COMMUNITY BEHAVIORAL HEALTH NEEDS ASSESSMENT

KENAI • SOLDOTNA • STERLING • NIKISKI • KASILOF

change4theKenai
Connecting our Community

WHO WE ARE

Change 4 the Kenai is a community coalition comprised of community members, local agencies, law enforcement, government and businesses that have united to work toward connecting our community. C4K is currently dedicated to understanding the increasing prevalence of injection drug use in our community and the dire consequences of this use.

AKNOWLEDGEMENTS

The strength of this CBHNA can be largely attributed to the diverse group of community leaders who took the time to be interviewed in their opinions of the health status of our community. This group of stakeholders represents the broad spectrum of community members including the aging, uninsured, unemployed and underserved. Their interests are to improve quality of life for their stakeholders and our community as a whole. Their collective knowledge of our community's health needs is profound.

Connectedness:

The degree to which a person or group is socially close, interrelated or shares resources with other persons or groups.

We hereby acknowledge the following people and organizations for their contributions to this project.

AKEELA
ALASKA COURT SYSTEM
ALASKA STATE TROOPERS
CENTRAL PENINSULA HEALTH FOUNDATION
CENTRAL PENINSULA HOSPITAL
CICADA
CITY OF KENAI
CITY OF SOLDOTNA
CPH EMERGENCY DEPARTMENT
DENAI'NA WELLNESS CENTER
FRONTIER COMMUNITY SERVIES
IONIA
KENAI ADULT PROBATION
KENAI COMMUNITY CARE CENTER
KENAI PENINSULA BOROUGH ASSEMBLY
KENAI PENINSULA BOROUGH SCHOOL DISTRICT
KENAI PENINSULA YOUTH FACILITY
KENAI POLICE DEPARTMENT
KENAI PUBLIC HEALTH
KENAITZE INDIAN TRIBE
LEES SHORE
NINILCHIK TRIBAL COUNCIL
PENINSULA COMMUNITY HEALTH CENTER
SERENITY HOUSE
SOLDOTNA POLICE DEPARTMENT

Change 4 the Kenai Workgroups

Assessment

Beverly Sellers, Debra Rafferty, Kristie Sellers, Lindsey Blaine, and Shari Conner have been working on the written assessment process. They have spent evenings and weekends working on putting all the pieces of our assessment together.

Transportation

Our transportation workgroup meets about every 2 weeks. We meet at CPH in the Borealis room on Tuesdays at 10AM. We participated with our local public transportation agency in applying for state planning funds for FY17.Our plan is to increase the current public transportation offered in our community. We have a large active membership. The following are our leadership members.

Shari Conner – Chair
Monica Adams – Vice Chair
Debra Rafferty – Secretary
Trish Lansing - Advisor
Audrey Marvin - Advisor
Kathy Gensel- Advisor
Peggy Mullins- Advisor

Fundraising

Our fundraising workgroups met several times to plan the Golf Tournament and Quarter Auction in 2015 and have recently been working on our Puzzle Piece Sale. Our planners got together to prepare the invitations for mailing and make calls to arrange the venue. They met again to make decorations, call volunteers to arrange food preparation and assign tasks for the event day.

Kathy Gensel - Treasurer for all events
Lindsey Blaine – Marketing
Kristie Sellers – Planning committee
Shari Conner- Set up tear down/planning committee
Alex L – Set up tear down/planning committee
Kaitline S - Set up tear down/planning committee
Cassandra M - Set up tear down/planning committee
Audrey Marvin - planning committee
Shae Le Bryant - Set up tear down/planning committee
Sean Seyler- Golf tournament planning committee
Scott Weeks- Golf tournament planning committee
Hillary Seyler – Food committee
Iris Fontana- planning and food committee
Tanya Harris – Bake goods donation

Brianna Bowlin- volunteer

Bev Sellers- volunteer

Health Fairs/Job Fairs

Change 4 the Kenai has participated in the local health fairs and job fair for the last 2 years. We have provided the participants with information about our coalition and assessment process, and conducted surveys during the events. We just participated in the job fair in Kenai last week and have a health fair April 2, 2016. Meetings were conducted during the planning stages. We mostly communicated by email and texting. Members signed up for tasks and booth times.

Shari Conner- planning committee, booth operator

Jody Asimakopoulos – purchasing for hand outs

Audrey Marvin – planning committee, booth operator

Trinity Bower – booth operator, surveyor

Shae Le Bryant – booth operator, surveyor

Charalambos Asimakopoulos – surveyor

Trish L – surveyor

Debra Rafferty – booth operator, surveyor

Trisha – Booth operator, surveyor

Data Collection

Data collection has been a group effort. We have had teams for each area of interest.

Marijuana Data

Randy Moss led the data collection on marijuana. He led discussions on creating survey questions that provided the coalition with useful data, feedback while providing education to the community. We had members get the surveys to the community through emails, social media, paper surveys, mail, and surveys collected on tablets.

Connectedness Data

Charlie Barrows, RN and Regina Theisen, RN both public health nurses gave a presentation of the local data collected for the MAAPS Assessment process to the coalition. They provided direction for updating this 2012 data and local sources.

Natalie Wolf of Kenaitze Tribe presented the 2012 Kenaitze Tribe Assessment data to the coalition.

Community Connectedness Survey was a coalition effort. We worked as a team during regular meetings and email communication to write the survey questions used. Members worked together to get the survey to the community through emails, paper surveys, social media, mail, and surveys collected on tablets.

Transportation Data

Shari Conner and Debra Rafferty have been on this workgroup since the beginning. They have been collecting data by survey questions, talking to residents, looking at state transportation funding, and building relationships with city and borough leaders.

Emergency Department Data

Shayne Pond, Racheal Verba, Kristie Sellers, Shari Conner, Ashley Bell, Brenda Bowlin, and Heidi King worked on the ED data process. Ashley Bell organized the project by creating the collection guidelines. She assigned specific date ranges to each workgroup member, and created the spreadsheets used. Shari Conner assigned the timelines for completion. We are currently working together as a group to review the data collected.

Coalition Members

Allison Gottesman
Amanda Faulkner
Amy Snell
Ashley Bell
Ashly Bradford
Audrey Marvin
Bary Creighton
Beth Selby
Beverly Sellers
Brenda Bowlin
Brent Johnson
Charalambous Asimakopoulos
Darrel Williams
David Creighton
Debra Rafferty
Debra Shuey
Eliza Eller
Finnley M'Kenna
Glenda Isham
Gus Sandahl
Heidi King
Iris Fontana
Jamie Chadburn
Jody Asimakopoulos
Julie Dravis
Kathy Gensel
Kristie Sellers
Kyllee Ball
Leana Stickler
Lindsey Blaine
Molly Davis
Monica Adams
Pete Paquette
Peter Mlypairk
Racheal Verba
Ravin Swan
Shae Le Bryant
Shari Conner
Shayne Pond
Sherra Pritchard
Tayler Mathews
Teri Stickler
Terri Bivens
Trinity Bower
Vicki Tinker

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Our Community

OUR COMMUNITY

The Central Peninsula Overview

The Central Peninsula includes the cities of Kenai and Soldotna, the communities of Sterling, Kasilof, and Nikiski and the surrounding areas.

Archaeological evidence suggests that the Central Peninsula region was first occupied by the Kachemak people from 1000BC until the Dena'ina Athabaskan people displaced them around 1000AD. These early native tribes lived off the land with subsistence fishing and hunting. In 1888, prospector Alexander King discovered gold on the peninsula. The amount of gold was small compared to later gold finds around Nome, Fairbanks and the Klondike.

Homesteading and commercial fishing drove early development in the region, but oil discoveries at Swanson River in the 1950's led to a population upsurge and the need for significant infrastructure development. The economy has since diversified, and the central Peninsula has developed into the Peninsula's retail and service hub.

Location

The Kenai Peninsula is located in south central Alaska, south of Anchorage, Alaska and connected by one highway. The Kenai Peninsula is the size of the state of Rhode Island, consisting of 24,800 square miles and 16,000 square miles of land. It extends 150 miles into the Gulf of Alaska. The sheer size of the Peninsula is a risk factor for communities being disconnected. The Kenai Peninsula Borough maintains 638 square miles of road of which 98% are gravel (unpaved).

Community Physical Framework

The general layout of communities on the Peninsula makes connection difficult. There is no one hub community and the cities themselves lack city centers. Overall city planning does not support the need to have connection in our lives. Other cities were developed in times where sharing resources was essential for life. For example, a community sharing a centrally located grain elevator or built along a railroad station created a town center. These factors did not shape the layout of Peninsula communities. The peninsula was built upon a rich history of fishing, coal and oil/gas refinement that required access to waterways for transportation. Thus, these access points are spread along the river or inlet and not 'central' to a city location.

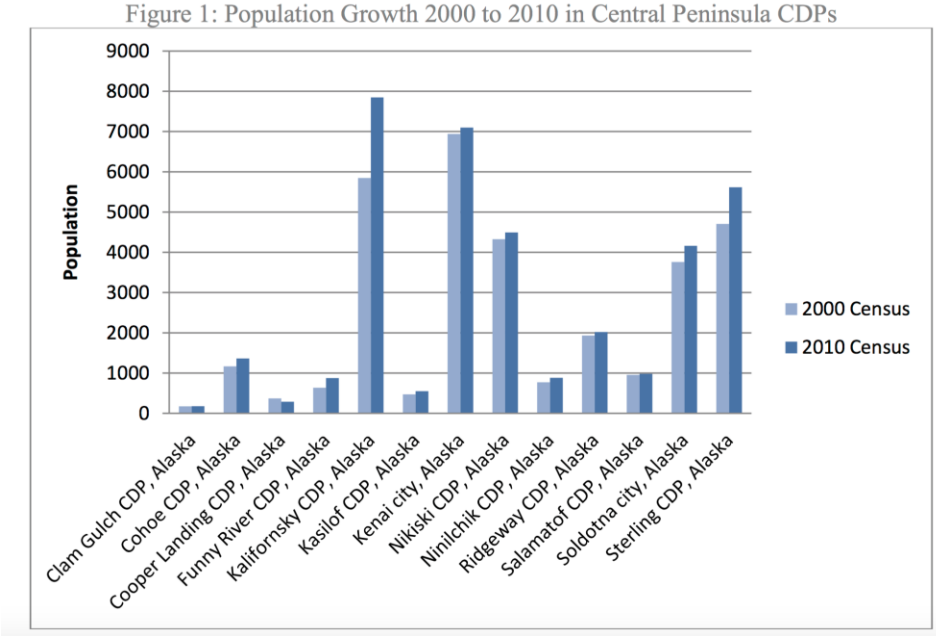
South Peninsula

Other towns on the Kenai Peninsula rely on central peninsula resources like medical care, shopping, and other services. There is limited public transportation to move about the peninsula. Residents of Ninilchik, Anchor Point, Homer and other smaller outlying areas must rely heavily on private vehicles to travel to the central peninsula.

Demographics

The Central Kenai Peninsula has a population of approximately 36,000 residents (2010 Census). An increase of approximately 4000 residents since 2000 Census demonstrates an increase in the middle-aged and elderly population. The following diagram demonstrates population growth from 2000 to 2010 Census.

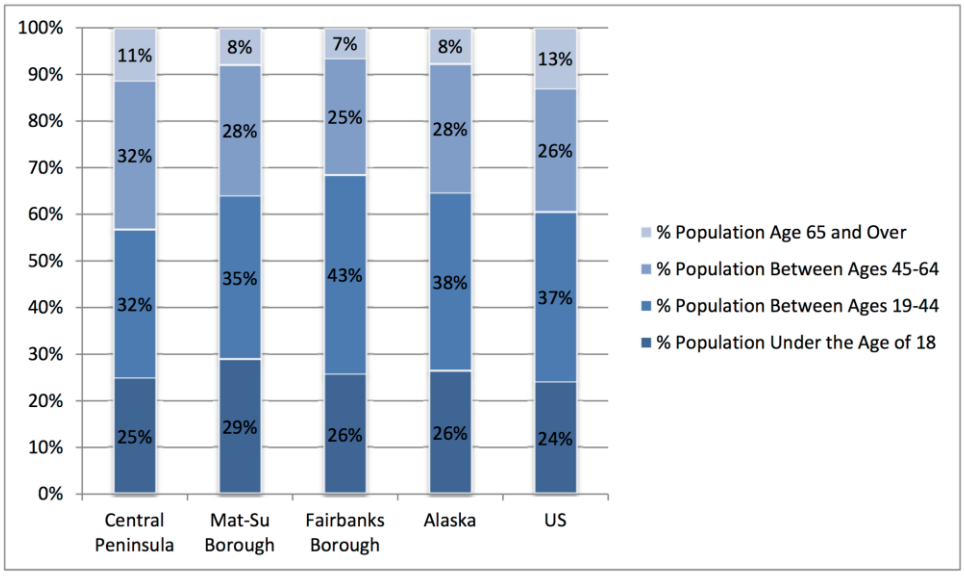
Figure 1: Population Growth 2000 to 2010 in Central Peninsula CDPs



** Figure courtesy of Central Peninsula Hospital Community Health Needs Assessment 2012*

Figure 2 shows the 2010 age distributions for the Central Peninsula in comparison to Mat-Su, Fairbanks, Alaska and the U.S. While the Central Peninsula's population may be aging, it is still slightly younger relative to the United States as a whole. In comparison to other areas of Alaska, Central Peninsula communities are slightly older. Workgroup members have suggested that incentives such as property tax exemptions for those over age 65 in Central Peninsula may be an economic attractant for retirees on a fixed income.

Figure 2: Age Distribution



** Figure courtesy of Central Peninsula Hospital Community Health Needs Assessment 2012*

INDIVIDUAL AREA SNAPSHOTS

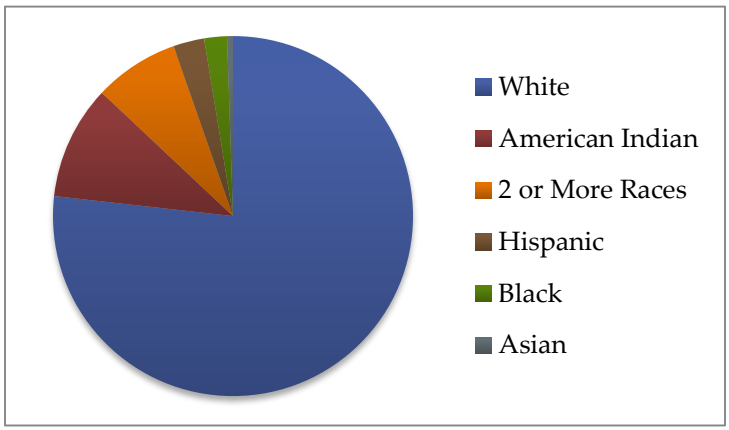
City of Kenai

Introduction

Tucked among abundant wildlife, picturesque mountain and water landscapes, the City of Kenai is the hub of the Kenai Peninsula. The City of Kenai is located at the mouth of the world famous Kenai River. This 29 square mile city was incorporated in 1960 and boasts a history rich of native and Russian settlement and culture.

Population & Demographics

The City of Kenai has a population of around 7,452 residents (2013 Census). This is about a 7.3% increase over the 2000 population. The average household size is 2.5 people.

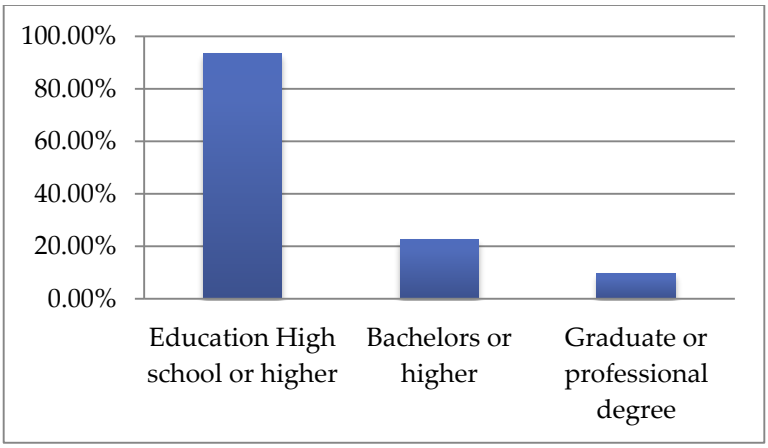


City of Kenai Race Dynamics

Education

The City of Kenai is served by the Kenai Peninsula Borough School District (KPBSD). KPBSD has 3 traditional schools in Kenai, 1 alternative high school, two charter schools, Connections home school program, and access to nearby schools in Soldotna or Nikiski. Further educational opportunities include Kenai Peninsula College, Alaska Construction Academy (construction education), Beacon (Airport Firefighting and safety training), and the Challenger Learning Center (a Space Science Educational program for the public).

< Educational attainment level of City of Kenai Population 25 years and older



Housing

The median house or condo value in 2013 was $194,124. Median gross rent in 2013 was $905. Since then, the market has been fairly stable and reflects similar results. Since 2010 there has been an average of 25 building permits issued for single family new house construction with an average cost around $200,000.

Economy

The mainstay of the local economy is oil & gas exploration, tourism, commercial fishing, sport fishing, transportation, and retail. A commercial dock with boat launch on the Kenai River provides both an economic boost as well as recreational opportunities.

Kenai is also home to the largest and busiest airport on the Kenai Peninsula. The Kenai Municipal Airport is a hub for freight services, regularly scheduled passenger airlines, and a float-plane base. The airport provides lease lots for both private and commercial activities.

Crime Rates

Crime Rates in the City of Kenai

Compared to metropolitan areas, crime rates are relatively low in the City of Kenai. Theft and burglaries are the most common crime reported.

Type	2006	2007	2008	2009	2010	2011	2012	2013
Murders	0	1	0	0	0	0	0	0
Rapes	2	2	2	1	7	3	1	6
Robberies	1	3	2	2	3	0	0	1
Assaults	16	24	46	29	20	18	24	23
Burglaries	25	32	42	42	37	18	37	47
Thefts	274	265	256	267	226	203	295	236
Auto Thefts	20	21	15	15	16	7	8	18
Arson	2	0	1	2	0	0	2	0

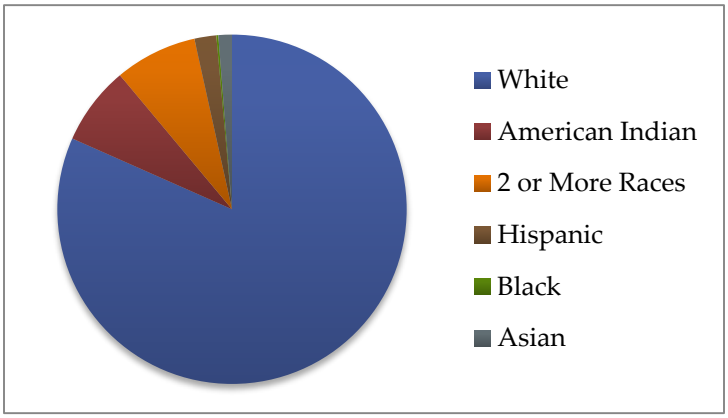
Soldotna

Soldotna Snapshot

Introduction

The city of Soldotna is nestled about 10 miles inland from the shores of Cook Inlet, on the banks of the Kenai River. It encompasses an area of just under 7 square miles. Soldotna's location at the center of the Kenai Peninsula offers residents and visitors access to nature, other nearby towns, and driving distance to Homer, Seward and Anchorage. Soldotna was incorporated in 1960.

Population & Demographics

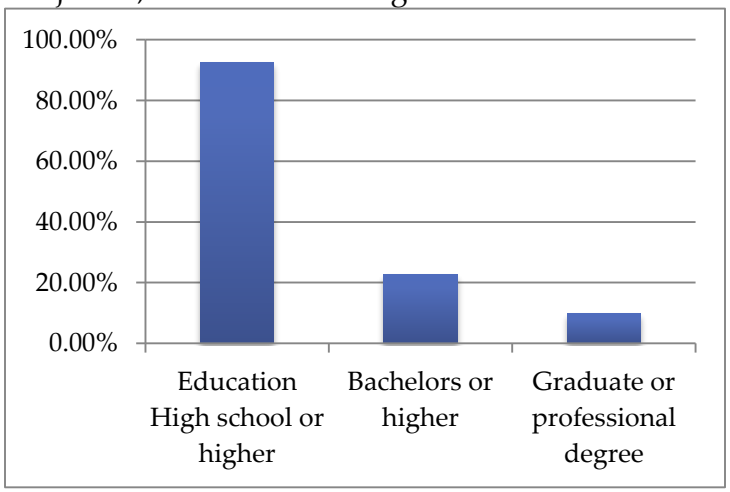


Soldotna is a small Alaskan community with a population of 4,381 (2013 Census). The population has grown about 16.5% since 2000.

< City of Soldotna Population by Race

Education

Soldotna has three elementary, one junior, and two senior high schools. There are also three options for private, Christian schools in Soldotna as well as the option to home-school. Kenai Peninsula College (KPC) is a community campus of the University of Alaska Anchorage system and provides opportunities for students to pursue 2-year, 4-year, and certificate programs. The New Frontier Vocational/Technical Center (NFVTC) is a post-secondary training center funded by state grants that trains people in various office occupations.



Housing

The estimated median house or condo value in 2013 was $224,587. Median gross rent is $1,013. Housing and rent is more expensive in the Soldotna area compared to other locations on the central Kenai Peninsula.

Economics

The major industries in Soldotna include commercial fishing, oil & gas, tourism, and service/retail. Major employers include Central Peninsula General Hospital, Kenai Peninsula Borough and School District, Fred Meyer Retail Store, Safeway Store, and Kenai Peninsula College.

The median household income is $56,078. Even though Soldotna is a smaller community and has to transport in a lot of supplies and groceries, the 2013 average cost of living index was 95.1 (less than the US average of 100).

Crime Rates

Type	2006	2007	2008	2009	2010	2011	2012	2013
Murders	0	0	0	0	0	0	0	0
Rapes	3	2	1	3	0	1	1	5
Robberies	0	1	0	1	2	2	0	2
Assaults	19	18	11	16	18	13	14	12
Burglaries	33	14	18	15	26	13	7	8
Thefts	232	189	231	244	217	173	164	138
Auto Thefts	14	15	7	4	6	10	4	8
Arson	1	0	0	1	0	1	1	1

Soldotna, Alaska crime rates 2006-2013

Crime rates are relatively steady, showing no obvious trends other than a slight decrease in reported thefts in beginning in 2011.

Sterling

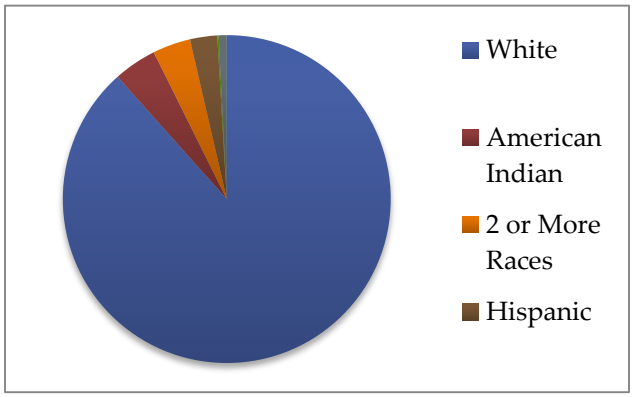
Sterling Snapshot

Introduction

Sterling encompasses a large 77.3 square miles about 18 miles east of the City of Kenai. Located along the Kenai River, Sterling has many campgrounds and cabins that provide a place for visitors to enjoy the fishing, wildlife and outdoor adventures that the area provides.

Population & Demographics

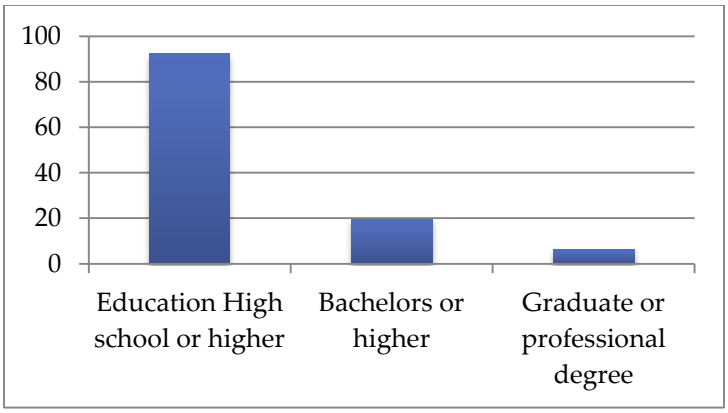
Sterling has around 5,617 residents, a 19.4% growth from 2000. The median resident's age in Sterling is 45.5 years, a significant difference from the other towns in Central Kenai Peninsula. This supports the trends of growth in retirement-aged individuals.



City of Sterling Race Dynamics

Education

There is one public school in Sterling, Alaska. The Sterling Highway travels directly into Soldotna where residents can partake in alternative school options including secondary school options like Kenai Peninsula College.



< Educational attainment level of Sterling Population 25 years and older

Housing

Mean housing prices in 2013 were around $276,254 with median gross rent about $1,037. Housing prices reflect this area's higher than average Central Peninsula median household income of $69,829.

Economics

The main industry around Sterling is tourism, especially sport fishing and hunting.

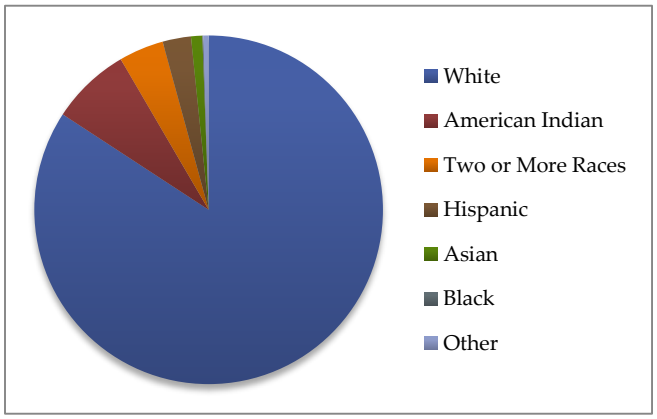
Nikiski

Introduction

The discovery of oil on the Kenai Peninsula in 1957 led Nikiski from a small homesteading community to a thriving oil & gas town. On-shore production facilities and offshore drilling platforms in Cook Inlet provide many of the local community's jobs. It has also developed into a hub for many people who work in Kenai or Soldotna but are looking to reside in a quieter area with more acreage. Outdoor recreation, a large pool with waterslide, and various playgrounds and picnic areas entice nearby residents and tourists alike to visit Nikiski.

Population & Demographics

There are about 4,493 people residing within the 69.6 square mile limits of Niksiki. The population density is 65 people per square mile, very low and a draw for residents looking for space. Population rates show a 3.8% growth from 2000.



Nikiski Population by Race

The median resident age is 43.1 years; an entire decade over the Alaska median age.

Education

Nikiski has one elementary school and one middle/senior high school.

Housing

Housing in Nikiski is relatively less expensive than other areas in Alaska. The median house value is estimated at $184,985 compared to the Alaska average of $254,000. Median gross rent is similar to other towns in the Central Peninsula at $1,041.

Economics

The estimated median household income in 2013 was $72,600, which is comparable to the Alaska state average. The cost of living index for Nikiski residents is 109 compared to the US average 100.

