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# 2022

## KODIAK ISLAND COMMUNITY HEALTH NEEDS ASSESSMENT

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### **Providence Kodiak Island Medical Center** Kodiak, Alaska

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To provide feedback on this CHNA or obtain a printed copy free of charge,  
please email Nathan Johnson at [Nathan.Johnson@providence.org](mailto:Nathan.Johnson@providence.org)

# CONTENTS

Message to the Community and Acknowledgements	4
Executive Summary	5
Understanding and Responding to Community Needs	5
Gathering Community Health Data and Community Input	5
Identifying Top Health Priorities	5
Measuring Our Success: Results from the 2019 CHNA and 2020-2022 CHIP	6
Introduction	8
Who We Are	8
Our Commitment to Community	8
Health Equity	10
Our Community	12
Hospital Service Area and Community Served	12
Community Demographics	12
Overview of CHNA Framework and Process	21
Data Limitations and Information Gaps	21
Process for Gathering Comments on Previous CHNA and Summary of Comments Received	22
Health Indicators	23
Hospital Utilization Data	23
Community Input	24
Community Strengths	24
Community Needs	24
Kodiak Community Survey	27
Challenges in Obtaining Community Input	27
Significant Health Needs	29
Prioritization Process and Criteria	29
2022 Priority Needs	30
Potential Resources Available to Address Significant Health Needs	31
Evaluation of 2020-2022 CHIP Impact	32
Addressing Identified Needs	33

2022 CHNA Governance Approval _____	34
Appendices _____	35
Appendix 1: Quantitative Data _____	35
Appendix 2: Community Input _____	35
Appendix 3: Community Resources Available to Address Significant Health Needs _____	47
Appendix 4: Kodiak Island Medical Center Community Health Advisory Board _____	49
Appendix 5: Kodiak Health and Wellbeing Monitor _____	50

# MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

This 2022 Kodiak Community Health Needs Assessment (CHNA) was sponsored by Providence Kodiak Island Medical Center, Providence Health & Services Alaska, and the Providence Kodiak Island Medical Center Community Advisory Board.

Across the areas of Alaska that we serve, Providence conducts a CHNA every three years to better understand the health needs of our communities. It is an inclusive process designed to identify health-related needs and to help foster community-driven efforts to address those needs. Here in Kodiak the 2022 CHNA survey was a great success. Our sincerest thanks to the guidance of our Kodiak Community Advisory Board, the residents of Kodiak who completed the survey, and the many community organizations that helped promote the survey. It was a truly collaborative community effort.

All our caregivers (employees) and Community Advisory Board members are committed to the best possible health and health care for all who live and work on Kodiak Island, and we look forward to continuing our work with the community to address the needs identified in this assessment. Please take a few minutes to review our findings and to share this information with others.

Together, we can create a healthier Kodiak.

**Karl Hertz**  
Chief Executive  
Providence Kodiak Island Medical Center

# EXECUTIVE SUMMARY

## Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Kodiak Island Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, especially our neighbors who are most economically poor and vulnerable.

The 2022 CHNA was approved by the Providence Alaska Region Board on December 1, 2022 and posted to the PKIMC website, made publicly available, by December 28, 2022 and will remain available through at least two CHNA cycles.

## Gathering Community Health Data and Community Input

Through a mixed methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. The Kodiak community information collected includes local community health survey responses, state and national public health data, qualitative data from local stakeholder interviews and a community forum, and hospital utilization data.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

## Identifying Top Health Priorities

To better understand the unique perspectives, opinions, experiences, and knowledge of community members in Kodiak, representatives from Providence conducted 9 stakeholder interviews between July and August 2022. The Kodiak Island Medical Center Community Health Advisory Board reviewed this information along with the results of the community survey and other available data and identified four prioritized health-related areas of need for Kodiak Island:

### **PRIORITY 1: BEHAVIORAL HEALTH (INCLUDES BOTH MENTAL HEALTH AND SUBSTANCE USE/MISUSE)**

Behavioral health is foundational to quality of life, physical health, and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole. The COVID-19 pandemic increased and highlighted the need for behavioral health services, as Kodiak Island residents experienced increased stress, isolation and difficulty meeting basic needs while struggling to gain access to needed behavioral health services. Kodiak experiences long wait lists for behavioral health services and continually struggles to maintain the behavioral health workforce on island to meet community need.

## PRIORITY 2: ECONOMIC SECURITY / BASIC NEEDS

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security, food security and the availability of affordable childcare and housing all play a foundational role in a person’s health and well-being.

## PRIORITY 3: HEALTHY BEHAVIORS / PHYSICAL HEALTH:

Roughly thirty percent of factors affecting an individual’s health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to a built environment that supports physical activity, as well as access to preventive and acute care has an impact on individuals’ ability to maintain good health.

## PRIORITY 4: ACCESS TO HEALTHCARE:

Appropriate healthcare access means receiving the right care at the right time and in the right place or setting - the timely use of personal health services to achieve the best outcomes. Barriers to achieving that include the lack of locally available and accessible primary care and specialty care services, lack of means to pay or being uninsured, and can include cultural, language and even transportation challenges. Maintaining sufficient healthcare workforce on island is a very significant challenge which has been further exacerbated by the far-reaching impacts of the pandemic

Providence Kodiak Island Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2023-2025 CHIP will be approved and made publicly available no later than May 15, 2023.

## Measuring Our Success: Results from the 2019 CHNA and 2020-2022 CHIP

This report evaluates the impact of the 2020-2022 CHIP. PKIMC responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2019 CHNA and 2020-2022 CHIP, made widely available to the public. No written comments were received on the 2019 CHNA or 2020-2022 CHIP.

The largest area of need identified in the 2019 CHNA was behavioral health, which includes both mental health and substance misuse. The impacts of the pandemic significantly increased the need for behavioral health services, while also causing very significant workforce challenges. Numerous programs came to a halt over the course of the pandemic due to lack of staff. Despite this, there were

still areas where progress was made in addressing behavioral health needs through some of our community health improvement plan programs:

- To address behavioral health workforce challenges and the impacts they have on access to behavioral health services on island, Providence Kodiak Island Counseling Center (PKICC) was able to continue its internship program to help produce the next generation of behavioral health professionals and successfully hired two of the three active interns at the counselling center.
- At such a critical time for school aged kids, PKICC was able not only to maintain mental health clinicians in the high school and middle school, but expanded their reach by adding a clinician at East Elementary School

# INTRODUCTION

## Who We Are

**Our Mission** As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

**Our Vision** Health for a Better World.

**Our Values** Compassion — Dignity — Justice — Excellence — Integrity

Providence continues its mission of service in Kodiak through Providence Kodiak Island Medical Center (PKIMC), Providence Kodiak Island Counselling Center (PKICC) and Providence Chiniak Bay Elder House.

Providence took over management of the Kodiak Island Medical Center in 1997, which is now referred to as the Providence Kodiak Island Medical Center. It is a critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. In addition, Providence Chiniak Bay Elder House, PKIMC’s extended care facility, has 22 long-term care beds. PKIMC provides an extensive array of inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, respiratory therapy, sleep studies, specialty clinics, diagnostic imaging services, telehealth diabetes education and pharmacy. The PKIMC Outpatient Specialty Clinic provides additional support services including pediatrics, urology, allergy, dermatology, podiatry, psychiatry, gynecology, audiology and ear, nose and throat specialists. PKIMC is staffed by a mix of primary care physicians, surgeons and specialists who provide family and general practice, internal medicine, obstetric, and radiology services.

## Our Commitment to Community

Providence Alaska dedicates resources to improve the health and quality of life for the communities we serve. In 2021, Providence Alaska provided \$75 Million in Community Benefit<sup>1</sup> in response to unmet needs and to improve the health and well-being of those we serve in – including \$200,000 in grant funding to organizations in Kodiak that work to address unmet needs in the community.

Our region, Providence Health & Services—Alaska (PHSA), has 16 ministries. The majority of facilities are located in the Anchorage area, but we also have a presence in four other Alaska communities. Additionally, services are expanded to other communities in Alaska via connecting technologies (e.g., telestroke and eICU services). Providence Alaska Medical Center (PAMC), a 401-bed acute care facility, is the only comprehensive tertiary referral center serving all Alaskans. PAMC features the Children’s Hospital at Providence (the only one of its kind in Alaska), the state’s only Level III NICU, Heart and Cancer Centers, the state’s largest Emergency Department, full diagnostic, rehab and surgical services,

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<sup>1</sup> Per federal reporting and guidelines from the Catholic Health Association.



as well as both inpatient and outpatient mental health and substance use services for adults and children.

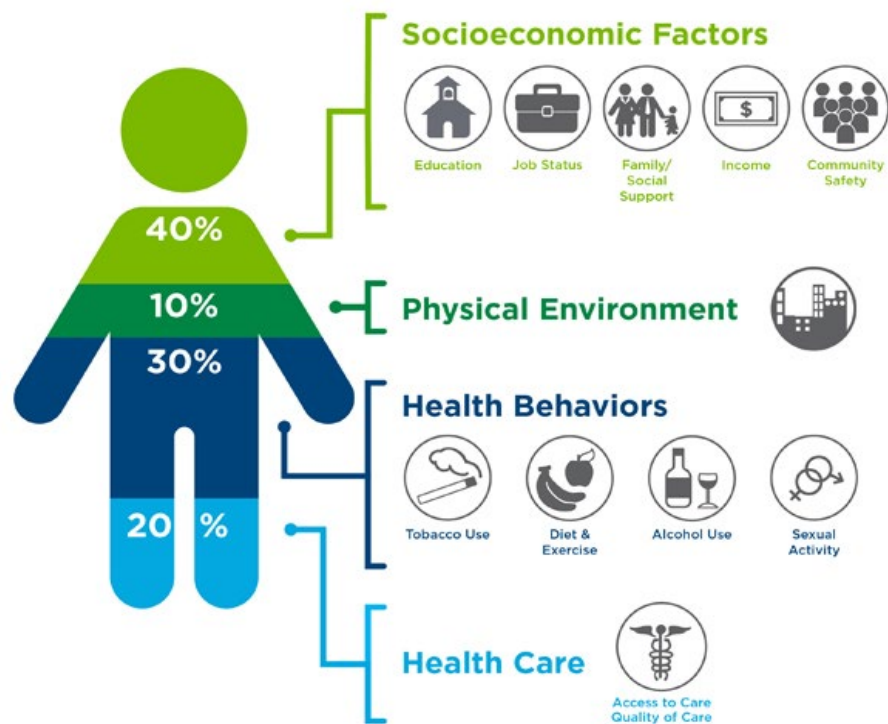
PHSA has a family practice residency program, a continuum of senior and community services, and a developing medical committee. PHSA manages three critical access hospitals located in the remote communities of Kodiak, Seward, and Valdez, all co-located with skilled nursing facilities. PHSA operates community mental health centers in Kodiak and Valdez. PHSA also partners to provide additional services through five joint ventures including Providence Imaging Center, St. Elias Long Term Acute Care Hospital, Imaging Associates, LifeMed Alaska (a medical transport/air ambulance service), and Creekside Surgery Center.

Providence Kodiak Island Medical Center further demonstrates organizational commitment to the CHNA through the allocation of staff time, financial resources, participation, and collaboration to address identified community health needs. The Regional Director of Community Health Investment is responsible for ensuring compliance with Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians, and other staff to work together in planning and implementing the Community Health Improvement Plan (CHIP).

## Health Equity

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see Figure 1<sup>2</sup>).

## What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

**Figure 1. Factors contributing to overall health and well-being**

<sup>2</sup> Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2013)

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets (see Figure 2 for definition of terms<sup>3</sup>). Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

## Health Equity

A principle meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” (Braverman, et al., 2017)

## Health Disparities

Preventable differences in the burden of disease or health outcomes as a result of systemic inequities.

**Figure 2. Definitions of key terms**

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:



### Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



### Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



### Quantitative Data

- Report data at the block group level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

<sup>3</sup> Braverman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And what Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

# OUR COMMUNITY

## Hospital Service Area and Community Served

Being the only acute care hospital on Kodiak Island, our service area is the entirety of the Kodiak Island Borough and all of its communities, encompassing the entire population of Kodiak Island. The borough is situated in the Gulf of Alaska and comprised of 16 major islands. Kodiak Island totals 3,588 square miles and is the second largest island in the United States – second only to Hawaii. Kodiak Island, which is most famous for its large and impressive population of brown bears, is also rich in other forms of wildlife, culture, natural resources, and scenic beauty. With the largest fishing port in the state, the island is the third largest fishing port in the country. In addition, Kodiak Island hosts the largest U.S. Coast Guard base. Thus, commercial fishing and the U.S. Coast Guard are the dominant industries followed by retail trade, transportation, utilities, and tourism.

Based on the availability of data and geographic access to the facility, the communities served by the hospital are defined as the Island of Kodiak inclusive of the following communities:

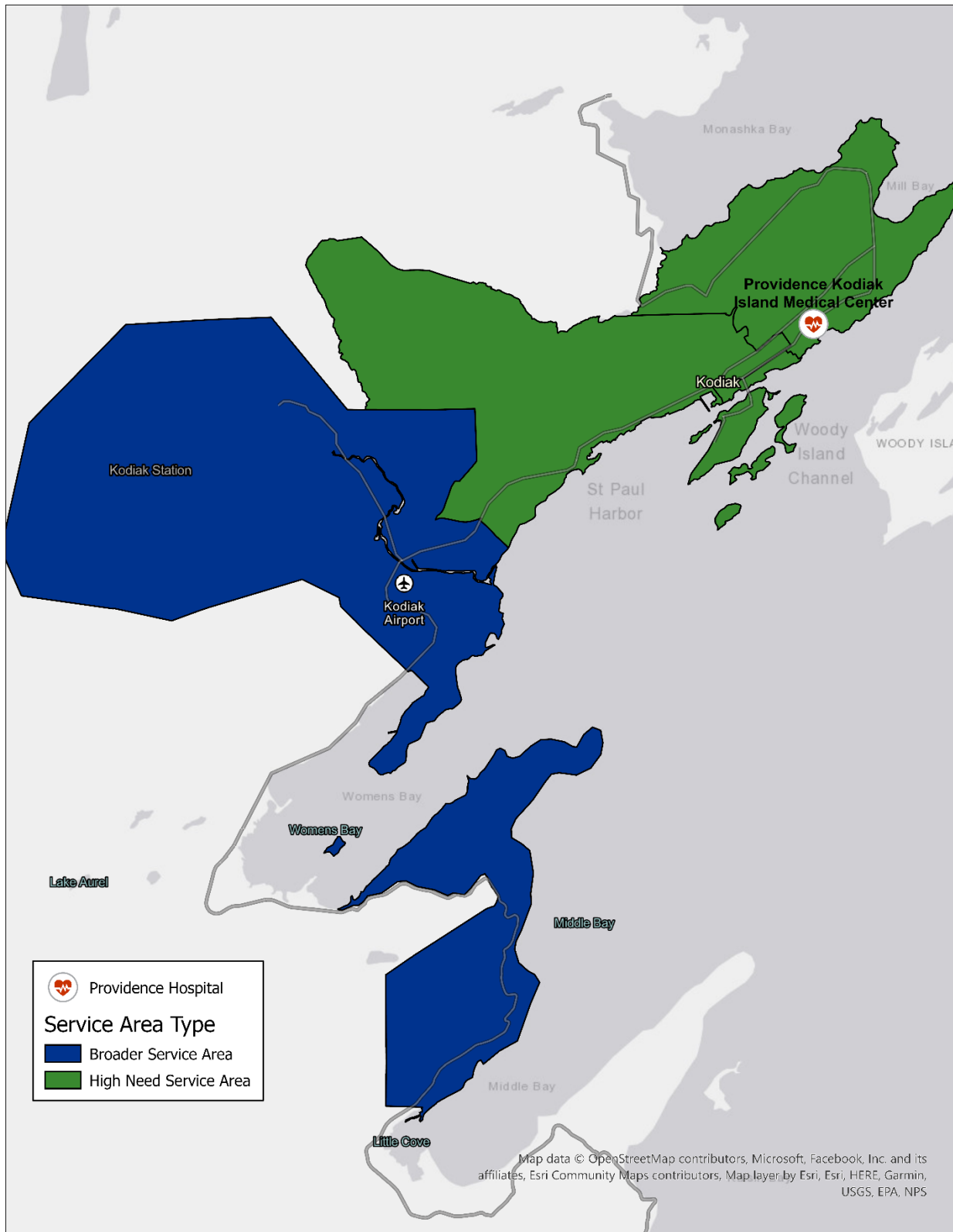
**Table 1. Communities Served by PKIMC**

Cities/ Communities	ZIP Codes	Cities/ Communities	ZIP Codes
Port Lions	99550	Kodiak	99697
Karluk	99608	Larsen Bay	99624
Kodiak	99615	Old Harbor	99643
Kodiak	99619	Ouzinkie	99644

## Community Demographics

The tables and graphs below provide basic demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. The high need area includes census tracts identified based upon lower life expectancy at birth, a lower percent of the population with at least a high school diploma, more households which are linguistically isolated and more households at or below 200% of the Federal Poverty Level (FPL) compared to county averages. For reference, in 2019, 200% FPL represents an annual household income of \$51,500 or less for a family of four.

Figure 3. PKIMC Service Area with Broader and High Need Designations



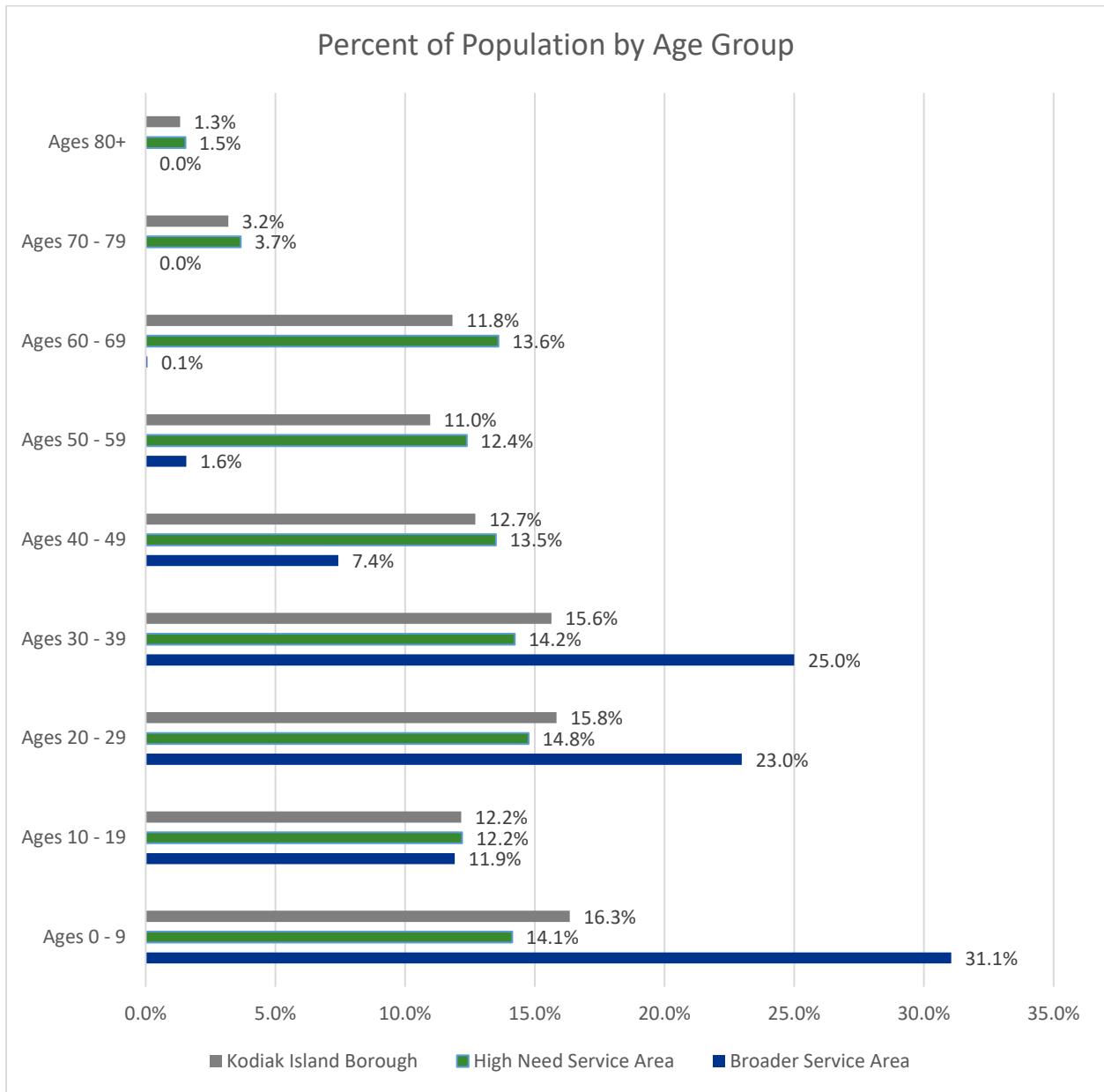
The following population demographics are from the 2019 American Community Survey 5-Year Estimates.

**Table 2. PKIMC Service Area Demographics**

Indicator	Kodiak Island Borough	Broader Service Area	High Need Service Area
Population by Age Groups			
Total Population	11,740	1,536	10,204
Population Ages 0 - 9	1,919	477	1,442
Population Ages 10 - 19	1,428	183	1,245
Population Ages 20 - 29	1,859	353	1,506
Population Ages 30 - 39	1,836	384	1,452
Population Ages 40 - 49	1,492	114	1,378
Population Ages 50 - 59	1,287	24	1,263
Population Ages 60 - 69	1,389	1	1,388
Population Ages 70 - 79	374	0	374
Population Ages 80+	156	0	156
% Population Ages 0 - 9	16.3%	31.1%	14.1%
% Population Ages 10 - 19	12.2%	11.9%	12.2%
% Population Ages 20 - 29	15.8%	23.0%	14.8%
% Population Ages 30 - 39	15.6%	25.0%	14.2%
% Population Ages 40 - 49	12.7%	7.4%	13.5%
% Population Ages 50 - 59	11.0%	1.6%	12.4%
% Population Ages 60 - 69	11.8%	0.1%	13.6%
% Population Ages 70 - 79	3.2%	0.0%	3.7%
% Population Ages 80+	1.3%	0.0%	1.5%
Population by Gender			
Female Population	5,343	718	4,625
Male Population	6,397	818	5,579

% Female Population	45.5%	46.7%	45.3%
% Male Population	54.5%	53.3%	54.7%
<b>Population by Race</b>			
American Indian and Alaska Native Population	1,124	12	1,112
Asian Population	2,789	19	2,770
Black or African American Population	147	56	91
Native Hawaiian and Other Pacific Islander Population	453	22	431
Other Race Population	122	4	118
Two or more Races Population	926	102	824
White Population	5,828	1,004	4,824
% American Indian and Alaska Native Population	9.6%	0.8%	10.9%
% Asian Population	23.8%	1.2%	27.1%
% Black or African American Population	1.3%	3.6%	0.9%
% Native Hawaiian and Other Pacific Islander Population	3.9%	1.4%	4.2%
% Other Race Population	1.0%	0.3%	1.2%
% Two or more Races Population	7.9%	6.6%	8.1%
% White Population	49.6%	65.4%	47.3%
<b>Population by Ethnicity</b>			
Hispanic Population	1,074	135	939
% Hispanic Population	9.1%	8.8%	9.2%

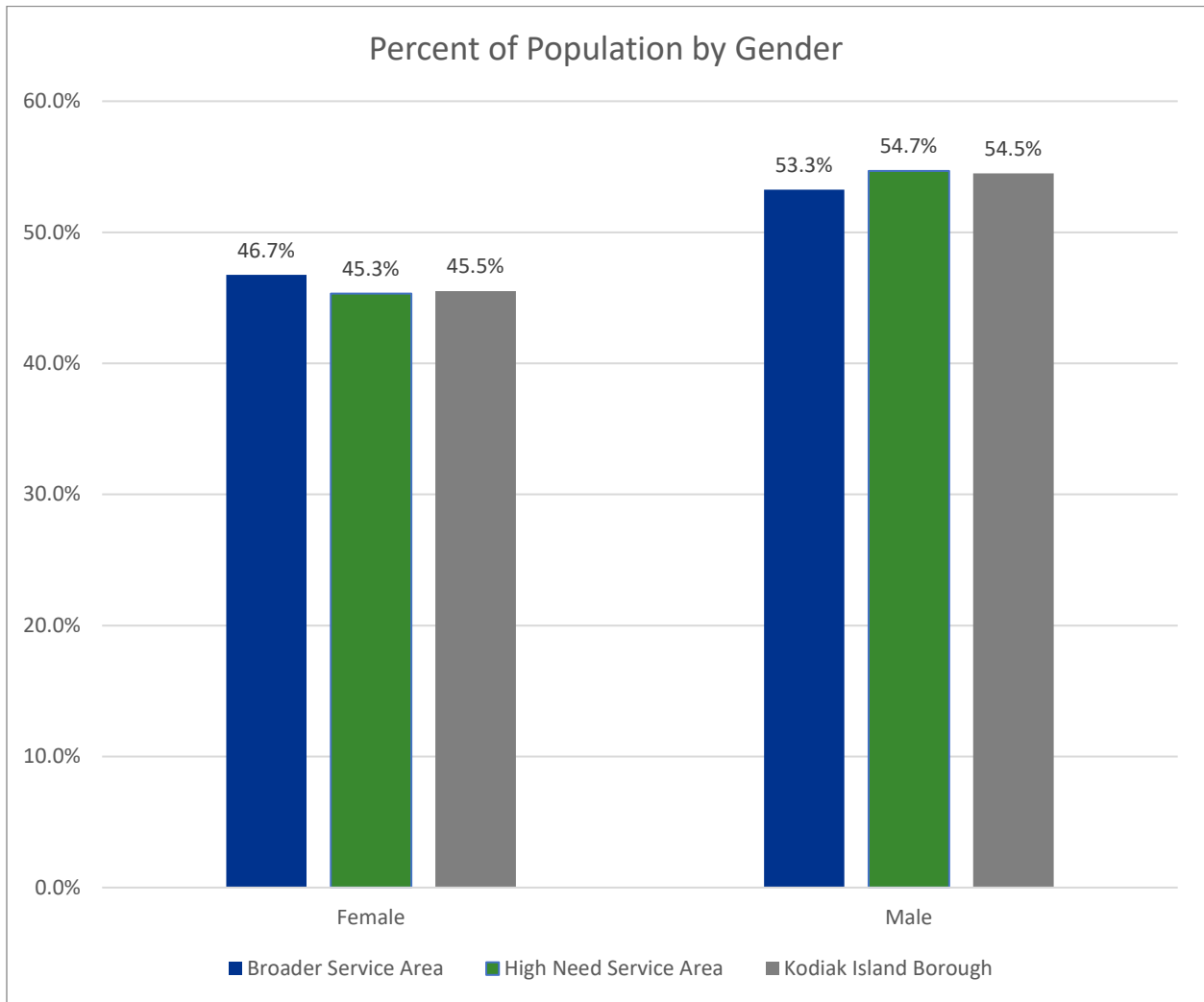
**Figure 4. Population Age Groups by Geography**



People aged 40 and above are more likely to live in the high need service area, while people under 40 are more likely to live in the broader service area.

