2025

COMMUNITY HEALTH NEEDS ASSESSMENT

Providence Kodiak Island Medical Center

Kodiak, AK

Providence

CONTENTS

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for Providence Kodiak Island Medical Center (PKIMC) 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 contributions. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2025 CHNA was approved by the Providence Alaska Region Board on December 10, 2025 and made publicly available by December 28, 2025.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from sources including the American Community Survey, Behavioral Risk Factor Surveillance System, Environmental Justice Index, local public health data, hospital-level data, as well as fielding the Providence Health and Well Being Monitor (HWBM) community survey.

The Kodiak HWBM community survey was fielded for three months from mid-May to mid-August 2025, with 33 questions representing 50 datapoints. The online survey was promoted through radio, emails, community partner organizations, and fliers throughout Kodiak Island with a total of 411 Kodiak residents participating in the survey. The results of the HWBM survey can be found in Appendix 4 of this document.

To further engage the Kodiak community in the needs assessment process, we conducted key informant interviews with representatives from organizations that serve people who have chronic conditions, are from diverse communities, have low incomes, and/or are medically underserved, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Community members are facing significant challenges achieving economic security and meeting basic needs such as affordable housing, childcare, food security, ability to pay utilities, and stable employment.
- Behavioral health and access to behavioral health services, including both mental health and substance use/misuse, are significant issues on Kodiak Island.
- Behavioral health and healthcare workforce shortages, exacerbated by lack of affordable housing and childcare, continue to negatively impact access to healthcare and behavioral health services on island.

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

Through a collaborative process, the CHNA Advisory Council, a multidisciplinary group of internal and external leaders with expertise in community health, reviewed qualitative data collected from key informant interviews and a community survey, as well as relevant quantitative data. After this data review, members discussed and prioritized the need areas based on the following criteria: size and scope, severity of need, and the ability to impact the issue in the community. The CHNA Advisory Council identified the following as the community's highest need areas, listed in order of priority:

BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socioeconomic factors are just as important to an individual's health as genetics or certain health behaviors. Financial security is chief amongst the factors that impact an individual's health, wellbeing, and longevity. Individuals and families that lack economic security experience an increased risk of food insecurity, homelessness, and inability to meet other basic needs. Approximately 1 in 6 Kodiak residents indicated they are without a stable job or need help getting a better job. 1 in 13 live below the Federal Poverty Level, and 1 in 4 struggle with food insecurity. The lack of availability and high cost of childcare was identified as a barrier for many, affecting both the workforce and the community as a whole. Affordability and availability of housing are top concerns, as roughly 10% of residents indicated they are living without stable housing, are currently homeless, or are worried about losing housing.

MENTAL HEALTH

Mental health is foundational to quality of life, physical health, and the health of the community, and affects emotional, psychological, and social wellbeing. The community conditions that support resilience and social connection, along with timely access to behavioral health care and services, are fundamental to healthy individuals and a healthy community. The community is experiencing challenges with timely access to needed mental health services. 25% of residents reported needing these services in the last 12 months; lack of affordable housing and childcare availability contribute to mental health workforce shortages. Suicidal ideation and thoughts of self-harm are concerns in the community, as is social isolation.

SUBSTANCE USE/MISUSE

Misuse of alcohol and other substances has significant health and social impacts both for individuals and the community. 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 unaddressed mental health issues. The challenges of substance use disorders (SUD) have compounding physical, mental, and economic impacts on individuals, families, and the greater community. The social and economic environment, along with cultural beliefs and social stigma, are factors influencing the incidence of SUD in the community, as well as issues related to access to treatment. 29% of Kodiak residents reported engaging in binge drinking in the last 30 days, and nearly 67% of avoidable emergency department visits at Providence Kodiak Island Medical Center are attributed to substance use disorders. Recruitment and retention of trained and certified SUD professionals is a significant challenge due to provider shortages as well as other economic issues such as availability of affordable housing and childcare for workers.

ACCESS TO HEALTHCARE

Primary, Specialty, Acute, and Dental Care

Appropriate access to preventive and acute care has significant impact on individuals' ability to maintain good health. 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. 20.1% of Kodiak residents under age 65 lack comprehensive health insurance, affecting their ability to access needed care. Of residents who reported that they needed dental care in the past 12 months, roughly 1 in 6 indicated they were unable to get the dental care they needed, citing inability to pay, lack of insurance/insurance not covering, and lengthy wait times as the primary causes. Of residents who reported they needed health care in the past 12 months, almost 1 in 6 indicated they were unable to get the care they needed, with more than 2 out of 3 citing lack of available appointments and wait time to appointment as the cause. Nearly half who were unable to get necessary care indicated they needed a specialist not available in Kodiak. Just as with mental health and SUD workforce, recruitment and retention of healthcare professionals is a significant challenge for Kodiak healthcare providers due to provider shortages as well as other economic issues such as availability of affordable housing and childcare for workers.

Providence Kodiak Island Medical Center (PKIMC) 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 2026-2028 CHIP will be approved and made publicly available no later than May 15, 2026.

Results from the 2022 CHNA and 2023-2025 CHIP

PKIMC responded to community needs by making contributions 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 2022 CHNA and 2023-2025 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the most recent CHNA and CHIP. The 2022 CHNA and 2023-2025 CHIP priorities were the following:

- Behavioral Health
- Economic Security / Basic Needs
- Healthy Behaviors / Physical Health
- Access to Healthcare

A few of the key outcomes from the previous CHIP are listed below:

- Providence completed construction of a 16-unit workforce housing complex to address workforce housing challenges that limit access to care on Kodiak Island due to workforce shortages. Nearly 100 caregivers (relocations and temporary position backfill) utilized the workforce housing from 2023 to 2025, filling needed healthcare roles in Kodiak.
- Providence partnered in the establishment of the Kodiak Child Care Collaborative that resulted in partnership with the YWCA and the Kodiak School District to open new after-school programming for K-5 students at East, Main, and Peterson elementary schools in the fall of

2025. This partnership helps to address the community's need for childcare, impacting economic security and basic needs.

- Providence adopted innovative evidence-based Dialectical Behavioral Health Therapy (DBT) group work model to address capacity challenges in behavioral health service delivery due to provider shortages. Implemented a weekly Women's DBT Group, providing structured skills and support.

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, 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.

For more information on the resources contributed to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities.

COLLABORATING PARTNERS

Collaborating Community Partners

Kodiak Area Native Association was an invaluable partner in conducting the 2025 Kodiak CHNA, promoting the community survey to support quantitative data necessary for the assessment, participating in key stakeholder interviews to bring their perspective and knowledge to the understanding of health related needs in Kodiak, as well as participating in the CHNA Advisory Council to help guide the assessment process and identify the top health related needs on Kodiak Island.

SECTION I: CHNA FRAMEWORK AND PROCESS

At Providence, we are committed to addressing the underlying and root causes of health disparities and inequities in the communities we serve. We work to address not only the clinical factors that determine a person's length and quality of life, but also the social and economic dimensions, physical environment, and other factors that play a role in determining health outcomes. Addressing these factors includes leveraging community strengths and utilizing evidence-based, leading practices.

The CHNA is an important process for better understanding health disparities and social inequities, including how racism and discrimination have detrimental effects on community health and wellbeing. Through literature and our community partners, we recognize that long-standing systemic inequities exist and that they can lead to health disparities. To ensure we are taking a holistic approach to understanding the health of the communities we serve, we define health broadly including social, cultural, and environmental factors that affect wellbeing, and engage community members from diverse backgrounds in the CHNA process. We routinely evaluate health disparities in the communities we serve and use qualitative and quantitative data to inform how we enhance access to high-quality, evidence-based care.

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

Share equity practices in the CHNA

Highlight community strengths

Use people first and non-stigmatizing language

Community Engagement

Use multiple methods to engage with community members

Implement equitable practices for community participation

Share findings back with communities

Quantitative Data

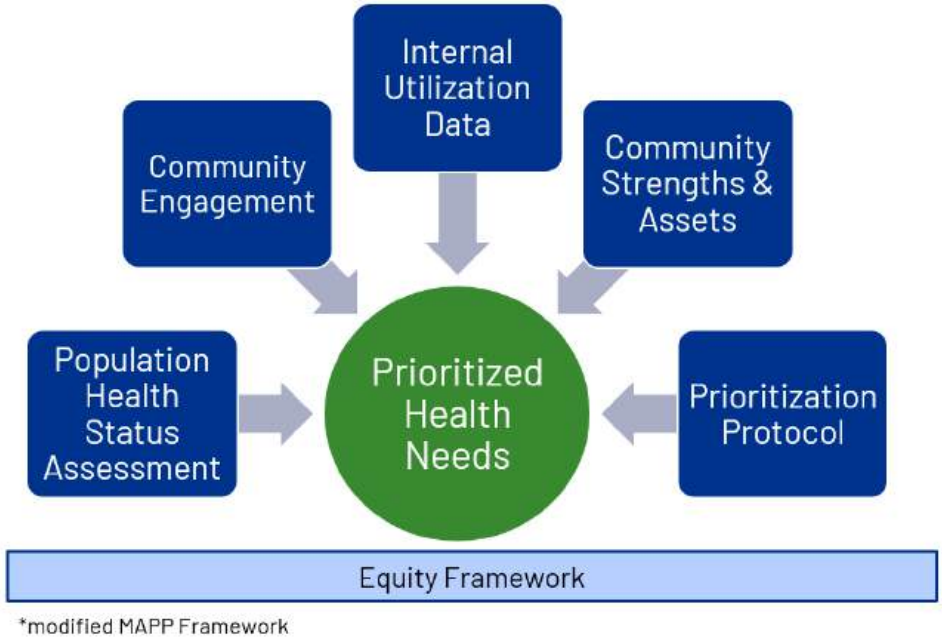
Report data at the local level to avoid masking

Disaggregate data when responsible

Acknowledge inherent bias in data and screening tools

CHNA Framework

Our CHNA framework is a modified version of the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



Data Sources

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. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at 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 following sources:

CHNA Data Sources

- Key informant interviews
- Internal hospital utilization data
- Providence Institute for a Healthier Community - Health and Wellbeing Monitor Survey
- Alaska Department of Health, Division of Public Health
- American Community Survey from the U.S. Census Bureau
- Behavioral Risk Factor Surveillance System (BRFSS)

- County Health Rankings
- Environmental Justice Index
- Healthy People 2030
- U.S. Centers for Diseases Control and Prevention (CDC)
- U.S. Health Resources and Services Administration

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 in the reporting process, including the following:

- Not all desired data were readily available. We relied on tangential or proxy measures, when possible.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask findings 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 based on any number of factors.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are provided and interpreted across all respondents.

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

Written comments were solicited on the 2022 CHNA and 2023-2025 CHIP reports, which were made widely available to the public via posting on the internet in December 2022 (CHNA) and May 2023 (CHIP), as well as through various channels with our community-based organization partners. No comments were received.

SECTION II: DESCRIPTION OF COMMUNITY

CHNA Service Area

As the only acute care hospital on Kodiak Island, PKIMC's 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.

Source: Kodiak Island Borough, About Our Community | Kodiak Island, AK - Official Website

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 following population demographics are from the 2023 American Community Survey 5-Year Estimates.

Table 2. Population Demographics, Kodiak Island Borough

Indicator	Kodiak Island Borough
Population by Age Groups	
Total Population	12,878
Population Under Age 5	5.6% (724)
Population Under Age 18	23.9% (3,072)
Population Ages 18 to 34	24.5% (3,158)
Population Ages 35 to 54	25.9% (3,330)

Population Ages 55 to 64	13.2% (1,696)
Population Ages 65 and Over	12.6% (1,622)
Population by Sex	
Female	45.8% (5,897)
Male	54.2% (6,981)
Population by Race	
American Indian and Alaska Native	11.4% (1,462)
Asian Population	22.1% (2,851)
Black or African American Population	0.6% (78)
Native Hawaiian and Other Pacific Islander Population	0.1% (8)
Other Race Population	1.0% (125)
Two or more Races Population	14.0% (1,797)
White Population	50.9% (6,557)
Population by Ethnicity	
Hispanic Population	8.2% (1,051)

Table 3 Source: U.S Census Bureau, 2019 – 2023 American Community Survey 5-Year Estimates, Tables B01001, B02001 and B03003

Residents in the Kodiak Island Borough are similarly distributed among the age groups of under 18 (23.9%), 18 to 34 (24.5%), and 35 to 54 (25.9%). Residents 55 to 64 (13.2%) and 65 and older (12.5%) make up smaller percentages of the overall population.

The male population is overrepresented (54.2%) compared to the female population (45.8%).

Persons identifying as White comprise the majority of the population (50.9%), followed by those identifying as Asian (22.1%), two or more races (14.0%), and American Indian and Alaska Native (11.4%). 8.2% of residents identify as Hispanic.

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration designates a Health Professional Shortage Area (HPSA) as an area with a shortage of primary medical care, dental care, or mental health providers. They are categorized into three types: geographic, population, and facility.

Kodiak Island Borough has multiple facilities that are designated as having shortages in primary care, dental health, and mental health providers. This information can be used to understand access issues, guide state and local health care planning, determine placement of providers, and influence allocation of limited health care resources.

Table 4. Health Professional Shortage Areas, Kodiak Island Borough

Indicator	Primary Care, Dental Health, and Mental Health
Geographic HPSA	–
Population HPSA	–
Facility HPSA	Akhiok Village Built Clinic Alutiiq Enwia Health Center Karluk Village Clinic Kodiak Area Native Association – Carolyn Street Clinic and Mill Bay Health Center Kodiak Island Health Care Foundation Larsen Bay Village Clinic Old Harbor Village Clinic Ouzinkie Village Clinic Port Lions Village Clinic

See Appendix 1 for additional quantitative data.

SECTION III: HEALTH-RELATED INDICATORS

Access to Health Care

POPULATION WITHOUT HEALTH INSURANCE

According to Healthy People 2030, "Unequal distribution of health care coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. People with lower incomes are often uninsured, and minority groups account for over half of the uninsured population…. Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease."

In Kodiak Island Borough, a higher percentage of people lack health insurance than statewide, a difference of 4.9 percentage points for adults under age 65, and 3.3 percentage points for children under age 19.

Table 5. Lack of Health Insurance in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Uninsured Adults under age 65	20.1%	15.2%
Uninsured Children under age 19	12.0%	8.7%

Source: 2022 U.S. Census Bureau's Small Area Health Insurance Estimates, accessed from countyhealthrankings.org

Basic Needs / Economic Security

Household median income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. In Kodiak Island Borough, the median household income is $2,400 less than statewide.

Table 6. Median Household Income in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Median Household Income	$86,300	$88,700

Source: 2023 American Community Survey, 5-year estimates, accessed from countyhealthrankings.org

According to County Health Rankings and Roadmaps, "When much of a paycheck goes toward child care expenses, households face difficult trade-offs in meeting other basic needs such as paying rent or mortgage, affording doctor visits, healthy foods, utility bills, and reliable transportation to work or school." The figures below represent childcare costs for a household with two children, as a percent of

median household income. In Kodiak Island Borough, a household with two children must spend approximately one-third of its income to cover childcare costs, a higher percentage than statewide.

Table 7. Childcare Cost Burden in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Childcare Cost Burden (as a percentage of median household income)	31.6%	28.5%

Source: The Living Wage Institute; Small Area Income and Poverty Estimates, 2023-2024, accessed from countyhealthrankings.org

HOUSING COST BURDEN

Approximately 14% of households in Kodiak Island Borough and 12% in the state of Alaska are severely housing-cost burdened. Households experiencing severe housing cost burden spend 50% or more of their income on housing costs. When people struggle to afford shelter, they often must face difficult choices between meeting other basics needs such as food, utilities, transportation, and health care.

Table 8. Households Experiencing Severe Housing Cost Burden in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Severe Housing Cost Burden	13.9%	12.4%

Source: 2023 American Community Survey, 5-year estimates, accessed from countyhealthrankings.org

CHILDREN ELIGIBLE FOR FREE OR REDUCED PRICE LUNCH

Based upon their families' income levels, over half of children in Kodiak are eligible to receive free or reduced price meals at school. Children from families with incomes at or below 130% of Federal Poverty Level (FPL) qualify to receive free lunch, and those with family incomes between 130%-185% FPL qualify for reduced price lunch.

Table 9. Children Eligible for Free or Reduced Price Lunch in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Children Eligible for Free or Reduced Price Lunch	50.9%	39.5%

Source: National Center for Education Statistics, 2022-2023, accessed from countyhealthrankings.org

EDUCATION

Healthy People 2030 highlights the importance of education in the following way: "A high school diploma is a standard requirement for most jobs — and for higher education opportunities. Not completing high school is linked to a variety of factors that can negatively impact health, including limited employment prospects, low wages, and poverty." In Kodiak Island Borough 92.5% of adults 25 and older have received a high school diploma or equivalent, one percentage point lower than the state of Alaska.

Table 10. High School Completion in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
High School Completion	92.5%	93.5%

Source: 2023 American Community Survey, 5-year estimates, accessed from countyhealthrankings.org

Behavioral Health

BINGE DRINKING

According to County Health Rankings and Roadmaps, "Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, high blood pressure, stroke, sexually transmitted diseases, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor vehicle crashes."

Binge drinking measures adults ages 18 years and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days – 18% in both Kodiak Island Borough and Alaska overall. *(Source: Behavioral Risk Factor Surveillance System. Indicator uses crude prevalence for year 2022 estimates.)*

FREQUENT MENTAL DISTRESS

According to the U.S. Centers for Disease Control and Prevention (CDC), "In 2022, 15.9% of US adults reported frequent mental distress (FMD), defined as 14 or more mentally unhealthy days during the past 30 days where the person has experienced poor mental health because of stress, depression, or problems with emotions." In Kodiak Island Borough, the percentage of adults with FMD (15.5%) is similar to statewide (15.4%). *(Source: Behavioral Risk Factor Surveillance System, 2022, accessed from countyhealthrankings.org)*

DEPRESSION

The CDC explains, "Depression is a common and serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working." Additionally, the CDC states that "depression increases the risk for many types of physical, long-lasting (chronic) conditions like diabetes, heart disease, and stroke." In Kodiak Island Borough, nearly 19% of adults ages 18 years and older reported having been told by a doctor, nurse, or other health professional that they had depressive disorder. This is 2.6 percentage points lower than the state as a whole.

Table 11. Adults with Depressive Disorder in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Adults with Depression	18.5%	21.1%

Source: BRFSS. Indicator uses crude prevalence for year 2022 estimates.

Physical Health

CURRENT SMOKING

The U.S. Centers for Disease Control and Prevention states, "Cigarette smoking is the leading preventable cause disease, death, and disability in the United States. Cigarette smoking and secondhand smoke exposure cause more than 480,000 deaths each year in the United States. This is nearly one in five deaths." Smoking increases the risk for cancer, heart disease, stroke, chronic lung disease, and Type 2 Diabetes, among other health conditions.

In Kodiak Island Borough, 16.7% of adults ages 18 years and older reported having smoked 100 or more cigarettes in their lifetime and currently smoke every day or some days, compared to 15.4% statewide.

Table 12. Current Smoking in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Current smoking	16.7%	15.4%

Source: BRFSS. Indicator uses crude prevalence for year 2022 estimates.

FAIR OR POOR HEALTH STATUS

According to the U.S. Centers for Disease Control and Prevention, "Health status is a measure of how people perceive their health and is considered a good global assessment of a person's well-being. Furthermore, it is a predictor of important health outcomes including mortality, morbidity, and functional status." In both Kodiak Island Borough and statewide, 16% of respondents aged 18 years and older reported their general health status as "fair" or "poor." *(Source: 2022 Behavioral Risk Factor Surveillance System)*

PREVENTIVE CARE

"Regular checkups can reduce disease and premature death from chronic conditions (e.g., cardiovascular disease, cancer, chronic lower respiratory diseases, and diabetes)," according to the CDC. "'Regular checkups' include receiving recommended vaccinations, screenings, and blood tests in addition to checking blood pressure, weight, and cholesterol with the purpose of maintaining wellness."

In Kodiak Island Borough, the prevalence of adults aged 18 years and older who reported having been to a doctor in the previous year for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) is 64.9%, 4.5 percentage points lower than the state overall.

Additional information from the CDC states, "Routine dental visits allow for oral health education, preventive care services, and early detection and treatment of oral diseases such as dental caries (cavities), periodontal (gum) disease, and oral cancer." In Kodiak Island Borough, 55.8% of adults aged 18 years and older reported having been to the dentist or dental clinic in the previous year, 5.4 percentage points lower than statewide.

Table 13. Preventive Care in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Annual Checkup	64.9%	69.4%
Dental Visit	55.8%	61.2%

Source: BRFSS. Indicators use crude prevalence for year 2022 estimates.

OBESITY

County Health Rankings and Roadmaps states, "Adult obesity is a chronic condition that puts individuals at increased risk of hypertension, heart disease, type 2 diabetes, breathing problems, chronic inflammation, mental illness, and some cancers." The prevalence of obesity among adults in Kodiak Island Borough is 30.3%, 2 percentage points lower than in the state of Alaska.

Table 14. Obesity Among Adults in Kodiak Island Borough Compared to the State of Alaska

Indicator	Kodiak Island Borough	State of Alaska
Adult Obesity	30.3%	32.3%

Source: BRFSS. Indicator uses crude prevalence for year 2022 estimates.

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. 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 definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2024, our data showed the following key insights:

- The percent of Avoidable Emergency Department (AED) cases increased from 27% in 2022 to nearly 30% in 2024, indicating there is opportunity to address community need through prevention and early intervention.
- The most common diagnosis groupings for these AED cases were bronchitis and other upper-respiratory diseases (13.2%), followed by substance use disorders (9.3%).
- Roughly 67% of ED behavioral health cases belonged to the substance use disorder diagnosis grouping.

Hospital Social Drivers of Health Screening Data

To better understand and respond to patients' Social Drivers of Health (SDOH) needs, each inpatient over the age of 18 is asked about support needs related to housing, transportation, food, utilities, and safety. The following are key insights from January 1- December 31, 2024, at Kodiak Island Medical Center:

- 17.8% of patients screened positive for at least one need.
- Housing was the greatest need reported.

SECTION IV: COMMUNITY INPUT

Summary of Community Input

The Kodiak Health and Well Being Monitor (HWBM) community survey was fielded from mid-May to mid-August 2025, using 33 questions representing 50 datapoints. The online survey was promoted through radio, emails, community partner organizations, and fliers throughout Kodiak Island. A total of 411 Kodiak residents participated in the survey. Key highlights from the HWBM are integrated into the Identification and Prioritization of Significant Health Needs section. The results of the HWBM survey can be found in Appendix 4 of this document.