Crime Rate

Significant data was not available for this location.

Nikiski Snapshot

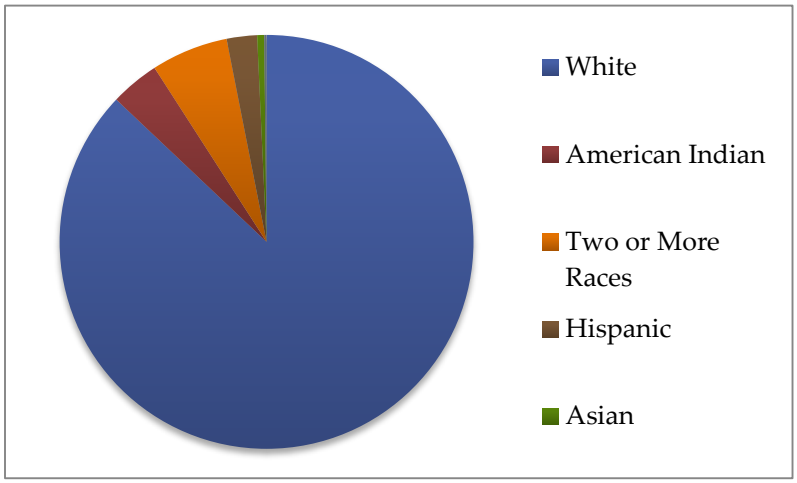
Kasilof

Introduction

Located just 12 miles south of Soldotna, Kasilof is a fishing town centered around its boat harbor on the Kasilof River. Residents enjoy a small-town atmosphere with quick access to services in the larger nearby communities of Soldotna and Kenai. Fishing on the Kasilof River and Cook Inlet supports a small commercial fleet, a fish processing plant, subsistence dip-netting, and other outdoor pursuits including dog mushing.

Population & Demographics

The small town of Kasilof has a population of around 549 people, an increase of 16.6% from 2000.



Kasilof Population by Race

Education

There is one elementary school in Kasilof. Junior and Senior high school students are transported to nearby Soldotna for schooling.

Housing

The median house value in Kasilof is $192,128.

Economics

The median household income is $72,059, which is very close to the Alaska state median household income of $72,237. The cost of living index for Kasilof is 113.7, significantly more than other locations in Alaska.

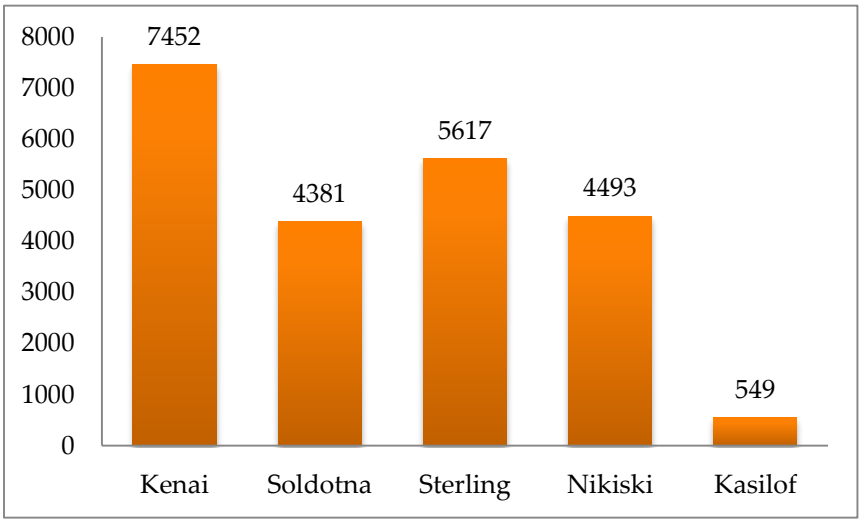
Crime Rate

Significant data was not available for this location.

COMMUNITY COMPARISONS

Population

Current estimated populations demonstrate several interesting factors of the Central Peninsula. The first is that population within a region of the Central Peninsula often reflects the square footage size of the respective area. Soldotna holds several resources and businesses within its' relatively small city limits in comparison to the square footage of the area of Sterling.

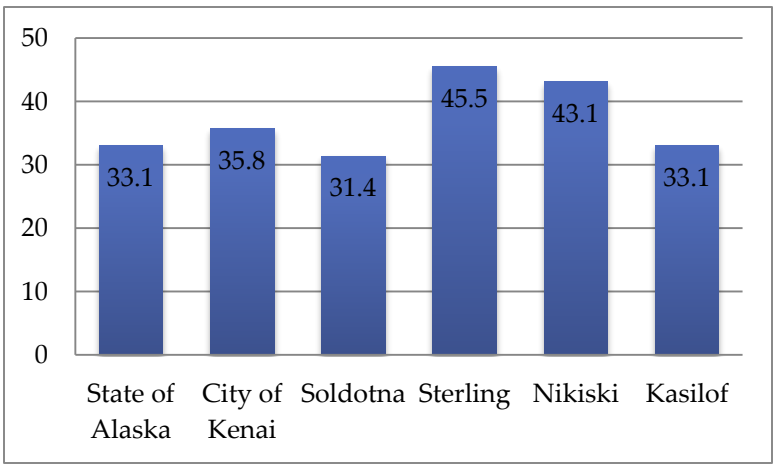


Current Population by Location

Resources such as medical care, grocery and retail stores, schools, and more are often shared between areas. Residents of Sterling, Nikiski, and Kasilof rely heavily on the resources available in the neighboring larger towns of Soldotna and Kenai.

Resident Age

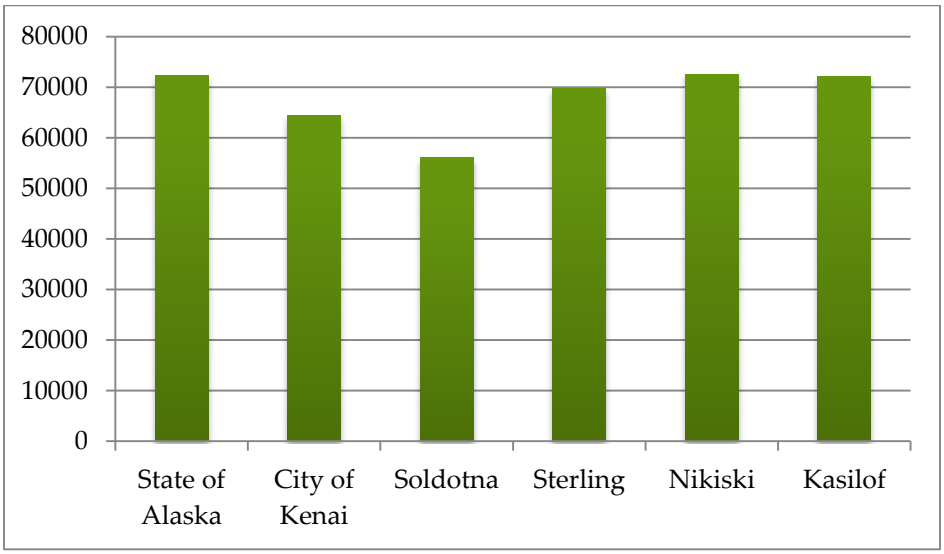
The median age of residents of the City of Kenai, Soldotna and Kasilof are similar to the median age of residents of the State of Alaska. Sterling and Nikiski residents are significantly older, showing a decade of maturity. These areas are larger and offer more land for homeowners. This age trend suggests that these areas are more inhabited by established families and retired residents. Higher median home prices in this area support that trend.



< Median Resident Age by Location

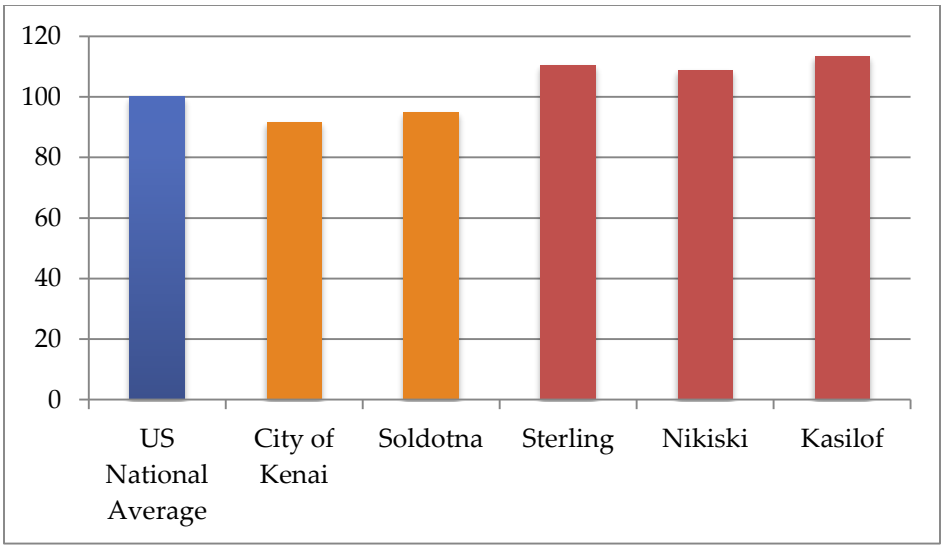
Economics

The closer to Alaskan average household income in Nikiski and Kasilof suggests that many residents of these areas work elsewhere, as they are outlying areas with little direct local economy in comparison to the areas of Soldotna and the City of Kenai that have more direct economy but may reflect a lower overall wage.



< Estimated Median Household Income

The cost of living in Alaska is often higher than the rest of the United States due to the nature of shipping supplies, gas prices, and rural living. The outlying areas of Sterling, Nikiski, and Kasilof demonstrate higher than the US National Average cost of living. This most likely demonstrates the additional expenses from living farther from larger towns.



< Cost of Living Index Comparison

Central Peninsula Economic Overview

Factors such as income, employment, education level, and insurance are interrelated characteristics that have been shown to impact the health status of populations. These factors are often referred to as the social determinants of health. Limited education and employment opportunities can impact residents in areas such as access to health care. Poverty and household income level may impact whether a person has an adequate diet, healthy lifestyle and routine medical care.

In order to understand the health and well-being of our residents we must understand the socioeconomic conditions of the community. The following graph provides an overview of the socioeconomic characteristics of Central Kenai Peninsula in comparison to the State of Alaska and the United States as a whole.

CURRENT SOCIOECONOMIC COMPARISON

Socioeconomic Characteristics	*Central Peninsula*	*Alaska*	*United States*
% of Labor Force Unemployed	8.6%	9.6%	10.8%
% Population Not Attaining High School Diploma (>25 years)	7.3%	7.7%	12.3%
Median Annual Household Income	$60,378	$64,576	$50,046
Mean Annual Household Income	$68,541	$81,290	$68,259
People and families living below federal poverty line	8.9%	9.9%	15.3%

Oil and gas

The oil and gas industry serves as a stabilizing force on Alaska's economy, accounting for 45% of the Gross State Product. A recent analysis by the University of Alaska Anchorage showed that the oil industry supports as many as 110,000 jobs in Alaska. The central peninsula is known as the hub for oil and gas with easy access to Cook Inlet. In the spring of 2009, the Division of Oil and Gas conducted an analysis of the remaining gas in the Cook Inlet. The group estimates that Cook Inlet gas production is forecasted to outweigh Cook Inlet demand until 2030 at the earliest.

Recent development on the peninsula has included Enstar's line that hooked up the North Fork gas field to the Enstar Natural Gas system in Ninilchik where the gas enters the Kenai-Kachemak Pipeline. The Alaska North Slope Natural Gas Pipeline Project is a $20-30 billion natural gas pipeline project that if it moves forward could create 7,500 construction jobs and 500 operational jobs in the next decade. A bullet pipeline from the North Slope to the Cook Inlet as an answer to pressure on Cook Inlet gas deliverability could create approximately 2000 construction jobs and 150 operational jobs.

Tourism

Between 1990 and 2006, the number of tourists visiting Alaska in the summer more than doubled to nearly 1.6 million. Out-of-state and international travelers have also increased. New growth is expected in the international market, specifically consumers from South America and India. According to the Department of Commerce, approximately 500,000 people visit the Kenai Peninsula every year. Annual tourism gross sales were high until 2008 when they began to significantly decline. The borough has expanded efforts to increase the number of recreational activities on the Peninsula, "Alaska's Playground." Soldotna and Kenai, as a key hub, hold the largest grocery and box stores, thus lending to income generated from tourism grocery and other purchases in addition to gift sales. With dollars and effort leaning toward tourism, the majority of activities take place during the primary tourism months of May-August. This leaves the darkest and coldest months somewhat quiet with community events.

Fishing

The fishing industry in Alaska accounts for nearly 57,000 jobs and over $65 million for the state of Alaska. Traditionally, fishermen on the Peninsula have harvested five species of salmon, three species of crab, halibut, shrimp, clams, and herring. Several processing plants in the Kasilof-Soldotna-Kenai area serve local fishermen and contribute to the local economy. Department of Fish and Game closures due to lower than expected runs can significantly

impact the industry by lowering the amount of fish commercially caught as well as changing regulations on the rivers for sport fisherman, many of whom are visiting the area. These closings create concern that sales expectations in the industry will not be met.

Construction

The economic slowdown in Alaska has significantly impacted the construction industry. Construction on the Peninsula has also dropped. Residential and commercial permit values have dropped up to 75%.

Transportation and Infrastructure

The Sterling highway provides much of the peninsula with road access to Anchorage, the rest of Alaska and Canada/Lower 48. The Kenai Spur Highway connects the remaining portion of the central peninsula. Air access to the region is through Kenai Municipal Airport. The airport serves as the region's primary collection and distribution center for scheduled passenger, cargo and mail service. Regular commuter flights out of Kenai link the Central Peninsula to Anchorage.

Forestry and Timber

Historically, the forestry and timber industry has been an important contributor to the Alaskan economy. In the past two decades the industry has been in sharp decline. The Chugach National Forest encompasses much of the Kenai Peninsula, with most of the commercial timber harvest in federal and Native land. In 2003, the largest spruce bark beetle infestation in North America hit the peninsula and affected nearly 17,500 acres. Harvest for some applications increased; however, recent harvest has declined due to quality and availability. Many small local operator-owned sawmills are still operational.

Unemployment

In the Kenai Peninsula Borough, the raw number of unemployed residents has grown steadily; there has also been a significant increase in the number of weeks people are staying unemployed leading to a significant increase in unemployment weeks paid for the government.

Housing

Alaska's housing market reflects the underlying soundness of household finances in the State. However, a large majority of residents (41% according to local markets) rent their housing. The median monthly rental for a one-bedroom apartment is $732. Cost of living has a significant impact on home considerations. The cost of living in Soldotna, Alaska is 17.3%

higher than the national average. Housing is 8% higher than the national average, utilities 9% higher, and transportation and groceries over 23% higher.

According to the US Department of Housing and Urban Development, homelessness in Alaska rose 9.6 percent in 2015. Statistics from the Kenai Peninsula Borough School district share that on average there are 248 students 'in transition,' meaning that these youth and their families are either homeless or do not have regular housing.

Medical Services

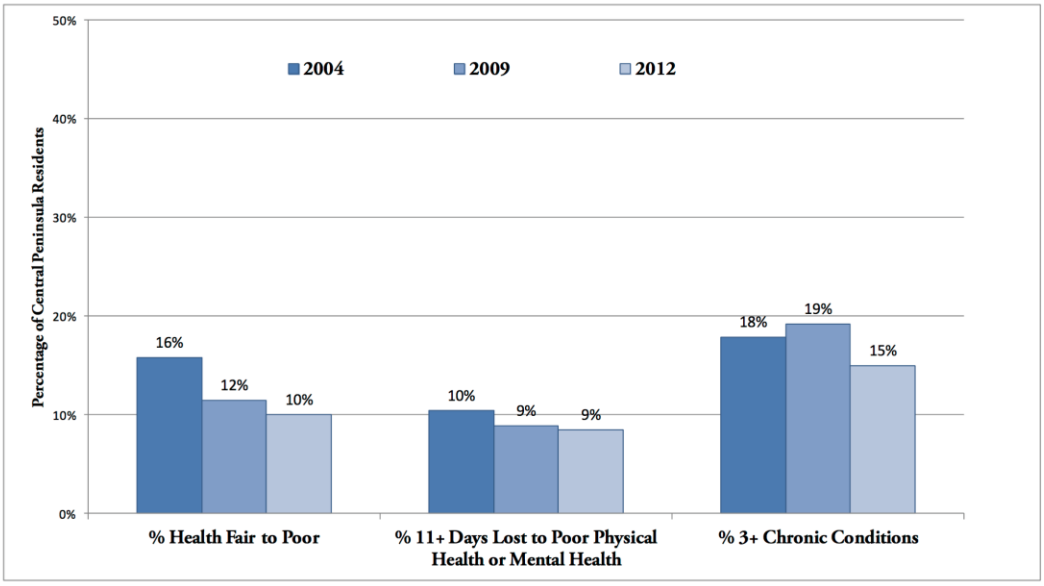
Central Peninsula Hospital in Soldotna is the most visited hospital on the Kenai Peninsula. Founded in 1954, the hospital is a 50-bed, acute care hospital serving the communities of Soldotna, Kenai and much of the Central Peninsula. Improved facilities include private patient rooms, surgery, labor and delivery, emergency care, outgoing patient services, imaging, laboratory and physical therapy.

Serenity House Treatment Center is a residential treatment program for adults. Counseling, education and participation in a 12-step recovery program help recovery from alcoholism and drug dependency. This behavioral health service is provided through Central Peninsula Hospital.

The Kenai Public Health Clinic is one of the many health clinics throughout central peninsula that offer additional health care. Central Emergency Services serves approximately 2,200 square miles, providing fire protection, fire rescue and emergency services.

At this time, approximately 17.2% of Alaskans are uninsured. Health care expenses in the area are 38% greater than the national average. Having access to quality healthcare and the ability to pay for it are clearly interconnected with economics and the ability to arrive at the facility for care.

The 2012 Central Peninsula Hospital Community Health Needs Assessment reports that 15% of Central Peninsula residents have 3 or more chronic conditions and about 35% were classified as having "some health problems." Residents who reported having fair or poor health had lost 5 or more days to poor mental or physical health in the past month or had been diagnosed with Hypertension, High Cholesterol or diabetes. Another 9% of the study is at risk for future medical problems. These populations with some health problems or are at risk "due to modifiable behavioral risk factors" are important groups to consider for prevention efforts.



** Figure courtesy of Central Peninsula Hospital Community Health Needs Assessment 2012*

Education

Excellent public schools, a number of smaller private schools, a regional fire-training center, and the Soldotna campus of Kenai Peninsula College provide a range of outstanding educational opportunities. The Kenai Peninsula Borough School District is one of the largest employers on the peninsula. The school district consists of 41 schools in a variety of combinations of age groupings.

A number of post-secondary education facilities exist in the Borough. The largest institution is Kenai Peninsula College, part of the University of Alaska Anchorage system, with locations in Soldotna, Homer and Seward. The KPC brand in Soldotna offers both Associates and Bachelor's degrees, providing instruction to nearly 1,500 students. The institution meets the needs of local industry with specific training programs. Some of these include the Kenai River Guide Academy and the Kenai Fishing Academy.

In 1998, the Pacific Rim Institute of Safety and Management (PRISM), a fire training center, opened in Kenai. Amundsen Educational Center is a faith-based non-profit, educational and vocational training school located in Soldotna, Alaska.

Recreation

The Central Peninsula offers many outdoor recreational opportunities. Each summer, visitors and residents gather on the Kenai River and Kasilof rivers to fish for multiple species of salmon. Bear, moose, bald eagles and occasionally caribou provide photographers and hunters with abundant opportunities. Summer activities include hiking, golfing, bird watching, kayaking, and wind surfing. Winter activities include skiing, snow machining, dog mushing and snowshoeing. The Kenai Peninsula Borough cares for an ice rink/sports arena. The area is also home to numerous trails, recreation parks and access to both river and marine docks.

Central Peninsula Forecasts

Economic Overview

The economy of the Kenai Peninsula Borough is one of the most diverse throughout the state. Prominent economic sectors in the Borough include oil and gas, seafood, tourism, healthcare, government, construction, retail and wholesale trade, and services. The oil and gas industry – including exploration, extraction, storage, processing, manufacturing and transportation – accounts for approximately one-third of the labor force in the Borough. The borough economy also has highly seasonal influences from industries such as tourism, seafood and construction, which are most active in the summer. Employment falls off in the winter.

Central peninsula population 33,150 per capital $21,515 % unemployment 10.3% workers 45+ 42% female workers 46% % native 6%

Barriers to Growth

In participation with Kenai Peninsula Economic Development District's Gap Analysis survey over the winter and spring of 2010, respondents ranked seventeen factors that hindered organizational growth. Across the Borough, the ten largest factors to economic growth and development, ranked as either significant or moderate barriers are:

1. National Economy 81%
2. Energy Prices 75%
3. Access to Capital 48%
4. Federal Taxes 48%
5. Federal Regulations 46%
6. Access to a trained Workforce 45%
7. Workers Compensation Insurance 44%
8. State Regulations 43%
9. Health Insurance 42%
10. Energy Supply 39%

Chapter 2:
Methods

STRATEGIC PREVENTION FRAMEWORK

Change 4 the Kenai is utilizing the Strategic Prevention Framework (SPF) model developed by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). This planning process is based on a public health model and designed to build prevention capacity at the community level. The framework is a planning process for "preventing substance use and misuse." The five steps of the Strategic Prevention Framework are

1. Assessment of needs and resources
2. Capacity building
3. Development of a strategic plan
4. Implementation of effective prevention programs, policies, and practices
5. Monitoring and evaluation of outcomes

Retrieved from: www.samhsa.gov/spf

These five steps will guide us in our planning, implementation, and evaluation of our prevention efforts. The SPF emphasizes data-drive decision-making and outcomes-based prevention. Although it is presented here as a list, the SPF model is a circular process. There is overlap and review of the five components. For example, addressing capacity needs as listed in Steps 1 and 2 must take place throughout the SPF process. Likewise, plans for evaluation will continue throughout. Sustainability and cultural competence are addressed throughout each of the five steps.

Needs Assessment

A Community Health Needs Assessment (CHNA) helps to gauge a community's health status and support strategic planning. Change 4 the Kenai focused specifically on the behavioral health needs of our community. Throughout this process, an overarching goal has been to promote collaboration among local agencies as well as providing pertinent local data to be used for evaluating and planning to promote the behavioral health of the Central Kenai Peninsula.

The following report outlines Change 4 the Kenai's dedication to gathering quality information, local data, and community support in order to assess the community's current behavioral health needs, resources, readiness, and prevention priorities.

Community Based Participatory Research (CBPR) Approach

The assessment used a mixed method data collection approach that included primary data such as key informant interview, community focus groups, and a community connectivity assessment. Secondary data included health outcomes, demographic data, behavioral data, and environmental data.

Primary Data: The Community Voice

Primary data collection included quantitative and qualitative data gathered in several ways:

1. Meetings with the CHNA workgroup
2. Key informant interviews with area health and community members
3. Focus groups with area community members
4. Community health and connectivity view survey

CHNA Workgroup and Coalition Meetings

The CHNA workgroup was an active contributor to qualitative data collection. Using the previously described CBPR approach, monthly meetings were held with the workgroup at each critical stage in the assessment process. At one meeting, attendees were asked to discuss their understanding of main topic areas.

Key Informant Interviews

Key informants are health and community experts familiar with populations and geographic areas residing within the Central Kenai Peninsula. To gain a deeper understanding of the health issues pertaining to our local community, key informant interviews were conducted using theoretically grounded interview guide. Interview content analysis was conducted to identify key themes and important points pertaining to each geographic area.

Focus Groups

Selection of locations for focus groups was determined by feedback from key informants, CHNA team input, and analysis of health outcome indicators (ED visit, hospitalization).

Focus groups were conducted to provide an in-depth look at and voice from the community. Focus group participants included community partners, local business owners, local government, law enforcement, health care providers, low-income participants and other interested citizens. Each focus group was tasked with having an unstructured discussion of the problems their community faced with regards to economic issues, drug

and alcohol abuse, youth, transportation, health care and community events. An outside party also provided a training session to focus groups to help develop a strong plan.

Surveys

Members of the community completed surveys regarding community topics. In order to represent as diverse a population as possible there were multiple ways to respond to the surveys. It was available in different formats:

- Online
- Social networking: Facebook & twitter
- Smart phone compatible
- Tablet compatible

And it was provided in different locations through advertising and travelling tablet:

- Community grocery stores
- Local community college
- Local medical clinics

Interviews allowed coalition members to gain perspective and learn about experiences, strengths and values of individuals in the community. The interviews and surveys helped to reveal what the community members want, how they view their resources, and what issues are involved in gaining access to resources and programs.

Existing Data Collection

Data from various sources including, but not limited to: Serenity House Treatment Center AKAIMS Reporting, Central Peninsula Hospital Emergency Department Admissions, US Census Bureau, US Department of Labor, Alaska Department of Health & Social Services, Alaska Department of Commerce, Community and Economic Development, Alaska Department of Education and Early Development, Alaska Department of Fish and Game, Alaska Department of Labor and Workforce Development, Alaska Department of Law and the Kenai Peninsula Borough Transportation Plan. Data from 2006 to current was utilized to ensure accurate representation of recent trends. Primary sources were utilized whenever possible with secondary resources considered from professional reports.

METHODS TABLE FOR NEEDS ASSESSMENT

Components of Needs Assessment	Methods
Community Profile	Secondary data outlined Central Kenai Peninsula demographics and population trends including population size; income and employment; Geography and employment; and history and culture.
Incidence & Severity	Primary and secondary data was analyzed to assess the incidence and severity of the key issues of IV drug abuse, mental health, and community connectivity in the Central Kenai Peninsula area. Additional Peninsula, state, and national data was utilized to supplement data.
Issue Prioritization	The coalition followed prioritization process to select a primary focus for the project. Prioritization considered the size and seriousness (severity, economics, social impact, and trends) as well as community engagement and likelihood for change. Coalition members scored each condition and IV drug abuse was prioritized: other main topics alcohol abuse, mental health, and suicide. Prevalence, severity and level of negative consequences of IV drug abuse were key deciding factors. Follow-up communication with coalition members affirmed IV drug abuse as the priority issue. Members also identified the factors of community connectivity (transportation, economics, identity and healthcare) as significant community issues directly impacting drug use.

Target Population	Community perceptions were closely examined in relation to age, gender, and race of those at risk for IV drug abuse in order to guide selection of target populations for prevention efforts.
Community Perceptions	In 2015, C4K conducted a community survey to gather the community's current perception of how people related to each other in their local area. Questions were chosen, by the coalition and key community stakeholders, in an effort to determine community readiness and overall prioritization towards community needs to address the growing injection drug use problem.
Community Readiness Assessment for IV Drug Use Prevention	A community readiness assessment for IV drug use prevention was conducted using the Tri-Ethic Center Community Readiness Model. A set of interview questions related to five dimensions of community readiness was developed and coalition members conducted interviews with key informants representing different sectors of the Central Kenai Peninsula. These sectors included healthcare, government, law enforcement, and business owners.
Consequences of IV Drug Abuse	Primary and Secondary data was analyzed to identify consequences of IV drug use in Central Kenai Peninsula.
Resource Assessment	Coalition members identified community strengths and assets, community challenges and weaknesses, resource gaps, and other community resource factors to consider in prevention effort planning. Other local resources such as public resource budgets and former Community Health Needs Assessments supported this information.

