to qualify is going up and amount they pay will change – been close to 20 years since that changed
Political climate - swings between if political parties are in position of power then swings to other party and creates instability - divided - Lack of trust in community officials (beliefs not aligned with internal beliefs)	- Divisiveness in community - Supreme Court make up having different rulings that will effect at local level - legislative roll out - Trouble making effective policies - People ignore important information	- More people paying attention and participating in political discussion/People are getting involved - Increase in voter turnout
Limited affordable transportation	- Reduces the ability to find employment - Trouble accessing services, jobs, etc.	- Collaboration between different political groups to address the issue - People are talking/problem solving
There is a good amount of citizen willing to address local concerns (positive force)	- Because of economy and things identified people don't have as much time to volunteer and get involved – it is the same people who get involved over and over again– not seeing young families getting involved because they can't - Creates toxicity – Homer communications is an example it is argumentative, aggressive behavior that doesn't result in change and stirs pot	- Local solution instead of top down - Being able to have respectful communication within the community when people do not agree and being able to try and find ways to be gracious to one another in that space
There are lots of organizations supporting those who are plugged in – the people who know things/know how to connect	- Those not plugged in are not getting message, they are not part of the solution, they are not getting opportunities – can never catch enough people - Economy and education knocks people out	- Creates better outreach - Potentially more options for people to get the support they need with variety of organizations

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Subset of the population still avoiding personal interaction	• Less likely to form bonds/gain perspectives • Isolation and effect on physical and mental health • Increase community conflict	• During pandemic a positive is less spread of Covid and other infections
Food insecurity	• Nutrition issues among all populations • Stressor	• Homer free fridge project is a great way to get individuals involved and motivated • The Methodist Church hosts availability for food in community through the food bank and church • Community level there is the opportunity for working together to address local opportunities to create food sources
Rise of overt discrimination • racism • antisemitism • LGBTQ	• Violence • Inequities in all areas • Poor quality of life for people because they are living in fear	• When it is overt it puts it out there to have the conversation
Current phase of pandemic	• Instability with employees – being able to have full staff reliably all the time • People not masking anymore which has added to susceptibility of those immune compromised	• Covid relief funding at federal and state • People having chance to address other ailments not addressed during the highest phase of Covid • Most groups and clubs are back to in person which is good for people • Continued development of therapeutics
Challenges with students who spent time 100% of learning online are now entering the workforce and education system unprepared	• Challenge communicating face to face/difficulty with interpersonal interactions • Not socially well adjusted • Delaying entry into workforce as they are having to take more remedial/fundamental courses before can start degree • Impact on education system having to respond to young people experiencing pandemic related	• When have entire pop/generation that experience something will have culture shift – new schools of thought • Technology establish as infrastructure for future so students accessible to education • So many more teaching modalities that support more students

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
	delays – it is shifting the education system Whole concept of homework is gone which is challenging for education	More job opportunities for those tech savvy and staying home – more remote work
Women left the workforce during Covid	- Impact on family income - Impact on professional stages/careers - Impact on organizations – loss of institutional knowledge, skill sets - Isolation and impact on women's mental health	- Spending more time with family - More job opportunities for those who can work from home
Licensing agencies or infrastructure set up to provide body for oversight are beginning to break down which is affecting ability to get qualified and licensed personal or qualified and licensed day cares, timely nursing staff and providers	- Majorly crippling access to skilled service and professionals at local level - Poor health - Poor quality of life	Seen with federal partners is more willing to lower standards when go out to hire – bringing in more diverse people (training in general not specific to license)
Growing senior population/lack of enough services for seniors (i.e. home care, assisted living, etc.)	- Could lead to acute illness, hospitalization, placement in nursing home because not getting adequate care, not getting preventive care, not getting treatment in advance and state doesn't have those beds ready - Food insecurity, transportation – more burden on those services provided for those things	- Private development to move in and offer services – since there is a high demand - Opportunity for individuals to step up and take care of elderly family and neighbors
Difficulty young families have in trying to be in this community due to lack of affordable housing, daycare, being able to enter workforce, etc.)	- They are leaving so there are fewer of them - Impacts funding to schools which is based on enrollment – school closure when not enough kids - Labor shortage	Increase in wealthy and older demographic that can support local nonprofits.
Drug abuse	- Not enough services to meet the true need in community of those impacted by drugs - Increased crime - Short and long term physical and mental health for those using, abusing and addicted	- Increased opportunity for community education and reduction of stigma - Rethink drug misuse treatment

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Growing awareness of Alaskans growing their own food – there is state and federal funding, awareness and support – even seeing at local level so farmers are doing good	- Increased sale of lands not good for agriculture – environmentally delicate lands or native lands that should not be sold and controversy that creates - Start digging up forest for agriculture land contributes to climate change issues	- Local food - Less reliance on long supply chains - Small business opportunities - Long term sustainability
Workforce going remote	- Burnout - Stress - Now that having meetings again or after cramming so much in stress levels are higher as people are trying to complete all things on the plate – people have taken on more than before	- Improving individual family economics– taking on more opportunities for jobs - Lot took on more family obligations with Covid – as rebalance still maintain family priorities - Flexibility - Remote working gives us ability to collaborate across time zones on projects or beyond geographic people were able to take on more - Sharing information/data got easier
Kenai Peninsula College is huge benefit for community (positive force)	Dependent on funding from the state (some Borough Grant Funding), not funded locally so statewide decisions could have negative impact if cuts to the local campus were made.	- Allows students to stay in community or get undergrad requirement to tap into UAA and get degree that way - Jump start (¾ tuition) and middle college (*NEW* 100% coverage up to 6 credits) allows HHS juniors and seniors college credits - Provides workforce training that funnels into local employers (for example CNA classes, RN program) - Provides a great space for community programs and gatherings - Intern source for local NGOs (e.g. Semester by the bay)
	- Do we have staff to fill positions - Spread of infectious disease	Get to keep/grow your own from community to fill positions

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Need to expand educational opportunities to meet needs locally for those who can't do online		• Leveraging workforce gap • Adds commitment to folks getting the opportunity – they are more committed long term to organization working for • Increase informal opportunities
Lot of mental fatigue created from the last 2 years	• Burnout • Stress • Loss of workforce who might move on – early retirement • Domestic violence • Long term mental health issues • Long term physical health issues	• Receptive to self-care practices and learning mental health management tools and tips
Kenai Peninsula College is starting Agriculture program (positive force)	• Increase competition if there are more farms • How sustainable from professors and program manager perspective	• More people growing locally for long term sustainability of local food • Onsite and hybrid possibly could reach to rural communities
Need more support for creative solutions to reproductive health needs on regulatory side • understanding how provide good service • what learned from Covid and can still work moving forward	• Always the threat that funding could get cut more, policy could change, and headway made could be lost.	• New services • Additional staff • More access
Number of professional/remote workers who moved to area from other places during pandemic that are becoming part of the community	• More housing pressure • Not as connected to the community because working at home and not as dialed in – harder to meet people	• Likely buying and using local services • More people for boards – boards always looking for people • Lot of cool people moving to town • Infusion of ideas from other places – new perspectives
Climate change	• Infrastructure destruction ○ spit and the roads ○ water ○ sewer ○ bluff ○ land stabilization ○ farming ○ fishing	• Longer growing season potentially • Increased connectivity and reverence to the land that sustains us

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Pandemic created ease for collaboration for a lot of agencies (positive force)	Now that pandemic is over some of those regulations that allowed that are being rescinded	Provides a good platform to keep building on
More people willing to Zoom statewide representation has become more the norm	- Internet infrastructure need help in Aleutian chain and across the bay - Out of towners being more connected to what we do might influence decision negatively – historically local decisions were made by locals - Zoom burnout – less likely to do things virtually as moving to face to face meetings	- Seen more Native representation and Native voice - Processes deemed not possible via the intranet turned out to be viable because had to be that would not have been there - Harder to ignore rural voices - New collaborations - Finding shared experiences and similarities that would not have been as easy to recognize without influence of virtual connection - Higher caliber keynote speakers at events - Better connected with rural communities
Importance of human connection is really valued and highlighted right now	There was a lot in isolation and moved into community and had difficult time engaging because of lack of events	Hearing people vocalize about social opportunities and being appreciative of these opportunities
Houselessness – no homeless shelter/cold weather shelter	- People suffering from exposure when homeless. - Possible increased demand on emergency services - Increased trespassing and arrests (resulting in criminal record)	- Room for improvement - Opportunity to bring additional services into the community - Opportunity for collaboration - Create transitional housing (housing first)
Domestic violence peaked during pandemic	- Victims unable to access help due to being in isolation with their abuser. - Lack of transitional housing for folks leaving spouse (SPHH has had people in shelter for 6+ months). - Wait list locally is 2 years for AHFC housing vouchers	- Room for improvement - Create transitional housing - Increase housing options for low income individuals
Rumors of decreased funding on federal level for Indian Health Services	If true will be huge impact on tribal clinics	If false, will have raised local awareness of the importance of tribal health clinics

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
Growing trend of understanding indigenous land reside and work on (positive force)	- Racist backlash - Lip service versus actual change (slacktivism)	- Land acknowledgment have grown - Increased in cultural awareness of indigenous people and land - Opportunity for reparations
Bringing trauma informed lens to a lot of work	- Possible misunderstanding from those not trained to use trauma informed lens - Can be watered down - False representation , Lip service versus actual change (slacktivism)	- Has highlighted places where healing can take place - Community members seeking out overdue care with providers trained in trauma-informed care - Opportunity for continued training, both intro and round 2
Covid impacted artist community but now things are resuming in person	- Leaves out those with immune deficiencies afraid to attend in person with masking requirements lifted - Economic impact on artist community (financial insecurity)	- Even traditional things that have been done for years are more appreciated/elevated - Continue to explore and use tech to connect people to art and artists
Increased stigmatization of life experiences connected to LGBTQ community	- Threats to the safety and dignity of the LGBTQ community (e.g. housing, employment, access to health service) - Social isolation - Isolation, community members may defer healthcare and other services out of fear of mistreatment or prejudice	- Increased conversation can lead to better understanding and acceptance - New services and systems can be more inclusive (effort to destigmatize) and better meet their needs
Feels like departure from what had been pre-pandemic prioritization of care (commonality before pandemic and not as prevalent now) - ongoing physical care - primary care visits - cancer screening	- Health needs neglected due to fear or rumors - Physical care ignored, exacerbating problems - Screenings for conditions not getting done, conditions not being caught in early stages	- Opportunities for people to take their own health care into their own hands, i.e. eat better, take vitamins, get regular exercise and take better care of themselves. - Opportunities for providing care in new ways and where people need us
Rise in political divisiveness is also part of spiritual community – Christian	Divisiveness in town	Opportunity to have more dialogs