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, Providence conducted 13 key informant[1] interviews with 15 representatives from community-based organizations serving Kodiak Island Borough. All community input was collected from June to August in 2025. During these interviews, community members and nonprofit and government key informants discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions. Full details on the methodology and participants are available in Appendix 2.

Community-Defined Health and Strengths

Key informants were asked to highlight community strengths and describe their vision for a healthy community:

Vision for a Healthy Community
•Collaboration and Inclusivity •Access to Safe Housing and Basic Needs •Economic and Job Security •Safety •Family and Community Support •Education and Recreation

Community Strengths
Collaboration and Partnerships Sense of Community and Support Diversity and Inclusivity Natural Resources and Environment Resilience and Resourcefulness Community Services

Community Needs

HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

Affordable housing and homelessness	Participants identified affordable housing and homelessness as pressing issues on Kodiak Island. High housing costs, exacerbated by factors such as short-term rentals, make it difficult for many to secure a home, particularly during busy seasons.

[1] Key informants are defined as people with knowledge of community needs and strengths because of their experience as community leaders, professionals, and/or residents of Kodiak Island Borough. Key informants have a wide range of knowledge related to community health and well-being and work within organizations or agencies serving residents, including diverse communities, people with low incomes, and people experiencing barriers to care.

	Middle-income professionals such as teachers and nurses, along with seasonal workers, find it challenging to afford housing, which can contribute to ongoing job vacancies throughout the community. Lack of housing also contributes to workforce shortages, with many jobs remaining unfilled due to housing constraints. Many homes require repairs, but the lack of skilled workers and the high cost of renovations complicate maintenance. Limited space for new housing worsens the situation and contributes to workforce shortages. Older residents struggle with expensive housing options for independent or assisted living. Environmental factors, including severe weather and tsunami risks, pose additional challenges to maintaining safe housing. Participants emphasized the need for policymakers to engage with the community to develop supportive and welcoming housing solutions. Organizations provide services to people experiencing homelessness, but gaps remain in meeting community housing needs.
Behavioral health challenges and access (mental health and substance use/misuse)	Participants identified behavioral health challenges and access to care as important community needs. Mental health was viewed as a major unmet health concern, with difficulties accessing services and a need for navigators to assist individuals in finding care. The lack of mental health beds and long waiting lists for therapy, compounded by a shortage of providers, exacerbate these issues. Some progress has been made in offering counseling, but recruiting and retaining counselors remains challenging. Although telehealth services are available, they are not considered ideal. Substance use disorders are worsened by isolation and harsh climate conditions, and there is a need for detox centers and residential treatment programs. Participants pointed to needs such as structured programming and access to up to date treatments, and noted that only one Intensive Outpatient Program is currently available. There is also frustration over long wait times for treatment access, with services often unavailable during the period when individuals are ready to seek help. Emergency response centers for acute mental health distress and substance use disorder cases are needed. Financial limitations, including concerns about potential reductions in safety net programs such as Medicaid, heavily affect access to resources, especially for serious mental health conditions. Participants noted that warm handoffs to providers and navigators are crucial for those seeking treatment. Environmental factors such as climate and isolation contribute to depression, affecting overall mental well-being. Behavioral issues in schools require more support, impacting children's safety and mental health. Seasonal changes and limited economic opportunities further contribute to mood disorders and stress. Populations disproportionately impacted include youth, members of the Coast Guard, people experiencing homelessness, fishing communities, people with low incomes, young men, and BIPOC communities.
Access to childcare	Participants identified a need for better access to childcare services in the community, noting closures of providers over the past few years, especially during the COVID-19 pandemic. This has created gaps for children from birth to age five, with long waiting lists and few licensed providers for infants. Key informants recognized childcare access as an ongoing issue, with efforts to address shortages often excluding infants or children not yet in school. Financial challenges for providers can lead to shutdowns, and the high cost of childcare impacts family budgets, making it difficult for potential workers to justify employment when

	earnings largely go towards childcare expenses. Participants stated that lack of childcare affects workforce availability, with parents unable to find childcare often staying home, leading to unfilled job vacancies in local businesses. Families with children under five are especially affected, experiencing difficulties in accessing affordable and reliable childcare options.
Economic Security	Participants frequently discussed the challenges posed by high living costs, notably in housing, food, childcare, and other everyday expenses, making it difficult for families to sustain themselves on single incomes, sometimes forcing relocation. Key informants noted that stable and well-paying jobs are difficult to find because large industries are limited in the area. This scarcity leads many people to work several jobs to cover their expenses. Economic security is further strained by limited access to affordable childcare, often resulting in older siblings taking on caregiving roles, impacting families' ability to maintain safe living conditions. People earning less than $20/hour face difficulties accessing essential services, exacerbated by the uncertainty of government and public assistance programs and services, affecting the economic security of these individuals. Despite these hurdles, there are ongoing efforts to enhance local employment opportunities and support small businesses to invigorate the job market and attract visitors. Families with low incomes, hourly and seasonal workers, families with children, and professionals like teachers are particularly affected by rising costs and economic pressures, impacting their ability to maintain a comfortable quality of life.

MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

Access to health care services, including dental care	Participants highlighted the need for affordable healthcare, as high costs and limited insurance coverage prevent many community members from accessing care, including dental services. There is also a shortage of healthcare providers, particularly specialists, which forces residents to travel long distances for necessary medical attention. Barriers such as extreme weather, transportation challenges, long wait times, and fear of family separation further hinder access to healthcare. Additionally, people experiencing homelessness and those with low incomes struggle to maintain consistent healthcare due to financial limitations. Participants expressed concerns that the community lacks sufficient specialty care for complex medical conditions and maternal and child services, partly due to staffing challenges faced by healthcare organizations and limited post-acute care options. Specific populations, including Alaska Natives, older adults, youth, the Filipino community, and those working manual jobs, experience unique challenges related to cultural differences, trust, and logistical obstacles when seeking healthcare.
Food Security	Participants expressed concerns about food security in Kodiak due to high food costs, limited freshness and availability, and the impacts of weather and remoteness. They noted that essential grocery items are often unaffordable, especially for families with low incomes and people experiencing homelessness, as shelters struggle with high prices and sometimes unusable donated food. Produce typically arrives with a short shelf life, and options for fresh vegetables are scarce. Extreme weather disrupts food deliveries, leading to empty shelves and periods of

	scarcity, particularly in fall and winter. Community members try to cope using social media to communicate shortages, while food support programs and co-ops provide some relief despite requiring advance payment. Older adults relying on services like the senior center are also affected, particularly when donations and grants fall short during food shortages.

SECTION V: SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after reviewing the quantitative data.

The Kodiak CHNA Advisory Council reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Access to Healthcare
- Basic Needs / Economic Security
- Mental Health
- Physical Health
- Substance Use/Misuse

Identification and Prioritization of Significant Health Needs

The Kodiak CHNA Advisory Council 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. After reviewing and analyzing the CHNA quantitative and qualitative data, the Kodiak CHNA Advisory Council established the top needs for Kodiak using the following criteria-based prioritization process.

The CHNA Advisory Council reviews the data – The Kodiak CHNA Advisory Council 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 Council 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.

- **Qualitative input: Advisory Council Member Perspective** – As a check step, the CHNA Advisory Council members are each asked what they personally view as the top health needs for their community.

The CHNA Advisory Council 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 Council meeting as a starting point for identifying the CHNA priorities.

- The top three to four health needs identified in the CHNA Advisory Council survey and stakeholder interviews are reviewed, confirmed and/or modified based on the discussion and local knowledge of the Advisory Council 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 Council members are then documented and summarized to drive subsequent community health improvement planning

A list of CHNA Advisory Council members can be found in Appendix 3.

2025 Priority Needs

The list below summarizes the priority health needs identified through the 2025 Community Health Needs Assessment process, listed in order of priority:

BASIC NEEDS / ECONOMIC SECURITY

There is substantial and increasing evidence that socio-economic factors are just as important to an individual's health as genetics or certain health behaviors. Financial security is chief amongst the factors that impact an individual's health, wellbeing, and longevity. Individuals and families that lack economic security experience an increased risk of food insecurity, homelessness, and inability to meet other basic needs. Community data suggests that many in Kodiak are struggling to meet their basic needs.

- **Affordable Housing:** The impact of lack of affordable housing is being felt across the Kodiak and is significantly impacting public and private sector ability to hire and retain necessary workforce on island. Roughly 1 in 10 residents indicated they are living without stable housing, are currently homeless, or are worried about losing housing.[1]
- **Affordable Childcare:** Slightly more than 1 in 7 are living without stable childcare, unable to find good childcare, or worried about losing childcare. The high cost of childcare was identified as a barrier for many potential workers, impacting the community and employers.[1]
- **Food:** Nearly 1 in 4 Kodiak residents indicated they are worried that they or others in their home won't have enough food to eat.[1]
- **Poverty:** Roughly 1 in 13 Kodiak residents live below the Federal Poverty Level. Roughly 1 in 9 adults aged 65 years and older live below the poverty line.[2]
- **Power and Water:** Nearly 1 in 4 residents are worried about their ability to pay their water and/or power bills.[1]
- **Economic Opportunity:** Slightly more than 1 in 6 residents indicated they are without a stable job or need help getting a better job.[1]

MENTAL HEALTH

Mental health is foundational to quality of life, physical health, and the health of the community and includes our emotional, psychological, and social wellbeing. Poor mental health has significant health and social impacts on the well-being of individuals and the community as a whole. The community conditions that support resilience and social connection, along with timely access to behavioral health care and services, are fundamental to healthy individuals and a healthy community. Community data and input suggest that Kodiak is experiencing growing mental health needs, including challenges with providing timely access to needed mental health services.

- **Mental Health Workforce Shortage:** Recruitment and retention of trained and certified Mental Health (MH) professionals is a significant challenge for Kodiak MH service providers due to provider shortages as well as other economic issues such as availability of affordable housing and childcare for workers.[3]
- **Thoughts of Suicide or Self Harm:** Slightly more than 1 in 14 Kodiak residents had thoughts of self harm in the last 12 months and 1 in 17 had thoughts of suicide over that time period.[1]
- **Increased Need for Mental Health Services:** In 2025, more than 1 in 4 Kodiak residents reported needing MH services in the last 12 months, up from 1 in 6 reported in 2022. Roughly half reported being unable to receive needed MH services.[1]
- **Social Isolation:** More than 1 in 7 residents indicated the statement, "I often feel isolated from others" describes them "very well," and an additional 1 in 5 indicates it describes them "somewhat."[1]

SUBSTANCE USE/MISUSE

Misuse of alcohol and other substances has significant health and social impacts both for individuals and the community. 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 unaddressed mental health issues. The challenges of substance use disorders (SUD) have compounding physical, mental, and economic impacts on individuals, families, and the greater community. The social and economic environment, along with cultural beliefs and social stigma, are factors that influence the incidence of SUD in the community as well as issues related to access to treatment. Community data and input suggest that Kodiak is facing challenges with substance use/misuse in the community.

- **Binge Drinking:** Roughly 1 in 5 Kodiak residents reported engaging in binge drinking (5 or more drinks within a two-hour period) 1-2 times in the last 30 days, with 1 in 12 doing so 3-4 times, and 1 in 50 doing so 5+ times over the same time period.[1]
- **Substance Use Treatment:** Roughly 1 out of every 33 Kodiak residents reported having sought substance use treatment in the past year.[1]
- **Emergency Department:** The second most common diagnosis grouping for avoidable emergency department visits is substance use disorders. Nearly 67% of Behavioral Health ED cases are due to substance use disorders.[4]
- **SUD Workforce Shortage:** Recruitment and retention of trained and certified MH and SUD professionals is a significant challenge for Kodiak SUD service providers due to provider

shortages as well as other economic issues such as availability of affordable housing and childcare for workers.[1]

ACCESS TO HEALTHCARE

Primary, Specialty, Acute, and Dental Care

Appropriate access to preventive and acute care has significant impacts on individuals' ability to maintain good health. 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. Community data and input suggests that Kodiak is facing challenges with access to healthcare.

- **Healthcare:** Of Kodiak residents who reported that they needed health care in the past 12 months, almost 1 in 6 indicated they were unable to get the healthcare they needed, with more than 2 out of 3 citing lack of available appointments and wait time to appointment as the cause. Nearly half who were unable to get needed care indicated they needed a specialist not available in Kodiak.[1]
- **Dental Care:** Of Kodiak residents who reported that they needed dental care in the past 12 months, roughly 1 in 6 indicated they were unable to get the dental care they needed, citing inability to pay, lack of insurance/insurance not covering, and lengthy wait times as the primary causes.[1]
- **Healthcare Workforce Shortage:** Just as with MH and SUD workforce, recruitment and retention of healthcare professionals is a significant challenge for Kodiak healthcare providers due to provider shortages as well as other economic issues such as availability of affordable housing and childcare for workers.[3]

[1]2025 Health and Well Being Monitor Survey
[2]2023 American Community Survey, 5-year estimates
[3]Key informant interviews
[4]Internal hospital utilization data

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. Organized health care delivery systems in the area include Federally Qualified Health Centers and the Kodiak Public Health Center. 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.

See Appendix 3 for a list of resources potentially available to address significant health needs.

SECTION VI: EVALUATION OF 2023-2025 CHIP

The 2022 CHNA and 2023-2025 CHIP priorities were the following:

- Behavioral Health
- Economic Security / Basic Needs
- Healthy Behaviors / Physical Health
- Access to Healthcare

This report evaluates the impact of the previous Community Health Improvement Plan (CHIP). PKIMC responded to community needs by making contributions of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 15. Outcomes from 2023-2025 CHIP

Priority Need	Strategy	Results/Outcomes
BEHAVIORAL HEALTH	Establish outpatient center for urgent care / crisis engagement - including creation of processes and workflows to triage and ensure walk-in capacity for emergent need and crisis appointments, collaboration with community MH providers to create emergent capacity, community education – utilizing outpatient crisis engagement to support individuals before the crisis escalates to a higher level of care (ED visit).	• Partnered with community organizations to align crisis identification and triage workflows, ensuring consistent decision-making across agencies. • Provided training to community partners and school counselors on behavioral health crisis recognition and referral procedures. • Annual Behavioral Health Crisis Assessments: 250+ • Data reflect significant progress in redirecting crisis cases away from ED to outpatient crisis engagement reducing avoidable ED utilization and supporting improved community crisis care coordination.
	Adopt innovative evidence-based group-work models to address capacity challenges due to provider shortages – leveraging advantages of group work models such as positive peer culture, forged connection, and Dialectical Behavioral Therapy (DBT) group work.	• Implemented weekly Women's DBT Group, providing structured skills and support. • Expanded capacity by adding Licensed Professional Counselors and Licensed Clinical Alcohol and Drug Counselor to support mental health and SUD needs. • Extended operations to 6:00 p.m., adding 8 psychiatric and 12 therapy slots weekly.
ECONOMIC SECURITY / BASIC NEEDS	PKIMC will partner with community employers, the Kodiak Economic Development Corporation, and the City of Kodiak in establishing a	• PKIMC partnered with KEDC and the City of Kodiak in the effort to establish a Kodiak Island Community Land Trust.

	Kodiak Island Community Land Trust as a vehicle to address the housing shortage in Kodiak	• Due to the complexity of the issue and external economic forces the work continues in the effort to achieve this outcome. • RELATED FROM ACCESS TO CARE STRATEGY: Providence completed construction of a 16-unit workforce housing complex to address workforce housing challenges that limit access to care on Kodiak Island.
ACCESS TO HEALTHCARE	Develop 16 workforce housing units to help address Kodiak housing shortages contributing to ongoing workforce shortages.	• Providence completed construction of a 16-unit workforce housing complex to address workforce housing challenges that limit access to care on Kodiak Island. • A total of 98 caregivers were housed at the complex from 2023 to 2025 (31 doctors, 14 nurses, 5 therapists, 3 counsellors, 1 pharmacist, 1 dietician, and 43 representing an admixture of other technical support roles) • Of the 98, 29 were relocations to Kodiak, with the remaining 69 being temporary visiting, locums, and travelers providing needed services.
	Partner with KANA, KCHC, and State Department of Health and Social Services in deploying a community childcare survey to explore a collaborative community response to the childcare shortage in Kodiak	• Providence partnered in the establishment of the Kodiak Child Care Collaborative and the subsequent childcare survey. • KCCC, in partnership with the YWCA and the Kodiak School District, laid the groundwork for and opened new after-school programming for K-5 students at East, Main, and Peterson elementary schools in the fall of 2025.

Addressing Identified Needs

The Community Health Improvement Plan developed for the Kodiak 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, 2026.

2025 KODIAK CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Providence Alaska Region Board[1] on December 9, 2025, The final report was made widely available by December 28, 2025.

12/9/25

John Hill
Interim Alaska Region Chief Executive
Providence

Date

12/9/25

Scott Wellmann, MD
Chair, Providence Alaska Region Board

Date

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Contact CHI@providence.org to provide feedback about this CHNA or to request a free printed copy.

[1] **See Appendix 3: Kodiak Community Health Needs Assessment Advisory Council**

APPENDICES

Appendix 1: Community Input

METHODOLOGY

Participants

The hospital completed 13 key informant interviews that included a total of 15 participants. The interviews took place between June and August 2025.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included two public health nurses from the Kodiak Public Health Center as key informants to ensure the input from a state, local, tribal, or regional governmental public health department.

Table_Apx 1. Key Community Key Informant Participants

Organization	Name	Title	Sector
Brother Francis Shelter Kodiak	Susan Smith	Executive Director	Social Services: Homelessness
Brother Francis Shelter Kodiak Filipino American Association of Kodiak	Mary Guilas-Hawver	Social Worker Chairman, Board of Directors	Social Services: Homelessness Community Engagement and Advocacy
City of Kodiak Providence Kodiak Island Medical Center	Pat Branson	Mayor Chair, Community Health Advisory Board	Government Health Care
Kodiak Area Native Association (KANA)	Arwen Botz	Vice President of Community Services	Health Care and Social Services, Federally Qualified Health Center (FQHC)
Kodiak Area Native Association (KANA)	Mike Pfeffer	CEO	Health Care and Social Services, FQHC
Kodiak Chamber of Commerce	Ellen Simeonoff	Executive Director	Economic Development

Kodiak Community Health Center	Curtis Mortenson	Medical Director	Health Care: FQHC
Kodiak Economic Development Corporation	Melissa Schoenwether	Executive Director	Economic Development
Kodiak Island Housing Authority	Mindy Pruitt	Executive Director	Housing
Kodiak Public Health Center	Amy Butts	Public Health Nurse III, Team Lead	Public Health
Kodiak Public Health Center	Kylee Quass	Public Health Nurse II	Public Health
Kodiak Women's Resource and Crisis Center	Rebecca Shields	Executive Director	Social Services: Domestic Violence Resources and Shelter
Providence Kodiak Island Counseling Center	Carolyn Craig	Psychiatrist	Health Care: Behavioral Health
Providence Kodiak Island Medical Center	Lori Riddle	Interim Administrator and Executive Director of Operations	Health Care
Senior Citizens of Kodiak	Amy Durand	CEO	Social Services: Elders

Facilitation Guides

For the key informant interviews, Providence developed a facilitation guide that was available for use across all hospitals completing their 2025 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health disparities

Training

The facilitation guides provided instructions on how to conduct a key informant interview, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation.

Analysis

Qualitative data analysis 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.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant 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 used a standard list of codes, or common topics that are 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 eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) 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. 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.

Limitations

We acknowledge there are limitations to the data collection and analysis process, which may include, but are not limited to, selection bias, variation in style between facilitators and notetakers, barriers to participation, and subjective bias from the analyst.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Vision for a Healthy Community

Key informants envisioned a healthy community as one where people feel connected, supported, and able to thrive physically, socially, and economically. Their vision includes:

- **Collaboration and Inclusivity:** In a healthy community, people collaborate effectively because no single organization can address every need. People feel a sense of belonging through trust, inclusivity, and open communication. Community events bring people together, fostering togetherness. The community responds well to those needing extra support, ensuring their needs are met through collaborative efforts. Addressing community health issues collectively leads to more effective solutions for immediate needs.
- **Access to Safe Housing and Basic Needs:** Everyone finds safe housing. People experiencing homelessness have pathways to regain stable housing. People have access to basic needs such as nutritious food, clean water, and healthcare. Programs like Women, Infants, and Children (WIC) Nutrition Program vouchers support food purchases at farmers markets. People have access to preventive care. Individuals take care of their health, reducing the reliance on "sick care" and contributing to overall happiness.
- **Economic and Job Security:** Socioeconomic needs and job security are met, providing economic stability for all. Families can earn a living wage with a single income. Workers, including those in challenging industries such as fishing, remain safe, healthy and content in their work environments. Growth is evident not only in population but also in local businesses and community programs. People, including adults and young people, choose to stay and raise families within the community due to the appealing living conditions.
- **Safety**: In a healthy community, safety is paramount, allowing children to roam freely. When people feel safe and cared for, crime rates decrease, contributing to overall community well-being.

> *"When people are safe and when they're cared for, crime goes down, everything else goes down." –Key Informant*

- **Family and Community Support:** People maintain strong connections to one another and offer each other support. The community also supports families with essential resources like housing, employment, and childcare. When families do well, the community prospers. People age peacefully, supported by family before and after them.
- **Education and Recreation**: The public education system provides quality education for all ages. Safe outdoor spaces are available for kids and adults, including walking trails. Diverse recreational options, including physical, arts, faith-based activities and community-building activities, are abundant. People enjoy life, eating well and participating in outdoor activities. Positive physical and mental attitudes prevail, contributing to the reduction of homelessness and chronic health issues.

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these strengths to address needs. 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. The following strengths emerged as themes:

Kodiak Island's strengths lie in its collaborative spirit, strong community support, inclusive culture, abundant natural resources, resilience, and community services.

Collaboration and Partnerships: Participants highlighted the effective collaboration among nonprofit organizations and stakeholders in Kodiak. These groups work together on community events, projects, and daily activities, leading to successful partnerships that address community needs.