Chapter 3: *Community Risk Factors*

HIGH PRIORITY ISSUES

At the formation of C4K the intent was to focus on prevention "the adverse consequences of substance abuse" as this project evolved, the focus shifted slightly to the prevention of injection drug use and related consequences. Discussion of the prioritization process and consequences of injection drug use is highlighted in later chapters. Prior to investigating the priority issue C4K strove to understand the target area. Traditionally community assessments focus on defining the history, population, geography, and resources of a community. We also strove to understand the community dynamics that place residents at risk for adverse outcomes. Those adverse outcomes are inclusive of, but not limited to, behavioral health consequences such as injection drug use.

Previous Assessment Results

This endeavor is far from the first effort to assess the factors that underlie the prevalence of behavioral health conditions in our community. This was not even the first project to employ a highly structured process such as SPF to their efforts to understand community factors linked to behavioral health issues. A ten year Drug Free Communities Grant focused on identification of the risk and protective factors linked to youth substance abuse and our Public Health Department completed a highly structured assessment of community issues that prevent Kenai residents from living well.

The Community Action Coalition (a Drug Free Communities Grantee) partnered with the local school district to complete the Prevention Needs Assessment (PNA) in 2009 and 2011. The Prevention Needs Assessment draws questions from the Youth Risk Behavior Survey (not completed in our district due to insufficient parental consent) identifying risk and protective factors for youth with regard to alcohol and drug use risk. The PNA identified risk factors of: community disorganization, low neighborhood attachment, laws and norms favorable to drug use, absence of rewards for prosocial behavior, and family conflict/disorganization. Protective factors included all school domain items, community opportunities for prosocial involvement, and belief in a high moral order. Risk and protective factors are relative to the rankings for similar sized states.

In 2011, Public Health concluded the Mobilizing for Action through Planning and Partnerships (MAPP) process which included a two year community driven needs assessment linked directly to behavioral issues. *MAPP brings four assessments together to drive the development of a community strategic plan* — Four unique and comprehensive assessments gather information to focus the identification of strategic issues.

The Community Themes and Strengths Assessment identifies themes that interest and engage the community, perceptions about quality of life, and community assets.

The Local Public Health System Assessment measures the capacity of the local public health system to conduct essential public health services.

The Community Health Status Assessment analyzes data about health status, quality of life, and risk factors in the community.

The Forces of Change Assessment identifies forces that are occurring or will occur that will affect the community or the local public health system.

C4K membership included many members of this MAPP assessment workgroup and the entire membership was committed to utilizing the MAPP finding in the C4k analysis. Additionally, C4K felt this assessment was recent and exceptionally well done, further supporting its usefulness for this project. The MAPP assessment found that there are unique forces of change linked to mental health struggles in our community; lack of community connection, transportation challenges, economic instability, and lack of access to health care (predominately primary care and behavioral health).

Development Of A Model Of Risk

C4K worked to synthesize the risk and protective factors (PNA) and forces of change (MAPP) from the preceding assessments. We realized that all community risk factors, identified for youth substance abuse, resulted from a failure to connect to community or within a family. Forces of change identified "community connectivity" as the primary issue in our community. Community connection is also significant in the identified change forces of transportation (connection failure due to travel limitations), economic instability (connection failure resulting in unemployment/lack of economic diversification), and lack of access to health care (failure to connect to first line behavioral health and primary care providers). C4K surveyed over 50 community members about community connectedness as a vehicle for strategically addressing local behavioral health issues and completed a connectedness survey (both available in appendix).

As C4K looked at connection, another local connectivity risk was identified. Kenai residents highly endorse an identity that values independence over interdependence.

This is to a degree that generates a lack of "community' and all the benefits of mutual support are lost. C4K concluded that connection is the primary community risk factor and lack of transportation, economic challenges, independence identity and unmet health needs are community themes that underlie the connection struggles.

Confirmation Of Model

In looking at the factors that encourage or discourage behavioral health conditions in our community we wanted to determine if these themes were accurate and unique for this community. The public health assessment relied heavily on qualitative data and our initial model was developed through analysis from informant interviews and focus groups. For the purposes of the current project, C4K focused on model confirmation. Instead of

attempting to identify risk factors, we enlisted community members' opinions on the model and checked it against existing data sources where they applied.

Lack of connectedness

The sheer size of the Peninsula creates risk factor for becoming disconnected. It consists of 24,800 square miles and 16,000 square miles of land, it extends 150 miles into the Gulf.

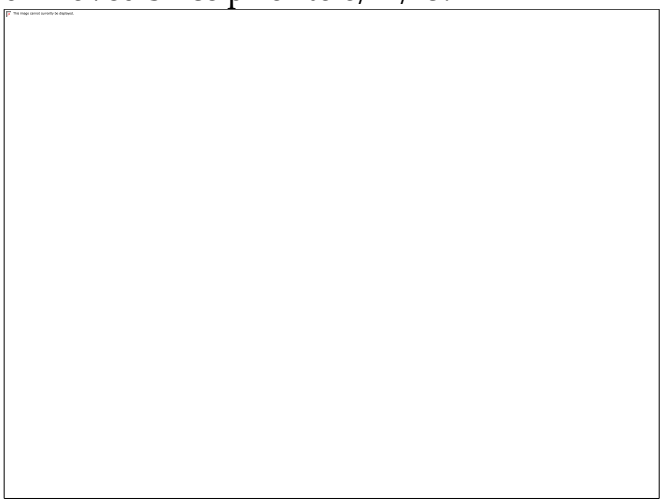
City planning is a major barrier to connection. Neither of the hub communities has an identifiable main street or city center for gathering. While the community of Kenai has 19 parks, multiple interviews with residents resulted in them being able to identify a maximum of five and average of three. When space exists it is not well used or promoted. It is as if city planners looked at all this land and focused on keeping everything spread out without realizing the need to create shared spaces to have community. Transportation difficulties exacerbate the spread out phenomena. One respondent reported, "never have I been somewhere with so many places at the end of the road". Climate adds another layer of complexity. With average winter temperatures at high of 25 and low of 8 and only six hours of daylight in January it is hard to connect in outdoor spaces. Not only do communities not foster connection, community events are often not targeted at residents. For example, the Kenai Chamber of commerce has 22 activities on its calendar of events, 19 of those events occur during the tourist months of June, July and, August.

The Kenai Peninsula experiences migration of new members to our community while we struggle to keep our youth from leaving the area. Overall the peninsula has grown by 6,000 people in the past 10 years. That represents a 12% growth rate and is the second highest in the state. This is a young and active community but it lacks the multi-generational support that results from a more diverse array of ages. It is also a retirement community and home to many individuals who forged their life connections and had their family elsewhere. An Alaska Department of Labor study revealed that only 7% of Kenai residents between 25-28 years old were home grown workers, while 41% of Anchorage residents in the same demographic were Alaskan by birth. The net result of this is that many Kenai Peninsula residents are living away from the supportive aspects that come from living near family. Children do not spend as much

time with cousins or grandparents and siblings are less likely to live near enough to support each other in childrearing activities.

Transportation

The Central area of the Kenai Peninsula has distinct characteristics that can make transportation complex. The Kenai Peninsula Borough maintains 638 square miles of road of which 98% are gravel. Public transportation is extremely limited, not user friendly, and many believe the public transportation system has failed here. It is easy to end up using transportation resources in ways the result in multiple agencies attempting to provide transportation services and duplication of costly management and capital resources. Nine of nine agencies responding to C4K's transportation survey reported providing at least weekly transportation to their consumers because no public transportation service met their needs. Multiple transportation providers and inefficient public transportation results in underutilized vehicles with at least 15 cars, owned by transportation provider, being parked at least a year with "lot rot" for underutilization while residents struggle to get where they need to go. Unable to utilize existing public transportation, three of the respondent agencies reported spending $255,000 cumulatively on transportation outside of identified regional transit plan. The challenge is to create a transportation network that meets the needs of the general public, as well as, the specialized needs associated with transportation of individuals with disabilities and complex needs. The average cost of a cab ride between Kenai and Soldotna (the two hub cities on the Peninsula) is $25 one-way and cab costs from Nikiski to Sterling exceed $100 each way. This exceeds the resources of most users and the system is underutilized due to cost. Transportation presents as a major barrier to addressing community connectivity or cohesion. (Photo example of "lot rot" car-unmoved since prior to 8/17/13.



Economic Instability

The Kenai Peninsula is highly invested in economic activities which are linked to natural resource production. These economic activities are vulnerable to rapid changes, resulting in continual boom and bust cycles on the Peninsula. The main industries are oil, fishing, tourism, and healthcare. Healthcare is the fastest growing, yet it faces an uncertain future due to larger political pressures. The oil industry has experienced incredible swings with 2 of the 4 major operating plants closing in the past 10 years. Oil industry growth is expected to slow but new development is also springing up. The commercial fishing harvest fell from a value of $54 million in 2011 to $39 million in 2013. Fishing closures, resulting from low numbers of King salmon, resulted in strong restrictions on fishing times and many long-term fishing families have been driven toward bankruptcy. An estimated 30,000 families rely on the personal use fisheries and these could also become at risk. Fishing closures also place pressure on sport fisherman which makes up a large percentage of the tourism trade.

Further evidence of economic instability comes from Department of Labor (Dec 2015-2016) unemployment rates at 6.6% while the national numbers are 4.9%. It is estimated that 7,500 Peninsula jobs are seasonal. Over the past three years, the unemployment rate has fallen an average of 3.7% each summer (comparison of January to June numbers) supporting the high rate of seasonal jobs. Only 70% of Kenai Peninsula workers reported being employed all four quarters in the past year. In addition to instability from unemployment and seasonal work, shift work adds instability to families. A large portion of Peninsula employees work away and work shifts such as two weeks on followed by two weeks off. While it is unclear exactly how many people work these types of shifts, we do know how many people are employed in the industries that frequently create these work patterns (4.8% natural resources, 6.3% construction, 20.3% utilities).

Lack of health services for the vulnerable

The Community Health Status Assessment from the MAPP process focused directly on the issue of services to the vulnerable. Their conclusions involving insufficient numbers of providers are based on review of prevalence data related to behaviors which require modification to prevent chronic disease (obesity, tobacco, alcohol, or drug use) and informant interviews. The Central Peninsula Hospital Needs Assessment saw the problem somewhat differently. This study concluded that there is adequate access to

primary care physicians on the Peninsula and that in general Peninsula residents fair equally or somewhat better than those in peer communities. There was a trend for under- or uninsured patients to rely on the emergency department for routine medical care instead of accessing sliding fee scale services provided at our Federally Qualified Health Center. The Needs Assessment reported that 18% of respondents had no medical check-up or routine visit with a physician in the past two years. Additionally 16% of respondents reported having unmet medical needs and not seeking treatment due to cost and 22% of residents are uninsured. 6.3% of respondents reported needing but not getting treatment for a mental health condition in the past year. A total of 51% of residents reported that they had some health problems or were not well. Several conclusions can be drawn from the overlapping findings of these distinct assessments. While healthcare (including mental health) services are available, there may be barriers to under or uninsured patients accessing them. While our community is no worse off than comparison community, this does not mean that all individuals have access to care.

Independence Identity

Many people who live in Kenai were not born in Alaska, this result in disconnection from family and children growing up without the supports of extended family. For many people "church families" come to replace their original families filling some of the connectivity needs but others moved to the "end-of-the road" and do not invest in developing local connections. Not only do residents select "end-of-the road" living but 29% of residents actually live alone. Per the 2010 Census, the Kenai Peninsula has 22,161 households; the number of non-family households with house owner living alone is 6,336 (3,712 males and 2,615 females).

This independent mindset does not value community. Failure to invest in community has consequences for the individual and the community. Community connectedness is essential for developing resiliency in times of hardship. It results from knowing your neighbor and being invested in each other's lives. Connectedness is often viewed in opposition to the independent, "end-of-the–road", approach to life many Alaskans highly value. Not reinvesting in community causes "communities" to become disconnected and lacking in the services people need to thrive.

Many factors have led to our current state of disconnect. In researching this issue it became clear that there has been a better sense of connectivity here in the past. It seems that we are just the wrong size for connectivity. One respondent remarked that when

the Peninsula was a bit smaller, people seemed to know each other better and look out more for each other's children. People from larger communities readily identify that Kenai is missing the subgroups of people with shared interests that bring connection in larger communities. When those subgroups do develop, around areas such as children's sports, it is remarkable how drawn people are to those activities. The same can be said for community events; even though they are few, most community events have tremendous turnouts. It is as if without realizing its importance, people crave that connection.

Technology plays an interesting role in this debate; some people believe it keeps them more connected while others believe it limits their connectivity. Regardless of the side you come down on, it is difficult to argue that digital connection is the same as in person connection. However, for people with family living at a distance it offers a means to connect.

Impact on Behavioral Health

The link between community connection and behavioral health outcomes is easy to see. When a person becomes isolated they lose the built in resiliency that comes from living in a community. If we are unconnected there is simply no one there to help us in times of crisis. This places us at greater risk for adverse outcomes such as addiction, depression, or suicide.

The local themes of connectivity also create increased risk for adverse behavioral health outcomes. Transportation struggles increase the chance for disconnection, if it is too difficult or too costly people will not go to community gatherings or even seek needed medical care. Living in a boom and bust economy places tremendous stress on community members and creates a continual population migration. Living in a community because of a high paying job, yet under the continual risk of having to leave the community when jobs dry up, results in low level of community re-investment. Job loss also places one at risk of becoming uninsured and not being able to afford preventative medical care. Difficulty accessing primary behavioral health and medical care services, whatever the reason, is linked to all types of adverse health outcomes. The importance of connection has been lost by the current generation of Kenai residents. We have mistakenly placed the important Alaskan value of independence at opposition to interdependence and forgotten that we need to invest time in developing both for healthy lives.

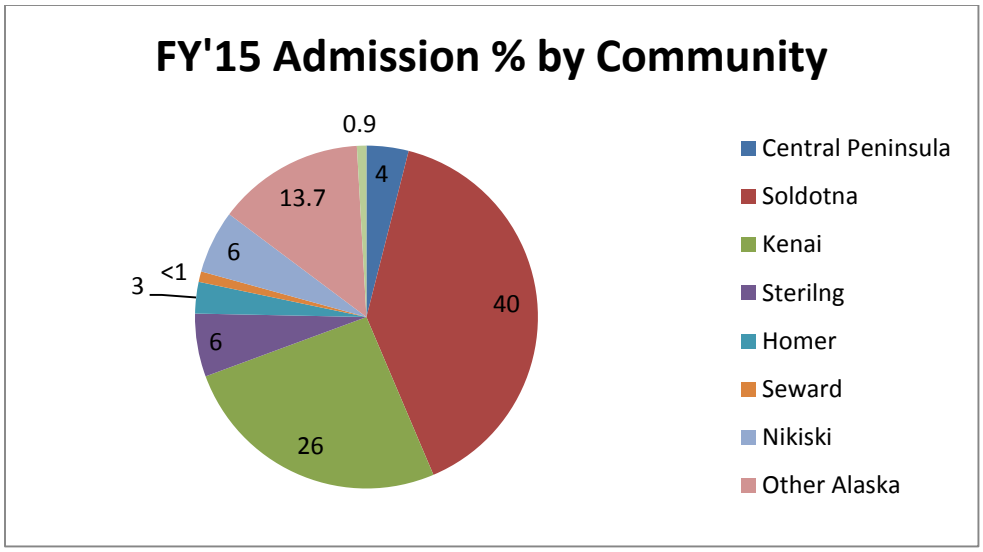
Chapter 4:
Priority Issue & Target Population

PRIORITY ISSUE AND TARGET POPULATION SELECTION

Kenai Peninsula Drug Use

Drug use looks different based on your perspective and placement within our community. As for perspective, the major economic engines of this area have created the conditions for significant socioeconomic splitting, our population can be described of consisting of economic have and have-nots. Change 4 Kenai commissioned a Photo Voice Project to look at our community from the perspective of different community members. We anticipate the completion of that project summer of 2016. Describing drug use by community is a bit more challenging. The Kenai Peninsula consists of a land mass larger than the state of Massachusetts, which is sparsely populated with several major population centers, all of which have their own strengths and challenges.

In an effort to describe drug use across our communities, a look at the home community of Serenity House Treatment Center admissions, provides some insight into the relative contributions of each community to the injection drug use problem and allows us to look at demographic differences among users based on their community of origin. Below is a pie chart outlining the home communities of the 234 individuals admitted to our treatment program in the fiscal year 2015. As is observed, the major population centers nearest the treatment center would be expected to contribute the greatest number of admissions. The utility of this graph assists us in describing our admissions not comparing the severity of the disease across communities.



Drug use looks different based on where you are coming from in our community. Through respondent interviews we have been able to define the characteristics of drug use in each of our communities. While this describes the stereotypical users, we realize all types of addictive behavior occur in all locations.

Soldotna

Soldotna holds the Central Peninsula Hospital, Kenai Peninsula Borough/School District headquarters, and Fred Meyers, which are major employers. Proximity to medical providers created a major problem with diversion of Opioid pain medications in Soldotna. Community efforts, in 2005-2008, to address safe prescribing policies made less opioids available and the vacuum was rapidly filled by Heroin. Users in this community tend to be younger (20-28 yo), and from middle to upper class families. Many grew up in the community, initiated drug use in high school, and are the first generation of their family to present with disabling addiction.

Kenai

Kenai has some sources of income generation, as well, but its major contribution to drug use comes from multiple apartment complexes which cater to low income. Many of these rentals are filled with addiction and are known drug trafficking locations. Addiction referrals from Kenai typically come from low SES families and are experiencing multigenerational addictions. These individuals often have left high school early due to family dysfunction and lack the life skills needed to live outside of the chaos of a using world.

Sterling

Sterling is a smaller community and it has no real city center or industry beyond small local shops and some tourist amenities. It has a significant amount of senior housing and housing that runs "off the grid". Less drug trafficking occurs in the Sterling area but high isolation often fuels alcoholism and marijuana use. Our typical addiction treatment referral from Sterling is middle age to older, accustomed to living in substandard housing, and primarily addicted to alcohol. The remoteness of Sterling makes compliance with outpatient treatment programs very difficult.

Central Peninsula

This area is comprised of the small communities of Ninilchik, Anchor Point, Nikolavesk, and Kasilof. This area is very diverse; it experiences high visitor traffic in the summer and is extremely slow in the winter months. Residents often use large amounts of alcohol and marijuana. Drug-wise the most notable aspect of this area is the portion between Anchor Point and Homer. This area has become a distribution center for homemade methamphetamine and opioids (including Heroin). Drugs are often trafficked to Homer from this area. It is close to the strong market demand of Homer and yet out of range of the Homer Police; being under Alaska State Trooper enforcement this area is known for low probability for consequences of use due to low numbers of Troopers available to patrol a huge area.

Homer

Homer boasts a healthy fishing industry, which results in individuals with large amounts of disposable income and long periods in between paydays. This feast and famine economic culture drives drug use to extravagance and when the money is depleted, use becomes a matter of desperation. The community identity is tied to being able to drink or use hard. Homer identifies itself as "A drinking town with a fishing problem". Substance abuse treatment referrals from Homer are typically people with variable income sources and a strong vein of independence. Hard drug use, young adult to middle age users are common, and they often are multigenerational users who grew up in the area.

Nikiski

This area contains the major elements of the oil industry on the Peninsula. Nikiski boasts an anti-government or independent approach to life that can be highly permissive of drug use. The oil industry keeps the population in transition and the

community has lots of unmonitored areas that promote drug trafficking. Permissibility, combined with variable income and transient population, sets the stage for severe addiction. Typically addiction treatment referrals from this area are unemployed from the oilfield, unskilled labors that are used to making large incomes but lack the skills to generate income outside of the unique situation created by the oilfield's need for manpower. They tend to be middle age and have a long history of addiction, which worsens to include injection drug use before they seek treatment.

Seward

We know that our referrals do not accurately reflect the needs of Seward. While technically on the Peninsula, Seward is closer to Anchorage and much of their population goes to Anchorage for services. The referrals we do get from Seward paint the picture of multigenerational poverty and use.

Cooper Landing

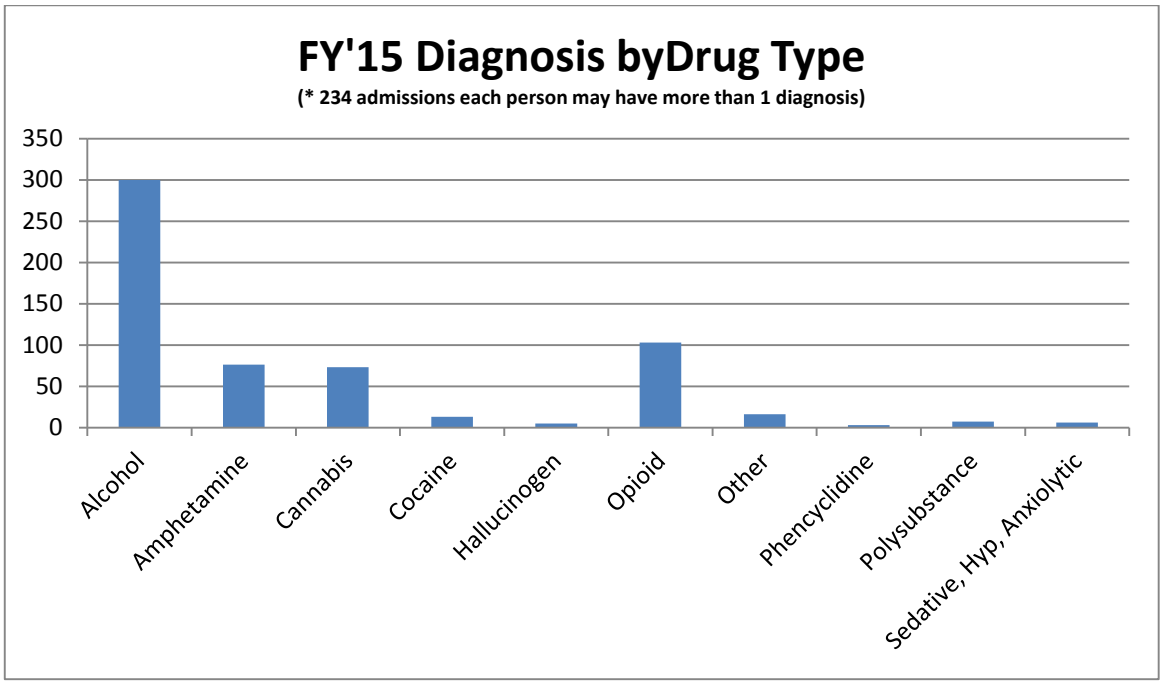
This area has a small contribution to our treatment center census. It actually contains the communities of Cooper Landing and Moose. The referrals we receive from this area tend to be middle age or older with a long history of alcohol misuse added to other drug use. The addiction is often fueled by the isolated nature of these communities.

Other Alaska

This comprises off the Peninsula referrals received by the Treatment Center and proportionately represents the rest of Alaska with the largest group of referrals coming from Anchorage and The Valley while some referrals come from many of the remote villages. These referrals tend to be young adults with significant, and often injection, drug use issues.

SELECTING INJECTION DRUG USE FOR PRIORITY FOCUS

Change 4 Kenai elected to focus our substance abuse prevention efforts on injection drug use, specifically injection of opioid class drugs including heroin. This priority was selected due to reports of concern being voiced by our recovery staff. Treatment providers were reporting increasing numbers of individuals entering treatment with opioid addictions and injection drug use patterns. Once we became aware of the problem, we began tracking opioid and injection use. The following table outlines admission diagnosis for Serenity House Clients during fiscal year 2015.



Diagnosis by drug type-for Serenity House Admissions. Information contained in this section was obtained by reviewing admission data at Serenity House Treatment Center and interviewing many past and current patients about their experiences. Much of the interview data was generated via focus group discussions.

Alcohol is the most frequently occurring diagnosis amongst this population. Our country has a complicated relationship with alcohol; we embrace it socially while ignoring the damage it does in our communities and families. Alcohol was not selected as the focus of this project because alcohol use has remained constant over

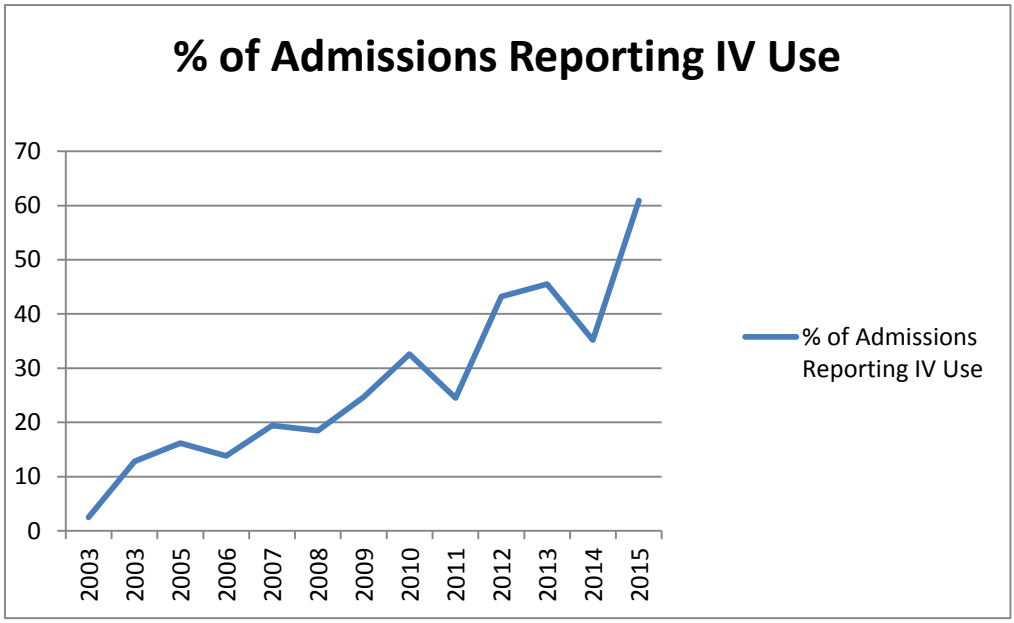
the last 13 years for which we have admission records. This is no way minimizes the significance of alcohol as a destructive substance in our communities.

Change 4 Kenai elected to focus on injection opioid use because a much more variable and concerning pattern arose when looking at diagnosis rates. Looking back to 2003 we see almost no opioid use amongst our population. In 2001 the Joint Commission on Health Care Accreditation implemented new standards for the management of pain in health care environments (physical-therapy.advancedweb.com). Pain was to be viewed as a vital sign and treated aggressively, with opioid medications. Alaska tends to lag behind the rest of the country but by 2005 we begin to see a substantial increase in Treatment Center admissions being diagnosed with Opioid Dependence. In 2007 the Kenai Peninsula responded to this growing problem and formed a coalition; Healthy Communities, Healthy People. Amongst other issues, this group focused on changing prescribing patterns of physicians and encouraged physicians to utilize pain contracts. Treatment Center admissions show the result, dropping numbers of diagnoses resulting from prescription medication use and increasing numbers of diagnoses for heroin dependence. As prescription drugs became scarcer, heroin came in to fill the gap.