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
community and discrimination seeing there	• People may be less likely to speak up now due to fear of public shaming • Less community engagement • Declining mental health • Loss of community	• Trauma informed leadership, opportunities for youth leadership • Identifying places where there is common ground (youth programs) • People find courage to speak up • Create more safe spaces
Beauty of place we are and ability to feel grounded and connected to place – even if felt more isolated from one another because of physical beauty of place	• Many are far from extended families • Potential difficulty getting to know people/finding community/connection	• Connection to place and grounding can heal traumas • Connection to the seasons/weather/tides is inherently grounding and provides framework for connection that transcends socioeconomic divide.
Seen younger generation feeling more open to communicating who they are and coming out where they are and expressing self more has been bold and inspiring	• Possible backlash • Increased divide among people, over reactionary responses to ideas/forms of self expressions leaving little to no room for constructive engagement	• Increased acceptance of all • Room to increase our listening skills • Room to learn increased tools for engaging in constructive dialogue
Safe spaces for youth • after school and evening	• Potential cost barrier for parents if cost of after school programing is unattainable- creating opportunities for some youth and not for others	• City is working on safe routes in town – sidewalks and that sort of thing • Increased awareness of need to cultivate and foster healthy mentorship and spaces for youth
Jails and other institutions were closed to visitors throughout the pandemic so there are several community members who have not seen their family member(s) in years	• Increased isolation and depression	• Opportunity to support and prioritize family visits
Increase incidence/prevalence of several communicable diseases	• Infected population increase • Vulnerable communities most impacted: native villages, congregate housing, multifamily homes	• Opportunity to provide impactful education • Advocate for continued free (insurance covered) vaccinations
Overwhelming noncommunicable diseases (cancer, heart disease) as leading causes of death	• Death • Quality of life is degraded • Can cause mental health issues on	• Opportunity to address root causes such as ACEs

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created
	top of medical ones	
Healthcare workforce and other sectors not sufficient to meet community needs, not sustainable	• Health care lacking for those who need it • Creates barrier to healthcare access in a timely way	• The opportunity to prioritize growth in training and workforce in these sectors. • Increase/maintain telehealth services

2023 Executive Summary



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Acknowledgment

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

This Community Health Needs Assessment was funded in part by a sub-grant award of the State of Alaska Healthy & Equitable Communities funds from the City of Homer.

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Acronyms

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

Map of Southern Kenai Peninsula

The communities that make up the Southern Kenai Peninsula are illustrated in the map below, including Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Halibut Cove, Happy Valley, Homer, Kachemak City, Kachemak Selo, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Razdolna, Seldovia¹ and Voznesenka.



Figure 1: Map of Southern Kenai Peninsula Communities, AK

¹ Seldovia City is not part of South Peninsula Hospital's service territory.

Community Health Assessment Background

In 2008, South Peninsula Hospital initiated the first Community Health Needs Assessment (CHNA) using a framework developed by CDC and NACCHO called Mobilizing for Action through Planning and Partnership (MAPP). Out of the MAPP framework, a MAPP coalition formed and included several community partners that have been actively working to improve community health since 2008. A CHNA has been conducted every three years² to assess the health of the community in order to inform new and existing community and agency efforts. The CHNA process is composed of six phases and the following four assessments:

- I. Community Themes & Strengths Assessment
Qualitative input from community members to identify the issues they feel are important.
 - a. Perceptions of Community Health Survey
 - b. Wellness Dimension Focus Groups
- II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, 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.
- 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.

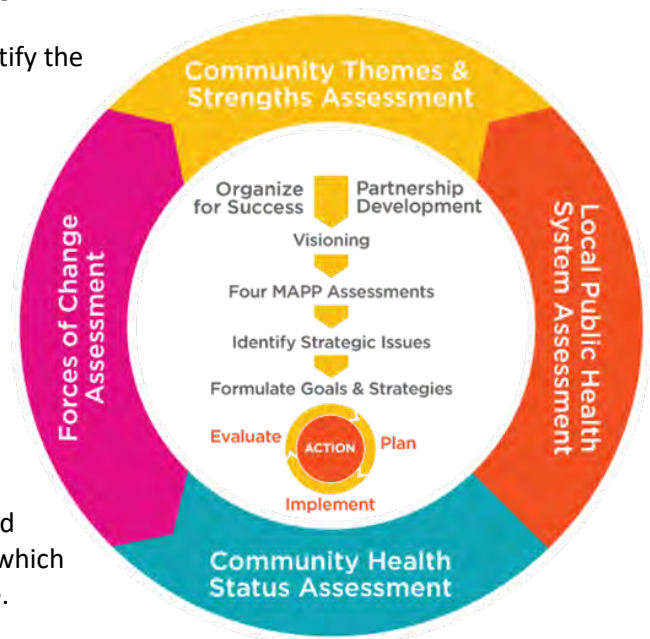


Figure 2: MAPP Framework Flowchart

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of our community 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.

² All non-profit hospitals are required to conduct a CHNA every three years. These CHNAs were completed in 2009, 2013, 2016, 2020, and 2023. The 2020 assessment was a minimalized version.

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

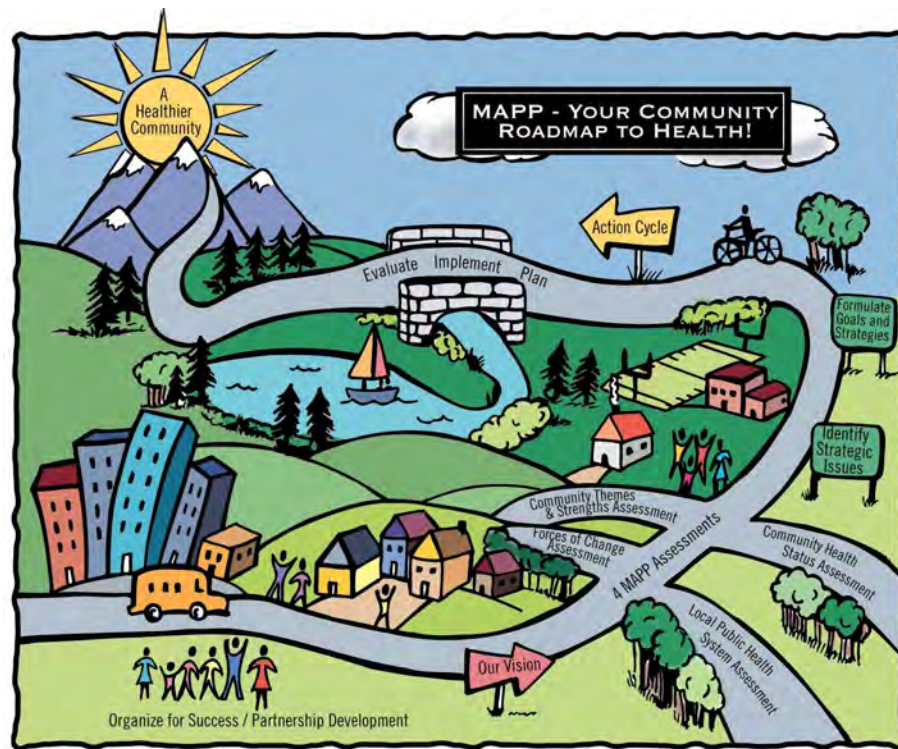


Figure 3: MAPP 1.0 Framework

To view all assessments or additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Hannah Gustafson, MAPP of SKP Coordinator, at mappofskp@gmail.com or 907-317-2050.

Community Themes and Strengths Assessment

Eight Dimensions of Wellness

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

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

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
- Community rallies around needs (4) - Hard to live here so there is a sense of pride for being able to do it (challenges with seasons, expenses, driving) (3) - Subsistence living (3) - Local Facebook group that is the historical Homer site that focus on shared history (2) - Community cares for our own (2) - Local organizations do education on local history (1) - Maritime and shared maritime history (1) - Provide work opportunities for young people (1) - Outdoor activities and appreciation for trails, water, etc. (1) - Cultural events in Seldovia – summer camps to connect to village tribe culture - Native youth leadership program at the high school - Tribal communities have a strong cultural emphasis - Burning basket as expression of part of the culture - Pratt Museum draws on local heritage and is a way to connect to local history - NRA Fundraising relates to culture for a part of the community - High emphasis on environmental science and arts (art as a form of expression) - First Friday local artists are showcased at gallery	- Don't listen to one another as much as we should (3) - Community rec center for all ages is needed/there is no place for all to come together (2) - Cultural divide (political, social, spiritual) (2) - Discrimination/not same treatment for Russian and Native populations (2) - Older adults and loss of dignity (2) - Lack awareness of what goes on in the community (1) - Social isolation (1) - Cliquey community – reluctance to expand/people are isolated and left out (1) - No easily identifiable culture for City of Homer (1) - Community is not very diverse (1) - Close knit community that takes a while to break into (1) - Bad crime which creates distrust (1) - Disconnected communities - Lack of infrastructure for things life giving/opportunities to engage in activities - Limited options for those who do not drink - Dating is tough in a small town - Need more outside presence here – not seeing as much of that as had in prior years - Do not talk about indigenous past - Lack of understanding for local culture – there is no chance to learn about it - Do not treat as a whole – there is a lack of services outside Homer