> *"I think the biggest strength that we have across the community is collaboration, collaborative efforts and how we can reach out to so many different organizations around Kodiak and even sometimes outside of Kodiak and come up with solutions to help community members as a whole." –Key Informant*

Sense of Community and Support: Key Informants described Kodiak Island as a close-knit and caring community where people support each other, especially in times of crisis. People value deep interpersonal connections and collaboration.

> *"That is why people choose to live here, because we care about each other and we step up and we help." – Key Informant*

Diversity and Inclusivity: Participants describe Kodiak as inclusive. Everyone works together to share their culture, community, recreational activities, and food.

Natural Resources and Environment: Participants note the abundant natural resources like seafood, clean air, and vibrant nature as strengths. The natural beauty of the island drives economic activity and offers health and wellness benefits. The remote geography fosters self-sufficiency, with renewable energy systems contributing to community independence.

Resilience and Resourcefulness: Kodiak Island residents are resilient, uniting during difficult times and overcoming the challenges of living on a remote island. Their creativity and resourcefulness enable them to make the most of their remote location. This resilience supports the creation of community-based resources.

> *"Because Kodiak is so remote and because you're kind of cut off, I will say that one of the strengths of Kodiak is that people, you know, get behind stuff and it's a cohesive community in the sense that people make their magic where they're at."—Key Informant*

Community Services: Despite challenges, the community works to connect residents to healthcare and basic needs. Organizations in the community work hard and collaboratively to help connect people to resources and support those with low incomes or experiencing homelessness.

High Priority Unmet Health-Related Needs

Four needs were talked about in detail or ranked highly by a majority of key informant interview participants. Two additional needs were categorized as medium priority because they were discussed less frequently and in less detail. Key informants were most concerned about the following health-related needs:

1. Affordable Housing
2. Behavioral health challenges and access (mental health and substance use/misuse)
3. Access to Childcare
4. Economic Security

Affordable Housing

Almost all key informants identified Affordable Housing and Homelessness as a need in Kodiak Island.

Lack of Affordable Housing Options: Participants shared that housing is very expensive, both for purchasing and renting, making it hard for many to afford a home. Kodiak Island has one of the highest housing costs in the state. Short-term rentals, including vacation rentals, reduce the availability of long-term housing and increase costs. Families struggle to find year-round housing, especially during busy seasons when short-term rentals are full. Kodiak is home to the nation's largest Coast Guard base and, due to the large number of individuals and families stationed there, housing demand can be affected and prices can surge during specific periods of time when the need for housing is highest. Families struggle to find year-round housing, especially during busy seasons when short-term rentals are full.

The lack of mid-range housing particularly impacts middle-income professionals. Those who work seasonally are also unable to afford housing. Many homes need repairs but fixing them is costly and there aren't enough workers with these skills on the island. Limited space for new housing also adds to the problem. Lack of housing also contributes to workforce shortages, with many jobs remaining unfilled due to housing constraints.

> *"A lot of the homes in town, but especially in the villages at this point, are really in need of renovations. And renovations on this island cost a huge amount of money…if you need an electrician, you have to figure out somebody from the mainland who you pay an exorbitant fee to have come down because the one electrician [on the island] is busy for the next four months." –Key Informant*

Key Informants shared experiences of housing costs making life difficult for older residents. Independent living, assisted living, and housing specific to older adults exist but are expensive and at capacity.

Environmental concerns: Environmental concerns also impact housing safety. Tsunami warnings have shown the need for safe evacuation routes, as housing in low-lying areas is at risk. Maintaining safe housing is difficult and expensive in severe weather. Participants stressed the importance of considering climate when planning housing types to ensure they are safe.

> *"Our extreme conditions are hard on roofs and windows and doors and porches…the environment is very hard and so it's really hard for folks to maintain." –Key Informant*

"We've had a number of people that talk about, you know, how important it would be to have trailer parks and that, you know, we don't have enough of those. But what we're finding through our studies is things like that are not optimal for here. The way that those are constructed has a tendency to absorb moisture, create mold, and nobody wants to live in that."—Key Informant

Populations most impacted include:

- Middle income professionals
- People who work seasonally
- Families
- Older adults

Community and Policy Engagement: Key Informants expressed the need for policymakers to listen to residents and consider their needs when developing housing solutions. While there are organizations that are working on housing solutions and provide services to people experiencing homelessness, gaps remain. Participants expressed the need for supportive housing and jobs to improve community living conditions.

Behavioral health challenges and access (mental health and substance use/misuse)

Participants identified behavioral health challenges and access to care as significant community needs.

Mental Health: Many community members face difficulties accessing services, and there is a strong desire for navigators to help them find the necessary care. Mental health beds are limited and long waiting lists for therapy are common due to a shortage of providers and specialists. Although some progress has been made in offering counseling services, recruiting and retaining counselors remains a challenge. Telehealth services are available, but they are not considered ideal.

Substance Use Disorders (SUD): Participants reported a lack of detox centers and residential treatment programs for substance use disorders. The use of substances like methamphetamine, fentanyl, heroin, and alcohol is worsened by isolation and harsh climate conditions. Participants expressed the need for more structured programming, noting that only one Intensive Outpatient Program is available. The co-occurrence of substance use and mental health issues is common, with smoking, alcohol, and drugs often linked to domestic violence and child abuse or neglect.

Access to Services Participants shared frustration over long wait times when individuals are ready to seek treatment. Services are often unavailable during the crucial period when individuals are open to receiving help. Emergency response centers are needed for acute mental health distress and substance use disorder cases. Budget cuts have affected long-term behavioral health services on the island, leading individuals to seek treatment off island. Structural barriers like lack of transportation, geographic isolation, and community layout also affect accessibility.

Gaps and Needs: Financial limitations, including concerns about potential reductions in safety net programs such as Medicaid, heavily impact those seeking resources. More programs are needed for serious mental health conditions, such as schizophrenia. There is a shortage of post-acute care and home health services, leading to longer hospital stays. Participants suggest warm handoffs to providers and navigators for those seeking treatment for substance use disorders.

Community and Environmental Challenges: According to participants, climate and isolation contribute to depression and impact overall mental well-being. Children in schools need more behavioral health support. Behavioral issues are common in schools, affecting children's safety and mental health. Seasonal changes and geographic isolation contribute to mood disorders, anxiety, and stress. Limited economic opportunities, with many jobs being entry-level and low-paying, add to stress and mental health challenges.

Populations disproportionately impacted include:

- Youth
- Members of the Coast Guard
- People experiencing homelessness
- Fishing communities
- People with low incomes
- Young men
- BIPOC Communities

Access to Childcare and Preschools

Participants identified a need for improved access to childcare services in the community. They shared that many providers have closed over the past few years, with closures increasing during the COVID-19 pandemic. This has resulted in gaps, particularly for children from birth to age five, as large centers and preschools are no longer operating. People often encounter long waiting lists at remaining facilities, and there is a noted shortage of licensed providers for infants.

Access and Reliability: Key informants noted that childcare access has been a longstanding challenge. Participants shared that there are efforts to address childcare shortages, but these programs do not cater to infants or children not yet in school. Available services are often fully booked and difficult to access. Several preschools have also closed down.

Financial Challenges: Participants explained that childcare providers face financial difficulties, often leading to shutdowns. The high cost of childcare is a barrier for many potential workers, who find that their earnings would mainly cover childcare expenses. The high cost of childcare continues to affect family budgets and planning.

> *"There are people that would love to work, but basically they would be working to pay for childcare."—Key Informant*

Workforce Impact: Participants expressed that the lack of childcare affects people's ability to work. When families cannot find childcare, parents often have to stay home, leaving job vacancies unfilled. This situation presents challenges for hiring staff in local businesses and organizations.

> *"We see that there is definitely a huge need for childcare, which does prevent some people from having employment and actually being able to afford housing."—Key Informant*

Populations disproportionately impacted include:

- Families with children 5 years and under

Economic Security

Key Informants frequently emphasized the difficulties associated with the high costs of living, especially concerning housing, food, childcare, and general expenses. These financial pressures make it hard for families to manage on a single income, leading some to have to leave the community.

Job Security and Employment Challenges: Key informants highlighted limited access to well-paying, stable jobs due to the lack of large industries. Industries like fishing have struggled, leading to broader economic challenges. Many people work multiple jobs to make ends meet. Recruitment for available positions, especially in professional sectors like counseling centers, is often challenging. Many individuals are underemployed or underinsured, which impacts their economic stability and access to services.

> *"We have some of the hardest working families. But because of lack of education or completion of high school or access to, you know, getting a GED or college education, they work multiple low paying jobs." –Key Informant*

Access to childcare: Economic security in the community is impacted by limited access to affordable childcare. Within families, siblings sometimes take on caregiving responsibilities for younger children. Financial strain impacts people's ability to maintain safe living conditions, affecting their overall quality of life.

Access to Services: Participants noted that essential services are often out of reach for those earning less than $20/hour, exacerbated by the uncertainty of government and public assistance programs and services. Families that rely on public assistance face uncertainty due to potential legislative changes, which threaten economic security.

Despite facing challenges, there are efforts to develop downtown areas and support small businesses to boost the job market and attract visitors.

> *"We're trying to definitely strengthen the jobs that already exist here to kind of elevate them to offset the cost, and then we're trying to ensure that there are clear pathways to employment." –Key Informant*

Populations disproportionately impacted include:

- **Families with low incomes:** Families with limited incomes experience the highest burden of rising living costs, limited access to resources, and potential reductions in safety net programs such as Medicaid.
- **Hourly and seasonal workers:** Workers in manual labor and industries including fishing, food processing, manufacturing, and service are particularly vulnerable to economic pressures and often juggle multiple jobs to make ends meet.
- **Families with children:** High cost of childcare limits parents' work opportunities.
- **Professionals, including teachers:** High cost of living, particularly housing, impacts people in professional fields.

Medium Priority Unmet Health-Related Needs

Two additional needs were often discussed by key informants:

5. Access to Healthcare
6. Food Security

Access to Healthcare, including Dental Care

Affordability and Insurance Coverage: Participants expressed the need for affordable healthcare in their community. High costs and limited insurance coverage prevent many from seeking care, including dental care. Participants also noted that some community members are not aware of services and resources available.

Availability of Health Services: Key Informants highlighted a shortage of providers, especially dentists and specialists such as dermatologists, gynecologists, orthopedic surgeons, pediatric neurologists, nephrologists, cardiologists, and rheumatologists. Residents must often travel to Anchorage for specialty care.

Barriers to Access: Participants discussed several barriers that impact access to healthcare.

- **Extreme weather conditions** often isolate rural areas, making it hard for residents to access healthcare and other essentials like food and medications.
- Community members face **long wait times** and often use the emergency department due to **limited appointment availability**.
- **Transportation** within the community is a challenge, particularly for those without vehicles. Many people have to travel off-island to places like Anchorage for specialized healthcare services that are not available locally.
- **Fear:** Some community members are hesitant to seek care due to concerns about the involvement of the government or because of past traumas.
- **Insurance barriers**: Many individuals are underinsured or uninsured. Lack of insurance can lead to reliance on emergency services for care, which may not be sustainable or adequate for managing chronic conditions.

Specialty Care and Complex Needs: Participants expressed the need for improved access to specialty care for people with complex medical conditions, such as cancer and those waiting for kidney transplants or dialysis. Maternal and child services were also noted as limited. There is a growing demand for both older adult care and long-term chronic disease management. Facilities that provide services to older adults are often at capacity. There is also a lack of post-acute care services, which makes it difficult for people to receive proper care after hospital discharge. Organizations have trouble staffing, and there is a need for healthcare services to be provided outside typical working hours.

"We certainly have a population that does not engage in prenatal care and we get them at the very end when crises are happening." –Key Informant

Populations disproportionately impacted include:

- **Alaska Native communities**: Due to historical trauma and lack of culturally sensitive care, Alaska Native communities may face challenges related to trust and engagement with healthcare systems, impacting their access to necessary services.
- **People experiencing homelessness**: People experiencing homelessness do not have the resources to seek and maintain consistent healthcare.
- **Youth**: Youth, especially those in foster care, face barriers to accessing healthcare.
- **People with higher levels of medical need**: Those requiring specialty care, such as for chronic conditions, cancer, or complex medical issues, are impacted due to the lack of specialists available locally.
- **Older adults**: Older adults, particularly those with mental health needs like Alzheimer's disease and dementia, face barriers due to isolation, lack of transportation, and the need to travel for specialty care.
- **Filipino community**: Cultural differences in healthcare delivery can result in reluctance to engage with the local healthcare system in Kodiak, potentially leading to delays in seeking necessary care until conditions become more serious or urgent.
- **People with low incomes**: People with low incomes may find it difficult to afford travel expenses, especially if they cannot take time off work or have other financial responsibilities.
- **People working manual labor jobs**: Those working manual labor jobs, such as in canneries, need outreach to access services.

"[There is a need for] effective care for the large population we have that's transient that a lot of times is working in the canneries. I think that we do our best, but I think that we still have a long way to go to provide effective outreach for that population."—Key Informant

Food Security

Key informants highlighted Food Security as a need within the community.

High Food Costs: Key informants shared that food in Kodiak is expensive for everyone. They highlighted rising prices of essential grocery items being unaffordable for families. Co-ops offer an alternative, but require payment in advance.

Limited Freshness and Availability: Participants noted that produce often lacks freshness by the time it arrives in Kodiak, leading to a short shelf life. Stores sell items close to expiration, meaning donated food can sometimes be spoiled. Participants noted the short growing season in Kodiak, which makes it tough to grow local food. Residents find it challenging to cultivate their own sources.

"By the time the produce gets here, it's on its way out already."—Key Informant

Weather and Remoteness: Extreme weather like fog, rain, and high winds disrupts food barge arrivals, leading to shortages. Kodiak's remote location makes accessing food and healthcare challenging. This issue is particularly severe in fall and winter, resulting in bare grocery shelves.

"There are times when we have no eggs, chicken, or produce." –Key Informant

Food Scarcity and Community Response: When barges can't dock, scarcity becomes severe, with some periods lasting up to two weeks. Community members use social media to show empty shelves. Although the Coast Guard can help, this isn't a consistent solution.

Community Support Systems: Food support programs depend on donations and grants. Co-ops also bring food on planes, providing some relief despite requiring advance sign-up and payment.

Populations disproportionately impacted include:

- **Families with low incomes**: The high cost of food makes it difficult for families with limited financial resources to afford basic groceries. When prices double or food becomes scarce due to supply chain disruptions, these families struggle the most to maintain food security.
- **People experiencing homelessness**: Shelters, which rely heavily on donations and grants, find it challenging to provide meals when food prices are high or when donated food is close to its expiration date and thus not usable.
- **Older adults:** Older adults who access services like the senior center for meals are impacted, especially when these services rely on donations and grants that may not be sufficient to cover periods of scarcity.
- **General population during weather events:** When food barges cannot dock due to extreme weather, the entire population faces the risk of food insecurity, but those without access to alternative resources or the ability to pay for more expensive options suffer the most.

Appendix 2: Community Resources Available to Address Significant Health Needs

Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table_Apx 2. Community Resources Available to Address Significant Health Needs

Organization or Program	Description of services offered	Top Health Need(s) Addressed

Providence Kodiak Island Medical Center	Critical access hospital that features 25 acute care beds, including four birthing suites 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, gynecology, audiology and ear, nose, and throat specialists. The Chiniak Bay Elder House, PKIMC's extended care facility, has 22 long-term care beds.	Behavioral Health Economic Security / Basic Needs Healthy Behaviors/Physical Health Access to Healthcare
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.	Behavioral Health Healthy Behaviors/Physical Health Access to Healthcare
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.	Behavioral Health Economic Security / Basic Needs Healthy Behaviors/Physical Health Access to Healthcare
U.S. Coast Guard Rockmore-King Clinic	Provides outpatient and dental care services to active duty.	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 adults, and control of infectious disease.	Behavioral Health Economic Security / Basic Needs Healthy Behaviors/Physical Health Access to Healthcare
Providence Kodiak Island	Counseling for all age groups, family and couples therapy, mental health clinicians in the schools, case management	Behavioral Health

Counselling Center	for chronically mentally ill, medication management, and outpatient chemical dependency treatment.	
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 (KANA)	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
North Pacific Medical Center	Long time local family practice provider.	Access to Healthcare
Sound Mental Health	Counseling for all age groups, family and couples therapy, mental health clinicians in the outpatient setting.	Mental Health
Brother Francis Shelter Kodiak	Homeless Shelter with some housing support services	Economic Security / Basic Needs

Appendix 3: CHNA Advisory Council

Table_Apx 3. CHNA Advisory Council Members

Name	Title	Organization	Sector
Allison Fong	VP Strategic Initiatives	Kodiak Area Native Association	Healthcare Behavioral Health Tribal Health
Arwen Botz	VP Community Services	Kodiak Area Native Association	Healthcare Behavioral Health Tribal Health
Carol Juergens, MD	Retired	Former Kodiak Island Medical Associates Primary Care Clinic	Healthcare
Dave Johnson	Assembly Rep	Borough/Harbor Master	Public
Djuna Davidson	Director of Advancement	Alutiiq Museum, City Council Member	Public
Ellen Simenonoff	Executive Director	Kodiak Chamber of Commerce	Private
Greg Norkus, MD	Chief of Staff	Providence Kodiak Island Medical Center	Healthcare
Karissa Soecker	VP Health Services	Kodiak Area Native Association	Healthcare Behavioral Health Tribal Health
Karl Hertz	Hospital Administrator	Providence Kodiak Island Medical Center	Healthcare Behavioral Health
Kate Paulson	Executive Director/Business owner	Kodiak Kindness/The Islander Book Store	Private
Mary Jane Pediangco	CPA	Townsend Taxes	Private
Michelle Shuravloff-Nelson	N/A	Community Member	Community
Mike Pfeffer	CEO	Kodiak Area Native Association	Healthcare Behavioral Health Tribal Health
Mike Tvenge	Retired	Former City Mayor	Public
Olivera Wilson	CEO	Kodiak Community Health Center	Healthcare Behavioral Health
Pat Branson	Retired	Former City Mayor	Public
William “Bill” Roberts	Retired	Former Borough Manager	Public

Appendix 4: Quantitative Data

PRIMARY DATA COLLECTION SURVEY RESULTS

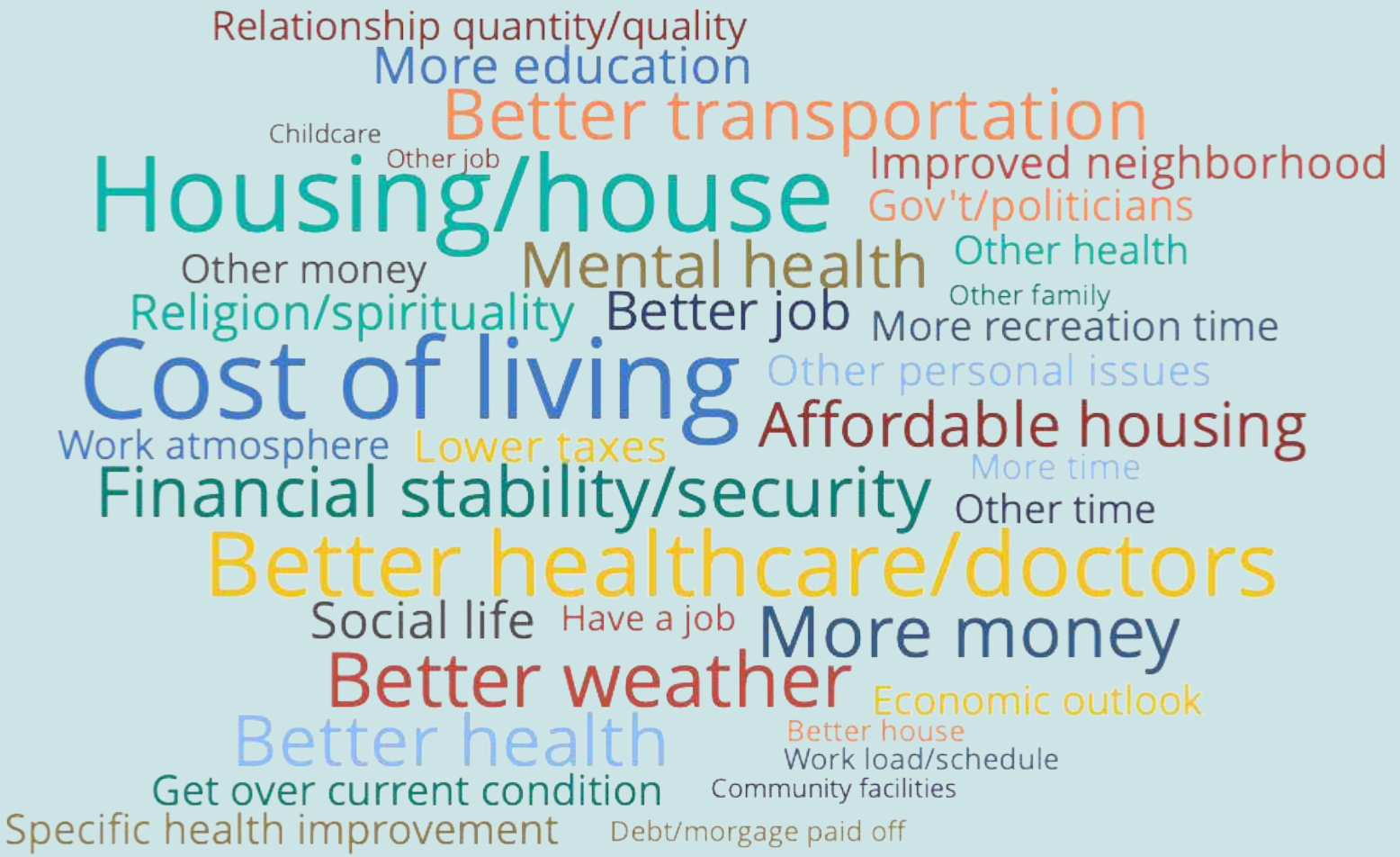
Community Health & Well-being Monitor
2025 Results Report for
Kodiak Island, Borough, AK

With Kodiak 2022 Benchmark Trend Results

Prepared for:

Nathan Johnson – Providence, Alaska

October 2025



2025 Word Cloud

Prepared by:

Providence SWEDISH

Providence Institute for a Healthier Community

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Demographics*

Gender Identity	%
Male	50%
Female	50%
Self-describe	0%
Refused	1%

Age	%
NET: 18-34	***25%***
18-24	5%
25-34	20%
NET: 35-54	***36%***
35-44	24%
45-54	13%
NET: 55+	***39%***
55-64	20%
65-74	16%
75 or older	4%

*Respondent data were weighted to reflect actual demographic distributions within the community. We did this to correct the total sample from under or over-representing specific groups that may have been less or more likely to take the survey. The tables on this page represent the weighted demographic proportions that were used for reporting.