Efforts to prevent prescription drug diversion had a very serious unintended consequence. When dependent users were unable to find prescription pain medication they switched addictions to heroin. By the time efforts were made to decrease the diversion of prescription medications, those medications had come to replace the role of marijuana as a "gateway drug", leading to more serious addictions. Prescription pain medication had become so readily available that prescriptions were more likely than marijuana to be the first illegal drug our youth used. The hole left by vanishing prescription drugs was financially very viable and gave rise to a lucrative heroin trade.

Reflecting back only five years, our typical admission to residential treatment was someone who began use on prescription pain medications, often after a legitimate injury, and transitioned to heroin use when those medications became harder to find. This is no longer the case and it is now a myth that heroin use results from prescription opioid use. Most newly admitted heroin users did not turn to heroin when unable to find prescription medications. They initiated drug use with heroin;

heroin replaced opioid pain medications entirely. Unfortunately heroin has a number of aspects which make it more dangerous than prescription drugs. It is not labeled for dosage and can vary greatly in potency-increasing risks of overdose. Heroin is more readily paired with injection use. Heroin comes with a higher price tag and stronger withdrawal symptoms which drives users to injection use much faster. While our typical admission for treatment of injection pain medication had been using for at least 1 ½ years before injecting, we find many heroin users began injecting within 6 months of initial use of the drug. Not only does heroin lend itself more readily to injection use but users are also increasingly drawn to injection use. The current generation of users perceives injection use as "cleaner'. They underestimate the medical risk of injection use and are drawn toward use that leaves no residue in their sinuses or lungs and no unpleasant smell on clothing. The following chart highlights the increase, over 12 years, in injection drug use reported by Serenity House admissions.



Percent of admissions reporting injection drug use. *This table outlines the percentage of total admissions each year who reported injection drug use at admission. Later reporting of injection use is common and these numbers likely relate an under-reporting of actual injection drug use rates.*

The above table should cause alarm, injection drug use in no longer a problem of poor urban areas but a real problem on the Kenai Peninsula. Change 4 Kenai's observations about injection heroin use are consistent with what is being reported across the nation. Heroin use in now commonly referred to as an epidemic and heroin use has INCREASED for all demographic groups (coc.gov). Most heroin users are injection users and they are also much more likely to be addicted to other drugs. Death rates associated with heroin overdose are skyrocketing, demonstrating a 283% increase from 2001-2013 (cdc.gov).

In response to this epidemic, The Centers for Disease Control propose a three-pronged approach.

1) Prevent people from starting heroin by reducing pain killer abuse and through early identification of high-risk individuals.
2) Reduce heroin addiction by ensuring access to quality treatment programs including Medication Assisted Treatment (MAT).
3) Reverse heroin overdose by expanding the use of naloxone.

Change 4 Kenai supports this plan but would suggest the addition of a fourth prong: Prevent the consequences of injection heroin use. These consequences are primarily the spread of infectious disease/medical consequences, and secondarily the social and family consequences of addiction.

Target Population

Heroin addiction rates are on the rise for all demographic categories; all ages, all ethnicities, all economic status, all living situations; however the greatest increases are seen among rural youth and young adults (NIH, 2015). While it is measured as heroin use, we know that heroin use is synonymous with injection drug use. The NIH statistics perfectly highlight the trend C4K has been focused on. C4K elected to focus on individuals between 18-30 years old living in the communities of Kenai, Soldotna, and Nikiski. This age range is not only includes the primary population identified by NIH, but represents the mean plus or minus one standard deviation for all Serenity House admissions. It also overlaps with the bulk of predominate ages reported for all consequences discussed in this report (overdose, legal, family, etc.) except hepatitis C.

Hepatitis C diagnosis is predominant amongst a slightly older population; we believe that this occurred because the data highlights age at diagnosis. If we were to look at time of infection, we believe it would fall in the selected age range. Selection of the three largest communities in our target area was for matter of convenience. It proved incredibly difficult to focus on all communities forcing selection of a manageable number. C4K considered selecting communities of varying sizes, using a random selection process, or selecting based on a variety of community conditions (agriculture, city center, identified neighborhoods, etc.) but ultimately settled on the largest three communities. Many of the smaller areas have such low levels of occurrence of consequences or such poor systems for tracking them that data integrity drove for selection of the largest population centers. After much consideration, the target for C4K prevention efforts is individuals between 18-30 in the communities of Kenai, Soldotna, or Nikiski at risk for or using injection drugs.

Chapter 5:

CONSEQUENECS OF PRIORITY ISSUE

CONSEQUENCES OF PRIORITY ISSUE

C4K elected to focus our efforts on the prevention of the consequences associated with injection drug use, recognizing that decreases in injection drug use would require an effort aimed at the global prevention of drug use. Seeing this as an opportunity to address our most significant behavioral health care concern, we selected injection drug use over other behavioral health issues (i.e., suicide, teen drinking, tobacco), not because it is more important, but because it is undergoing massive increases in popularity. Across our country, injection drug use is on the rise and when paired with opioids it has become a health care epidemic. Injection drug use has been a growing problem in our community and we have become increasingly aware of the damage it does across all levels of society. Our addiction treatment center is filled with injection drug users and our emergency department, children's services, and legal entities continually encounter the wreckage it creates.

To prevent the adverse consequences of injection drug use, we needed to define what said consequences are and identify the unique factors in our community that breakdown, creating environmental conditions which are ripe for the development of injection drug use. C4K looked at the consequences of injection drug use from two distinct angles. We looked at the direct impact of use on our community, families and individual users and at the complicated issues that arise from use (infectious diseases, medical concerns, needle exposure, and law violations).

Direct Impact of Injection Drug Use

Community

The impact of injection drug use in our communities is difficult to ignore. The National Institute on Drug Abuse (NIDA, 2014) estimates that drug abuse costs our society $193 billion dollars per year with $11-15 billion going toward health care (higher estimate generated by Office of National Drug Control Policy vs NIDA's lower estimate). Locally, escalations in drug arrests cover our local news sources and our local paper, The Kenai Peninsula Clarion, just completed a three part series to educate or community on heroin use. Our mayor commissioned a Health Care Task Force to look at the heath needs of our Borough and develop a plan to meet those needs into the future. The most significant concern brought to our Task Force is the rising impact of drug use, specifically injection opioid use. The significance of this issue was forefront

for family physicians, medical specialists, behavioral health care providers, and legal officials.

A preliminary look at Central Peninsula Hospital Emergency Department admissions provides data on the local community impact of untreated addiction. Eighteen percent of total admissions are for primary or secondary behavioral health diagnosis, most commonly addiction related. Those admissions generate an estimated $10 million dollars in medical claims, the majority of which become unpaid claims. This cost burden becomes the responsibility of the entire community. *(Additional data on emergency department admissions will be released in addendum to this report).*

The cost burden of medical care for addictions is outweighed by the legal and community annoyance facets of drug use. The price tag for drug related crime and social welfare is estimated at over $100 billion and rising faster than the growth of our general economy (Office of National Drug Control Policy, 2005). Nationally there are approximately 1.5 million arrests for illegal drug use accounting for approximately 15% of total arrests and nearly 80% of those arrests are for simple possession (Bureau of Justice Statistics). Simple possession arrests are often synonymous with arrests of users, not dealers and increasing possession arrests signals an increase in the amount of users and drug availability. The State Drug Enforcement Unit Annual Report (2014) shows that, in Alaska, 27.75% of drug arrests were for Heroin use and 31.25% were for other RX narcotics. The most commonly diverted Rx narcotics are opioids and, together with Heroin, they account for the lion's share of intravenous use. In 2014, 209 Alaskans were arrested for heroin use and approximately 58% of the drugs seized were Heroin. All of this is in addition to the social annoyance associated with the petty crime and community disruption caused by addiction. Walks through our local parks often uncover discarded drug paraphernalia, specifically discarded needles. The Nikiski Recreational District completed a fall clean-up of their recreational areas (parks, playgrounds, etc.), this clean-up net 64 apparently used needles amongst other discarded drug paraphernalia (personal email, Public Health Nurse Sherra Prichard)

Local employers struggle to manage drug use amongst their workforce with many oilfield employers instating provisions to pay for addiction treatment and hold positions for any employee willing to seek treatment, as long as the employee turns himself or herself in before being caught at work with drugs or alcohol. Employer concerns are related to loss productivity due to drug related absence or poor performance, worker accidents resulting from intoxication, and worker disruption due

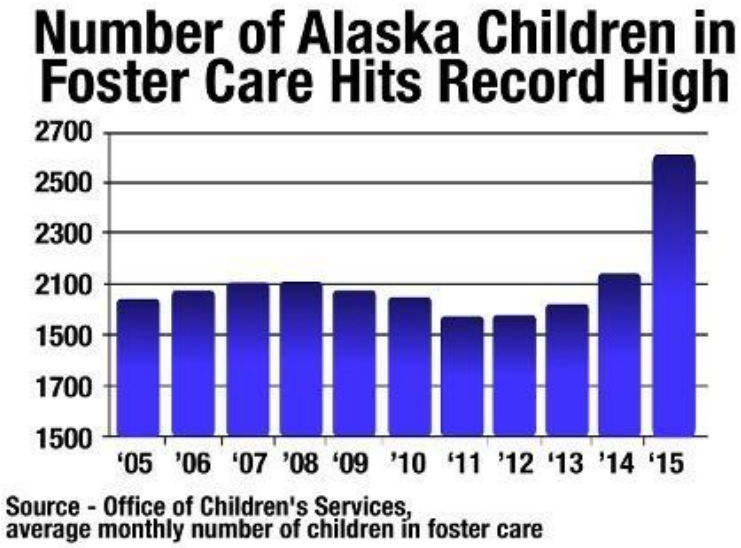
to the use of a family member. The office of Drug Control Policy (2004) estimated that in 2002 the societal cost from drug related illness topped $180 billion. Of this over $100 billion was from drug use related loss of worker productivity, this number was estimated to increase by 5.34% each year without intervention. We were unable to locate more timely data but this estimate would predict $145 billion in lost productivity in 2015.

Family

The stigma of addiction touches all members of the family and drug addiction often results from a combination of heredity and environmental access to drugs. The National Center on Addiction and Substance Abuse at Columbia University estimates in 2005 that substance abuse is a factor in at least 70 percent of all reported cases of child maltreatment. Adults with substance use disorders are 2.7 times more likely to report abusive behavior and 4.2 times more likely to report neglectful behavior toward their children. Maltreated children of substance abusing parents are more likely to have poorer physical, intellectual, social and emotional outcomes and are at greater risk of developing substance abuse problems themselves (USDHHS, 2003). As many as two-thirds of individuals in treatment for drug abuse reported being abused as children (childhelp.org).

The multi-generational aspect of substance abuse results in a families being hit generation after generation and entire native communities brought to their knees by addiction. Nearly 50% of the variability in the DSM IV diagnosis of addictive disorders is accounted for by heredity and this looks only at first degree relatives. The longer term generational impact is likely much greater. Children of individuals with addiction often follow their parents into the lifestyle of use or, are so appalled by parental use that they vow to never touch addictive substances. Unfortunately, this total abstinence often results in the next generation of their family being unprepared to manage the hereditary risk of addiction. In addition to hereditary risk, the children of individuals with addictive disorders suffer shame and embarrassment from their parents missing their school and social obligations or attending intoxicated. Our local Office of Children's Services estimates that parental drug use is responsible for 90% of cases in which children are ultimately removed from parental custody and placed for foster or adoptive care, terminating family bonds (conversation with Bill Galic, prior supervisor of Kenai Office of Children's Services). The table below highlights the growing number

of youth in foster placements. The observed rise in foster care placements is correlated with increasing numbers of injection drug users.



Assuming that drug use is responsible for the largest percentage of placements, its impact on the disruption of childhood is of massive magnitude. All Adverse Childhood Experience (ACES) variables, associated with household dysfunctions (living with someone with addictions/mental illness, living with someone who went to jail, domestic violence, divorce), are elevated in the homes of youth whose parents use injection drugs. ACES scores, experiencing the above conditions combined with any type of abuse, is directly linked to adult health conditions and functioning (Alaska ACES).

Individual

Individuals experiencing addictive disorders are at higher risk for HIV, Hepatitis, and other infectious diseases. Injection drug use is responsible for approximately 10% of HIV cases; resulting in over 2,600 new cases of HIV per year (Aids.gov). However, nearly one-third of individuals with HIV have a history of injection drug use (Office of National Drug Control Policy, 2005). Hepatitis C (HCV) is a serious health concern, with up to 3.9 million people living with chronic hepatitis C infection in the United States (CDC, 2013). As of 2007, deaths associated with HCV have surpassed deaths associated with HIV in the U. S. CDC funded research (2013), began to report "similar

findings across states: rising rates of hepatitis C infection among young injectors, both male and female, primarily White, found in suburban and rural settings, who started prescription opioid use (e.g., oxycodone) before transitioning to heroin injection" (p. 5). This defines the users being reported across our community, by medical and legal entities alike, and describes the type of addiction this project endeavors to prevent.

In addition to infectious disease, addiction often causes secondary disease due to damage to organs or body systems (cardiovascular, respiratory, liver disease, neurological). The most common medical concerns at our hospital, associated with injection drug use, are endocarditis and injection site abscesses. Endocarditis can often require up to three months of hospital based antibiotic therapies administered at great burden to the health care system. People with addiction are also much more likely to suffer from other mental health issues such as depression, anxiety, and psychosis. Studies shows that at least one third of addiction patients also have at least one additional mental health issue (mentalhealthtreatment.net) and review of past admissions at Serenity House Treatment Center place that estimate much closer to two-thirds. Addiction is the root cause of preventable birth defects, including Fetal Alcohol Syndrome and many other birth complications linked to neonatal abstinence syndromes. Opioid users are often unable to safely stop use of the drug during pregnancy due to the high risk of fetal demise associated with withdrawal. These women are often maintained on methadone through special programs but when those projects are full; they remain dependent on street drugs for the duration of the pregnancy. Finally persons with addiction are much more likely to lose their lives than individuals without addictive disorders. One in four deaths is attributable to addictions and addiction stands as the greatest contributor to preventable death in our country (NIDA, 2015).

Our choice to highlight the medical consequences of injection drug use for the individual is in no way intended to minimize the significance of the legal, occupational, and family consequences they endure. As described in the preceding sections, the legal implications of injection drug use bring a terrible burden on our communities but that burden is even more significant for the individual users. As long as we continue to look at addiction as a legal issue, instead of recognizing it is a health issue, we will continue to operate a costly, inefficient, revolving door legal system. We will also continue to deal with the multigenerational trauma created by untreated addiction.

Issue Based Impact of Injection Drug Use

Potential Medical Complications of IV Drug Use

Data collection is remarkably difficult for medical consequences of injection drug use. Differences in hospital based diagnosis and coding result in difficulties identifying an exhaustive list of cases even when reviewing complete hospital records. Additionally, fatalities are often not taken to hospitals and cause of death is not linked to drug use but respiratory or cardiac failure. Tracking hospital visit resulting from drug use is equally challenging. reviewed 25% of Emergency Department contact on FY 2015. One quarter of dates were randomly selected from each fiscal quarter and all visits on the selected day were review. Overall 9% of visits were for a primary behavioral health issue (i.e., panic attack, overdose, withdrawal) and another 9% involved behavioral health issues as a causal factor (i.e., abscess) or treatment complication (i.e., injury with intoxication) Regardless of the data challenges, the medical consequences of injection drug use are relatively straightforward. The numerous possible health repercussions of using a syringe to inject substances are contagious disease, infections, overdose, and injury from impairment.

Hepatitis C

According to the National Action Plan for Viral Hepatitis (2016), all Viral Hepatitis is responsible for 12,000-18,000 deaths per year. Beginning in 2007, death from HCV outpaced deaths from HIV. Hepatitis (HCV) is transmitted through blood exposure so IDU places one at significant risk of contracting the disease. IDU is directly responsible for 12% of HCV cases. Hepatitis can persist undetected for many years before manifesting as chronic liver disease, cirrhosis, or liver cancer (National Center for HIV, 2016). HCV thought to impact 3.2 million people living inside the United States; however, only 45% of infected person know their status. Not knowing their status could result in IDU passing the virus on more readily. Beginning in 2007, HCV was responsible for more deaths than the more highly recognized HIV epidemic.

The Alaska State Department of Epidemiology (2015) estimates that needle sharing results in at least 675 new cases of HCV in Alaska each year and is the primary driver in the rising HCV infection rates across the state (pictured Below). Tracking HCV infection is challenging in Alaska due to differences in screening practices and frankly, statewide insufficient resources for virus identification. In spite of real tracking issues, we know that the Gulf Coast Region of Alaska has the highest per capita infection rates in our state. Change 4 Kenai's target area falls squarely in this high risk region for

HCV. Almost 24 % of Alaska's HVC cases are in this region which only holds 11% of the state's population (population determined by Depart of Labor, 2016).

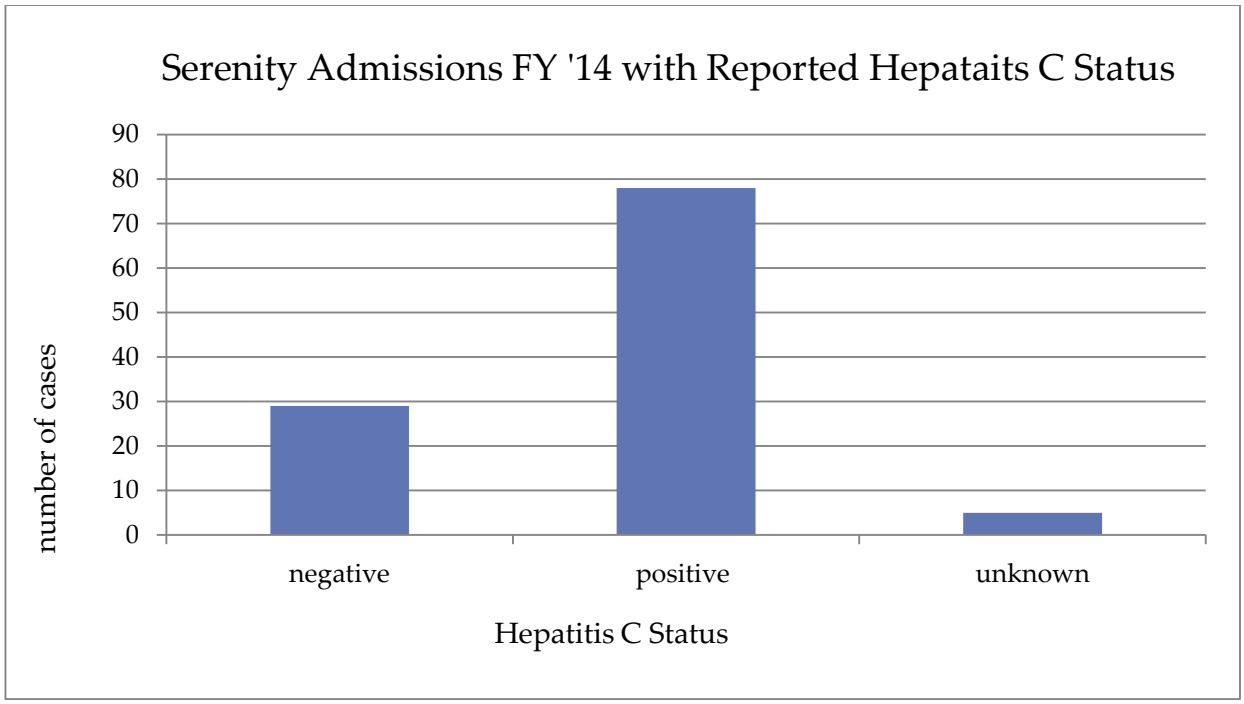
Number of Annual Reported Cases of Hepatitis in Alaska
January 1, 2000 to December 31, 2015

Year	Hepatitis A	Hepatitis B	Hepatitis C *
2015	4	3	1638
2014	1	3	1270
2013	1	1	1052
2012	1	1	1023
2011	2	3	1106
2010	5	5	609
2009	2	4	808
2008	5	11	1006
2007	5	8	1005
2006	2	9	1046
2005	4	8	982
2004	2	11	937
2003	8	8	829
2002	12	11	747
2001	13	9	746
2000	16	14	726

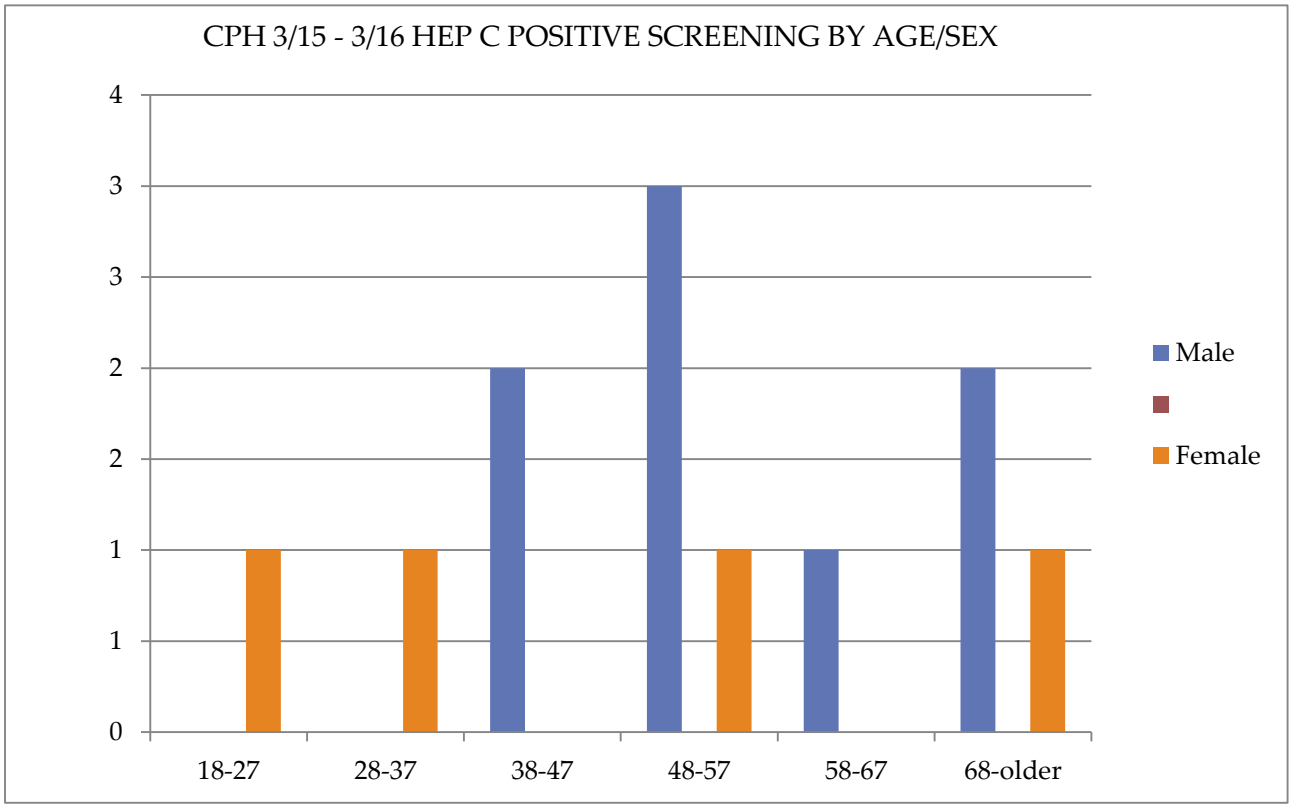
* Numbers for hepatitis C represent newly reported cases (acute and chronic) for each year. Case counts are provisional and subject to change.

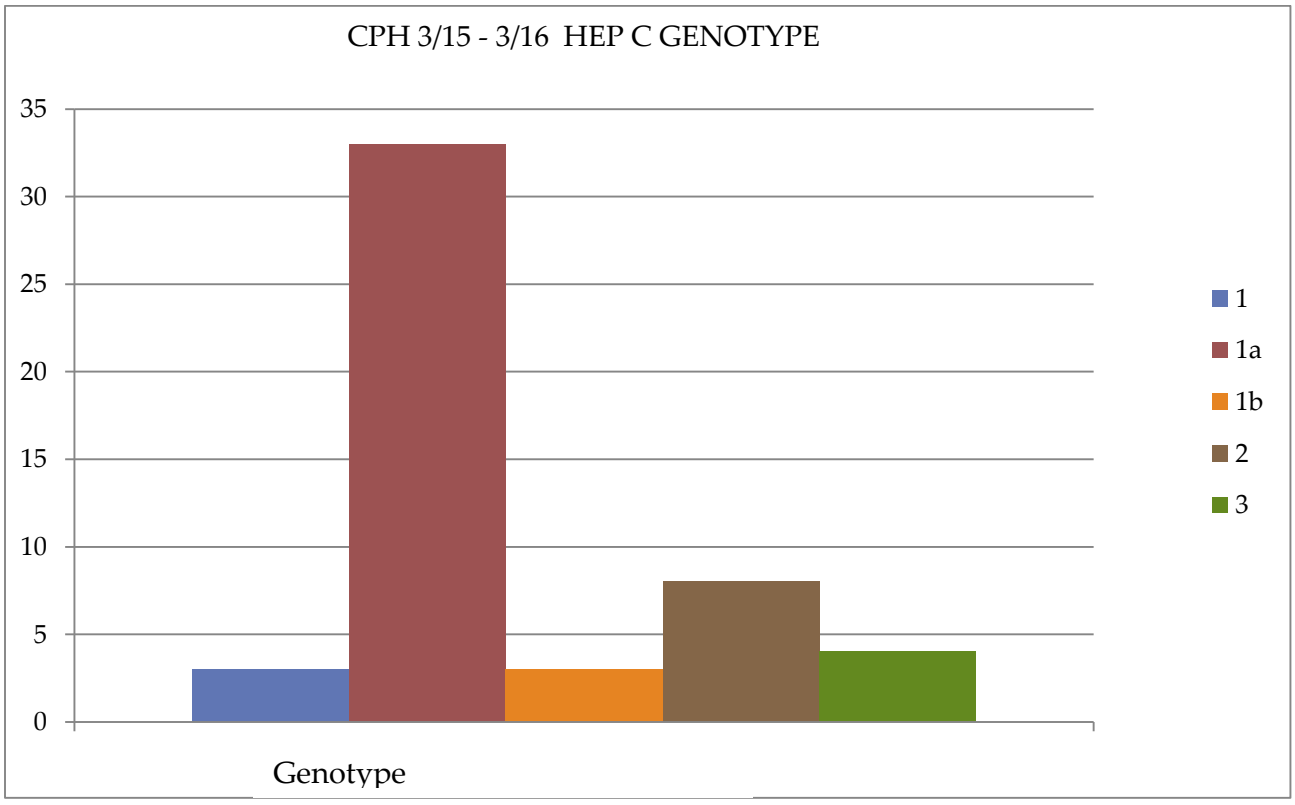
Hepatitis C became reportable in January 1996

Alaska's Hepatitis C rates have more than doubled in the last 15 years and if we use state level data and population estimates to derive case rates for the Kenai Peninsula we estimate 286 new cases of hepatitis C in our community in 2014 with at least 118 of those cases resulting from injection drug use. This increase is clearly reflected in the experiences of our local residential addiction treatment center, Serenity House. Seventy percent of 2014 admission tested positive or where known to have hepatitis C. These positive cases follow the state trend with the majority of them falling in the 18-30 year old age range (24% statewide).