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
• Appreciation for others – blending of Homesteaders and Hippies (more cultural acceptance) • Proud to grow up here (Homesteader mentality) • Drinking culture which is good for those who socialize • Support for local business	• The older you get the more left behind you feel • We are judgmental/stigma around those who are Russian old believers, Natives or have mental health issues • Loss of bowling alley and arcade which had helped people feel as though they were part of the community • There is no cultural center

Economic Wellness: The ability to meet financial needs and adapt to unanticipated financial situations.	
Economic Wellness Strengths	Economic Wellness Challenges
• Local small businesses (6) • Willingness of nonprofit sector to work together/share resources (5) • Community is marketable (3) • Volunteers helping fund and support large projects (2) • A couple large employers fueling economy (2) • Goodwill and crowd funding (2) • Food pantry (2) • Involved Chamber working with local business (2) • Tourism (1) • In the summer there are many opportunities to make good money (1) • UAA and other resources less costly than others (1) • Education level higher than average • Financial advisors • PFD • Homer Bucks • Social service organizations are connected to direct those in need • Great charitable partnerships • Food assistance • Spaces for artists to make money • Educational opportunities available for professional training • Homer is self-sufficient • 9 star job training • Education is available for well-paying jobs, college, trade • Community members rally to help folks in crisis	• Lack of affordable housing (6) • Lack of childcare (5) • Aging population – housing and service needs are different (3) • High rent (3) • Lack of public transportation (2) • Jobs in caregiving are very low paying, limiting seniors/those with disabilities from participating in economy (2) • Low paying jobs (1) • Air BnB (1) • High cost of goods (1) • Fixed incomes shrink economy (older population tax incentives) (1) • Economic burden on student debt (1) • Lack of home care providers (1) • No front door services for those needing help – food pantry is only 1 day a week • Our local public assistance office is not currently staffed • High turnover in support jobs • Navigating health care system for seniors • NIMBY – Not in my backyard • Need recovery treatment resources • Lack of apprenticeship opportunities • Drumming up financial support for services in other communities • Outdated perceptions of outlying communities • Large population on fixed incomes • Lack of understanding of what is available in other places

Economic Wellness: The ability to meet financial needs and adapt to unanticipated financial situations.	
Economic Wellness Strengths	Economic Wellness Challenges
• Creativity and diversity in local businesses (entrepreneurs) • Economic development district helps small business • Good support for artistic community • Between fishing, retail, public sector, there is a diverse array of employment opportunities • Community appeals to funders (state and federal grants) • Bigger businesses in smaller communities • Stable tax base, healthy sales tax revenue (city) (service areas) • Job opportunity – vacant jobs	• People with mental disabilities need help (they are challenged and need something to do – too much time) • Jobs centralized – long commutes • Commercial fishing industry • Vacant jobs • Seasonality of jobs/income • Expensive to leave Homer • Seasonal opportunity flux • Jobs vs. workforce mismatch – skills and experience desired vs. what locals have to offer • Lack of estate planning education • Siloed communities (not aware of opportunities or connections) • High vehicle prices • Decentralized information sources • Healthcare service line splits Ninilchik in half • Lack of knowledge of resources • Housing bought as investments – no housing for locals • Perpetual rental vs. home ownership – can I ever afford to buy? • Local education offerings could be improved • Lack of assistive living beds • People (seniors) with high medical bills need help • Utility costs • Gas prices • Uninsured/underinsured • Healthcare is very expensive • Rent doesn't match income • Lack of year round housing

Educational Wellness: Recognition of creative abilities and the expansion of knowledge and skills	
Educational Wellness Strengths	Educational Wellness Challenges
• Community REC – ways to learn outside of school (6) • Writers' Conference (but costs money) (6) • Funding for community activities (new to people activities) 907 Veterans Charter Fishing (3) • Art – Creative Intelligence (opportunities for art learning) (3) • Good Wi-Fi library and other resources (info access) (2)	• Polarization (6) • Stigma about invisible disabilities (6) • Afraid to ask what we don't know (6) • Limited dedicated space for out of school learning (3) • Some schools are less open to new philosophies (2) • Lack of awareness of specific groups' needs and contributions (2)

Educational Wellness: Recognition of creative abilities and the expansion of knowledge and skills	
Educational Wellness Strengths	Educational Wellness Challenges
• Library – opportunities for group learning (1) • Entry points for learning about different lived experiences (1) • Hospice of Homer Film Festival about age (1) • Fireweed/Forest Schools new ideas about education (1) • Curiosity vs. intellectual • Access to alternative medicine • Independent Living Disabilities Art Show – “We are able” • Destigmatizing Disabilities Film Festival • Human connection – Veterans Buddy program • People are moving beyond their comfort zone • High scholastic level	• Not aware of abilities compared to disabilities (2) • Not appreciating differences - neurodiversity (1) • Don’t go deeper superficial connections – Veterans “Thank you for your service” (1) • Lack of awareness of multiple intelligences (1) • Misunderstanding of what different resources exist (1)

Emotional Wellness: The ability to cope effectively with life and create personal enrichment through one’s work and relationships.	
Emotional Wellness Strengths	Emotional Wellness Challenges
• Willingness to build community (6) • Small community = better networking (4) • Human animal bonds (domestic and wild) (3) • Community connection (2) • Access to plenty of outside/physical activities (2) • Lovely setting and open spaces (2) • Us for us (1) • Volunteering (1) • T.I.C. (1) • Easier to connect • Annie Garay and community yoga • Facetiming friends and family in the lower 48 • Connections to nature • Sport fishing • Green dot • Resiliency coalition • Peer teaching/education/support • Arts/theater	• Access for kids (5) • Mental health access (3) • Lack of mutual aid (3) • Lack of transportation (3) • Winter (2) • Increased professional access (2) • Stigma (1) • Youth in abusive settings – resources to escape (1) • Lack of safe spaces for queer folk (1) • Mental health – access developing males (1) • Need more peer support (1) • Education – SEL, mindfulness, bodily autonomy, self-advocacy (1) • Access to multiple hobbies (1) • Communicating advocacy/change/education opportunities (1) • Industry (fishing) creates stressful family dynamics (1) • Parental support for children/families coping with significant health/emotional issues • Professional access - backlogged/financial issues • Mental health needs not being met • Travel to get resources • T.I.C still not everywhere • Mobile crisis response

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

Emotional Wellness Strengths	Emotional Wellness Challenges
	• Volunteer burnout • Climate change • Pet ownership limit support E.C. housing • Seasonal employment

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

Environmental Wellness Strengths	Environmental Wellness Challenges
• There are a variety of ways people can connect to the natural world (e.g. clean air, quiet, walk to work, fish) (5) • A healthy environment supports our local economy (4) • Kachemak Bay/Cook Inlet connects us to other coastal communities (2) • We have facilities and people that support community convening (2) • Easy access to many recreational opportunities (2) • Kachemak Bay/Cook Inlet connects us to all (1) • Increased healthcare facilities in outlying areas (1) • We have choices on built environments we inhabit (e.g. schools, churches) • Healthy maritime ecosystem • Geographical dispersion • Community infrastructure (e.g. water/sewer) in Homer • Our natural environment is something we are all connected to in some way, is a unifying characteristic	• Habitat degradation resulting from population growth (3) • Lack of housing stock (3) • Built environment is not universally accessible (2) • Distance between agencies for people without transportation (2) • Emergency response access into homes can be a challenge (2) • Inequitable access to natural world/recreation (1) • Our interdependence with the natural world isn't well recognized (1) • Severe weather events are impacting our communities (e.g. hay shortage) (1) • Geographical dispersion creates health and safety challenges (1) • Climate change is impacting local ecosystem • Building relationships/connections between different spaces/places – there needs to be multiple entry points • Lack of transportation for people who don't have their own • Built environment if not pedestrian friendly • Lack of transitional facilities (e.g. veterans, seniors, treatment) • Housing stock doesn't meet needs of an aging demographic • Community infrastructure (e.g. sewer, water, broadband) in outlying areas

Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.	
Physical Wellness Strengths	Physical Wellness Challenges
• Natural environment – easier in summer, more active lifestyle - walk/bike/hike, community rec center, SPARC, skiing terrain, rope tow, arts in the community, specialty at spit, workout facility options, youth program ski equipment, sports programs for youth (9) • Youth programs – Sprout, Head Start, library programs, arts, sports, programs for youth (6) • Men’s residential recovery – need more MAT (2) • SPARC – nonprofit, wheelchair accessible, large safe space (1) • Increased service from SVT/Ninilchik/Anchor Point/NTC too • Neighborhood connections and support • Multiple PT services • Nature – environment, terrain, sports programs, community rec programs, arts, MAT, Sprout, Head Start, libraries • Telehealth more access otherwise	• Lack of sidewalks and bike paths (8) • The cost of outdoor recreation can be a limitation to accessing the environment during inclement weather, etc. (6) • Aging challenges of living here (wood chopping, shoveling snow) (4) • Lack of public transportation (3) • Lack of elder care (3) • Social anxiety in small town – lack of anonymity (2) • Wait list for primary care (2) • Cold and icy – unsafe to get outside (2) • Conditions of bike path not ideal – not maintained (1) • Isolation (1) • Perception that can’t do it – knowledge of opportunities (1) • Lack of volunteers • Lack of childcare (1) • Siloing – staying in your own lane – no coordination (1) • COVID impact healthcare/wellness • Lack of affordable, long term housing • Physical classes geared toward elders • Historical knowledge leaves community as elders leave • Lack of nonskilled eldercare • Recovery – focus on wellness – change mindset back to wellness • Loss of primary care providers • Affordability of healthcare • Dogs on beach or neighborhoods with human – animal conflict • Beginner activities - activities to reengage – hard to start • Food insecurity – winter especially • Lack of sunlight • SKP is not very wheelchair accessible • Lack of awareness for support groups • Lack of space for preschoolers in programs – cost barrier for private • Lack of activities for teenagers – late night, safe spaces • Free play opportunities for youth