Ethnicity	%
American Indian or Alaska Native	19%
Filipino	15%
White or Caucasian	64%
Other	10%
Unknown	100%

Household	%
Single, living alone or with other adults	29%
Couple with no children at home	28%
Single with children at home	3%
Couple with children at home	31%
Three generations in household	2%
Other	7%

Employment	%
NET: Employed	***78%***
Employed full time	70%
Employed part time	8%
NET: Not employed	***22%***
Not currently employed	6%
Student	1%
Retired	15%

Income	%
NET: Less than $50k	***25%***
Less than $25,000	11%
$25,000-$49,999	15%
NET: $50k-$99.9k	***36%***
$50,000-$74,999	22%
$75,000-$99,999	14%
NET: $100k+	***37%***
$100,000-$124,999	12%
$125,000-$149,999	3%
$150,000-$199,999	12%
$200,000 or more	10%

Education	%
Did not finish high school	1%
High school diploma / GED	20%
Vocational / Technical school	8%
Some College	28%
NET: College Grad+	***43%***
Bachelor's Degree	25%
Graduate School	18%

Sample Size	n=
2025	150

Defining the Measures: Glossary of Terms

1. **CORE4™ Measures**

   CORE4™ Well-being Index (grade average): 1 metric, linked to Core4™ satisfaction indicators

   CORE4™ Well-being Measure Scores (averages for each): 4 key satisfaction Indicators, that together inform the Index The four key satisfaction question are: satisfaction with life, overall-wellbeing, physical health and mental/emotional health.

   CORE4™ Well-being Segments: The distribution of our community's well-being, based on how each person answered each of the Core4

2. **CAN-DO™ Scores:** Capacity & Motivation to improve
3. **Six Dimensions of Health:** Indicators across six dimensions of health
4. **What It Takes for Communities to Flourish:** Indicators across the six dimension that most impact overall well-being (CORE4 Well-being Index)
5. **Topical Question(s):** Additional questions that that dive deeper into a current issue or need
6. **One Thing Make Your Life Better Word Cloud:** A visual compilation of text answers to 'one thing that would make your life better'.

Summary Six Dimension of Health

What Your Community is Telling You

Kodiak 2025

Relationships & Social Connections

- *Personal relationships* have trended down: 35% now rate their relationships positively, vs. 45% in 2025.
- Community connections are down significantly compared to three years ago.
  - Positive ratings of *feeling like part of a community* decreased to 22%, vs. 36% in 2022. Positive ratings of *community efficacy* dropped to 12%, vs. 34% in 2022.
- Perceived *discrimination* was also up (31%, vs. 21% in 2022). Discrimination by race, age, and language all trended up significantly.

Mental & Emotional Health

- State of *emotional health* is down directionally, with 28% rating themselves highly in this area, compared to 35% in 2022.
- However, the importance of *religion and spirituality* held stead: 41% rate highly, the same as in 2022 (41%).
- *Purpose and meaning* was down significantly: 40% now rate highly, compared to 53% in 2022.

Neighborhood and Environment

Neighborhood ratings dropped dramatically vs. 2022:

- Only a quarter (26%) rate their neighborhoods highly this year, compared to half (53%) in 2022. Low ratings increased (32%, vs. 13% in 2022).
- Similarly, only a quarter (23%) rate their community a *good place to raise children*, compared to half (48%) in 2022. Low ratings increased (37%, vs. 18% in 2022).
- Positive ratings of *community as a place to grow old* were also down: Only 16% rate highly on this measure, compared to 30% in 2022. Low ratings increased (58%, vs. 38% in 2022).

Physical Health

This year sees improvement in the consumption of fresh food compared to 2022, and parity in regular exercise:

- *Fruit and vegetable* consumption has improved: Some 40% report consuming fresh fruits and vegetables 5+ times per week, vs. 32% in 2022.
- *Exercise days* are consistent with 2022: 72% exercise at least 3 days per week, compared to 71% in 2022.

Work, Learning & Growth

- W*ork satisfaction* has decreased slightly. Fewer rate positively (30%, vs. 37% in 2022), and higher proportion rate low (32%, vs. 25% in 2022).
- Perceived *opportunities for learning and growth* are down significantly: Only 25% rate highly on this measure, compared to 45% in 2022. Education needs have also increased from 11% in 2022 to 29% this year.
- *Job insecurity* also trended negative: Some 16% are job insecure, vs. 12% in 2022.

Security & Basic Needs

- *Financial security* was down significantly, with only 22% rating highly, compared to 35% in 2022. More also rate low than in 2022 (50%, vs. 34%).
- The *ability to meet basic needs* was also down: Fewer than half (39%) now rate highly, compared to 50% in 2022. *Access to medical care and health information* was also down (34% rate high, vs. 46% in 2022).
- Some 58% of Kodiak residents report one specific basic need that they need help with, most commonly health care, education, power & water, and food.

Six Dimension of Health

How Your Community Can Flourish

Kodiak 2025

Physical Health

- Neither physical health indicator measured this year is among the most impactful on overall well-being.
- However, physical health generally is shown to be an important component in overall well-being, as or more important than mental and emotional health.
- Maintaining physical health through diet and exercise is key to supporting an individual's well-being.

Mental & Emotional Health

- **Most impactful indicator** of overall well-being: Current state of mental/emotional health (*each impacts the other*)
- **2nd most impactful indicator**: Sense of purpose and meaning (*each impacts the other*)
- Key to driving positive outcomes in both of these areas is relationships with others and religion and spirituality.
- Financial security and ability to meet basic needs are also important to mental/emotional health.
- Community belonging and work satisfaction play a strong role in sense of purpose and meaning.

Security & Basic Needs

- **3th most impactful indicator** of overall well-being: Financial security
- **6th most impactful indicator** of overall well-being: Ability to meet basic needs
- Key to driving positive outcomes in both of these areas are current mental/emotional state and neighborhood quality.
- The ability to meet basic needs, community efficacy, and work satisfaction are further to driving success in financial security.
- Financial security, community belonging, and ability to get medical care and information are further important to ability to meet basic needs.

Relationships & Social Connections

- **4th most impactful indicator** of overall well-being: Relationships with other people
- **5th most impactful indicator** of overall well-being: Community belonging
- Both are influenced by mental/emotional state, sense of purpose and meaning, and neighborhood quality.
- Additionally, community belonging and work satisfaction are important to relationships.
- Opportunities for learning and growth and community efficacy has a strong relationship to community efficacy.

Work, Learning & Growth

- **8th most impactful indicator** of overall well-being: Opportunities for learning & growth
- Perceived opportunities are strongly related to work satisfaction and current mental/emotional state.
- Additionally, one's environment plays a key role, including neighborhood quality, community belonging, and community efficacy.

Neighborhood and Environment

- **7th most impactful indicator** of overall well-being: Neighborhood quality
- Key to driving positive outcomes is community as a place to raise children..
- Also important are a person's sense of belonging and relationships with others.
- Opportunities for learning and growth, and work satisfaction, are also related to one's perceptions of neighborhood quality.

Core4 Well-being Index Score

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

Scores are averaged across these four measures to create the composite score below.

Core4 Index Score: D

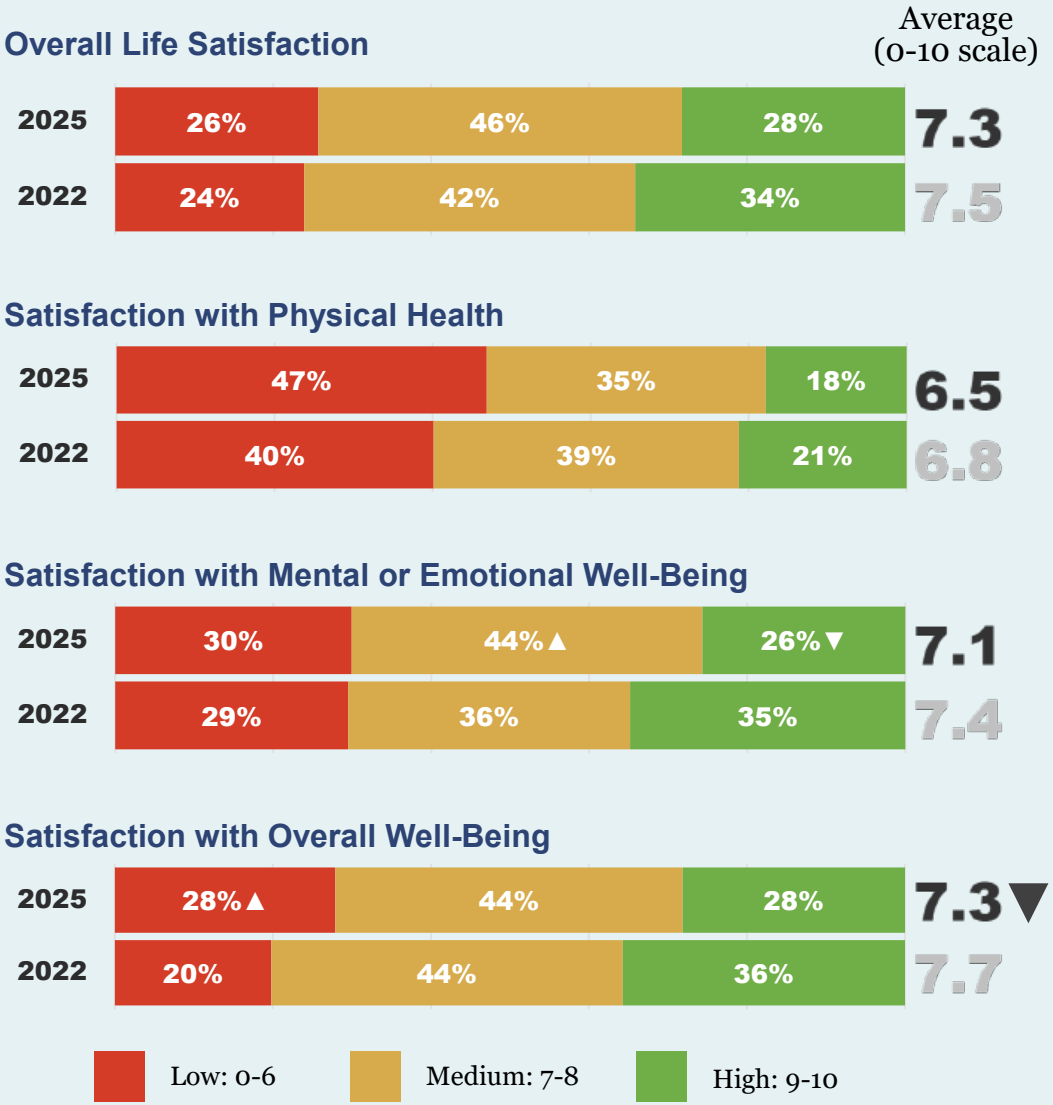
Key Influences

These measures are the most likely to impact your overall Core4 Index Score. They span across 5 of the 6 dimensions of health and well-being and are in rank order:

- Mental/emotional health (MES)
- Sense of purpose and meaning (MES)
- Financial security (SBN)
- Relationships with others (RSC)
- Feeling like part of a community (RSC)
- Ability to meet basic needs (SBN)
- Neighborhood quality (NE)
- Opportunities for learning and growth (WLG)

Core4 Well-being Score:

Averages on 0-10 scale, where 10=completely satisfied



▼▲ arrows signify statistically significant difference from previous year

Well-being Segments

The HWBM Well-being segments give a picture of how each member of your community is doing across all four Core4 measures.

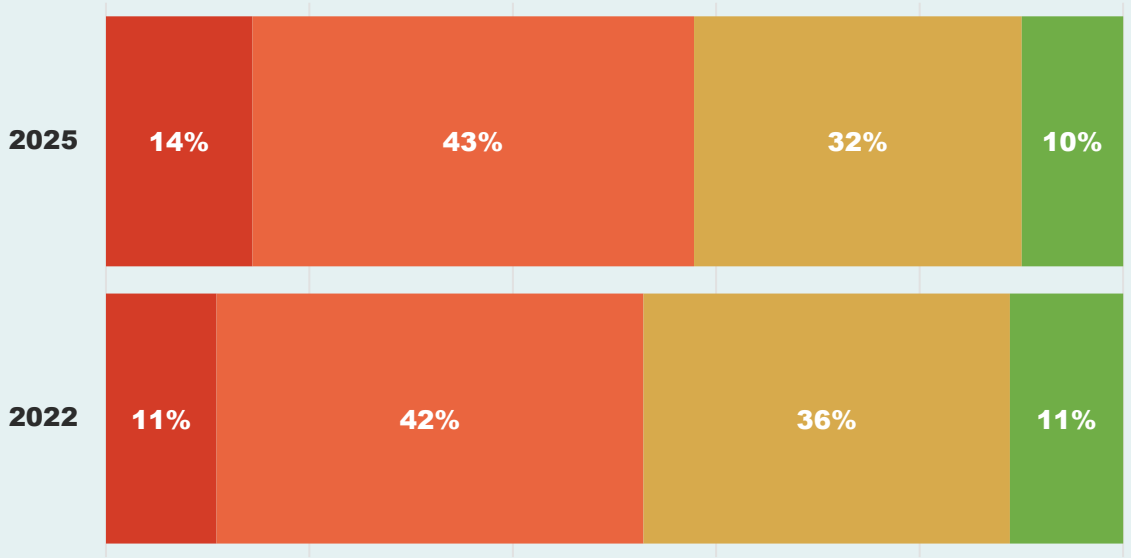
- People who score highest (9-10) on all four are FLOURISHING.
- Those whose scores are all positive (7-10) are DOING WELL.
- People with a mix of lower and higher scores (0-10) are MIXED.
- People whose scores are all low (0-6) are STRUGGLING.

Key Findings

- This year sees a very minor shift in well-being levels across Kodiak residents compared to 2021:
  - Slightly fewer are Flourishing and Doing Well than in 2022, and slightly more are Mixed and Struggling.
- With this shift, 57% lean towards Mixed/Struggling, vs. 53% in 2022, and 43% are Doing Well/Flourishing, compared to 47% in 2025.

Well-Being Segments Trends

Averages on 0-10 scale, where 10=completely satisfied



Struggling: All Low Scores (0-6)	Mixed: Varied High & Low (0-10)	Doing Well: All Positive (7-10)	Flourishing: All Very High (9-10)

▼▲ arrows signify statistically significant difference from previous year

Core4 Scores and Well-Being Segments

Core4 scores in your community are lowest among those ages 18-34, Alaska Natives, singles, and those earning <$50k/year. Those ages 55+, Filipinos, couples, and those earning $100k+/year have the highest Core4 scores.

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Core4 Index Score	7.3	7.1	6.7	7.1	7.4	6.7	7.6	7.1	6.9	6.9	7.1	7.1	6.5	7.4	6.5	7.1	7.5

Average well-being score for each group

(darker = better)

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Struggling	10%	13%	16%	14%	9%	18%	8%	12%	21%	16%	11%	14%	22%	9%	24%	10%	7%
Mixed	45%	44%	50%	42%	44%	46%	33%	46%	44%	46%	50%	41%	42%	46%	47%	44%	45%
Doing Well	31%	36%	28%	36%	38%	33%	45%	34%	30%	38%	32%	34%	30%	35%	24%	40%	36%
Flourishing	13%	7%	6%	8%	9%	3%	14%	7%	5%	0%	7%	10%	5%	10%	5%	5%	11%

% of each group falling into each well-being segment

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Core4 Composite Measures

The groups most likely to score low across some or all of the Core4 measures include those ages 18-34, Alaska Natives, singles, and those earning less than $50k/year.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Overall life	20%	28%	33%	28%	21%	34%	17%	26%	37%	35%	28%	27%	37%	23%	43%	25%	17%
Physical health	45%	44%	48%	45%	42%	53%	26%	45%	54%	43%	45%	45%	52%	42%	61%	38%	41%
Mental/emotional	23%	31%	45%	34%	17%	38%	27%	29%	34%	40%	35%	27%	38%	28%	45%	28%	23%
Overall well-being	24%	24%	32%	25%	20%	33%	13%	26%	34%	25%	24%	24%	40%	17%	41%	23%	16%

% of each group who scored low (0-6) on each measure

(darker = better)

The groups most likely to score high across most Core4 composite measures include those ages 55+, Filipinos, couples, and those earning $100k+/year. Physical health is an exception, where no group stands out as scoring much more highly than average.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Overall life	34%	26%	17%	26%	34%	18%	37%	25%	24%	33%	24%	28%	12%	33%	22%	25%	31%
Physical health	22%	16%	18%	19%	13%	11%	22%	16%	15%	14%	17%	20%	16%	20%	10%	18%	19%
Mental/emotional	31%	28%	17%	26%	36%	23%	33%	27%	20%	28%	25%	27%	17%	30%	20%	27%	33%
Overall well-being	32%	31%	23%	28%	37%	24%	34%	29%	32%	29%	27%	32%	15%	36%	25%	23%	40%

% of each group who scored high (9-10) on each measure

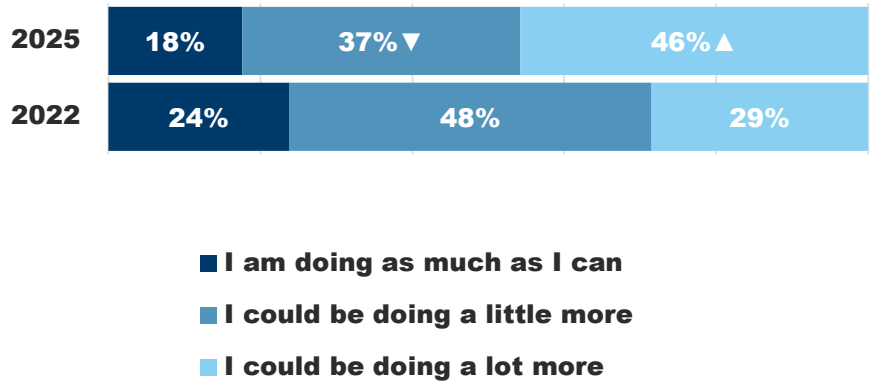
(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Individual Can-Do

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."

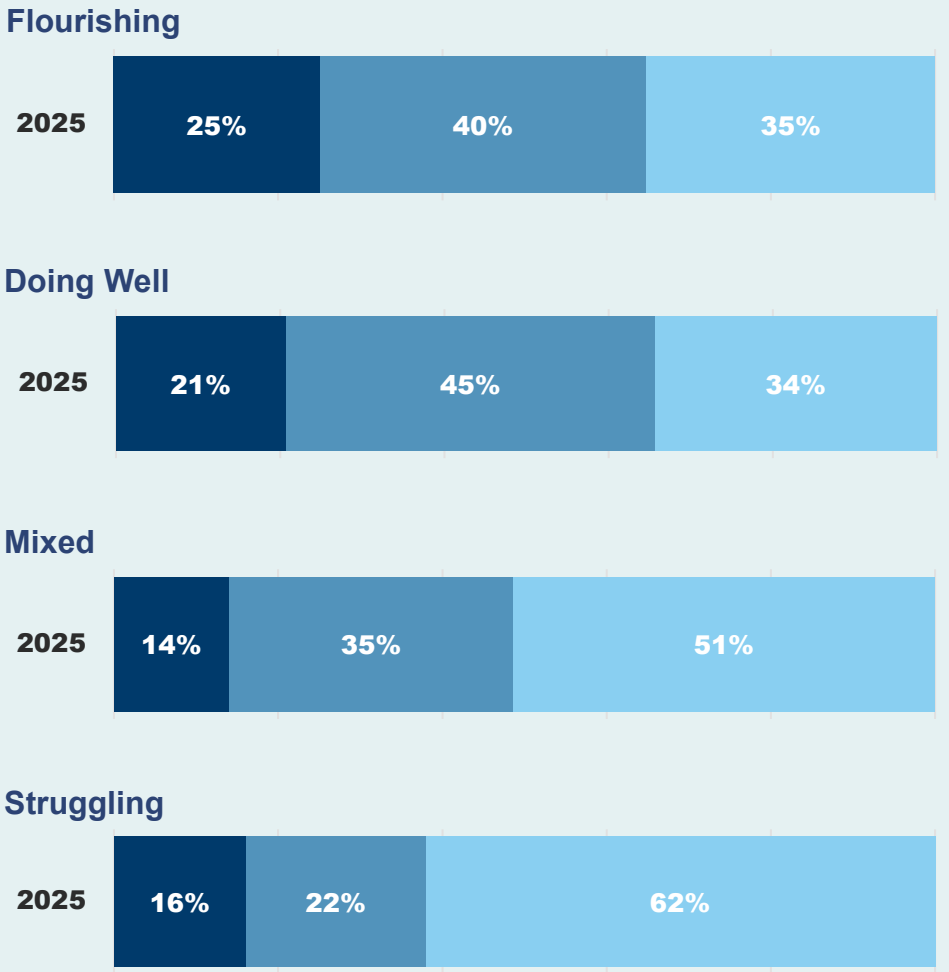
When it comes to maintaining or improving your health, which of these statements best describes you. (16)



Key Findings

- **Capacity** to change is higher, with 83% able to do "a little" or "a lot" more, compared to 77% in 2022;
- **Motivation** to change is also up, with nearly half (46%) indicating they could do "a lot" more, vs. only 29% in 2022;
- Motivation is is highest in those segments with the most need for interventsions: those Struggling and Mixed.

Can-do by Well-being Level



▼▲ arrows signify statistically significant difference from previous year

Individual Can-Do

The group most likely to have capacity to change ("could be doing a lot /a little more") is those earning $100k+.

Those with the least capacity ("doing as much as I can") are Filipinos.