Central Peninsula Hospital is not the only local resource capable of testing (Medicenter, Denina, Public Health, and Peninsula Community Health) for HCV and HIV but as the community hospital we believe it conducts a majority for the testing. From March or 2015 to march of 2016, 252 screens were conducted and 23 were positive (new diagnosis). The primary referral source for testing was women preparing for childbirth and tests were done to protect the health of the infant. All available data suggests that the amount of testing conducted is insufficient to identify the number of effected individuals. While 23 new diagnoses were identified, 51 genotype screenings and 271 tests for viral loads were conducted for individuals who already knew they had the virus. Age parameters, at diagnosis, for infection are graphed below. The primary target age for this project falls below the average age for diagnosis but C4K believes the age at which people contract the disease is in the target age range.


CPH 3/15 - 3/16 HEP C POSITIVE SCREENING BY AGE/SEX
4
3
3
2
2
1
1
0
18-27
28-37
38-47
48-57
58-67
68-older
Male
Female

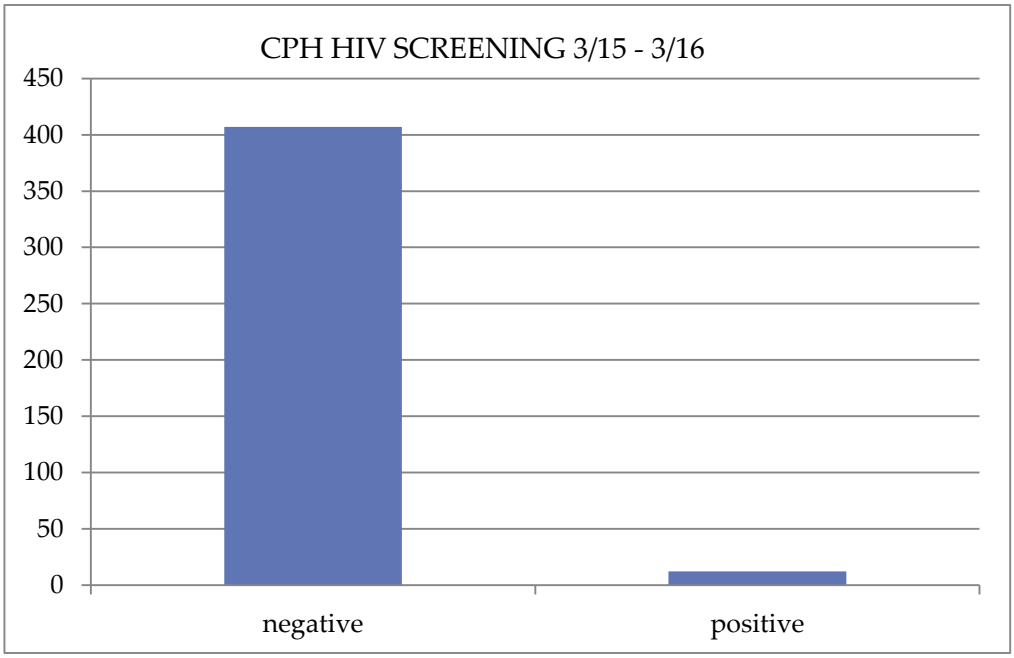

CPH 3/15 - 3/16 HEP C GENOTYPE
35
30
25
20
15
10
5
0
Genotype
1
1a
1b
2
3

Three quarters of injection drug users who test positive for HIV are also co-infected with HCV.

Human Immunodeficiency Virus (HIV)

HIV is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease; resulting in loss of life from secondary disease (CDC, 2016). More than 1.2 million persons in the United States are living with HIV, and roughly 15% of those infected are unaware of their status (State of Alaska, 2014). In 2014, an estimated 44,073 people were diagnosed with HIV and 45% of the new cases occurred in the southern states. HIV is not evenly distributed in our country, more cases occur in urban and southern areas. Alaska falls in the lowest infection rate category reported nationally, states with infection rates of 428.1-3,365.2 per 100,000 persons (CDC, 2016). In spite of our relatively low occurrence rate, Alaska cannot be lax with regard to HIV. Testing in Alaska is not ideal and HIV rates differ by region and ethnicity. Additionally, HIV comes with a high price tag. While the ultimate cost is loss of life, estimated yearly costs for medications range from $14,000 to $20,000 (cost Helper Health, 2016)

From January 1, 1982 through December 31, 2014, 1,680 cases of HIV were reported to the State of Alaska Section of Epidemiology (SOE) resulting in a statewide incidence rate of 5.7 cases per 100,000 persons (State of Alaska, 2015). Analysis of cases between 1982 and 2011 demonstrates that between 10-17% of HIV cases result directly from injection drug use (Alaska HIV Plan, 2016); however, this is likely a low estimate, injection drugs may be involved in additional cases but simply unreported. The available data also preceded the explosion of injection drug use in our communities; providing further evidence that 17% is an underestimate of the percentage of HIV cases resulting from injection drug use. HIV is unequally divided across men and women in Alaska with between 73-88% of the cases occurring in males. This is a direct consequence of the high infection risk amongst men who have sex with men. The average age at time of diagnosis falls in the range of 25-34, with nearly all cases diagnosed between 14-45. The large age gap is attributable to data instability resulting from the relatively low base rate of case occurrence. The Gulf Coast region of Alaska is home to 37 individuals living with HIV which is 5% of the state's cases. Central Peninsula Hospital performed 429 HIV screens resulting in 5 positive screens (table below). Sixteen individuals routinely come in for testing of viral loads. Keeping exposure rates low and preventing new case is a high priority of C4K's focus on decreasing the adverse impact of injection drug use.



Abscesses, Cutaneous Infections, Scarring and Needle Tracks

"Skin infections are extremely common in intravenous drug abusers, with 11% of intravenous drug users reporting at least one abscess within the past six months. One study estimated that up to 89 percent of injectable substances sold on the street are contaminated with at least one pathogen, often bacteria and fungi, with 61 percent of heroin samples containing 160-37,000 organisms per gram.

Contaminants in substances, combined with generally non-sterile equipment and poor hygiene, increase the risk of a possible abscess or skin infection significantly. Sterilizing needles and cleaning the skin before injection can help reduce the possibility of an abscess forming, but these practices cannot prevent the effects of contaminants in the drugs themselves." (UCLA, 2016)

C4K was largely unsuccessful in identifying emergency department visits for drug related abscesses in a manner sufficient to lend itself to cumulative analysis. This is because abscesses occur in the human body for many reasons and searches by diagnosis "abscess" reveal far too many false positives. Abscesses are also commonly treated as an outpatient procedure or, frightening, treated by a senior member of the drug user's cohort. Four current Serenity House clients (out of 12) reported treatment of abscesses

by a "friend" and sharing antibiotics with other users. As treatment involves lancing and packing this is a concerning trend. When they are treated in CPH's emergency department, it is commonly a user with multiple abscesses or an abscess they have been unsuccessful in treating on their own. Treatment provided varies from inpatient two week long stays for intravenous antibiotics to discharge with prescription for oral antibiotics and referral to wound care.

"It is estimated that more than three-quarters of intravenous drug users eventually develop scars in a vascular distribution, with more than half still displaying those scars even after more than five years of sobriety. "Pop scars," round- or oval-shaped permanent scars, are very common, and can stigmatize abusers for the rest of their lives" (UCLA, 2016).

Endocarditis

"Endocarditis, a condition characterized by inflammation of the interior lining of the heart, can occur from repeated intravenous drug use. Most drug users inject substances into veins that drain into the right side of the heart, and as a result, the right-sided heart valves can develop endocarditis. Bacteria from poorly sanitized needles can also lead to endocarditis. Left untreated, endocarditis can damage or destroy heart valves and can lead to life-threatening complications." UCLA, 2016).

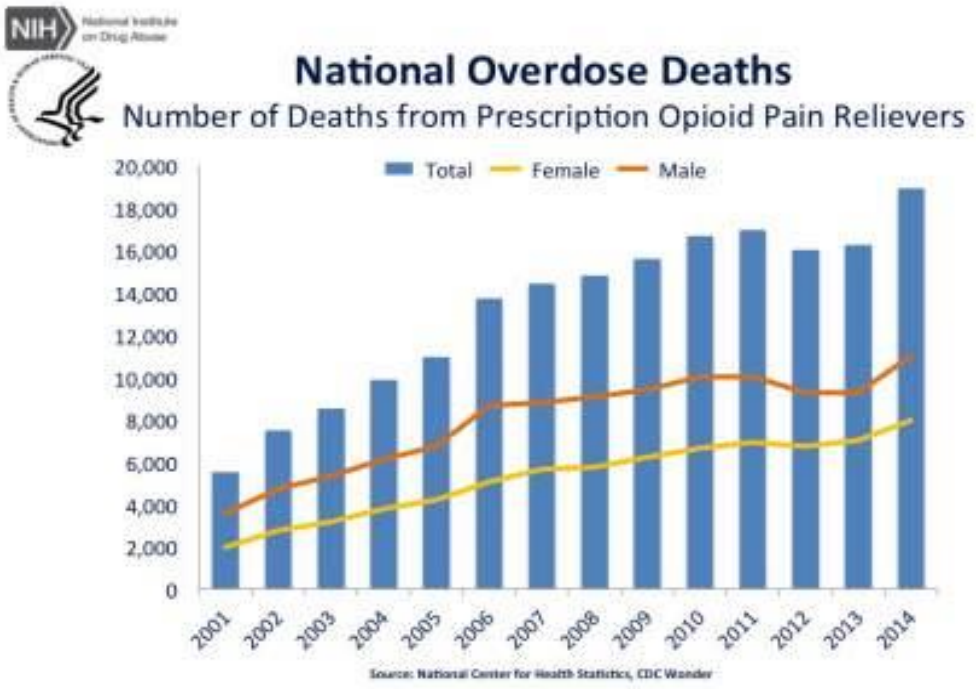
C4K was not able to develop an exhaustive list of endocarditis visits but did identify 4 Emergency visit related to this issue in the selected timeframe (FY 15). Cases received the following diagnosis: acute pyelonephritis, bacteria endocarditis, systemic inflammatory response syndrome, bacteremia, tachycardia, RLL pneumonia, septic endocarditis, congestive heart failure, and tricuspid valve vegetation. Coding differences and delays result from the diagnostic process and delay in growing cultures for diagnosis. In addition to culturing the bacteria, echocardiogram is needed for diagnosis and must be done inpatient. (**C4K also attempted to search for cases by this procedure code but it is a widely used procedure for all types of heart disease). For these identified cases treatment costs ranged from $64,455 to $416,515 and all four cases were uninsured patients and ultimately uncompensated care totaling $674,879.

Overdose Risk

Injection drug use greatly increases the risk of overdose as compared to other methods of drug administration. Injection users are unable to calculate their dose or do anything

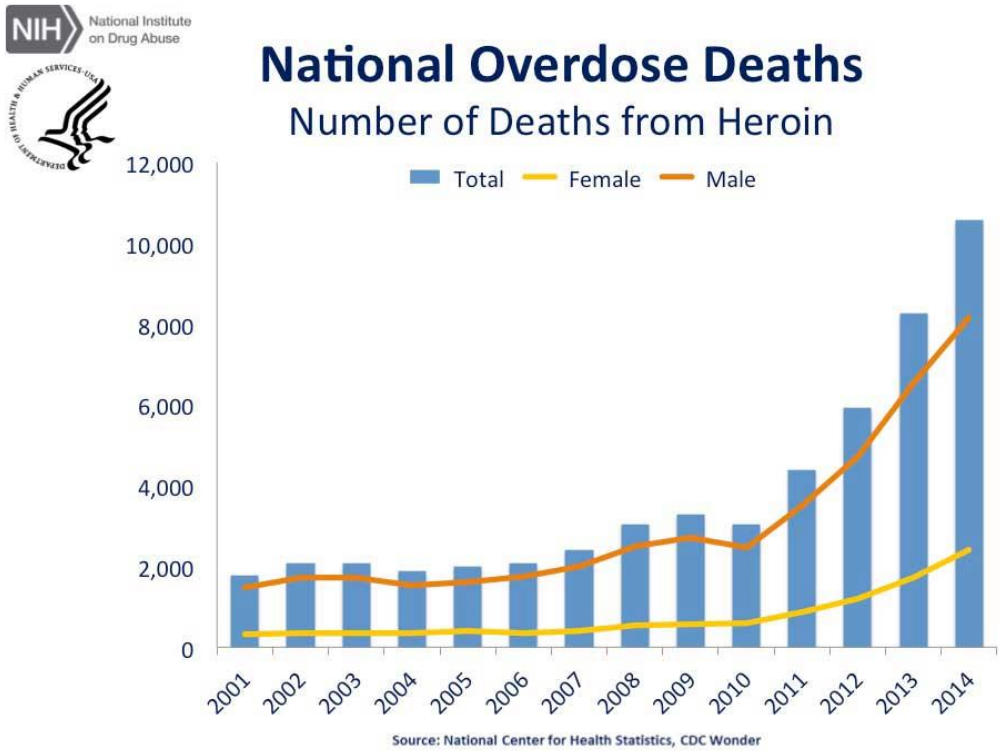
to mitigate the amount they used after injection. Drugs of unknown purity are injected directly into the blood stream and have a near immediate effect on the users. In comparison, smoking requires absorption into the blood through the lung tissue, snorting requires absorption through nasal tissue, ingesting requires absorption by the gut; all other means of use allow for the body to impact the rate of absorption and allows for some degree of dosing control. For example food in the system slows the absorption of orally taken drugs and their impact can be mitigated by stomach pumping or introducing bonding agents to block absorption. Overdose most commonly occurs when users "step up" to injection use and fail to adjust for the increased potency due to method of administration or underestimate the purity of the substance they are injecting.

C4K focused efforts on injection drug use and rising rates of injection drug use are the major contributor to the overall rising death rate among users. Injection drug use is most commonly linked to heroin, prescription opioids, and lesser so to methamphetamines. The National Institute of Health (NIH, 2015) provides us with pictorial representation of death rates amongst heroin and prescription opioid users.



National Overdose Deaths—Number of Deaths from Prescription Opioid Pain Relievers.

The figure above is a bar chart showing the total number of U.S. overdose deaths involving opioid pain relievers from 2001 to 2014. The chart is overlaid by a line graph showing the number of deaths by females and males. From 2001 to 2014 there was a 3.4-fold increase in the total number of deaths.



National Overdose Deaths—Number of Deaths from Heroin. *The figure above is a bar chart showing the total number of U.S. overdose deaths involving heroin from 2001 to 2014. The chart is overlaid by a line graph showing the number of deaths by females and males. From 2001 to 2014 there was a 6-fold increase in the total number of deaths.*

Alaska reports 14.5 drug induced deaths per 100,000 people compared to the national average of 12.9 per 100,000 people (State of Alaska, 2014). On the local scale it is very difficult to track deaths from overdose. Overdose deaths are responded to by our local authorities and treated as a crime scene until cause of death is determined. Cause of death often does not specify "overdose" but references the body systems responsible for

expiration. None of this data is available through our local hospital; deceased individuals go straight to mortuary or death investigation leaving no local hospital record. While unable to track deaths from overdose, C4K was able to track overdose events. Between March 30, 2014-March 31, 2015 there were 119 individuals treated for overdose at Central Peninsula Hospital's Emergency Department (note: individuals may be duplicated if they experienced more than one event). The past month, March 2016, there were nine cases of overdose; seven resulting from IV drug use and 3 suicide attempt (note: one event in both categories). Narcan was successfully used to resuscitate 7 of the cases which were linked to opioids and there were no fatalities. Alaska's recent decision to increase the availability of Narcan is likely to save the lives of many injection drug users (Juneau Empire, 2016).

Injury Risk

Drug use impairs coordination and decision-making; users are more likely to make impulsive choices which result in dangerous activity and coordination challenges from drug use make dangerous activities not typically seen as having risk.

According to the 2013 National Survey on Drug Use and Health (NSDUH), an estimated 9.9 million people aged 12 or older (or 3.8 percent of teens and adults) reported driving under the influence of illicit drugs during the year prior to being surveyed. The National Highway Traffic Safety Administration's (NHTSA's) 2013-2014 National Roadside Survey found that more than 22 percent of drivers tested positive for illegal, prescription, or over-the-counter drugs. Illicit and prescription drugs are subject to injection use.

NSDUH data also show that men are more likely than women to drive under the influence of drugs or alcohol. And a higher percentage of young adults aged 18 to 25 drive after taking drugs or drinking than adults 26 or older (SAMHSA, 2014). A 2010 nationwide study of fatal crashes found that 46.5 percent of drivers who tested positive for drugs had used a prescription drug, 36.9 percent had used marijuana, and 9.8 percent had used cocaine. The most common prescription drugs found were (Wilson, 2010):

alprazolam (Xanax®)—12.1 percent

hydrocodone (Vicodin®)—11.1 percent

oxycodone (OxyContin®)—10.2 percent

diazepam (Valium®)—8.4 percent

Hydrocodone and oxycodone are commonly used via injection.

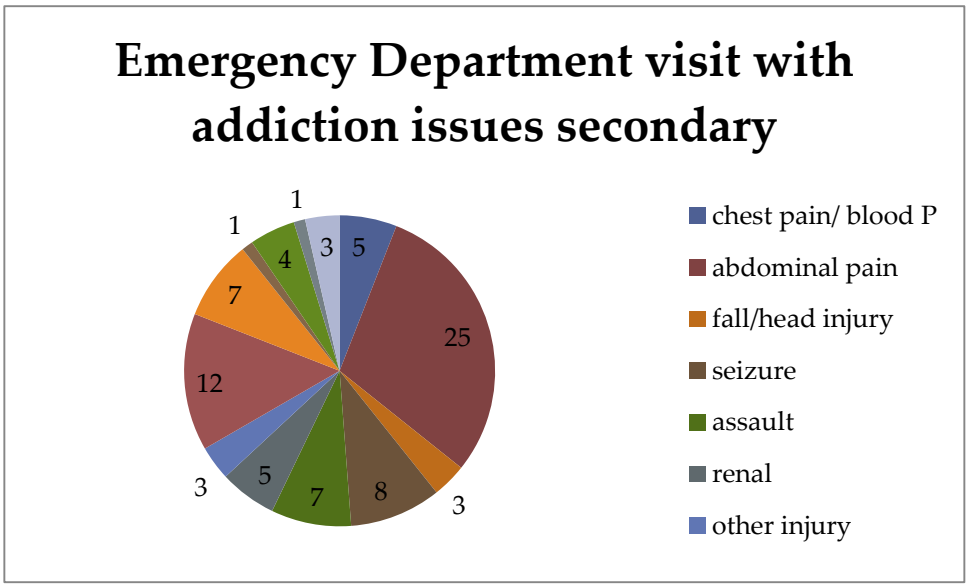
In Alaska we only have access to data for injury related to Alcohol use and are forced to draw conclusions about risk associated with injection drug use or any drug use from the available data. The top five reasons Alaskan's are hospitalized due to alcohol related illness are outlined below.

Top Five Hospitalized Injury Causes Associated with Alcohol Use

Occurrence in Alaska, by Gender, ATR 2006-2010 *

Cause of Injury with Alcohol Male (N=3,701)	Cause of Injury with Alcohol Female (N=2,291)
Assault 890 (24%)	Suicide Attempt 964 (42%)
Falls 789 (21%)	Falls 520 (23%)
Suicide Attempt 615 (17%)	Assault 250 (11%)
Motor Vehicle 327 (9%)	Motor Vehicle 172 (8%)
All-Terrain Vehicle/Snow Machine 302 (8%)	Poisoning 83 (4%)

C4K reviewed Central Peninsula Hospital's Emergency Department admissions for FY 2015 and found that 9% of all admissions were for a medical issue but included a behavioral health condition as a contributing or confounding factor. Overall the primary presenting issue was abdominal pain, accounting for 25% of visits. While addiction issues appeared in the record, less than one quarter of visits were directly linked to use (head injury/fall, car accident, assault, orthopedic injury.



Needle Exposure

The consequences of injection drug use center around the needle itself. What risks do they carry? Where they come from and where the go after use? Needles are the vehicle for infectious disease transmission and if unclean, can introduce the bacteria which promote abscesses and systemic infections. When users cannot access clean needles they use them over and over again until they become too dull to puncture skin. The practice of bending the tip of used needle quickly gets abandoned when the supply of needles becomes short. Serenity House Treatment Center reports that they frequently intercept needles with which there has been an attempt to straighten for reuse. The more frequently needles are used and shared the more disease risk that becomes associated with each needle. C4K interviewed and surveyed drug users to learn about needle practices. The following questions are included in our "In process" survey. We anticipate having this data by June 30, 2016.

- Age of Initiation of IV Use
- IV Use Drug of Choice
- Have you ever Shared Needles?
- Have you ever Re-Used Needles?

- Where do You Get Clean Needles?
- Have You Ever Been Denied Needle Purchase by a Pharmacy?

In addition to the damage needles do to users, needles become a community problem. C4K heard countless stories of families going out to enjoy local parks and encountering drug paraphernalia. Public Health has been partnering with city clean-up efforts to minimize the risk associated with encountering needles in our parking lots and parks. Clean-up volunteers are trained on how to safely dispose or needles and provided sharps containers. Public Health remains on hand to remove anything volunteers are uncomfortable touching.

Public Health Nurse, Sherra Prichard provided the following feedback from a clean-up event:

> **"The sharp containers came back around 3:30 for the celebration. The total number of sharps included approximately 39 needles and one razor blade. One community member stated "I didn't even believe I would be picking up anything today, and I filled the sharps container." She then thanked me for the opportunity to get the needles safely disposed. Another community member stated their club "went out yesterday also picked up approximately 25 more needles in the Nikiski community", she also reported that they did not have access to or know where to access proper sharps containers or how to dispose of them, unfortunately those sharps ended up in a glass bottle in the transfer facility. Many community members explained the significance of having the presence of public health nurse at this community function and the importance of awareness and protection of children and community members from environmental hazards in the Nikiski Community."**

Needle stick injuries are increasingly common. Local Adult Probation provided training to their officers to decrease the likelihood of needle stick and reported that this action was in response to three sticks that occurred during searches of parolees. Serenity House Treatment Center staff, report being highly aware of the risk of needle stick when searching the belongings of new admissions. In ten years they had one needle stick incident but seize needles much more frequently over the last 36 months. Local police have the risk of needle stick at the forefront of their minds when searching individuals for potential arrest.

Sadly, it seems that most needles float around in our community and spread disease until they ultimately make their way to unsafe disposal. Central Peninsula Hospital will provide sharps containers and will take back needles but this effort is predominately aimed at diabetic supplies and not actively advertised. The 4-As group in Anchorage reported taking back 2,917 needles from the Kenai Peninsula in FY 2015. Needles should ultimately be incinerated as medical waste and not disposed of in landfills. Incineration closes the risk of ongoing disease exposure while disease can remain active in a landfill.

Safe disposal of needles is directly tied to how needles are obtained. Communities that tightly regulate needle purchases seem to encounter more difficulty with re-used, shared, and poorly disposed of needles. Kenai has no options for needle exchange. C4K interviewed local pharmacies about their sale practices. The pharmacy survey report is included in green text.

Local Pharmacy Survey Report

Survey's conducted in person interviews by Shari Conner March 23 -30, 2016

There are seven local pharmacies, three in Kenai and four in Soldotna. Six are chain or box store pharmacies and one is a stand-alone locally owned pharmacy.

Three Bear's – Kenai

Survey respondent – Pharmacist Huey

Three Bear's is an Alaskan based wholesale warehouse grocer. The pharmacy is managed and store policies are made by the pharmacist. They do not sell syringes without a prescription. Huey was very direct in his annoyance with drug addicts in our community. They have heightened security within the store to prevent theft from individuals believed to be in active addiction. They have not had a big problem with finding used syringes in the store or parking lot. The restrooms are not easily accessible and require employee guidance to access. Employees have not had any training on handling infectious waste.

Safeway – Kenai

Survey respondent –Pharmacist Susan

Safeway pharmacy is inside the grocery store. The pharmacist is the manager and pharmacy policy is to not sell syringes without a prescription. Safeway does have sharps containers in the restrooms. These containers are frequently stolen or broken into. Syringes are found in the bathrooms and parking lots. The pharmacist was not aware of any special training given to employees about risk of infection from dirty syringes.

Walmart – Kenai

Survey Respondent – Pharmacy Tech Laura

Walmart is a franchise and the pharmacy is managed by franchise management. Walmart sells syringes in 10 packs or by the box of 100. They do not have a limit on purchases and do not require identification for purchase. Walmart has had a big problem with used syringes found in the store on the floor, in the bathroom, on shelves, and the parking lot. They have had numerous arrests made in the parking lot of injection drug users in the act of injecting. Laura estimated they sell 1000 syringes or more per week.

Fred Meyer – Soldotna

Survey Respondent – Pharmacist Doug

Fred Meyer is a big box store. The pharmacy is managed by the pharmacist. They will sell syringes in 10 packs or by the box of 100. Customers are required to provide state identification that is copied along with a 10 pack of the product purchasing. This photo copy is then signed and dated by the customer and faxed to the Soldotna Alaska State Trooper office. This is a deterrent from many customers completing the sale. Doug stated that the Troopers had asked them to do this and they had agreed and it was not policy. Doug stated that they had some problems with finding used syringes in the store and parking lot. He went on to volunteer that Fred Meyer has a system in place that alerts when dispensing of narcotics exceeds a specific number. He stated that he had already been alerted that this location had exceeded the 35, 000 limit for Oxycodone by the 24th of the month. This number was based on quantity of pills dispensed and not specific dosage amounts.

Safeway – Soldotna

Survey Respondent - Pharmacist Susan

Safeway pharmacy is inside the grocery store. The pharmacist is the manager and pharmacy policy is to not sell syringes without a prescription. Safeway does have sharps containers in the restrooms. These containers are frequently stolen or broken into. Syringes are found in the bathrooms and parking lots. At this location a man was found dead due to overdose from drug injection in the public bathroom. The pharmacist was not aware of any special training given to employees about risk of infection from dirty syringes.

Soldotna Professional Pharmacy – Soldotna

Survey Respondent – Cashier

Soldotna Professional Pharmacy is locally owned stand-alone pharmacy. They do not sell syringes without a prescription and have signs posted letting customers know. They are a busy but small store. They have not had a big problem with syringes found in the

store or parking lot. The amount of traffic and the location of this store contribute to the lack of waste found. They do sell sharps containers but do not dispose of waste.

Walgreens- Soldotna

Survey Respondent – Pharmacist Ian

Walgreens pharmacy opened approximately one year ago in our community. The pharmacist first response to the survey was "Our course I want clean product used in my community". Walgreens sells syringes without a prescription in 10 packs or boxes of 100. There is no limit on purchases. Identification is required to show proof of age over 18 years old. No copies of identification are taken or reported to any entity. They have not had any reported syringes found on the property. The parking lot was clean. I did not notice sharps containers in the restrooms. Ian reported they have regular customers that purchase syringes. He estimated sales of over 2000 syringes per week at this location.