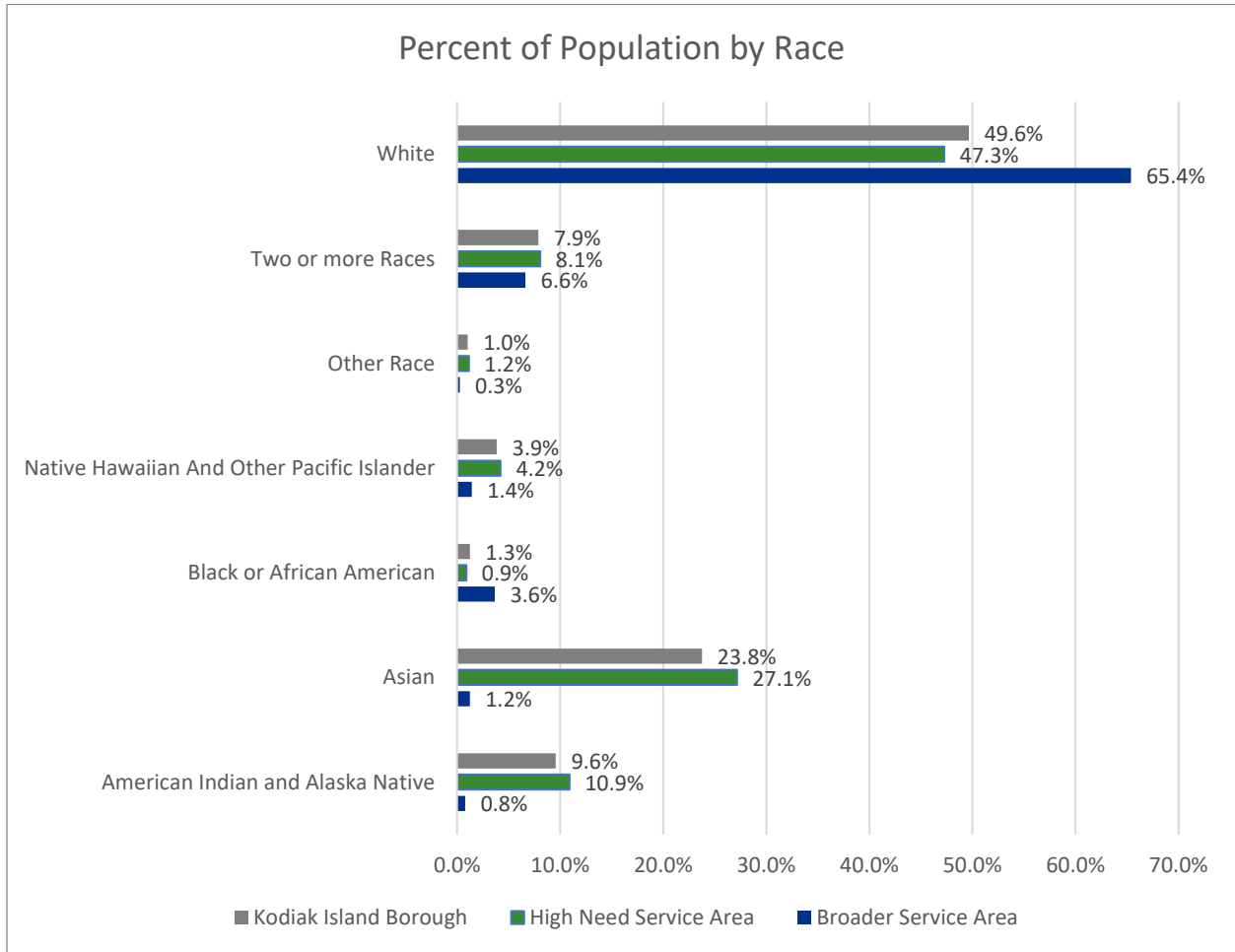


**Figure 5. Population Gender by Geography**



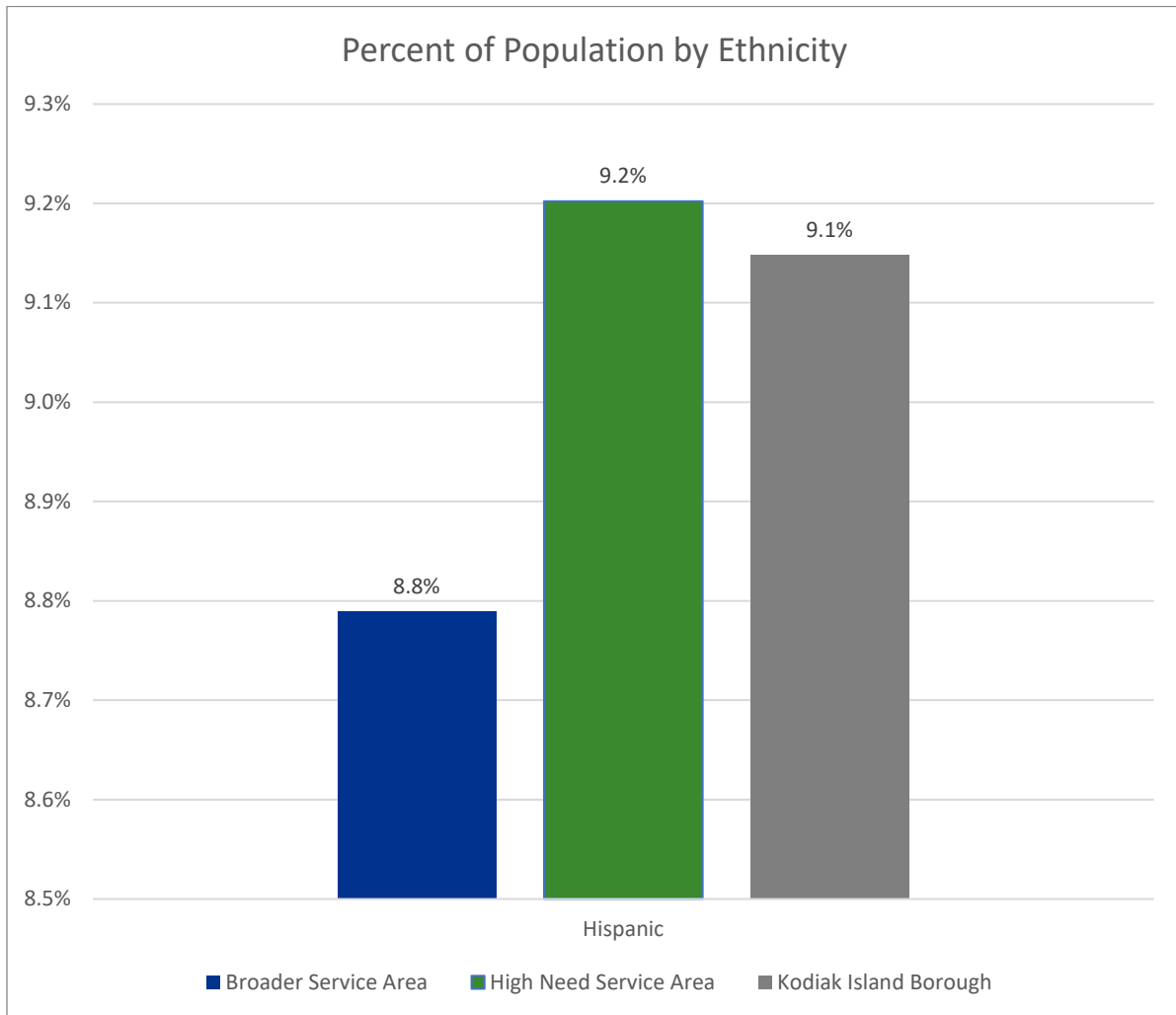
Kodiak Island Borough is comprised of 54.5% males and 45.5% females. Females are slightly more likely to live in the broader service area and males are slightly more likely to live in the high need service area.

**Figure 6. Population Race by Geography**



The Asian population makes up about 24% of the Kodiak Island Borough, although only 1.2% of the broader service area and 27.1% of the high need service area, meaning they are substantially underrepresented in the broader service area. The white population is more likely to live in the broader service area and less likely to live in the high need service area. The Black or African American population is also more likely to live in the broader service area.

**Figure 7. Population Ethnicity by Geography**



The Hispanic population is more likely to live in the high need service area and less likely to live in the broader service area.

## INCOME AND HOUSING INDICATORS

**Table 3. Kodiak Island Borough Income and Housing Indicators**

Indicator	Kodiak Island Borough	Alaska
<b>Income</b>		
Median household income	\$79,173	\$77,790
Per capita income in the past 12 months (in 2020 inflation-adjusted dollars)	\$32,495	\$37,094
% of residents of all ages living in poverty <small>Source: 2020 Small Area Income and Poverty Estimates (SAIPE)</small>	7.5%*	10.5%*
<b>Housing</b>		
Average household size	3.08	2.78
Median gross rent	\$1,412	\$1,240
% of owner-occupied homes	49.7%	64.8%
Living without stable housing, currently homeless or worried about losing your housing <small>Source: 2022 Kodiak HWBM Community Health Survey</small>	15.9%	Comparable statewide data not available

Source: US Census American Community Survey, 2020 5 year estimates

\*Estimates are not comparable to other geographic levels due to methodology differences that may exist between different data sources.

## HEALTH PROFESSIONAL SHORTAGE AREA

The Kodiak Island Borough (county) is designated as a Health Professional Shortage Area. Additionally, it is a Medically Underserved Area.

**See Appendix 1 for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.**

# OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The CHNA process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospital, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and a community survey. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data are reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

## Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

## Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2019 CHNA and 2020-2022 CHIP reports, which were made widely available to the public via posting on the internet in December 2019 (CHNA) and May 2020 (CHIP), as well as through various channels with our community-based organization partners. No comments were received outside of or in addition to the CHNA and CHIP processes.

# HEALTH INDICATORS

## Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across our service area. We were particularly interested in studying potentially avoidable Emergency Department visit. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal's definitions. AED discharges typically contain primary diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care based. AED use serves as proxies for inadequate access to or engagement in primary care.

We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and gender. This detail helps us identify disparities to better improve our outreach and partnerships. A few key insights from our data include the following:

- Avoidable ED cases have been declining since 2019 at PKIMC. In 2019, 31.7% of cases were considered avoidable compared to 25.8% in 2021.
- Patients aged 18-39 were most likely to have a potentially avoidable visit.
- The top three diagnoses for AED cases were substance use disorders, skin infection, and urinary tract infection.

For additional information regarding these findings, please contact [Nathan.Johnson@Providence.org](mailto:Nathan.Johnson@Providence.org).

**See Appendix 5 for the full report of findings from Kodiak community survey, including health-related indicators**

# COMMUNITY INPUT

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Kodiak Island Medical Center conducted 9 stakeholder interviews between July and August 2022. Below is a high-level summary of the findings of these sessions; full details on the protocols, findings, and attendees are available in Appendix 2.

## Community Strengths

While a CHNA is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist, including the following:

### STRONG RELATIONSHIPS AND COMMUNITY INVOLVEMENT

Stakeholders discussed how the people of Kodiak Island have strong relationships with each other and their community. Residents of Kodiak Island are engaged with their community and support one another in times of need even when they have differing opinions/perspectives. This was especially highlighted during the COVID-19 pandemic when people were able to respect each other despite differing political opinions. Stakeholders discussed how Kodiak has a small town feel where the entire community comes together to pitch in and help. People are the strength of their community with their skills, diversity, and willingness to help one another.

### DIVERSITY AND RESOURCES

Stakeholders discussed how Kodiak is very diverse in terms of people, skills, and resources. Kodiak can leverage these resources and diversity to better the community. Stakeholders discussed how Kodiak has a wide range of resources and organizations that work together to fill gaps in the community. This was especially highlighted during the COVID-19 pandemic when the entire community, including organizations and agencies collaborated to meet needs. Stakeholders discussed how Kodiak being a small and rural island leads to collaboration within the whole island.

## Community Needs

Stakeholders were asked to identify their top five health-related needs in the community. Three needs were prioritized by most stakeholders with high priority and are therefore designated as **high-priority health-related needs**:



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**Behavioral Health Challenges (includes both mental health and substance use/misuse)**

All stakeholders identified behavioral health as a priority need. Stakeholders discussed a lack of facilities on the island that provide behavioral health services for both mental health and substance use. A lack of affordable housing, the cost of living, and the unique location and lifestyle of Kodiak make recruitment of behavioral health professionals more challenging. As a result of the shortage of facilities and providers that provide behavioral health services, there are extremely long waiting lists of people who need care. Without additional behavioral health treatment services, people may rely on the hospital for urgent needs, which is not designed to provide that care. Populations that need substance use/misuse treatment have to find care off the island and wait up to 6 months. Transportation off island for these services can be costly and difficult to access. Additionally, populations that need mental health medications have difficulty receiving their medications and treatment. Stakeholders talked about a cycle in which populations who are unhoused and need substance use treatment do not get the help they need due to a lack of social services and social work professionals. Stakeholders also discussed seeing an increased need for mental health services within schools, and a connection between mental health support services and child welfare. The COVID-19 pandemic increased and highlighted the need for behavioral health services, as island residents experienced increased stress, isolation and difficulty meeting basic needs. Stakeholders talked about the need for collaboration between community health providers, government, and social service organizations to effectively address behavioral health.

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**Affordable Childcare and Preschools**

Stakeholders discussed how the number of childcare options currently available do not meet the community need. Stakeholders also talked about the high cost as a barrier to accessing existing childcare options. Lack of access to childcare has impacted residents', especially mothers', ability to both work and access healthcare. They also discussed how the COVID-19 pandemic has exacerbated the issue as childcare options have been further limited. Stakeholders discussed how employees had to take time off to care for their children due to childcare providers contracting COVID-19 and temporary closures. These employees work in health care, education, and other sectors, affecting the community as a whole. Stakeholders talked about how collaboration between community organizations and major employers in the area may be necessary to address the need for affordable childcare.

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**Homelessness and Lack of Affordable Housing**

Many stakeholders identified affordable housing as a priority need. Stakeholders discussed a shortage of both long term and short term affordable housing on the island. With limited developable land and more residents converting their homes to vacation rentals, the current amount of housing is insufficient to meet the needs. Lack of housing may be a factor in the increase of multifamily homes, in which several generations of a family may live under one roof. The housing shortage has also made it difficult for health care entities to hire staff, which affects access to care. People with lower incomes in particular are affected by the high cost of living in Kodiak. Stakeholders discussed a need for community organizations to work together and align priorities to address the need to develop more affordable housing.

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The following needs were frequently prioritized by stakeholders and represent the **medium-priority health-related needs**, based on community input:

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**Food Insecurity**

Cost and transportation were identified as major barriers that prevent residents from accessing healthy, affordable food. While the cost of food has become more expensive, wages are not increasing accordingly. Basic groceries have become unaffordable for many, and costs remain high as food must be shipped to the island. Stakeholders shared that there are very few grocery stores on the island, which are difficult to access without a vehicle. Lack of public transportation is a barrier to accessing healthy food as there is no bus system that can transport those without vehicles to the grocery store. People with chronic conditions and disabilities may have more difficulty walking to the grocery store. Stakeholders discussed how there is stigma associated with food insecurity. People who are employed but are unable to afford groceries may feel shame getting groceries at the food bank. Stakeholders talked about the need to make food resources more accessible to people and reduce the stigma surrounding it.

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**Economic Insecurity**

A lack of jobs that pay a living wage, the high cost of living-including a lack of affordable housing, and transportation barriers to accessing resources impact the economic security of island residents. Seasonal workers such as fisherman, the immigrant population, and people whose jobs do not provide benefits may experience more economic insecurity. Stakeholders discussed a need for more “living wage” jobs with benefits. Transportation was identified as a barrier to economic security as weather can impact island residents’ ability to go to work. Stakeholders discussed how there are services available to address needs in the community including economic insecurity, but technology and transportation barriers can prevent residents from filling out applications or finding out about the resources, including housing support and WIC.

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**Access to health care services**

Stakeholders discussed a lack of available primary care services on the island. Stakeholders talked about how this shortage has led to people waiting long periods of time, sometimes weeks, to see a primary care provider, which can contribute to people using the emergency department for non-emergent needs. People with low incomes may not have the time or resources to access preventative care. Additionally, people whose primary language is not English, those without insurance, seasonal workers, and people in rural villages may not be aware of all the local health care resources available. Seasonal workers, including fishermen, generally do not receive health insurance benefits. People who live in remote villages have limited options to receive health care, and stakeholders discussed a need for increasing access to health care services for those living in rural areas. Remote villages in particular experience transportation barriers to accessing health care due to lack of road system and reliance on ferry or plane. The COVID-19 pandemic affected hospital staffing, including bringing specialists in from other areas, as well as the services that could be offered locally. Some people opted to delay routine care or postpone travel to specialty care off the island.

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**See Appendix 2: Community Input for full details on the protocols, findings, and attendees**

## Kodiak Community Survey

Due to the limited data available for Kodiak through state and federal sources, Providence fielded an online survey from July 17 through August 23, 2022. A total of 632 responses were received. Providence ran radio ads community-wide, and partnered with KANA, the City of Kodiak, Kodiak Community Health Center, Kodiak Island School District, State of Alaska Public Health, and other community organizations to promote the survey. Every effort was made to ensure the survey responses represented the diversity of the community and captured input from those with low incomes and otherwise underserved in the community.

The survey leveraged the questions from the Health and Well-being Monitor™ developed by the Providence Institute for a Healthier Community to more holistically assess community strengths and indicators of well-being. The report groups findings into six dimensions of well-being: connections and relationships; physical health; mental/emotional and spiritual health; security and basic needs; neighborhood and environment; and work, learning and growth. The demographics of respondents who scored both low and high on key indicators in each of these dimensions is reflected in ‘heat maps’ to give greater detail to inform community planning and action to address community need.

**See Appendix 5: Kodiak Health and Wellbeing Monitor**

## Challenges in Obtaining Community Input

Stakeholder interviews were conducted virtually and while video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, due to many community organizations engaging in COVID-19 response, some organizations had limited capacity and were not able to participate in interviews. Reaching community members was also a challenge. While efforts were made to distribute the survey through community partners and

community health workers, limited capacity, COVID-related closures, and survey fatigue may have affected distribution and willingness to participate.

# SIGNIFICANT HEALTH NEEDS

## Prioritization Process and Criteria

The Kodiak CHNA Advisory Committee reviewed and analyzed the resulting information from the CHNA to identify and prioritize the top health-related needs in their community based on the criteria of size/scope, severity, and ability to impact. The committee also considered the extent to which the need has been exacerbated by the COVID-19 pandemic. After reviewing and analyzing the CHNA quantitative and qualitative data, the Kodiak CHNA Advisory Committee established the top needs for Kodiak using the following criteria-based prioritization process.

**The CHNA Advisory Committee reviews the data**—The Kodiak CHNA Advisory Committee reviews and analyzes the aggregated quantitative and qualitative data. They then complete an online prioritization survey. The prioritization survey tool has two elements:

- **Criteria-based ranking** – The CHNA Advisory Committee members are asked to complete a survey to rank each issue (area of need) based on the following criteria prior to the in-person health needs prioritization meeting:
  - **SIZE/SCOPE:** How significant is the scope of the health issue - number of people affected?
  - **SERIOUSNESS:** How severe are the negative impacts of this issue on individuals, families, and the community?
  - **ABILITY TO IMPACT:** What is the probability that the community could succeed in addressing this health issue? Respondents consider assets such as community resources, whether there are known interventions, and community commitment or readiness.
  - **COVID-19:** What is the extent to which the need has been exacerbated by the COVID-19 pandemic?
- **Qualitative input: Advisory Committee Member Perspective** – As a check step, the CHNA Advisory Committee members are each asked what they personally view as the top health needs for their community.

**The CHNA Advisory Committee identifies top health needs**—The results of the online criteria-based ranking and the qualitative community stakeholder interview input were presented to the CHNA Advisory Committee meeting as a starting point for identifying the CHNA priorities.

- The top three to four health needs identified in the CHNA Advisory Committee survey and stakeholder interviews are reviewed, confirmed and/or modified based on the discussion and local knowledge of the Advisory Committee members.
- Members are then asked to give specific reasons why they selected each of the top three to four needs. This step helps fully capture the unique aspects of the “high-level” issues (areas of need) for their community.

- The top three or four needs and detailed input of the CHNA Advisory Committee members are then documented and summarized to drive subsequent community health improvement planning

## 2022 Priority Needs

The list below summarizes the rank ordered significant health needs identified through the 2022 Community Health Needs Assessment process:

### PRIORITY 1: BEHAVIORAL HEALTH (INCLUDES BOTH MENTAL HEALTH AND SUBSTANCE USE/MISUSE)

Behavioral health is foundational to quality of life, physical health, and the health of the community and includes our emotional, psychological, and social well-being. Substance misuse and mental health disorders such as depression and anxiety are closely linked. Alcohol and drugs are often used to self-medicate the symptoms of mental health problems. Poor mental health and substance misuse have significant health and social impacts on the well-being of individuals and the community as a whole. The COVID-19 pandemic increased and highlighted the need for behavioral health services, as Kodiak Island residents experienced increased stress, isolation, and difficulty meeting basic needs while struggling to gain access to needed behavioral health services. Kodiak experiences long wait lists for behavioral health services and continually struggles to maintain the behavioral health workforce on island to meet community need.

### PRIORITY 2: ECONOMIC SECURITY / BASIC NEEDS

There is substantial and increasing evidence that socio-economic factors, also known as the “social determinants of health,” are just as important to an individual’s health as genetics or certain health behaviors. Economic or financial insecurity is chief amongst those factors that have a tremendous impact on health. With economic insecurity comes an increased risk of food insecurity, homelessness, and inability to meet basic needs. Education, job security, food security, and the availability of affordable childcare and housing all play a foundational role in a person’s health and well-being.

### PRIORITY 3: HEALTHY BEHAVIORS / PHYSICAL HEALTH

Roughly thirty percent of factors affecting an individual’s health are related to their behaviors and lifestyle choices, with socioeconomic, environmental, and healthcare related factors making up the remaining seventy percent. Creating an environment that favors the adoption of healthy behaviors related to preventive dental hygiene, physical activity, nutrition, sleep, and stress management can prevent the onset of costly chronic diseases, reduce the need for healthcare services, and substantially improve quality of life and longevity. In addition to healthy behaviors, access to a built environment that supports physical activity, as well as access to preventive and acute care has an impact on individuals’ ability to maintain good health.

### PRIORITY 4: ACCESS TO HEALTHCARE

Appropriate healthcare access means receiving the right care at the right time and in the right place or setting - the timely use of personal health services to achieve the best outcomes. Barriers to achieving

that include the lack of locally available and accessible primary care and specialty care services, lack of means to pay, or being uninsured, and can include cultural, language, and even transportation challenges. Maintaining sufficient healthcare workforce on island is a very significant challenge which has been further exacerbated by the far-reaching impacts of the pandemic.

## Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the State of Alaska Department of Public Health, Providence Kodiak Island Medical Center, and Kodiak Island Native Association. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 4.

### **Appendix 4: Resources potentially available to address the significant health needs identified through the CHNA**

# EVALUATION OF 2020-2022 CHIP IMPACT

This report evaluates the impact of the 2020-2022 Community Health Improvement Plan (CHIP). Providence Kodiak Island Medical Center responded to the identified community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

The top needs identified in the 2019 Kodiak CHNA were:

1. Behavioral Health
2. Primary Care Utilization and Access
3. Healthy Lifestyle/Chronic Conditions

**Table 4. Outcomes from 2020-2022 CHIP**

Priority Need	Program or Service Name	Programs/Results/Outcomes
Behavioral Health	Safe Harbor Program	SHP served adults and youth providing intensive outpatient chemical dependency treatment, continuing care, and education through 2021 at which time SHP closed due to loss of staff and inability to replace. Program is being rebuilt with recent hire in late 2022.
Behavioral Health	Youth Outpatient Substance Abuse Program	The program continued to provide services to court-referred and self-referred clients. Services included substance abuse assessment or integrated assessments, addiction education, individual, family and group counseling or therapy, and random drug and alcohol testing. The program halted due to the impacts of COVID and staffing shortages. Program is in the process of being rebuilt.
Behavioral Health	Mental health clinicians in the schools program	Clinicians were maintained in Middle School and High School and a clinician was added to East Elementary School. The Kodiak program has leveraged the Anchorage Clinicians in Schools program and clinicians for greater peer support and supervision to continue to grow the program.
Behavioral Health	Psychiatric emergency services	Continued to provide 24/7 psychiatric emergency stabilization, assessments, and referral safety-net services and increased work in crisis intervention for walk-ins. Recently received CBHTR Grant from State of Alaska (PES component) to ensure sustainability of these services on island.
Behavioral Health	Community Support Program (Adult & Child)	CSP's services to chronically mentally ill individuals and their families individual and group skill development, employment support, case management, recipient support services, medication monitoring and family



		support services were halted entirely in 2020 due to the impacts of COVID and staffing shortages. Adult CSP resumed in late 2021 providing adult medication monitoring. Actively working to staff Child CSP and are working to resume the program by mid-2023
<b>Behavioral Health</b>	<b>Counselling Center Internship and Residency Program</b>	In the effort to help produce the next generation of behavioral health professionals in Kodiak over the course of 2020-2021, PKICC had three interns with two subsequently being hired into PKICC positions, with one still mid- internship. The residency in social work program languished during the pandemic due to staffing, but a social worker was hired in 2022 in the effort to restart the program.
<b>Behavioral Health</b>	<b>Community Behavioral Health Grants</b>	Successfully received State of Alaska \$600K CBHTR grant to support the Counselling Center. Providence Alaska Foundation provided funds to support clinician in school positions, and City of Kodiak funds were acquired to support indigent care and crisis intervention.
<b>Behavioral Health</b>	<b>Kodiak Schools Substance Abuse Task Force</b>	The task force was suspended due to the impacts of the pandemic.
<b>Primary Care Utilization</b>	<b>PKIMC</b>	PKIMC does not provide Primary Care, however it continued actively partnering with the two FQHC Primary Care Clinics in Kodiak. Unassigned patients are assigned to either PC Clinic on a rotational basis. PKIMC’s Specialty Clinic Manger continued to work with the PC Providers at the US Coast Guard’s Rockmore Clinic as well as the KANA and KCHC PC clinics to ensure continuity of care for patients in Kodiak.

### Addressing Identified Needs

The Community Health Improvement Plan developed for the Kodiak Island service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how PKIMC plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions PKIMC intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between PKIMC and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2023.

# 2022 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Providence Alaska Region Board<sup>1</sup> on December 2, 2022. The final report was made widely available by December 28, 2022.

DocuSigned by:  
  
Ella Goss, MSN, RN  
Alaska Region Chief Executive

12/4/2022  
Date:

DocuSigned by:  
  
Christine Kramer  
Chair, Providence Alaska Region Board

12/2/2022  
Date:

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To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email [CHI@providence.org](mailto:CHI@providence.org).

<sup>1</sup> See Appendix : Providence Alaska Region Board

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# APPENDICES

## Appendix 1: Quantitative Data

### HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). The Kodiak Island Borough (county) is designated as a Health Professional Shortage Area.

### MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set, and no renewal process is necessary. The Kodiak Island Borough (county) is designated as a primary care MUA.

## Appendix 2: Community Input

### INTRODUCTION

Providence Kodiak Island Medical Center (PKIMC) conducted 9 stakeholder interviews with people who are invested in the wellbeing of the community and have first-hand knowledge of community needs and strengths. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA. The goal of the interviews was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

### METHODOLOGY

Representatives from PKIMC conducted 9 stakeholder interviews with 11 stakeholders. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people experience social inequities and health disparities. PKIMC aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

**Table\_Apx 1. Key Community Stakeholder Participants**

Organization	Name	Title	Sector
Kodiak Island Borough	David Conrad	Kodiak Borough Interim Manager	Government
	Bill Roberts	Kodiak Borough Mayor	
Kodiak Area Native Association	Mike Pfeffer	Chief Executive Officer	Behavioral Health, Health care, Housing
Providence Kodiak Island Medical Center	Karl Hertz	Administrator	Health care
Kodiak Chamber of Commerce	Jena Lowmaster	Executive Director	Business
City of Kodiak	Pat Branson	Mayor	Government
Kodiak Public Health Center	Amy Butts	Public Health Nurse III	Public Health
Kodiak Island Borough School District	Kimberlee Saunders	Assistant Superintendent	Education
Kodiak Community Health Center	Carol Austerman	Chief Executive Officer	Health care
Providence Kodiak Island Counseling Center	Stephen Flora	Clinical Manager	Behavioral Health care

*Facilitation Guide*

Providence developed a facilitation guide that was used across all hospitals completing their 2022 CHNAs (see [Stakeholder Interview Questions](#) for the full list of questions):

- The community served by the stakeholder’s organization
- The community strengths
- Prioritization of unmet health related needs in the community, including social determinants of health
- The COVID-19 pandemic’s effects on community needs
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations

*Training*

The facilitation guide provided instructions on how to conduct a stakeholder interview, including basic language on framing the purpose of the interview. Each facilitator participated in a training on how to successfully facilitate a stakeholder interview and was provided a list of questions to ask the stakeholder.

*Data Collection*

The facilitator conducted all of the interviews using the Microsoft Teams platforms and recorded the interviews with participants’ permission.