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
A lot	49%	44%	50%	44%	41%	44%	54%	41%	45%	54%	48%	42%	43%	45%	45%	45%	44%
A little	33%	37%	32%	38%	38%	34%	12%	44%	38%	25%	36%	37%	33%	38%	31%	32%	44%
As much as I can	18%	19%	18%	17%	21%	22%	34%	16%	17%	21%	16%	21%	24%	17%	24%	23%	12%

% of each group choosing each response

(darker = higher)

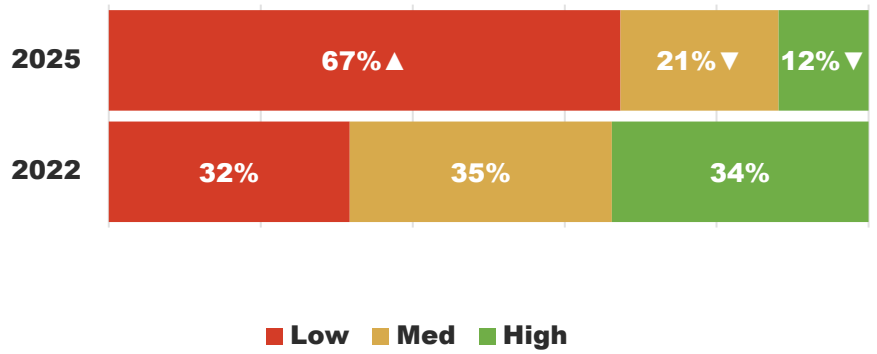
Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Community Efficacy

Community Efficacy is an individual's belief that they can influence decisions being made in or about their community.

While, Can-Do provides insights into respondents' capacities to improve their individual well-being.

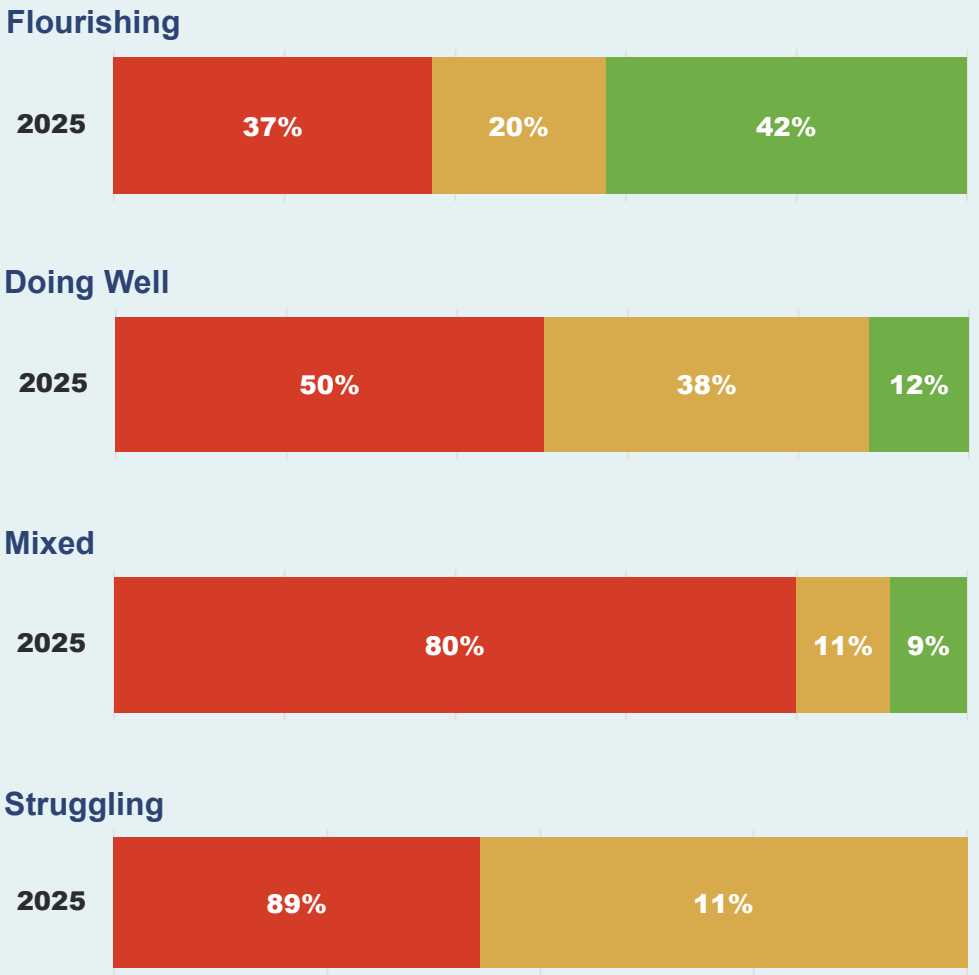
Community Efficacy



Key Findings

- Community efficacy is down, with only 12% believing they can have a strong impact on their communities, compared to 34% in 2022.
- Community efficacy is particularly low this year in all segments but those Flourishing.

Community Efficacy by Well-being Level

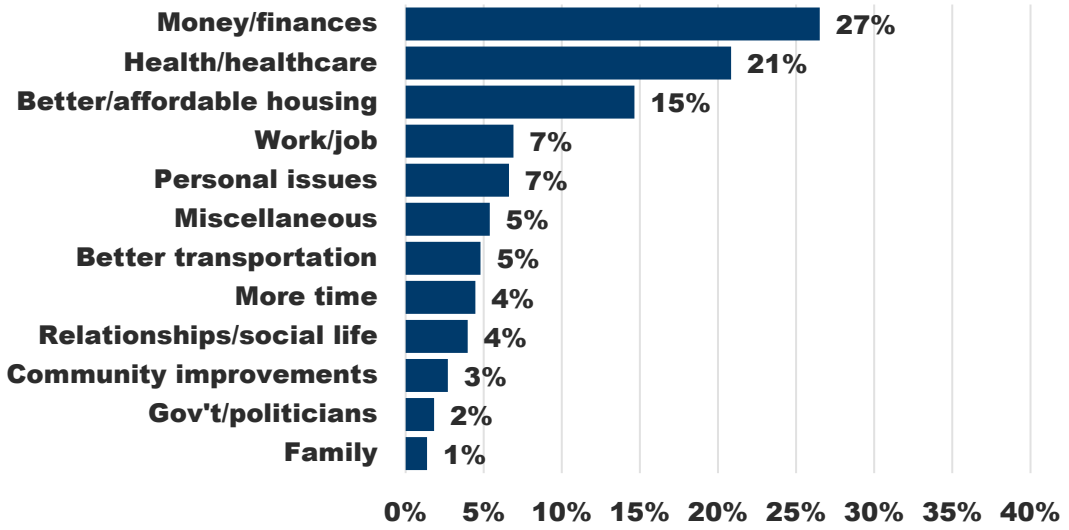


▼▲ arrows signify statistically significant difference from previous year

"One Thing..."

Before asking specifics about respondent's health and well-being, we asked them to tell us, in their own words, the "one thing" that would make their lives better. We coded the individual responses (reflected in the chart to the right) into broad categories (reflected below):

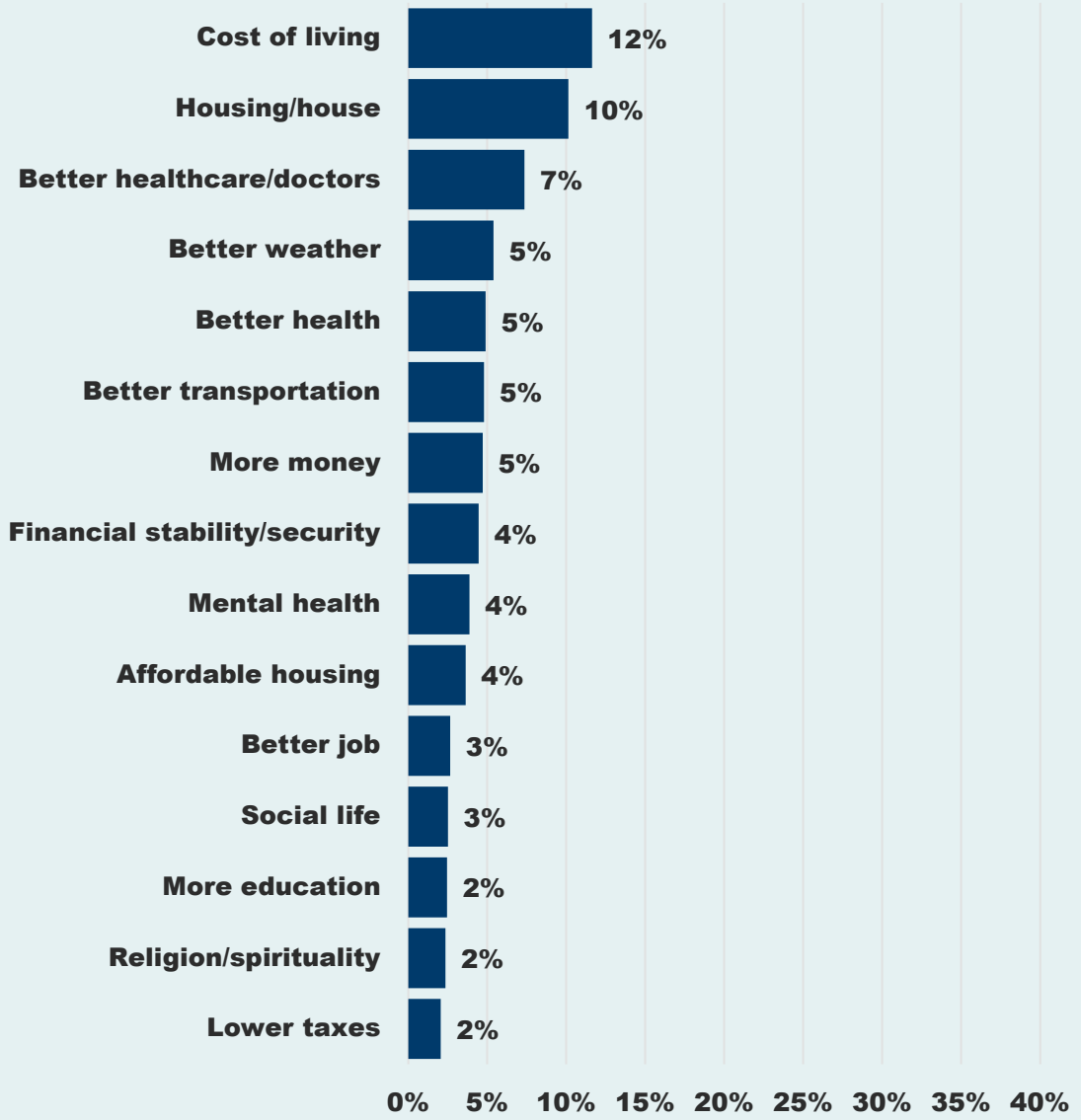
If you were to name one thing that would make your life better, what would that be?



Key Findings

- Money - specifically, improvements in *cost of living* - is the top item respondents cite that would make their lives better.
- Housing or affordable housing ranks second.
- Health - or *better healthcare/doctors* - ranks as the third most-cited area that would make the most positive impact on respondent's well-being.

"One Thing..." Individual Responses



- Relationship rating (q6g)
- Sense of community belonging (q7e)
- Community efficacy (q7c)

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 Your Community Can Flourish

Relationships with other people have the **4th strongest impact on overall well-being** and community belonging has the **5th strongest impact on overall well-being.**

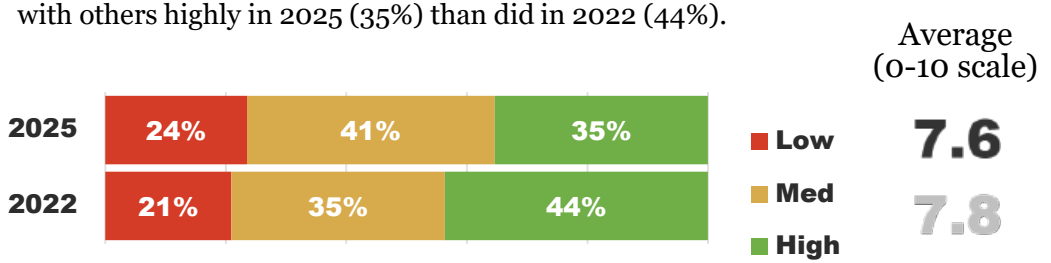
Among the key indicators with the most impact on both relationships with others and community belonging: Mental/emotional state, sense of purpose and meaning, and neighborhood quality.

In addition, community belonging and work satisfaction also strongly impact relationships, while opportunities for learning and growth and community efficacy have outsize impact on community belonging.

Key Findings

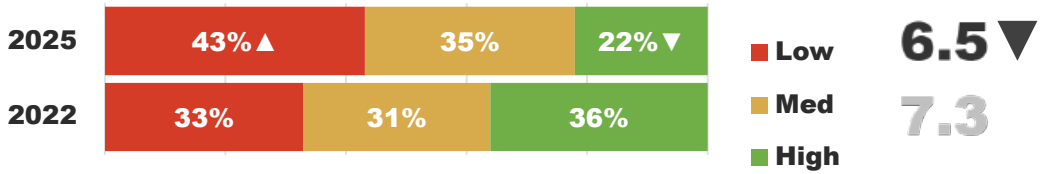
Personal relationships are down from 2022

- Relationships with other people: Fewer rate their relationships with others highly in 2025 (35%) than did in 2022 (44%).

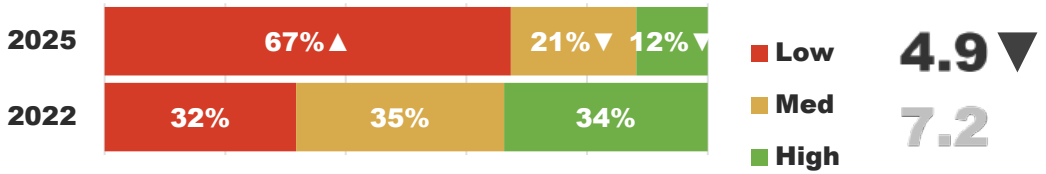


Community connections are also down

- Part of a community/sense of belonging: Like personal relationships, this year, fewer rate themselves highly on feeling like a part of their communities (22%) than did in 2022 (36%).



- Community efficacy: Community efficacy is also down from 2022, with very few rating themselves highly in this area (12%, vs. 34% in 2022).



▼▲ arrows signify statistically significant difference from previous year

Relationships & Social Connections

Alaska Natives, singles, and the lowest income earners (<$50k/year) are more likely than average to score low across all relationship measures. In addition:

- Those ages 18-34 rate low on *community belonging*.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Relationships	26%	18%	22%	20%	17%	28%	12%	18%	20%	29%	18%	21%	33%	14%	30%	20%	12%
Belonging	47%	36%	47%	39%	31%	51%	29%	38%	46%	51%	38%	40%	53%	33%	54%	35%	30%
Efficacy	73%	63%	66%	68%	61%	76%	39%	68%	64%	77%	60%	66%	73%	60%	76%	59%	65%

% of each group who scored low (0-6) on each measure

(darker = better)

Couples are more likely to score highly across all relationship measures. In addition:

- Those earning $100k+/year score highly on *relationships* and *belonging*. Those with kids and Filipinos score higher on *efficacy*.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Relationships	38%	39%	29%	38%	43%	35%	36%	40%	22%	24%	37%	39%	22%	45%	35%	34%	43%
Belonging	22%	30%	21%	26%	36%	25%	33%	29%	20%	9%	29%	27%	15%	33%	26%	23%	35%
Efficacy	11%	12%	10%	11%	13%	10%	24%	8%	14%	7%	15%	10%	8%	13%	8%	11%	13%

% of each group who scored high (9-10) on each measure

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

- Discrimination (10)
- Frequency of discrimination(10.1)

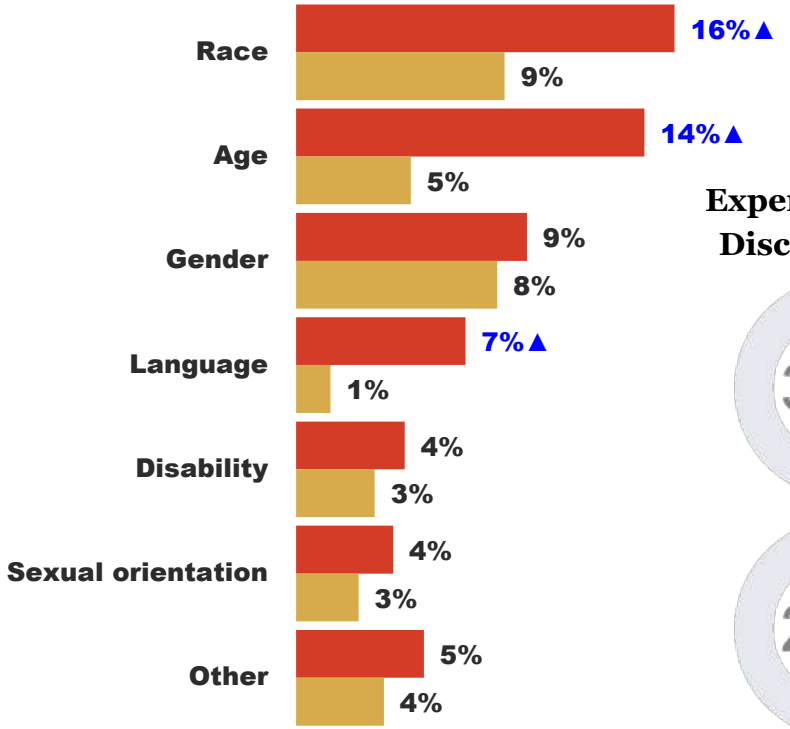
Discrimination

The impact of discrimination on well-being can be significant and detrimental on our health. Mental health, relationships, and physical health impacts include stress, anxiety, depression and chronic diseases. It can also erode confidence and a sense of belonging. Security and basic needs impacts include limiting opportunities to education, housing, employment and healthcare. It is crucial to address and combat discrimination in order to promote equality, inclusivity and overall well-being.

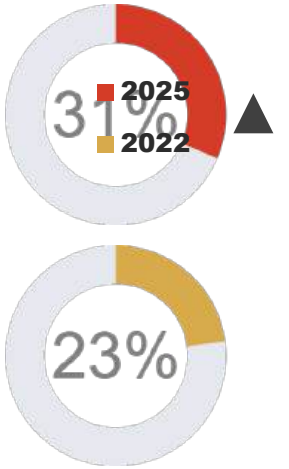
Key Findings

Reported discrimination higher than in 2022

- Discrimination is higher than in 2022 – 31% report having experienced some form of discrimination in the past 12 months, vs. 23% in 2022.
- Top areas of discrimination this year include: Race (16%), age (14%), and gender (9%).
- Perceived racial, age, and language-related discrimination all trended up significantly from 2022.



Experienced Any Discrimination



Other areas mentioned this year include:

- Religion, Weight, Health

▼▲ arrows signify statistically significant difference from previous year

Discrimination

Groups most likely to experience any form of perceived discrimination include those ages 18-34 (age), those ages 35-54 (gender), Alaska Natives (race), and Filipinos (race, language).

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
% selecting each	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Any	25%	33%	39%	37%	23%	33%	32%	32%	36%	50%	32%	34%	40%	30%	30%	37%	30%
Race	12%	14%	19%	15%	10%	20%	30%	9%	19%	29%	15%	15%	16%	15%	16%	17%	11%
Age	10%	13%	18%	8%	13%	15%	10%	14%	14%	7%	7%	13%	16%	9%	14%	15%	9%
Language	8%	4%	5%	4%	4%	3%	15%	2%	6%	10%	2%	6%	6%	3%	5%	7%	1%
Gender	4%	14%	18%	18%	6%	16%	5%	15%	16%	21%	17%	12%	15%	14%	9%	16%	15%
Disability	3%	5%	5%	3%	6%	6%	1%	6%	4%	8%	4%	5%	9%	3%	6%	6%	2%
Sexual orientation	2%	3%	5%	5%	0%	2%	2%	4%	2%	5%	3%	4%	6%	3%	4%	3%	3%

% of each group choosing each response

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

- Emotional Well-being current state rating (q6h)
- Religion/Spirituality importance (q7a)
- Sense of Purpose & Meaning (q7b)

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.

How Your Community Can Flourish

Emotional/mental well-being has the **strongest impact on overall well-being.** Sense of purpose and meaning is **2nd**.

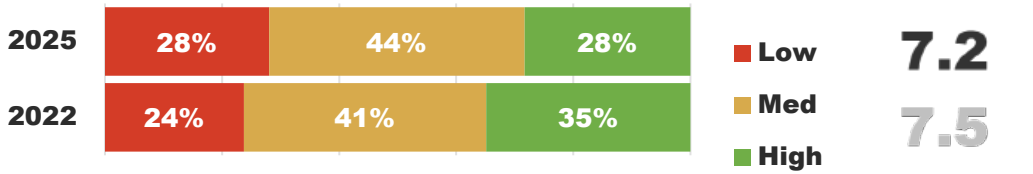
Key indicators with impact on driving positive outcomes in both of these areas are: Relationships with other people and religion and spirituality.

Other areas with positive impact on emotional/mental well-being are: Sense of purpose and meaning, financial security, and ability to meet basic needs.
Areas positively impacting sense of purpose and meaning are: Current emotional/mental state, community belonging, and work satisfaction.

Key Findings

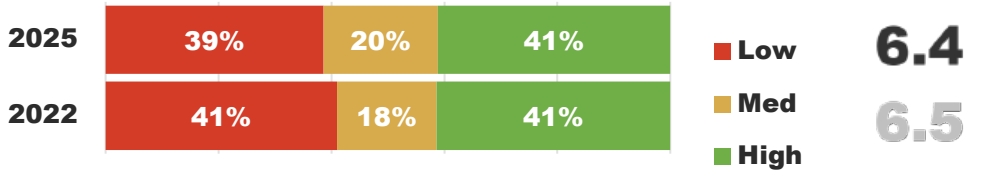
Mental/Emotional Health is down somewhat

- Mental/Emotional Health: Directionally fewer rate themselves highly on mental/emotional well-being this year than in 2022 (28%, vs. 35% in 2022).



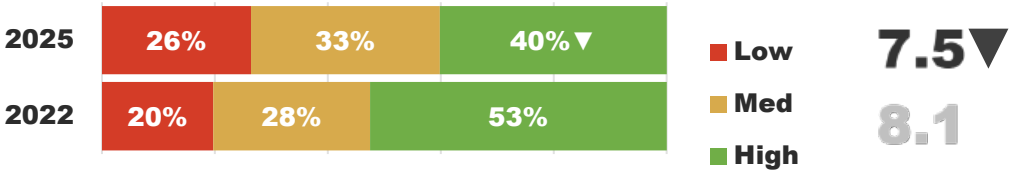
Religion and Spirituality is unchanged

- Religion and Spirituality: Some 41% report a high level of religion and spirituality in their lives this year, the same as in 2022.



