SOUTHERN KENAI PENINSULA COMMUNITIES PROJECT

PROJECT SUMMARY

Homer, AK
December 2009

The Southern Kenai Peninsula Communities Project Core Group would like to acknowledge the hard work, creativity, and passion that so many people have brought to our broader meetings and to specific committee work. This project is truly a joint collaboration, which has evolved one step at a time. Although many others have also contributed to the project, the following lists of agencies, organizations, and individuals have made this Project possible.

Southern Kenai Peninsula Communities Member Agencies

Alzheimer's Resource Agency of Alaska
Armageddon Café and Refuge Chapel
Birth 2 3
Bunnell Street Arts Center
The Center
City of Homer
Cook Inlet Council on Alcohol and Drug Abuse (CICADA)
Cook Inletkeeper
Downtown Homer Rotary Club
Food Pantry
Homer Chamber of Commerce
Homer Foundation
Homer-Kachemak Bay Rotary Club
Homer Medical Clinic
Homer Police Dept
Homer Public Health Center
Independent Living Center
Homer Senior Citizens, Inc.
Kachemak Bay Campus – Kenai Peninsula College
Kachemak Bay Conservation Society
Kachemak Bay Family Planning Clinic
Kenai Peninsula Youth Court
Kenai Public Health Center
Kenai Peninsula Borough School District
Ninilchik Senior Center
Ninilchik Clinic
NoFAS (Fetal Alcohol Syndrome) Alaska
South Peninsula Haven House
South Peninsula Hospital
Sustainable Homer
SVT Health Center

Project Coordinator - Sharon Whytal

Core Group - Project Leadership

Nina Allen	The Center
Carol Barrett	The Center
Peg Coleman	South Peninsula Haven House
Emiley Faris	SVT Health Center
Derotha Ferraro	South Peninsula Hospital
MaryClare Foecke	Child Advocacy Coalition of Homer
Bob Letson	South Peninsula Hospital
Beckie Noble	SVT Health Center
Carol Swartz	Kachemak Bay Campus – Kenai Peninsula College
Kyra Wagner	Sustainable Homer
Michelle Waneka	Kachemak Bay Family Planning Clinic
Anne Walker	Community member
Sharon Whytal	Project Coordinator

Local Public Health Assessment (Systems Inventory)

Beckie Noble	SVT Health Center
Leslie Callaway	Homer Public Health Center
Bonnie Betley	Homer Public Health Center
Jennifer Baker	Homer Public Health Center
Judy Dean	Homer Public Health Center
Michelle Waneka	Kachemak Bay Family Planning Clinic
Janet Mullen	South Peninsula Hospital

Community Themes and Strengths (Community Input)

Emiley Faris	SVT Health Center
Kelly Dennison	South Peninsula Hospital
Joyanna Geisler	Independent Living Center
Kelly Luck	Kenai Peninsula Borough School District
Carol Bevis	City of Homer, VISTA
July Beatty	Alzheimer's Resource Agency of Alaska
Nina Allen	The Center
Derotha Ferraro	South Peninsula Hospital
Sharon Whytal	Project Coordinator

Community Health Status Team (Hard Data)

Rachel Lord	Cook InletKeeper
Janie Stewart	City of Homer, Police Department
Anne Walker	Community member
Peg Coleman	South Peninsula Haven House
Carol Barrett	The Center
Erica Marley	Community member
Sharon Whytal	Project Coordinator

Visioning

Robin McAllistar	Counselor
MaryClare Foecke	Kachemak Bay Family Planning Clinic
Emiley Faris	SVT Health Center
Nina Allen	The Center
Ginny Espenshade	Kenai Peninsula Youth Court

Special thanks to other significant project contributors: Jayne Andreen, Carol Barrett, Linda Chamberlain, Kris Curtis, Paul Eneboe, Michael Hawfield, Randy Magen, Sara Karnos, and Erica Marley

And much gratitude to all the community residents who participated at many levels over this year-long project!

Table of Contents

INTRODUCTION TO THE MAPP PROCESS 4
Southern Kenai Peninsula Communities Project 4
The Four Assessments 5
FORCES OF CHANGE 5
COMMUNITY THEMES AND STRENGTHS 5
COMMUNITY HEALTH STATUS 6
LOCAL PUBLIC HEALTH SYSTEM 6
Next Steps 6
FINDINGS FROM EACH ASSESSMENT 7
FORCES OF CHANGE ASSESSMENT 7
Observations and Discussion 7
Matrix of Observations 8
COMMUNITY THEMES AND STRENGTHS ASSESSMENT 9
Health Fair Survey 9
Community-Wide Survey 10
Key Informant Interviews 11
Overarching Themes from this Assessment 12
COMMUNITY HEALTH STATUS ASSESSMENT 15
Positive Indicators for Healthy Lifestyles and a High Quality of Life 15
Challenges Suggested in the Data 15
Recommendations from this Assessment 16
LOCAL PUBLIC HEALTH ASSESSMENT 19
Southern Kenai Peninsula Scores in the Ten Essential Services 19
Discussion 19
Recommendations from the LPHA: 20
OBSERVATIONS BETWEEN THE FOUR ASSESSMENTS 20
Where the Assessments Agree 20
Where the Information Between Assessments Differs 21
PLANNING FOR ACTION 22
Next Steps and Opportunities 22
Possible Short-Term Goals 22
More Long Term Focus 23
Conclusion 24

INTRODUCTION TO THE MAPP PROCESS

Developing and sustaining a healthy community requires participation from many diverse organizations and individuals who live, work and play in our community. Our group came together in November of 2008, spearheaded by South Peninsula Hospital, to create just such a partnership. We gathered to conduct the first collaborative, area-wide health needs assessment, with the goal of identifying opportunities for health improvement and to serve as a catalyst for community action. We defined health very broadly, to include not only physical, but mental/emotional, cultural and environmental health. This report is the culmination of four assessments conducted using the "Mobilizing for Action through Planning and Partnership" (MAPP) framework to structure our process. "MAPP…is a tool that helps communities improve health and quality of life through community-wide and community driven strategic planning." [1] This framework was developed by the CDC (Centers for Disease Control and Prevention) and National Association of City and County Health Organizations (NACCHO). The State of Alaska Section of Public Health Nursing provided consultation and technical assistance to our local MAPP project.

In the MAPP model, the four assessments are the key content that drive the process leading to development of a Community Health Improvement Plan.

This model describes the entire MAPP process. The four assessments collect information to convey a broad description of health and the local public health system--beyond the traditional measures of illness and death rates. The center shows how the combined assessments assist residents in community-wide planning. Working together from a co-created vision statement fosters collaboration toward action steps unique to the health and quality of life in our area.

Southern Kenai Peninsula Communities Project

When a group of organizations met and there was consensus on readiness to conduct an assessment, we began organizing a partnership. We looked area-wide and obtained representation from health and social service workers, education, city government and the environment to collaborate and maintain broad perspectives on the issues. We built on the many partnerships already in existence in our community, inviting new members and sometimes specific expertise throughout the process. Business and the arts were invited

[1] Achieving Healthier Communities through MAPP: A User's Handbook, CDC (Centers for Disease Control and Prevention) and NACCHO (National Association of City and County Health Organizations), 2008.

and have participated, as have representative of other disciplines over the year. We sought out youth, village residents and representatives from senior and veteran groups for their input specifically. Our intention has been to collect primary as well as secondary data from many sources on core health indicators, to make available for all organizations to use, with cyclic updates. In this way, the report can become a living document to improve upon as we discover gaps in local data collection and potential new ways to document the issues of concern to our residents. We expect to use the data from these assessments to foster ever-broadening collaboration and to harness funds for creative community action to improve the quality of life in our area.

Our public health partnership elected to define the community geographically as the Southern Kenai Peninsula. This includes Ninilchik in the north, south to the villages across the bay, and with Homer as the hub housing most services. This means that the following communities are represented in this report: Ninilchik, Happy Valley, Anchor Point, Nikolaevsk, Homer, Kachemak City, Voznesenka, Razdolna, Kachemak Selo, Halibut Cove, Seldovia, Port Graham and Nanwalek. Demographics and services to outlying areas vary greatly, so we appreciate the specific input we received from each community in the region. Our data is compiled together thus far, but communities will have access to the data we have collected for this report.

