



Mobilizing for Action through Planning and Partnerships

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## Community Health Needs Assessment HIGHLIGHTS

MAPP of the Southern Kenai Peninsula, Alaska

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September 2016



## Community Health Assessment Background

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

I. Local Public Health Assessment (p 4)

A prescribed performance assessment tool collaboratively developed by national public health partners that measures how well different local public health system partners work together to deliver the 10 Essential Public Health Services. This assessment was conducted during the first and third CHNAs, but not during the second.

II. Community Themes & Strengths Assessment (p 16)

Qualitative input from community members to identify the issues they feel are important

- Perceptions of Community Health Survey
- Wellness Dimension Focus Groups

III. Forces of Change Assessment (p 28)

Identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate

IV. Community Health Status Assessment (p 34)

Quantitative community health data (representing cultural, economic, educational, emotional, environmental, physical, social, and spiritual wellness) that identifies priority health and quality of life issues



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 health strengths, needs, and opportunities. Using the combined results/observations from all four sub-assessments, a community process is used to prioritize the opportunities that community members will collaboratively address for the next few years. However, the results from specific sub-assessments can be used independently to inform organizational and community-level opportunities for improvement.

## LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

### **Recurrent Themes**

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

#### **Accessibility of Data**

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

#### **Communication**

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

#### **Caring Community**

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

#### **Geography**

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

#### **Collaboration/Coordination**

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

## Capacity

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

## Community-Level Plans / Health Board

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

## Proactivity

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

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

**Essential Service 1:  
Monitor Health Status**

**This Essential Service is about:**

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

**Overall Scores**

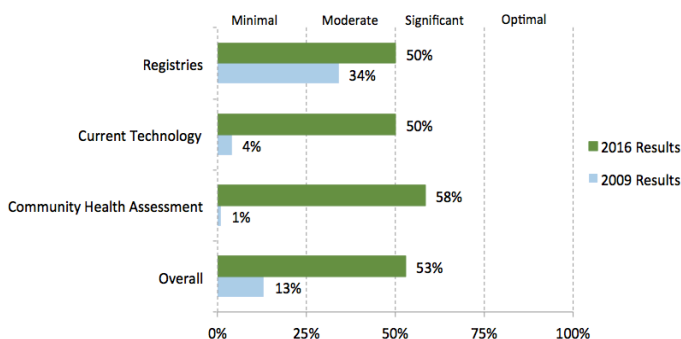
**2009: 13%    2016: 53%**

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

**Challenges**

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

**Model Standard Scores**



**Opportunities for Improvement**

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

**Strengths**

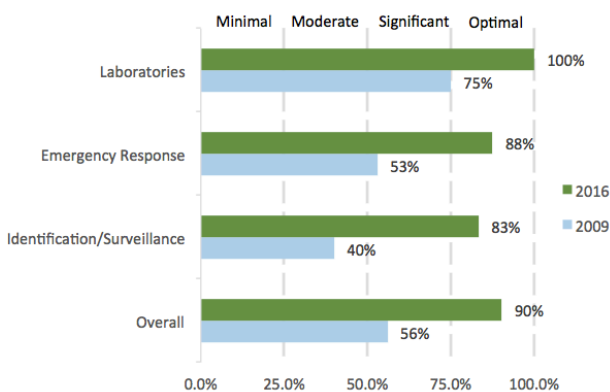
- a. Increased awareness of the Community Health Needs Assessment (CHNA), accessible online on the MAPP website.
- b. Public Health Nurses continuously collect data related to their external priorities; information is ultimately contributed to CHNA.
- c. Continuously working toward more sharable data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

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

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Overall Scores**

**2009: 56%    2016: 90%**

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

**Challenges**

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

**Opportunities for Improvement**

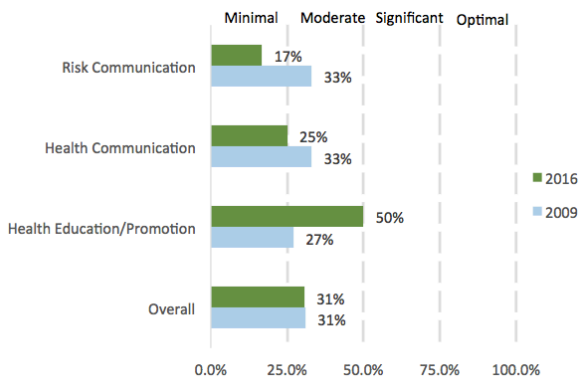
- Clarify, update and share primary and back-up contact list of emergency response personnel.
- Strengthen local emergency coalition mtgs.
- Regularly practice emergency scenarios.
- Develop process for post-incident debriefing and identifying improvement opportunities.
- Improve communication.
- Ensure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