### *Analysis*

Qualitative data analysis of stakeholder interviews was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded nine domains relating to the topics of the questions: 1) name, title, and organization of stakeholder, 2) population served by organization, 3) greatest community strength 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) opportunities to leverage community strengths, 8) successful programs and initiatives, and 9) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as “other,” and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code “food insecurity” can occur often with the code “economic insecurity.” Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

## FINDINGS FROM STAKEHOLDER INTERVIEWS

### *Community Strengths*

The interviewer asked stakeholders to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. Stakeholders primarily spoke to two main strengths in the community:

#### *Strong Relationships and Community Involvement*

Stakeholders discussed how the people of Kodiak Island have strong relationships with each other and their community. Residents of Kodiak Island are engaged with their community and support one another in times of need even when they have differing opinions/perspectives. This was especially highlighted

during the COVID-19 pandemic when people were able to respect each other despite differing political opinions. Stakeholders discussed how Kodiak has a small town feel where the entire community comes in to pitch in and help. People are the strength of their community with their skills, diversity, and willingness to help one another.

*“There are some great small community groups that do a lot of volunteering. I think those groups are really energizing and keeping the community going and volunteering. I think those groups keeping Kodiak who they are and keeping that vibrancy of Kodiak together, so maybe that might be is like those smaller groups and committees keeping Kodiak true to who they are, and those are individuals.” —Community Stakeholder*

*“I think that having a diverse community, both ethnically, not only ethnically, but about every way you can have diversity in the community that we do manage to get things done for the betterment of all. I think this community if some tragedy strikes anyone or any group from this community, the rest of the community manages to step in and help.” —Community Stakeholder*

### Diversity and Resources

Stakeholders discussed how Kodiak is very diverse in terms of people, skills, and resources. Kodiak can leverage these resources and diversity to better the community. Stakeholders discussed how Kodiak has a wide range of resources and organizations that work together to fill gaps in the community. This was especially highlighted during the COVID-19 pandemic when the entire community, including organizations and agencies collaborated to meet needs. Stakeholders discussed how Kodiak being a small and rural island leads to collaboration within the whole island. Stakeholders noted this willingness to collaborate is an important strength for addressing large community challenges, including poverty and access to care.

*“I think that the biggest strength that is community-wide is the ability of Kodiak to come together in the time of need. We've seen it during the pandemic specifically the medical community in Kodiak really just gelled together and worked extremely well together through that first year and a half, when things were really grim and we wouldn't have gotten very far had we not come together and approached it as a team rather than just individually staying in our own little silos.” —Community Stakeholder*

### Priority Unmet Health-Related Needs

Stakeholders were asked to identify their top five health-related needs in the community. Six needs were frequently prioritized and discussed.

Across the board, stakeholders were most concerned about the following health-related needs. Three needs were prioritized by most stakeholders with high priority and are therefore designated as **high-priority health-related needs**:

1. Behavioral health challenges (includes both mental health and substance use/misuse)
2. Affordable childcare and preschools
3. Homelessness and lack of safe, affordable housing

The following needs were frequently prioritized by stakeholders and represent the **medium-priority health-related needs**, based on community input:

4. Food Insecurity
5. Economic Insecurity
6. Access to health care services

### Behavioral health challenges (includes both mental health and substance use/misuse)

All stakeholders identified behavioral health as a priority need. Stakeholders discussed a lack of facilities on the island that provide behavioral health services for both mental health and substance use/misuse. A lack of affordable housing, the cost of living, and the unique location and lifestyle of Kodiak make recruitment of behavioral health professionals difficult.

Stakeholders shared the following challenges to addressing behavioral health needs:

- **Shortage of Facilities and Providers:** There are only a few facilities on Kodiak Island that provide behavioral health services for mental health and substance use/misuse, and facilities that provide this care are struggling to hire providers, for several reasons, including a lack of affordable housing and inability to pay competitive salaries. The shortage of behavioral health facilities and providers has contributed to extremely long wait lists of people who need behavioral health care. People who need these services find themselves needing to rely on the hospital for urgent needs, which is not designed to provide that care. Populations that need substance use/misuse treatment have to find care off the island and may have to wait up to six months before they can receive this care. Transportation off island for these services can be costly and difficult to access. Additionally, populations that need mental health medications have difficulty receiving their medications and treatment.

*"There are waiting lists everywhere and so, just for regular therapy, that's really been problematic in the community for quite a while. A big piece of that has to do with the ability to hire. We have had two open behavioral health positions for a year. We've just filled one of them and the other one is still open. We've had just a smattering of applicants. Most of them, as a federally qualified health center, we can't afford to pay the salary people want to come here."—Community Stakeholder*

*"We don't have any residential facilities or support for addiction services here. The only option is to leave the island, which is almost impossible for people who need that level of care, because of economics, because of family commitments. There's a lot of layers to that." —Community Stakeholder*

Stakeholders were particularly concerned about the following populations:

- **People living unhoused:** Stakeholders discussed a cycle in which populations living unhoused and need substance use treatment do not get the help they need due to a lack of rehabilitation facilities, social services and social work professionals.

- **Young people:** Stakeholders discussed seeing an increased need for mental health services within schools, and a connection between mental health support services and child welfare.

*“I see child welfare, I see addiction service needs that are tremendous. I see just basic needs, not always consistently being able to be met, which is increasing stressors. Then I see an increase in mental health needs for support. If you could rule the world, law enforcement would be working with social work, would be working to connect people to resources that do exist within our community.” — Community Stakeholder*

The COVID-19 pandemic has further increased and highlighted the need for both mental health and substance use services as people had to deal with isolation, stress, and job loss. Stakeholders talked about the need for collaboration between community health providers, government, and social service organizations to effectively address behavioral health.

*“Behavioral health becoming more apparent for everybody, where the stresses that were there, whether it was mental health and coping with COVID, the isolation, being stressed out about no work or being laid off or your business closing.”—Community Stakeholder*

*“We have to have something more than just outpatient treatment. I think this is a problem across the state. How we come together to do that is something I think providers can certainly talk about because it's a huge area that we don't have services for. Those collaborative discussions that are really resulted from COVID and barriers being broken down, I think needs to continue so that we can resolve this.”—Community Stakeholder*

### Affordable childcare and preschools

Stakeholders discussed how the number of childcare options currently available do not meet the community need. Stakeholders also talked about the high cost as a barrier to accessing existing childcare options. Lack of access to childcare has impacted residents', especially mothers', ability to both work and access healthcare.

*“I'm not quite sure this is necessarily health, but it might be related to health, but I know we have a lot of childcare issues that are affecting the community. There is a lack of childcare available within the community as a whole. It's either very, very expensive or it's non-existent, which then is affecting a lot of other parts of the community, whether it's people going back to work, people being able to work, just affecting multiple other trickle-down effects. I know that is something that is a very large unmet need, but again, whether that's health-related specifically-- It does become health-related because it becomes a very big burden on mothers because of that.” —Community Stakeholder*

Stakeholders also discussed how the COVID-19 pandemic has exacerbated the issue as childcare options have been further limited. Employees had to take time off to care for their children due to childcare providers contracting COVID-19 and temporary closures. These employees work in health care, education, and other sectors, affecting the community as a whole. Stakeholders talked about how collaboration between community organizations and major employers in the area may be necessary to address the need for affordable childcare.



*"At one point during maybe in the first year of the pandemic, the childcare center on the Coast Guard base closed...They were closed for about three weeks and I wasn't sure how I was going to see patients because my staff were all at home with their kids and it wasn't my staff who were sick, it wasn't their kids who were sick, it was the teachers at the daycare that were sick. It was crazy impactful because I had no idea until that moment how many of my staff actually had kids at the Coast Guard childcare and boy, I knew right away because that phone rang and it was just all these people calling and saying I don't know when I can come back to work and obviously that is a bigger organization with multiple people and they still went down in that way. Hopefully, now in the pandemic if we created something new, it wouldn't, but I do think that is a place that we have some room to make improvement here is if we came together as larger employers."*  
- Community Stakeholder

### Homelessness/ lack of safe, affordable housing

Stakeholders identified affordable housing as a priority need. Stakeholders discussed how the current amount of housing on the island is insufficient to meet the needs of its population.

Stakeholders indicated that there are several contributors to the shortage of housing on Kodiak Island, including limited developable land, more residents choosing to convert homes that could have been long term rentals into vacation rentals, and a high cost of living. Lack of housing may be a factor in the increase of multifamily homes, in which several generations of a family may live under one roof.

*"Now these houses that people could have maybe rented for 12 months, the price point set so high because it's set for a nightly rental instead of a monthly or annual rental. It's prohibitive, people can't get into them. It's just a combination of stuff." —Community Stakeholder*

*"Housing, there's a huge lack of housing. A lot of multi-family homes. You have many, many generations and aunt, uncle, nieces, nephews, living in a small home which can cause a lot of problems itself as well." —Community Stakeholder*

The housing shortage has also made it difficult for health care entities to hire staff, which affects access to care. People with lower incomes in particular are affected by the high cost of living in Kodiak. Stakeholders discussed a need for community organizations to work together and align priorities to address the need to develop more affordable housing.

*"Poverty is leading to increased stress for children and for families. It means that people are under stress to try to meet their basic needs related to food and shelter. I see that as a problem for our kids and for our families, both. Economically, Kodiak is a difficult place to live because of the cost of living, because of the cost of leaving, because of the cost of medical care. There's many, many layers to that." —Community Stakeholder*

*"It's the people who are employed, who want to have a decent place to live, that they can't find one for what they are making, for the salary that they're making. That has been a struggle in Kodiak for a very long time and definitely an absolute social determinant of health there." —Community Stakeholder*

## Food Insecurity

Stakeholders identified cost and transportation as major barriers that prevent residents from accessing healthy, affordable food.

**Cost:** While the cost of food has become more expensive, wages are not increasing accordingly. As a result, basic groceries have become unaffordable for many, particularly those with lower incomes. Costs remain high as food must be shipped to the island.

*"Cost of groceries, when you do go to [the grocery store], I've never paid so much for groceries in my life as I have here for basic things and that's because of the cost of freight to get things to Kodiak." — Community Stakeholder*

**Transportation:** Stakeholders shared that there are very few grocery stores on the island, which are difficult to access without a vehicle. Lack of public transportation is a barrier to accessing healthy food as there is no bus system that can transport those without vehicles to the grocery store. People with chronic conditions and disabilities may have more difficulty walking to the grocery store.

*"I guess there used to be a grocery store in the middle of town but the company had pulled out and nothing was ever put back in there. Access to food and nutrition is a huge barrier, especially to the people in town that don't have transportation, and those with chronic conditions that certainly can't walk almost two and a half miles uphill to a grocery store." -  
—Community Stakeholder*

**Stigma:** Stakeholders discussed how there is stigma associated with food insecurity. People who are employed but are unable to afford groceries may feel shame getting groceries at the food bank. Stakeholders talked about the need to make food resources more accessible to people and reduce the stigma surrounding it.

*"One of the things that we are seeing when we are talking to patients about the social determinants of health and about food insecurity is that they just don't feel comfortable going to the food bank. There's absolutely a group of people that do, but where I think I'm seeing, and it ties back to what I said about housing is, it's this employed group of people who feel like they shouldn't need it and they're too embarrassed or ashamed or whatever word, to go and utilize that resource because of a stigma attached to it. I would really love to see a way to open the food bank. don't know what that right answer is, but to make it just be more accessible to people and potentially have less stigma."— Community Stakeholder*

## Economic Insecurity

Stakeholders identified Economic Insecurity as a primary need area. Stakeholders discussed several factors that impact the economic insecurity of island residents, including a lack of jobs that pay a living wage, high cost of living, lack of affordable housing, and transportation barriers to accessing resources.

**Jobs:** Seasonal workers such as fishermen, the immigrant population, and people whose jobs do not provide benefits may experience more economic insecurity. Stakeholders discussed a need for more “living wage” jobs with benefits.

*“I think one that permeates everything is economic insecurity. I think the economy here is good. I think the lack of living wage jobs and jobs with no benefits, we just talked about that with fisherman and people who are transient. It is hard to live here and thrive or even survive, really, on some of the jobs that are here. —Community Stakeholder*

**Transportation:** Transportation was identified as a barrier to economic security as weather can impact island residents’ ability to go to work. Stakeholders discussed how there are services available to address needs in the community including economic insecurity, but technology and transportation barriers can prevent residents from filling out applications or finding out about the resources, including housing support and WIC.

*“For my probably top percent most significant needs, transportation is ironically a major barrier to access. You don't think of it because we're on a small little island. We don't have a ton of roads, but our weather prohibits the ability to get either to and from work, to and from a doctor's appointment, to and from a mental health appointment. Even if I can get it for you, you can't always get there. Is that too global?” — Community Stakeholder*

## Access to health care services

Stakeholders discussed how barriers prevent Island residents from easy access to health care services. Stakeholders shared the following challenges to addressing access to health care services:

**Lack of available primary care services:** Stakeholders discussed a lack of primary care services on the island, particularly in rural areas/villages. Stakeholders talked about how this shortage has led to people waiting long periods of time, sometimes weeks, to see a primary care provider, which can contribute to people using the emergency department for non-emergent needs. People who live in remote villages have limited options to receive health care, and stakeholders discussed a need for increasing access to health care services for those living in rural areas.

**Transportation:** Stakeholders discussed transportation as a barrier to accessing healthcare services. Remote villages in particular experience transportation barriers to accessing health care due to lack of road system and reliance on ferry or plane.

Stakeholders discussed several populations that may particularly face barriers to access to care. People with low incomes may not have the time or resources to access preventative care. Additionally, people whose primary language is not English, those without insurance, seasonal workers, and people in rural villages may not be aware of all the local health care resources available. Seasonal workers, including fishermen, generally do not receive health insurance benefits.

The COVID-19 pandemic affected hospital staffing, including bringing specialists in from other areas, as well as the services that could be offered locally. Some people opted to delay routine care or postpone travel to specialty care off the island.

### Stakeholder-Identified Assets

Stakeholders were asked to identify one or two community initiatives or programs that they believe are currently meeting community needs. Their responses are included in the following table:

**Table\_Apx 2. Stakeholder-identified Assets**

Community Need	Program/Initiative
Domestic violence, child abuse/neglect	<a href="#">Child Advocacy Center</a>
Homelessness and housing instability	<a href="#">Brother Francis Shelter</a>
Mental health and substance use disorders	<a href="#">Brave Communities Event</a>
	Providence Counseling Center’s <a href="#">Community Support Program</a>
	<a href="#">Project HOPE</a>
	<a href="#">Kodiak Area Mentor Program</a>
Food insecurity	<a href="#">Kodiak Island Food Bank</a>
Family support services	<a href="#">Kodiak Island Borough School District Family Resource Center</a>

### Community Stakeholders: Opportunities to Work Together

Participants were asked, “What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?” Stakeholders shared the following suggestions:

- Collaboration between organizations regarding housing:** Stakeholders discussed a need for partnership between the borough, city, economic development organizations, and the housing authority to work together to come up with a solution for housing. They also discussed how law enforcement and social work should come together to help address homelessness.

*"I really think it is going to take the cooperative effort of several different agencies to fix the community needs in Kodiak. If we look at the housing, one group isn't going to be able to do it. It's going to have to be a partnership between the borough, the city, the economic development group, and the housing authority to put together some ways to get more housing" — Community Stakeholder*

- Collaboration between major employers regarding childcare:** Stakeholders discussed childcare being a priority need in Kodiak. They discussed how employers could come together to provide childcare solutions to help with staffing issues.

*"If the large employers in Kodiak were able to come together and create a childcare solution, I really think that that could make a difference for our community as a whole." — Community Stakeholder*

- Increased Communication:** Stakeholders discussed the need for more communication between organizations as well as between organizations and community. Stakeholders discussed the need for further communication especially in regard to homelessness/housing as well as

childcare. Stakeholders discussed a disconnect in communication between providers and a greater need for coordination to bring services to people. Stakeholders discussed a need to have more honest conversations to better identify needs and find solutions for those needs.

*"It was just like a mind-opening thing for me and her like, 'Gosh, none of us talk.' Nobody knows what the other's doing." — Community Stakeholder*

*"I think we're going to have to tackle the elephants in the room and suspend our judgments and cynicisms and fears and just get real with people and call out what the issues are and be less—Small towns are always so polite and so kind, they don't want to create waves because they're going to see that person in an hour later at the ball game or at the grocery store." — Community Stakeholder*

Stakeholders discussed how there was an increase in collaboration and communication between healthcare providers during the COVID-19 pandemic and a need for these discussions to continue.

*"I think that between local health providers, there was good collaboration on dealing with varying levels of pandemic response. I think that was something that's, the partnerships that emerged during the pandemic demonstrated an improved working relationship or at least improved knowledge of what each agency is doing and what our resources and limitations are, and how we can work together to complement each other. I'll just leave it at that." —Community Stakeholder*

*"I think that's a gap in how we can serve our residents better with immediate healthcare services with more discussion about collaboration, although I know that that has improved, especially during the COVID crisis when we had to do that, but I think more of that could be done." —Community Stakeholder*

## LIMITATIONS

While stakeholders were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder. Due to COVID-19, not all stakeholders invited to participate in interviews were available. Multiple interviewers may also affect the facilitation.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

## STAKEHOLDER INTERVIEW QUESTIONS

1. How would you define the community that your organization serves?
2. While a Community Health Needs Assessment is primarily used to identify gaps in services and challenges in the community, we want to ensure that we highlight and leverage the community strengths that already exist. Please briefly share the greatest strength you see in the community your organization services.
3. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health, such as housing, transportation, and access to care, just to name a few.

4. Using the table, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important). [see table below]
5. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
6. What suggestions do you have for how we can leverage community strengths to address these community needs?
7. Please identify one or two community health initiatives or programs you see currently meeting the needs of the community.
8. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
9. Is there anything else you would like to share?

**Question 4: Using the table below, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important). Please note, these needs are listed in alphabetical order.**

	Access to health care services		Few community-building events (e.g. arts and cultural events)
	Access to dental care		Food insecurity
	Access to safe, reliable, affordable transportation		Gun violence
	Affordable childcare and preschools		HIV/AIDS
	Aging problems		Homelessness/lack of safe, affordable housing
	Behavioral health challenges and access to care (includes both mental health and substance use disorder)		Job skills training
	Bullying in schools		Lack of community involvement and engagement
	Community violence; lack of feeling of safety		Obesity and chronic conditions
	Disability inclusion		Opportunity gap in education (e.g. funding, staffing, support systems, etc. in schools)
	Domestic violence, child abuse/neglect		Racism and discrimination
	Economic insecurity (lack of living wage jobs and unemployment)		Safe and accessible parks/recreation
	Environmental concerns (e.g. climate change, fires/smoke, pollution)		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

### Appendix 3: Community Resources Available to Address Significant Health Needs

PKIMC cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

**Table\_Apx 3. Community Resources Available to Address Significant Health Needs**

Organization or Program	Description of services offered	Significant Health Need Addressed
Providence Kodiak Island Medical Center	Critical access hospital that features 25 acute care beds, including four birthing suites, two psychiatric care beds and two ICU beds. It also includes inpatient and outpatient services, including emergency department, surgery, laboratory services, maternity, general medicine, physical therapy, occupational therapy, speech therapy, respiratory therapy, palliative care, and diagnostic imaging services. The outpatient Specialty Clinic provides additional support services including pediatrics, urology, dermatology, podiatry, obstetrics/ gynecology, audiology and ear, nose, and throat specialists. The Chiniak Bay Elder House, PKIMC’s extended care facility, has 21 long-term care beds	<ul style="list-style-type: none"> <li>-Behavioral Health</li> <li>-Economic Security / Basic Needs</li> <li>-Healthy Behaviors/Physical Health</li> <li>-Access to Healthcare</li> </ul>
Kodiak Community Health Center	FQHC - Its mission is to provide high quality, accessible, and sustainable primary and preventive health services with behavioral health supports to everyone in the Kodiak Island Borough	<ul style="list-style-type: none"> <li>-Behavioral Health</li> <li>-Healthy Behaviors/Physical Health</li> <li>-Access to Healthcare</li> </ul>
Kodiak Area Native Association	THO / FQHC - Kodiak Area Native Association is a dually funded Tribal Health Organization and Federally Qualified Health Center that provides primary medical, dental, mental health, and substance use disorder services to all residents of Kodiak Island, as well as social services for Alaska Native / American Indians of the Koniag region.	<ul style="list-style-type: none"> <li>-Behavioral Health</li> <li>-Economic Security / Basic Needs</li> <li>-Healthy Behaviors/Physical Health</li> <li>-Access to Healthcare</li> </ul>

U.S. Coast Guard Rockmore-King Clinic	Provides outpatient and dental care services to active duty personnel and outpatient medical care to family members on a space available basis	-Healthy Behaviors/Physical Health -Access to Healthcare
State of Alaska Public Health	Their primary areas of focus are traditional public health activities, medical education, well baby and child examinations (primarily one month to five years old), screening examinations of children, immunizations for children and adult, and control of infectious disease	-Behavioral Health -Economic Security / Basic Needs -Healthy Behaviors/Physical Health -Access to Healthcare
Providence Kodiak Island Counselling Center	Counseling for all age groups, family and couples therapy, mental health clinicians in the schools, case management for chronically mentally ill, medication management, and outpatient chemical dependency treatment	-Behavioral Health
Kodiak Women’s Resource and Crisis Center	Dedicated to the prevention and elimination of domestic violence and sexual assault by providing education and promoting community awareness	-Behavioral Health -Economic Security / Basic Needs
Kodiak Child Advocacy Center	Multidisciplinary team of representatives from many agencies work together to conduct interviews, provide medical care, and make team decisions about the investigation, treatment, management and advocacy of child maltreatment cases	-Behavioral Health -Access to Healthcare
Kodiak Island Ambulatory Care Clinic	Private primary care practice	-Access to Healthcare
Brother Francis Shelter Kodiak	Homeless Shelter with some housing support services	-Economic Security / Basic Needs



## Appendix 4: Kodiak Island Medical Center Community Health Advisory Board

**Table\_Apx 4. Community Health Needs Assessment Committee Members**

	<b>Name</b>	<b>Title</b>	<b>Organization</b>
1	Karl Hertz	Hospital Administrator	Providence Kodiak Island Medical Center
2	Mike Pfeffer	CEO	Kodiak Area Native Association
3	Pat Branson	<ul style="list-style-type: none"> <li>• Mayor</li> <li>• Executive Director</li> </ul>	<ul style="list-style-type: none"> <li>• City of Kodiak</li> <li>• Senior Citizens of Kodiak</li> </ul>
4	Jerome Selby	Retired Mayor	Kodiak Island Borough
5	Carol Jeurgens	Retired Physician	Kodiak Island Medical Associates
6	Mary Jane Pedingco	CPA	Self Employed
7	Teri Schneider	Principal	St. Mary's School
8	Steve Smith, MD	Chief of Staff, ED	Providence Kodiak Island Medical Center
9	Carol Austerman	Executive Director	Kodiak Community Health Center
10	James Turner	Assembly	Kodiak Assembly
11	Marge Mete	Nursing Program	Kodiak College
12	Steve Honnald	Retired Regional Supervisor	Alaska Department of Fish and Game

# Appendix 5: Kodiak Health and Wellbeing Monitor

# Community Health & Well-being Monitor

## 2022 Results Report for Kodiak Island Borough, AK



*With Seward 2021 Comparison*

Prepared for:  
**Nathan Johnson**  
September 2022

Prepared by:  
 **PROVIDENCE**  
Institute for a Healthier Community



# Welcome.

Congratulations on taking this next step on the journey to assess and enhance the health and well-being of the PNWSA caregiver community! Your PNWSA 2021 Health & Well-being Monitor™ provides a snapshot of your community's health and well-being – perceptions, satisfaction, and behaviors, related to Six Dimensions of Health™ that resonate with your community because they were affirmed by your community.

Having this survey data reveals your health and well-being strengths, along with opportunities for improvement. Accompanying 2021 benchmarks for over 8400,000 Snohomish County adults throughout your report add context to your HWBM results.

Most importantly, the Providence Institute for a Healthier Community is honored to join you on your journey to better community health. It is our greatest hope that this report supports your efforts to set community health improvement priorities that enhance the overall health and well-being of the Providence caregiver community.

## At A Glance

Your Community Health & Well-being Monitor™ Report provides:

1. A snapshot of your community's overall health and well-being
2. Benchmark data to contextualize your results
3. Insights into focus areas for improvement
4. A way to monitor progress over time, with subsequent Health & Well-being Monitors.



## Thank you for forging a healthier community together

On behalf of the entire Institute team, thank you for your commitment to the health and well-being of our communities. You join a broad array of organizations building this work together over more than a half-decade. Your report, along with all the work of the Providence Institute for a Healthier Community, is organized around Six Dimensions of Health™ and well-being, based on foundational work of the Institute in community-based participatory research in 2015, listening to and learning how communities define health and well-being.

### You are making history

**The original research drew on insights from 130 community members** from organizations as diverse as Familias Unidas, Native peoples, the NAACP, Minority Achievers Program alumni, low-income housing residents, university students, YMCA members, faith leaders; street interviews; conventional focus groups of different ages, income and geography and more.

**The original question was simple: how do you define health and well-being?** The wisdom of our community was energizing. In that qualitative work, combined with literature review, 24 common attributes emerged. We tested the model in a regional January 2016 survey fielded by Elway Research, augmented by nationally validated questions. Factor analysis of those 24 attributes revealed natural groupings into Six Dimensions of Health™ faithful to the voice of the community. Because that is how communities define wellbeing, so do we: we have organized everything we do around those Six Dimensions ever since.

**Since 2016, more than 12,000 people have participated** in the Institute's regional and Community Health & Well-being Monitor studies, yielding a growing body of research data including under-represented populations unlikely to be included in conventional research, along with innovations in community-based fielding techniques. Your efforts serve not only you -- you are 'paying it forward' even as you benefit from insights that rely upon those who came before you.

### Your PNWSA 2021 results are a blueprint for action

Your 2021 Health & Well-being Monitor relies on two years of robust sampling of 3,142 PNWSA caregivers, augmented by annual countywide probability sampling of 1,187 residents of Snohomish County. This is the most comprehensive, community-based study of well-being of its kind for Providence. We believe your data provide powerful insights for planning and prioritizing.

Our entire Institute team thanks you for your commitment to community well-being. Now--let's get to your results!

Scott Forslund  
Executive Director  
Providence Institute for a Healthier Community

# How Your Results are Organized

Your results are organized into four parts:

**Part I: Executive Summary & Six Dimensions Roadmap**

- What Your Community is Telling You - key insights
- How Your Community Can Flourish - strategies *already shown to be responsible* for the greatest differences in your Core4 Well-being Index score.
- Your Well-being Dashboard

**Part II: Key Findings**

- Your Core4™ and Can-Do Summary
- Life Satisfaction Summary
- Attitudes Summary
- Health Behaviors Summary
- Health Indicators Summary

**Part III: Subgroup Findings**

**Part IV: Detailed Findings**



## Table of Contents

Things to Keep in Mind	4
.....	
<b>PART 1: EXECUTIVE SUMMARY</b>	<b>5</b>
.....	
What Your Community is Telling You	6
.....	
Your Well-being Dashboard	7
.....	
Key Influencers	8
.....	
How Your Community Can Flourish	9
.....	
<b>PART 2: KEY FINDINGS</b>	<b>10</b>
.....	
Core4™ and Can-Do Summary	11
.....	
Life Satisfaction Summary	12
.....	
Attitudes Summary	13
.....	
Health Behaviors Summary	14
.....	
Health Indicators Summary	15
.....	
<b>PART 3: SUBGROUP FINDINGS</b>	<b>16</b>
.....	
<b>PART 4: DETAILED FINDINGS</b>	<b>26</b>

# Things to Keep in Mind

- **Listen to and support your community.** Well-being is individual and communal. **These results belong to your community** and reflect its collective voice. Your community, not you, must interpret *their* results and do *their* work, with *your* support. To discern full meaning & where to go next:
  1. **Share these results** with your community (Need ideas on how? We can help.)
  2. **Ask for and listen to what resonates**
  3. **Set priorities together**
  4. **Pledge to remove barriers** to *their* success.
- **It All Matters:** look at the data, but remember a start anywhere is a step towards better overall health & well-being.
- **Tune In to Heart & Soul:** what are your communities' interests, priorities, values? They matter.
- **Start Small:** Is there an easy 'win'? Build confidence and self-efficacy - 'We Can Do This.'
- **Assess Resources:** Have enough people, time, money or other supports? Supports ensure success.