Physical Wellness: The ability to perform daily activities without undue fatigue or physical stress.	
Physical Wellness Strengths	Physical Wellness Challenges
	• Harder in off season – winter • Accessibility – transport, equipment, cost • Transport cost for private facilities • Geography and travel, charter flights, access to larger communities • Services clearing house to help connect services • Telehealth – zero in person • Access to specialty wait list • Mental health/counseling resources • Wildlife – human interactions – negative, risk

Social Wellness: A sense of connection, belonging, safety and a reliable support system.	
Social Wellness Strengths	Social Wellness Challenges
• Nature (3) • Small close knit personal community groups with like-minded values (3) • Friendly community (2) • Volunteerism as a culture (2) • Word of mouth in small community (2) • Geographic realities necessitate cooperation (1) • MAPP (1) • Overlapping community social web • Family connection and ties • Connection to neighbors even if you live out of town • Organizations – large variety • Lots of activities • Pet friendly community • Service oriented community	• Social isolation status post pandemic (3) • Lack of funding for case managers to ensure folks are connected to resources (3) • Lack of childcare/capacity for childcare (2) • Social cliques (2) • Siloed communities (2) • Lack of indoor activities (1) • Winter (1) • Polarized opinions (1) • Visual community calendar – neutral information location (1) • Lack of capacity to bring long term change to set pattern of behavior (1) • Folks are looking for recovery (1) • Lack of leadership in recovery due to people moving, passing, etc. (1) • Back roads and trails not safe • Snowbirds - folks that leave for winter • Sober vs. non sober ways to be social – cultural norms with alcohol • Lack of established mentorship communication • Relying on technology as opposed to personal interaction • Elderly folks lack volunteers for social interaction • Lack of options for organized activities for teens • Generational and geographical cliques • Ingrained in how things were built and not very open to feedback and change – incorporate feedback channels • Lack of tools to overcome insecurities and trauma

Social Wellness: A sense of connection, belonging, safety and a reliable support system.	
Social Wellness Strengths	Social Wellness Challenges
	• How do you keep the connectivity going if someone moves • COVID created challenge to connect and participate in community activities • Organizational isolation • Ability (connection) to self-isolated groups • How do you hand down neighborhood culture to new folks

Spiritual Wellness: A sense of purpose and meaning in life.	
Spiritual Wellness Strengths	Spiritual Wellness Challenges
• Lots of avenues for people exploring spirituality/to seek spirituality (5) • Mindfulness activities (yoga) (5) • Land connectedness (3) • Lots of offerings for people seeking (2) • Higher power concept is unifying (2) • Unity in mourning and challenges (example Duffy, Drew) (2) • Room to explore spirituality that isn't mainstream (1) • Bible Institute (1) • Renewed desire to participate in community in person – real relationships (1) • Fireworks (1) • We do overcome tribalism (1) • Beauty of where we live promotes wellness for our spirituality • Unified community event with spiritual purpose • Spiritual culture/wellbeing feels supported • Lots of diversity – lots of support and avenues • Physical activities • Churches helping meet basic needs/community events • Re-engagement at a local level – flesh and blood relationships • Lots of resources (Many Rivers, SVT, SPARC) • Communal appreciation for nature	• The need to be right (5) • Churches politicized (4) • Connecting resources and people and needs (4) • Meeting people where they are at regardless of beliefs – this doesn't have to be compromising your beliefs (3) • Sense of hopelessness worldwide (2) • Spirituality in community can feel competitive (2) • Hustle culture – we focus on surviving capitalism and don't have permission to focus on this aspect (2) • Stigma/judgement – big churches feels like people can fall through the cracks (2) • Redefining purpose after COVID (1) • Talking circles could be powerful (1) • There can be missions out of country but not meeting local needs (1) • VA Chaplain could share with churches on sharing/communicating with Vets (1) • Geographical separation • Post 2020 not as confident spiritually – confident in why I'm here (challenge and opportunity for growth) • Unity is wanted but can be a challenge • So many churches it feels like churches get lost- churches need to work together • Lack of money can affect lack of spiritual needs counseling/wellness/coach/mentorships • Need to learn how to embrace all people • Be more intentional with indigenous spiritual beliefs • Less listening happening, lack of tolerance

Spiritual Wellness: A sense of purpose and meaning in life.	
Spiritual Wellness Strengths	Spiritual Wellness Challenges
	• Tribal tendencies in communication – judgement based on spiritual home • Lack of trauma informed care is a barrier to taking care of spiritual needs • Social needs directly affect spiritual wellbeing • Limited jobs and resources can affect your sense of purpose • Maybe a varying opinion on “spirituality” and what that is and how it is understood by community • When basic needs are not met (housing/isolation/food) it is hard to have meaning for life • Lots of churches/separation • (VA Nurse) Chaplain would like to speak with vets – Chaplain would like to know how to engage with vets • Spiritual component for end of life (hospice) needed – elderly need cared for spiritually

Perceptions of Community Health

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

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

Source: Perception of Community Health Survey

Which THREE aspects are our community's greatest strengths?

Top 5 Community Strengths, Historical Perspective

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

Source: Perception of Community Health Survey

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

Top 5 Community Areas for Improvement, Historical Perspective

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

Source: Perception of Community Health Survey

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

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

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

Source: Perception of Community Health Survey

*2009 and 2012 Perceptions Survey did not ask directly comparable question

Top 3 Factors Negatively Impacting Community, Historical Perspective

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

Source: Perception of Community Health Survey

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

Top 5 Issues Preventing Use of Services, Historical Perspective

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

Respondents were asked to rate the following statements for themselves:

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

Eight Dimensions of Wellness	Survey Year	Always	Frequently	Sometimes	Never
I have a sense of purpose and meaning in my life.	2023	54%	30%	15%	1%
	2019/2020	53%	36%	11%	1%
	2015	25%	55%	19%	1%
I have a sense of connection, belonging, safety, and a reliable support system.	2023	50%	30%	18%	2%
	2019/2020	50%	35%	14%	1%
	2015	64%	25%	10%	1%
I have the ability to perform daily activities without undue fatigue or physical stress.	2023	42%	37%	18%	3%
	2019/2020	42%	41%	16%	2%
	2015	29%	48%	20%	2%
I have the opportunity to expand my knowledge and skills and use my creative abilities.	2023	38%	36%	24%	2%
	2019/2020	43%	37%	18%	2%
	2015	**	**	**	**
I can cope effectively with life stresses, and my work and relationships are enriching.	2023	32%	44%	23%	1%
	2019/2020	30%	51%	18%	2%
	2015	29%	55%	15%	1%
My surroundings are adequate for me (from my home to the wider community or environment)	2023	52%	31%	15%	2%
	2019/2020	53%	35%	11%	1%
	2015	28%	43%	28%	1%
I have enough money for my basic needs, and I can adapt for unplanned expenses.	2023	42%	27%	22%	9%
	2019/2020	41%	34%	20%	4%
	2015	45%	33%	20%	3%

Eight Dimensions of Wellness	Survey Year	Always	Frequently	Sometimes	Never
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures.	2023	42%	33%	19%	4%
	2019/2020	43%	34%	19%	3%
	2015	**	**	**	**

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

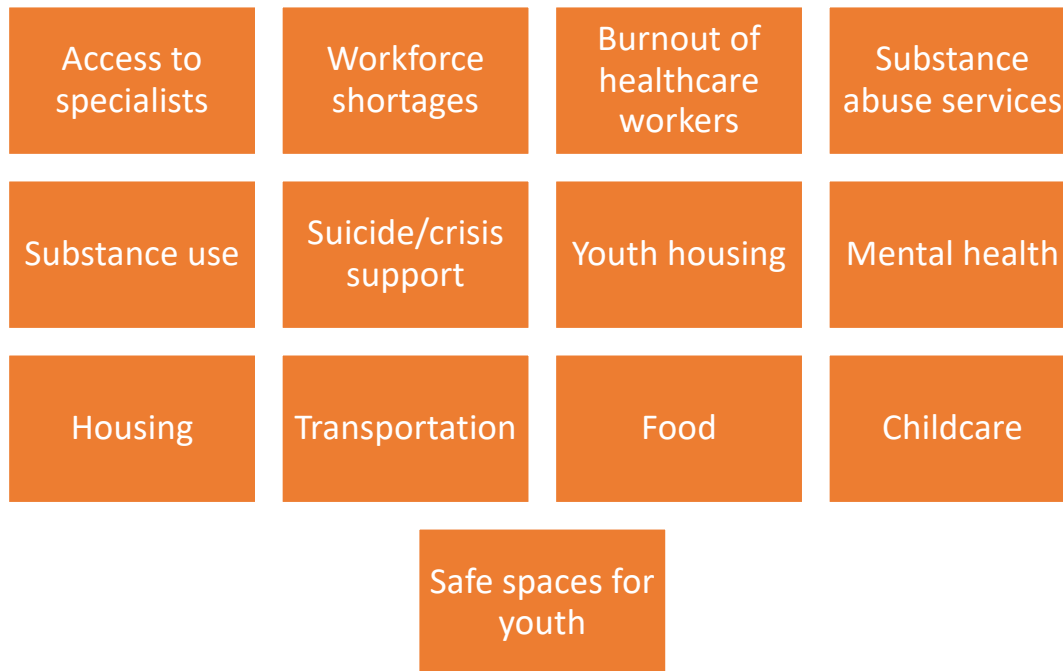
NOTE: Data for 2023 is only for those who responded to the question and excludes those who responded "prefer to not answer"

Respondents were asked to rate the following statements for themselves:

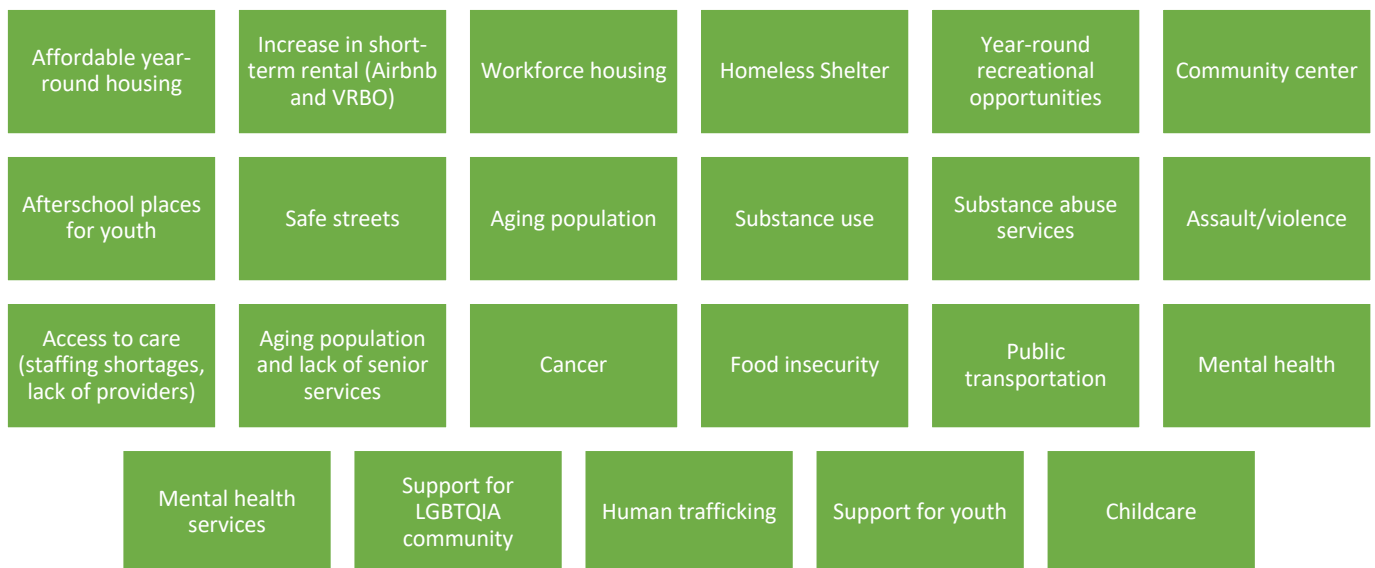
Eight Dimensions of Wellness, Intercept Survey

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

Top Identified Community Needs – Focus Group Participants



Top Identified Community Needs – Stakeholder Interviews



Forces of Change Assessment

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

Wellness Dimension Key

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

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
1. Housing Crisis/Homelessness	- Outmigration - Impacts workforce - Large portion of salary going towards housing limits resources towards other essentials - Impacts physical and mental health - People suffer from exposure - Increased demand on emergency services - Increased trespassing and arrests	- Creative problem solving (i.e. yurts, tiny homes) - High demand allows developers to invest big while getting a return on their investment - Crosses political lines, all agree it's an issue - Bring additional services to the community - Create transitional housing	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
2. Increased funding/availability of funding	- Creates instability managing programs - Will impact workforce, programs and the community when it goes away - Contributes to inflation - Causes reliance on public assistance programs - Possible outmigration to more affordable areas	- Ability to creatively problem solve/try new solutions - Increased collaboration - Build infrastructure and increase capacity	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
3. Workforce (staffing shortage, remote workforce, women who left workforce)	- Business are closing/reducing hours - Increased burn out/turnover - Reduces quality of services - Impacts access to services - Impact personal/family income - Loss of institutional memory	- Professional development and growth - Workforce development/training - More jobs open to lower skilled people that would not have otherwise been - Shared resources among businesses	CUL	EDU	ENV	SOC

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
	- Isolation which impacts mental health - Pressure on housing system - Not as connected to community	- More opportunities for those who can work from home - Increased family time - Work/life balance - Easier to share information/data - People are buying/using local - Influx of people into community - Telehealth/remote services	ECO	EMO	PHY	SPI
4. Current Economic Environment	- Creates inequity - Causes reliance on public assistance - Outmigration - Strain on existing resources - Increased crime - Stress/impacts physical and mental health	- Help prioritize where to spend resources - Connect people to available supports	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
5. Increased awareness of mental health/trauma informed practices	- Outpacing existing infrastructure/services - Competition for funding - Increased conflict - Misunderstanding if not trained - False representation	- Reduced stigma - Increased self-awareness - More advocating for services - Redistribute funding toward prevention - Highlighted places where healing can occur - People are seeking services - Continued training	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
6. Trend to understand and seek truth/facts	- Mistrust - Adds stress - Impacts people seeking services	- Willingness to listen - Self-reflection - People are doing research before making decisions	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
7. Lack of Childcare	- Impacts ability to meet development needs/special needs of children - People leaving workforce - Impacts economic stability of individual/family - May limit number deciding to have children - Impact on mental health of the family	- Cottage industry/home business opportunities - Look at daycare as infrastructure - Might encourage state to increase rates	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
8. Political Climate (also impacting spiritual community)	- Divisiveness in the community - Supreme Court making decisions impacting local level - Trouble making effective policies - People ignore important information - People are less likely to speak up - Loss of community - Declining mental health	- More people are paying attention and participating in discussion - Increased voter turnout - More dialogue - Trauma informed leadership - Create safe spaces	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
9. Limited Transportation	- Reduces ability to find employment - Difficulty accessing services	- Collaboration across different political groups to address - People are talking/problem solving	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
10. Community Involvement	- People do not have as much time to volunteer - Same people always involved - Creates toxicity (i.e. Homer Communications)	- Creating local solutions - Respectful communication within community	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
11. Lot of organizations supporting community	- Those not connected are not getting the message/do not have opportunity - Economy and education knocks people out	- Creates better outreach - More options to get needed support	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
12. Pandemic (current state)	- Those still avoiding interaction are not forming bonds - Isolation impacts physical and mental health - Increased community conflict - Instability of workforce - Susceptibility to those immune compromised - Economic impact to businesses/artists - Delayed care/lack of preventative care - Jails were closed impacting ability to visit with family	- Isolation minimizes spread of infection - COVID relief funding - Seeking care for health conditions delayed during height of pandemic - Return of in person gatherings - Development of therapeutics - More appreciation of traditional things that have been done for years - Ability to care for self (exercise, nutrition) - Provide care in new ways - Opportunity to prioritize family and social connections	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
13. Food Insecurity	- Nutrition issues - Stressor	Community involvement/support	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
14. Overt Discrimination/Increased Stigmatization	- Violence/Threats of safety - Inequities - Poor quality of life - Social isolation - Access to services - May delay seeking treatment	- Increased conversation - Understanding and acceptance - New services/supports - Inclusive practices	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
15. Education (impact of online learning, available community resources)	- Challenge with interpersonal interactions - Delayed entry into workforce - Shifting educational system - Concept of homework is gone - Dependent on funding from state	- Will bring new schools of thought - Technology infrastructure - New teaching modalities, better support for students - More job opportunities for those who are tech savvy - Kenai Peninsula College allows students to stay local for education - High school students can earn college credits - Provides workforce training - Space for community gatherings	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
16. Licensing agencies/infrastructure is breaking down	- Crippling access to skilled service and professionals at local level - Poor health - Poor quality of life	- Federal partners are more willing to lower standards when comes to hiring - Bringing in more diverse people	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
17. Growing senior population and lack of services	- Increased hospitalizations - Burden on existing services	- Private development/new services to come in - Community step up and care for family and neighbors	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
18. Challenges young families are facing (housing, childcare, employment)	- Outmigration - School closures and impact on funding to schools - Labor shortage	Increase in wealthy and older demographic that can support local nonprofits	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
19. Substance Use/Abuse	- Not enough services to meet need - Increased crime - Impact on physical and mental health	- Community education and reduction of stigma - Rethink drug misuse treatment	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
20. Increased focus on growing local food/local agriculture	- Increased sale of land not good for agriculture - Loss of forest - Impact on climate change - Increased competition on farmers	- Local food - Less reliance on long supply chains - Small business opportunities - Long term sustainability - Kenai Peninsula College is starting Ag program	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
21. Mental Fatigue	- Burnout - Stress - Loss of workforce - Domestic violence - Long term impact of mental health issues - Long term impact of physical health	Receptive to self-care practices	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
22. Need creative solutions to reproductive health on regulatory side	- Funding could get cut - Policies can change	- New services - Additional staff - More access	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
23. Climate Change	Infrastructure destruction	- Longer growing season - Increased connectivity and reverence to the land that sustains us	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
24. People are willing to use Zoom	- Internet infrastructure - Out of town influence on local decisions - Zoom burnout	- More Native representation - Harder to ignore rural voices/better connected to rural communities - New collaborations	CUL	EDU	ENV	SOC

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
		- Finding shared experiences and similarities - Higher caliber of keynote speakers	ECO	EMO	PHY	SPI
25. Value and importance of human connection	- Isolation created by pandemic - Difficult time engaging	- People vocalize about social opportunities - Appreciation of opportunities	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
26. Increase in domestic violence during pandemic	- Victims unable to access help - Lack of transitional housing - Wait list of housing vouchers	- Create transitional housing - Increased housing options for low income individuals	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
27. Rumors of decreased federal funding for Indian Health Services	Impact on tribal clinics	Raised local awareness of importance of tribal health clinics	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
28. Growing understanding or indigenous land	- Racist backlash - Lip service versus actual change	- Land acknowledgement has grown - Increased cultural awareness - Opportunity for reparations	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
29. Safe spaces, activities and opportunities for youth	- Possible backlash for self identity/expression - Increased divide among young people - Cost burden to families	- Increased acceptance - Increased communication skills - Foster healthy relationships - Create safe sidewalks	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
30. Physical beauty of where we are	- Many are away from extended family - Difficulty getting to know one another/finding community	- Connection to place and grounding can heal trauma - Connection to seasons/weather/tides provides framework for connection that transcends socioeconomic divide	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
31. Increase prevalence of disease	- Infected population increases - Impact on vulnerable communities	- Provide education - Advocate for free vaccinations	CUL	EDU	ENV	SOC