Purpose and Meaning has trended down

- Like on many measures this year, fewer rate themselves highly on purpose and meaning (40% vs. 53% in 2022).



▼▲ arrows signify statistically significant difference from previous year

Mental, Emotional, & Spiritual Health

Those ages 18-34 are more likely than average to score low across all mental health measures. In addition:

- Those earning less than $50k/year rate low on *emotional state*. Those ages 35-54 and Caucasians rate low on *religion & spirituality*. Singles and those earning <$50k/year rate low on *purpose & meaning*.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Emotional state	24%	24%	35%	28%	14%	27%	23%	25%	27%	25%	28%	22%	30%	22%	34%	25%	17%
Religion & spirituality	34%	39%	52%	45%	25%	38%	18%	47%	44%	47%	45%	40%	45%	41%	29%	43%	43%
Purpose & meaning	27%	19%	29%	20%	15%	24%	21%	21%	25%	19%	18%	22%	34%	15%	29%	19%	17%

% of each group who scored low (0-6) on each measure

(darker = better)

No single group is more likely than average to rate highly across all mental health measures. However:

- Those ages 55+, and couples rate highly on *emotional state*. Those ages 55+, Filipinos, and those earning <$50k/year rate highly on *religion & spirituality*. Couples rate highly on *purpose & meaning*.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Emotional state	33%	31%	17%	29%	43%	26%	34%	31%	26%	22%	28%	33%	16%	37%	23%	30%	37%
Religion & spirituality	42%	41%	29%	37%	50%	43%	50%	35%	42%	34%	36%	39%	30%	41%	51%	37%	36%
Purpose & meaning	41%	48%	41%	45%	51%	40%	53%	44%	42%	37%	48%	42%	26%	52%	42%	44%	52%

% of each group who scored high (9-10) on each measure

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

- Neighborhood Quality Rating (6a)
- Cmty Good Place to Raise Kids (8a)
- Cmty Good Place to Grow Old (8b)

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.

How Your Community Can Flourish

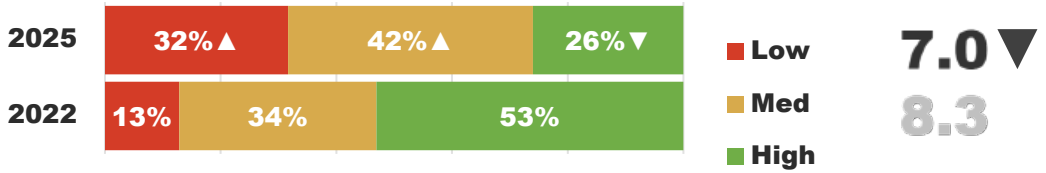
Neighborhood quality has the **7th strongest impact on overall well-being**.

Key indicators with impact on driving positive outcomes on neighborhood quality are: Neighborhood as a place to raise children, opportunities for learning and growth, work satisfaction, community belonging, and relationships with other people.

Key Findings

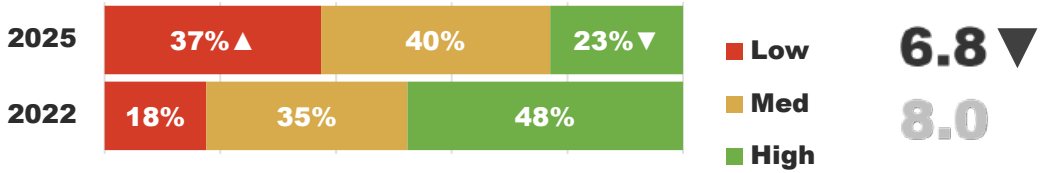
Satisfaction with neighborhoods is down significantly

- Neighborhood: High ratings trended down significantly (26%, vs. 53% in 2022), while low ratings were up (32%, vs. 13%), marking a dramatic shift in neighborhood ratings vs. 3 years ago.



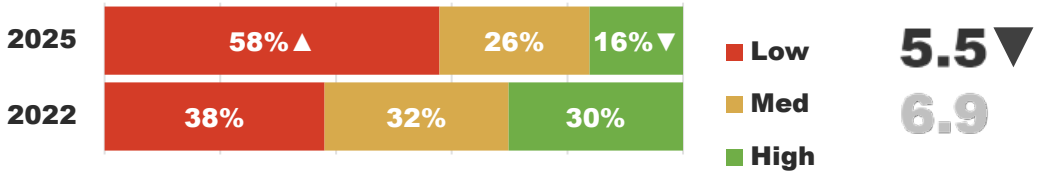
Community as a good place to raise children also down

- Raise Children: Like neighborhood quality, far fewer rate their neighborhoods highly as a place to raise families as did in 2022 (23%, vs. 48%), and more rate low (37%, vs. 18%).



Community as a place to grow old follows the same pattern

- Grow Old: Fewer rate their communities highly as a place to grow old (16%, vs. 30% in 2022), and more rate it low (58%, vs. 38% in 2022).



▼▲ arrows signify statistically significant difference from previous year

Neighborhood & Environment

No single group rates below average across all neighborhood measures. However:

- Men, Alaska Natives, singles, and those earning <$50k/year rate low on *neighborhood quality*. Alaska Natives and Caucasians rate low on *community as a good place to raise children*. Those ages 35-54 and Caucasians rate low on *community as a good place to grow old*.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Quality	34%	22%	30%	26%	18%	36%	20%	24%	26%	34%	23%	23%	37%	17%	40%	21%	17%
Raise children	36%	29%	37%	30%	28%	39%	21%	34%	29%	28%	30%	31%	37%	28%	35%	30%	30%
Grow old	54%	53%	49%	59%	51%	49%	26%	63%	55%	50%	56%	52%	61%	51%	41%	56%	59%

% of each group who scored low (0-6) on each measure

(darker = better)

No single group rates above average across all neighborhood measures. However:

- Those ages 55+ rate highly on *neighborhood quality*. Women, those ages 55+, Filipinos, and couples rate highly on *good place to raise children*. Alaska Natives, Filipinos, and those earning <$50k/year rate highly on *good place to grow old*.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Quality	25%	30%	20%	26%	37%	21%	30%	29%	24%	20%	26%	30%	21%	31%	25%	30%	29%
Raise children	22%	37%	28%	32%	40%	32%	46%	31%	25%	27%	33%	32%	20%	37%	35%	30%	37%
Grow old	21%	22%	24%	19%	21%	30%	39%	14%	21%	13%	20%	21%	17%	22%	34%	20%	13%

% of each group who scored high (9-10) on each measure

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

- Work or Job rating (q6d)
- Opportunities for Learning and Growth (q6g)
- Sense of Purpose and Meaning - *see Mental & Emotional Health* (q7b)
- Job Insecurity/unemployment (q9e)

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.

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.

How Your Community Can Flourish

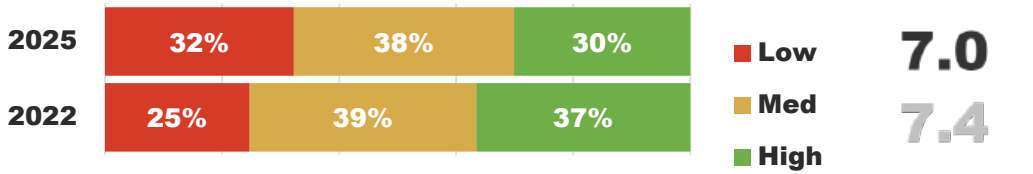
Opportunities for learning and growth have the **8th highest impact on overall well-being**.

Key indicators with the most impact on opportunities for learning and growth include: Neighborhood quality, work satisfaction, community belonging, community efficacy, and current mental/emotional state.

Key Findings

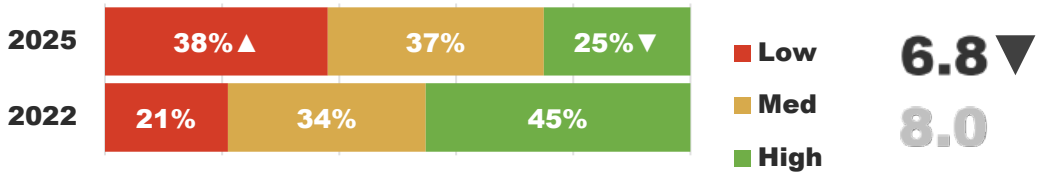
Work satisfaction is down slightly compared to 2022

- Work Satisfaction: About a third each rate their work or job highly, medium, and low, only somewhat down from 2022.



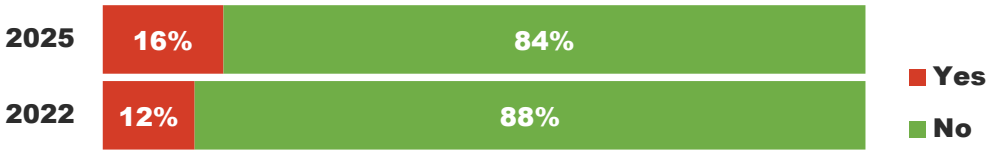
Perceived opportunities for learning & growth down a lot

- Opportunities: However, perceived opportunities are down significantly (25% rating highly, vs. 45% in 2022).
- Close to 1 in 3 report a need for education (*see TotalHealth 9*).



Job insecurity remains relatively low

- Job Insecurity: Only 16% report insecurity in their jobs, compared to 12% in 2022.



▼▲ arrows signify statistically significant difference from previous year

Work, Learning & Growth

Those earning <$50k/year are more likely than average to rate low across both work, learning, & growth measures. In addition:

- Singles rate low on *work satisfaction*. Alaska Natives rate low on *opportunities*.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Work or job	32%	28%	27%	31%	30%	32%	27%	29%	35%	39%	29%	31%	38%	27%	47%	28%	21%
Opportunities	37%	32%	35%	36%	31%	44%	26%	33%	43%	54%	32%	35%	40%	31%	48%	28%	31%

% of each group who scored low (0-6) on each measure

(darker = better)

Those ages 55+ are more likely than average to rate highly across all work, learning & growth measures. In addition:

- Those earning $100k+/year rate highly on *work satisfaction*. Couples rate highly on *opportunities*.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Work or job	34%	33%	28%	29%	41%	33%	35%	31%	28%	20%	30%	33%	26%	35%	24%	31%	39%
Opportunities	27%	30%	27%	23%	37%	26%	31%	28%	25%	20%	32%	26%	20%	32%	24%	32%	29%

% of each group who scored high (9-10) on each measure

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

- Future financial security (7d)
- Ability to Meet Basic Needs (6e)
- Access to Health Care and Information (6c)

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.

How Your Community Can Flourish

Financial security has the **3rd highest impact on overall well-being;** ability to meet basic needs **the 6th highest.**

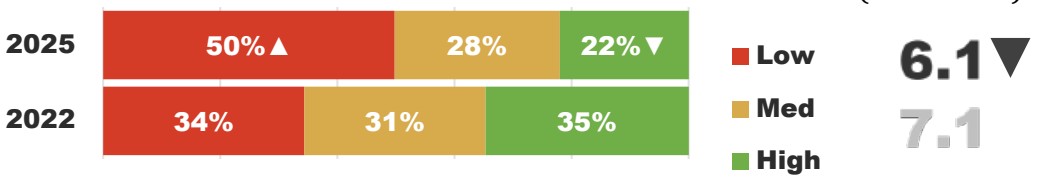
Key indicators with the most impact on both of these areas include: Current mental/emotional state and neighborhood quality.

Other areas with positive impact on financial security are: Ability to meet basic needs, community efficacy, and work satisfaction. **Areas positively impacting ability to meet basic needs are**: Financial security, community belonging, and ability to get medical care and health information.

Key Findings

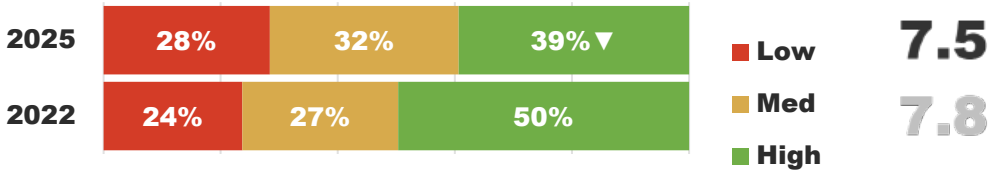
Financially security has trended down

- Financial Security: Half (50%) of Kodiak residents rate their financial security low, compared to a third (34%) in 2022. Only 22% rate highly this year (vs. 35% in 2022).



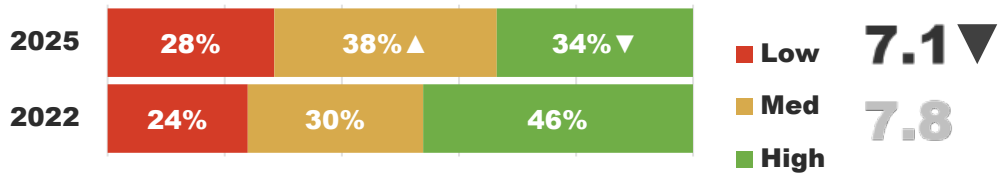
The ability to meet basic needs has also dropped

- Meet Basic Needs: Fewer rate themselves highly on this measure this year (39%) than did in 2022 (50%), and more rate both medium (32%) and low (28%.



Access to medical care and health information is also down

- Access to Medical Care/Information: As with basic needs, fewer report high ratings (34%) than did in 2022 (46%).



▼▲ arrows signify statistically significant difference from previous year

Security & Basic Needs

The lowest income earners (<$50k/year) are more likely than average to score low across all security & basic needs measures. In addition:

- Alaska Natives, singles, and those earning <$50k/year rate low on *ability to meet basic needs*. Those ages 18-34, Alaska Natives, those with kids, and singles rate low on *ability to access medical care and information*.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Financial security	44%	45%	57%	47%	35%	59%	42%	43%	52%	63%	52%	41%	57%	41%	65%	49%	29%
Basic needs	25%	24%	31%	26%	21%	36%	24%	24%	34%	35%	30%	22%	40%	19%	52%	25%	8%
Medical care/info	29%	26%	26%	31%	24%	33%	19%	27%	27%	42%	28%	28%	31%	26%	35%	25%	24%

% of each group who scored low (0-6) on each measure

(darker = better)

Those ages 55+, couples, and those earning $100k+ per year rate above average across on *ability to meet basic needs* and *ability to access medical care and information*. In addition:

- Those with kids rate highly on *ability to meet basic needs*. No single group stands out as rating more highly on *financial security*.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Financial security	26%	23%	16%	23%	29%	14%	23%	24%	32%	16%	19%	27%	16%	26%	14%	22%	30%
Basic needs	45%	45%	35%	43%	53%	30%	42%	47%	48%	22%	39%	49%	33%	50%	23%	41%	61%
Medical care/info	30%	37%	30%	34%	40%	37%	39%	35%	30%	24%	34%	32%	32%	33%	31%	36%	35%

% of each group who scored high (9-10) on each measure

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Total Health 9

The Community Health and Well-Being Monitor tracks nine specific critical basic needs in the community through the **Total Health 9 assessment**.

The question text for this assessment is on the right-hand side of this page, and this year's findings are on the following page.

Question Text

Below is a list of things that people sometimes worry about. Please tell us which of these, if any, you are worried about at the present time?

Select all that apply to you.

Abbreviation	Item Description
Food	Are you worried that you or others in your home won't have enough food to eat?
Transportation	Are you worried about getting to work, school, groceries or appointments because you don't have a way to get there?
Housing	Are you living without stable housing, currently homeless or worried about losing your housing?
Power & Water	Are you worried about paying your water and/or power bills?
Job	Are you without a stable job, or do you need help getting a better job?
Education	Do you need additional education or training to get the job and income you need?
Personal safety	Do you ever feel unsafe in your relationship or at home?
Child care	Are you living without stable child care, unable to find good child care, or worried about losing your child care?
Health care	Are you unable to get the medical or mental health care you need, or worried about losing your access to healthcare?

Below is a list of things that people sometimes worry about. Please tell us which of these, if any, you are worried about at the present time?

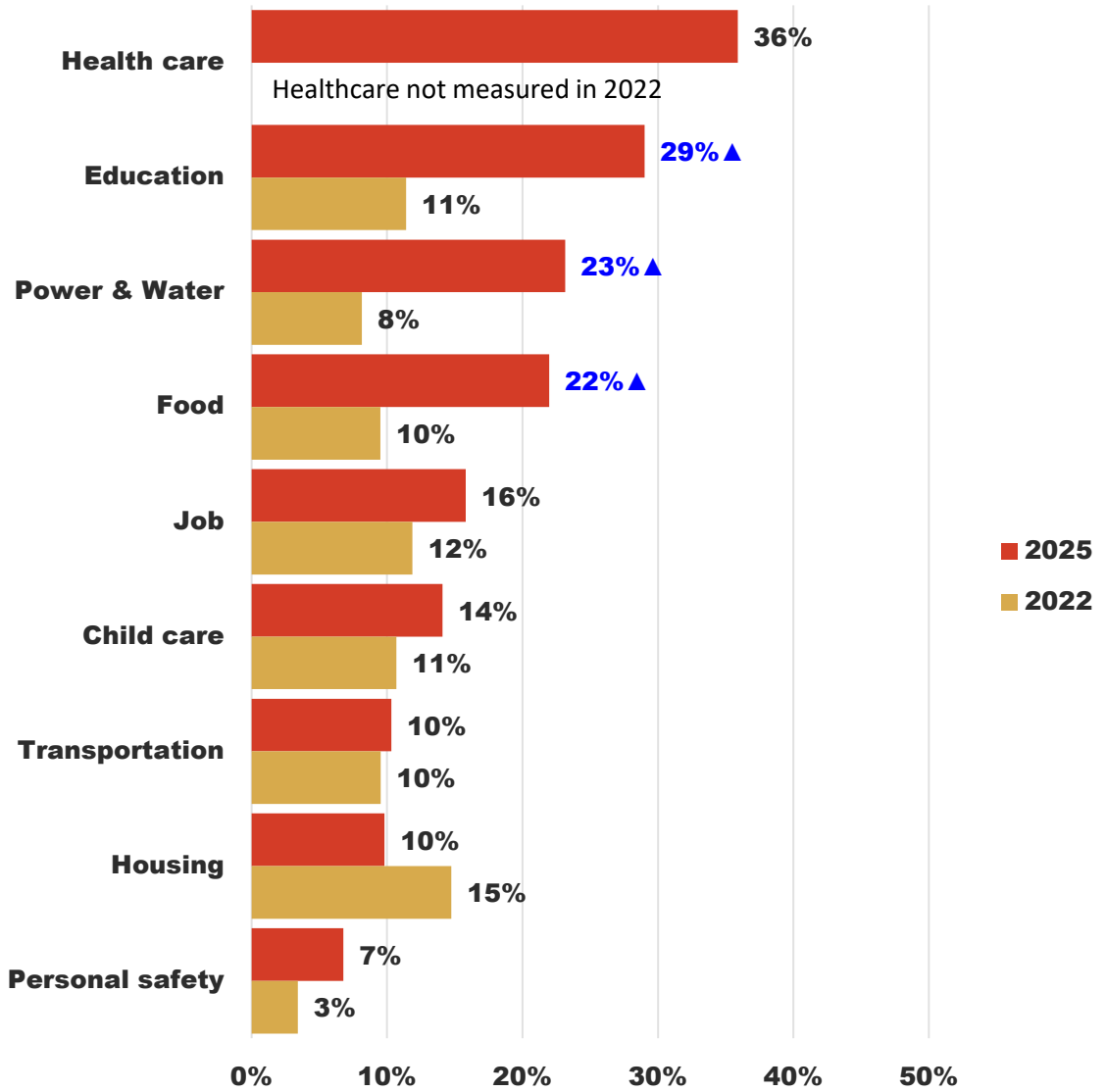
Total Health 9

Close to half this year (58%) reported having at least one of the specific needs measured through the Total Health 9. Across those needs also measured in 2022, the need for **education, power & water,** and **food** were up significantly.

Top Five Needs in 2025:

1. Health care: 36%
2. Education: 29%
3. Power & Water: 23%
4. Food: 22%
5. Job: 16%

Key Findings



Total Health 9

Below is a list of things that people sometimes worry about. Please tell us which of these, if any, you are worried about at the present time?

Stated needs are highest among those ages 18-34, Alaska Natives, those with kids, and those earning <$50k/year. In fact, this lower income group has above average needs across nearly all categories.

- Those ages 18-34 state higher than average needs for education, power & water, and child care.
- Alaska Natives have higher than average needs for power & water, food, and transportation, while Filipinos cite higher than average need for power & water, food, and job.
- Those with kids cite the need for education, power & water, and child care.
- Singles are more likely than average to cite the need for food.
- Women have higher than average needs for power & water, while men have higher than average needs for a job.

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
% selecting each	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Any	54%	59%	75%	62%	46%	69%	69%	55%	60%	84%	72%	50%	61%	58%	73%	62%	48%
Health care	37%	33%	37%	32%	34%	33%	39%	34%	33%	64%	33%	35%	39%	32%	45%	34%	29%
Education	28%	27%	39%	31%	16%	32%	34%	24%	37%	59%	38%	22%	31%	27%	36%	32%	19%
Power & Water	13%	25%	34%	23%	17%	38%	37%	17%	23%	41%	32%	18%	29%	21%	39%	28%	9%
Food	24%	19%	23%	18%	20%	30%	33%	15%	17%	36%	22%	19%	30%	16%	37%	23%	6%
Child care	10%	14%	21%	18%	3%	10%	13%	14%	15%	30%	26%	6%	10%	15%	10%	16%	13%
Transportation	8%	11%	13%	6%	14%	20%	13%	8%	18%	19%	11%	10%	14%	9%	22%	12%	3%
Housing	8%	10%	13%	9%	9%	12%	11%	8%	10%	12%	13%	8%	14%	8%	24%	8%	3%
Job	22%	9%	12%	10%	13%	16%	18%	8%	15%	27%	13%	11%	14%	11%	25%	10%	5%
Personal safety	5%	5%	6%	3%	7%	2%	5%	5%	8%	17%	6%	4%	8%	4%	10%	4%	3%

% of each group choosing each response

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

- Physical Health Current State Rating(6b)
- Behavior: Days fruit & veggies (9a)
- Behavior: Days exercise > 30 minutes (9b)

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.