Each Dimension of your community's health influences, impacts, & contributes to other Dimensions and overall well-being. Well-being is dynamic.



## Six Dimensions of Health

Well-being is broad definition addressing many attributes—happiness, health, stability, purpose and meaning. Health is multi-dimensional. Your Community HWBM Report represents six dimensions of well-being that resonated with communities like yours. A spirit of learning, and growing in each of these dimensions is important if we are to feel fulfilled and whole as individuals and communities, both in the absence and presence of disease!



Relationships & Social Connections



Mental, Emotional & Spiritual Health



Neighborhood & Environment



Work, Learning & Growth



Security and Basic Needs



Physical Health



**Isolation is fatal**, according to psychiatrists Jacqueline Olds and Richard Schwartz. Their decades of research support the idea that a lack of relationships can cause multiple problems with physical, emotional, and spiritual health.

# Executive Summary

What Your Community is Telling You  
How Your Community Can Flourish  
Your Well-being Dashboard  
Your Six Dimensions of Health Roadmap



# What Your Community is Telling You

## Key findings in your community

### 1. Kodiak earns a B- on overall well-being

- Your Core4 Well-Being Index score is 7.53 on a 10-pt scale, which translates to a B-.

### 2. There is appetite for engagement

- Most community members are open to doing more to maintain or improve their health.

### 3. There is room to improve in all dimensions

- There are areas strongly related to overall well-being in all dimensions, and room for improvement across all of these.



## Relationships & Social Connections

- Many residents report strong personal relationships with others, but some, like younger residents, Hispanics, and singles with kids are more isolated.
- Community connections are less robust than are personal relationships, however, and only about a third feel strongly that they can influence community decisions.
- Close to 1 in 4 has experienced discrimination in the past year.



## Mental & Emotional Health

- Emotional well-being is challenging for many residents: only a third rate themselves highly in this area. At the same time, most report at least one poor mental health day each month.
- Despite challenges with emotional well-being, more than half of Kodiak residents express a strong sense of purpose and meaning.



## Neighborhood and Environment

- Neighborhoods are an area where Kodiak residents rate their well-being most highly: half give the neighborhoods where they live a high score, agree that their communities are safe and are good places to raise kids.
- However, keeping an eye toward the future is important, as fewer (a third) say the community is a good place to grow old.



## Work, Learning & Growth

- This dimension cuts across income lines, with those earning \$100k+ more satisfied with their jobs and opportunities, and those earning less, less satisfied.
- More than 1 in 10 residents expresses the need for additional education/training, most notably younger respondents and American Indian/Native Alaskans.



## Security & Basic Needs

- While half of residents are well able to meet basic needs, another quarter are not.
- There are small – but significant – numbers in the community who are insecure across most facets of everyday life, including housing, job, and education. One eye-opener: Half of single parents with kids are housing insecure.



## Physical Health

- The state of community physical health is the area where Kodiak residents rate lowest. Only 1 in 4 rate their physical health highly, and more than 1 in 3 has a chronic medical condition.
- Most residents get adequate sleep (7 hours per night, based on CDC recommendations), but fewer than half eat fruits and vegetables or exercise daily.





# 2022 Well-being Dashboard

**SAMPLE FRAME:** Kodiak Island Borough, zip code 99615

**SAMPLE SIZE:** 632 / May-June 2022

- Comparison data: Seward 2021, 644 responses
- **Total combined sample: 1,276**

## CORE4™ Well-being Scores (Averages on 0-10 scale, where 10=completely satisfied)

The Core4™ are measures of satisfaction across four well-being areas.

Scores are averaged across these four measures to create the HWBM Composite categories and index score below.

Kodiak 2022 residents are most satisfied with their overall well-being, and least with the state of their physical health.

### Overall Life Satisfaction (2)



### Satisfaction with Physical Health (4)



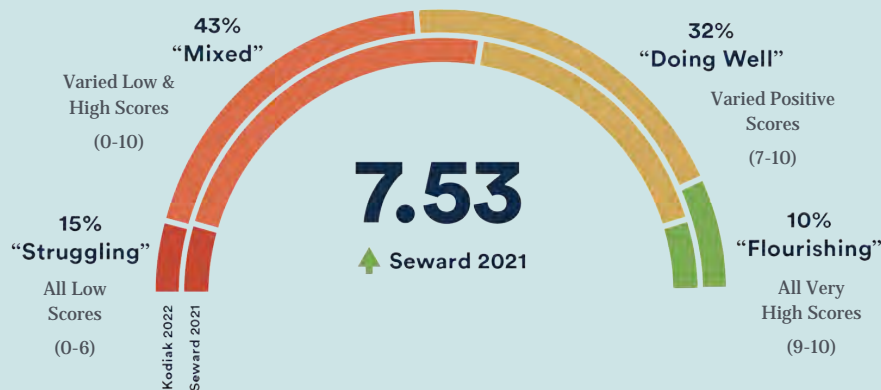
### Satisfaction with Mental or Emotional Well-Being (5)



### Satisfaction with Overall Well-Being (10)



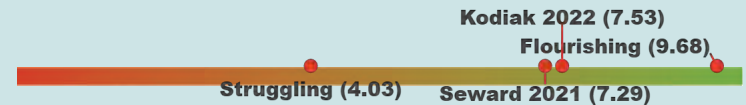
## HWBM Composite™ The distribution of your community's well-being



## Core4 Well-being Index

One metric: An average across the Core4™ Well-being scores. The Core4 Index score is an overall indicator of your community's well-being.

### AVERAGES (0-10)



The Kodiak 2022 Index Score translates to a **B-**

# Key Influencers of Your Community's Well Being

Greatest opportunities to improve your community's overall well-being

## OVERVIEW OF ANALYSIS

- Data were analyzed through using correlation and regression to identify those measures with the **strongest positive impact** on your community's Core4 Well-Being Index score.
- Included in these analyses were 22 measures across life satisfaction (6a-6h), health attitudes (7a-7g), and health behaviors (14a-14g).



xx%

The battery depicts the importance of the top item in each area, compared to the average importance across all measures.



## Key Influencers

The 12 measures below have the strongest impact on your Core4 scores. They span across the 6 dimensions of health and well-being. Your community can have the most impact on overall well-being by improving your community's satisfaction and attitudes in these areas.

The **top item in each dimension is the one with the most influence over well-being in that dimension.** The battery depicts the item's importance, compared to the average importance of all 22 measures (a symbol of 1.7x means the item is nearly twice as important to overall well-being than average).



### Relationships & Social Connections



1.4X

- **(6g) Relationships with others**
- (7e) Feel like part of a community
- (7c) Ability to influence community decisions



### Work, Learning & Growth



1.4%

- **(6h) Opportunities for learning and growth**



### Mental & Emotional Health



1.7X

- **(6e) Ratings of emotional well-being**
- (7b) Sense of purpose and meaning



### Security & Basic Needs



1.2%

- **(7d) Feel secure with financial future**
- (6f) Financial ability to meet basic needs
- (6c) Access to medical care and health information



### Neighborhood & Environment



1.1%

- **(7f) Feel safe in community**
- (7h) Good place to grow old



### Physical Health



1.5%

- **(6b) Ratings of physical health**

# How Your Community Can Flourish

## Strategies to improve your community's overall well-being

### Next steps:

#### 1. Review this section with your community to:

1. Deepen trust and mutual understanding
2. Discover what energizes and resonates most with your community.

#### 2. Select 2022 priority areas together that:

1. resonate most with your community *and*
2. that you can influence the most.

**The good news:** Your community is telling you that improvements in multiple Dimensions of Health can exert a powerful influence on your community's well-being.

**Better news:** These are inter-related. Improvement in any Dimension contributes to overall wellbeing *and* is likely to positively influence other areas as well.



## Strategies for Action



### Mental & Emotional Health

In your community, **emotional well-being** is one of the most influential determinants of overall well-being. Emotional well-being can be elusive, but in your community, it is closely tied to three other measures of well-being: **relationships with others, sense of purpose and meaning, and opportunities for learning and growth.** To influence positive change in the emotional well-being of your community, invest in these areas to produce the strongest outcome.



### Relationships & Social Connections

Relationships with other people are key to health and well-being. Relationships are also a key predictor of overall emotional well-being. To encourage positive relationships, promote initiatives that help residents **feel like part of a community**, that they have **influence in their communities**, and those that help them to **feel safe in their communities.**



### Neighborhood and Environment

Neighborhood and environment are influential both in improving mental and emotional health and fostering relationships with others. Promoting neighborhood culture where **children and seniors alike feel welcome and safe** will pay dividends in improving overall well-being.



### Physical Health

The **state of one's physical health** is the second-most important influencer of overall well-being, and an area where Kodiak residents rate themselves low. Most influential to improved physical health: **daily exercise and access to medical care and health information.** Promote opportunities for residents to get physical activity and ensure that they can find the medical care and information they need.



### Security & Basic Needs

**Assuring basic needs are met** has strong influence over emotional well-being (financial, healthcare, food and clothing). **Access to medical care and health information** has a particularly strong impact on positively ratings of physical health.



### Work, Learning & Growth

Opportunities for learning and growth has strong influence over emotional well-being and relationships with other people. Your community well-being can benefit from assuring residents have **access to options to further their self-development.**

# Key Findings

Topline findings across the six dimensions of well-being

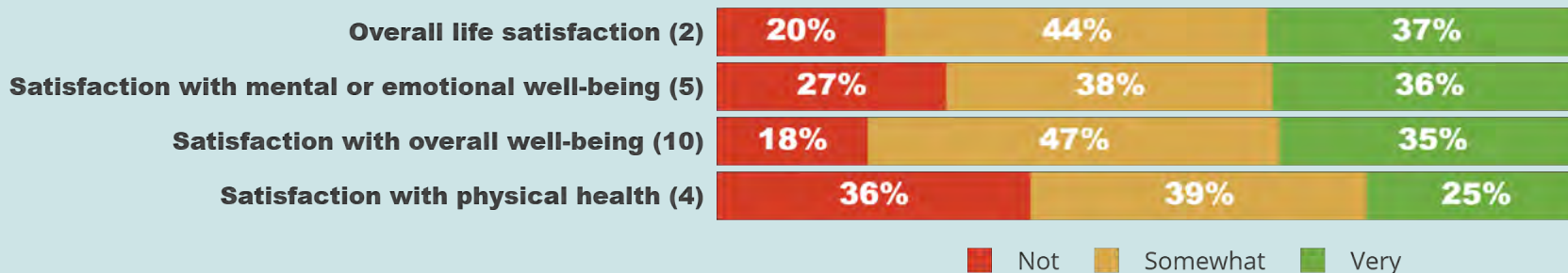


# Core4 and Can-Do Summary

## Core4 Component Satisfaction

**Key Findings** There is room for improvement in satisfaction with well-being.

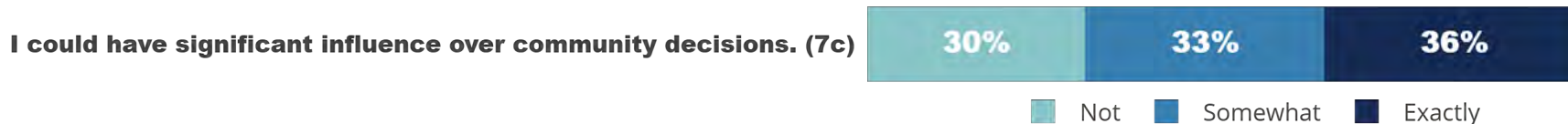
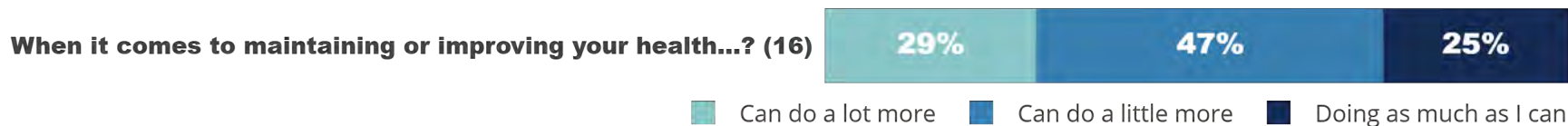
- About a third is very satisfied with their overall lives, mental or emotional well-being, and overall well-being. Only a quarter indicates they are very satisfied with the state of their physical health.
- While there is room for improvement in all areas, more residents are not satisfied with the state of their physical and mental health than with their overall lives and well-being.



## Individual and Community-Level Can-Do

**Key Findings** Individual-level and community-level efficacy is mixed.

- About a quarter each feel they can do a lot more to maintain or improve health, but three-quarters say they can do at least a little more.
- About a third each disagree and agree strongly that they could have significant influence over community decisions.



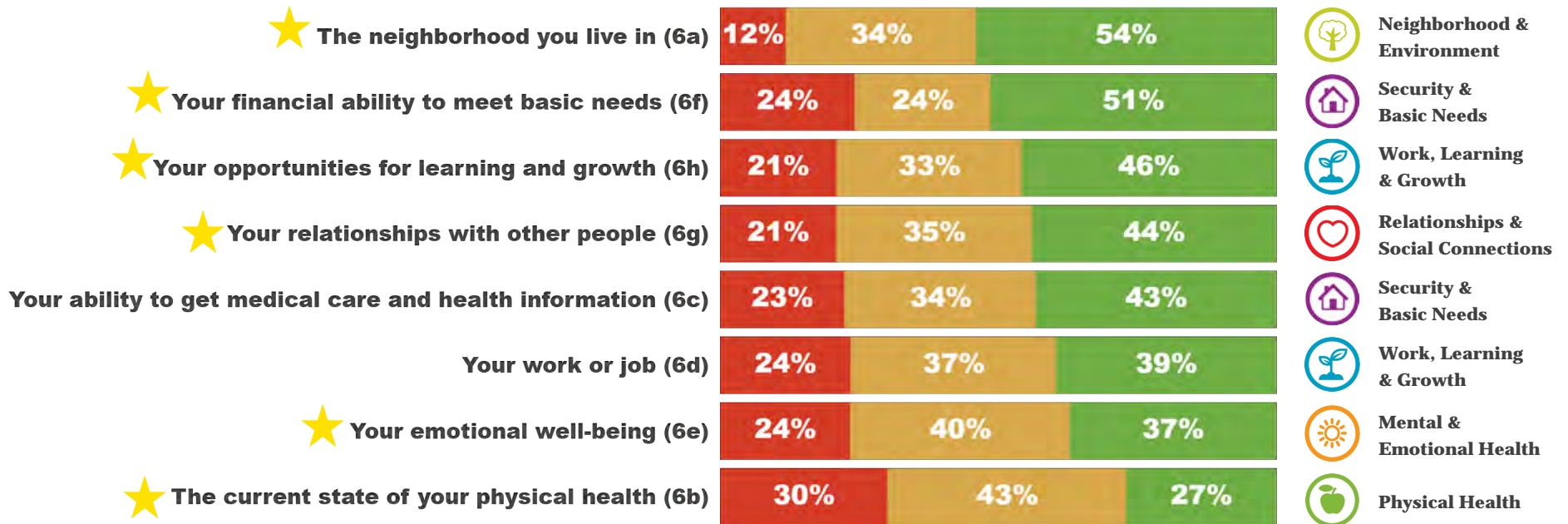
# Core4 and Can-Do Summary



For each of the aspects of daily living, indicate how each one is for you these days. (6)

**Key Findings** How one views one's neighborhood, development, relationships, health, and financial security have profound impact on overall well-being. Kodiak residents have room for improvement across most areas, but most notably in emotional well-being and physical health.

- Only a quarter of Kodiak residents rate their physical health highly, and nearly a third rate it as low.
- A third rate their emotional well-being high vs. a quarter who rate it low.
- Fewer than half rate growth and learning opportunities or the ability to get medical care highly.
- Although half say they do an excellent job of meeting basic needs, a quarter do not.
- More than half (54%) rate their neighborhood highly. vs. 12% who rate theirs low.



★ Item has above-average influence on overall well-being

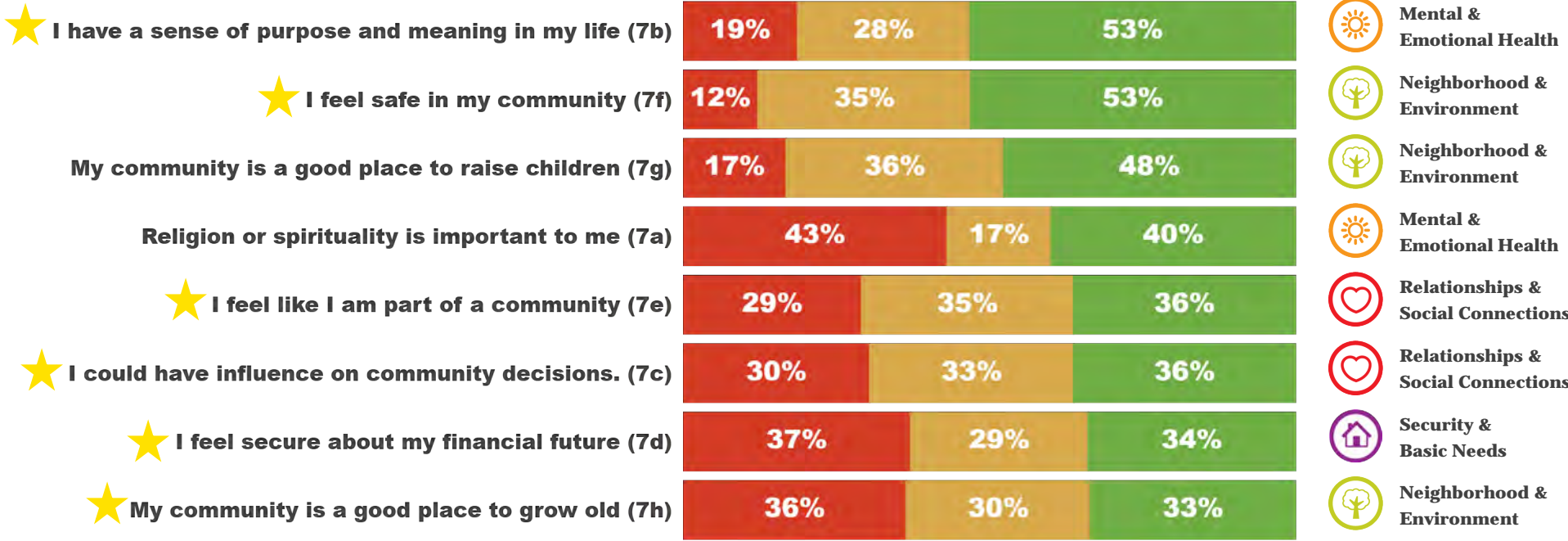
■ Low ■ Moderate ■ High

# Attitude Summary

For each description, indicate how well that describes you. (7)

**Key Findings** Attitudes about community, safety, security, and self-meaning also play strong roles in determining a person's overall well-being. Kodiak residents struggle most commonly with imagining their community as a place to grow old, and with feelings of financial security.

- More Kodiak residents do not think the community is a good place for growing old than feel that it is. The same is true for a sense of security around residents' financial futures.
- Around half consider their neighborhoods safe and a good place for children and have a sense of purpose of meaning in their lives. But there is room for improvement in these areas as well.
- Fewer consider spirituality important than do, but this is not a strong indicator of overall well-being.



★ Item has above-average influence on overall well-being

Not Somewhat Exactly

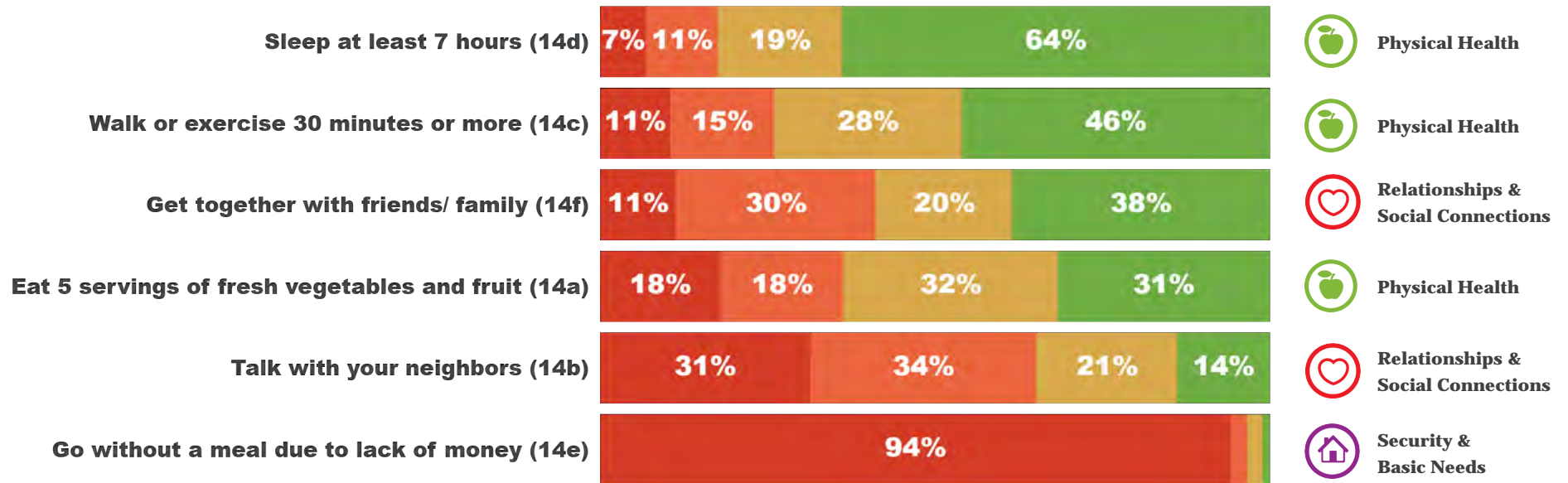
# Health Behaviors Summary



**In the last week, how many days did you do the following things? (14)**

**Key Findings** While health behaviors have less direct impact on your community's well-being score, they have influence other areas, like emotional and physical health, and relationships with others. In this way, improvement in behavior can positively impact community well-being.

- Fewer than half in the community exercise 5 or more days per week, and only a third eat fresh vegetables and fruit that often. While nearly all have food to eat every day, 6% still go without at least once per week due to lack of money. A third of residents sleep less than 7 hours many nights.
- Despite neighborhoods rating highly, a third report never talking with their neighbors. Nearly half lack substantial contact with friends and family (2x per week or less).



**Item has above-average influence on overall well-being**

■ NONE ■ 1-2 ■ 3-4 ■ 5-7



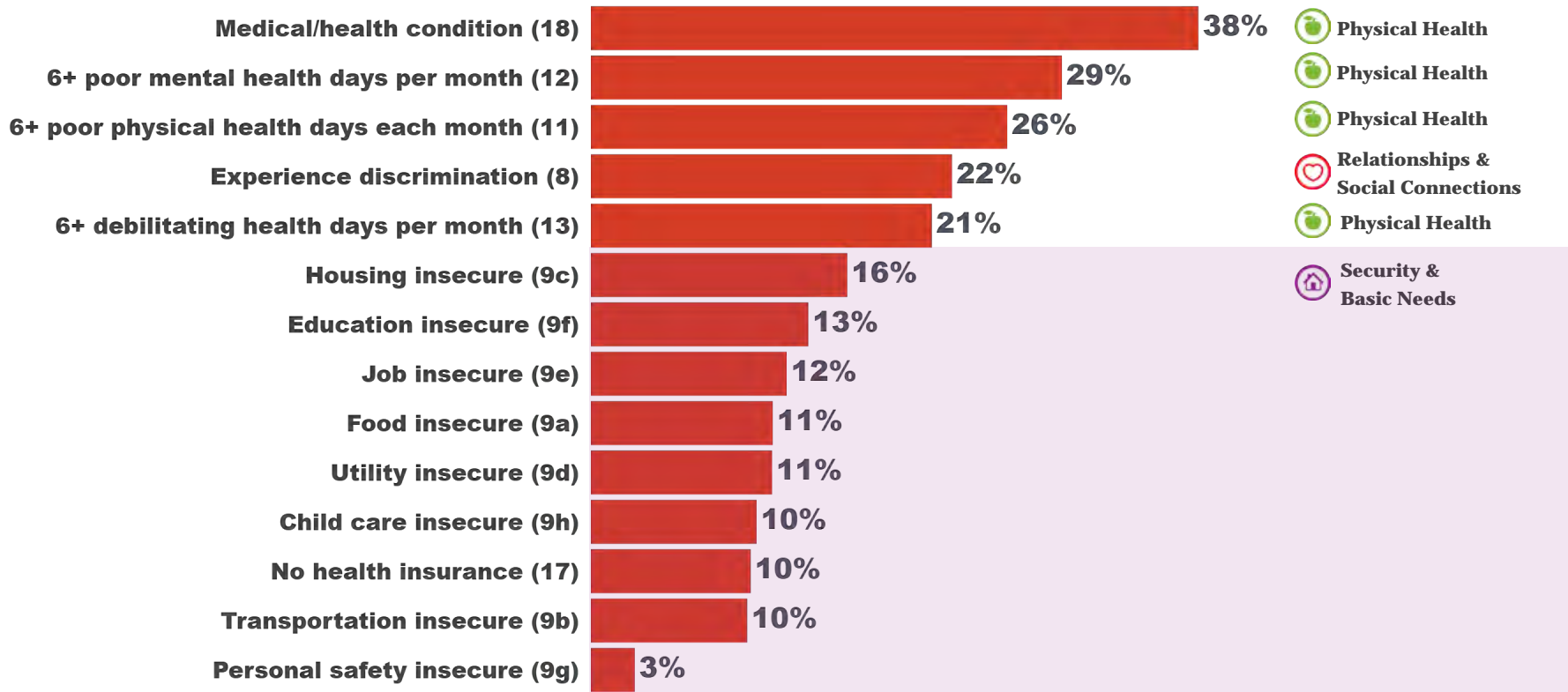
# Health Indicators Summary



Which of these applies to you? (8, 9, 11, 12, 13, 14, 17, 18)

**Key Findings** The measures below are indicators of well-being in your community. Positive outreach in these areas can help improve well-being across dimensions.

- Physical Health. About a third in your community are living with medical and health conditions, and many also experience 6+ poor mental, physical, and debilitating health days per month.
- Security & Basic Needs. Some 1 in 10 or more indicate insecurity across most areas, most notably housing, education, and jobs.
- Relationships & Social Connections. About a quarter have experienced discrimination.