Forces (Trends, Events, Factors)	Threats Posed	Opportunities Created	Impacted Wellness Dimensions			
	• Death • Quality of life degrades • Can cause mental health issues	• Address root cause of disease	ECO	EMO	PHY	SPI

Local Public Health Assessment

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

Recurrent Themes

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

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

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

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

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

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

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

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

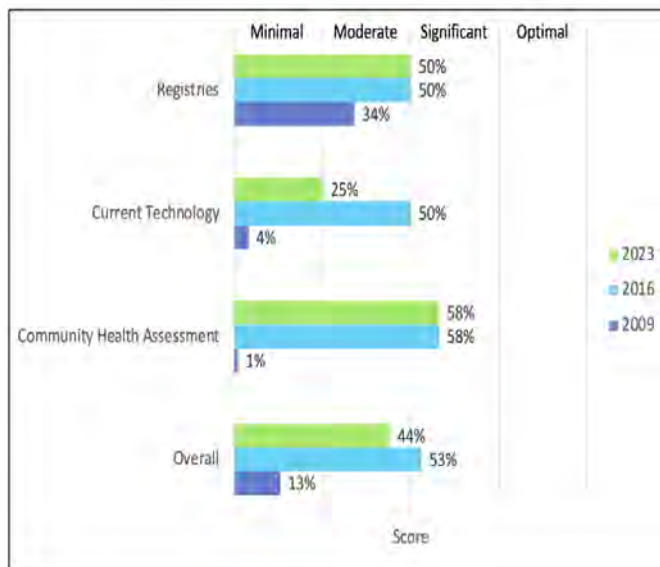
Results

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 multisector integrated data systems

Model Standard Scores



Overall Scores

2009: 13% 2016: 53% 2023: 44%

Strengths

- The CHNA is conducted at the coalition's discretion, is current (updated every three years), and available online

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

Challenges

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

Opportunities for Improvement

- Greater use of the CHNA through promotions via the agency and community (Kenai Peninsula Borough Assembly, city, decision makers) and public access to data and dashboards on the website

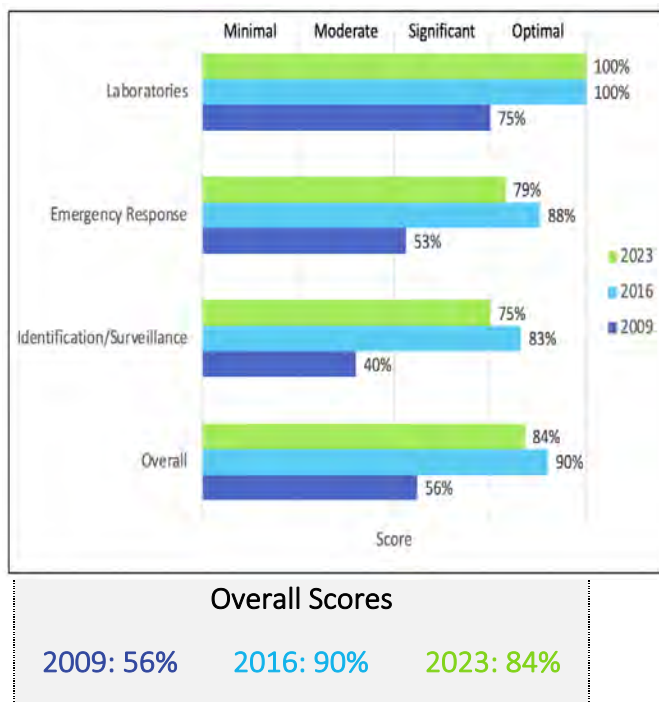
- Improve presentation of CHNA data through shorter reports, more infographics, and dashboards to show real time trends
- Improve data collection, ability to identify inequities, and track progress by providing data systems training, increased local level data, integrated medical record systems, and data modernization

Essential Service 2: Diagnose and Investigate Health Problems

This Essential Service 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

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

(phones, texting), Incident Command Structure, and local radio

Challenges

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

Opportunities for Improvement

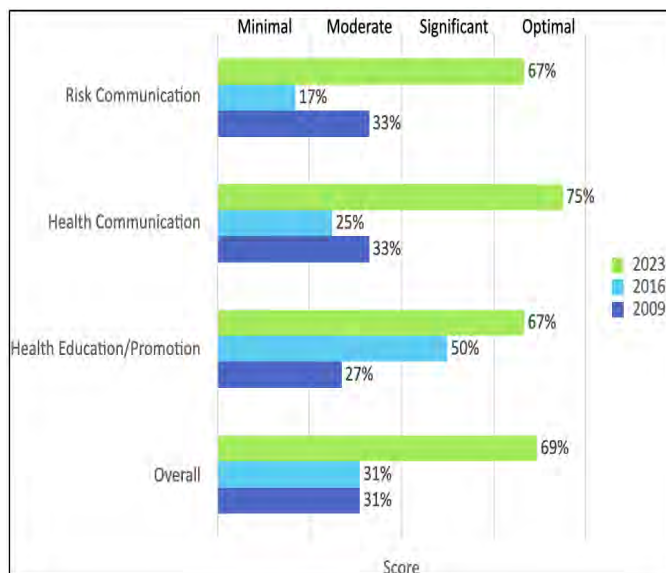
- Retrieve Outcome and Assessment Information Set (OASIS) assessment and other data surrounding clinical intake screenings
- Work with the Environmental Sector to outline threat and resilience public health factors
- Make improvements promptly following the After Action Reports
- Re-initiate child swim and safety programs
- Increase access to data for noncommunicable disease, clinical intake screenings, and OASIS assessment
- Improve collective response to noncommunicable disease (e.g., obesity, cancer, heart disease)

Essential Service 3: Inform, Educate, and Empower People

This Essential Service 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



Overall Scores

2009: 31% 2016: 31% 2023: 69%

Strengths

- Cooperation and collaboration across the LPHS, including through public meetings, regular meetings with the state, results in getting the word out, sharing information about services, and sharing skills
- Strong public health communications with shared messaging including across the bay,

through Extension for Community Healthcare Outcomes (ECHO), and through contact with families

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

Challenges

- Unclear how to sustain the collaboration and cooperation that resulted from COVID
- Many offerings were on hold during COVID
- Youth is high-risk group without gathering space, limited services outside of downtown
- Limited access to local, current data makes it difficult to know local need or update plans and systems
- Some individuals alienated without access to electronic enrollment and delivery or cell phone messaging
- Challenges with messaging and education include: exclusion of at-risk groups, lack of LPHS coordination to stay on message, varying messaging protocols across agencies, complexity of messaging, complex approvals to provide health education, and lack of public interest
- Insufficient workforce
- Areas outside of a service area are not tied into emergency response
- Emergencies not inclusive of cancer, chronic disease, racism, etc.

- Communicable disease tracking systems are siloed, state registries don't communicate
- Band-aid approaches skip or miss information that might lead to risks
- Some don't have back up for technology

Opportunities for Improvement

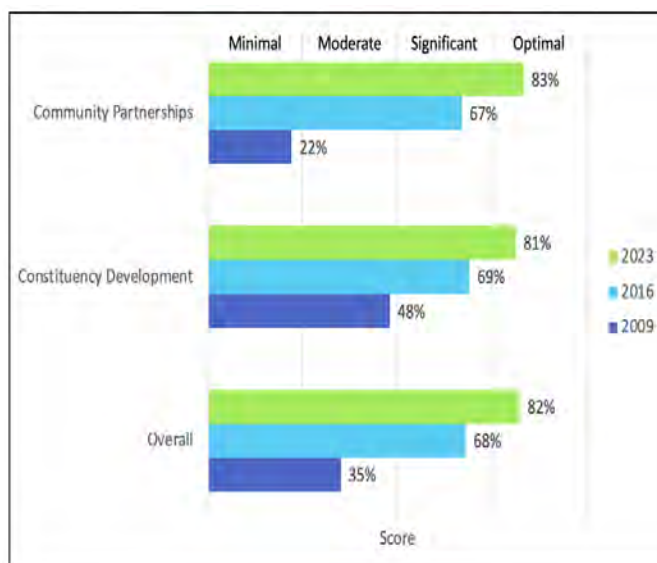
- Relax state regulations for classroom health education or rely on outside educators
- Acquire grants or funding to resume activities, support messaging and programs for high-risk populations, help those in need participate, and remove barriers, including recovery populations and those in outlying areas

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



- Modernized data collection, tracking, and recording of work
- Invest in a universal public health communications plan to coordinate agencies and inform the workforce across a variety of platforms
- Trainings on incident management/command/emergency preparedness
- Leverage technology including YouTube station for health, telehealth in schools, digital/social platforms for parents
- Review, evaluate, and reinstate protocols regularly to reduce risk

Overall Scores

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

Strengths

- Cross-sectoral (nonprofit, for profit, businesses, public), growing partnerships fueled by small town relationships and asking, "who's missing?", support strategic pursuit and alignment of resources, and shared ownership of MAPP
- Multiple outlets and formats to share information including public health newsletters (MAPP, SPH), MAPP interagency updates (including Emergency Services Booklet)
- Innovative community engagement with multiple points of engagement and formats
- Increased awareness of public health issues, in part through KBBI Radio collaboration, including around substance misuse, housing, food insecurity, and employee mental health
- "Perceptions of Health Survey" since 2008 repeated every 3 years

- Resource directories for individuals and families, including one through the Department of Labor
- Strong coalitions including a homeless coalition, and the long lasting Resilience Coalition with youth-led initiatives
- Community is better at stopping to reflect intentionally and evaluate before moving forward strategically
- Broad definition of health within MAPP has been adopted and bolsters individual and organizational efforts