C4K determined that there is substantial room for improvement in our community with regard to access to clean needles, secure storage of needles, safe needle practices, and needle disposal. Other than those needles collected by public health, incinerated by Central Peninsula Hospital, or returned over 150 miles to 4 As in Anchorage needles remain an active health risk for our entire community.

Legal Implications

C4K found that tracking the legal problems created by IV drug use is challenging. Legal reporting is much more highly correlated with available police resource that it is with local drug activity. Trends are meaningless, as are month-to-month arrest rates, and cumulative arrest numbers. Legal data has flaws beyond inaccurate representation of local behavior; it is also greatly impacted by the court process and classifications of illegal behavior. Drug use is involved in many more legal matters than those which result in charges of possession or sales. Many property crimes and financial crimes are the direct result of the desperation of the drug users needing to get money to buy their next "fix". Violence and other assault charges often result from poor decision-making and impulsivity due to drug use. C4K hoped to be able to identify drug use in the legal system through arrests in which drugs or alcohol is involved. While there is a data field on the dispatchers report for drug involvement, that field is not reliably filled in or

easily accessible in a format that allows for tracking. Original charges poorly correlate with ultimate convictions due to the bargaining process. Conviction rates are reported as statewide data. Ultimately, C4K determined that the most valuable data is the simple number of people involved with the justice system at each level (misdemeanor, felony and in custody).

In Alaska the Alaska Safety Action Program (ASAP) serves as an intermediary between the courts and treatment programs to ensure that offenders complete their required treatment. It functions like a misdemeanor probation services and most of its clients are on some type of informal probation. ASAP is operated by Akeela on the Kenai Peninsula. Akeela program administrator, Finnley McKenna is active on the C4K planning committee. Akeela reports that they have 307 individuals currently under their supervision. Misnomer probation historically had little involvement with injection drug use because the crimes associated with injection use were previously prosecuted at the felony level. Finnley reports she has observed a significant change with regard to the drug use patterns of new referrals. Injection drug use has become so prevalent and normalized that injection users are now commonly getting plea bargained down by the courts to misdemeanor charges. In fact it is now so common for ASAP to receive referrals for injection drug users, they have started tracking them. Akeela reported that for FY 16, 32% of their referrals are confirmed drug users and 33% of those referrals are known to be injection drug users. Akeela cautions the interpretation of this data as they believe it far underestimates the degree of the problem.

Kenai has 411 people on felony probation, 116 women and 295 men. Six probation officers track all of these individuals, many of whom have high contact needs. Last year (2015) 54% of probationers statewide were re-incarcerated on petitions to revoke probation (PTRP). PTRP were for technical (no new crime) violations 72% of the time. These PTRPs are overwhelmingly for drug use.

In the last decade Alaska's incarceration rates have grown 28% which is outpacing population growth fourfold. "Non-violent offenders, low-level drug, and property offenders are filling up Alaska's hard prison beds" (pg. 5, 2015 Recidivism Plan). According to the recidivism plan, this increase in the prison census results from four variables, 1) Increased numbers of un-sentenced offenders which are predominately incarcerated on 4th degree or C felony charges for misconduct involving a controlled substance. 2) Increases in the average length of incarceration. 3) Increased incarceration

of non-violent offenders. These are typically class C felony drug crimes or drug crimes with a 47% increase in incarceration rates for felony drug offenses. These same offenders are serving longer sentences. 4) Increased probation violations resulting in re-institutionalization. Again, this increase is likely resulting from drug use. As of June 30, 2015 427 individuals were housed at the Wildwood Correctional Complex. This number does not account for all of the Kenai Peninsula's incarcerated as Wildwood holds only presentence to medium custody inmates. Higher custody and inmates with longer sentences are typically house in Alaska's other facilities or in Arizona. Notably, C4K received several but unconfirmed reports that the majority of our heroin is coming through distribution routes created when Kenai Peninsula inmates return from Arizona, where the drug is entering the US.

Whether looked at from a national, state or local level as misdemeanor, felony, or in custody it is clear that our drug policies focusing on corrections based consequences have failed. The war on drugs started in the 80s has failed and left new management and tracking issues. C4K determined that legal reform is necessary and in process but outside of the scope of our current endeavor.

PRIORITIZATION OF CONSEQUENCES

Prioritization of consequences proved much easier than C4K expected. Due to the diverse background and interests of coalition members, we anticipated that each consequence would have its champions and a complex process would be needed to select areas of focus. While we acknowledge all consequences are dire, two priorities literally jumped out. Hepatitis C and needle exposure are the consequences we elected to focus on. The Kenai Peninsula has a problem with the spread of Hepatitis C, from injection drug use, that may be unrivaled in the state. While Hepatitis C is predominately impacting drug users, needle exposure is impacting our entire community by rendering our public spaces unsafe. C4K chose to select a consequence that targeted an indicated population and one that targeted a universal population. We also strove to identify the two consequences, which were undergoing accelerated rates and for which were able to generate accurate and modifiable data. It was also clear to coalition members that many simple strategies could be implemented to impact these consequences.

Chapter 6:
Community Resources

COMMUNITY RESOURCES

FOOD

Kenai Peninsula Food Bank	907-262-3111
Kenai Peninsula School Lunch Program	907-714-8888
Salvation Army	907-283-4035
State of Alaska Food Stamps	907-283-2900
WIC (Women, Infants and Children)	907-283-4172

CLOTHING

Bishops Attic	907-262-5152
Salvation Army Thrift Store Kenai	907-283-4536
Salvation Army Thrift Store Soldotna	907-260-5926
Love INC	907-283-5252

EMERGENCY SHELTER

Friendship Mission (Men Only)	907-2835279
Lee Shore Women's Resource Center	907-283-9479
Love INC	907-283-5252
Salvation Army	907-283-4035

HOUSING ASSISTANCE

Alaska Housing Finance	907-260-7633
Kenaitze Indian Tribe	907-335-7200
Love INC	907-283-5252

Heating Assistance	800-470-3058
Weatherization Program	800-478-8080

EMPLOYMENT

State of Alaska Unemployment	888-222-9989
State of Alaska Workforce Development	907-283-2900
Vocational Rehab	907-283-3133

LEGAL

Alaska Legal Services	907-395-0352
Disability Law Center	800-478-1234

TRANSPORTATION

CARTS	907-260-8900

BEHAVORIAL HEALTH/COUNSELING/TREATMENT

ABC Crisis Pregnancy Center	907-283-9062
AIDS Help Line	800-478-2437
Central Peninsula Hospital/Serenity House	907-714-4521
Cook Inlet Council on Alcohol	907-283-3658
Dena'ina Wellness Center	907-335-7300
Independent Living	907-262-6333
Kenai VET Center	907-260-7640

Lee Shore Women's Resource Center	907-283-9479
Peninsula Community Health Center	907-260-3691
Suicide-Crisis Hotline	888-488-7386

MEDICAL CARE

Central Peninsula Hospital	970-714-4404
Peninsula Community Health Center	
Dental	907-260-3119
Medical	907-260-3691
State of Alaska Public Health	907-283-5400
Veteran's Medical Clinic	907-395-4100

Statewide Resources **211**

RESOURCE GAP ASSESSMENT

To better understand and assess the resources available in the Central Kenai Peninsula to support drug prevention efforts, a resource assessment was conducted. This assessment includes a compilation of community attributes and other factors to consider in prevention efforts and secondly a list of community resources organized by category.

Coalition discussions, focused work groups, and primary data sources have contributed to the following considerations of resources available in our community. Due to our small community size that covers a large geographical location comparatively, resources like transportation and economics play a large factor in patients receiving specialty care that may or may not be available in our direct local community.

Community Resource Gaps

Strengths/Assets	Challenges/ Weaknesses	Resource Gaps	Other Factors Considered
• IV Drug Abuse is a growing concern within our community • The community and statewide news is talking about it • There is a desire to help within the community • People want to do something • Community agency efforts to increase knowledge of substance abuse	• Transportation limited • Public transportation is expensive, poor routes, weather challenged • Private transportation is expensive • Limited roads and options for traveling to other locations • Lack of Behavioral Health Facilities • No resources for drug/ETOH Detoxification • Psychiatric emergency services limited and what does exist is highly ineffective • Lack of safe and affordable living options	• Public Transportation options limited • No mass transit • No shared ride options • Resources for rehabilitation limited • Wait time for behavioral health services sometimes lengthy • Psychiatric Care • Medication management • Crisis mental health inpatient unit • Detoxification • Detox beds • Provider based out-patient detox • Residential Substance Abuse • Residential treatment beds • 24 hour walk in urgent care • Men's Transitional Housing • Homeless Shelter	• Identity • Many Alaskans identify with being independent; however, this sometimes creates barrier when help is needed. • Economics • The instability of local bases of economics makes community and family financial planning difficult

Chapter 7:

Intermediate Variables

INTERMEDIATE VARIABLES

C4K looked to the literature to assist in the development of intermediate variables. We reviewed the SPF-SIG assessments completed by 6 states or comminutes (Oklahoma, Maine, South Dakota, Virginia, Wasilla, and Fairbanks) and two major research institutions {*Pacific Institute for Research and Evaluation (PIRE) and Northwest Center for Application of Prevention Technologies* (*NECAPT*)}. Assessments focused on a variety of priority uses ranging from underage drinking, binge drinking, and prescription drug abuse. Intermediate variables are remarkably similar across priority areas and, in fact, only differ based on research institute.

Intermediate variables identified by *PIRE* were the following:

- Retail Availability
- Community Norms
- Promotion
- Social Availability
- Law Enforcement
- Individual Factors

Intermediate variables from *NECAPT* were the following:

- Access Availability
- Parental Monitoring
- Knowledge of Health Risks
- Law Enforcement
- Adult Monitoring
- Advertising
- School Policies

Tremendous overlap exists between the two approaches. C4K elected to combine the strengths from the two lists and apply them in a manner meaningful for illicit drug use. The intermediate variables, of injection drug, in our community are the following:

Access Availability (Social and Retail)

Availability of injection drug use is directly linked to the availability of the drugs which lend themselves to this type of use (opioid/opiates and amphetamines).

Methamphetamine

The abuse of methamphetamine—a potent and highly addictive stimulant—began to explode in our rural communities in the 90s. While, its popularity has dropped off, it remains an extremely serious problem in the United States. According to data from the 2012 National Survey on Drug Use and Health (NSDUH), over 12 million people (4.7 percent of the population) have tried methamphetamine at least once. Methamphetamine's popularity was linked the ease at which it can be produced. Most of the methamphetamine abused in the United States is manufactured in "superlabs". But the drug is also easily made in small clandestine laboratories, with relatively inexpensive over-the-counter ingredients such as pseudoephedrine, a common ingredient in cold medicines. To curb production of methamphetamine, pharmacies and other retail stores are required by law to keep logs of purchases of products containing pseudoephedrine; individuals may only purchase a limited amount of those products on a single day NIH, 2016). Availability dropped with the increasing regulations on chemicals needed to manufacture and the growing trends associated with opioid abuse.

Opioid/opiates

An opiate is a substance derived from the poppy plant (which contains opium) while an opioid is a substance (molecule) that is synthetic or partly synthetic. Opioids may act just like opiates in the human body, because of the similar molecules. The explosion of this type of drug abuse it theoretically linked to the 2003, Joint Commission on Accreditation, decision to require that accredited organizations focus on pain as a vital sign and provide aggressive pain treatment. Whether this decision created or was in response to a changing community expectations around pain, it was followed a period of time in which prescription medications became highly accessible. The Feb 11, 2016 Alaska Prescription Drug Monitoring Report gives us the following data on availability of opioids medications over the past two years.

Number of patients receiving prescription(s)	2014	2015	Change
CII	134,524	202,141	50%
CII,III	154,831	238,581	54%
CII, III and IV	243,546	429,185	76%

Number of patients exceeding 5/5 threshold *Pharmacy board defines 5 providers and 5 Rx in 3 months	2014	2015	Change
CII	313	61	-81%
CII, III	365	71	-81%
CII, III and IV	525	103	-80%

Number of patients exceeding 10/10 threshold	2014	2015	Change
CII	4	1	-75%
CII, III	4	1	-75%
CII, III and IV	5	1	-80%

Description of painkillers greater than 100mg (MED), per day	2014	2015	Change
Adult	117	89	-24%
Youth	2	1	-50%

As the era of easy access of prescription opioids came to an end, heroin emerged on the market. Today heroin is the drug most likely to be abused via injection. It is very difficult to monitor the availability of an illegal drug. Legal data is likely tainted by police resource to pursue the issues. With that limitation in mind, the total amount of heroin seized in 2012 was 4.93 g and it was up to 55.12 grams by the following year (2014 Annual Drug Report). This increase is really not significant because seizures are for such low amounts. Our best data on availability comes from users, one of whom reported "Three phone calls max and I can have heroin in my hand". Most users (over 70%-Per Serenity House records) report one or fewer sober friends and many report that parents or significant others also use.

Knowledge of Health Risks

There are three likely sources for individuals to learn about the disease risk associated with injection drug use: School District, family, and peers. In addition to understanding the information people are provided, it would be helpful to complete a knowledge test with regard to these issues. In future grant years, C4K anticipates conducting additional knowledge testing.

School

C4K looked at school district offerings on drug addiction and contagious disease. Our local district provides the Drug Abuse Resistance Education Program (DARE) as youth transition to Junior High. DARE was developed in Los Angeles and intended to serve

youth in that community, of whom approximately 65% were using illicit substances before they completed high school (DARE, 2016). DARE was initially successful but disseminated so rapidly that appropriate regional adjustments were not made. Ultimately, the greatest benefit of the DARE program is that it increases the familiarity with law enforcement. C4K was not able to interview youth due to consent issues but did interview young adults about the DARE program. Focus group members (addiction recovery and general community) acknowledged completing DARE, unless home schooled, but did not agree that it impacted their decision to use drugs in any manner. In multiple cases the school district is sharing counselors across 5 schools so it is doubtful that the counselor can provide much education about drug issues of any type. The same was said of school based health course, which is the only other effort made to educate youth about drugs. In fact, approximately ¼ of recovery member focus group participants still held incorrect information regarding the transmission of hepatitis.

Family

C4K found evidence that the school system was failing to provide adequate education around injection drug use related issues and the following section outlines the harmful myths peers are perpetuating. It was much more difficult to determine what knowledge of health risks was being address by family. Families differ greatly with regard to their comfort in discussing the issues. Almost all of our recovery focus group members intended to educate their families about drug use and risks and tell their children about their use; however, most reported they have not had those discussions with their parents.

Peer

Some of the most frightening information C4K obtained was related to peer shared knowledge of hepatitis C and HIV. Globally, focus groups revealed a lack of knowledge with regard to personal risk and a massive underestimation of the long-term health consequences of infection. The following recovery member quotes were selected to demonstrate the concern.

"When you are done (ready to stop drug abuse), you just go get the meds and get rid of your Hep C or AIDS or whatever". Belief in a 100% cure rate for Hep C and HIV.

"It's like, I have Hep C, you have Hep C, so were good to go (share needles)." No understanding of cross contamination, multiple disease subtypes or other blood borne illness.

Additionally we heard myths about infection prevention linked to burning or rinsing the tips of needles to avoid contamination or not pulling blood to avoid contamination.

Community Norms (Adult and Peer Modeling)

Through focus groups, C4K learned that Injection drug use is perceived as "cleaner" by the current cohort of using individuals. Group participants shared that needle use is common and readily taught by members of the using community. The current generation of drug users grew up with a high degree of familiarity with medical processes and is not intimidated or holding taboos about injection drugs, as compared to previous generations. As an added benefit, detection of drug use is much easier to avoid with injection use than smoking. Smoking leaves an odor on the users making denial of use challenging. Injection sites are easily hidden by long sleeves and the long sleeves are explained away by Alaska's temperatures.

The following newspaper quote highlights the normative aspects of heroin use:

"I think it's the most tragic thing that has happened here in a long time (Heroin epidemic)... Someone out in the Russian community in Voznesenka told me that it's easier for a kid to get heroin than a six pack of beer. When that happens, that's just wrong."

Homer News 4/7/2016

Focus groups on adult and peer modeling discussed use among the family system and the socially normative aspects of growing up within an addiction household. Questions and responses were as follows:

C4K, "What parental role modeling did you have growing up?"

> "When I turned 14 my dad gave me a bunch of cocaine and beer."
>
> "I knew that I was getting pot or other drugs for my birthday and Christmas since I was about 8 years old."
>
> "My parents were the first people I got high with."
>
> "I was afraid of the police growing up. I would cry if I saw a police car. My family never trusted the police. When I was in DARE at school I was so scared. My whole family has addiction."

Drugs are frequently shared when users pool money to make cheaper bulk purchases. Although this is found to be a regular practice among dyadic relationships and friendship groups, sometimes relative strangers pool resources when meeting on their way to buy drugs. In such cases, economic incentives prevail, but these drug-sharing interactions may be the start of more lasting relationships (Grund, 1998).

Within our own admission records, family generational data existed. Reviewing the 1032 unique individuals admitted to residential treatment at Serenity House from February 2001 to March 2016 we counted all the parent child relationships, sibling relationships and multi-generational relationships.

Approximately 54 sibling groups, 118 individuals, were known to Serenity House Treatment Center due to their use and the use of siblings. This represented 11.43% of total admissions. There were 61 parent child relationships with both using, 6% of the admissions. Three of those 61 parent child relationships had both biological parents and at least on child admitted to Serenity House in the time frame. One multi-generational relationship occurred with a grandfather, his son, and two grandsons receiving treatment during this time period. It is likely that the true occurrence of family use is higher than reported due to "missed" relationships being absent from calculations.

Law Enforcement (Monitoring)

Law enforcement resource is shockingly small on the Kenai Peninsula. After the closing of the Girdwood Trooper Post (Scheduled July 1st) there will only be one post (Soldotna) responsible for over 300 highway miles. Trooper Detachment E is responsible for everything between Port Graham, Seward, Nikiski, Kenai, Soldotna, Girdwood, and up to Bird Creek. There are 23 full and part-time troopers in the detachment but many times there is only one on duty. Soldotna, Homer, and Kenai have local police departments but are staffed equally thin. The insufficiency of police resource makes tracking law enforcement variables very challenging. In fact, it creates such a low likelihood of arrest that it makes our region permissive with regard to drug activity. Focus groups, with legally referred individuals, report that high level drug activity (manufacture and distribution) can go on in our community for years, at well-known locations, before legal intervention. It appears that the majority of arrests is for possession and involves users, whose addiction has gotten so out of control, that they are blatant about use in community locations. Arrests are also often linked to property crime, which is highly visible.

PRIORITIZATION OF INTERMEDIATE VARIABLES

C4K elected to relay on the intermediate variable prioritization process outlined by *NECAPT* for the Maine needs assessment. In this process, all intermediate variables are ranked with regard to their importance and changeability. Coalition members ranked variables in a four quadrant box with regard to these issues. Changeability was defined by selecting high or low on the following question, "Do we have the capacity (resources and readiness) to change this intervening variable?" Selection of high or low importance was defined by asking: "How important in this intervening variable in impacting the problem in our community?" Results were as follows:

	High Changeability	Low Changeability
High Importance	Social and community Norms Knowledge of Health Risk	Accessibility
Low Importance		Law Enforcement

Chapter 8:
Community Readiness

COMMUNITY READINESS ASSESSMENT

Method

A community readiness assessment was conducted to evaluate the levels of community awareness, understanding, and concern of drug use (specifically heroin) on the central Kenai Peninsula. The assessment was designed to understand how prepared the community is to work with IV drug use and the willingness of general community members and key stakeholders to work to address the issue.

The Community Readiness Model from the Tri-Ethnic Center at Colorado State University was utilized to drive data requisition and then to score the data. This model measures five areas of community readiness to help successfully develop prevention planning that matches the community's current level of readiness. The five different areas of community readiness measured are

1. Community Knowledge about the Issue
2. Community Knowledge of Efforts
3. Leadership in the Community
4. Community Climate
5. Resources Related to the Issue

Change 4 the Kenai has included community readiness throughout the data gathering process. Data has been synthesized from a Community Connectivity survey in 2015 and a 2016 IV Drug Use Community Questionnaire. The coalition also identified key informants to be interviewed as part of the community readiness assessment.

Key informants were chosen to represent a broad cross-section of stakeholders in the community. The following sectors of the community were represented in interviews: past heroin users, local business owners, behavioral health professionals, emergency department professionals, youth programs, youth and family treatment services, school professionals, law enforcement, and friends/relatives of those struggling with addiction. Interviews were conducted by Change 4 the Kenai coalition members utilizing a script of questions. Question transcriptions were scored by consensus of the Change 4 the Kenai Coalition Coordinator and participating project members.

Scoring

The grant management team rated community readiness based on interviews and applicable survey/questionnaire questions. They used each of the five readiness dimensions in the Tri-Ethic Center Sale of Readiness (see below). The remaining coalition members will complete their own project ratings prior to the end of this fiscal year.

Stages of Community Readiness

1 **No Awareness**	Community has no knowledge about local efforts addressing the issue. Leadership believes that the issue is not really much of a concern. The community believes that the issue is not a concern. Community members have no knowledge about the issue. There are no resources available for dealing with the issue.
2 **Denial/Resistance**	Leadership and community members believe that this issue is not a concern in their community or they think it can't or shouldn't be addressed. Community members have misconceptions or incorrect knowledge about current efforts. Only a few community members have knowledge about the issue, and there may be many misconceptions among community members about the issue. Community members and/or leaders do not support using available resources to address this issue.
3 **Vague Awareness**	A few community members have at least heard about local efforts, but know little about them. Leadership and community members believe that this issue may be a concern in the community. They show no immediate motivation to act. Community members have only vague knowledge about the issue (e.g. they have some awareness that the issue can be problem and why it may occur). There are limited resources (such as a community room) identified that could be used for further efforts to address the issue.
4 **Preplanning**	Some community members have at least heard about local efforts, but know little about them. Leadership and community members acknowledge that this issue is a concern in the community and that something has to be done to address it. Community members have limited knowledge about the issue. There are limited resources that could be used for further efforts to address the issue.
5 **Preparation**	Most community members have at least heard about local efforts. Leadership is actively supportive of continuing or improving current efforts or in developing new efforts. The attitude in the community is —We are concerned about this and we want to do something about it. Community members have basic knowledge about causes, consequences,

	signs and symptoms. There are some resources identified that could be used for further efforts to address the issue; community members or leaders are actively working to secure these resources.
6 **Initiation**	Most community members have at least basic knowledge of local efforts. Leadership plays a key role in planning, developing and/or implementing new, modified, or increased efforts. The attitude in the community is "this is our responsibility", and some community members are involved in addressing the issue. Community members have basic knowledge about the issue and are aware that the issue occurs locally. Resources have been obtained and/or allocated to support further efforts to address this issue.
7 **Institutionalization**	Most community members have more than basic knowledge of local efforts, including names and purposes of specific efforts, target audiences, and other specific information. Leadership is actively involved in ensuring or improving the long-term viability of the efforts to address this issue. The attitude in the community is "we have taken responsibility." There is ongoing community involvement in addressing the issue. Community members have more than basic knowledge about the issue. A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support.
8 **Confirmation/Expansion**	Most community members have considerable knowledge of local efforts, including the level of program effectiveness. Leadership plays a key role in expanding and improving efforts. The majority of the community strongly supports efforts or the need for efforts. Participation level is high. Community members have more than basic knowledge about the issue and have significant knowledge about local prevalence and local consequences. A considerable part of allocated resources are expected to provide continuous support. Community members are looking into additional support to implement new efforts.
9 **High Level of Community Ownership**	Most community members have considerable and detailed knowledge of local efforts. Leadership is continually reviewing evaluation results of the efforts and is modifying financial support accordingly. Most major segments of the community are highly supportive and actively involved. Community members have detailed knowledge about the issue and have significant knowledge about local prevalence and local consequences. Diversified resources and funds are secured, and efforts are expected to be ongoing.

The following section represents some of the data considered in readiness ratings.

Community Connectivity Survey

In 2015, a community connectivity survey was created to better understand the community's perception of connectivity and current community challenges as well as the level of readiness to address these issues. 393 people completed this 33-question survey. An executive summary from the report about this survey can be found in the appendix.

Survey Demographics

There was a fairly even spread of people aged 26-65 that completed the survey, with the highest response from those in the 36-50 year old range with just over 30% and the other two age ranges showing just over 26% each. About 12 % of respondents were age 18-25. 65% were female. Over 50% had education past high school. 54% have lived in Alaska for 10 or more years. The largest sector of population resided in Soldotna (37%) with Kenai a close second (about 31%).

Community Perceptions of Substance Abuse

Questions were directed at four areas of community connectivity that the coalition felt strongly impact the individual factors that impact IV drug use. The coalition work group used questions from this survey that directly demonstrated levels of community readiness. These questions included questions regarding health care and specialty health resources, contact and involvement with family and friends, and knowledge of community programs and groups.

2016 IV Drug Use Community Readiness Questionnaire

A community survey specifically addressing local drug use was presented to residents online through our coalition website and coalition Facebook page, as well as at a local health fair using Samsung tablets. While a shorter survey that took respondents about one minute on average to complete, it was powerful and direct. 114 people completed the survey.

Survey Demographics

This survey targeted adults 18 and over and specifically concentrated on the residency of the respondent. Residency results were closely related to other survey results that we have seen, with Soldotna residents comprising just over 48% of the respondents followed by Kenai residents at over 21%.

Community Perceptions of Substance Abuse

This questionnaire supported that the use of drugs is prevalent in our area. Just over 33% of people reported knowing someone misusing prescription pain pills. 35.4% reported knowing someone who uses heroin. Of those, results showed that 24.32% of users were doing so via injection. While over 64% of the respondents in this questionnaire reported not knowing anyone who uses heroin or misuses prescription pain pills, 35% of the population was not aware of the issue but directly familiar with someone who uses.

A staggering 90% were in favor of treatment to manage addiction over incarceration. This also supports the key informant interviews that demonstrated concern and a desire to help those addicted. 64% reported knowing where to get help for a loved-one's addiction.

When asked directly if they felt the community was ready to address problems of drug use, 62.5% of respondents answered yes. Over half of them were willing to volunteer to help prevent drug use, but only 34.5% believe that our community has the resources we need to address the issue.

Key Informant Interviews

Appendix B includes the questions used to interview key community stakeholders.

Community Perception: Heroin Use in the news

The amount of attention toward heroin use on the Kenai Peninsula has been growing. Community members, health care professionals, and investigative reporters are sharing their concern for heroin. While the drug has gained attention recently in national news, it has been a reoccurring topic locally on the Kenai Peninsula, as well.

According to the July 18, 2015 article "Heroin use on the rise; impact felt on Kenai Peninsula," published in the *Peninsula Clarion*,

> **"The rate of hospitalizations coded for heroin poisoning rose from 2.4 per 10,000 people in 2008 to 4.7 per 10,000 people in 2012. From 2008 to 2013, 72 people died, with heroin listed as either the main or contributing cause."**

KSRM 920AM Radio reported in their November 20, 2015 announcement "Heroin Use Increasing, Possible Tainted Batch," in Juneau that

> **"The State of Alaska, along with the Kenai Peninsula, has seen the results from increased drug use over the past year, with law enforcement agencies citing heroin as a major factor."**

KSRM reported again in a related story on December 9, 2015 about a presentation at the Kenai Peninsula Borough Assembly meeting on December 8, 2015.