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

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Challenges**

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

**Overall Scores**

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

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

**Opportunities for Improvement**

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

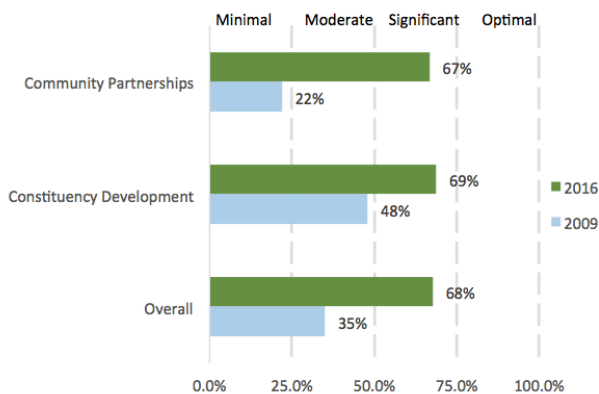


**Essential Service 4:  
Mobilize Community Partnerships**

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Overall Scores**

**2009: 35%    2016: 68%**

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

**Challenges**

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

**Opportunities for Improvement**

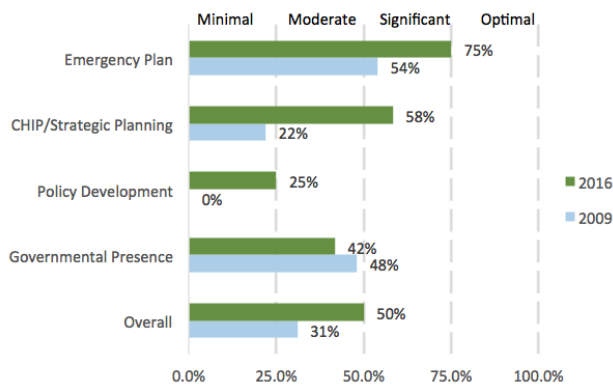
- MAPP outreach to outlying communities.
- Offer a variety of time options to maximize participation.
- Identify key partners not engaged.
- Advocate for organizations that can allocate resources or build capacity in (outlying) communities to address root issues.
- Take better advantage of teleconferencing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

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

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Overall Scores**

**2009: 31%    2016: 50%**

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

**Challenges**

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

**Opportunities for Improvement**

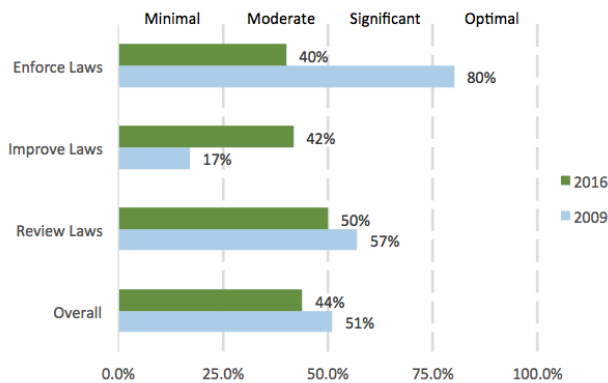
- Revise Homer’s Climate Action Plan.
- Local organizations to incorporate findings of CHNA and goals of CHIP into their organizational strategic plans.
- Community coalitions and workgroups to better incorporate local data into their strategies and measure for impact.
- Create a health advisory board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

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

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Challenges**

- Individuals do not wish to be regulated.