Challenges

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

Opportunities for Improvement

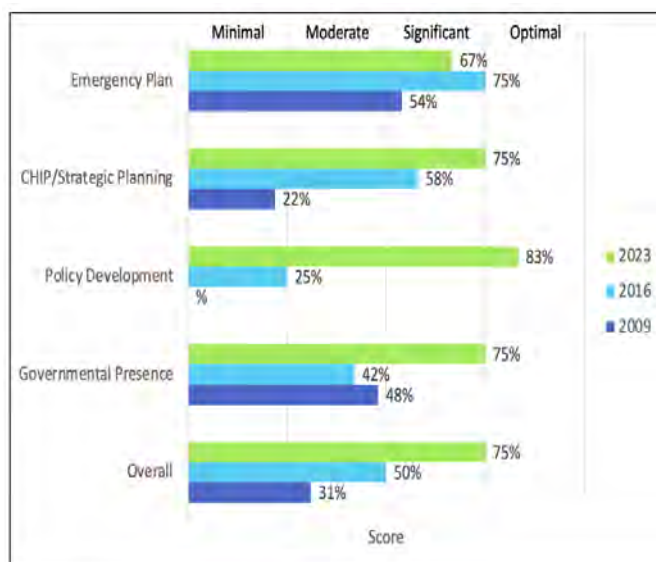
- Strengthen, expand, and align existing relationships (e.g., with local business partners, youth-led initiatives) and align through mutually beneficial pursuits and shared workspaces
- Expand community, in-person events (e.g., bike rodeo, Rotary Health Fair) for more connection and information sharing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

Essential Service 5: Develop Policies and Plans

This Essential Service 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



Overall Scores		
2009: 31%	2016: 50%	2023: 75%

Strengths

- Updated plans including: Joint Information System (JIS) Plan, Point of Dispensing (POD) plan tested in December 2018, All Hazards Plan revisited in City of Homer
- Emergency Operations Center (EOC) and other systems for emergency response

Challenges

- City of Homer does not have Health Powers, and would require more resources if they did
- The community Point of Dispensing (POD) Plan, when operationalized during peak COVID response, didn't include action from all players. There were limited resources,

activated smoothly and are refined over time

- There is a culture of wellness in SKP and longstanding engagement across the state
- High recognition of MAPP and continued progress on CHNA every three years (including 3 iterations of LPHSA since 2009) and alignment with Healthy People 2030 metrics
- Routine engagement of partners that expands beyond MAPP Steering Committee; collaboration of Alaska Department of Health with Tribal governments; existence of recovery community; South Peninsula Hospital involvement with the community
- Strong advocacy efforts due to state statute requiring prompt communication from local to statewide to policymakers; from community members to City of Homer (e.g., regarding community recreation needs), policymakers (e.g., LPHS discussing houseless challenges and opportunities), Public Health Nurse and South Peninsula Hospital presentations to Homer City Council, and improved tsunami zone response efforts in response to recent studies
- Local resources including Homer Police Department, State Troopers, local hospital tax revenue, Public Health Nurse in Homer within Homer Public Health Center
- Local Public Health Nurse office contributes to Public Health Accreditation Board (PHAB)

shifts in liability, and an unexpected long-term nature

- Response plans assume access to resource pool

Opportunities for Improvement

- Greater collaboration of municipalities, borough, and Tribal governments on noncommunicable diseases
- Outline the pros/cons of municipalities having Health Powers
- Create a comprehensive, long-term recreation system for the community
- MAPP Steering Committee organizations and other organizations could outline and

commit to specific CHIP components at the outset

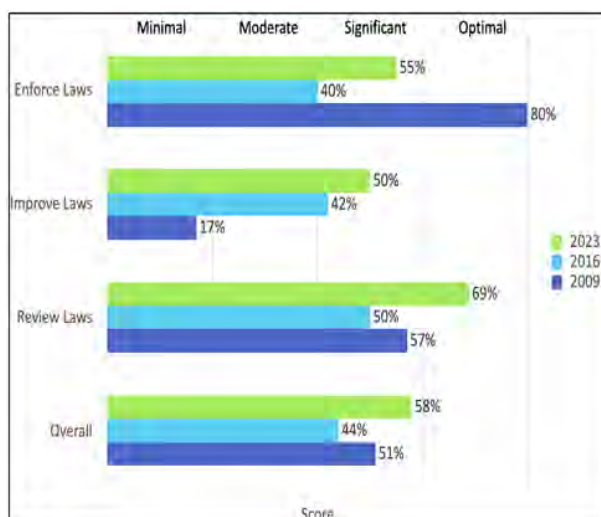
- Create Community level dashboards
- Make realistic resource allotments for Preparedness and Response Plans
- Revisit content, testing, and long-term response within Point of Dispensing (POD) plan
- Incorporate Community Emergency Response Team (CERT) into training
- Joint planning, and revisiting plans, with partner

Essential Service 6: Enforce Laws and Regulations

This Essential Service 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



Overall Scores

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

Strengths

- Local groups do community education, loan equipment and resources, or provide free or reduced rate, for prevention
- Occupational Safety and Health Administration (OSHA) study on onboard emergency response to identify laws to eliminate, with data from Musculoskeletal Disorders (MSD) reports and Fire/Emergency Medical Services (EMS)
- Local public health department has power to enforce by going through the state office
- Occupational health and safety onboard vessels is a growing regulation at the congressional level and coast guard level (e.g., USCG has Memorandum of Understanding [MOU] with CDC to enforce quarantines on vessels, and prevent docking, for communicable disease.)

- Effective mandated reporting for communicable diseases, and requirements are easy for healthcare providers to find
- Federal changes announced on the federal register; no state or local tracking regarding most entities
- City, Borough and State have attorneys
- Statewide data collection and analysis, annual surveys, accreditations, data from Department of Health Services to inform decision making
- Strong vaccine and public health compliance in school district
- Tribal communities have power to control their community decision
- Sharing of policies, online ECHOs, educational events and online trainings (e.g., regular bulletins to boating community, USCG event teaching boat safety, Safe & Healthy Kids Fair, local community group education)

Challenges

- On-board maritime events are on the rise
- More regulations needed for: reservoir, wetlands, fishing vessel safety, recreational boating, local building codes for residential

homes (indoor air quality, fire marshal codes)

- Lack of legislative power: local and borough government does not have health powers, there are no laws to prevent the top leading causes of death
- Flow of information hindered by reliance on relationships, email/electronic communications
- Reactive approach in changing systems, and tracking what was missed, not what was done; reviews were delayed due to COVID
- Lack of enforcement, including for non-commercial Fire Marshall investigations, smoke alarms, due to law enforcement not having training on the subject, turnover and vacancies, challenges in a large, remote state

Opportunities for Improvement

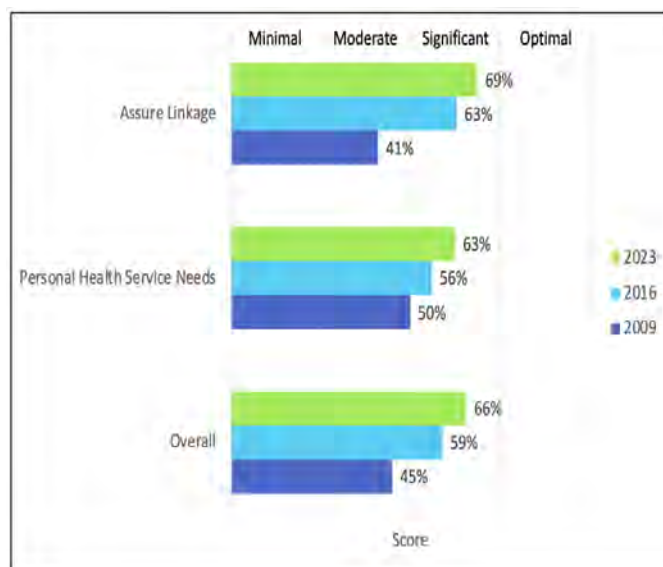
- Require boating education card in order to get a slip at the harbor or use the boat launch
- Address non-communicable diseases and health literacy through laws, regulations and ordinances, and enforce laws around communicable disease

Essential Service 7: Link to Health Services

This Essential Service 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



Overall Scores

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

Strengths

- Patient surveys are available in most medical homes
- Many health facilities offer grievance procedures
- Opportunities exist to make healthcare more accessible: Free Rotary Health Fair,

Safe & Healthy Kids Fair, pop-up health education events, sliding fee scale model

- Medication Management Information System (MMIS) is an online portal for organizations to research healthcare coverage for individuals, and is available to hospitals, public health, family planning, Seldovia Village Tribe (SVT)
- Organizations have strong relationships as a whole as well as between individuals, and therefore can share information, education, awareness, whether through a resource pamphlet or informal referral system

Challenges

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

Opportunities for Improvement

- Decrease barriers to care (transportation, need for technology, and cost)
- Streamline care across organizations with a universal intake packet and connected patient portals
- Access to accurate data at the local level
- Advocates needed for individuals accessing healthcare for the first time to navigate the

system, communicate, and be linked to services

- Increase awareness of organizations' offerings/resources, and healthcare coverage accessibility to the community

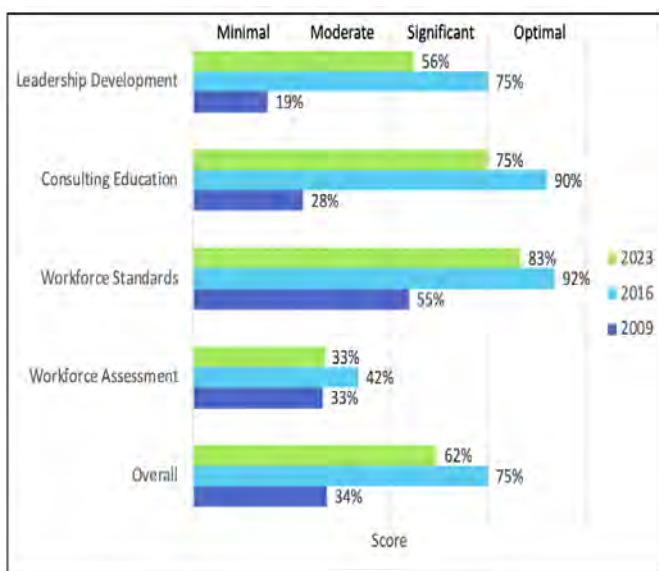
- Face-to-face meetings for organizations and increased avenues for them to evaluate their work together as well as identify areas for improvement
- Prepare for turnover with clear, defined rules of each role within agencies