> **Dr. Nels Anderson said heroin is no longer just a problem for the "throwaway" people in society, whom he characterized as people who lived on the fringes of urban areas and rarely made the spotlight. Now, he says heroin is a community-wide problem. "Heroin has become the cheapest drug on the street. It's dirt cheap. Anybody can get it."**

More recently, on February 20, 2015, Alaska Dispatch News reported, "6 arrested in Kenai Peninsula meth, heroin bust."

> **"Six people from the Kenai Peninsula were arrested Thursday for their roles in selling methamphetamine and heroin, Alaska State Troopers say."**
>
> **"According to Leath, investigators don't believe the drugs were being made in Alaska, but shipped in from the Lower 48 and other countries."**

Despite efforts being made to curtail drug use by local authorities and drug treatment by healthcare professionals, little is being done locally for prevention. It is clear that the general community is aware of the heroin issues on the Kenai Peninsula. During this time of community recognition comes an opportunity to build community through drug abuse prevention efforts.

Community Readiness Assessment Scores

Community Readiness Scores for IV Drug Prevention

Community Area	Score
Community Knowledge About the Issue	5.5
Community Knowledge of Current Efforts	3.5
Leadership	4.0
Community Climate	6.0
Resources	3.0
Overall Score	**4.4**

A score of 4.4 demonstrates a community that has moved from a vague awareness of the issue and is moving forward with preplanning. Emotionally the community is more than ready to move forward with programs designed to help prevent and treat heroin addiction. Collation of the data demonstrates that this is a high area of concern of in our community. Community climate was the highest scoring area of community readiness. Key Informant interviews and survey results demonstrate that the community views IV drug use as an issue, both through health concerns and public annoyance. Over the last year this issue has been highlighted as a community concern, bringing awareness to the general public. We feel that this awareness has raised knowledge; thereby community readiness scores. Media locally, at the state level and federally has put a lot of attention on the "heroin epidemic" further advancing knowledge of this issue.

Resources scored the lowest on the readiness assessment. The Kenai Peninsula Borough has recently announced a huge budget shortfall for education and road maintenance. These announcements are impacting the way our local community sees *available* resources, even though community members and leaders do support utilizing resources.

Chapter 9:
Recommendations

RECOMMENDATIONS

The key health findings and recommendations contained in this report are intended to provide a summary of key community behavioral health needs that will provide a start for further prioritization and implementation of programs.

Recommendation 1: Continue next steps of strategic prevention framework

Initial research has provided a vast amount of information and insight into our community. Now that key areas have led us to step two, ongoing research is fundamental to ensuring that work is current. Change 4 the Kenai has worked to develop strong partnerships with community members, businesses, and other organizations. This collaboration will allow us to work more efficiently and reach more members of the community.

GOAL 1: GREATER UNDERSTANDING OF COMMUNITY WANTS, NEEDS AND READINESS FOR CHANGE

	Objectives	Action Steps	Accountability	Time Frame	Expected Outcomes
A	Better understanding of community's current view of overall health	Community Behavioral Health Needs Assessment continued	Team Central Peninsula Hospital 2016 CHNA report	In progress Expected July, 2016	Better understanding of overall health of community. Locate areas for intervention.
B	Prioritization of community behavioral health needs	Further Steering Committee Meetings Stakeholder interviews Round table discussions Town Hall Meeting	Steering Committee	Fall 2016	Prioritization of needs Action Plan
C	Development of action plan	Readiness Assessment Focus Groups Key Informant interviews	Steering Committee	Fall 2016	Action Plan Task Forces

Recommendation 2: Responding to the heroin epidemic

Heroin is an illegal, highly addictive drug. People who are addicted to prescription opioid painkillers, addicted to cocaine, or other addictions in the 18-25 year old range are most at risk of heroin addiction. Nationally we have seen a 286% increase in heroin-related overdose deaths in the last 10 years (CDC Vitalsigns, July 2015). Unfortunately, we have seen similar staggering growth rates locally in the Central Kenai Peninsula region.

We recommend following the outline designed by the Center for Disease Control:

GOAL 2: RESPONDING TO THE HEROIN EPIDEMIC

	Objectives	Action Steps	Accountability	Time Frame	Expected Outcomes
A	Prevent people from starting heroin	Education programs for local schools	Change 4 the Kenai Steering	2017	Educated youth & adults will better understand

		Work with local doctors to improve opioid painkiller prescribing practices Educate medical professionals in the community on how to identify high-risk individuals early	Committee		consequences of heroin use Medical professionals will be more skilled in prevention efforts
B	Reduce heroin addiction	Work with medical professionals to ensure access to medication-assisted treatment (MAT). Work with medical professionals to ensure patients have access to counseling and behavioral therapies.	Change 4 the Kenai Steering Committee	2017	Develop Action Plan
C	Reverse heroin overdose	Help educate doctors, first-responders, and the public about the use of life-saving drugs that can reverse the effects of an opioid overdose.	Change 4 the Kenai Steering Committee	2017	Greater informed public
D	Prevent the consequences of injection heroin use	Develop separate detailed goal. See goal 5	Change 4 the Kenai Steering Committee	See goal 5	See goal 5

Recommendation 3: Emergency Behavioral Health Care Reform

Patients with mental health disorders use the emergency department for psychiatric emergencies, for injuries and illnesses complicated by or related to their mental health disorder. Often psychiatric or primary-care options are inaccessible or unavailable to these patients. Initial interviews express concern and derision regarding these patients as they take resources (staff, beds, supplies, and ultimately funds) from other patients.

We recommend a review of emergency department data to determine accurate current use of the services, funding, and to develop a plan of action for providing better services while reducing costs and frustrations.

GOAL 4: EMERGENCY DEPARTMENT REFORM

	Objectives	Action Steps	Accountability	Time Frame	Expected

					Outcomes
A	Determine aspects to Emergency Department visits that aren't a good fit for services	Review patient charts to determine patient flow, allocation of resources to BH patients Interview Emergency Department staff	Change 4 the Kenai Steering Committee	Fall 2016	Understand patients poorly served
B	Identify high frequency users	Collaborate with Emergency Department to identify high frequency users. Review emergency department data	Change 4 the Kenai Steering Committee	In progress Spring 2016	Develop Action Plan
C	Develop alternatives for care	Focus Group brainstorming Develop Task Force	Change 4 the Kenai Steering Committee	Winter 2016	Use research and current data to support alternative options for more fitting care

Recommendation 4: Prevention planning - Identifying Life Aspects of At Risk Groups

We recommend a comprehensive look at the key life aspects of those residents that are considered at risk in our community. An understanding of daily life, reproduction care and planning, access to healthcare, and the relationship with the legal system may provide insights into key prevention areas.

We feel that these areas are intermediate variables that through having a better understanding, will allow us to develop more thorough and effective interventions.

GOAL 5: PREVENT ADVERSE CONSEQUENCES FOR SUBSTANCE ABUSE

	Objectives	Action Steps	Accountability	Time Frame	Expected Outcomes
A	Further Understanding	Research: IV Drug Abuse Pregnancy Drug Abuse Access to care Support of legal system; prevention & exiting the legal system: Pre, post and housing	Change 4 the Kenai Steering Committee	Winter 2016	Better understand the intermediate variables that effect daily life of residents who struggle with addiction
B	Understanding daily life, reproduction, health and legalities	Research Survey Key Informant Interviews Identify Risks	Change 4 the Kenai Steering Committee	Winter 2016	Use research and data to develop effective interventions
C	Identify Risks	Develop Program of Action Needle Exchange Program	Change 4 the Kenai Steering Committee	Spring 2017	Use interventions to prevent further consequences (i.e., Hepatitis C)

Appendix

APPENDIX A: COMMUNITY CONNECTIVITY SURVEY QUESTIONS & RESULTS

Introduction

This report provides a summary of the results of Change 4 the Kenai's (C4K) 2015 Community Connectivity Survey, administered January – May, 2015. The survey's primary purpose was to encourage residents to assess their level of satisfaction with community connectivity benchmarks (transportation, economics, wellness, and identity) and to obtain community input toward potential goals for the coalition.

Community Feedback: Current views & needs

The facets of community connectivity have been demonstrated as transportation, wellness, identity, and economics.

Travel to important community destinations plays a vital role in the health, longevity and community connectedness of the central Kenai Peninsula. The use of private vehicles as primary transportation was shockingly high. While that supports the sense of independence shared throughout many residents, it may limit the public transportation options and routes that are provided. The transportation costs for the area are expensive due to widespread communities and one highway. The cost of public transportation is also quite high compared to other areas. Determining more cost, time, and location efficient modes of transportation for area residents could decrease costs, provide better access to medical care, and reduce isolation.

20% of respondents reported not having a routine annual exam, a practice that may ultimately drive up costs with unnecessary emergency department visits or risking future problems. Learning the fundamental reasons for the lack of care is crucial. Other areas of the survey allow us to speculate that high cost of care, lack of insurance, and transportation challenges may lead to unwise health care decisions. Likewise, 18% of those surveyed reporting utilizing mental health services. This percentage is below prevalence rates suggesting a challenge with resources, access to care, or a stigma to using mental health resources.

The majority of residents pride themselves on being independent. Independence can certainly be strength but we feel that many residents may not understand the importance and benefits of connection with family, with friends, and with other members of the community. Many people reported not being aware of events even

though resources demonstrate that events and activities are available. Many residents rely on social media and technology to connect them with others and have greatly reduced their face-to-face interactions.

Local economics both influences other aspects of connectivity as much as they impact it. The employment rate on the Kenai Peninsula survey showed over 60% employed full-time. Of those looking for employment, issues reported were lack of available jobs, transportation or level of education. The local economy is greatly impacted by industries that can be highly variable: fishing (charter and commercial) and tourism. Increased cost of living, gas prices and unstable work are serious local challenges that can lead to isolation, depression, drug abuse and suicide.

Community Connectivity

This report provides a summary of the results of Change 4 the Kenai's (C4K) 2015 Community Connectivity Survey. The survey was administered January – May, 2015. Surveys were available online, linked through online media campaigns, and presented in person on tablet devices. Paper copies were also available and presented around town.

The survey was created for the primary purpose of asking residents to assess their level of satisfaction with community connectivity benchmarks (transportation, economics, wellness, and identity) and to obtain input toward potential goals for the community coalition. Feedback will also provide primary data and support for the coalition led 2015 community health needs assessment.

Survey Methodology

C4K conducted its 2015 survey through a web-based service. The survey was provided as a direct link from the coalition website, linked and advertised on social media, emailed to employees of supporting partner organizations and offered at public events. 393 surveys were completed although the survey was viewed 911 times. There were 77 drop outs providing a 83% completion rate. It is possible for someone to check the link, read the question(s) then log out and have it count as a 'drop out,' meaning that a percentage of these may be coalition members demonstrating the survey link or sharing the questions as well as people who later came back and completed the survey. Over 47% of the surveys were completed from people who were asked in person to complete the survey.

Based on the completion of 393 surveys, the margin of error for the survey was quite low (ranging by question from 0.019 – 0.114) and provided a 95% confidence level. This means that if the survey were conducted 100 times, the data would be within an average of less than a half percentage point above or below the percentage reported in 95 of the 100 surveys.

Demographic Information

The geographical distribution of survey respondents favored Soldotna with over 37%, Kenai with over 30% then Sterling with about 10% and Nikiski with about 9%. This percentage accurately represents the approximate ratio of overall residential numbers in the respective geographical areas. Residents of Homer, Anchorage and Seward completed 14 surveys. Often these people may utilize the Central Peninsula as an area to shop, for recreation, or medical visits so their insight on connectivity is valid. 9 chose 'other' as where they live.

The age distribution was evenly represented across the 26-35 (26.95%); 36-50 (30.48%); and 50-65 (26.45%) age ranges. Only 15 respondents reported being older than 65. 49 respondents, or 12.34%, were 18-25 years of age. Nearly 65% of respondents were women. Over 54% of the people surveyed had lived in Alaska over 10 years, with the majority over 20 years, providing an in depth response from people with longevity in the local community.

Transportation

The following questions were asked regarding transportation:

- How frequently do you drive yourself?
- How frequently do you use CARTS?
- How frequently do you use taxis?
- How frequently do family/friends drive you?
- How frequently do you use other methods of transportation?
- Do you feel your access to transportation limits your ability to get out and about as much as you'd like to?
- How satisfied are you with your transportation options?

Travel to important community destinations plays a vital role in the health, longevity and community feel of the central peninsula. These questions were designed to understand the current use trends of the public transportation options available to the community as well as the individual availability of safe, convenient, and active transportation.

"I work for the Infant Learning Program. Many of our consumers do not have transportation and are living at or below the poverty line. The lack of public transportation keeps them from attending appointments and community events. The high cost of taxi service and the limited service area/hours of operation for CARTS is detrimental to building independence and self-sufficiency."

This survey revealed that nearly 70% of community members always drive themselves and over 20% drive themselves most of the time. A very small percentage, less than 2%, drove themselves little to none of the time; however, almost 7% reported never driving themselves. 7 respondents, about 2%, used CARTS (public transportation) most or all of the time. Over 90% said they never use CARTS. Taxi use was also low, with 74% reporting they never or rarely used a taxi. 40% reported that family/friends never drove them; however, over 50% reported that family/friends drove them little or some of the time, reflecting some potential carpooling and combination of resources. 90% report that they are using other methods of transportation little to none of the time. There was no descriptor of what 'other methods' may be in the survey; this could have been interpreted as other land transportation, active transportation like walking/biking, or even flying.

While most residents reported driving themselves, over 20% of respondents said that they felt that their access to transportation limited their ability to get out and about as much as they'd like either some, most or all of the time. 47.8% of the respondents were very satisfied with their transportation options; however, the other half of the community is less than satisfied. Nearly 20% of the respondents reported they were either somewhat or very dissatisfied with their transportation options, suggesting that even though drivers may be driving themselves, they aren't necessarily happy about this option. Dependable vehicles, fuel, insurance and other expenses may impact the use of a private vehicle.

We believe that this reflects several aspects of central peninsula transportation.

Geographical Challenge: Communities Widespread

- Transportation is expensive: cost of fuel, repair, vehicle, insurance

- Public taxi & bus transportation has limited routes and is expensive
- Pick up locations for public transportation are limited in rural areas
- Distance between key communities is too great to walk or bike
- No escape route if big incident

Weather & Climate

- Rain, snowfall and ice make alternative transportation such as walk & bike paths difficult or unsafe to utilize

Sense of Independence

- A lack of connections with neighbors in the local community may make transportation sharing difficult to establish
- A desire to maintain independence and drive one's self may create more 'self-drivers' than other areas

What We Are Hearing

"I would like more attention [paid] to cycling for commuting. Often, the sidewalks are not plowed in the winter or remain extremely icy to walk/bicycle on."

"What public transportation?? Taxis are extremely expensive, CARTS is unreliable. It's ridiculous that we don't have affordable, reliable public transportation in our area. We need busses and routes from Sterling to Nikiski with stops on K-Beach and the Spur."

"Public transportation service from Ninilchik to Kenai/Soldotna for medical visits/shopping."

Lack of alternative options

- A lack of formal communication plans and a widespread communities make alternative options like carpooling plans, bike paths and other transportation and extra challenge

Results from the survey also raise questions about the use of current public transportation. Responses suggest that public transportation such as government subsidized CARTS and privately owned taxis are used much less than private options of transportation. What is the true cost associated with these services? How available are they to more rural areas; can routes be adjusted?

Wellness

Nearly 70% of respondents reported having very good or excellent health. Over 77% reported using medical, dental or vision resources in the last 12 months, demonstrating a correlating number of respondents who are receiving preventative or regular care and their view of self health. 71, over 18%, of those surveyed have used a mental health resource in the past 12 months. This number does not correlate with actual department numbers, suggesting a social stigma around using mental health resources. 40.5% had used specialty resources (OB, ortho, surgical, alternative medicine) in the last 12 months.

"I work with consumers that need public transportation. Dependable, affordable and reliable transportation would provide them greater opportunities for independence in their work and personal life."

While about 80% of those surveyed report that their health keeps them from engaging in activities little to none of the time, nearly 20% of respondents reported that their health did keep them from activities with family, friends or attending community events. When asked to elaborate on why their health was a barrier to activities, 12.77% reported having no insurance, 9.49% reported their health concern wasn't important, and 5.84% reported that care wasn't available. 5.11% noted that no transportation kept them from receiving care.

41.27% were somewhat satisfied with their health care resources. 30.63% were very satisfied. Nearly 18% were somewhat or very dissatisfied, leaving room for improvement of health care resources. With nearly 20% of respondents being dissatisfied with their transportation options, we feel that there is a strong correlation between reliable transportation and health care. Community members may be missing appointments due to a lack of transportation. Delayed care or increased unnecessary ER visits due to an inability to receive services for minor illness drives up costs for government.

Our community health care concerns

Medical Care

- Increased unnecessary ER visits due to inability to receive services for minor illnesses drives up costs to government and limits medical resources to others
- 20% of respondents did not have a routine annual exam; some may feel their health is fine while others may be skipping the exam to save money, due to lack of insurance, or lack of time or transportation.
- High cost and transportation challenges for specialty care in Anchorage.

Psychiatric Care

- 18% of respondents reported utilizing mental health services in the past 12 months. This percentage is below prevalence rates. Is this rate due to stigma of using mental health resources? Access to care?
- In the local area, wait time up to 6 months to see a psychiatrist places additional stresses on families.
- Limited overnight or extended stay facilities create a transportation and economic hardship if patients must travel to Anchorage.

Addiction

- Economic instability, transportation and identity challenges can lead to increased substance abuse.
- Youth addiction rises as parents are less involved in home life. Over 60% of respondents, both male and female, report working full-time which may impact childcare and time at home.

Suicide

- Suicide rates are impacted by social, economic and community factors. Lack of transportation, funds or unaware of social activities can lead to community isolation.

This survey's questions were designed to develop an overall picture of the current medical use trends on the Central Kenai Peninsula. Many of the responses received demonstrate a relationship between medical care and resources and other community benchmarks of transportation, economics and identity. It appears that the public is more

likely to use specialty medical services than mental health resources. This demonstrates a failure to integrate mental health into whole health care.

This survey did not ask about health insurance or ability to pay for care; however, we feel that aspect may impact the results and should be researched. With 20% not having routine checkups, they risk future problems or unnecessary emergency department care. Learning more about the reasons behind lack of routine care could reduce care costs overall.

Identity

Identity considers the personal views of individuals, their interests and their interactions with their family, friends, coworkers and overall community.

- Over 50% of those surveyed said that they rarely or never chatted with their neighbors.
- Over 60% said that they chatted with family or friends daily.
- Over 72% use social media daily to connect with family and friends.

Results from the survey support a growing concern about a lack of connection with neighbors in a community that people live in. Technology and social sites have directly impacted the frequency of face-to-face interactions; however, in some ways they have made connectivity with long-distance friends and relatives much more efficient. A concern with independence is that limited activity with the direct community may reduce resources for help and support when they are needed. While over 80% of those surveyed were somewhat or very satisfied with their level of contact and involvement with family or friends, the number of those who are somewhat or very satisfied with their level of community involvement drops significantly to 67%.

While 28% reported that they didn't feel loneliness or social isolation, the following are the top 3 actions taken to reduce loneliness or social isolation:

1. 18% made attempts to reconnect with family, friends, and/or colleagues
2. 17% 'none' – no actions were taken to reduce this feeling
3. 13% increased attendance at groups or activities they'd previously been involved with

When asked why they had NOT been involved with any community groups over the past 12 months, the top three replies were:

1. 34% not applicable (suggesting they had been involved)
2. 22% Full-time career or lack of time
3. 13% no groups in the area that I know of

Identity in Alaska 2015

Virtual Communication

- Technology and social sites may impact face-to-face interaction. While this may increase general communication with a broader range of individuals, it may at the same time limit the amount of human contact.
- A lack of human contact means a lack of connections with neighbors in the community people live. Seeking assistance is difficult when surrounded by strangers.

Generation Gap

- Younger generations no longer utilize Elks, Lions, or Moose Lodge for socialization. A lack of a central meeting location has greatly reduced face-to-face contact and the spreading of community ideals, ideas and activities.

Independence

- Limited activity with community can reduce resources or help and support when they are needed.

Jobs & Technology

- Employees may not be trained in current technology and thus not employable. On this survey, 5 respondents, or 1.3% reported being underemployed or unemployed due to level of education. This suggests that in our area, technology may not be causing employment issues; however, it may still cause a loss of productivity while companies pay to retrain employees.

This survey's open-ended comments noted things like 'boredom for all ages.' This brings forth many questions regarding quality childcare, family events, activity and

sports groups and community news. Do families have the support they need to keep children and parents safe, engaged and involved in the community? How do we provide events that build community and allow those working full-time to participate? How can we spread word of different events throughout the area? What events or activities are missing here?

Economics

61% of those surveyed were employed full-time. This corresponds with the email responses from employees and pattern groups who had received the survey link. Our economic response looked greater at the number of part-time and unemployed, looking for work, respondents. Of these 27%, 14% said they were unemployed or underemployed due to a lack of available jobs. 3.5% noted a transportation challenge and 1.3% noted level of education. 9.2% of respondents noted not having enough to pay for some or most basic needs.

When asked how satisfied they were with their financial status, over 60% said somewhat or very satisfied. This correlates directly with the 61% that are employed full-time.

Local economics & forecast

Decreasing local and state revenue

- Dependency on state revenue, social and education programs can lead to the most vulnerable population being affected by decreasing revenue.
- The community can seem less desirable to live in
- Economic instability leads to increased stress, a precursor to domestic violence and potential substance abuse.

Local economy

- Unstable fishing industry can suffer revenue falls both in charter fishing and commercial fishing due to changes in fish runs, loss of riverbank habitat, or other issues that may cause government agencies to close or limit fishing.
- Tourism can be dependent on many factors including national gas prices and overall economy.

Increased cost of living

- Two incomes needed to raise a family impacts quality of life for both parents and children; parents are less involved in school and sports. This can lead to increased substance abuse for youth. It can also lead to increased drug-related crime.
- Additional work means less time for other activities and community outreach.
- Increased gas prices affect fixed income community members.

Conclusion

The overall consensus of the 2015 Community Connectivity survey is a diversity of situations with some common themes. For a portion of residents that are employed full-time, transportation and health care needs seem to be met. However, for a significant portion of the community, there are key issues that need to be further investigated and addressed. These themes are

1. A lack of transportation options that may impact jobs, health care and connectivity with the rest of the community;
2. A lack of healthcare due to no insurance, transportation challenges, and/or lack of available needed care;
3. A lack of personal face-to-face connectivity may decrease transportation options, healthcare assistance, other types of assistance and may increase feelings of loneliness and isolation.

A concern about boredom and the reflected responses of not knowing about activities may correlate with connectivity. It is clear that while some members of the community are thriving there is a population of individuals suffering. Without intervention and community planning this number may rise.

This study has provided a representation of the area's current view of key community connectivity points. In order to understand the deeper facets of these areas, further research is necessary. Ideas on developing a deeper understanding of the community's needs are outlined in next steps.

Next Steps

Recommendations

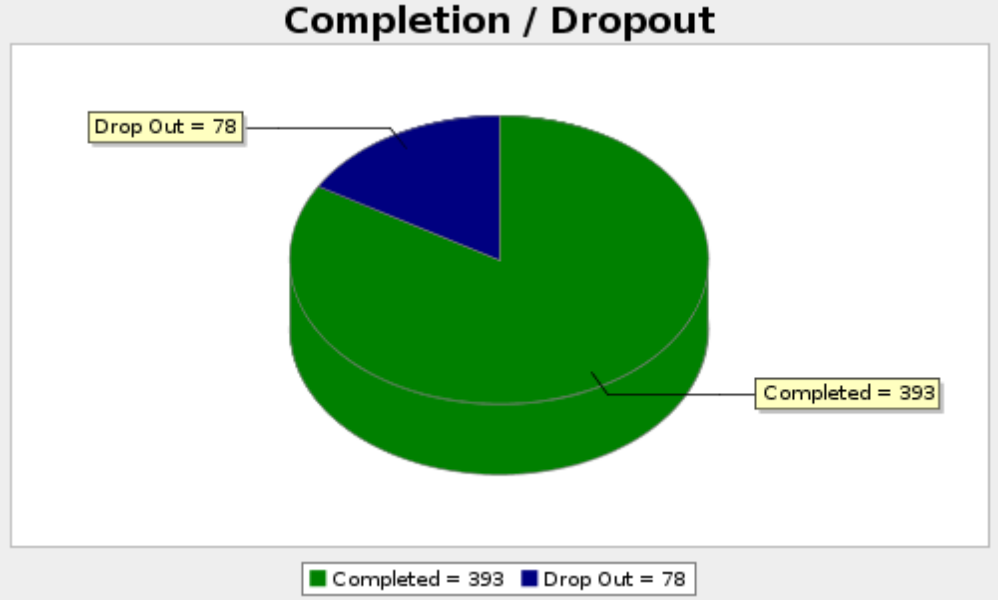
- *Surveys.* We are interested in learning more details about specific areas of connectivity so that we can create services and events that meet the interests and needs of several diverse areas of the population. Our plan is to survey the community with shorter surveys that dive deeper into these areas identified through this survey.
- *Round Table Discussions.* We look forward to gathering community members to discuss among themselves what they feel the problem areas and potential solutions to some of these issues. This is a strong way to gather information and build community.
- *Community Leaders.* Working with community leaders will enable us to reach various groups of the population, learn more about specific needs, and spread the ideals of a connected community.

Current Work

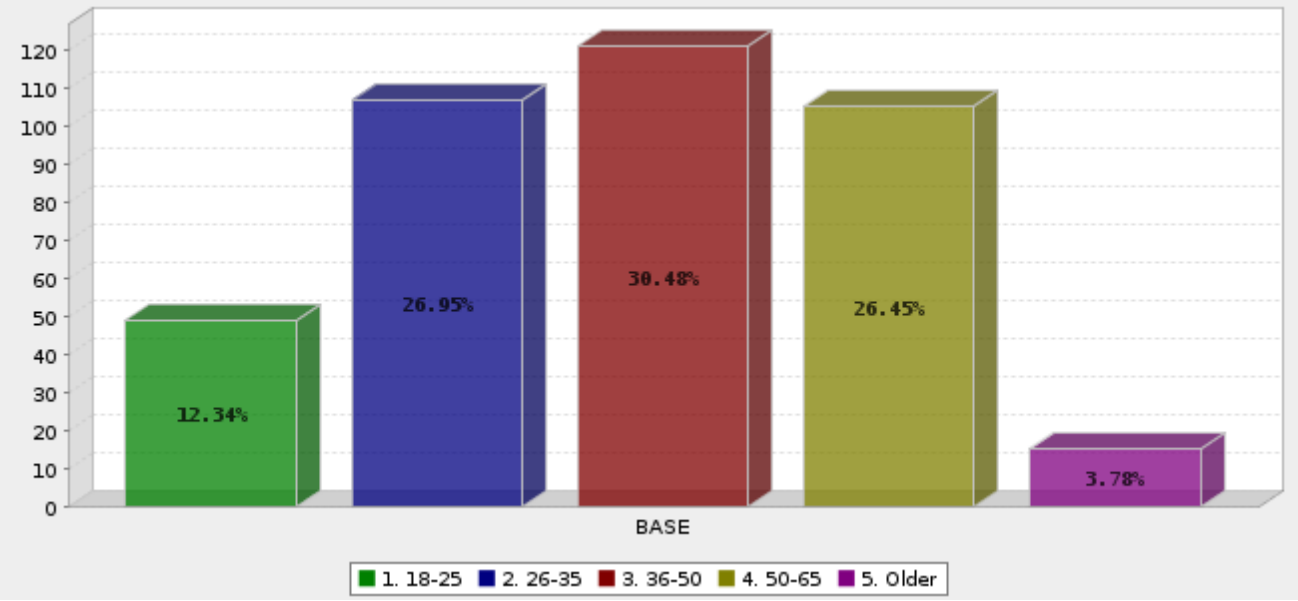
The results of this survey helped convey that the majority of our population is actively online through social media. We are currently working on developing our webpage about Change 4 the Kenai to spread our message of community connectivity and education about community issues. We have begun a website and marketing campaign called 'kenaievents.com' that is a free community calendar. The goal is to gather community events and activities in one easy to find calendar and directory. Our Facebook page continues to increase in popularity. We will work as a group to begin providing a weekly blog that focuses on these aspects of community and highlights research-based ideas and local issues.