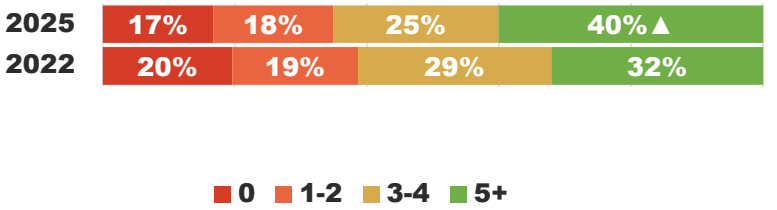
How Your Community Can Flourish

The two physical health indicators measured this year are not among the most impactful on overall well-being. However, physical health generally is shown to be an important component in overall well-being, as or more important than mental and emotional health. Maintaining physical health through diet and exercise is key to supporting an individual's well-being.

Key Findings

This year sees improvement in consumption of fresh fruits and vegetables, and parity in regular exercise, compared to 2022.

- Fruits & Vegetables: Some 40% report consuming fresh fruit and vegetables 5+ times per week, versus 32% in 2022.

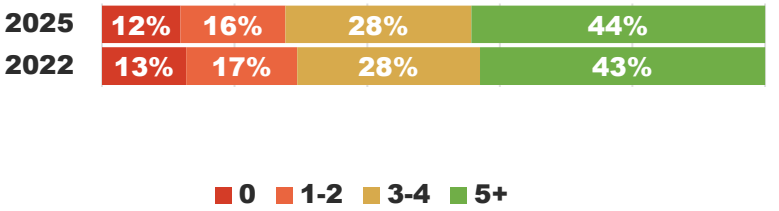


Average (0-7 scale)

3.6

3.3

- Exercise: Exercise days is consistent with 2022: 72% exercise at least 3 days per week, compared to 71% in 2022.



3.9

3.8

▼▲ arrows signify statistically significant difference from previous year

Neighborhood & Environment

Alaska Natives and singles are more likely than average to score low across both physical health measures. In addition:

- Those age 55+ rate low on *days with exercise*.

Low Scores (0-6)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
<3 days fruits/veg	38%	33%	36%	32%	34%	44%	17%	37%	40%	41%	31%	36%	46%	29%	35%	37%	31%
<3 days exercise	19%	28%	22%	24%	34%	31%	18%	29%	36%	30%	26%	27%	33%	24%	24%	29%	28%

% of each group who scored low (0-6) on each measure

(darker = better)

Couples and Filipinos rate above average across both physical health measures.

High Scores (8-10)	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
5+ days fruit/veg	38%	41%	30%	43%	43%	36%	47%	39%	34%	40%	43%	41%	28%	47%	39%	35%	44%
5+ days exercise	50%	43%	44%	46%	39%	39%	52%	40%	37%	49%	46%	42%	37%	47%	39%	47%	42%

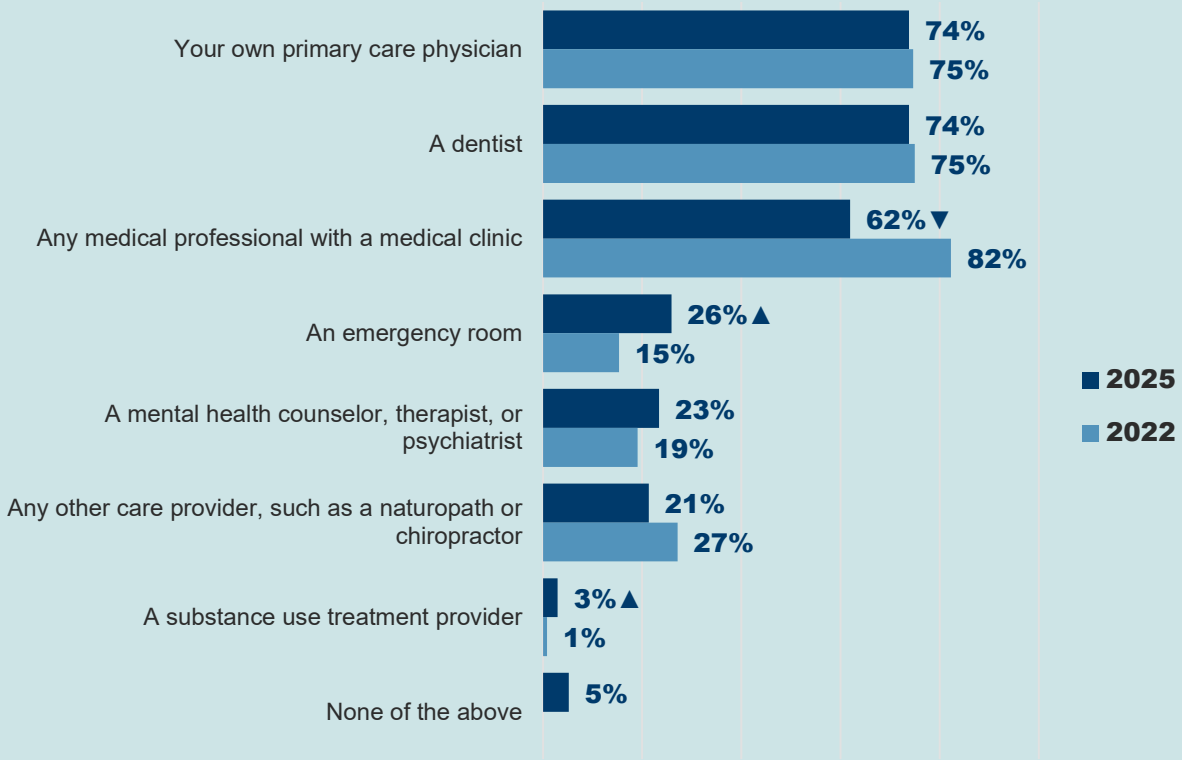
% of each group who scored high (9-10) on each measure

(darker = better)

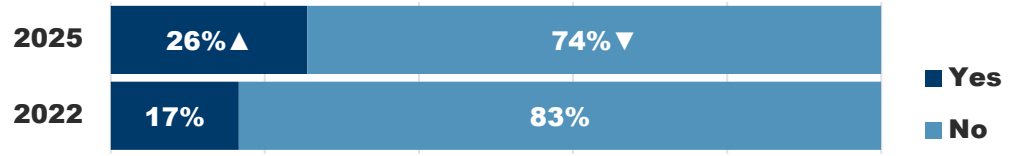
Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

Q11. Have you visited any of the following at least once in the past year??

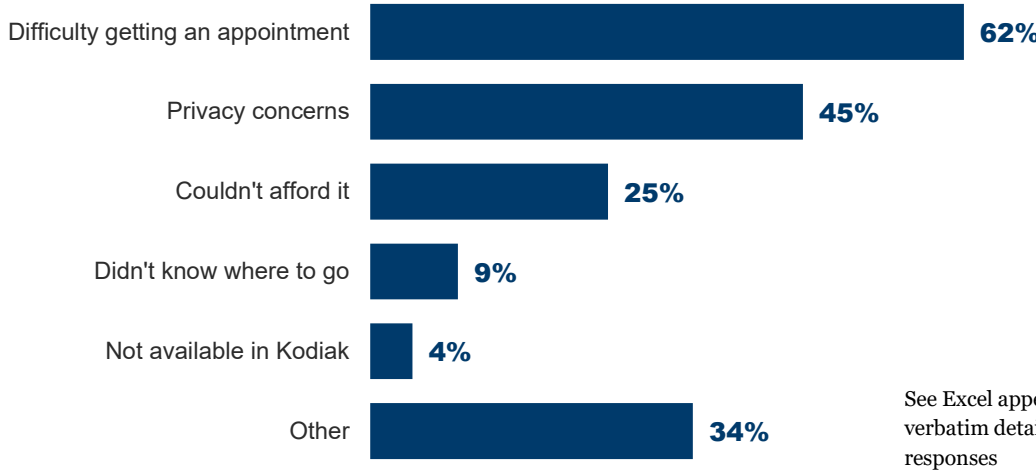


A2: In the last 12 months, have you or a family member needed mental health services (counseling or other help)?



A2a: Were you able to receive the needed mental health services?

A2b: Why couldn't you receive needed mental health services?

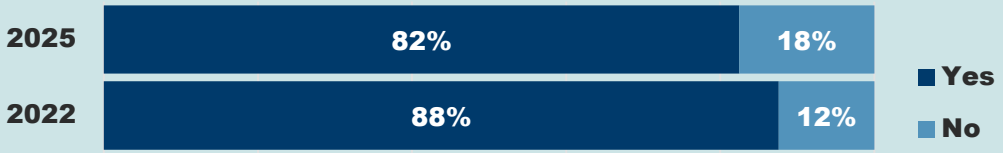


See Excel appendix with verbatim detail for "other" responses

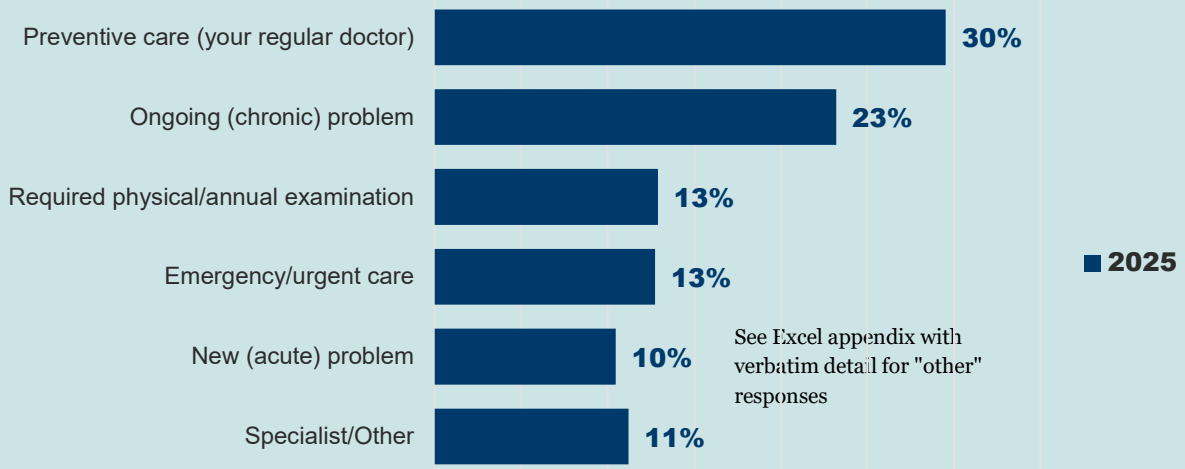
▼▲ arrows signify statistically significant difference from previous year

A3. In the past 12 months, have you needed health care services?

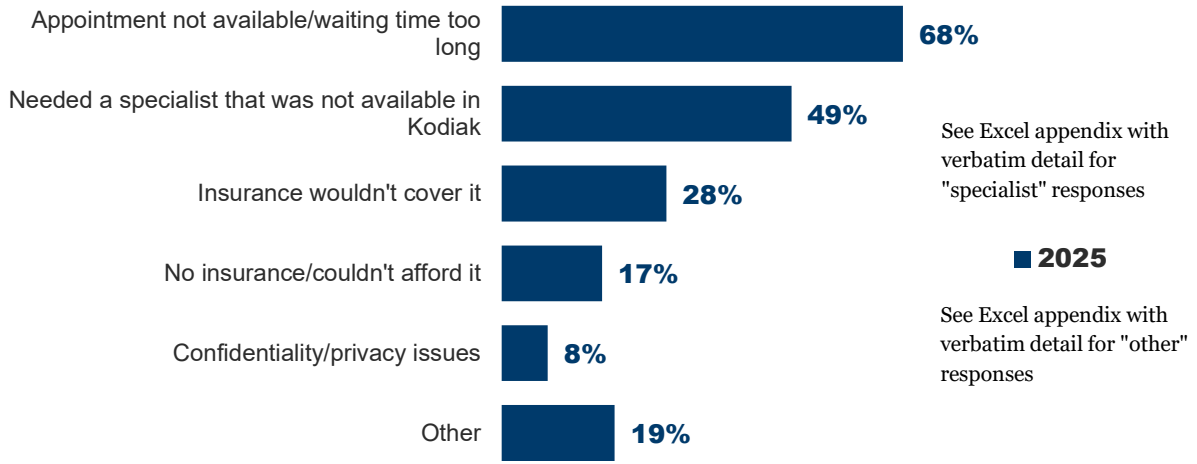
A3a: Were you able to get the health care services you needed?



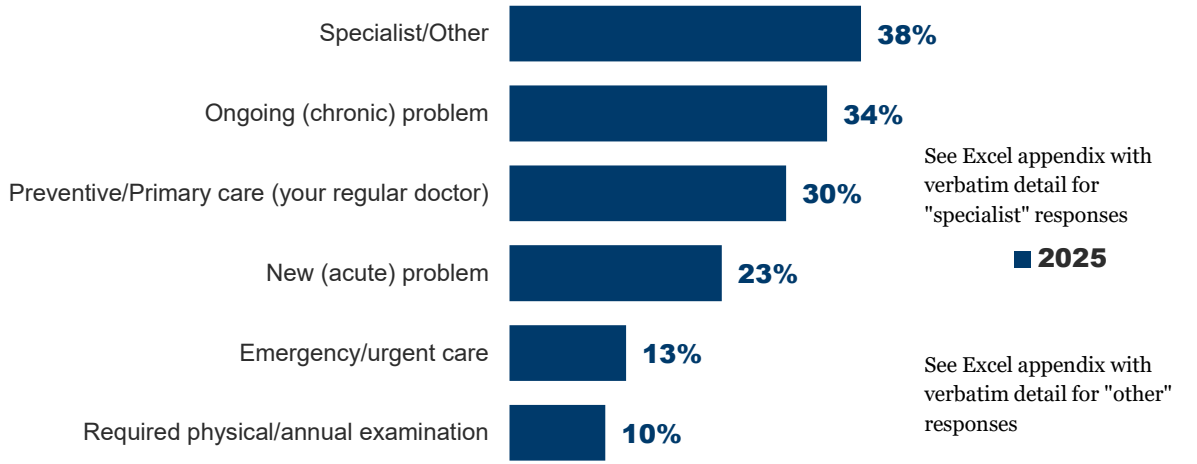
A3b: What was the primary reason for your visit?



A3c. Why couldn't you receive health care?

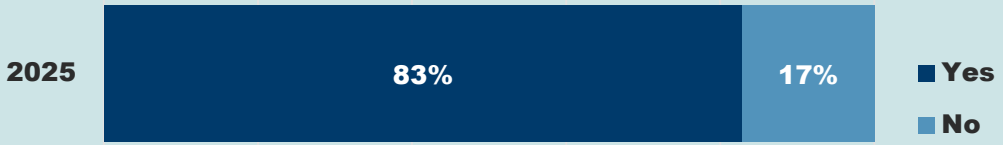


A3d. What type of health care did you go without?

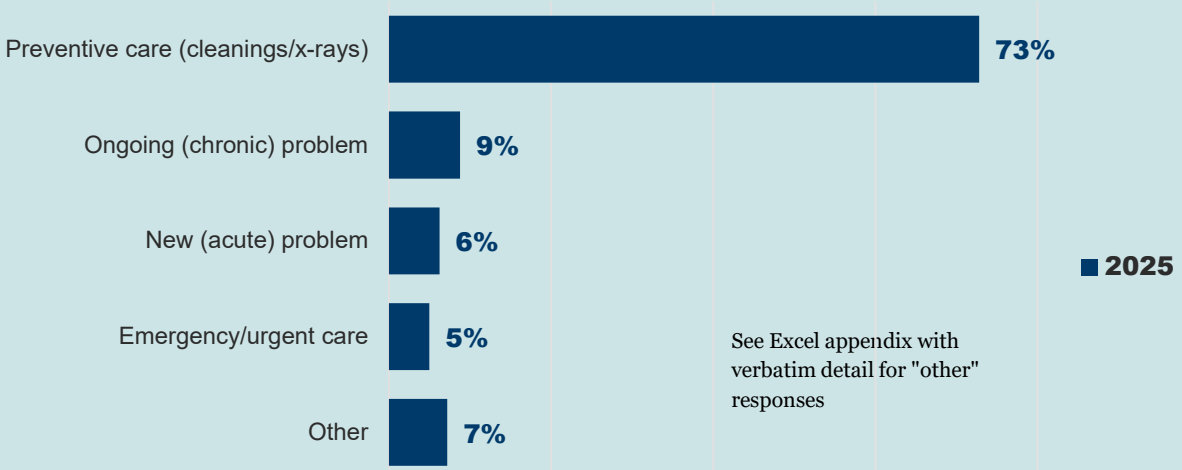


A13. In the past 12 months, have you needed dental care?

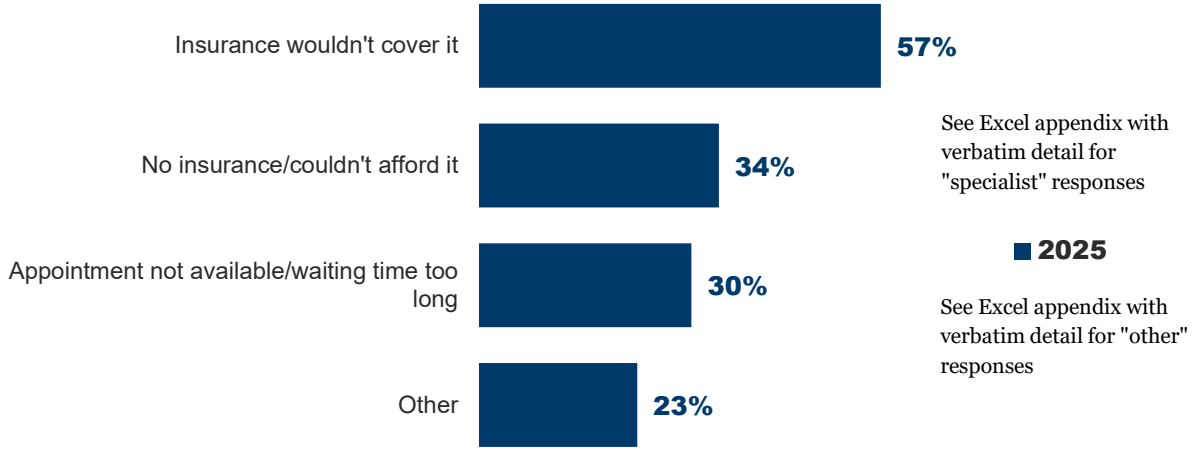
A13a: Were you able to get the dental care that you needed?



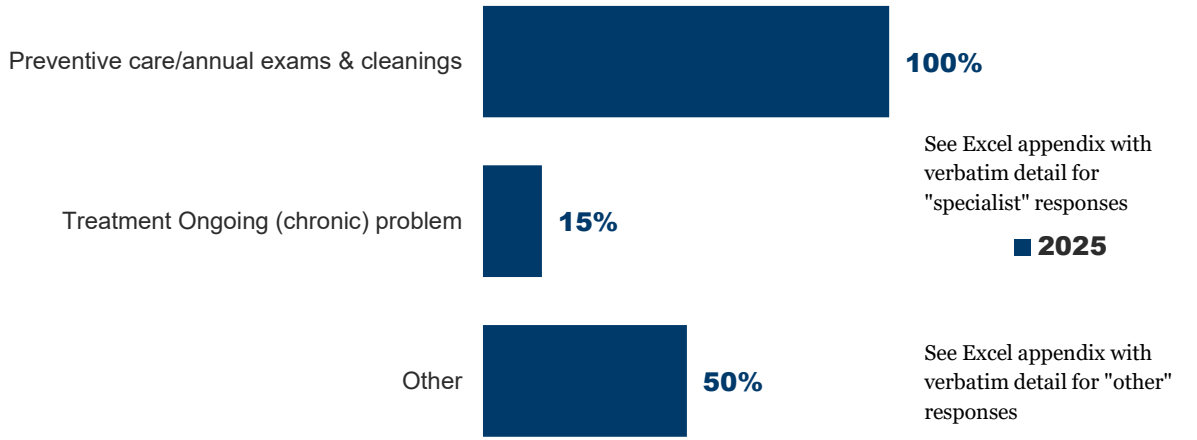
A13b: What was the primary reason for your visit?



A13c. Why couldn't you receive dental care?

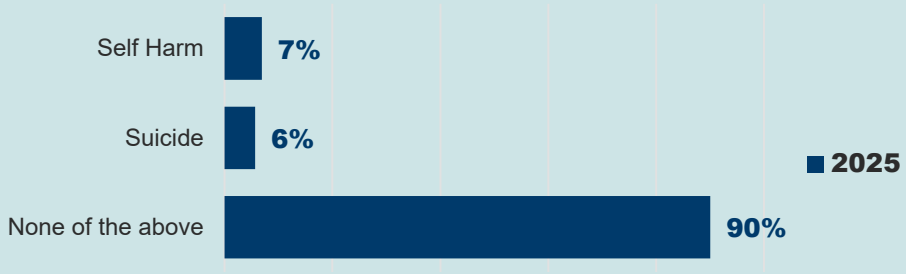


A13d. What type of dental care did you go without?

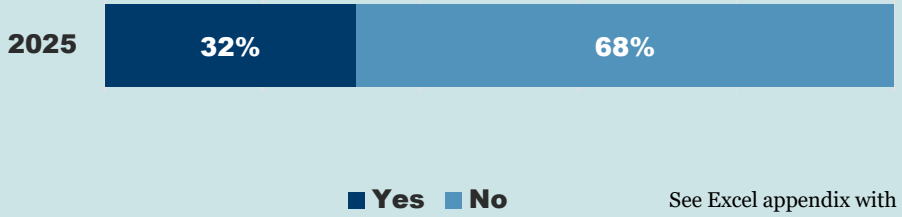


NOTE: n=5

A4. Have you had thoughts of any of the following at any time in the past 12 months?

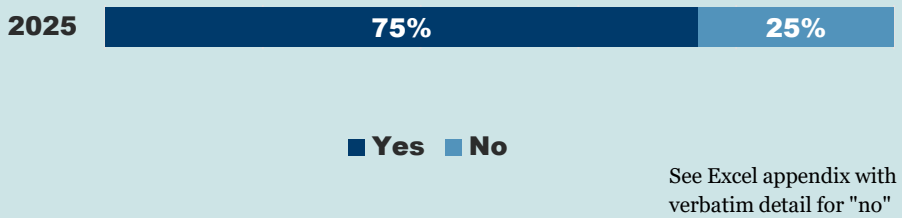


A5. Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?