# Subgroup Findings

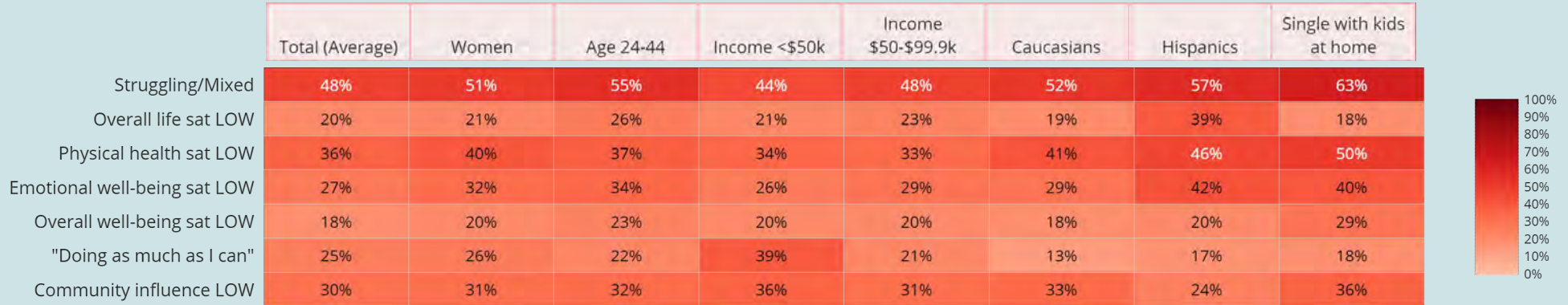
Topline findings among key demographic subgroups



# Heat Map - Core4 & Can-Do

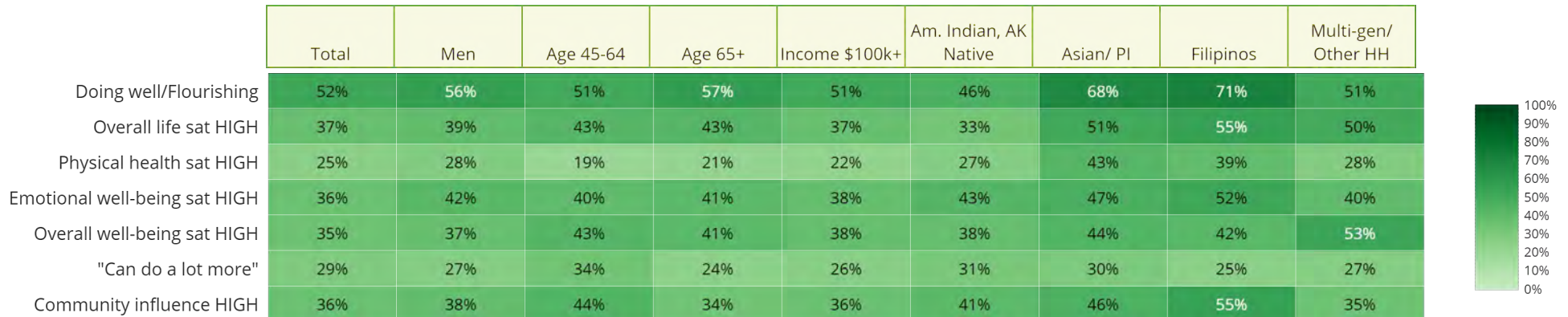
## Who Tends to Score LOW More than Average on Overall Well-Being:

Segments who are more likely than average to score low on overall health and well-being measures include women, who are more likely to score low on physical health and emotional well-being; younger people (under 44), who rare among the most likely to rate overall life satisfaction low; those earning less than \$50k per year, who are strapped for time; Caucasians, Hispanics, and single parents, who are struggling with physical health. Single parents and Hispanics are the most likely to score their emotional well-being low.



## Who Tends to Score HIGH More than Average on Overall Well-Being:

Those more likely than average to score high on overall health and well-being measures include men, those age 45+, those with incomes less than \$75k, American Indian and Alaska Natives, Asian/Pacific Islanders, Filipinos, and those in multi-generational households.

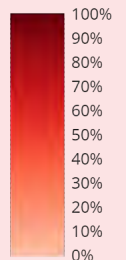


# Heat Map - Relationships & Social Connections

## Who tends to score LOW on Relationships & Social Connections:

Among those who are more likely than average to score low on Relationships & Social Connections are women (in the area of discrimination); those age 24-44, who also experience more discrimination and are less likely to feel like part of a community; those with incomes under \$100k -- and especially those with incomes under \$50k, who struggle to feel like part of a community, talk with neighbors, or influence their communities; Caucasians, who feel less like part of a community, Hispanics, who talk little with neighbors and a majority of whom experience discrimination; and those who are single with kids at home, who lack social contact.

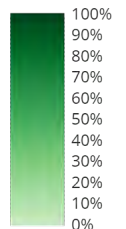
	Total (Average)	Women	Age 24-44	Income <\$50k	Income \$50-\$99.9k	Caucasians	Hispanics	Single with kids at home
Relationships with others LOW	21%	21%	26%	27%	19%	22%	25%	24%
Feel part of a community LOW	29%	28%	32%	40%	26%	31%	36%	32%
Ability to influence community LOW	30%	31%	32%	36%	31%	33%	24%	36%
Get together with others (0 TIMES/WK)	11%	12%	10%	8%	17%	11%	10%	8%
Talk with neighbors (0 TIMES/WK)	31%	33%	30%	38%	28%	30%	53%	45%
Experience discrimination (YES)	22%	28%	27%	23%	23%	21%	55%	22%



## Who tends to score HIGH on Relationships & Social Connections:

Those in the community more likely than average to score high on RSC measures are men, those age 45+, American Indian and Alaska Natives, Asians/Pacific Islanders, Filipinos, and those living in multi-generational household (with one exception: Multi-gen HH residents talk less with neighbors).

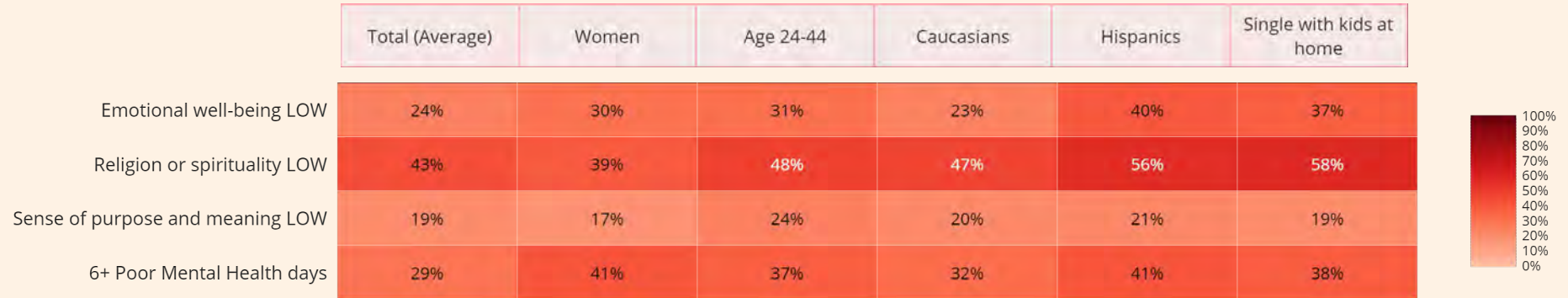
	Total	Men	Age 45-64	Age 65+	Income \$100k+	Am. Indian, AK Native	Asian/ PI	Filipinos	Multi-gen/ Other HH
Relationships with others HIGH	44%	40%	55%	56%	48%	53%	48%	53%	52%
Feel part of a community HIGH	36%	34%	42%	44%	41%	40%	39%	42%	54%
Ability to influence community HIGH	36%	38%	44%	34%	36%	41%	46%	55%	35%
Get together with others (5+ Times/WK)	38%	43%	33%	39%	36%	48%	38%	45%	59%
Talk with neighbors (5+ Times/Wk)	14%	11%	13%	28%	11%	18%	12%	13%	2%
Experienced discrimination NO	78%	83%	79%	82%	80%	76%	81%	77%	78%



# Heat Map - Mental, Emotional & Spiritual Health

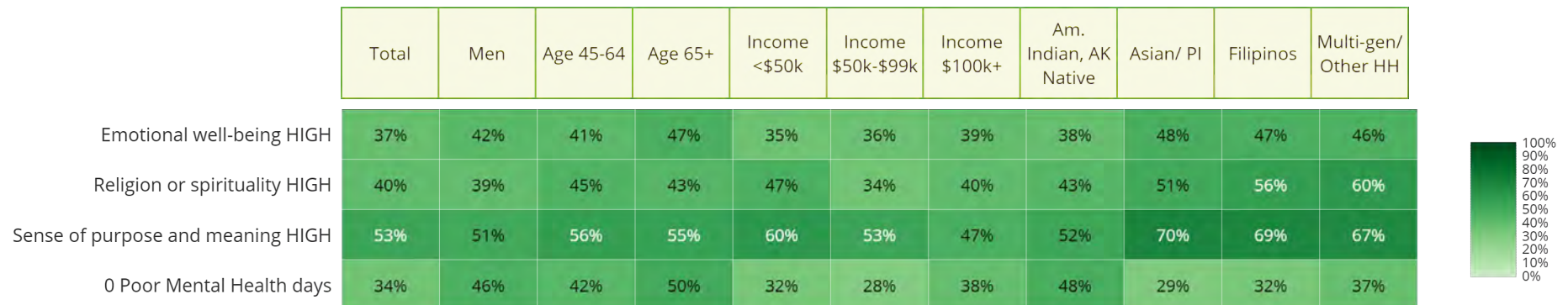
## Who tends to score LOW on Mental and Emotional Well-Being:

Similar to other dimensions, among those who are more likely than average to score low on Mental and Emotional Well-Being are women, who are among the most likely to suffer 6+ poor mental health days each month and to score low on overall emotional well-being; those age 24-44, who also are among the most likely to report 6+ poor mental health days a month and lower emotional well-being; Caucasians, with more than 6+ poor mental health days per month than average; and Hispanics and single parents, who score low across most measures in this category. Interestingly, income is less predictive of low scores in this category than in others.



## Who tends to score HIGH on Mental and Emotional Well-Being:

Among those most likely to score high on Mental and Emotional Well-Being are men, those ages 45+, American Indian and Alaska Natives, Asian/Pacific Islanders, Filipinos, and people living in multi-generational homes. Emotional well-being is particularly high in Asian communities.

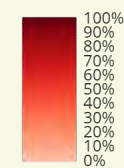


# Heat Map - Neighborhood & Environment

## Who tends to score LOW on Neighborhood and Environment:

Among those who are more likely than average to score low on Mental and Emotional Well-Being are women and Caucasians, many of whom don't believe their community is a good place to grow old; those age 24-44, who rate their communities among the lowest of any group; those earning <\$100k, who rate their communities lower on safety than average; and Hispanics and single parents, who rate their neighborhoods low overall, for being safe, and as a place to raise kids.

	Total (Average)	Women	Age 24-44	Income <\$50k	Income \$50-\$99.9k	Caucasians	Hispanics	Single with kids at home
Neighborhood you live in LOW	12%	12%	14%	15%	15%	11%	16%	22%
Community is safe LOW	12%	13%	18%	16%	14%	11%	13%	21%
Good cmtly to raise kid LOW	17%	19%	22%	19%	17%	18%	33%	25%
Good cmtly to grow old LOW	36%	43%	46%	23%	36%	46%	39%	35%

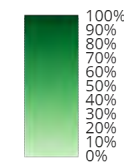


A major exception: 47% of those with \$50k or less income say their community is a good place to grow old, well above average.

## Who tends to score HIGH on Neighborhood and Environment:

As in other dimensions, among those most likely to score their neighborhood and environment highly include men, those age 45+, those with incomes \$100k+, American Indian and Alaska Natives, Asian/Pacific Islanders, Filipinos, and those living in multi-generational households.

	Total	Men	Age 45-64	Age 65+	Income \$100k+	Am. Indian, AK Native	Asian/ PI	Filipinos	Multi-gen/ Other HH
Neighborhood you live in HIGH	54%	57%	53%	69%	61%	54%	58%	52%	67%
Community is safe HIGH	53%	54%	58%	63%	61%	50%	56%	59%	70%
Good cmtly to raise kid HIGH	48%	46%	52%	64%	55%	50%	50%	56%	72%
Good cmtly to grow old HIGH	33%	37%	25%	41%	28%	44%	48%	47%	51%



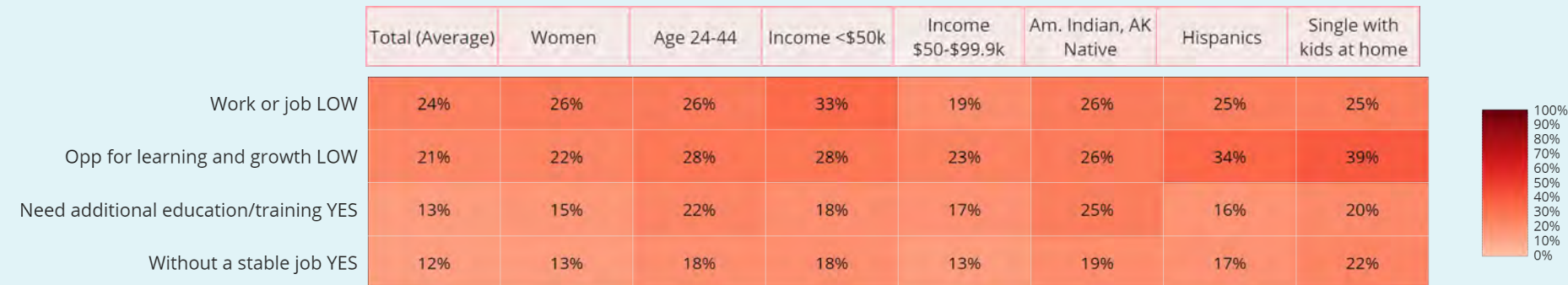
An exception, 40% score low on this measure, below average

Another exception, 48% score low on this measure, below average

# Heat Map - Work, Learning & Growth

## Who tends to score LOW on Work, Learning, and Growth:

Among those who are more likely than average to score low on Work, Learning, and Growth measures are women and Caucasians, who score their work or job lower than average and who are more likely to need additional training; middle-income earners, who score their opportunities for learning and growth low but who are more likely to need additional information; those age 24-44, <\$50k earners, Hispanics, and single parents, who are more likely than average to score low across all measures in this dimension. In contrast to other well-being dimensions, American Indians and Alaska Natives are among the most likely to score WLG measures low.



## Who tends to score LOW on Work, Learning, and Growth:

Among those more likely than average to score high on WLG measures are men, age 45+, \$100k+ earning, Asian/Pacific Islanders, Filipinos, and those in multi-generational households. Unlike in other well-being areas, Caucasians tend to also be among those who rate more highly in this dimension (although they underperform on believing they have opportunities for learning and growth).

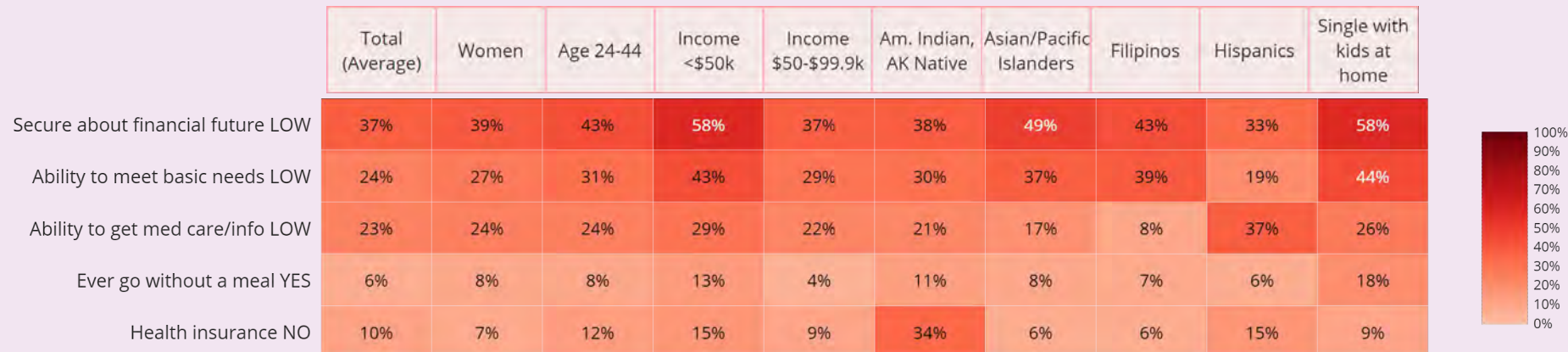


An exception: Asians and Filipinos are more likely than average to need additional education

# Heat Map - Security & Basic Needs

## Who tends to score LOW on Security & Basic Needs:

Unlike in other dimensions, among those most likely to rate their Security and Basic Needs low are American Indians and Alaska Natives, Asian/Pacific Islanders, and Filipinos (although Filipinos and Asians feel more able to get medical care and are less likely to go without a meal). Other groups more likely to score low include women, those age 24-44, those with incomes <\$100k (especially <\$50k), Hispanics, and Single parents.



## Who tends to score HIGH on Security & Basic Needs:

Those more likely than average to score high across Security & Basic Needs include men, those age 45+, those earning \$100k+, Caucasians, and people living in multi-generational households.





# Heat Map – Basic Needs – Total Health 8

## Who is Most Likely to Lack Basic Needs:

Among the most likely to report insecurity with basic needs are American Indians, Eskimos, and Alaska Natives, Asian/Pacific Islanders, and Filipinos. These groups are particularly insecure in the areas of utilities, food, transportation, housing, jobs, and education.

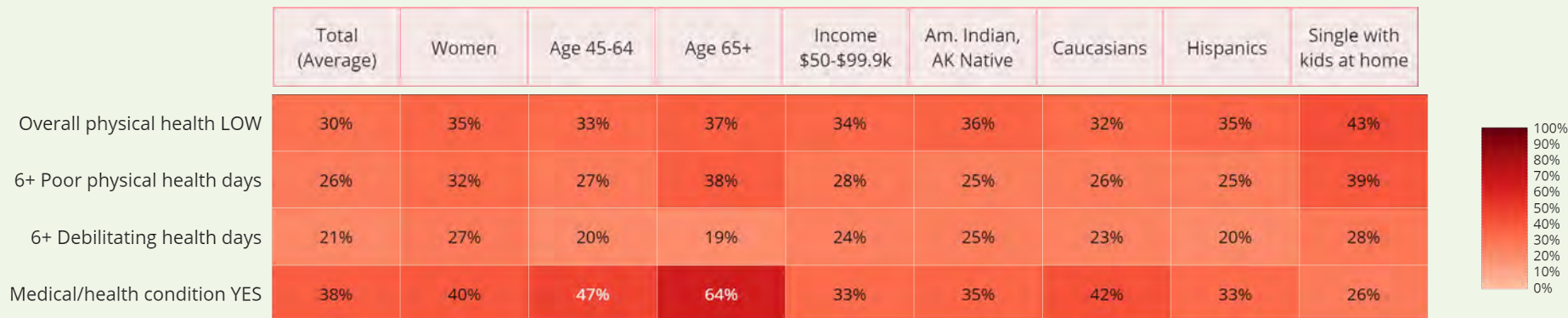
Those earning <\$50k and age 24-44 also report higher than average insecurity across most areas. Hispanics feel less secure than average with their job, education, and child care opportunities. Singles with kids are particularly insecure with food, housing, job, education, and childcare. Women are slightly less secure than average across most areas, most notably in food and child care.



# Heat Map - Physical Health

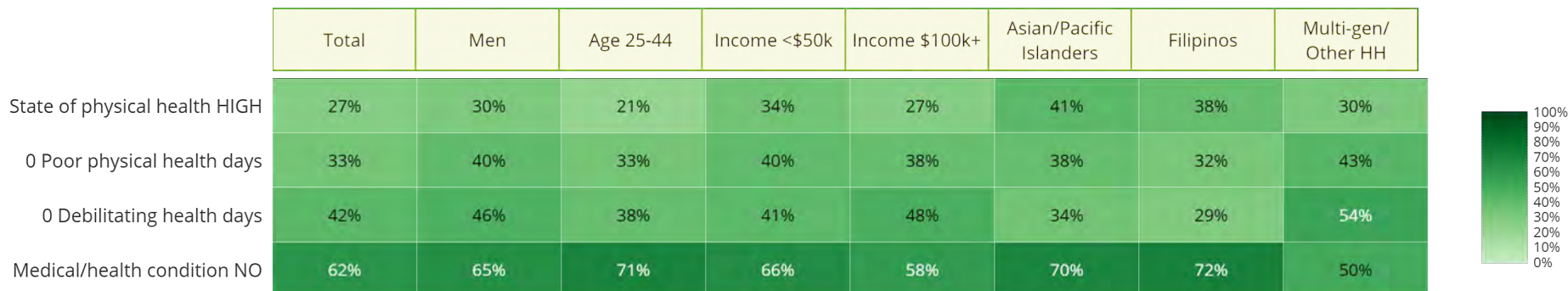
## Who tends to score LOW on Physical Health:

Among those most likely to score their physical health lower than average are women, those age 45+, middle-income residents, American Indians and Alaska Natives, Caucasians, Hispanics, and single parents. A lower-than-average score on overall physical health usually coincides with the presence of 6+ poor physical and/or debilitating health days per month, and/or a medical or health condition. The exception are Hispanics, who are at or below average on all three of these measures.



## Who scored HIGH (frequency index, actual vs. expected):

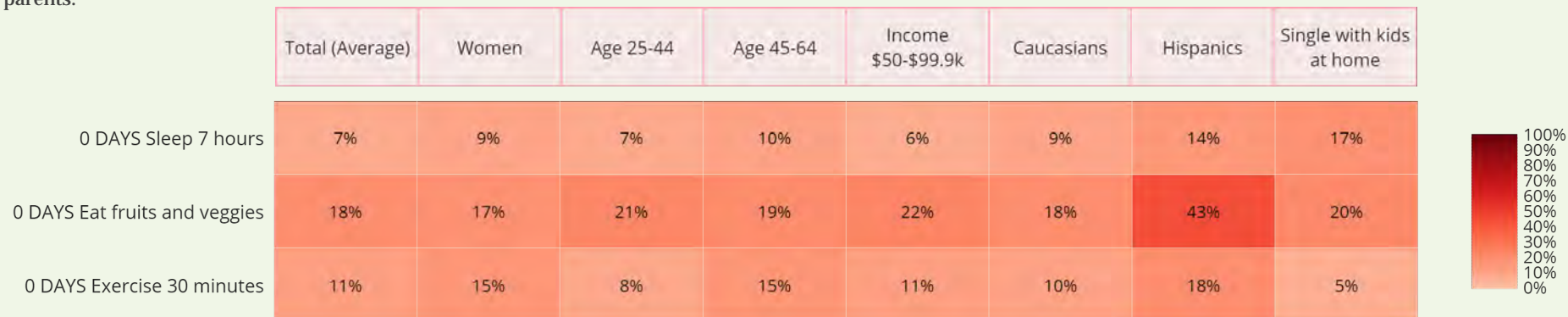
Men, those employed, those with incomes \$100k+, those with a Bachelor's Degree or higher, couples, and those who haven't experienced discrimination are report the higher on PH measures.



# Heat Map - Physical Behavior

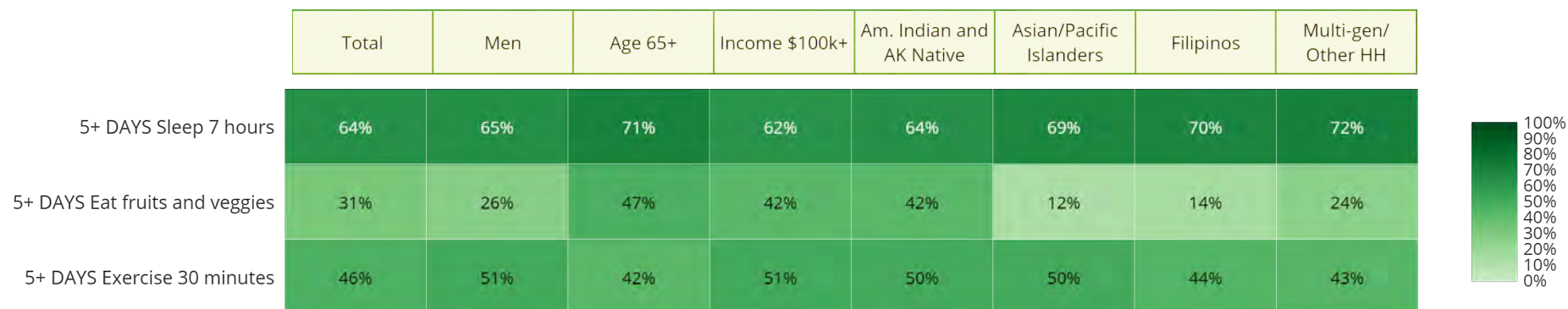
## Who tends to score LOW on Physical Health Behaviors:

Among those most likely to score high on physical health behaviors include women, those under at 64, those with incomes \$50-\$99k, Caucasians, Hispanics, and single parents.



## Who tends to score HIGH on Physical Health Behaviors:

Among those who tend to score high on physical health behaviors are men, younger residents, those with lower and higher incomes, and Asian/Pacific Islanders, Filipinos, and those living in multi-generational households, with the exception of fruits and veggies for these last 3 groups.



Exceptions are Asian/Pacific Islanders, and Filipinos, who tend to eat less fruits and veggies than average

# Detailed Findings

Core4™ and Can-Do™

Relationships & Social Connections

Mental & Emotional Health

Neighborhood & Environment

Work, Learning & Growth

Security & Basic Needs

Physical Health

Tailored Questions



# Core4™ and Can-Do™

Core4™ Well-being Index Score

HWBM Composite Measure™

Individual & Community Can-DO™

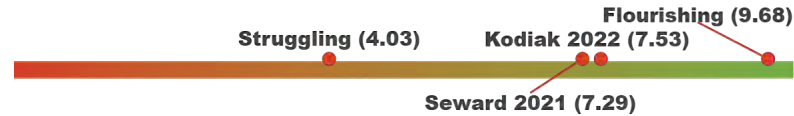
“One More Thing”: Respondents’ Wish for Health

Cantril’s Ladder Score



# CORE4™ WELL-BEING INDEX SCORE

## AVERAGES (0-10)



### KEY FINDINGS

- Kodiak Core4 Well-being Index Score is 7.53 (a 'B-').
- Among 9% who are STRUGGLING, the score was 4.0 (D). Among 13% who are FLOURISHING, the score was 9.7 (A+).
- The Kodiak Index is significantly higher than Seward 2021, which may be an effect of lower scores in 2021 due to the Pandemic.
- The level of well-being a person has is most strongly related to his or her emotional well-being, physical health, and relationships with other people. However, security and basic needs, one's neighborhood and environment, and work learning and growth opportunities play an indirect role in well-being by influencing emotional and physical health, and fostering relationships.

### KEY INFLUENCES

These 12 measures are most highly correlated with your Core4 scores. They span across the 6 dimensions of health and well-being:



#### Mental & Emotional Health

- (6e) Ratings of emotional well-being (0.84)
- (7b) Sense of purpose and meaning (0.68)



#### Physical Health

- (6b) Ratings of physical health (0.74)



#### Relationships & Social Connections

- (6g) Relationships with other people (0.71)
- (7e) Feel like part of a community (0.57)
- (7c) Community efficacy (0.52)



#### Security & Basic Needs

- (7d) Feel secure with financial future (0.59)
- (6f) Financial ability to meet basic needs (0.53)
- (6c) Access to medical care and health information (0.51)



#### Work, Learning & Growth

- (6h) Opportunities for learning and growth (0.69)



#### Neighborhood and Environment

- (7f) Feel safe in community (0.55)
- (7h) Good place to grow old (0.47)

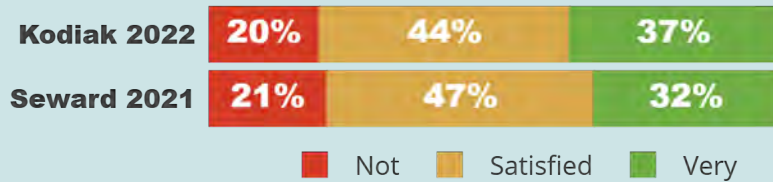
# CORE4™ WELL-BEING COMPONENT SCORES

Thinking about your overall life, are you satisfied or dissatisfied with the way things are in your life these days? (2)

## AVERAGES (0-10)

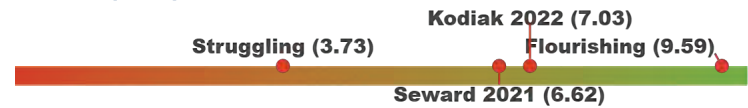


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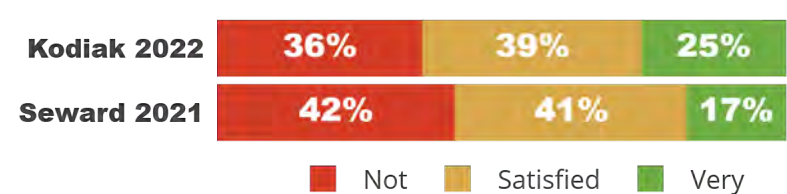


Thinking about your physical health, are you satisfied or dissatisfied with the current state of your physical health? (4)

## AVERAGES (0-10)

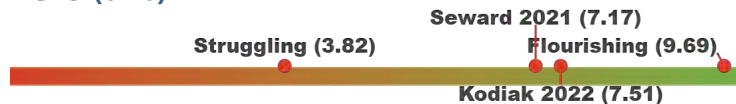


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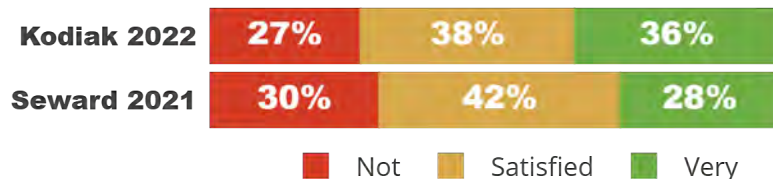


Thinking about your mental or emotional well-being, how satisfied or dissatisfied are you with the state of your mental or emotional well-being? (5)

## AVERAGES (0-10)

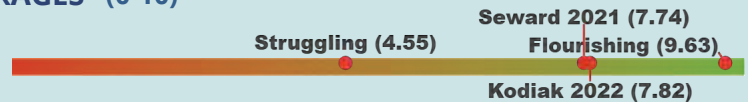


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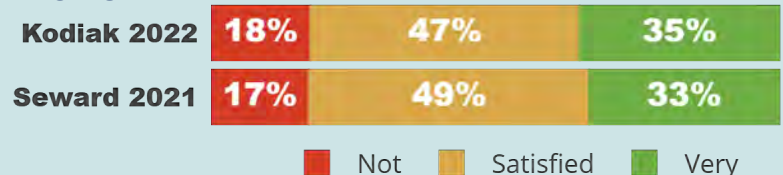


Taking everything into account, how satisfied are you with your overall well-being? (10)

## AVERAGES (0-10)



## DISTRIBUTION



# HWBM Composite Measure™

The Core4™ Index Score provides a single measure of well-being based on four key aspects – overall life, physical, mental/emotional/spiritual, and overall well-being.