As we defined our community, the group also selected a name, "Southern Kenai Peninsula Communities Project." We also consensed on a vision: "vision to action for a better life." The group set a project timeline to complete the four assessments over the calendar year of 2009, and move into action steps at the beginning of 2010. Sub-committees formed and the work began.

The Four Assessments

FORCES OF CHANGE

The forces of change assessment seeks to identify forces – such as trends, factors, or events – that are or will be influencing the health and quality of life of the community and the work of the local public health system.[2] The goal is to better anticipate change and to raise our awareness of factors that are often beyond our control. We brainstormed these issues in a meeting of our whole Communities Project in February, in addition to asking the question in our Key Informant interviews in March and April of 2009.

COMMUNITY THEMES AND STRENGTHS

This is the community input portion of our data collection. It is qualitative in nature, and seeks to answer the following questions:

-What is important to our community?
-How is quality of life perceived in our community?
-What assets do we have that can be used to improve community health?

Although several formal and informal surveys have been conducted in the past by local organizations, either no compilation was available, or the results were specific to the conducting organization's goals. Our group decided to seek our own broad input in the form of community surveys (one at the Homer Health Fair and another community-wide, with an on-line component) and interviews with community leaders or "key informants. We surveyed 1441 residents total, from Nov. 08-Jan. 09. We interviewed 99 community leaders from various capacities in the community in March and April 09. The full results can be seen in the Community Themes and Strengths Assessment Report.

[2] Achieving Healthier Communities through MAPP: A User's Handbook, CDC and NACCHO, 2008

COMMUNITY HEALTH STATUS

Also known as “the data committee”, the Community Health Status Assessment (CHSA) Committee began to identify health indicators of interest to our community. Some data was available locally, as well as some statewide or national comparisons. Many local organizations mentioned they valued having a process to begin identifying issues and a mechanism to update it on a regular basis. However, we also found it a challenge to obtain consistent local data that is current, and much of the data we would like to see on leading health indicators is not available. Our state CHSA Report for the Gulf Coast Region provides regional Census level data, and in some cases we reference that data (see Community Health Status Report Assessment, Appendix) as a starting place in the absence of local data. This constitutes an important first assessment of the health status of our community.

Observations on local data collection process were:

- There is a lack of local data and inconsistent reporting, as well as differing ways of reporting that make compilation difficult.
- A collaborative process has worked well for data collection, both to broaden issues of concern and to present the data in readable form. Each organization’s data was reviewed by other readers to avoid abbreviations that may be used in each discipline. Many organizations reported that they had not seen their data presented in quite this way, and that they learned something about service provision in the process of submitting data for a broader audience.
- The community is at a crossroads, with multiple changes of key positions in local organizations over the year of this project. While some institutional memory might be lost in any transition, an opportunity for fresh perspectives and new community partnerships is also created.
- Some data we received too late to include in our text, which points to a need to develop creative ways to support key players in participating, especially when timelines are a factor. Late data is included in Appendix C.3.

LOCAL PUBLIC HEALTH SYSTEM

The primary goal for the Local Public Health Assessment (LPHA) Subcommittee during this phase of the community assessment process was completion of the NPHPSP (National Public Health Performance Standards Program) assessment tool. Through weekly meetings over the course of many months, a committee of community public health leaders completed this comprehensive CDC tool, which examines how our community is performing in the standardized Ten Essential Services of Public Health. The NPHPSP assessment results are the first step in assessing the performance of our local public health system. (It is also important to understand the limits of this report---which simply offers numeric scores for each standard.)

When reviewing our overall scores for each of the Ten Essential Services of Public Health, there were no surprises for those on the LPHA subcommittee. However, in looking more closely at the specific services connected to each of the main Ten Essential Services (also known as ‘model standards’) we acquired more precise information about areas that may benefit from development. *It is in examining the services connected to these scores that the community can gain the most benefit.*

Next Steps

All individuals are invited to participate in Winter 2010 when a gathering will be held to co-create a vision statement for the community for the next five to ten years. At that same session priority goals and next steps for improving the health of our community will be identified. We invite all who are interested to attend including those who are just learning of this project. We invite people to come with the passionate creativity and determination that is inherent in each of us, and that has been a powerful community asset demonstrated to us over this past year.

FINDINGS FROM EACH ASSESSMENT

FORCES OF CHANGE ASSESSMENT

Observations and Discussion

There is currently a heightened atmosphere of worldwide economic uncertainty; this was mentioned often throughout the assessment. A new federal administration with a specific platform of change and healthcare reform has provided hope, uncertainty, and debate. In Alaska, climate change has been increasingly in the media forefront with impacts manifesting in the melting of glaciers, and in our own community, with changes in ground's freezing, resulting in the need for a new water treatment system. This type of changes will continue to impact Alaska first, according to Terry Chapin of the UAF Institute of Arctic Biology, who reports that warming is happening here twice as fast as the global average[3].

This year the city completed a Climate Action Plan to "recognize that local action is one of the best tools available to address the threat of global climate change, and that we have a responsibility to do our part."[4] Economic stimulus funds, coming in stages into Alaska, have created some opportunity and more uncertainty as the state grapples with what to accept and how to spend it. At this writing, many of our local partners are shifting the focus of their work to H1N1 flu, providing mass immunization clinics. Some forces of change can dramatically change the daily operations of one organization or an entire population.

There are currently wars in at least three countries worldwide, in which the US is participating. Although not mentioned in our brainstorming earlier in the year, the growing number of troops could be an impact felt locally, as well as worldwide.

Also noteworthy locally, as the result of a City of Homer special election in October 2009, voters decided not to have a sales tax on non-prepared food, with potentially severe city budget implications and threatened cuts in town services. The ultimate impact is unknown, but may affect people's sense of what is "affordable." This could affect the community's prioritization of goals as we move into creating our Community Health Improvement Plan.

Lastly, our community has experienced many staff changes in leadership just over the course of our assessment. Each of these forces comes with challenges and opportunities still unfolding.

[3] From a talk given in Nov. 09, reported on KDLG, to UAF students preparing to attend the UN Climate Change Convention in Copenhagen, in Dec. 09.

[4] City of Homer, AK, Resolution 07-42(A)

Matrix of Observations

What follows is a list, with challenges and opportunities that community members anticipate might accompany these forces.

Trend	Challenge	Opportunity
Redoubt Volcano eruption	-Uncertainty -possible respiratory risk	-Neighbors planning together -Connection in risk of adversity
Healthcare system changes	-Uncertainty -Politicizing of issue -Divisiveness over taking a step toward national healthcare -strong insurance lobbies	-More prevention and wellness programs, opportunity to use the positive models -better continuum of care -Grassroots care -Expand services -More health care for more individuals -More Mental Health care, also (parity laws 1/10) -More Denali Kid Care coverage -Electronic medical records
Economic downturn	-Loss of revenue sharing, tax base and other costs -Job Loss -Employer insurance costs rise -State can't meet volume of applicants – more cost to State -Uncertainty -Workforce training - need more housing	-Paradigm shift -Workforce training - (economic development strategies)
Stimulus Monies	-Prioritization of projects	-Funding of shovel-ready Projects provides long-term jobs -More collaboration
Aging Local Population	-Need for services Fewer Revenues for schools	-Engage wisdom
Climate Change	-Ocean Acidification -Water sources Fish run irregularity -Survival	-Collaboration -Positive Global Community
New renewable resource development	-Lack of sustainable practices -Lack of healthy environment -High energy costs	-Lower future energy costs -Cleaner environment -More jobs
New resource development	-Population influx -Environmental degradation -Boom bust system -Increased STDs (sexually transmitted diseases) -Controversy / divisiveness	-Monetary gain
More/different drugs available to teens	-How to empower teens to make positive choices -Finding positive adult role models -Controlling availability of prescription & non-prescription drugs -Mixed Messages	-Greater awareness -Community/parent responsibility -Identify root causes and alternative strategies
Peak Oil	-Price volatility Budgeting uncertainty	-Get on with sustainable and renewable alternatives -Get beyond dependence
H1N1	-Protect vulnerable populations Avoid fear-based policies	-Healthier Community - Healthier food production