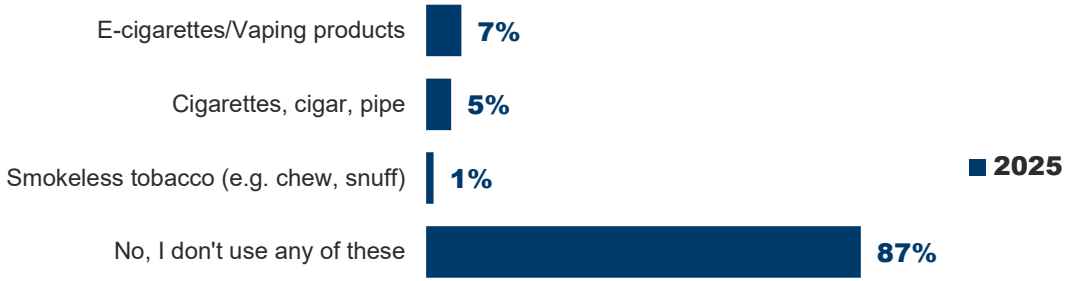
See Excel appendix with verbatim detail for "yes" responses

A5a. Do you have the resources needed to treat your chronic disease?

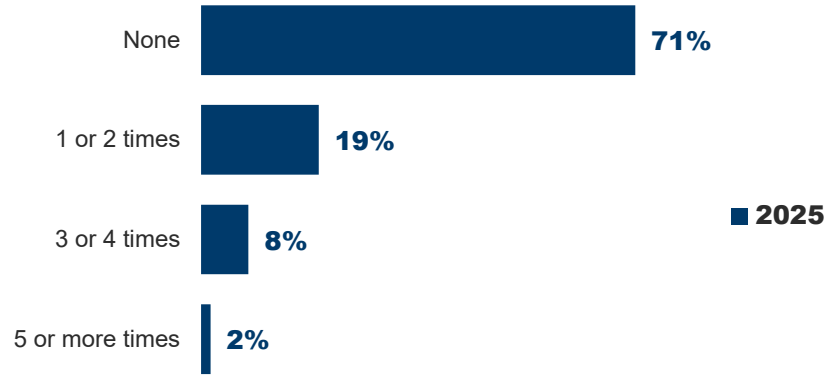


See Excel appendix with verbatim detail for "no" responses

A6. Do you use any of the following tobacco related products?

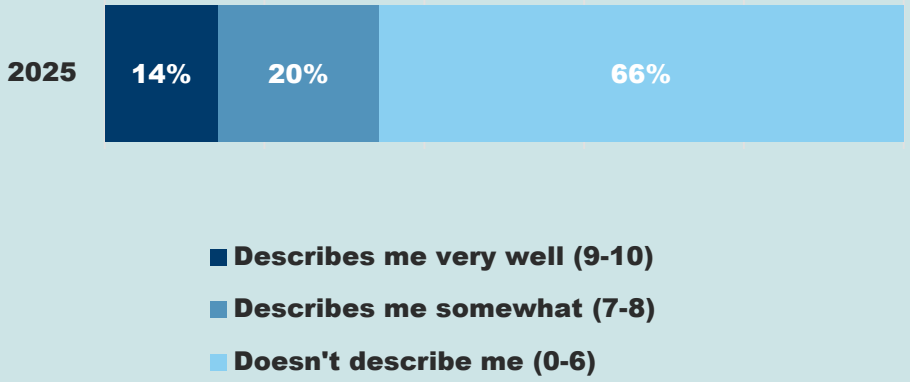


A7. During the past 30 days, about how often did you have 5 or more drinks containing any kind of alcohol within a two-hour period?

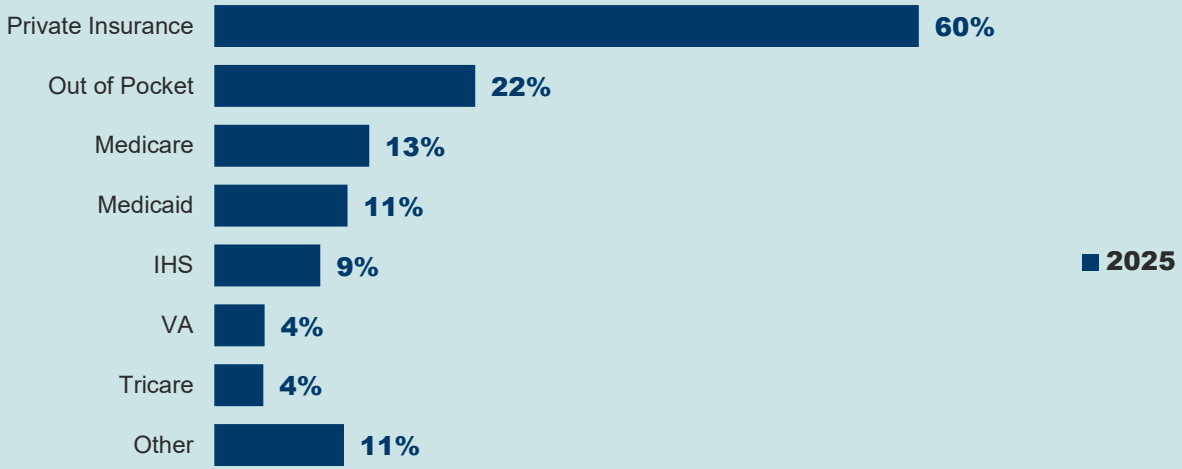


A12. If you were sick, could you easily find someone to help you with daily chores?

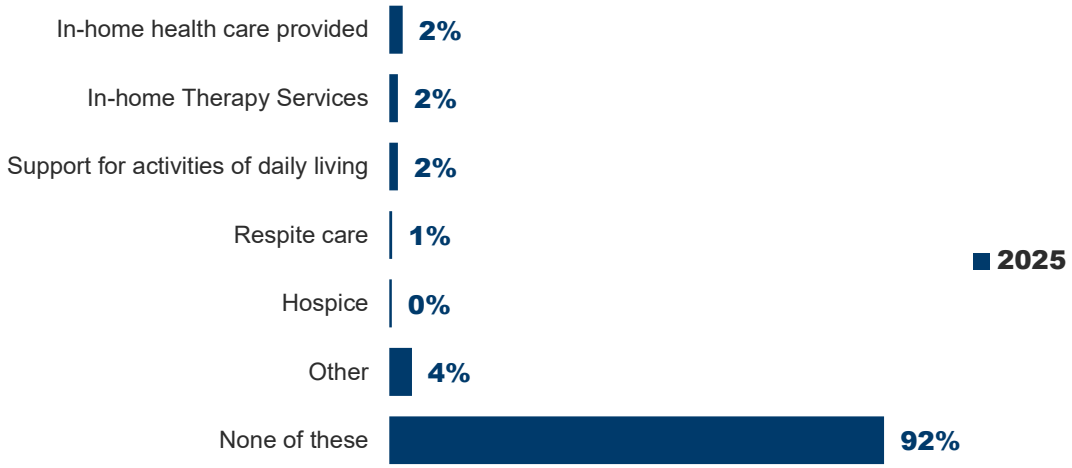
Q6r6. I often feel isolated from others.



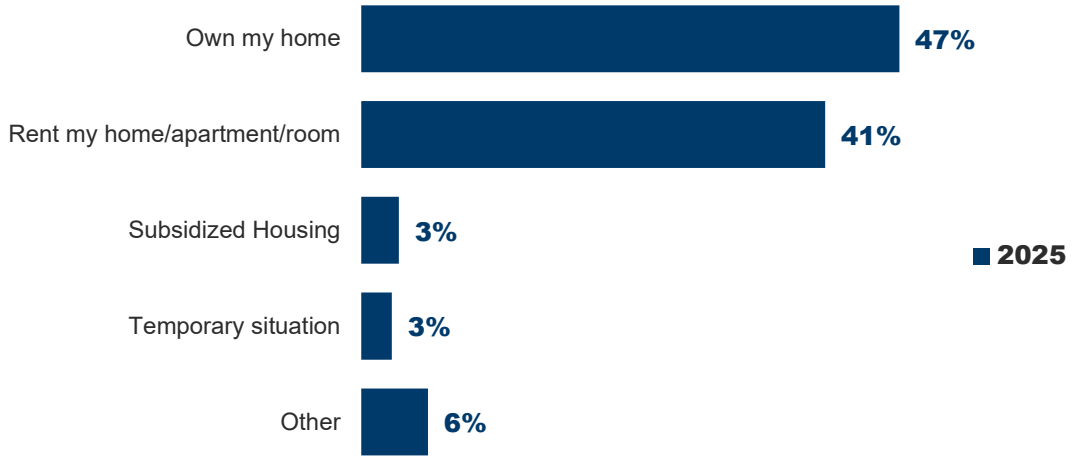
A14. How do you pay for your health care?



A8. Mark any services below that you or a member of your household needed in Kodiak in the last 12 months.



A15. Which answer best describes your housing situation for the majority of the past 12 months?



Tailored Questions

Q11. Have you visited any of the following at least once in the past year?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Your PCP	69%	79%	80%	71%	81%	74%	62%	82%	75%	72%	76%	77%	71%	79%	67%	81%	80%
Dentist	70%	72%	71%	70%	74%	69%	63%	76%	69%	79%	68%	73%	66%	73%	61%	73%	78%
Any med. prof.	65%	63%	55%	65%	67%	63%	45%	68%	62%	78%	58%	65%	58%	64%	51%	67%	69%
Other	12%	28%	27%	27%	22%	27%	18%	29%	21%	17%	20%	29%	26%	25%	19%	28%	28%
An ER	26%	27%	25%	24%	29%	31%	18%	27%	13%	38%	24%	26%	22%	27%	31%	31%	19%
Mental health	17%	23%	37%	22%	13%	23%	8%	25%	40%	53%	26%	23%	33%	20%	30%	22%	19%
None	5%	5%	2%	6%	6%	2%	11%	4%	5%	3%	5%	5%	6%	4%	8%	4%	3%
Substance abuse	4%	2%	1%	2%	2%	5%	4%	1%	0%	0%	3%	2%	1%	3%	5%	1%	1%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A2: In the last 12 months, have you or a family member needed mental health services (counseling or other help)?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	18%	25%	33%	28%	13%	20%	6%	28%	39%	53%	29%	23%	38%	20%	29%	27%	19%
No	82%	75%	67%	72%	87%	80%	94%	72%	61%	47%	71%	77%	62%	80%	71%	73%	81%

% of each group choosing each response

(darker = higher)

A2a: Were you able to receive the needed mental health services? (If needed in the past 12 months)

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	48%	52%	51%	50%	54%	36%	27%	58%	61%	48%	49%	57%	64%	45%	59%	51%	43%
No	52%	48%	49%	50%	46%	64%	73%	42%	39%	52%	51%	43%	36%	55%	41%	49%	57%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Data for "A2b: Why couldn't you receive needed mental health services?" excluded due to low base sizes across subgroups.

Tailored Questions

A3. In the past 12 months, have you needed HEALTH CARE services?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	74%	78%	76%	79%	78%	76%	63%	82%	78%	87%	77%	78%	74%	79%	72%	81%	82%
No	26%	22%	24%	21%	22%	24%	37%	18%	22%	13%	23%	22%	26%	21%	28%	19%	18%

% of each group choosing each response

(darker = higher)

A3a. Were you able to get the health care services that you needed?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	48%	52%	51%	50%	54%	36%	27%	58%	61%	48%	49%	57%	64%	45%	59%	51%	43%
No	52%	48%	49%	50%	46%	64%	73%	42%	39%	52%	51%	43%	36%	55%	41%	49%	57%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in “Other” category.

Tailored Questions

A3b. What was the primary reason for your visit (among those who received health care services)?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	His-panic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Preventive care (your regular doctor)	29%	30%	32%	32%	27%	21%	38%	32%	31%	11%	35%	31%	37%	31%	33%	27%	33%
Ongoing (chronic) problem	19%	25%	23%	19%	30%	30%	14%	24%	32%	19%	13%	29%	31%	19%	32%	26%	17%
New (acute) problem	11%	15%	14%	21%	9%	12%	6%	18%	8%	10%	20%	13%	13%	17%	5%	13%	21%
Emergency/urgent care	12%	12%	7%	10%	17%	23%	7%	11%	4%	30%	11%	10%	5%	13%	18%	12%	8%
Specialist/Other	12%	12%	10%	12%	14%	6%	22%	11%	19%	25%	13%	11%	6%	13%	6%	15%	13%
Required physical/annual examination	17%	6%	13%	7%	3%	8%	14%	6%	7%	6%	8%	7%	7%	7%	6%	7%	8%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in “Other” category.

Data for "A3c: Why couldn’t you receive health care?" and "A3d: What type of health care did you go without?" excluded due to low base sizes across subgroups.

Tailored Questions

A4. Have you had any thoughts of any of the following at any time in the past 12 months?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Suicide	4%	6%	11%	5%	4%	10%	0%	7%	13%	15%	6%	6%	10%	4%	12%	5%	4%
Self Harm	4%	5%	11%	5%	2%	6%	5%	5%	15%	9%	5%	4%	8%	3%	10%	5%	3%
None	94%	91%	84%	92%	95%	89%	95%	91%	78%	76%	91%	93%	87%	94%	83%	92%	95%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A5: Do you have any chronic diseases (e.g. congestive heart failure, diabetes, asthma, etc.)?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	31%	39%	26%	30%	52%	41%	37%	36%	39%	50%	31%	41%	45%	34%	41%	41%	32%
No	69%	61%	74%	70%	48%	59%	63%	64%	61%	50%	69%	59%	55%	66%	59%	59%	68%

% of each group choosing each response

(darker = higher)

A5a: Do you have the resources needed to treat your chronic disease? (Among those with a chronic disease)

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	69%	77%	54%	80%	80%	83%	71%	71%	65%	59%	67%	80%	72%	77%	75%	65%	87%
No	31%	23%	46%	20%	20%	17%	29%	29%	35%	41%	33%	20%	28%	23%	25%	35%	13%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A6: Do you use any of the following tobacco related products?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Cigarettes, cigar, pipe	4%	9%	3%	9%	9%	21%	2%	5%	7%	8%	5%	8%	16%	3%	21%	5%	2%
E-cigarettes/Vaping	6%	8%	17%	7%	2%	13%	5%	5%	20%	19%	7%	7%	11%	6%	13%	8%	4%
Smokeless tobacco	3%	0%	1%	1%	1%	2%	0%	0%	0%	0%	1%	1%	2%	0%	0%	1%	1%
None of these	87%	83%	81%	84%	87%	65%	92%	90%	74%	73%	88%	84%	72%	91%	67%	86%	93%

% of each group choosing each response

(darker = higher)

A7: During the past 30 days, about how often did you have 5 or more drinks containing any kind of alcohol within a two-hour period?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
None	72%	74%	64%	72%	83%	71%	66%	79%	73%	75%	74%	73%	67%	76%	70%	70%	81%
1 or 2 times	19%	19%	27%	21%	9%	17%	33%	14%	17%	14%	20%	17%	18%	18%	15%	24%	14%
3 or 4 times	9%	5%	6%	4%	7%	8%	1%	5%	8%	8%	4%	8%	12%	3%	11%	4%	3%
5+ times	1%	2%	3%	3%	1%	4%	0%	2%	2%	3%	2%	2%	3%	2%	4%	2%	1%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A12: If you were sick, could you easily find someone to help you with daily chores?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	76%	60%	67%	57%	64%	66%	77%	59%	43%	39%	58%	61%	40%	68%	58%	61%	65%
No	24%	40%	33%	43%	36%	34%	23%	41%	57%	61%	42%	39%	60%	32%	42%	39%	35%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A13. In the past 12 months, have you needed DENTAL CARE?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	79%	77%	78%	76%	80%	72%	75%	81%	81%	87%	79%	77%	74%	79%	76%	79%	79%
No	21%	23%	22%	24%	20%	28%	25%	19%	19%	13%	21%	23%	26%	21%	24%	21%	21%

% of each group choosing each response

(darker = higher)

A13a. Were you able to get the dental care that you needed?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Yes	84%	83%	84%	80%	84%	77%	87%	84%	81%	81%	80%	83%	78%	83%	66%	85%	89%
No	16%	17%	16%	20%	16%	23%	13%	16%	19%	19%	20%	17%	22%	17%	34%	15%	11%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in “Other” category.

Tailored Questions

A13b. What was the primary reason for your visit (among those who received dental care)?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Preventive care	73%	76%	75%	85%	68%	66%	72%	81%	70%	62%	80%	72%	69%	78%	62%	75%	83%
Ongoing problem	10%	8%	7%	5%	11%	11%	0%	7%	10%	17%	4%	11%	15%	5%	15%	5%	7%
New problem	3%	6%	4%	6%	5%	6%	3%	6%	4%	5%	5%	7%	7%	6%	0%	7%	6%
Emergency/UC	3%	5%	7%	0%	6%	10%	6%	1%	8%	5%	4%	5%	2%	5%	13%	2%	2%
Other	11%	6%	6%	4%	10%	7%	19%	4%	7%	10%	7%	6%	8%	6%	9%	10%	2%

% of each group choosing each response

(darker = higher)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Data for "A13c: Why couldn't you receive dental care?" and "A13d: What type of dental care did you go without?" excluded due to low base sizes across subgroups.

Tailored Questions

Q6r6. I often feel isolated from others.

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Describes me well (9-10)	18%	10%	10%	12%	10%	8%	15%	10%	14%	11%	10%	11%	12%	10%	12%	11%	8%
Somewhat (7-8)	31%	15%	17%	22%	14%	11%	20%	20%	26%	7%	20%	18%	23%	17%	16%	17%	20%
Doesn't describe (0-6)	51%	75%	73%	66%	76%	81%	65%	70%	60%	82%	70%	71%	65%	73%	72%	71%	72%

% of each group choosing each response

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A14. How do you pay for your healthcare?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	Hispanic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Private Insurance	59%	52%	48%	58%	51%	40%	63%	55%	54%	53%	55%	55%	40%	61%	30%	46%	73%
Out of Pocket	29%	19%	18%	24%	18%	7%	29%	22%	23%	22%	17%	22%	24%	19%	22%	21%	19%
Medicare	12%	15%	5%	2%	33%	15%	2%	16%	12%	9%	6%	19%	19%	11%	24%	12%	10%
IHS	4%	15%	12%	18%	8%	55%	0%	9%	2%	19%	20%	7%	11%	13%	14%	14%	12%
Medicaid	7%	13%	15%	13%	9%	25%	13%	8%	9%	12%	14%	10%	20%	9%	32%	8%	3%
Tricare	4%	10%	10%	10%	7%	2%	0%	12%	7%	7%	11%	9%	1%	13%	2%	12%	10%
VA	9%	0%	0%	1%	3%	1%	2%	2%	5%	0%	1%	3%	4%	1%	3%	0%	3%
Other	11%	12%	14%	7%	17%	8%	15%	12%	27%	14%	7%	14%	16%	9%	12%	19%	7%

% of each group choosing each response

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A8. Mark any services below that you or a member of your household needed in Anchorage during the last 12 months.

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	His-panic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Support for activities of daily living	2%	5%	3%	6%	4%	8%	2%	5%	2%	3%	5%	3%	4%	4%	7%	6%	2%
Respite care	0%	5%	5%	3%	5%	5%	2%	4%	8%	4%	5%	3%	5%	4%	5%	6%	2%
In-home Therapy Services	2%	5%	3%	6%	3%	3%	3%	4%	10%	7%	5%	3%	4%	3%	5%	7%	2%
In-home health care provided	0%	4%	3%	3%	5%	5%	2%	4%	2%	5%	3%	3%	3%	3%	5%	6%	1%
Hospice	0%	1%	0%	2%	1%	0%	0%	2%	2%	0%	1%	1%	1%	1%	0%	3%	1%
Other	4%	4%	1%	3%	6%	6%	0%	4%	3%	3%	2%	3%	7%	1%	3%	6%	1%
None of these	93%	86%	92%	88%	82%	79%	97%	87%	84%	81%	88%	89%	83%	90%	81%	82%	94%

% of each group choosing each response

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Tailored Questions

A15. Which answer best describes your housing situation for the majority of the past 12 months?

	Gender		Age			Race/Ethnicity					HH Composition				HH Income		
	Male	Female	18-34	35-54	55+	AK Native	Filipino	White	Other	His-panic	Kids in HH	No kids in HH	Singles	Couples	<$50k	$50k - $99.9k	$100k+
Own my home	44%	54%	28%	55%	66%	48%	50%	55%	42%	32%	55%	52%	26%	64%	31%	47%	69%
Rent my home/apartment/room	46%	36%	56%	37%	25%	41%	41%	34%	43%	40%	36%	39%	58%	29%	40%	47%	27%
Subsidized Housing	2%	3%	2%	1%	4%	2%	2%	3%	7%	5%	2%	3%	8%	1%	9%	1%	0%
Temporary situation	4%	1%	3%	2%	2%	3%	1%	2%	2%	3%	1%	2%	3%	1%	7%	1%	0%
Sleep in place not meant for sleeping	0%	1%	1%	1%	0%	1%	0%	0%	0%	4%	0%	1%	2%	0%	2%	0%	0%
Other	4%	5%	10%	5%	3%	4%	5%	6%	7%	16%	6%	3%	3%	5%	11%	5%	4%

% of each group choosing each response

(darker = better)

Low base size for Hispanic (n=26); data are directional. Low base size for Black/African American respondents (n=7) they are included in "Other" category.

Leading Causes of Death

The mortality data available on CDC WONDER are national mortality and population data produced by National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC). Mortality information is collected by state registries and provided to the National Vital Statistics System. Data are based on death certificates for U.S. residents. Each death certificate contains a single underlying cause of death, and demographic data. The number of deaths and death rates can be obtained by place of residence (United States national, state, and county when available), age group, race, Hispanic ethnicity, sex, and cause of death (4-digit ICD-10 codes, 113 selected causes of death, 130 selected causes of death for infants, and categories for injury intent and mechanism, or drug / alcohol induced causes of death, when available). For more information, refer to National Vital Statistics System - Mortality Data.

Table 3. Leading Causes of Death Ranked by Kodiak Island Borough Compared to Alaska State (Crude Rates)

	Cause of Death	Kodiak Island Borough *(Deaths per 1,000)*	Alaska *(Deaths per 1,000)*
1st	Diseases of heart	127.9	125.3
2nd	Malignant neoplasms	122.7	142.3
3rd	Accidents (unintentional injuries)	63.3	71.2
4th	Chronic lower respiratory diseases	33.6	30.2
5th	Chronic liver disease and cirrhosis	Unreliable	21.9

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.