**Overall Scores**

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

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

**Opportunities for Improvement**

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

**Essential Service 7:  
Link to Health Services**

**This Essential Service is about:**

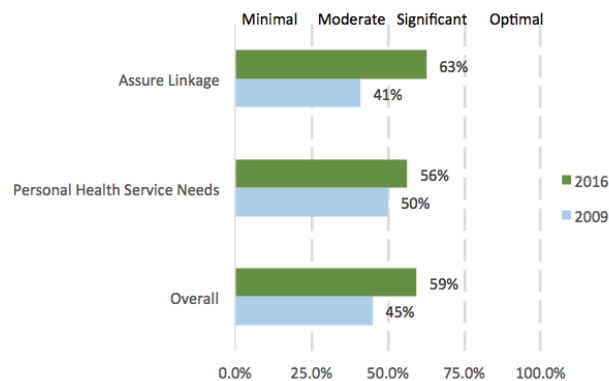
- Ensuring effective entry for socially disadvantaged/vulnerable persons into a coordinated system of clinical care.
- Providing culturally/linguistically appropriate materials/staff to ensure service link for special population groups.
- Ensuring ongoing care management.
- Ensuring transportation services.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

**Overall Scores**

**2009: 45%    2016: 59%**

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

**Model Standard Scores**



**Opportunities for Improvement**

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

**Strengths**

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

**Challenges**

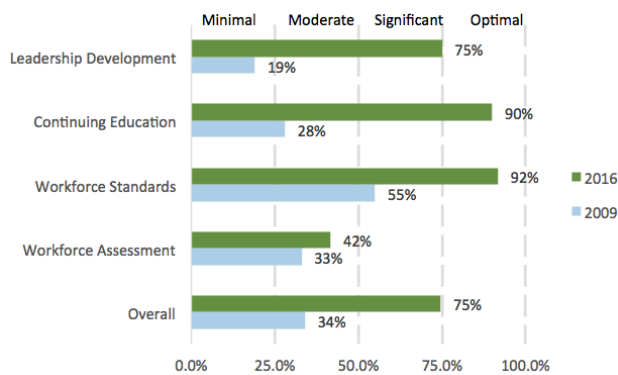
- a. Poor job addressing chronic illnesses with services (unhealthy food at food pantry).

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

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Overall Scores**

**2009: 34%    2016: 75%**

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

**Challenges**

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

**Opportunities for Improvement**

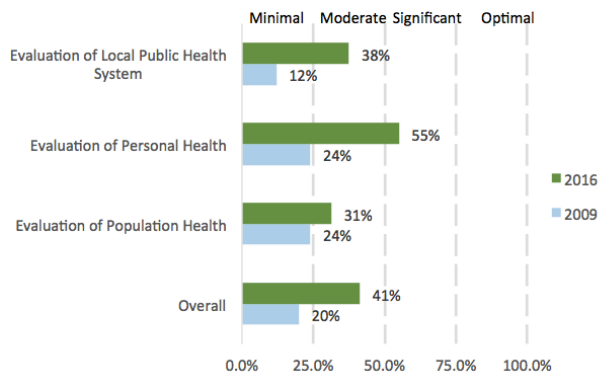
- Investigate commonalities of core competencies between agencies that could help consolidate resources.
- More apprenticeship or mentoring opportunities to develop local leaders, with a focus on representing cultural diversity.
- Increase collaboration and creativity in response to decreased funding.

## Essential Service 9: Evaluate Services

### This Essential Service is about:

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

### Model Standard Scores



### Strengths

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

### Challenges

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

## Overall Scores

2009: 20%    2016: 41%

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

### Opportunities for Improvement

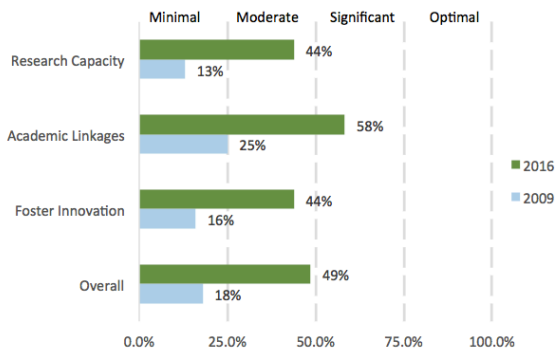
- Obtain objective data from providers using appropriate population-based metrics.
- Investigate census data to determine what populations are enrolled in various services to identify gaps.
- Better utilize statewide health profiles.
- Improve interagency communication to share information and services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

**Essential Service 10:  
Research and Innovations**

**This Essential Service is about:**

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

**Model Standard Scores**



**Strengths**

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

**Overall Scores**

**2009: 18%    2016: 49%**

- Institutional knowledge of long-term residents.