New Federal Administration	-Bipartisanship -Resistance to change	-Hope
SAMSHA Money Available (Federal funding for Substance Abuse)	-Prioritization	-More Prevention and Treatment for Substance Abuse
Borough Deciding Funding for Region	-Share	-Equality and Fairness
Pollution= more Disabilities	-Improve legislation -Taking responsibility for our polluting	-Healthier people and environments
Changing Technologies	-Ethics -Loss of physical activity	-Infinite
High Turnover in Law Enforcement	-Funding	-Safer communities -equality and social justice
Increased Insurance Costs	-Political lobbies	-Crisis mandates system change with universal coverage
Adverse Childhood Effects (ACE) – Brain Based Research	-Raise public awareness of new research	-More recognition of lifelong impact of trauma
state govt. Administration	-Instability -Personnel changes	-Values clarification
War on Drugs	-Intolerance -No one wins in war	-Values clarification
Rich getting richer and poor getting poorer	-Disappearance of middle class -Concentration of power -More crime and other social impacts of poverty	-Wake-up call -Increased grassroots collaboration
Effects of FASD (Fetal Alcohol Spectrum Disorder)	-Loss of human potential	-New care modalities
Exxon Valdez Spill	-Environmental & social impacts	-Increased awareness of safety -Increased safety regulations

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

Most people reported satisfaction with the quality of life in our community. Ninety percent reported 3 or 4 on a Likert scale of 4. Seniors reported somewhat higher satisfaction than other groups. About 40% across age groups say they are positive about economic opportunity in our community. Teens report the least satisfaction. Most reported the community is a safe place to live, and all age groups agreed. About 27% of our survey respondents reported no health insurance. Those who have insurance may only have high-deductible (catastrophic) coverage.

Health Fair Survey

Our first survey of 610 residents, conducted at the 2008 Homer Rotary Health Fair, reported that the three most important factors for a healthy community are a clean environment, a good place to raise children, and healthy lifestyle factors. When broken out by age group, good jobs/healthy economy and access to healthcare also rose to the top, with a near equal distribution between the top five chosen indicators.

Our first survey respondents chose top health problems “in the community” to include: alcohol use and abuse, drug abuse, and being overweight. Alcohol and drug abuse was in the top three for all age groups; mental health was in the top three for 20-45 year-olds, and cancer in the over 65 year-olds. Drug abuse was prioritized by all but the over 65 year-olds. The most important problems named were very different for “your family” compared with “the community.” When asked what problems affected “your family,” the age groups also responded differently from each other. Top choices were poor eating habits, lack of exercise, injuries from sports, being overweight, high cholesterol, high blood pressure and problems due to aging. 167 of 530

(31.5%) said there have been health related services they or a member of their household have needed, but have not been able to find in their community.

Of those people who answered "Yes", the top five services named (no choices provided) were:

- Cardiac related--28
- Cancer related--21
- Dermatology related--17
- Mental Health related--14
- Joint/orthopedic related--13

Many people did not answer either part of this question, but we can't infer that as a "no." Further exploration of this issue is needed, since we do know that at least 167 respondents needed services not available here.

As for what kept respondents from using any health related services that are already here in this area (no choices provided), they said:

- Cost/Money--140
- Nothing—84
- Lack of/not enough health insurance --37

Top three things seen as strengths in the community (no choices provided):

- Caring/nice people—37
- Hospital--20
- Community comes together on things--14

Community-Wide Survey

Of the 831Community-Wide Survey respondents, nearly half said there were services that they or a member of their household have needed, but not been able to find in their community. Medical and clinic services, shopping, transportation, substance abuse, dental and housing were all named in this write-in question.

Once again, 27% of our survey population reported no health insurance. More than half of those who do have insurance said their health insurance is adequate.

Cost was identified as the largest factor preventing all age groups from using services that are currently available in the area. Note that only 8% named distrust of a local agency or provider.
The top three factors chosen for a healthy community were good jobs and a healthy economy, access to healthcare and good schools. In this survey, all age groups named "good jobs and healthy economy" in their top three choices. This differs from the initial survey conducted during the Rotary Health Fair months earlier when the extent of the economic downturn was still unknown. Teens again named "a clean environment," whereas 20-45 answered "healthy behaviors and lifestyles," and those 46 and older chose "access to healthcare."

Strengths people identified to build upon in the future (amongst choices this time provided, based on write-ins of the first survey) were that people help each other and have respect for other viewpoints.

For the question about the problems people think most affect our communities/families, the community-wide survey's choices were changed to large categories:

- For the **community**, substance abuse and economic costs ranked highest among the choices provided. The top two choices remained the same across age groups; choices three and four varied between age groups. Mental and emotional health was in the top four for all age groups. Physical health was in the top four for <46 year-olds, whereas interpersonal violence replaced that in the top four for >46 year-olds.
- For problems that "affect your **family** the most," the choices were very different. Substance abuse did not appear in the top four chosen, and economic costs rose to the top. There were very different results overall, when the same question was asked about affecting your family vs. affecting our community.

- For families, economic and physical health problems remained #1 and #2 choices across age groups. Mental and emotional health issues were in the top four for all ages. Teens once again reported concern about the environment, while the 4th choice in all other age groups was education and training costs.

Key Informant Interviews

The six questions asked in these interviews were open-ended. Here is an example: Question 1: What strengths and assets do you see in this community, on behalf of your organization and/or the clients that you serve?

Broad categories of responses:

1. Collaboration
2. Spirit of volunteerism
3. Caring/generous residents and businesses
4. Support service organizations – committed, professional staff
5. Diversity/tolerance
6. Supportive media
7. High educational level
8. Quality of life
9. Stewardship/environmental

Leaders were exuberant in expressing a love for this community, praising many positive aspects. Results from the question about “community strengths and assets” focused on three areas: the people, the many support service organizations, and the quality of life. There was an overall sense of choosing to live here for the benefits of strong community and quality of life - even if all is not perfect. Social resources were mentioned most: innovative organizations with a personal touch, enlightened and resourceful residents, strong community spirit, and a sharing of resources. An openness to new ideas and informed debate were mentioned along with the value placed on lifelong learning.

Support service organizations mentioned were highlighted for their committed and professional staff, considered innovative, diverse, confidential, supportive of villages, progressive and sometimes providing services at a reduced fee or at no cost. It is perceived that providers find their work meaningful and take pride in the services they offer, including primary care, children’s and recreational activities. Fifty-eight individual organizations or programs were specifically mentioned for kudos. Many interviewees noted that local media are assets and supportive of the community.

Respondents viewed residents and businesses as caring and generous. They noted that the enlightened citizenry is supportive of vulnerable populations, young people and seniors. People respond in times of crisis and pull together, and are philanthropic, contributing both financially and with civic duty. The spirit of volunteerism further appears in fundraising and involvement, whether with emergency services, youth and/or adults. It was stated that people want to be here, that people have a strong sense of community identity, pride and spirit, and are independent and responsible.

Respondents also commended people of this area for their diversity and tolerance, both socially and economically, and on the tendency toward informed debate. People here are seen as open to new ideas and change, non-judgmental, and willing to talk about personal agendas. They seek problem-solving through dialog and consensus. It was noted that collaboration and hands-on cooperation between providers continues to improve. People are getting along better and breaking down barriers. Service providers network, are helpful, share resources and partner with each other and with schools. This Communities Project is a good example.

A total of 45 quality of life indicators were named, including:

- Beautiful environment, nature, recreational opportunities
- Art, music, creative community
- Alternative healthcare
- Access to local foods
- Good place to raise kids, safe community, friendly and social
- Strong families and engaged/active youth community

- Opportunity for personal/family growth, interest in prevention
- Professional development opportunities
- Public schools, churches, restaurants
- Sustainability
- Our history, strong political voice, liberal, activist
- Support from government, road system
- No box stores
- Small and rural, and simple and active lifestyles
- Diverse business base (fishing, tourism, construction, arts, etc.)
- Attractive to professionals and retirees.

Overarching Themes from this Assessment

Our survey and interview results consistently point to ample community assets for addressing our challenges. For every problem raised, participants named eloquent solutions. We discuss emerging themes by the categories of our interview findings, while weaving in the threads from survey results as well. The input ranges from simple things that can be changed quickly, to more abstract concerns that suggest multi-level, long-term approaches. A can-do perspective is pervasive through all the ideas expressed. We invite the reader to consider all ideas first before limiting one's thinking only to what seems easy through one's own perspective. Observed in interviews is that this community demonstrates incredible resources and commitment to action.