However, a calculated average does not tell the whole story. Six years of research with over 12,000 respondents has shown that many things must go well for well-being to flourish.

The HWBM Composite Measure™ is a picture of how each member of your community is doing across all four Core4 measures.

- People who are scoring highest (9-10) on all four are FLOURISHING
- Those whose scores are all positive (7-10) are DOING WELL.
- People with a mix of lower and higher scores (0-10) are MIXED.
- People whose scores are all low (0-6) are STRUGGLING.

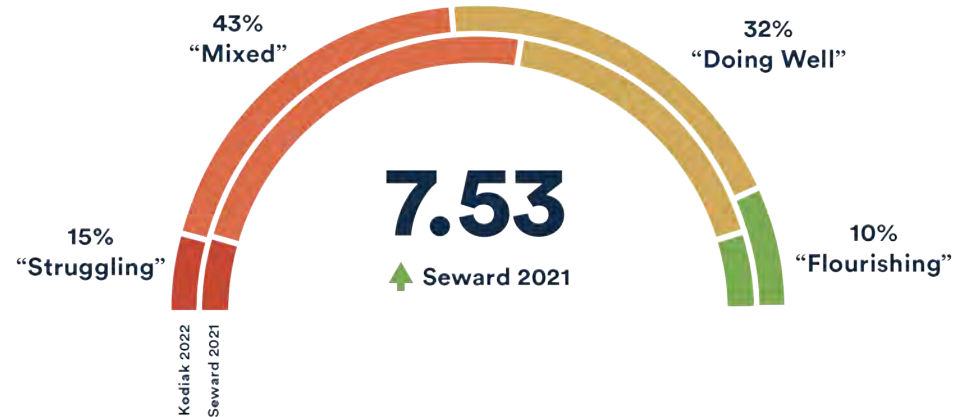
The Composite Measure categories strongly link to the Core4 Index scores as the chart at upper right shows.

Your community's Composite Measure is displayed on an arc (we call The Speedo), compared to a broader community comparison – in this case, **Kodiak Island Borough, AK, in 2022, as well as Seward, AK residents surveyed in 2021.**

STRUGGLING	MIXED	DOING WELL	FLOURISHING
All Low Scores (0-6)	Varied Low & High Scores (0-10)	Varied Positive Scores (7-10)	All Very High Scores (9-10)

Core4 Well-being Index Score:	Core4 Well-being Index Score:	Core4 Well-being Index Score:	Core4 Well-being Index Score:
<b>4.0</b>	<b>6.8</b>	<b>8.3</b>	<b>9.7</b>

Core4 Well-being Score







# Individual & Community Level Can-Do™



## Why It Matters

We are humans becoming—always on a journey. As life continually changes, our beliefs and what we think is important changes. In this continual ebb and flow, a sense of self-efficacy\* can play a major role in how one approaches goals, tasks, and challenges, and either takes action or doesn't take action in cultivating well-being. Moving towards a greater sense of self-efficacy makes a difference in improving and, more importantly, sustaining overall well-being.

Your Can-Do™ score gives insights into your community's current CAPACITY to improve well-being and MOTIVATION to change. Capacity is the % of respondents who say they can be doing more to improve their health. Motivation is indexed by the percentage who say they can do "a little more" or "a lot more." You can compare your community profile to a larger community benchmark – and to your own baseline from previous Monitors and/or when you run a follow-up Monitor™ in the future.

**INDIVIDUAL vs. COMMUNITY EFFICACY.** We provide you with insights into your respondents' capacity to improve their INDIVIDUAL well-being, as well as your community's belief that it can influence well-being on a community-level.



## What Your Community Can Do

Create experiences for mastery using small achievable goals and cooperative learning strategies. Progress creates positive cycle of success. Reflect on accomplishments, and recognize strengths you already have to achieve new goals.

Highlight stories of people similar to your community who have succeeded and sustained their efforts. People learn by observing others, especially role models. Influential people make a difference—parents, leaders, teachers, etc. Hearing 'we can do it' strengthens our beliefs that we have what it takes.

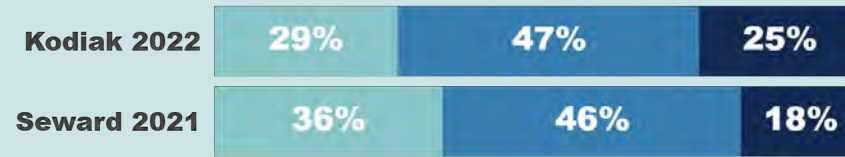
Create nurturing environments—emotions influence self-efficacy. Stress, anxiety, and depression have a 'negative' interpretation from society. Recognize emotions as normal and okay, while also working to address anxiety, depression and negative perceptions.

Create vision boards or other visual imagery, to influence self-efficacy through 'imagination experiences'.

*\*Self-efficacy beliefs determine how people feel, think, motivate themselves and behave -a sense of mastery over yourself, confidence to affect life's challenges, and abilities to control your environment. Self-efficacy has been linked to well-being and strengths processes, such as resilience, in past studies and is considered a basic human need.*

When it comes to maintaining or improving your health, which of these statements best describes you. I could be doing: (16)

**DISTRIBUTION**



- I can do a lot more
- I can do a little more
- I am doing as much as I can

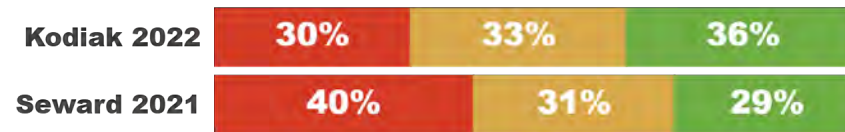
**Key Findings**

75% say they can do more; 25% are doing all they can.

- The number who say they can "do more" is significantly lower in Kodiak 2022 than it was in Seward 2021.

If I made up my mind to try, I could have a significant influence on decisions being made in my community (7c)

**DISTRIBUTION**



- Not
- Somewhat
- Exactly

**Key Findings**

- Two-thirds of Kodiak residents strongly believe they can influence their community. This is significantly higher than the 29% who said the same in Seward 2021.

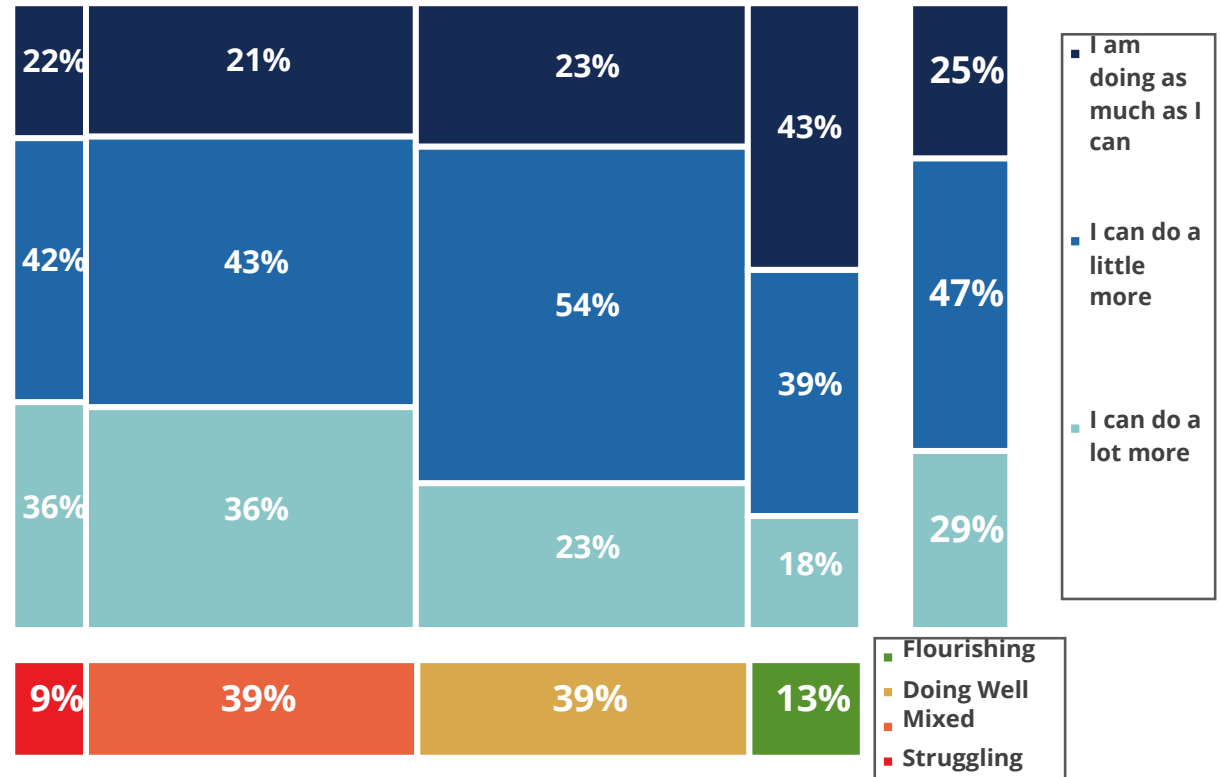
# Your Can-DO™ Profile By Well-being Level

The Can-Do Grid™ reveals the capacity and motivation of your community members to improve their health at every level of well-being, from STRUGGLING to FLOURISHING

Kodiak Island Borough residents the highest capacity/motivation in the MIXED and STRUGGLING well-being segments -- where your community needs it most -- but strong motivation to do more is down relatively low in all segments.



Your Can-DO Grid shows room for improvement across the board.



# Cantril's Ladder

The Cantril Self-Anchoring Scale, developed by pioneering social researcher Dr. Hadley Cantril in 1965, is a well validated and widely used measure of general well-being, including Gallup's World Poll of more than 150 countries, representing more than 98% of the world's population, and Gallup's in-depth daily poll of America's well-being (Gallup-Sharecare Well-Being Index; Harter & Gurley, 2008).

- The “Cantril’s Ladder” questions correlate with multiple indicators of well-being on this survey.
- Compared to the HWBM Core4™ Index, Cantril’s Ladder scores generally are not as strongly correlated with a range of health and well-being indicators.
- Inclusion of the Cantril’s results adds a comparative, independent measure to your results and serves to further validate the strength of the Health & Well-being Monitor Core4™ Well-being Index and survey.
- **Based on Gallup groupings, your residents are most likely to fall at the low margin of the “THRIVING” category.**

Further description of the Cantril’s Ladder Scale from Gallup follows here:

Analyses of data from different regions of the world make it clear that the general tendency is for respondents to provide more optimistic views of the next five years than the present. This is the case for respondents in most countries, with a few exceptions. Based on statistical studies of the ladder-present and ladder future scale and how each relates to other items and dimensions as outlined above, Gallup formed three distinct (and independent) groups, for summary purposes:

**THRIVING:** Well-being that is strong, consistent, and progressing. These respondents have positive views of their present life situation (7+) and have positive views of the next five years (8+). They report significantly fewer health problems, fewer sick days, less worry, stress, sadness, anger, and more happiness, enjoyment, interest, and respect.

***[NOTE: Because a score of 7 is typically below the average score for communities, in this analysis we break out THRIVING further, into THRIVING/LOW (7-8 ratings) and THRIVING/HIGH (9-10 ratings).]***

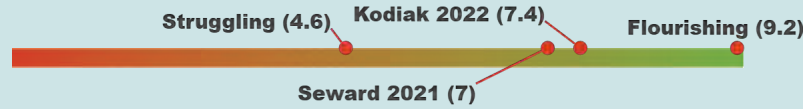
**STRUGGLING:** Well-being that is moderate or inconsistent. These respondents have moderate views of their present life situation OR moderate OR negative views of their future. They are either struggling in the present, or expect to struggle in the future. They report more daily stress and worry about money than the “thriving” respondents, and more than double the amount of sick days. They are more likely to smoke, and are less likely to eat healthy.

**SUFFERING:** Well-being that is at high risk. These respondents have poor ratings of their current life situation (4 and below) AND negative views of the next five years (4 and below). They are more likely to report lacking the basics of food and shelter, more likely to have physical pain, a lot of stress, worry, sadness, and anger. They have less access to health insurance and care, and more than double the disease burden, in comparison to “thriving” respondents.

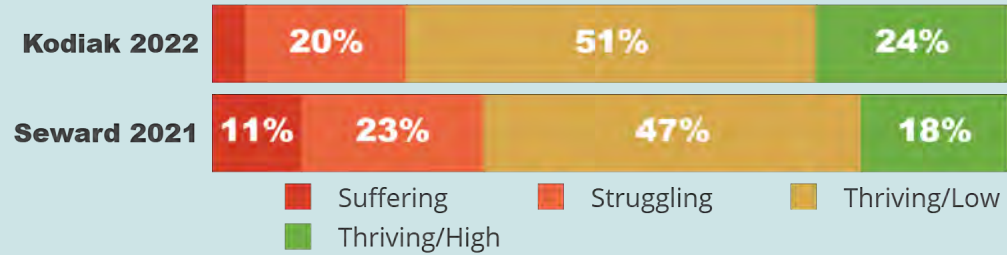


Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. (C1)

### AVERAGE (0-10)



### DISTRIBUTION



### Key Findings

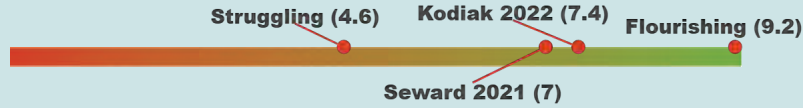
**Average score: 7.4.**

- Most Kodiak residents are thriving, (75%). However, this leaves a quarter who are struggling or suffering.
- Kodiak 2022 performs significantly better on this measure than Seward 2021 residents.

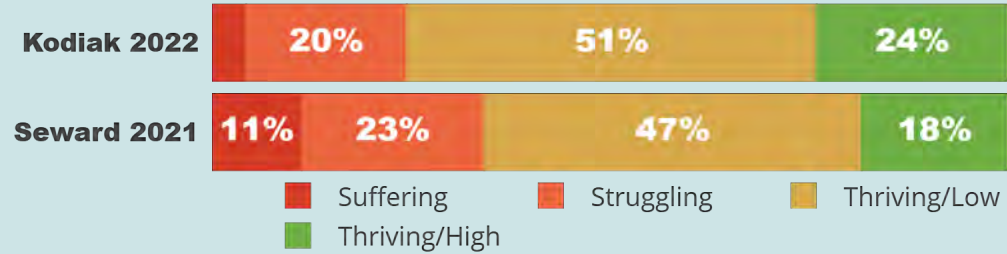


Imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. (C1)

### AVERAGE (0-10)



### DISTRIBUTION



### Key Findings

**Average score: 7.4.**

- Most Kodiak residents are thriving, (75%). However, this leaves a quarter who are struggling or suffering.
- Kodiak 2022 performs significantly better on this measure than Seward 2021 residents.



## Dimension 1

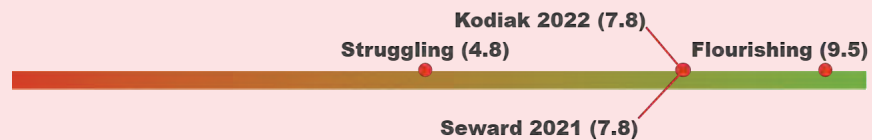
# Relationships & Social Connections

Healthy relationships are vital to health. Strong family ties, friendships, and partnerships can increase our sense of security, self-esteem, and belonging and provide a buffer against stress, anxiety, and depression. Low social connection is linked to declines in physical health, healing and mental health.

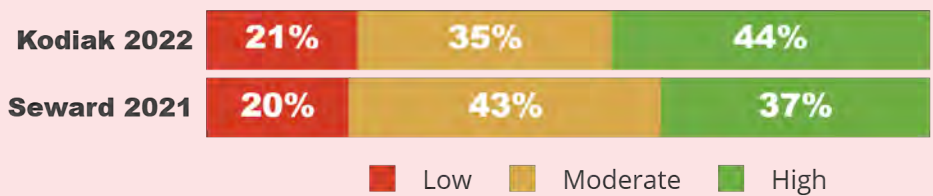


How satisfied are you with your relationships with other people? (6g)

### AVERAGES (0-10)



### DISTRIBUTION



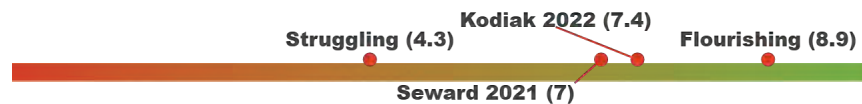
### Key Findings

Average score: 7.8

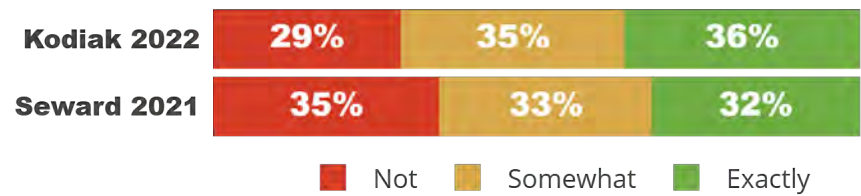
- 44% of Kodiak residents report high satisfaction with their relationships with other people, leaving a majority (56%) who are only somewhat or not satisfied.
- Significantly more Kodiak 2022 residents have high satisfaction with their personal relationships, versus Seward 2021.

I feel like I am part of a community / sense of belonging. (7e)

### AVERAGES (0-10)



### DISTRIBUTION



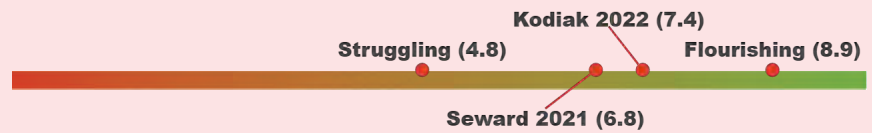
### Key Findings

Avg score: 7.4

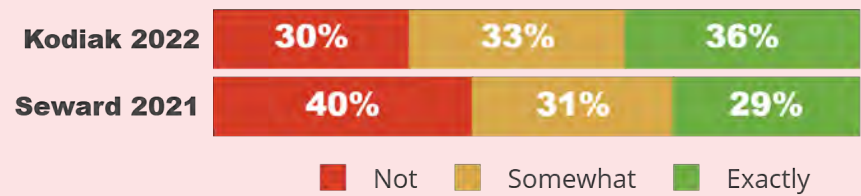
- A third of residents feel strongly that they are part of a community, leaving two thirds who are only somewhat or not.

**Q** If I made up my mind to try, I could have a significant influence on decisions being made in my community. (7c)

### AVERAGES (0-10)



### DISTRIBUTION



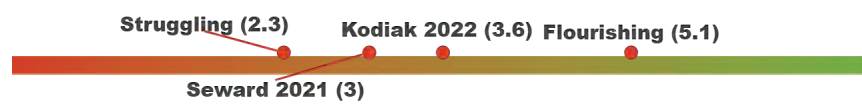
### Key Findings

**Avg score: 7.4**

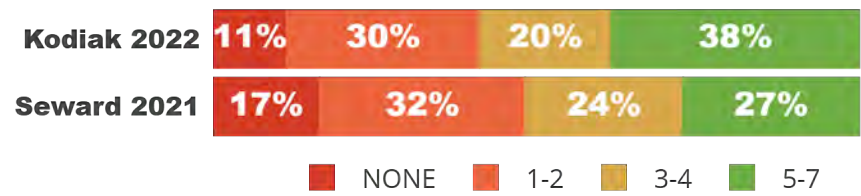
- As in other areas of relationships and social connections, a majority do not feel strongly that they can influence community decisions.
- However, community efficacy is higher in Kodiak 2022 than in Seward 2021.

**Q** In the last week, how many days did you: Get together with family and friends? (14f)

### AVERAGES (Days/week)



### DISTRIBUTION



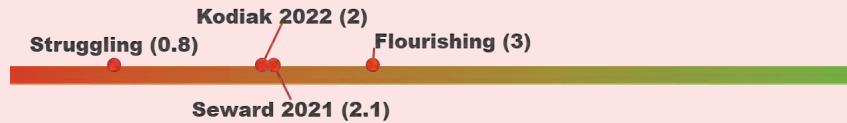
### Key Findings

**Average: 3.6 days/week**

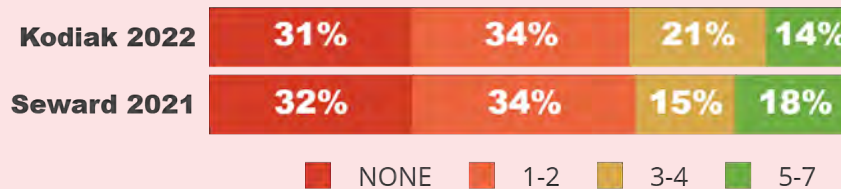
- Kodiak residents engage with family and friends 3.6 times per week. Only 11% don't engage at all.

In the last week, how many days did you: Talk with your neighbors? (14b)

### AVERAGES (Days/week)



### DISTRIBUTION

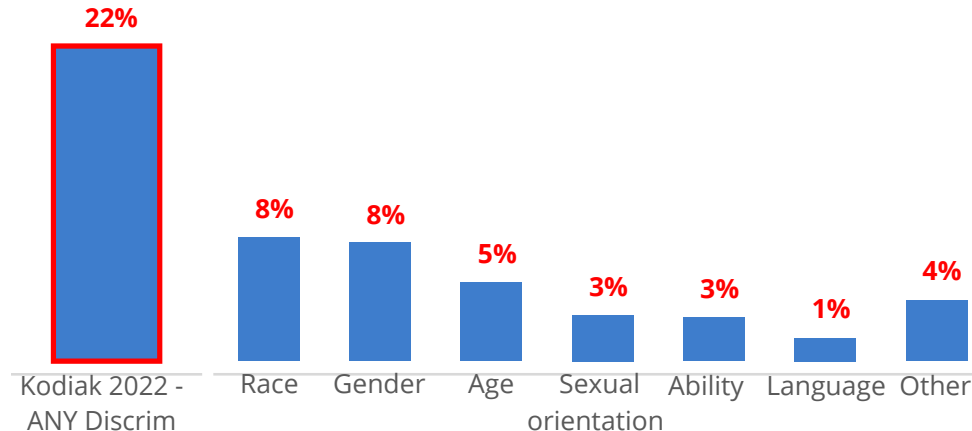


### Key Findings

**Average: 2.0 days/week**

- Engagement with neighbors trails seeing family and friends, with Kodiak residents talking with the neighbors on average 2 times per week (versus 3.6 times visiting friends and family).
- Nearly a third of residents never engage with their neighbors.

During the past 12 months, have you personally experienced discrimination or been treated unfairly for any reason including your race, ethnic background, gender, or sexual orientation? (8a)



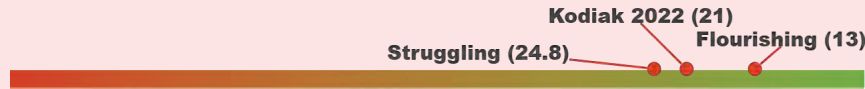
### Key Findings

**22% experienced discrimination in 2022, with racial and gender discrimination the most common forms**

- Hispanics were the most likely to experience discrimination in the Kodiak community (55%).

How often do you feel like you are discriminated against? (q81)

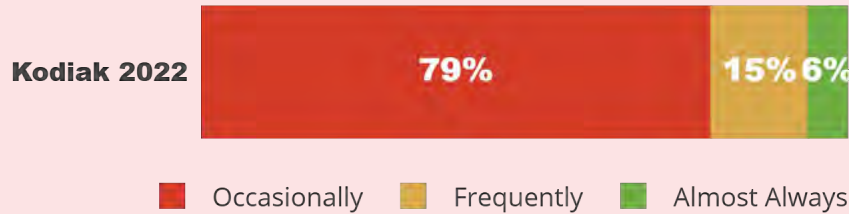
### AVERAGES (% "Freq/Almost Always")



### Key Findings

- Discrimination happens almost always/frequently to 21% of those who have experienced discrimination in the past year. To most it happens occasionally (79%).

### DISTRIBUTION



Compared to the year before, did you experience more or less discrimination this year? (q82)

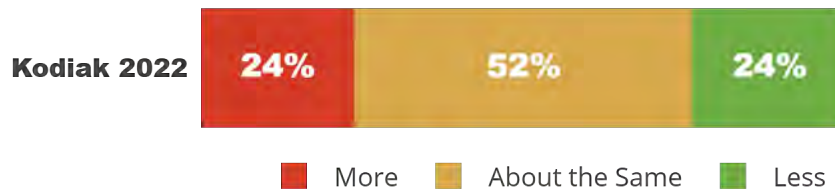
### AVERAGES (% "More")



### Key Findings

- For 24% of Kodiak residents who have experienced discrimination in the past year, discrimination is down from last year; similarly, for 24% discrimination is up.

### DISTRIBUTION





## Dimension 2

# Mental, Emotional & Spiritual Health

Recognizing your own and others' emotions and responding appropriately makes a difference. It is the ability to cultivate positive thoughts, practice self-compassion, express emotions and consciously choose your responses; including, engaging in support systems to help cope. A strong sense of spirituality provides important benefits to health. It is linked with a sense of meaning and purpose which offers a sense of direction, shapes goals, influences behavior, and provides comfort during life's challenges.

Rate your emotional well-being. (6e)

### AVERAGES (0-10)

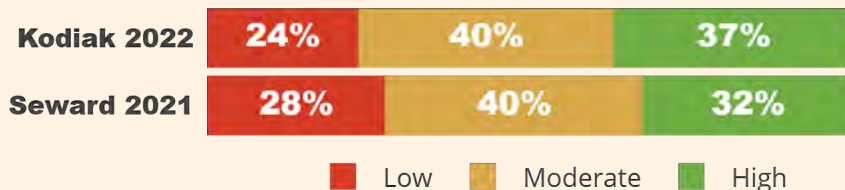


### Key Findings

Average score: 7.6

- Emotional well-being is high among a third of Kodiak 2022 residents, but a quarter report that it is low. This is similar to Seward 2021.

### DISTRIBUTION



Religion or spirituality is important to me. (7a)

### AVERAGES (0-10)

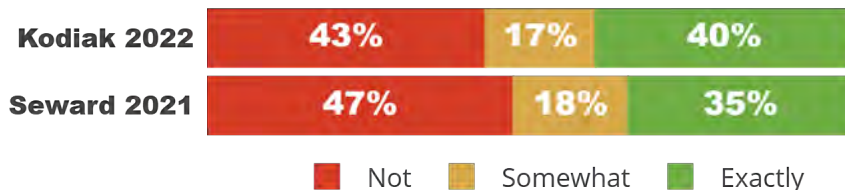


### Key Findings

Avg score: 6.4

- Nearly half of Kodiak 2022 residents report that religion and spirituality is not important to them, but nearly as many say that it is very important.