Essential Service 8: Assure a Competent Workforce

This Essential Service 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



Overall Scores

2009: 34% 2016: 75% 2023: 62%

Strengths

- Monitoring of vacancies by local public health office (informal) and statewide (tracking vacancies)
- Participation in assessments and studies including: SPH in workforce burnout, Alaska Healthcare Association 2022 assessment, hospital in statewide assessment, Foraker non-profit assessment The assessment data is used to support plans for using existing staff training to fill in the gaps
- Most local employers use state or federal guidelines, and the state public health requirements and standards have been streamlined. For example, there are reduced educational requirements to be hired at SPH, including "earn to learn" for Certified Nursing Assistant (CNA) licensing program
- There are opportunities to have certifications paid for including: 2-year certifications from Department of Labor, extra wage for SPH current employees who get more certifications, 100% tuition for nursing training from SPH, Continuing Education Units and licensing from the South Peninsula Behavioral Health Services (SPBHS), sign-on bonuses from employers

- Opportunities including new certifications for peer support (alcohol, drug use), online trainings and connections; internal trainings for staff at SPBHS, which are also offered to neighboring organizations, using internal subject matter experts and external trainers; SPH has an internal education department with elective and required staff training
- MAPP brought strong collaboration, cultural difference appreciation, 8 Dimensions of Wellness, Social Determinants of Health (SDOH), and a shared community vision, which is shared by local members. It also redefined “wellness”, broke down silos, and attracted people from across the spectrum
- The level of engagement of the community in identifying workforce needs is high
- SPH has been developing a succession plan and training all levels to help fill leadership positions

Challenges

- Prior assessments are no longer relevant due to changes in healthcare. For example, there is a desire to shift from numbers to overall population impact
- Workforce shortages due in part to lack of nurses leaving bedside due to post-traumatic stress from the pandemic, shortage of applicants, staff challenges getting jobs posted. They will continue as demand increases. Seasoned and experienced nurses are needed to fill current seats
- No formal local assessment done regularly
- Shortage of instructors due to less desirable salary and workload, which causes limited seats in the university
- Reluctance to reduce job qualifications for fear of threatening quality, and standards have been lowered as employers try to

cope with shortages (keeping “bodies” regardless of job standards)

- Some promoted into leadership positions without the leadership skills
- Aging LPHS workforce means many are reaching retirement age

Opportunities for Improvement

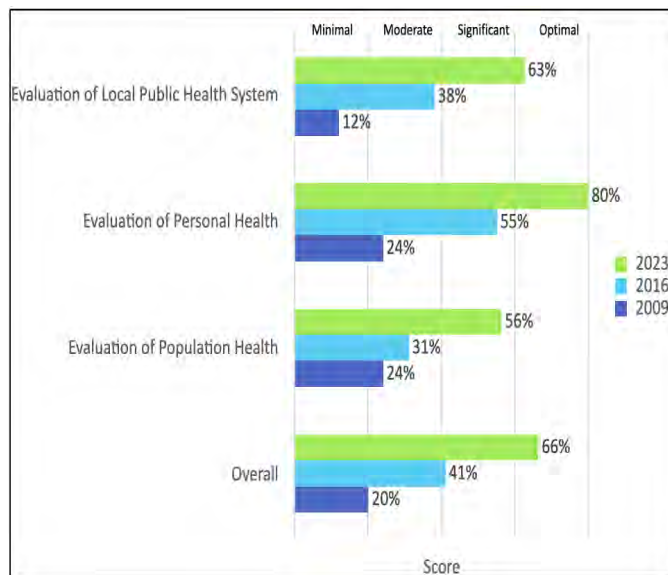
- Trainings including: community wide leadership training, workforce training on Social Determinants of Health
- Relocate individuals from Anchorage workforce to here
- Reduce certification requirements without compromising quality of services
- Incentivize professionals to move from field work into professional education, and add preceptor programs
- Local health coalition steering committee outreach
- Succession planning for individual pieces of the LPHS
- Get MAPP message to new hires within agencies, such as SPH

Essential Service 9: Evaluate Services

This Essential Service 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

- Ongoing evaluating and reporting supported by an incentive based system
- Useful methods to connect include ECHO, agency staff listservs
- Some processes are regulated or mandated, including agency specific accreditation processes (Commission on Accreditation of Rehabilitation Facilities [CARF] every 3 years), site reviews by regulatory agencies for hospital, Seldovia Village Tribe (SVT)
- Evaluation methods are quantitative and qualitative, and include: self-evaluation

within agencies, personal services evaluation (e.g., surgical site infections, primary care association data, Centers for Medicare and Medicaid Services [CMS] data), hospital surveys, community substance abuse tracking, individual personnel evaluations, digital/text patient satisfaction surveys, appointment availability tracking; infections, social determinants of health, and services reporting

- Useful systems include state information exchange, the required Automatic Identification and Monitoring System (AIMS) statewide system for addiction/recovery, and the Electronic Health Record (EHR) which updates periodically to reflect changes in reporting or reimbursement requirements
- Data, both positive and negative feedback, is used to make changes (de-identified survey data in hospitals; using appointment availability to make changes in staffing, facility/appointment times; SVT reviews referral numbers to make changes to care; VaxTrak follows patients as they move around the state to determine changes)
- Partnerships are managed with Memorandum of Understanding and referral tracking, and they lead to community-wide shared resources and monitoring of public health needs, and relationships are evaluated by MAPP every 3 years
- There is also an informal network for addressing individual needs and highlighting gaps, and community members are comfortable speaking up about needs

Challenges

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

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

Opportunities for Improvement

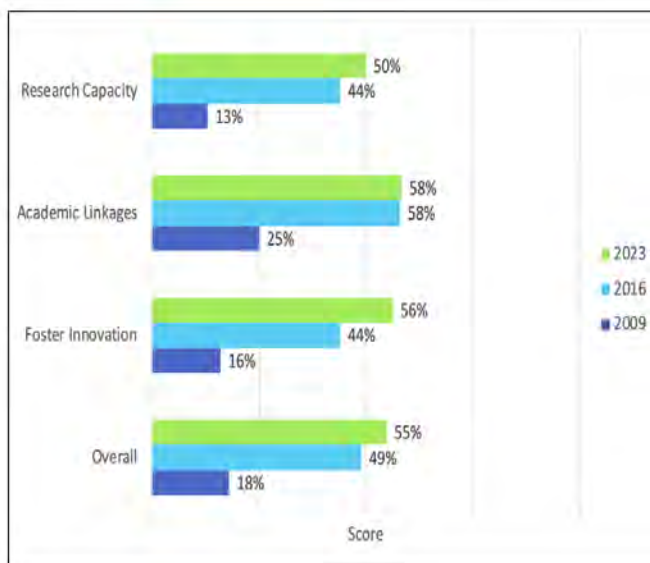
- Perception that a CHNA is not needed if goals are met
- Need for more data – the Service Area Board could use more data reflecting community needs. Could create a dashboard for local health metrics, and the MAPP Steering Committee could share more trends in public health information among member organizations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

Essential Service 10: Research and Innovations

This Essential Service 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



Overall Scores

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

Strengths

- Ample research findings from COVID studies to work with – e.g., health literacy and disparities spanning the population
- Our community is unique and has the capacity to tailor services to meet the needs of individuals in unique ways. For example, using home health, or bi-weekly state ECHO calls during the pandemic to level up communication across various platforms. There are many resources within Homer to help improve health.

- The pandemic changed the way education has been offered to the community (e.g., Kenai Peninsula College greatly expanded services and alternative methods of delivery)
- Individuals are highly engaged with community efforts, especially individuals within community organizations (e.g., Kenai Peninsula College is a hub and shares space with SPH, reducing cost barriers and increasing accessibility; the University of Alaska system is stackable and strong)

Challenges

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

Opportunities for Improvement

- Community dashboard for organizations to share and receive information to increase collaboration between providers across care sectors
- Create more connections and align resources between partners to improve service delivery, through more conversation, identifying top concerns across primary care providers, generating buy-in, mapping out connections/roles, annual/bi-annual meetings, and initiating new conversations between partners
- Increase opportunities to maximize use of the workforce's essential skills; partner with University of Alaska students in Masters programs to engage in local data collection

Community Health Status Assessment

Demographics

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

Health Status

Status Improving

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

Status Not Improving

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

Access to Quality Health Services

Status Improving

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

Status Not Improving

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

Barriers to Healthcare

Status Not Improving

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

Chronic Disease

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

Status Improving

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

Status Not Improving

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

COVID-19

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

Physical Activity and Nutrition

Status Improving

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

Status Not Improving

- o KP residents with access to exercise opportunities decreased from 86.5% in 2019 to 58.6% in 2022.
- o KP adults receiving daily serving of fruit and vegetables has been decreasing since 2017 (20.5%) to 2021 (14.7%).
- o In 2022, KP residents with food insecurity (13.5%) higher than AK (11.9%) and the Healthy People 2030 Goal of 6.0%.

- o KP residents with limited access to food increased from 5.8% in 2021 to 7.9% in 2022.

Tobacco Use

Status Improving

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

Status Not Improving

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

Mental Health and Substance Use Disorder

Status Improving

- o SKP students who attempted suicide (15.3%) lower compared to AK peers (19.7%).
- o KP driving deaths with alcohol involved has been decreasing since 2020 (31.4%) to 2022 (22.2%) and is lower than AK (36.9%).
- o KP opioid use decreased from 11.6% in 2018 to 5.9% in 2019.

Status Not Improving

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

Healthy Environment

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

Status Improving

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

Status Not Improving

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

Healthy Women, Mothers, Babies and Children

Status Improving

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

Infectious Disease

Status Improving

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

Status Not Improving

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

Injury

Status Improving

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

Status Not Improving

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