<u>Visioning</u>

There is a perception that the community is good at tolerating disagreement, but gets stuck there and stops short of agreeing on a vision for the future; we need to identify what works, not just what does not. People over and over restated a desire to move forward into action. From an economic perspective, there is much frustration about the inability to agree enough to move forward for more year round economic viability. This unique willingness to disagree can be used as a way to listen more deeply and find consensus, to take action as never before.

Many creative solutions are offered, such as listening to one another, visioning together, and creating a town center. Mentioned are advocating for government systems and education that foster an identified direction for growth, including formerly excluded groups (i.e. outlying communities and veterans sometimes separated by govt. funding programs); diversifying or specializing in one area (we have several already underway), and agreeing to lend our community support to just that. Several areas have a good start on this, including becoming a college town, a retirement community, organic farm center, larger boat harbor development, and tidal/alternative energy leader. The community could still decide to have some kinds of development off limits. Most are satisfied with life in our community, and report it is a safe place to live.

Regarding community values, youth and law enforcement both noted that our community sends mixed messages about values around substance use and abuse. Many families provide marijuana and alcohol to youth, reportedly, making it difficult to enforce laws and difficult for youth to understand what is healthy use, or to learn healthy lifestyle choices. Providers report that both a lifestyle of sobriety and one of use (not abuse) is possible, and this is not clearly understood by youth, nor role modeled well by adults. The lack of any local family treatment perpetuates this problem, as there could be a visible presence of successful recovery if treatment were an option here. Survey respondents did report substance abuse as their number one concern in the community, although they identified economic problems as tops when considering their families. Substance abuse problems fell below the top four when considering their families. Economics are a large health determinant always, and more so in times of recession; people reported concern that we are likely to see more substance abuse and legal problems if economic uncertainty grows. Perhaps there is ongoing cultural stigma in acknowledging substance abuse issues, or denial is at work. Either way, the problem likely affects everyone, and we do not have adequate prevention or services in place at present.

Provision of healthcare is fragmented, some by govt. regulation (VA and tribal) which could change through systems advocacy. Other fragmentation is from a splintering of care that could change through true local collaboration. Many expressed a shared vision in creating a local "umbrella" of care, breaking down barriers between current providers. An example of this would be after-hour medical care, which is in all cases provided on-call (except ER on weekends). This is a problem for all providers, and true solutions would

require consensus between all medical providers, yet the benefits to consumers and providers alike would be great. While federal decisions on national healthcare are still under debate, most providers express an intense frustration with "drowning in paperwork," from the splintered system of insurances and separate records. There is a strong commitment to sitting down together and finding local solutions. It remains to be seen whether the timing and thoroughness of a national program will resolve things, or whether taking local action is timely. Either way, a focus group could be a productive next step.

Collaboration and Access to Care

These two issues are tied in that many providers believe that they see anyone who has a need, while other providers perceive that they cannot get their clients in to other area services when they refer. The 50+ organizations in our community are seen as caring and skilled, but also as standing separately like "silos." There is much discussion about these economic times, inviting us to work more closely together, and that people feel it serves the client better, when treated as a whole person with perhaps several issues. Transportation is an issue mentioned by providers as well as consumers. At least four organizations have mechanisms for transporting their own clients in some situations. Still, finding solutions for equal access would require even greater collaboration that we currently have. In many cases greater legislative advocacy emerges as a theme, saying that state legislators can't make good decisions on healthcare without more education in specific areas.

There are many opinions that tribal facilities have not fit in with the other clinical providers of healthcare, especially for the round-the-clock needs. Still those facilities are seen as valuable, filling a need in the community. Interviewees stated that they are willing to meet and resolve these issues locally due to a common goal of providing quality healthcare efficiently to everyone.

Cost is identified as the largest factor preventing people from accessing services that do exist here. Consistent with statewide data, our survey respondents reported 25-30% have no health insurance at all. Almost half reported that they couldn't find some services they needed here, though more questions are needed to understand if people want specialty services here (vs. traveling elsewhere), and what cost they might be willing to pay, if so.

Mental Health and Violence

All age groups ranked mental health concerns in the top four community problems, as well as problems affecting their family. Increased services were recommended, especially in villages where services have had funding cuts. Interpersonal violence was not named as a top four problem affecting their family, however it was named as a top four community problem by the 46-65 and the 66+ age groups.

Substance Abuse

One bumper sticker sums it up: "Homer, Alaska – a quaint little drinking village with a fishing problem." The community perception is that we have a drinking problem; this was heard from all directions, as follows:

- Youth leaders say kids receive mixed messages, about alcohol and marijuana especially
- Law enforcement says it is difficult to enforce laws when parents do not sometimes support them
- Many say schools should be more open to substance abuse education, using resources that are offered from the community
- Youth leaders say that drug education should begin in grade school, before kids are faced with the choices when they are at school
- Many say that we don't make a clear definition between alcohol use that is safe, vs. abuse, or that for some, sobriety is the only choice, and a choice worth community respect.
- Without a local family residential treatment center, our community doesn't get to see that recovery works, because people must leave
- Prescription drug abuse is growing, and so is the interest in taking action on prevention
- There are not enough local resources addressing the substance abuse concerns that exist.

Multiple Problems Requiring Multiple Solutions

Many people are dealing with more than one health concern, and many suggestions noted that more emphasis be on treating the whole person. Fragmented care exaggerates problems, and it's hard to keep up with what services are available. The long-term effects of early exposure to violence are only beginning to be understood; trauma scores suggest that multiple factors increase risk in an individual and in families. In 2007, the Governor of Alaska's Healthcare Strategies Planning Council identified seven goals, one of which "is definitely the larger-order problem, meaning if we can solve it, many of the other problems will be

alleviated". That problem is the lack of prevention and personal responsibility."[5] Prevention and wellness are a thread throughout our project's community input, although it is noted that is does not get funded because the system is problem-oriented and there is no way to bill for wellness. Providers expressed frustration at the lack of time to educate within the insurance payment structure, which mandates large amounts of time documenting for different billing systems. There is no funding for screening programs, and outcomes are not easily measurable. However, many also said we know it is the right thing to do. It is worthwhile to note that Healthy People 2010 is gathering ongoing information on lifestyle and behavior risk factors, because they play a major role in all the leading causes of death. (See Community Health Status Assessment Report). Youth leaders here encouraged us to expose kids early to diverse enjoyable pursuits (arts, music, sports, etc.) as well as nutrition and exercise. It was mentioned that we as a community could provide more outdoor opportunities and activities for kids, and healthy lifestyles could provide an alternative to the need for many medications. Alternative medicine is available and well-utilized in our community, and there are opportunities for more partnerships and increased understanding between different types of healthcare providers.

Families

Homer has often been described as polarized, and that is evidenced in our community input: on one hand, the quality of life issues mentioned included caring about one another, engaged and active youth, strong families and a good place to raise kids, a safe place to live. On the other hand, there were great concerns about bullying, children's couch-surfing, a lack of youth activities, and the need for parenting classes. Childcare and life skills training are identified as much-needed supports. Many mentioned the need for a teen shelter, which could over time show a diversity in the types of needs that may present, but with all sharing the common need to ensure the safety of our children, it could provide time to differentiate specific needs later. Mentioned was that this could be incorporated into already existing facilities, avoiding another silo. Family anxiety, loneliness, and a need for more senior housing were named; the lack of affordable housing for all ages is reported as a growing concern.

Environment

With climate change so prominent in the news, few dispute human activity as a cause; Homer has a long history of safeguarding its clean waters and natural beauty, and that value has only increased with the growing awareness of ocean acidification and other impacts. Water quality issues were named at the level of city systems, as well as in terms of challenges posed by resource development. A recent, city-sponsored brainstorming on economic development brought out a concern regarding the long-standing reputation of Homer as "a place that does not want development," or fears that development would mean degrading our environment. Many there spoke of a desire to purse economic diversity, or some specific economic developments, while also considering issues of sustainability and protection of the environment. In our interviews, we heard an emphasis on both, the need to diversify our economy and also to consider the costs of different kinds of growth, to plan for them. Homer seems ready to move beyond environment vs. economics, and into a strategy that embraces the future while not being afraid to articulate what we are willing to pay for it. In our surveys, young people spoke of their concern for the environment, while in all age groups, only 40% reported satisfaction with the economic opportunity in Homer. Economics and the environment were often discussed together in our interviews; perhaps there is an opportunity now for more diverse partnerships that consider both, and move forward in decision-making. In the City's brainstorm, Kenai-Soldotna was reported as more progressive, creating "business incubator groups" to explore and support new possibilities.