### DISTRIBUTION

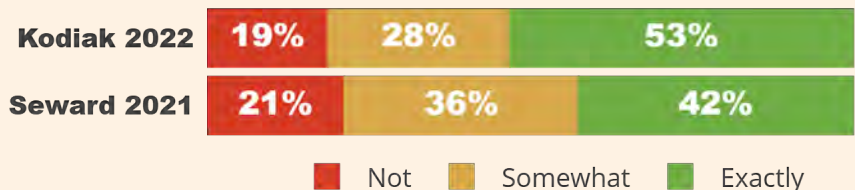


I have a sense of purpose and meaning in my life (7b)

### AVERAGES (0-10)



### DISTRIBUTION



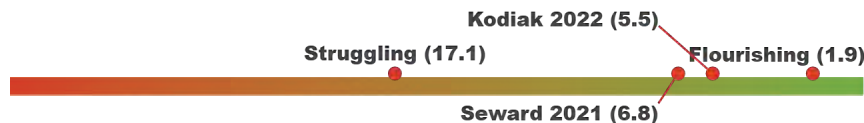
### Key Findings

**Average score: 7.8 (strong)**

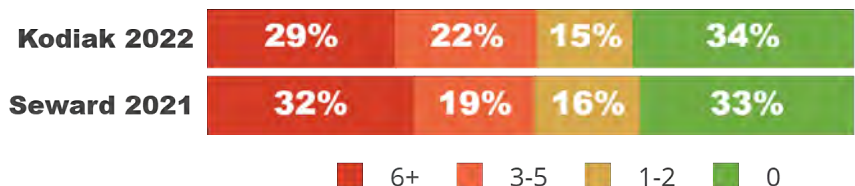
- A majority (56%) of Kodiak residents have a strong sense of purpose and meaning in their lives. In fact, this is the well-being metric where residents score highest.
- Kodiak 2022 outperforms Seward 2021 in this measure.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (12)

### AVERAGES (Days/month)



### DISTRIBUTION



### Key Findings

**Average: 5.5 days/month**

- About two thirds of residents experiences at least 1 poor mental health day per month.
- While the majority report fewer than 6 poor mental health days, some 29% report having mental health struggles more than 6 times per month. This is similar to Seward 2021.



### Dimension 3

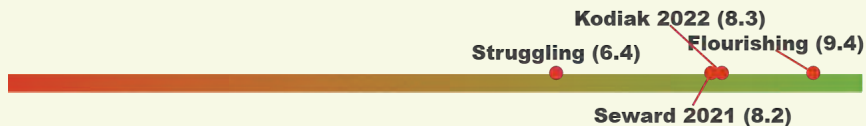
# Neighborhood & Environment

In important ways, your location defines your health. Safe, connected, walkable neighborhoods with access to nutritional food, good education for children, and human services make it easier to enjoy well-being. Being in nature not only makes you feel better emotionally, it contributes to your physical well-being. It soothes, restores and connects. People who live near parks and natural areas are more physically active, live longer, and these open spaces draw people together, enhancing social connections.



Rate the neighborhood you live in. (6a)

AVERAGES (0-10)

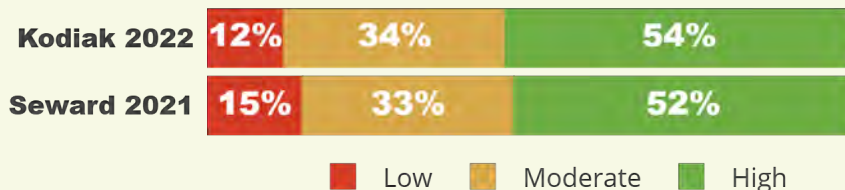


Key Findings

Avg score: 8.3

- Slightly more than half of Kodiak residents rate their neighborhood positively, similar to Seward 2021 residents.
- Neighborhood is an area where Kodiak residents score their health and well-being most highly. However, there is room for improvement here.

DISTRIBUTION



I feel safe in my community. (7fa)

AVERAGES (0-10)

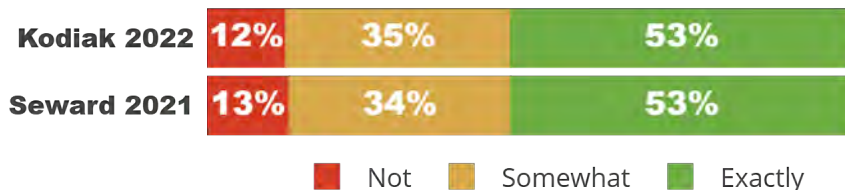


Key Findings

Average: 8.3

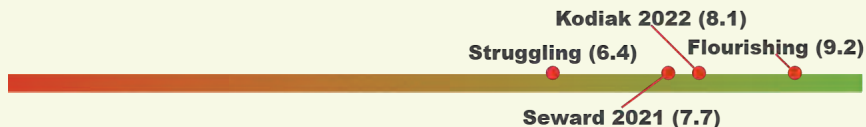
- As in Seward 2021, more than half in Kodiak feel strongly that their community is safe. However, that leaves a large minority who don't agree completely, and 12% who don't agree at all.

DISTRIBUTION

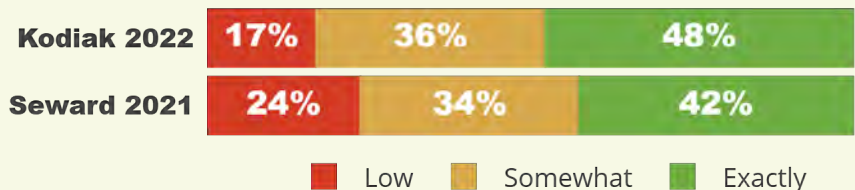


My community is a good place to raise children. (7g)

### AVERAGES (0-10)



### DISTRIBUTION



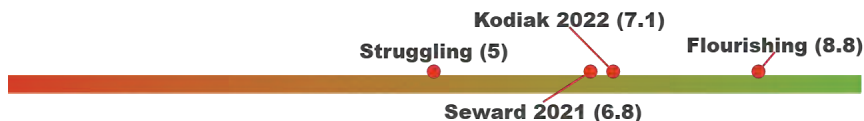
### Key Findings

Avg score: 8.1

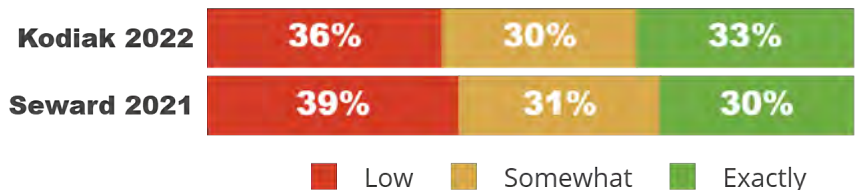
- Nearly half agree strongly that the Kodiak community is a good place to raise children, more than said the same about Seward in 2021.
- However, half in Kodiak also see room for improvement in this area.

My community is a good place to grow old (7h)

### AVERAGES (0-10)



### DISTRIBUTION



### Key Findings

Average: 7.1

- Across neighborhood measures, Kodiak residents are least likely to believe that their neighborhood is a good place to grow old. In fact, more disagree strongly (36%) than agree strongly (33%).



#### Dimension 4

# Work, Learning & Growth

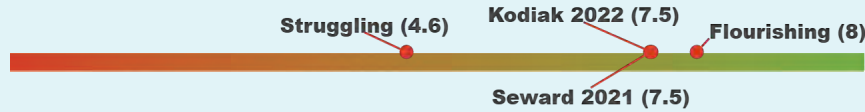
Employment, education and opportunities for personal growth are bedrocks of well-being.

Using available resources to develop and create opportunities that resonate with your unique gifts, skills, and talents contributes to meaning and purpose, and helps you remain active and involved throughout life.

Education is deeply connected with well-being. Opportunities for ongoing growth brings a sense of purpose and meaning. A work life or career consistent with your personal values, interests, beliefs and balances both work and can contributes greatly to all six dimensions of well-being.

**Rate your work or job (poor-excellent). (6d)**

**AVERAGES (0-10)**

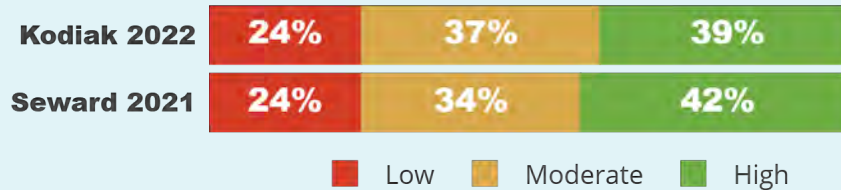


**Key Findings**

**Average score: 7.5**

- A majority in Kodiak rate their jobs less than excellent, particularly those earning less income. However, 2 in 5 rate their work highly. These results are similar to Seward 2021.

**DISTRIBUTION**



**Rate your opportunities for learning and growth (poor-excellent). (6h)**

**AVERAGES (0-10)**

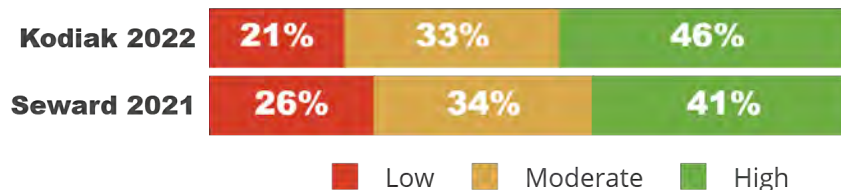


**Key Findings**

**Average score: 7.9**

- Kodiak residents rate their opportunities for learning and growth more highly than they do their current jobs: 46% rate this highly. However, a majority (54%) feel they have only low or moderate opportunities in this area. These results are similar to Seward 2021.

**DISTRIBUTION**



**Q** Are you without a stable job, or do you need help getting a better job? (9e)

**AVERAGES (% of responses)**

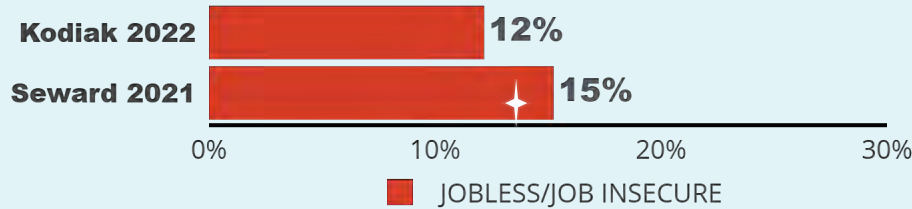


**Key Findings**

Overall: 12%

- Some 12% are Job Insecure, statistically similar to 15% in Seward 2021.

**DISTRIBUTION**



**Q** Do you need additional education or training to get the job and income you need? (9f)

**AVERAGES (%)**

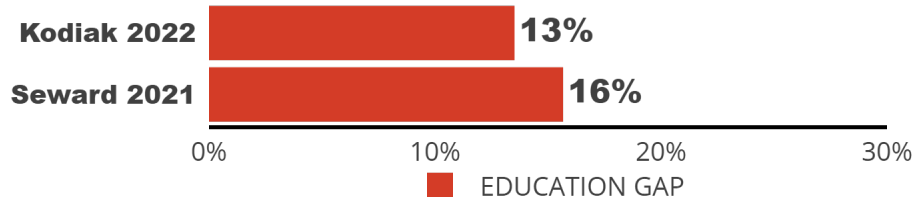


**Key Findings**

Overall: 13%

- Some 13% desire additional education or training, similar to 16% in Seward 2021.

**DISTRIBUTION**





Dimension 5

# Security & Basic Needs

Having enough, and freedom from worry. We need enough money for food, rent or mortgage, health care, medical bills and basic expenses of daily living. Lack of access to basic needs and personal safety are linked at all stages of life to physical and mental illness, post-traumatic stress, shorter lifespans and poorer quality of life.

The experience of others affects you. 2019 Monitor™ research found that overall community well-being was measurably lower for ALL where rates of homelessness are higher. Research shows that ‘extras’ don’t really contribute to our well-being-unless it is for fun activities and friends, or expenses that match our values.

**I feel secure about my financial future. (7d)**

**AVERAGES (0-10)**

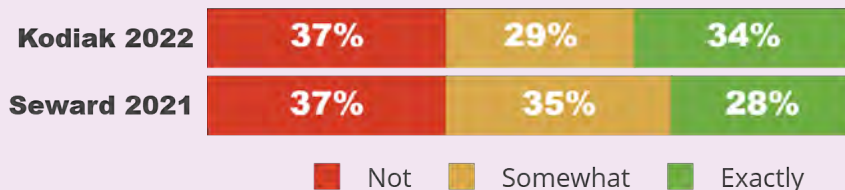


**Key Findings**

**Average score: 7.1**

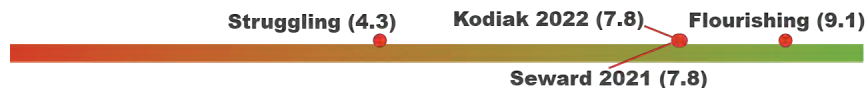
- Most Kodiak residents lack financial security, with more than a third indicating little to no feelings of financial soundness. This is similar to Seward 2021.

**DISTRIBUTION**



**Your ability to meet your basic needs - like food, housing, transportation, safety. (6f)**

**AVERAGES (0-10)**

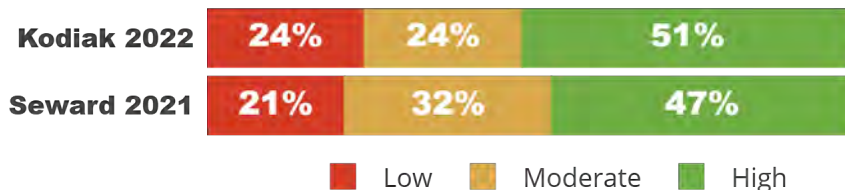


**Key Findings**

**Average score: 7.8**

- As in Seward, however, about half of residents are very able to meet basic needs (51%). However, half score low to moderate on this measure.

**DISTRIBUTION**

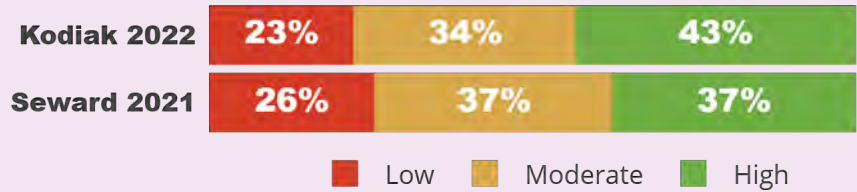


**Rate your ability to get medical care & health info. (6c)**

**AVERAGES (0-10)**



**DISTRIBUTION**



**Key Findings**

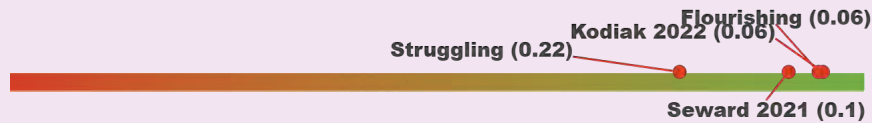
**Average score: 7.8**

- Fewer than half (43%) of Kodiak residents rate their ability to get medical care and health information highly. This is statistically similar to the findings from Seward 2021.



In the past week, how often did you go without a meal due to lack of money? (14e)

### % 1+ DAYS PER WEEK



### DISTRIBUTION



### Key Findings

**Average: 6%**

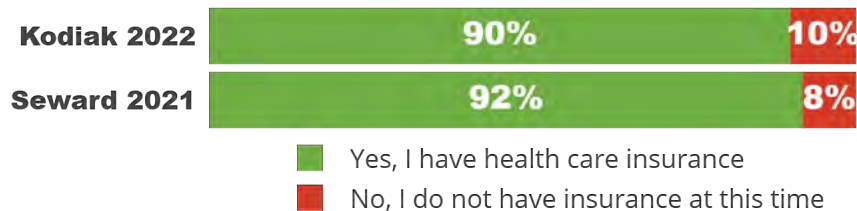
- In good news, few in the Kodiak community go without meals during a typical week (6%). While those who do so tend to be on the younger side, and lower income, all demographic subgroups report some degree of missing a meal due to funds.
- The percent who miss at least one meal on a weekly basis is statistically similar to what was reported in Seward 2021.

The next questions are about health care insurance. (17)

### % HAS HEALTH INSURANCE



### DISTRIBUTION



### Key Findings

**Average: 90%**

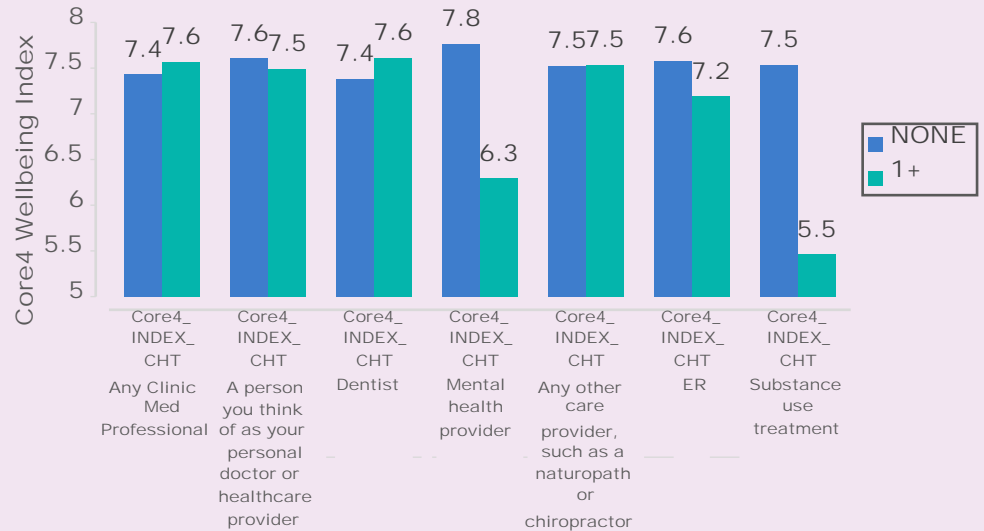
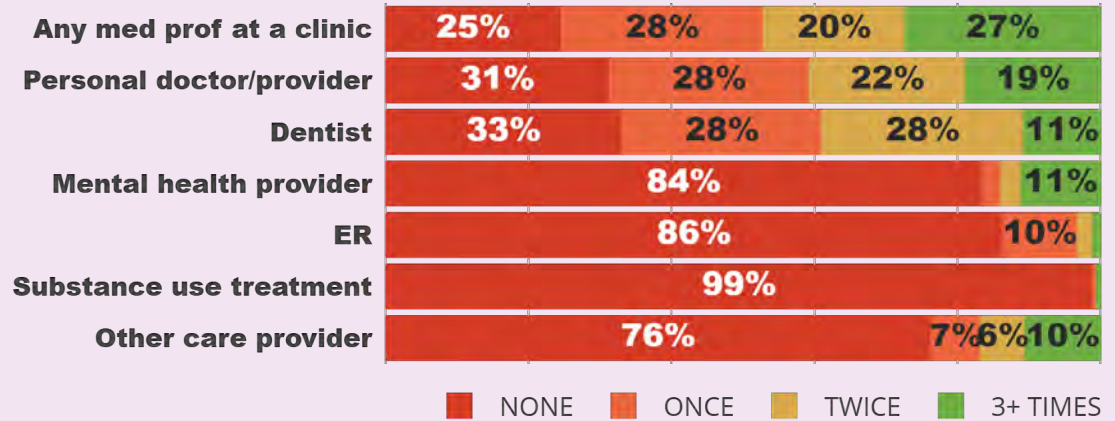
- Nearly all Kodiak residents have health insurance, but 10% do not, which leaves room for improvement in this measure.

**About how many times in the last year- if any - have you visited a healthcare professional? (15)**

**Key Findings**

- Kodiak residents averaged 5.1 healthcare visits in 2022, most commonly visiting a primary care physical, clinical med professional, or dentist. Few sought help for mental health (17%) or substance abuse treatment (2%).
- Core4 Wellbeing scores were influenced by healthcare visits. Those visiting a primary care physician or dentist had the highest well-being scores, while those seeking treatment for substance abuse or mental health conditions were lowest.

**DISTRIBUTION**



# TotalHealth9™ Basic Needs Panel

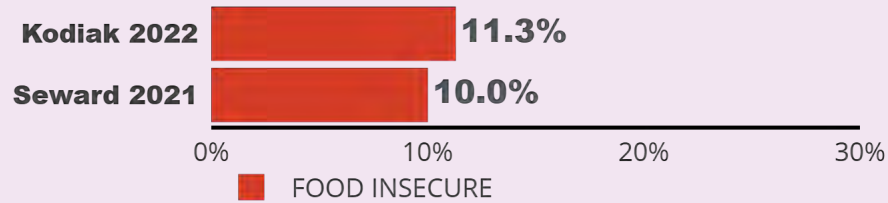
Well-being is elusive if basic needs are not met. These seven basic needs are among the most critical, and correlate with Core4 Well-being levels (see below) and a range of other key well-being indicators. The institute and a range of partners have tracked and addressed these needs for thousands of people through its TotalHEALTH™ community collaboration initiative.

Are you worried that you or others in your home will not have enough food to eat? (9a)

### AVERAGES (%)



### DISTRIBUTION



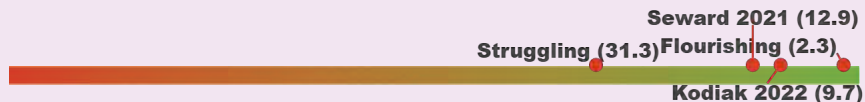
### Key Findings

Overall: 11%

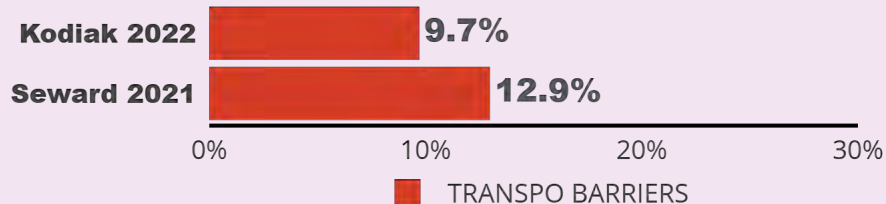
- 11% of Kodiak residents report food insecurity, similar to 10% in Seward 2021.
- 31% of those Struggling are food insecure, vs. 3% of those Flourishing.

Are you worried about getting to work, school, groceries or appointments because you don't have a way to get there? (9b)

**AVERAGES (%)**



**DISTRIBUTION**



**Key Findings**

Overall: 10%

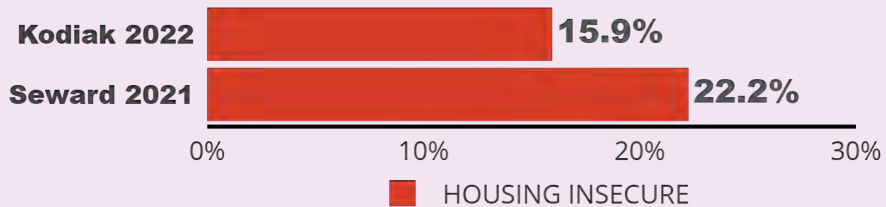
- 10% of Kodiak residents are transportation insecure, statistically similar to 13% in Seward 2021.
- 31% of those Struggling report transportation insecurity, vs. 2% of those Flourishing.

**Are you living without stable housing, currently homeless or worried about losing your housing? (9c)**

**AVERAGES (%)**



**DISTRIBUTION**



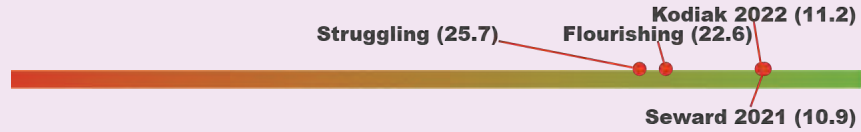
**Key Findings**

**Overall: 16%**

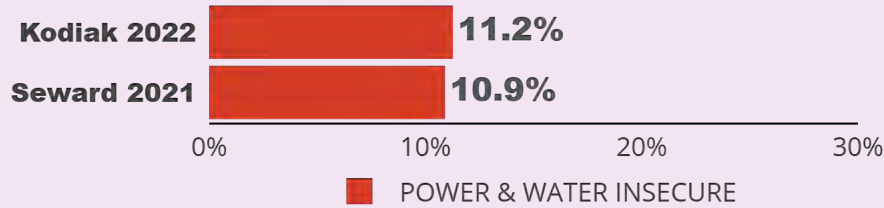
- 16% of Kodiak residents are transportation insecure, lower than the same measure in Seward 2021 (22%).
- Housing insecurity is higher among those Struggling (33%) than those Flourishing (16%), and lowest among those doing well (8%).

Are you unable to pay your power and water bills, or worried that you will not be able to pay your bills? (9c)

**AVERAGES (%)**



**DISTRIBUTION**



**Key Findings**

**Overall: 11%**

- 11% of Kodiak residents are utility insecure, similar to 11% in Seward 2021.
- Due to a higher number of Asians who are Flourishing, but also Utility insecure, utility insecurity is actually nearly the same among those Flourishing (23%) as among those Struggling (20%). It is lowest among those Doing Well (7%).

Are you without a stable job, or do you need help getting a better job? (9e)

**AVERAGES (%)**

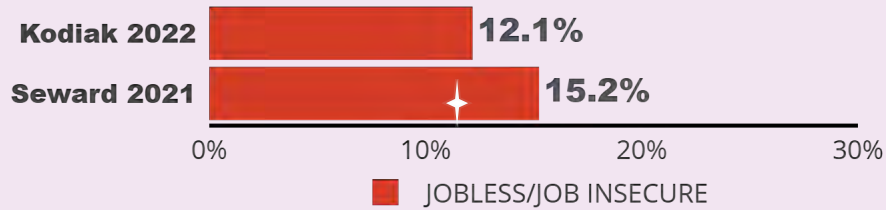


**Key Findings**

Overall: 12%

- 12% of Kodiak residents are job insecure, statistically similar to 15% in Seward 2021.
- 30% of those Struggling report job insecurity, vs. 0% of those Flourishing.

**DISTRIBUTION**

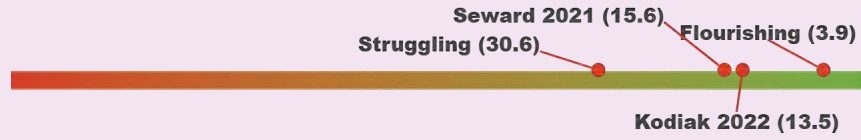


*\*Countywide, job insecurity is 14.8% overall, but 10% among employed persons)*

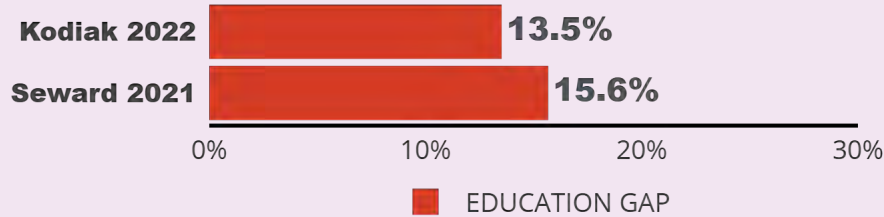


Do you need additional education or training to get the job and income you need? (9f)

**AVERAGES (%)**



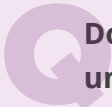
**DISTRIBUTION**



**Key Findings**

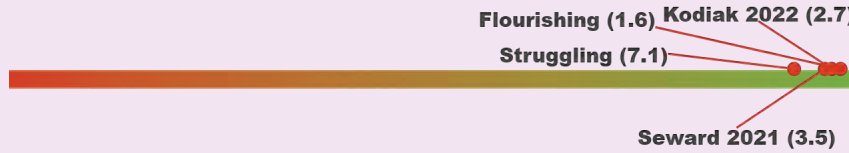
Overall: 14%

- 14% of Kodiak residents are education and training insecure, statistically similar to 16% in Seward 2021.
- 31% of those Struggling report education insecurity, vs. 4% of those Flourishing.