**Challenges**

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

**Opportunities for Improvement**

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

## COMMUNITY THEMES and STRENGTHS ASSESSMENT

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## Results: Survey Feedback to Community Health Perceptions

The five greatest community strengths identified were:

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

The five community aspects most needing to be improved:

*\*2008 and 2012 Perceptions Survey did not ask directly comparable question*

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

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

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

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

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

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

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

The five services respondents found most lacking were:

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

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

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

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

## FORCES OF CHANGE ASSESSMENT

### Wellness Dimension Key:

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

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

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

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

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

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

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

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

Trend	Challenge	Opportunity	Impacted Wellness Dimensions			
			CUL	EDU	ENV	SOC
1. Increased level of collaboration in community	<ul style="list-style-type: none"> <li>- Tapping into already stressed human resources</li> <li>- Reduced funding for individual organization</li> <li>- Developing a shared language &amp; new paradigm</li> <li>- Takes time &amp; planning</li> </ul>	<ul style="list-style-type: none"> <li>- Efficiencies</li> <li>- Effectiveness</li> <li>- Root causes</li> <li>- Increased community health</li> <li>- Proactive</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
2. Local farm production	<ul style="list-style-type: none"> <li>- Short season – climate- can be more expensive</li> </ul>	<ul style="list-style-type: none"> <li>- Support local people</li> <li>- Create jobs, keep \$ local</li> <li>- Healthier food sources</li> <li>- High tunnels</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
3. Changes in communication /technology	<ul style="list-style-type: none"> <li>- Multiple outreach outlets</li> <li>- Integrating to actual service</li> <li>- Unique modalities may isolate certain user groups and divide generations</li> </ul>	<ul style="list-style-type: none"> <li>- Increased jobs</li> <li>- Reduced paper, space</li> <li>- Increased ability to connect grass roots</li> <li>- Expanding audiences</li> <li>- More timely access to info</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
4. Ever-changing leadership within the community	<ul style="list-style-type: none"> <li>- Organizational memory loss</li> <li>- Time/costs to train new staff</li> <li>- Impacts relationship-bldg, trust</li> <li>- Loss of momentum</li> </ul>	<ul style="list-style-type: none"> <li>- New ideas</li> <li>- New paradigms for functioning &amp; infrastructure</li> <li>- “Collaboration Language”</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
5. Declining north slope production (Declining state funds, scarcity mindset)	<ul style="list-style-type: none"> <li>- Decreased grant funding</li> <li>- Decreased resources</li> </ul>	<ul style="list-style-type: none"> <li>- Opps for diversification</li> <li>- Education to consume fewer resources/live within our means</li> <li>- Increased awareness of other options</li> <li>- Opps for increased renewable resources</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
6. Medicaid expansion & reform	<ul style="list-style-type: none"> <li>- Politically influenced</li> <li>- Medicaid hasn’t proved they have capacity to manage this</li> <li>- Sustainability</li> </ul>	<ul style="list-style-type: none"> <li>- Increased access</li> <li>- Increase in participation &amp; giving back to community</li> <li>- Improved quality of life</li> <li>- Compensates providers for previously uncompensated care &amp; encourages right care from right provider</li> <li>- Decreased costs of care</li> <li>- Supports wellness</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
7. Affordable Care Act	<ul style="list-style-type: none"> <li>- Perception will cost too much to provide healthcare</li> <li>- Education of purpose/cost &amp; what it means</li> <li>- Way State perceives it</li> </ul>	<ul style="list-style-type: none"> <li>- Outreach/educational opps</li> <li>- Increased healthcare benefits, # of people with insurance</li> <li>- Increased prevention</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