Education

People expressed widespread belief in the power that can come from education and from raising community awareness, and that attitudes and perceptions can be changed with education. The community sees itself as open to new ideas, lifelong learning, and creative thinking; people stand ready to roll up sleeves and make new, more efficient systems. They pointed to the Homer Foundation, numerous non-profits and sports facilities that exist, and the success of small groups of people in creating great change here. The awareness of different learning styles and the need to honor all of them, re-vitalize vocational education and voc-rehab, have surfaced often as goals. The use of the resources at Kachemak Bay Campus of Kenai Peninsula College to further diversify our culture, our workforce and response to changing health needs has been

[5] Final Report, Alaska Health Care Strategies Planning Council, December 2007.

mentioned often. Diverse programming—from mentoring to grow-your-own food, to parenting, to sustainable development practices—have all been suggested as examples.

Tolerance

People on both sides of the Bay identified racial issues that need healing. More focus on including different communities/community members in media reports, hiring locally, and celebrating together could all foster an embracing of our diversity. People with disabilities, youth, veterans, single parents – many groups were named as lacking community-wide support. Bullying in our schools was mentioned by several of our youth. Focusing on these issues may help us address more of the root causes of all of our community issues, and bring forth a truly shared vision that includes equal access for all.

COMMUNITY HEALTH STATUS ASSESSMENT

This assessment contains hard data gathered from the participating organizations (see Community Health Status Assessment Report 2009). The data identifies both opportunities and challenges.

Positive Indicators for Healthy Lifestyles and a High Quality of Life

- A robust arts community with a large impact on the economic health of the community
- Many diverse services in place (given our small population) including well-utilized alternative health practitioners
- A broad range of lifelong educational opportunities, including city-sponsored lifelong learning in the City's Community Schools and our University's Kachemak Bay Campus.
- There are monitoring systems in place for cancer, birth defects, trauma, peri-natal mortality, infectious disease and leading causes of death/chronic disease death, providing yearly comparisons between our peninsula, state and national rates
- Smoking rate that has decreased to 22% locally, comparable to state and US rates
- Alaskan adults and seniors reporting higher moderate or vigorous weekly physical activity than nationwide reporting (49.5: 60.8% and 39.3: 52.3%, respectively).
- Only 21% of Alaskan adults report no leisure time physical activity, a leading indicator for preventing chronic disease
- A lower teen birth rate than the state or US rates.
- Seat belt use in AK has been increasing steadily, to a reported rate of 78.4% (2005 latest data).
- One local clinic is participating in national research on lifestyle indicators for improved health outcomes; our residents benefit from ongoing feedback from providers who receive regular data on this prevention focus.
- In 2009, Cook Inlet (local) halibut contained less mercury than either Prince William Sound or Gulf of Alaska fish sampled.

Challenges Suggested in the Data

- Our increasing >65 year old population will mean more chronic disease, but also more wisdom and expertise, and often financial resources brought to our community.
- Lowered school enrollment means decreased funding to schools and Kachemak Bay Campus, and higher per capita maintenance on our facilities. It means less variety in course offerings in the schools.
- Data for the year 2005 is remarkable throughout the tables. Most organizations provided increased services in that year, and collaborative discussion might increase understanding of forces at play.
- Boys and Girls Club membership in the economically disadvantaged group is growing. Haven House and the Senior Center's transportation assistance have almost doubled service numbers this year, compared to last year. Ongoing recession could see this trend continue.
- The area has a high cost of living, relative to Anchorage or Portland, OR.
- There are an increasing number of students in public schools who are homeless at some point during the school year
- We are lacking data on others who are homeless in the community; current collection is voluntary, limited and not analyzed for unique numbers.

- There is a substantial amount of free medical care provided in the area, which suggests the question, how equitable is the access to it?
- The proportion of adults without healthcare coverage is higher locally (27%), than in our borough, region or statewide. (22.8, 21.7 and 17% respectively). Over the last decade, the cost of premiums in AK is rising faster than salaries are growing.[6] Meanwhile, our unemployment rate has been rising over the last 2 years.
- There are lengthy, ongoing waiting lists for public housing units.
- Our area has about one report of interpersonal violence (IPV) per day.
- The correlation between chronic pain visits to hospital emergency rooms and prescription drug abuse suggests that this area has a growing problem.
- Our interpersonal violence, child abuse and substance abuse data suggest that there are deeper, root causes to explore; adverse childhood effects research suggests that this trauma creates a multi-factorial, lifelong concern, as well as a concern for society. More information is needed on resultant increasing special needs in children and families.
- The number of reports to CPS is not the same as the number investigated.
- The numbers of clients in outpatient treatment in Homer are small relative to what the data suggest about substance abuse in our area. Funded services do not adequately address the need.
- Currently, Homer city water has contaminants present at unacceptable levels.
- The number of juvenile arrests for alcohol mirrors trends of adult arrests.
- The Peninsula is third highest region in AK for liver disease and cirrhosis death rates, which are associated with chronic alcohol abuse..
- There is a high rate of suicide in our region and in AK vs. the US; we need State Trooper data to document our local rate. Our low population numbers make local data statistically insignificant, except by seeking this data as rolling averages over numbers of years
- Of the 5 leading causes of death, cancer rates are higher on the Peninsula for all types separated out and reported to the Cancer Registry; heart disease is higher, as well.
- Of the 5 leading causes of chronic disease deaths, the Kenai Peninsula borough has a higher age-adjusted rate than the state, on 6 of 7 causes: cancer, lung cancer, breast cancer, heart disease, coronary heart disease, and diabetes.
- The borough has a significantly higher rate for pertussis (whooping cough), a vaccine-preventable disease, than peer counties. We need local public health data on this issue.
- Water fluoridation is not presently at the recommended level in our state. This issue has been controversial in Alaska.
- There is a lack of bio-monitoring and health tracking regarding environmental hazards related to reproductive health and also to Alaska's high birth defect rate.
- A large part of the local population utilizes alternative healthcare; the data suggests this is in addition to allopathic medicine.
- There are disparities between Alaska Native and White health status, both statewide and in the borough; examples herein include suicide and cancer rates, and dental status.
- In many of our organizations' service data herein, the trend is toward greater use of community services as we have entered the current economic downturn; in the case of Haven House, service needs have doubled in the past year.

Recommendations from this Assessment

- Focus on the many strengths and health of the community. Keep noticing what is going well, and build upon our strengths as we also face the challenges. Collect more data to celebrate the high quality of life people describe.
- Recognize that local communities – especially small ones - have the ability to collect data of their interest, and that local residents are the best resources to make it happen. Consider what is of value to each organization that would make efforts worthwhile to them. Look for ways to participate that build on strengths and resources of each organization. Ongoing data collection will require recruiting new partners from broader organizations and forming new alliances.

[6] An increase in disparity between rich and poor in a society is associated with decreased overall health status. Tackling Health Inequities through Public Health Practice, a Handbook for Action: NACCHO (Hofrichter, ed.), 2006.