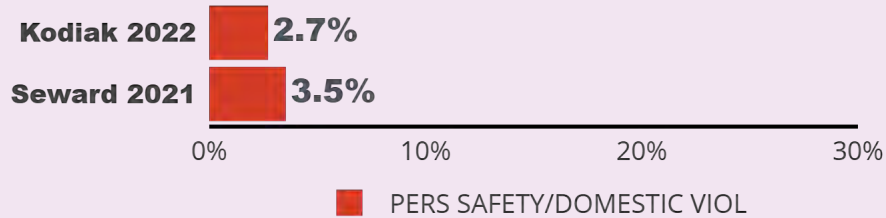


## Do you ever feel unsafe in your relationship or at home? (9g)

### AVERAGES (%)



### DISTRIBUTION



### Key Findings

#### Overall: 3%

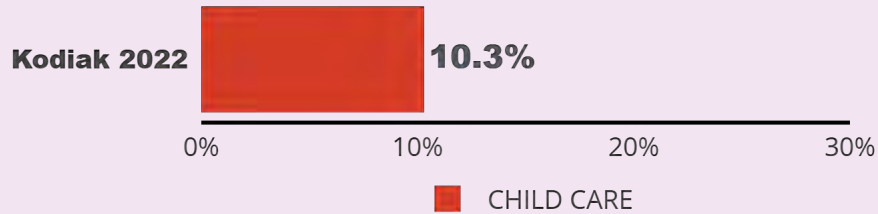
- 3% of Kodiak residents feel unsafe in their personal relationships, statistically similar to 4% in Seward 2021.
- 7% of those Struggling report feeling unsafe, vs. 2% of those Flourishing.

Are you living without stable child care, unable to find good child care, or worried about losing your child care? (9h NEW)

### AVERAGES (%)



### DISTRIBUTION



### Key Findings

Overall: 10%

- 10% of Kodiak residents are insecure about child care.
- 14% of those Struggling report insecurity with child care, vs. 5% of those Flourishing.



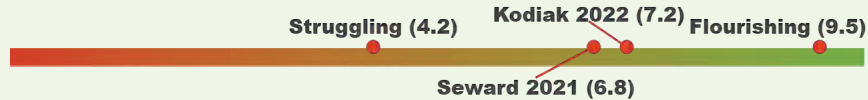
Dimension 6

# Physical Health

Physical health is both a state of being and a practice. Behaviors such as diet, exercise, sleep and stress have a profound effect on disease conditions and well-being. Physical health is also directly linked to hygiene routines, use of tobacco, alcohol and other drugs, the use of personal protective equipment, workplace safety and following safety guidelines, not taking unnecessary risks and the wise use of healthcare resources, including regular checkups and recommended screenings.

Rate the current state of your physical health. (6b)

### AVERAGES (0-10)

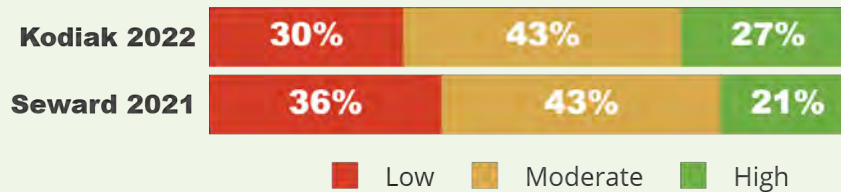


### Key Findings

Average score: 7.2

- The state of one's physical health is an area where Kodiak residents rate themselves most poorly: only 27% rate themselves highly, 43% moderate, and 30% low.
- These findings are similar to Seward 2021.

### DISTRIBUTION



In the last week, how many days did you sleep at least 7 hours? (14d)

### AVERAGES (Days/week)

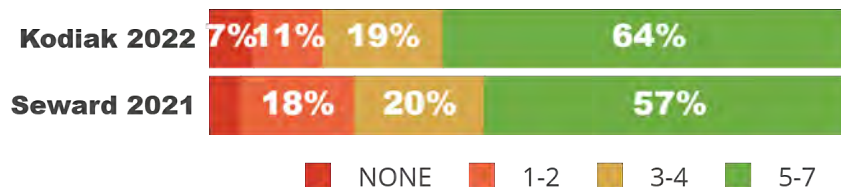


### Key Findings

Average: 4.7 days/wk

- Most (64%) Kodiak residents report 5-7 nights per week with 7+ hours of sleep. However, 18% achieve fewer than 2 nights a week with 7 hours of sleep.

### DISTRIBUTION

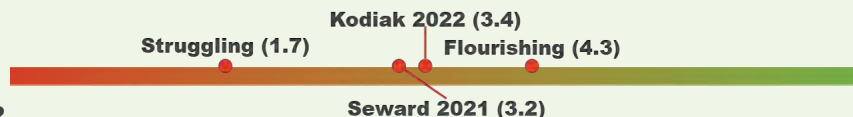


CDC guidelines:  
7+ hours every night

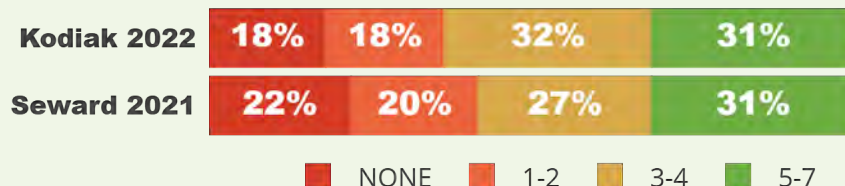
In the last week, how many days did you eat 5 servings of fresh vegetables & fruit? (14a)

CDC guidelines:  
Adults: 1.5-2 cup equivalents of fruits and 2-3 cup equivalents of vegetables per day.

### AVERAGES (Days)



### DISTRIBUTION



### Key Findings

Average: 3.4 days/wk

- Similar to Seward 2021, Kodiak residents eat 5 servings of fresh fruits and vegetables about half of the days of the week.

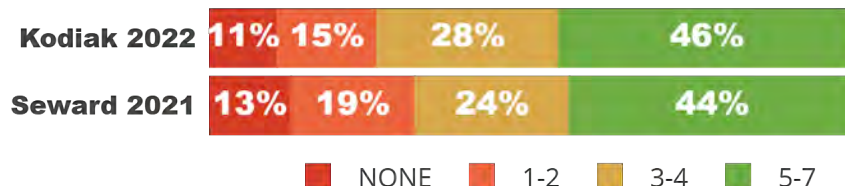
How many days in the past week did you walk or exercise 30 minutes or more? (14c)

CDC guidelines:  
Adults 5+ days/week

### AVERAGES (Days)



### DISTRIBUTION



### Key Findings

Average: 4.0 days/week

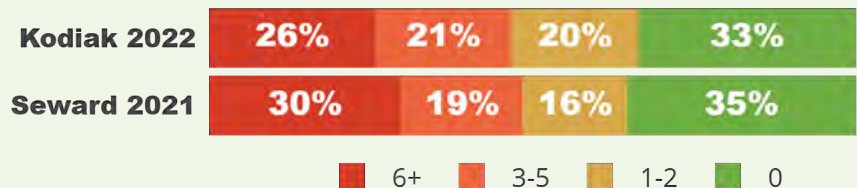
- Kodiak residents lag on physical activity, which can impact overall physical health well-being: fewer than half (46%) achieve 5+ days of exercise per week.

Poor physical health days/month: Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (11)

### AVERAGES (Days/month)



### DISTRIBUTION



### Key Findings

**Average: 5.5 days/month**

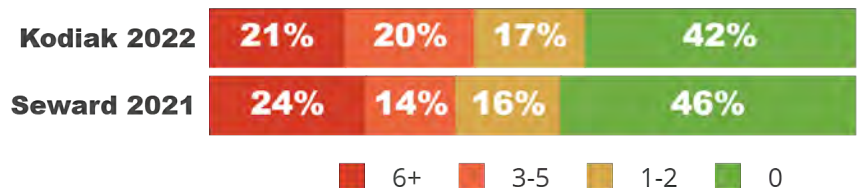
- Some 66% of Kodiak residents have at least 1 poor physical health day each month (similar to Seward 2021).

Debilitating health days/month: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (13)

### AVERAGES (Days/month)



### DISTRIBUTION



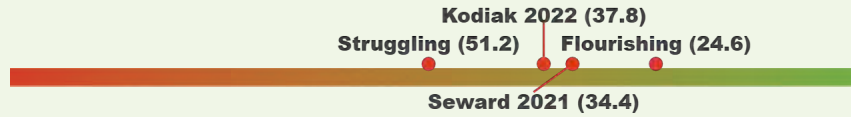
### Key Findings

**Average: 4.5 days/month**

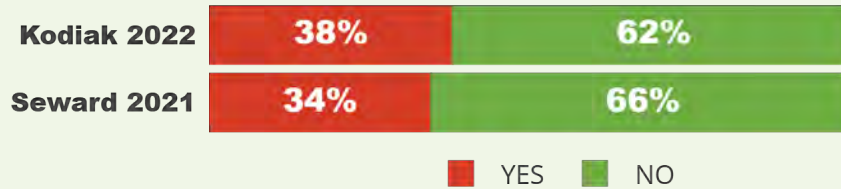
- A majority (58%) of Kodiak residents have at least 1 debilitating health day each month (similar to Seward 2021).

Do you have a medical or health condition that requires treatment or special care? (18)

### AVERAGES (%)



### DISTRIBUTION



### Key Findings

Overall: 38%

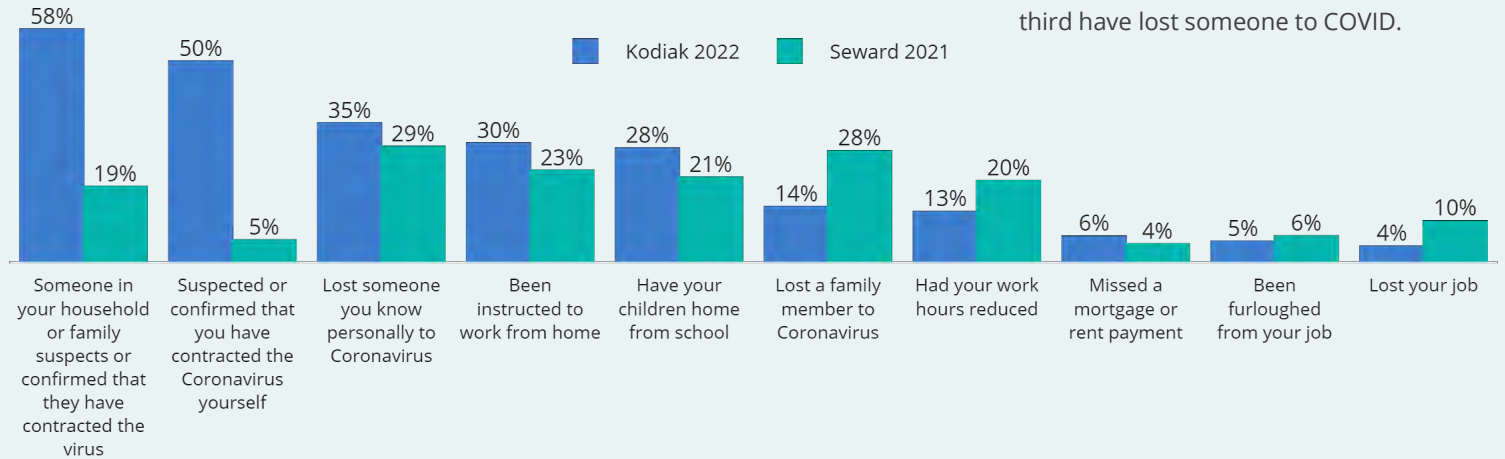
- Slightly more than a third of Kodiak residents have a medical or health condition that requires treatment or special care (similar to Seward 2021).



# Tailored Questions

The Health & Well-being Monitor is designed to incorporate a comprehensive set of well-being indicators, along with tailored questions that are relevant at the local level.

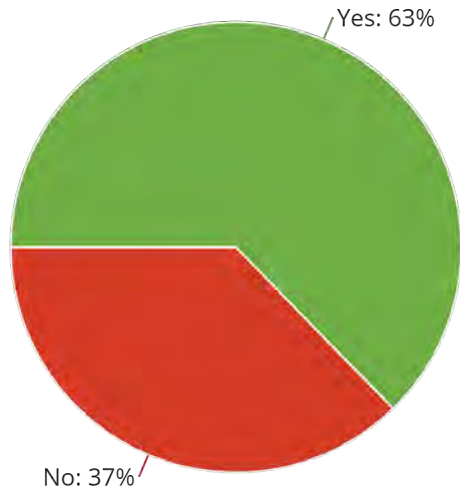
**Which of the following have you experienced since the beginning of the Coronavirus pandemic (A2)**



**Key Findings**

The number who have contracted the Coronavirus is up significantly from 2021 in Seward, as are household infection rates. A third have lost someone to COVID.

**Have you had any health screenings in the past year? (A113)**

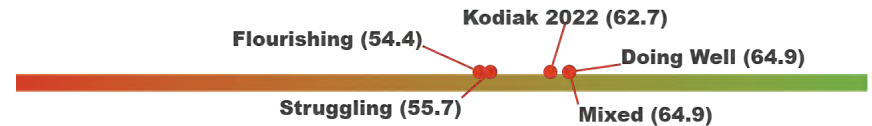


**Key Findings**

**Overall: 63%**

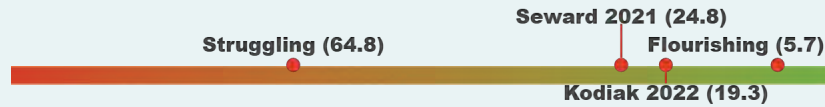
- A majority stayed on top of annual health screening last year, but a third did not.

**AVERAGES (% of responses)**

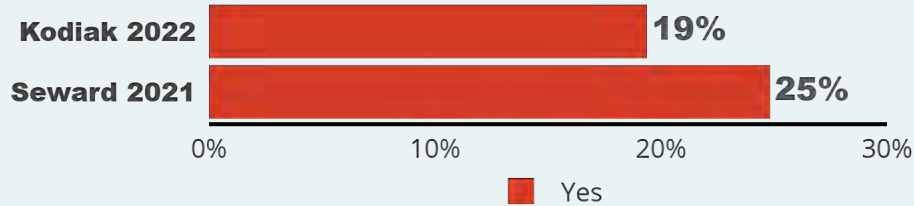


**Q** In the past 12 months, do you feel like you needed mental health services or substance abuse treatment? (A106)

**AVERAGES**



**DISTRIBUTION**

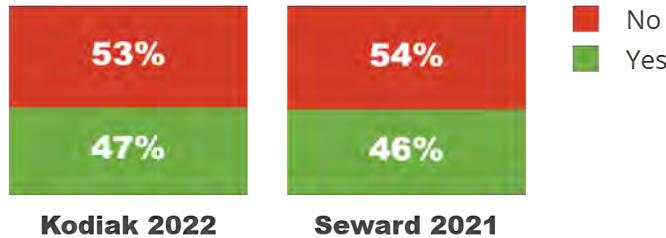


**Key Findings**

Overall: 19%

- About 1 in 5 felt they needed mental health services or substance abuse treatments in the past year. This is lower than in Seward 2021 (1 in 4).

**Q** Were you able to get the services you needed? (A107)

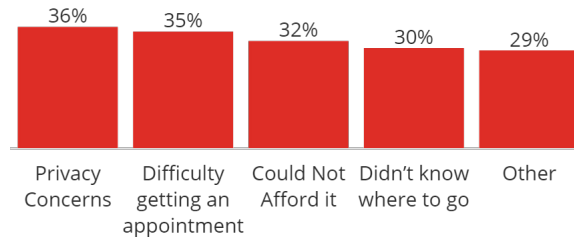


**Key Findings**

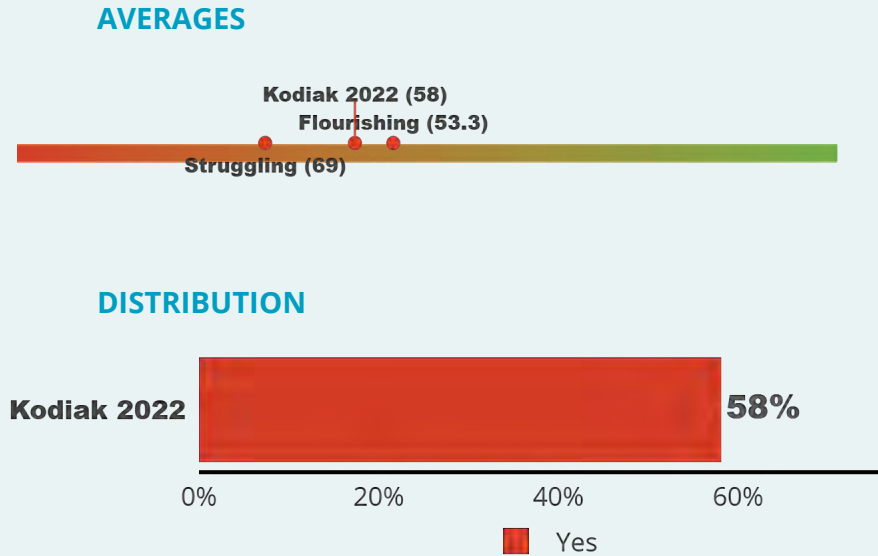
Overall: 47% were able to get services

- Half of those who needed mental health or substance abuse treatment services were unable to get them. The top barriers were privacy concerns, difficulty getting an appointment, or not being able to afford it.

**Q** Why were you not able to get the services you needed (Kodiak)? (A108)



**Q** In the past 12 months, do you feel like you needed services from a person you think of as your personal doctor or healthcare provider? (A1061)



**Key Findings**

**Overall: 58%**

- More than half feel they needed services from a personal doctor or healthcare provider in the past year.

**Q** Were you able to get the services you needed from a personal doctor or healthcare provider? (A1071)

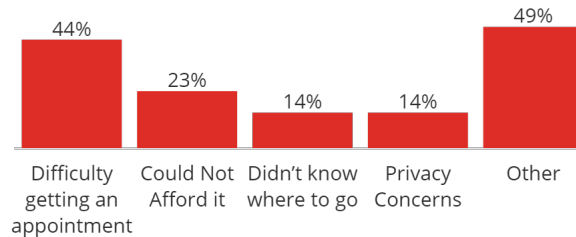


**Key Findings**

**Overall: 87% were able to get treatment**

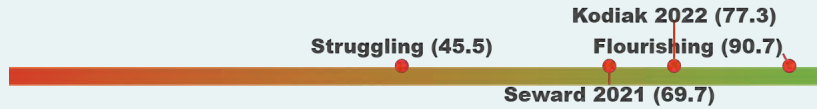
- In contrast to mental health and substance abuse treatment, most who needed their doctor's care were able to get it. The main barriers among those who were not able include difficulty getting an appointment and cost.

**Q** Why were you not able to get the services you needed (Kodiak)? (A1081)



**Q** If you were sick, could you easily find someone to help you with daily chores? (A111)

**AVERAGES**

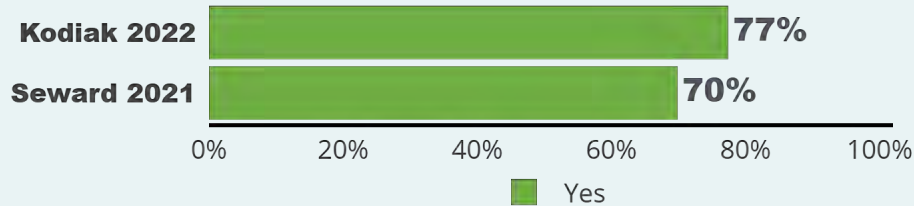


**Key Findings**

Overall: 77%

- Most have someone who can help them with daily chores if they fall ill.

**DISTRIBUTION**



**Q** Do you smoke tobacco products, e-cigarettes or use smokeless tobacco? (A112)

**AVERAGES**

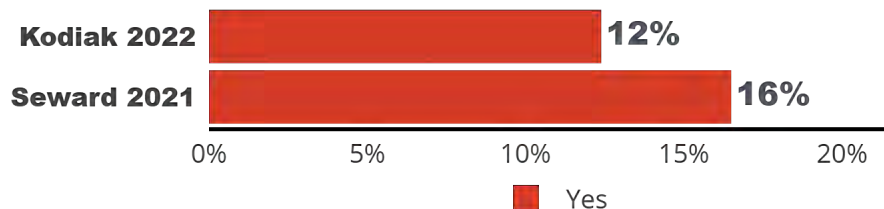


**Key Findings**

Overall: 12%

- Slightly more than 1 in 10 Kodiak residents smokes tobacco products or uses smokeless tobacco.

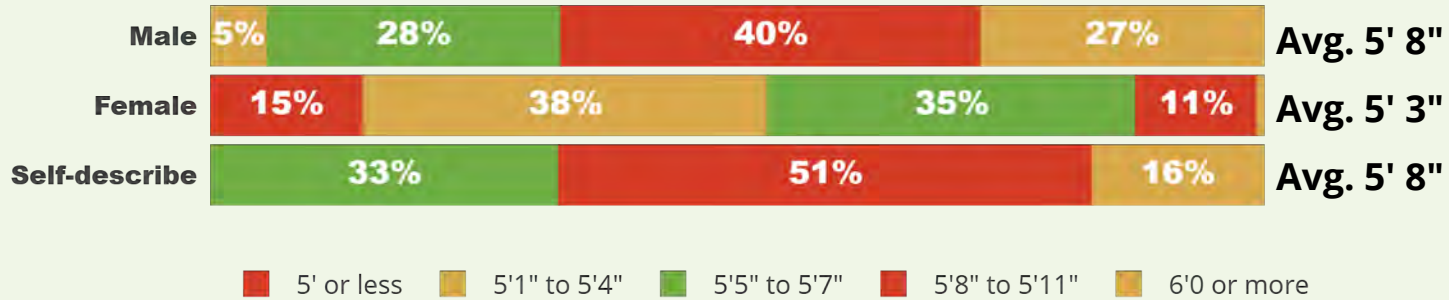
**DISTRIBUTION**



**How tall are you?**  
(v13)

**Key Findings**  
Average score: Men: 5' 8"; Women: 5' 3"

**DISTRIBUTION**

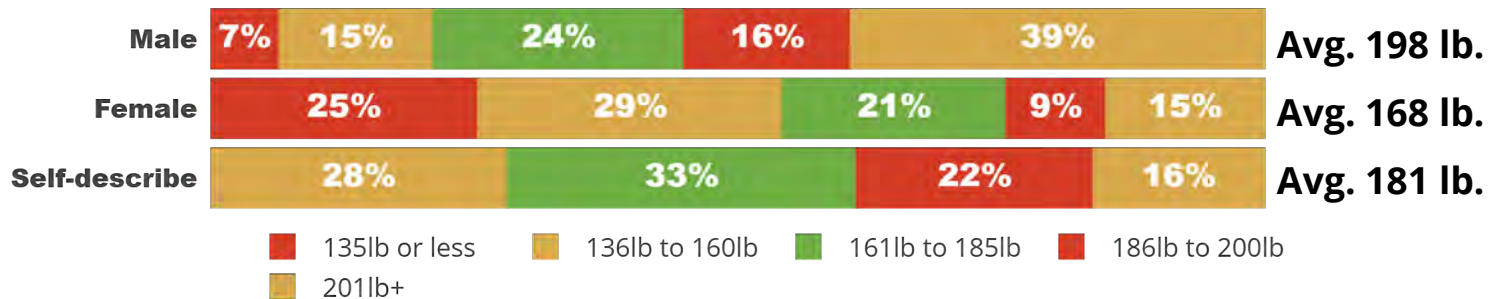


Self-Describe Low Base Size (n=4)

**How much do you weigh?** (v14)

**Key Findings**  
Average score: Men: 198 lb.; Women: 168 lb.

**DISTRIBUTION**



Self-Describe Low Base Size (n=4)

# Appendices





# APPENDIX A: Kodiak 2022 Health & Well-being Monitor™ survey methods and data

**PRIMARY STUDY OBJECTIVES.** The 2022 Kodiak survey had the following objective:

- Collect data to inform decisions about Kodiak well-being priorities for 2022

**SURVEY RESPONSES & MARGIN OF ERROR.** 632 Kodiak residents participated in the 2022 survey. The survey results have a  $\pm 5\%$  margin of error at the 95% confidence level.

**FIELDING DATES.** Q2 2022

**DATA COLLECTION.** Convenience sampling with online data collection.

**BENCHMARK RESULTS.** A hallmark of the HWBM™ is providing our clients with the most recent available community-wide benchmarks for comparison. The 2022 results are compared to:

- **Seward 2021:** Results from the Seward 2021 survey, fielded in Q2 2021 (n=644), with a  $\pm 5\%$  margin of error at the 95% confidence level.

**DATASETS & SAMPLE WEIGHTING USED FOR THIS REPORT.** Data from all surveys were weighted to reflect Kodiak demographics by gender, age, race/ethnicity, and income





# APPENDIX B: 2022 Kodiak Health & Well-Being Monitor Weighting & Profile

Data were weighted to reflect population distributions across: Gender, Age, Race, and Income

## Unweighted Proportions

### Gender

%	⇄ Kodiak 2022 ↑
Male	29.7%
Female	69.7%
Self-describe	.6%

### Age

%	⇄ Kodiak 2022 ↑
18-24	2.9%
25-34	16.0%
35-44	19.8%
45-54	16.7%
55-64	21.0%
65-74	15.7%
75+	7.9%

### Race

%	⇄ Kodiak 2022 ↑
White only	73.0%
Asian/PI only	8.6%
Am. Indian/AK Native only	7.5%
Biracial/other	10.8%

### Income

%	⇄ Kodiak 2022 ↑
<\$25k	8.6%
\$25k-\$49.9k	15.3%
\$50k-\$74.9k	17.8%
\$75k-\$99.9k	18.1%
\$100k-\$124.9k	17.3%
\$125k-\$149.9k	8.1%
\$150k-\$199k	9.6%
\$200k+	5.1%

## Weighted Proportions - Used for Reporting

### Gender

%	⇄ Kodiak 2022 ↑
Male	52.5%
Female	46.5%
Self-describe	1.0%

### Age

%	⇄ Kodiak 2022 ↑
18-24	10.7%
25-34	23.0%
35-44	19.8%
45-54	14.1%
55-64	18.0%
65-74	9.7%
75+	4.7%

### Race

%	⇄ Kodiak 2022 ↑
White only	53.1%
Asian/PI only	22.3%
Am. Indian/AK Native only	12.9%
Biracial/other	11.6%

### Income

%	⇄ hwbm_snoco22 ↑
<\$25k	13.5%
\$25k-\$49.9k	13.5%
\$50k-\$74.9k	21.0%
\$75k-\$99.9k	13.0%
\$100k-\$124.9k	15.8%
\$125k-\$149.9k	10.1%
\$150k-\$199k	8.4%
\$200k+	4.7%

# Appendix D: Your Six Dimensions of Health Roadmap



## Work, Learning and Growth

Your work/job rating (6d)  
Opportunities for learning/growth (6h)  
Sense of purpose & meaning (7b)  
Educational/training gap - living wage (9f)  
Job insecurity/unemployed (9e)



## Mental, Emotional & Spiritual Health

Mental/emotional wellbeing satisfaction (5)  
Emotional wellbeing rating (6e)  
Religion/spirituality importance (7a)  
Sense of purpose & meaning (7b)  
Poor mental health days/month (12)  
Debilitating health days/month (13)



## Security & Basic Needs

Future financial security rating (7d)  
Ability to meet basic needs (6f)  
Behavior: frequency skip meal lack of \$ (14e)  
Access to health care insurance (17)  
Access to health care & info (6c)  
# healthcare visits past 12 mo (15)

### **TotalHEALTH 9 BASIS NEEDS PANEL**

Food insecurity (9a)  
Transportation insecurity (9b)  
Homeless/housing insecure (9c)  
Utility bill insecure (9d)  
Job loss/insecurity (9e)  
Education/training gap - living wage (9f)  
Intimate violence/unsafe at home (9g)



## Relationships & Social Connections

Relationship rating (6g)  
Sense of community belonging (7e)  
Community efficacy (7c)  
Getting together with friends (14f)  
Talking with neighbors (14b)  
Discrimination (8)



## Physical Health

Physical health satisfaction (4)  
Physical health current state (6b)  
Medical/health condition (18)  
Poor physical health days/mo (11)  
Debilitating health days/mo (13)  
Behavior: days fruit & veggies (14a)  
Behavior: days exercise >30 mins (14c)  
Behavior: days sleep 7+ hrs (14d)



## Neighborhood and Environment

Neighborhood quality rating (6a)  
Behavior: days fruit & veggies (14a)  
Behavior: days exercise >30 mins (14c)

# Thank You

For more information, contact:

**Providence Institute for a Healthier Community**

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Everett, WA 98201

Phone: 425-261-3344

Email: [pihc@providence.org](mailto:pihc@providence.org)



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