8. Perception of economy in Alaska & its future	<ul style="list-style-type: none"> <li>- Proactive vs reactive</li> <li>- More difficult to recruit professionals</li> <li>- Lack of job growth</li> </ul>	<ul style="list-style-type: none"> <li>- Lots of public interest/concern</li> <li>- Relationships between people &amp; legislators</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
9. Fuel prices	<ul style="list-style-type: none"> <li>- Decreased mobility, increased isolation</li> <li>- Shifting resources/\$\$</li> <li>- Effects on employment choices</li> <li>- Healthcare access</li> <li>- Economic stress, increased risk of homelessness</li> <li>- Decrease in tourism/travel</li> </ul>	<ul style="list-style-type: none"> <li>- Increased biking/walking/carpooling</li> <li>- Increased value of PFD</li> <li>- Good for state budget</li> <li>- Increased transportation conversation</li> <li>- Conservation of resources</li> <li>- Downsizing structures</li> <li>- Increase in weatherization</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
10. Availability of living wage jobs	<ul style="list-style-type: none"> <li>- No jobs – ltd economic growth</li> <li>- Ltd well-paying jobs – seasonal</li> <li>- Ltd population – ltd # of qualified employees</li> </ul>	<ul style="list-style-type: none"> <li>- Opportunities for professional development</li> <li>- KPC for local education</li> <li>- Online education</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
11. State Budget / Fiscal Crisis	<ul style="list-style-type: none"> <li>- Non-diverse budget, no varied revenue stream</li> <li>- Can't address the root cause of the fiscal crisis</li> <li>- Concern that the state will not take it seriously enough</li> <li>- Difficult to reach the state to influence their decisions</li> <li>- Local agencies are not involved in the decision making process</li> </ul>	<ul style="list-style-type: none"> <li>- Need for collaboration</li> <li>- Increased volunteer opportunities</li> <li>- Identification of new funding streams</li> <li>- Community level strategic planning</li> <li>- Development of increased local funding capacity</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
12. Political season (federal, state, & local)	<ul style="list-style-type: none"> <li>- Different administration</li> <li>- Introduction of different priorities</li> <li>- Social animosity, political parties are divisive</li> <li>- Fear</li> </ul>	<ul style="list-style-type: none"> <li>- Increased engagement among generations in voting</li> <li>- Increased engagement at community levels</li> <li>- Push for more transparency</li> <li>- Fix what's broken</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
13. Decreased revenue sharing with municipalities	<ul style="list-style-type: none"> <li>- Decreased services</li> <li>- Non-sustaining support</li> <li>- Chasing the money</li> </ul>	<ul style="list-style-type: none"> <li>- Grant funds</li> <li>- Rewarding collaborations</li> <li>- Opportunity to share &amp; inform local story beyond</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
14. Less disposable income, increased unemployment	<ul style="list-style-type: none"> <li>- Decrease in quality of life</li> <li>- Loss of revenue for local businesses</li> <li>- Capacity of nonprofits</li> </ul>	<ul style="list-style-type: none"> <li>- Focus on resilient lifestyles</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
15. Changing	<ul style="list-style-type: none"> <li>- How can seasonal businesses</li> </ul>	<ul style="list-style-type: none"> <li>- Increased revenue for</li> </ul>	CUL	EDU	ENV	SOC

tourist season	<ul style="list-style-type: none"> <li>stay open for longer?</li> <li>- Unpredictable</li> <li>- Changes feel of town</li> </ul>	<ul style="list-style-type: none"> <li>businesses</li> <li>- More jobs</li> </ul>	ECO	EMO	PHY	SPI
16. Loss of services due to state budget	<ul style="list-style-type: none"> <li>- Increase vulnerability to communicable diseases</li> <li>- Less opportunities for education</li> <li>- Local nonprofit burden</li> <li>- More disempowered people</li> <li>- Less preventative health services leading to long-term increase in costs</li> <li>- Inclination to be reactive</li> <li>- Job loss</li> </ul>	<ul style="list-style-type: none"> <li>- Local-level problem solving</li> <li>- Collaboration between agencies &amp; organizations</li> <li>- Focusing on root causes</li> <li>- Reevaluation of priorities</li> <li>- Opportunities for local ed</li> <li>- Proactive planning</li> <li>- Sharing spaces, services, expertise, innovation with available technology</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
17. New school programs & high tunnels addressing obesity prevention	<ul style="list-style-type: none"> <li>- Risk of new pests</li> </ul>	<ul style="list-style-type: none"> <li>- More locally produced food</li> <li>- Increased economic base</li> <li>- Increased student awareness of healthy food</li> <li>- Increased adaptability</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
18. Increased stress from employment uncertainty	<ul style="list-style-type: none"> <li>- Decreased buy-in from employees</li> <li>- Unable to maintain competent workforce</li> </ul>	<ul style="list-style-type: none"> <li>- Stronger bonds with coworkers, community partners</li> <li>- Lifestyle opportunities</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
19. Climate change	<ul style="list-style-type: none"> <li>- Increased insect infestations</li> <li>- Increase in fire regime</li> <li>- Changes in flora &amp; fauna</li> <li>- Fish populations</li> <li>- Water temperatures</li> <li>- Collaboration &amp; alignment needed</li> </ul>	<ul style="list-style-type: none"> <li>- More decision makers are owning it</li> <li>- Opportunities for education</li> <li>- Increase collaboration</li> <li>- Longer growing season</li> <li>- More tourism</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
20. Fish & fishing prices	<ul style="list-style-type: none"> <li>- Economy v Biology</li> <li>- Climate change</li> <li>- Frankenfish</li> <li>- Mariculture</li> </ul>	<ul style="list-style-type: none"> <li>- New income streams</li> <li>- Using local resources – growing our own food</li> <li>- Education on wild vs farmed fish</li> <li>- Increased opportunity for branding</li> <li>- Desired profession</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
21. Wildlife die off in past year	<ul style="list-style-type: none"> <li>- Lack understanding of system causes</li> </ul>	<ul style="list-style-type: none"> <li>- Opportunity for education &amp; research</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
22. Bluff Erosion	<ul style="list-style-type: none"> <li>- Resource allocation funneled to this issue</li> <li>- Funds going to highway maintenance, dredging harbor</li> <li>- Decreases in economic</li> </ul>	<ul style="list-style-type: none"> <li>- Federal \$ to support</li> <li>- Opportunity not to develop coastline</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