- Identify what local data we don't have that would further illuminate issues of interest to the communities.
- Decide what local data is reasonably possible to collect over time; increase local monitoring. (Minimizing increases in paperwork/reporting issues need to be taken into consideration.) Utilize options to add health monitoring into grant requests; the public health arena is increasingly valuing research-based interventions.
- When this committee completed its work, we initiated a system to monitor indicators over time, however there was very little response from organizations on when and whom to contact. Consequently, a list of data providers is available for posterity, to foster easier data collection in subsequent cycles of MAPP. The Data Committee has concluded that only regular meetings would ensure ongoing updates; key people need to be identified to spearhead this, recognizing that there were very heavy workloads reported from all our participants.
- Make all Communities Project data available to outlying communities ~ especially the survey data that is tallied for each community in Survey Monkey. Find ways to support small communities by sharing the resources of systems in place in Homer.
- Continue to follow changes in data reporting that impact compilation or collection of trend data; for example, recent trooper protocol on death certificates no longer include a toxicology screen report, so this will change our ability to correlate substance abuse with death certificates. Statewide court data will soon be available, as they complete a transfer to a new system.
- Identify a coordinator to update data collection and convene ongoing partnership/collaboration when the Community Health Improvement Plan is in place. Otherwise, the "silo effect" could destroy the new partnerships and collaborations that have begun in the Communities Project. The Communities Project website could facilitate organizations' providing updates.
- Use the upcoming census in 2010 to obtain further breakdown of population demographics not available to us for this assessment (occurring at the end of the decade). This information will be useful in confirming (or not) the projected population shifts reported here.
- Advocate for the State of AK, Division of Public Health to provide ongoing, improved data collection on health indicators, to support local communities in monitoring their health status. This statewide support would greatly empower local communities, who have fewer resources in data collection and analysis.
- Foster local providers' consistent reporting to registries in place: birth defects, cancer and trauma. Continue infectious disease reporting. These are mechanisms already in place, which also track state and local incidence rates for comparison.
- Collaborate to count what we want to know, for instance: numbers of residents with diabetes, student asthma, and student obesity; the community can start with these important indicators that are quite obtainable. Again, the community can decide which issues are a priority and could be counted with reasonable effort.
- Join the Bach Harrison survey of high school students, conducted bi-annually in Kenai-Soldotna; it has Central Administration support to conduct district-wide. The Southern Kenai Peninsula could obtain much more local data about youth than is currently available from the state/CDC Youth Risk Behavior Survey (YRBS).
- We need more local data to understand the complex issue of substance abuse in our area; there is currently a very small amount of funding, specifically to address prevention and treatment locally.
- Collect transportation assistance (and other) data in a consistent fashion (e.g. either dollars or number of trips, but the same way in each organization).
- Advocacy to obtain local radon test results; currently, test kits are obtained from UAF in Fairbanks, but tests are sent to a private lab, and results are not made available.
- Encourage local food systems groups to create new partnerships for "eating closer to home."[7] This could substantially reduce the local cost of living, as well as connect people to their food source. Meanwhile, the present cost of long distance transportation for food suggests that disaster planning would also be prudent.

[7] CUESA, Center for Urban Education about Sustainable Agriculture, 2008
http://www.cuesa.org/sustainable_ag/issues/foodtravel.php

- Seek bio-monitoring for environmental health, and meanwhile, implement the "precautionary principle"[8]; little data is available on chemical contaminants that accumulate in body tissue and have demonstrated toxicity. European countries are stricter than the US in regulating chemical exposure without waiting for more data. Support organizations that are lobbying for industry to bear the burden of proof, regarding safety of products before they are utilized.
- Support current Alaska proposed legislation to protect the public against exposure to home and workplace PBDE's (flame retardants) and school exposure to PCB's and BisphenylA (plastics). These have specifically been associated with reproductive health concerns. (Three bills have been introduced in the current Alaska Legislature)
- Explore the possible reasons for higher local rates of the leading causes of death; improve tracking.
- Advocate for incorporating SKP data into Kenai Peninsula Borough and City of Homer's Economic Development and Comprehensive Planning plans.

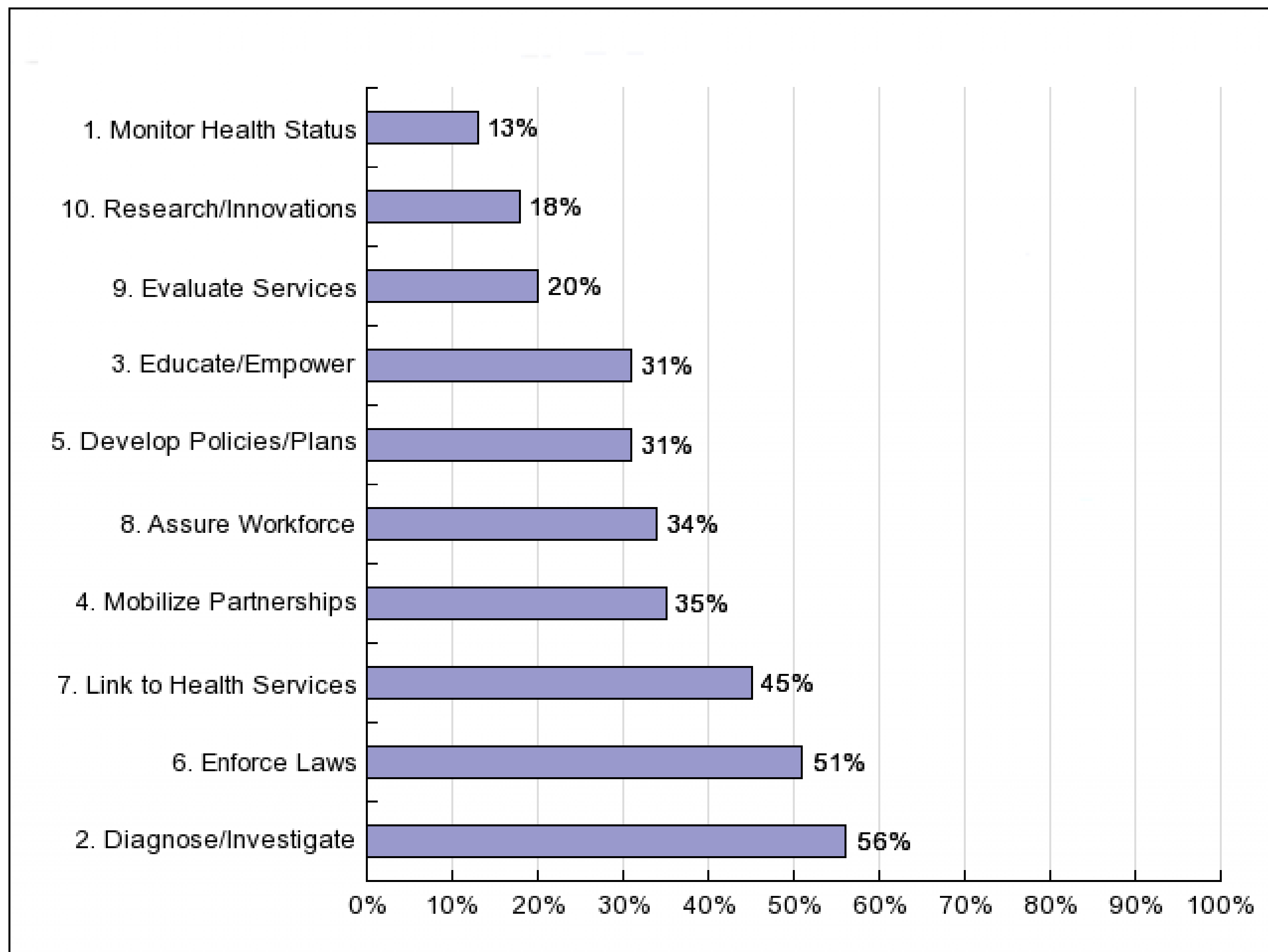
These are only the beginnings of area-wide health data collection, providing a baseline upon which the community can continue to quantify relevant health indicators for improving overall health and quality of life. More data can be gathered that celebrates the many positive quality of life indicators in the community.

[8]the Precautionary Principle: When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically. In this context the proponent of an activity, rather than the public, should bear the burden of proof. First formalized at the Science and Environmental Health Network, 1/26/98. http://www.sehn.org/wing.html

LOCAL PUBLIC HEALTH ASSESSMENT

The graph below gives a visual summary of how our community scored overall in each of the Ten Essential Services. This graph does not demonstrate the scores for each of the model standards (specific services) connected to each Ten Essential Public Health Services. See LPHA Report for more specifics.

Southern Kenai Peninsula Scores in the Ten Essential Services



LOW SCORES: Services related to community assessment and research. The fact that we are completing a comprehensive community assessment through the activities of the SKP Community Project automatically will raise our scores, should we complete the NPHPSP tool in the future.

MEDIAN SCORES: Services related to client education/empowerment, mobilizing partnerships, policy development, and assurance of a competent public health workforce.

HIGH SCORES: Services related to reportable disease and enforcement of laws and regulations. In addition, we scored well the service that links people to needed personal health services; however, we scored much lower on the model standard that addressed transportation, cultural/linguistic services, and the actual coordination of services for vulnerable populations.

Discussion

In recognizing patterns between the results of this report and other data collected during the SKP Community Project, there is potential to identify the priority areas for public health partners to develop and improve community health. *It is ultimately up to the community to determine what the priority areas are for development and improvement.*

As the priorities are identified, the project could consider more discussion and work around the results of this NPHPSP report; looking carefully at the model standards connected to the services that are prioritized by the community for improvement. One of the limitations of the LPHA Subcommittee was lack of time to sufficiently review and analyze the NPHPSP report, particularly during this last six months, due to H1N1 pandemic influenza activities.

Recommendations from the LPHA:

1. Develop and implement a Homer Local Public Health System Coalition that meets monthly to:
   - Review and thoroughly analyze the NPHPSP report.
   - Identify patterns between NPHPSP report and other findings from the SKP Community project.
2. Depending on the findings and analysis, the coalition could continue to meet monthly or quarterly, depending on the vision of the group.

OBSERVATIONS BETWEEN THE FOUR ASSESSMENTS

Where the Assessments Agree

People expressed appreciation for a high quality of life here, and a feeling that this is a safe community where they are actively choosing to live. In spite of the high cost of living borne out in the data, and a perception of low economic opportunity (worsening according to the unemployment data), people reported a high value on accepting differing viewpoints--even though this difference is often said to hinder forward progress on economic development. This may suggest a need to forge more shared visioning. The enthusiasm with which people have participated in describing and documenting the health status of our community is an indicator of the caring and healthy people resources we have, with which we can approach our challenges. The place we call home is itself a valuable resource, and our clean environment was identified as providing many residents a reason to be here. We have many resources in place, and people report a readiness to address attitudes and perceptions that have in the past prevented action. Removing these potential barriers to health could improve the quality of life for all residents.

The area has a comparatively high rate of uninsured individuals (27%) and systems in place that inhibit more effective collaboration in primary care, e.g. some tribal, VA and vocational rehabilitation policies. Many people choose to leave town for care, even when local services are available. This is a detriment to community health and well-being on all levels—physically, culturally, economically and environmentally. Cost is identified as the major barrier in accessing care. Health information systems are complicated for consumers and providers alike; many complain of record-keeping barriers and multiple, time-intensive systems to navigate. There is national healthcare reform in process as we complete our reports, but it is slow to unfold, and will not likely provide a quick or universal answer to access problems. Our local practitioners provide a substantial amount of free or reduced cost care every year, yet our emergency room and shelters are utilized in growing numbers every year. Many voiced that their own agencies “see everyone,” but also that *other* organizations do not. Perhaps access is blocked at local front desks, where gatekeepers are also charged with complex rules and intakes. This can keep people from seeking care they know they can’t afford. In our assessment process, we often found it challenging to ask the right questions to ascertain the information we were seeking; the needs then remain hidden.

We are clearly not meeting all the service needs in our community. There are difficulties in providing seamless care across the community, and people see multiple providers in our “silo” system. Tribal/public/private providers alike all expressed concern for more effective collaboration to solve these problems...and a willingness to take responsibility to forge better working relationships. Current insurance paperwork alone makes working separately ineffective for all clinics. The words “breaking down silos” and creating an “umbrella” were mentioned often, across disciplines. There was hope expressed, in that personality differences are healing, and that effective boards which represent their client population could make a difference. Given all this, it seems timely that with effective partnerships, a local task force could break down some organizational barriers, even with governmental rules in place. Funders could also be invited to the table, or the community could advocate for changes in some government protocols. There is a perception that we must make changes locally to take care of each other better, and that we cannot wait for government changes (national healthcare reform) to make that happen. Access to care was one area where

participants offered many specific solutions to the current fragmentation. All assessments identify local issues with fragmentation of care.

One straightforward finding was that community leaders and consumers alike have difficulty staying current on local resources. Resources change rapidly, as do grantors' directives, so the idea of a clearinghouse was mentioned often. Costly use of the hospital's emergency room for primary care could potentially be positively impacted by such a change. Using the technology that websites afford as well as the human touch so valued by respondents in our surveys, could foster a more comprehensive use of resources currently in place.

The community clearly has substance abuse issues, which need to be addressed as just that. There is a perception that we do not have clear community norms transmitting healthy lifestyles to our youth, and that is borne out in the hard data. Yet it is a problem across the lifespan, and interventions may need to be different at different times in life. What hasn't been explored are the root causes of local substance abuse problems, and thoroughly addressing the problem would also include this. Our partnerships need to include input from all populations affected before we design interventions. Increasing the diversity in all our partnerships will provide broader, more accurate findings, though it will require flexibility in timing, location and use of technology at meetings and events. What builds partnership and common ground is worth that effort, as the relationships themselves will break down many of the attitudes and perceptions identified as the greatest and most common barriers. Groups specifically named to bring more often to community prevention efforts included retirees new to the community, baby boomers, village residents, and youth.

Lifestyle factors, and addressing them from a prevention perspective is another theme that brought out congruity between assessments. Statewide obesity rates are increasing (though we need to consider improving data collection to confirm our local status) and our borough's leading causes of death both confirm that quality of life could be improved with prevention and wellness initiatives. As mentioned earlier, respondents had fewer strategies to offer for prevention, perhaps because programs are not in place to "fix." We need to invent them, but this is the next frontier. Like tobacco, it will likely require multi-level interventions over decades. Broad partnerships are needed to explore innovative designs. On the other hand, change is within our individual reach as well, and can be built into our daily lives and systems. Consumers and providers alike identified prevention as a desired paradigm shift.

Research continues to demonstrate that a primary care focus is associated with best health outcomes in developed countries, including increased life expectancy[9], so we are fortunate to have a local delivery system based on this model.

It is noteworthy that a lack of time was mentioned in each of our committees and in coordination of efforts for this assessment. Prioritizing the time for actions steps of the Community Health Improvement Plan will be important if this assessment is to make a difference. We found that operating by consensus could be time-consuming, so there may be a wider need for consensus training if the community values using inclusive, shared decision-making.

Finally, confusing cultural norms were often described as a concern, by respondents from varied groups and also evidenced by health disparities in the hard data.

Where the Information Between Assessments Differs

The LPHA scored high in areas of enforcing regulations and law, but data and community input tell us we have a prescription drug abuse problem, which many people express a willingness to address. This is an area that could receive support from laws already in place as well as new legislation and collaboration between community-wide partners. Other states (e.g., ME, CA) have had success with multi-level approaches to this problem. Interestingly, there is an individual perception that substance abuse problems do not affect *them* in *their* families, but is a problem for others and the community overall. If the problem is affecting the community as much as all the assessments suggest, then likely all residents are impacted by this issue and would benefit from forging a shared vision.

[9] "Improving Economic Equality and Health: The Case of Postwar Japan." Am J Public Health 98(4): 589-594 Bezruchka, S., T. Namekata, et al. (2008).

Regarding our community's reporting, the data on reportable diseases has not been provided for this report or in our state CHSA 2009 Report. Focusing on community partnerships to access important data could be helpful.

The LPHA scored high in linkages to provide health services, but acknowledges what our data and community perception suggest—that many have difficulty accessing care. The LPHA identifies transportation, cultural, and socio-economical barriers specifically. This suggests we can build on what we already do well.