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



program loss		<ul style="list-style-type: none"> <li>- Get existing taxis to collaborate</li> <li>- “Neighbor helping neighbor” social networks</li> </ul>	ECO	EMO	PHY	SPI
30. Public awareness of community violence	<ul style="list-style-type: none"> <li>- Topic of the day then gone</li> <li>- Maintaining ongoing awareness</li> <li>- Public perception may be different from reality</li> <li>- Teach people how to protect self vs how not to be violent</li> </ul>	<ul style="list-style-type: none"> <li>- Green dot program</li> <li>- Public awareness = opportunity for education</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
31. Community Collaboration	<ul style="list-style-type: none"> <li>- People are overworked, hard to take on more employees &amp; volunteers</li> <li>- Process takes time to build &amp; sustain</li> <li>- Timing piece with grants</li> </ul>	<ul style="list-style-type: none"> <li>- 10 Fold: work together, make better decisions, address more topics, enhance or increase services, create jobs</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
32. Legalization of cannabis in Kenai Peninsula	<ul style="list-style-type: none"> <li>- Divisiveness</li> <li>- Understanding the law &amp; legal elements as a property owner, employer etc</li> <li>- Health impacts</li> </ul>	<ul style="list-style-type: none"> <li>- Local economic impact and diversity, job opps</li> <li>- Balance smart policies for developing brains &amp; business freedoms</li> <li>- Quality of life impacts</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
33. Changes in demographics	<ul style="list-style-type: none"> <li>- Reduction of property tax revenue for schools, staff</li> <li>- Keeping activities &amp; services relevant</li> <li>- Mission reconsiderations (senior care, funding availability)</li> <li>- Diminished workforce</li> </ul>	<ul style="list-style-type: none"> <li>- Increased senior volunteer pool</li> <li>- Utilize new expertise</li> <li>- New businesses to meet needs</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
34. Criminal justice reform	<ul style="list-style-type: none"> <li>- Dispute over changes</li> <li>- People are afraid of who might be released</li> <li>- Opportunity for privatization</li> </ul>	<ul style="list-style-type: none"> <li>- Minor offenders won’t be as penalized</li> <li>- Changing perceptions</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI
35. Growing community awareness of spiritual health	<ul style="list-style-type: none"> <li>- Developing a shared language</li> <li>- Being able to talk about spiritual health, separation from religion</li> </ul>	<ul style="list-style-type: none"> <li>- New dimension of wellness that has not been well discussed</li> <li>- Opp for improvement &amp; ed</li> </ul>	CUL	EDU	ENV	SOC
			ECO	EMO	PHY	SPI

## HEALTH STATUS ASSESSMENT

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

afford to see a doctor in the last 12 months is decreasing and in 2014 met the target)

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