PLANNING FOR ACTION

Next Steps and Opportunities

- Build on strengths. The southern peninsula reported a positive choice in living here and over 45 quality of life indicators of why residents love their community. Those strengths included a high rate of volunteerism and a spirit of cooperation that can be harnessed toward any goals the community sets in a Community Health Improvement Plan. The willingness to disagree can also be a strength to harness toward listening to each other and identifying common ground for moving forward with focus. The many organizations that were praised for caring, a personal touch and their intelligence are an asset in whatever direction the community heads.
- Some of our community input is described eloquently in terms of solutions to fix problems in the current, fee-for-service healthcare system. Other input reflects a priority on prevention and personal responsibility for lifestyle changes, or a need to dramatically shift cultural norms. When immense shifts are proposed and can overwhelm, we need to choose some small goals that are attainable, but also not lose sight of the harder question, "What is the consequence of doing nothing" in each case. We can move forward also with the large questions that may need multiple approaches to shift an attitude or social nor over a more extended period of time. For example, shifts in cultural norms regarding tobacco are seen as a public health success over the last 3 decades. Reducing obesity is often considered the next frontier in public health[10], perhaps harder than tobacco because we will always need food. Corporate marketing and production advantages have negatively impacted the nation's and Alaska's health in recent decades, and to do nothing about this would have dire consequences, if present trends in our population continue.
- The community has spoken its desire to breakdown "silos", and project members have forged new connections over this year as a beginning. We need to establish a plan to ensure these partnerships continue, to keep this momentum to share resources and look for innovative solutions. New technologies can also support these new pathways.
- One important local organization, Chugachmiut, was invited to participate and declined. Since it is the sole provider of healthcare for the AK Native people of its area, we hope to find meaningful ways to engage their decision-makers' participation in future assessment cycles. KPHI (Kenai Peninsula Housing Initiative) is also a key player who declined to participate. Ongoing recruitment of areawide organizations is essential for planning to reflect the needs of our whole community.
- Finding evidence-based practices to replicate can be problematic, where prevention is concerned. Grants are often structured around proven, evidence-based outcomes. Creative solutions that meet local needs may be different that what has worked elsewhere. We need to consider what has worked elsewhere, when we see similar problems, but also to be flexible and listen to our own community needs, change designs where needed, and advocate for funding that recognizes this phenomenon. Finding what does not work is important and can be reported as success, if we then change directions and hold our grantors to a positive change model.

Possible Short-Term Goals

- Re-instate vocational education at the high school
- Increase voc rehab resources locally available
- Focus group (providers, law, pharmacies) on prescription drug abuse
- Provider forum on interface between public, private, tribal
- Provider focus group on improved records transfer, on-call issues

[10] 2010 Public Health Priorities, AK Department of Health and Social Services, Ward Hurlburt, MD, MPH, in a talk given to the AK Public Health Assn., Dec. 2009.

- Mechanism for protective custody, for those arrested who also need hospital treatment
- Make radon home test results available to the public
- Some Alaska legislation for environmental health is pending; advocate for it
- Plan for increasing need for geriatric primary care
- A few focus groups would greatly increase the possibility that next steps target where the issues really are: explore community needs regarding prescription drug abuse issues; chronic pain control options; community services that are not available locally (is that ok? Add some? Willing to pay vs. travel); youth shelter needs; substance abuse residential treatment-local; parenting support for at-risk families (OCS-involved only?), safe protective custody.
- For those seeking residential treatment for addictions, there are waitlists; advocate for those systems to change the requirement to call in every day, as it was reported as a large barrier to success in getting treatment.
- To focus on prevention, engage city planners in all health dialog. Access to local walking trails and all aspects of a built environment will foster healthy lifestyles.

More Long Term Focus

- Build on the many quality of life features residents named, in any goals the community sets. This is a tremendous asset, which many communities do not have as a basis.
- Explore root causes of issues the community prioritizes in the Community Health Improvement Plan this winter, to avoid treating only the symptoms of underlying problems.
- Some youth are hurting, while others in our area do well and go on to excellent opportunities; we need to identify what is working and build on those assets, extending them to all youth. Their involvement at every level of this exploration is essential. Youth spoke to our project with great optimism and also imperatives for what they see missing in our community.
- Interpersonal violence, substance abuse, and child abuse data suggest that our community needs to explore adverse childhood effects and their lifelong impacts on individuals and society. A trauma approach can build on resilience and help focus where services are needed most. Especially if current economic challenges continue, ensure a safety net remains for the most vulnerable populations.
- The local impact of fetal alcohol syndrome disorders (FASD) is not available, but statewide data suggests we need to explore the impact of this.
- Expand local VA services. Services for AK Natives could be closer to home, where those services exist. Services for disabled need to include case management. Transportation to services is an ongoing concern in our rural area. Equal access to care for all was a priority mentioned often.
- Explore root cause analysis on the perception of a general lack of parental involvement in many families.
- More input on survey questions would assist in targeting prevention interventions appropriately. For example, a Mat-Su study targeted underage drinking, and then found that teens were supplied more by their parents than retailers.[11] We would do well to conduct focus groups and surveys to clarify many of the key challenges identified, before attempting interventions based on these first findings. In other cases, community members have enough information to move forward with task forces, e.g. data exists on prescription drug abuse.
- People concerned about economics and/or the environment often expressed concern about the other group as different, rather than seeing different pieces of one large puzzle. All would do well to recognize common ground and participate in shared visioning. Only this can bring us from our reputation as tolerant but anti-development, to sound and co-creative planning for the future.
- Consider that attitudes and perceptions are in our power to change; the largest number of community barriers identified fell into this category.
- Explore further the disparities in health status and healthcare access amongst different groups
- Consider alternative healthcare approaches, and integrating these into local collaboration and framework.
- Recognize that leaders and directors report consistently that they are stretched very thin; time for meetings or additional workgroups is limited. This seems to be ongoing, perhaps even worsening issue in our community.

[11] Mat-Su Foundation presentation, 2009 Alaska Public Health Summit.

- Maintain a community e-list for organizations to share grant opportunities, especially ones that foster new partnerships.
- Organizations should examine their uses of technology and where it serves the community or not. Some barriers are reported and some consumers do not past barriers to be seen. Even phone systems can become unintended gatekeepers.
- Utilize the City of Homer's updated Comprehensive Plan[12] as a resource, to be finalized in January 2010. The City has offered its support for essential local services and collaboration to keep them functional. City Planning could be an important partner in creating a built environment and policy changes that foster prevention and healthy lifestyles for all ages.
- Utilize the City of Homer's recently completed Climate Change Plan[13] to foster increased environmental awareness community-wide.
- Explore more options for sharing resources with outlying communities and advocate for more village representation in all organizations. Build effective, ongoing links between different parts of the Southern Peninsula.
- All four assessments concluded that the community would benefit from future updates and ongoing partnership. Each committee focus would likely need a coordinator to convene a work group that meets quarterly (at a minimum). Other communities recommend three to four people to ensure future cycles of a MAPP process, to build on the initial findings. The Communities Project Core Group could serve that function, or new organizations could spearhead the plan. Community Health Improvement Plans work best when they include measurable goals and objectives, with evaluation built in for accountability and sustainability of initiatives. Youth and young professionals, who are especially drawn to vibrant communities, should be recruited to participate to ensure longevity of visioning and action. This community's new leaders and all new residents should be actively recruited over time, as community-driven plans require community-wide participation. No single organization can have sufficient impact on issues such as obesity, smoking, chronic disease prevention, access to care or behavioral health. Research shows that in most communities, the fragmentation of efforts undermines improvements that could be achieved.[14] One community in Northern Kentucky which piloted the MAPP process, found that a new Chamber of Commerce partner spearheaded the second cycle of assessment, when it developed a vision for the community and created a "business plan," large enough to include health in its definition.[15] Our group's vision included physical, mental/emotional, cultural, economic and environmental health in our definition. The community is encouraged to use the partnerships and information gathered here in any way that creates "vision to action for a better life."
- Finally, recognize the power of media to inform our population; local media have collaborated in this project, and the community perceives them as supportive of local health initiatives. As a primary force for raising awareness on all aspects of the community, they are important on-going partners in efforts to improve the health and quality of life in the community.

Conclusion

The future lies in our local communities' abilities to define and envision what residents want. Our discussion here is in no way meant to be an exhaustive treatise on what we have collected. We as a community have the opportunity to start with the information herein and together, create action steps for a healthy future. Again, we invite the entire community to participate in Winter 2010, when we gather to co-create a vision statement for the community. Everyone is invited to help prioritize goals for our own unique Community Health Improvement Plan.

Full Reports of the 4 Assessments are available online at www.skpcommunities.net

[12] City of Homer Comprehensive Plan, 2009 draft. www.ci.homer.ak.us
[13] City of Homer Climate Action Plan, 2007. www.ci.homer.ak.us
[14] Putting Prevention to Work, Bill Barberg, Information Insights, Ltd. 2009. See www.infoinsights.com
[15] www.nkyhealth.org