The connectivity survey has engaged many members of the community to our coalition goals. We look forward to building upon this feedback. Complete survey results are available from Change 4 the Kenai.

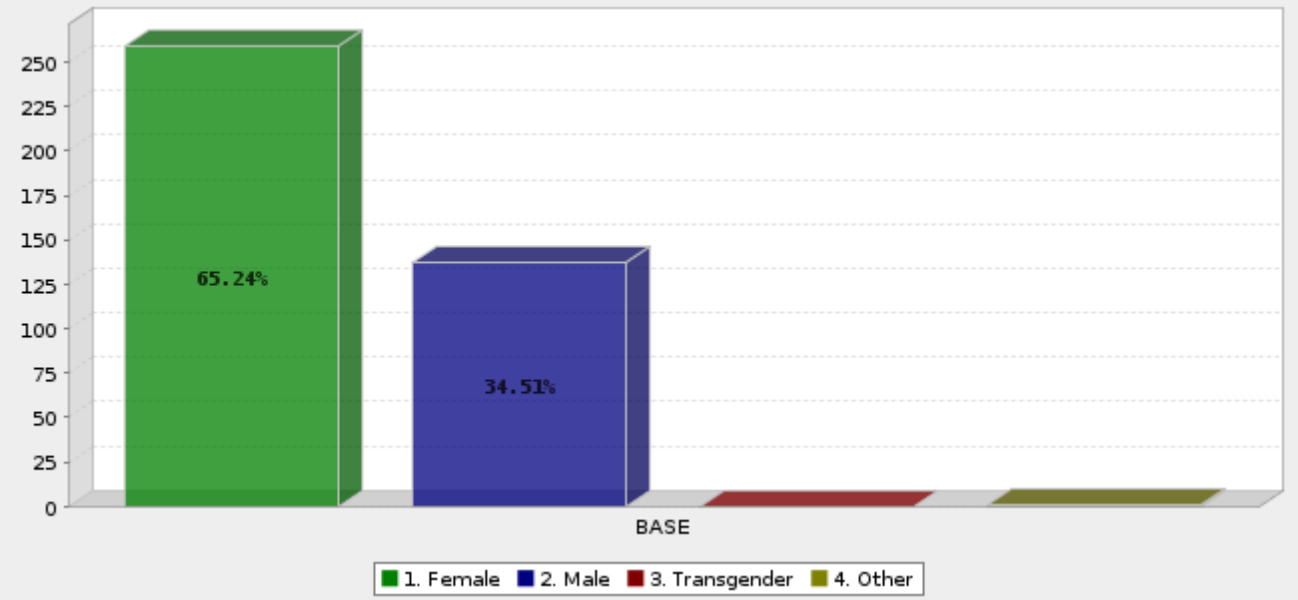
SURVEY DATA OVERVIEW: QUESTIONS & ANSWERS



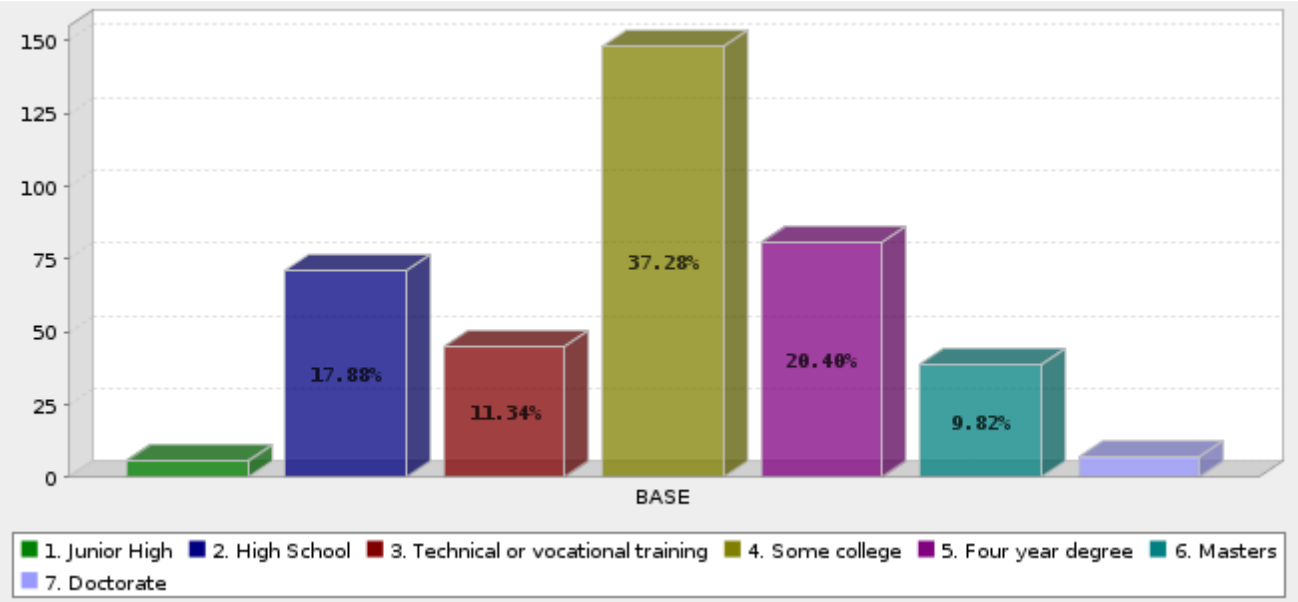
IN WHAT AGE BRACKET ARE YOU?



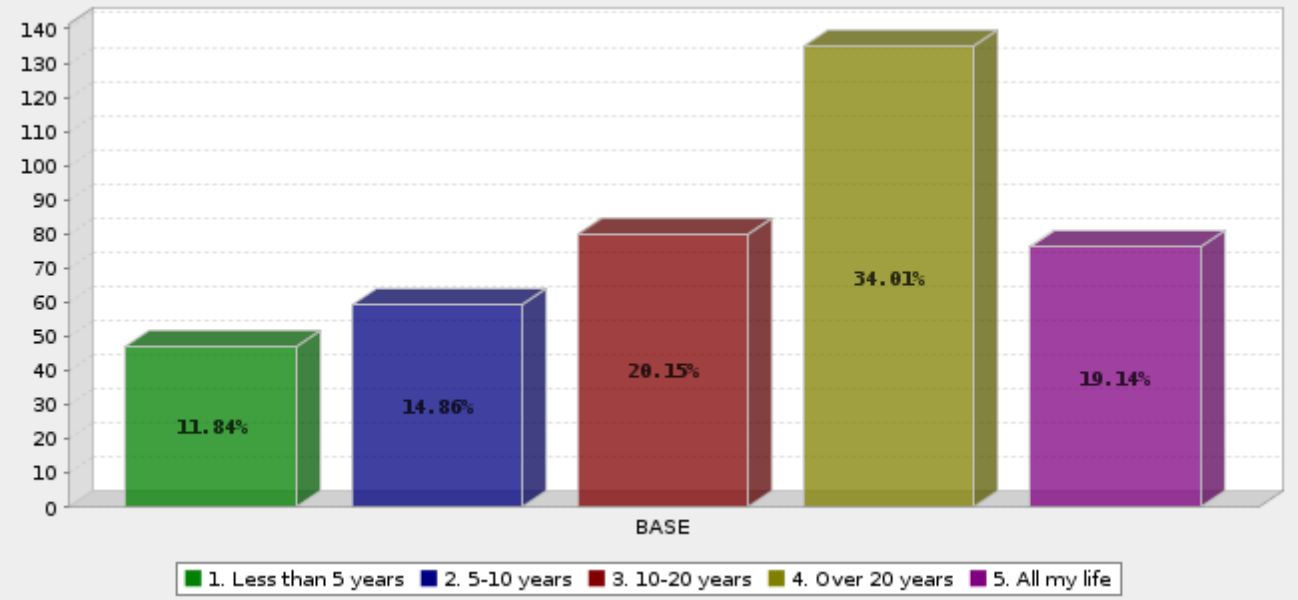
WHICH GENDER DO YOU IDENTIFY WITH?



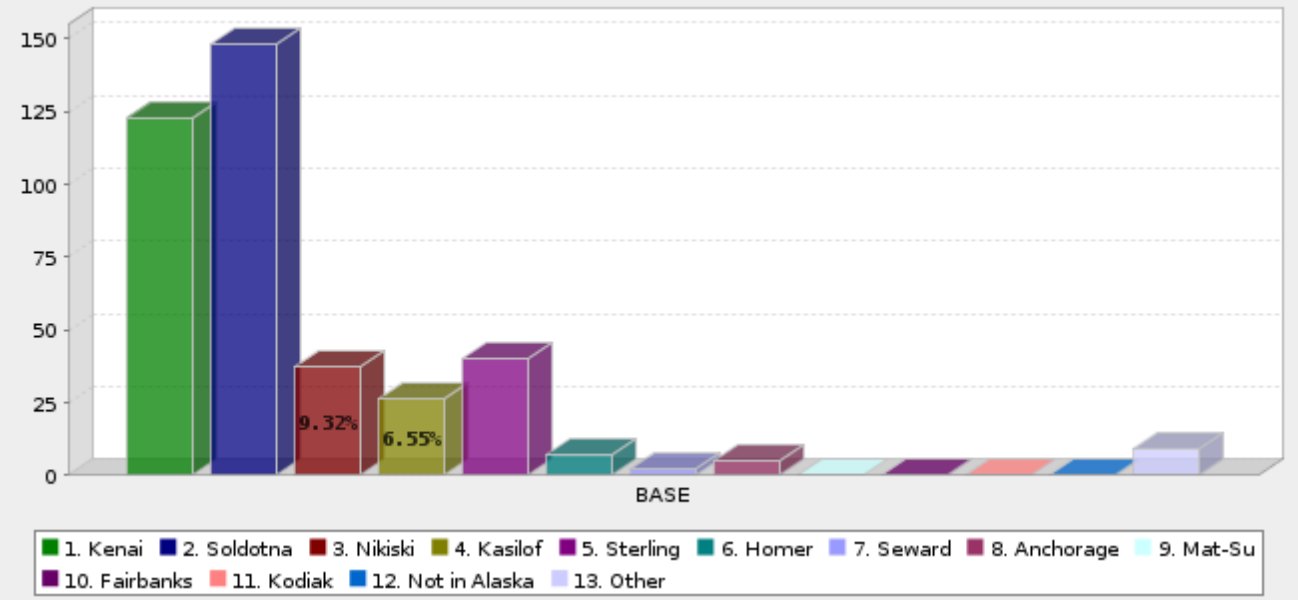
HOW MANY YEARS OF EDUCATION HAVE YOU COMPLETED?



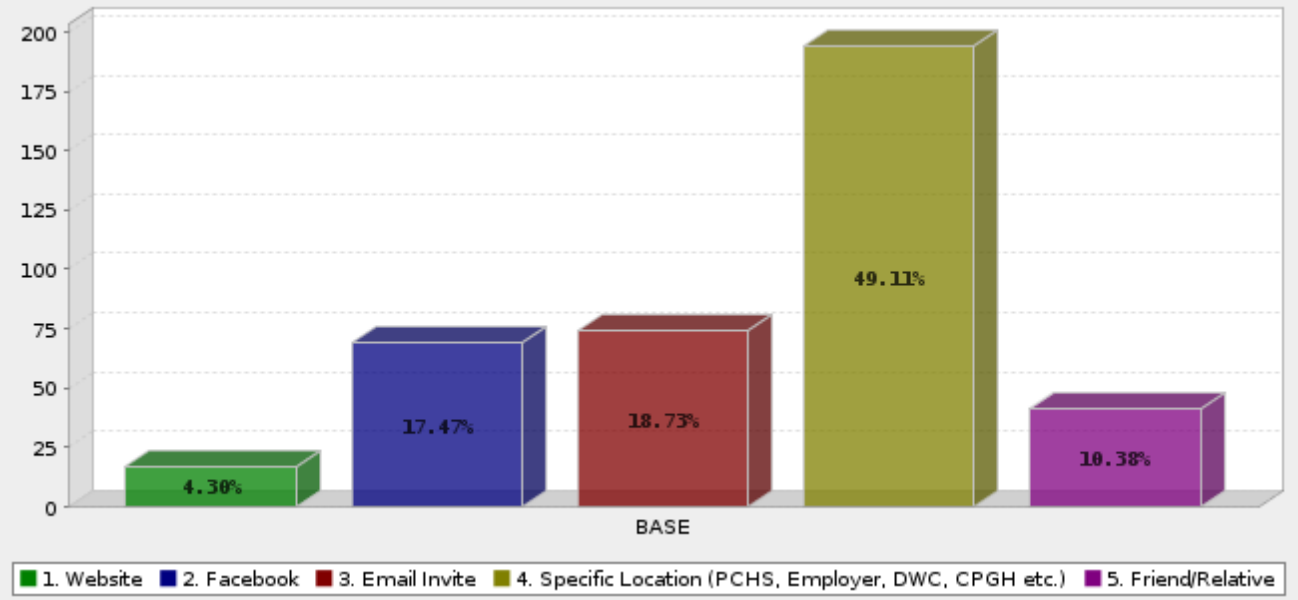
HOW LONG HAVE YOU LIVED IN ALASKA?



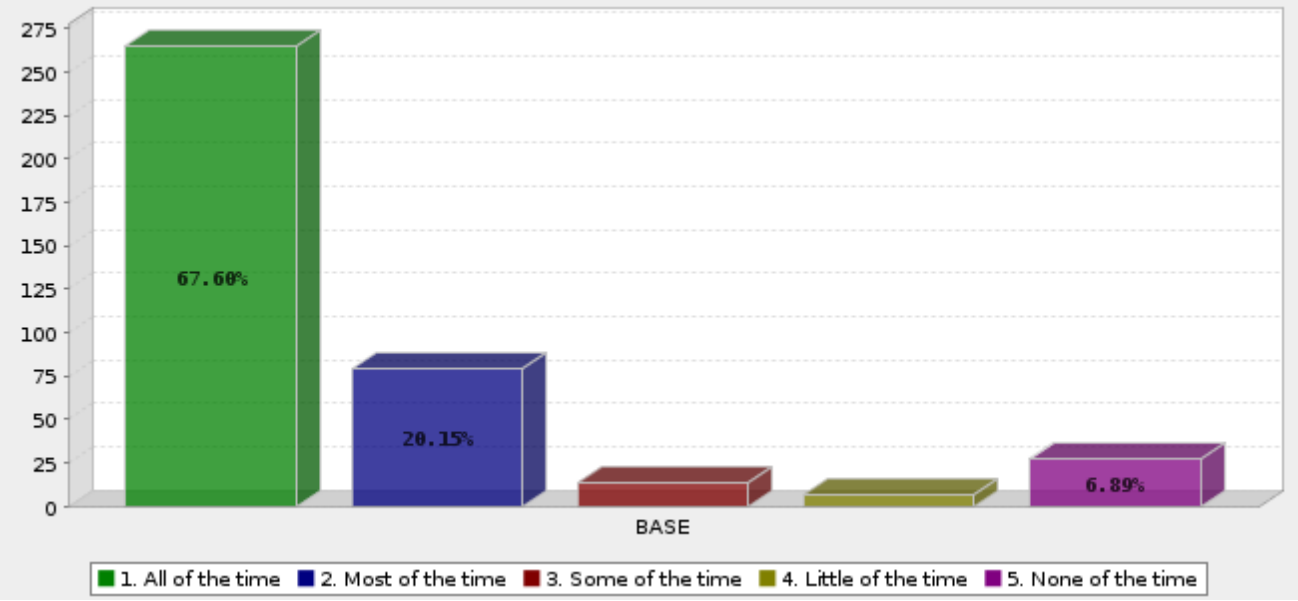
WHERE DO YOU LIVE?



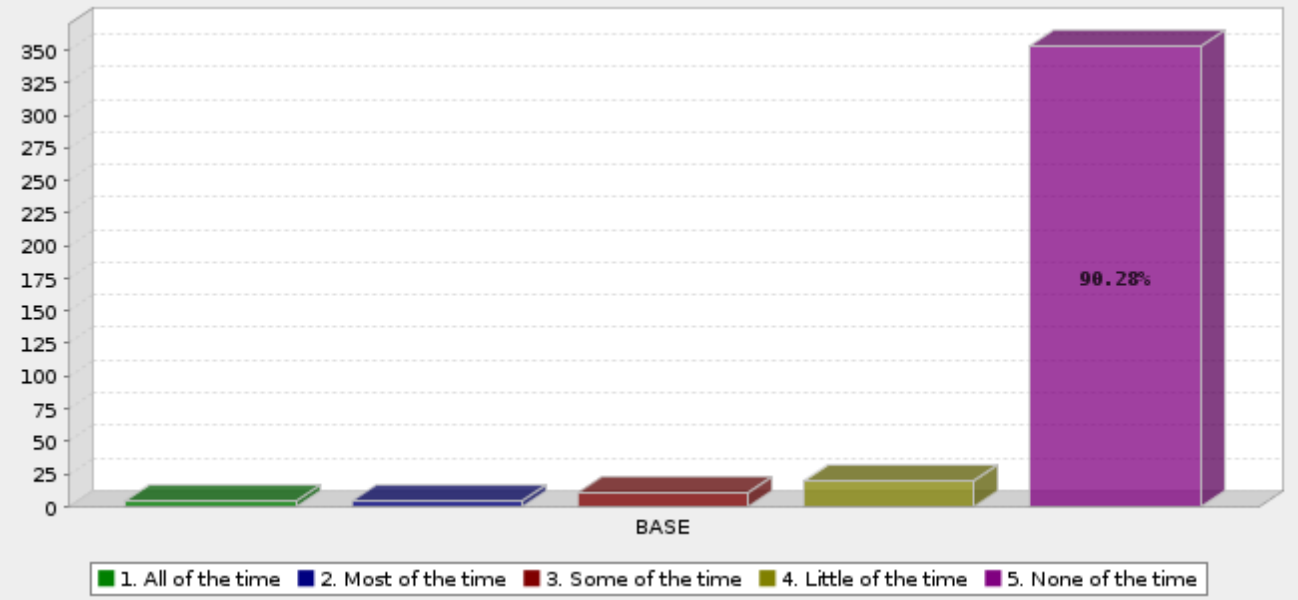
WHAT LED YOU TO THIS SURVEY?



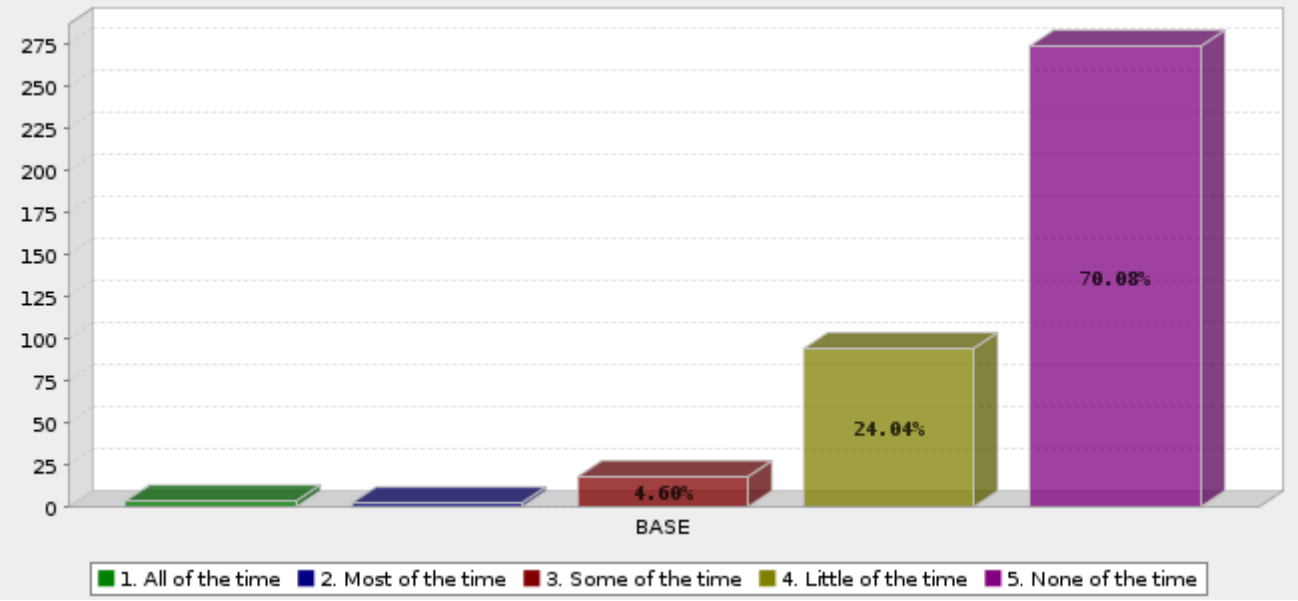
HOW FREQUENTLY DO YOU DRIVE YOURSELF?



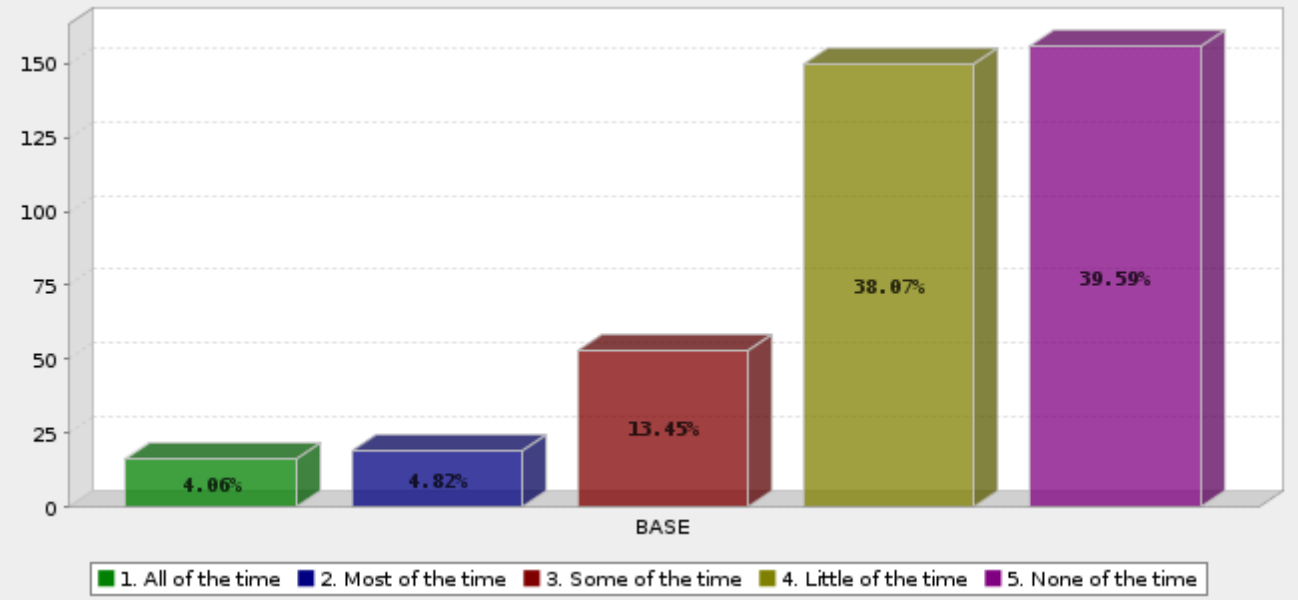
HOW FREQUENTLY DO YOU USE CARTS?



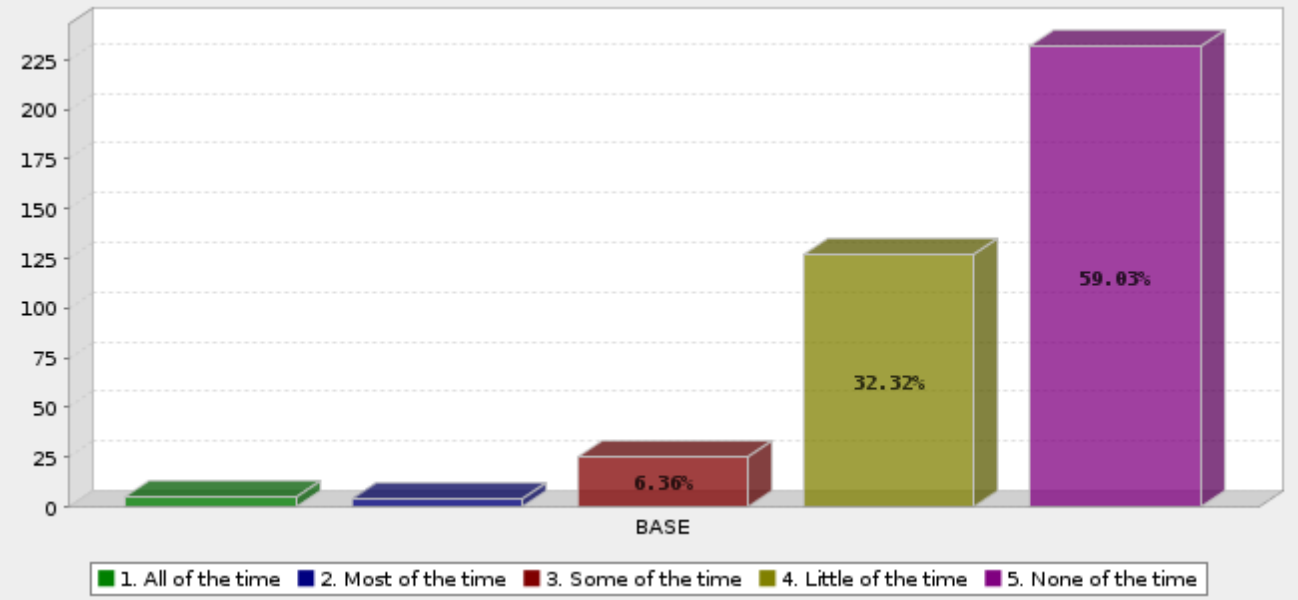
HOW FREQUENTLY DO YOU USE TAXIS?



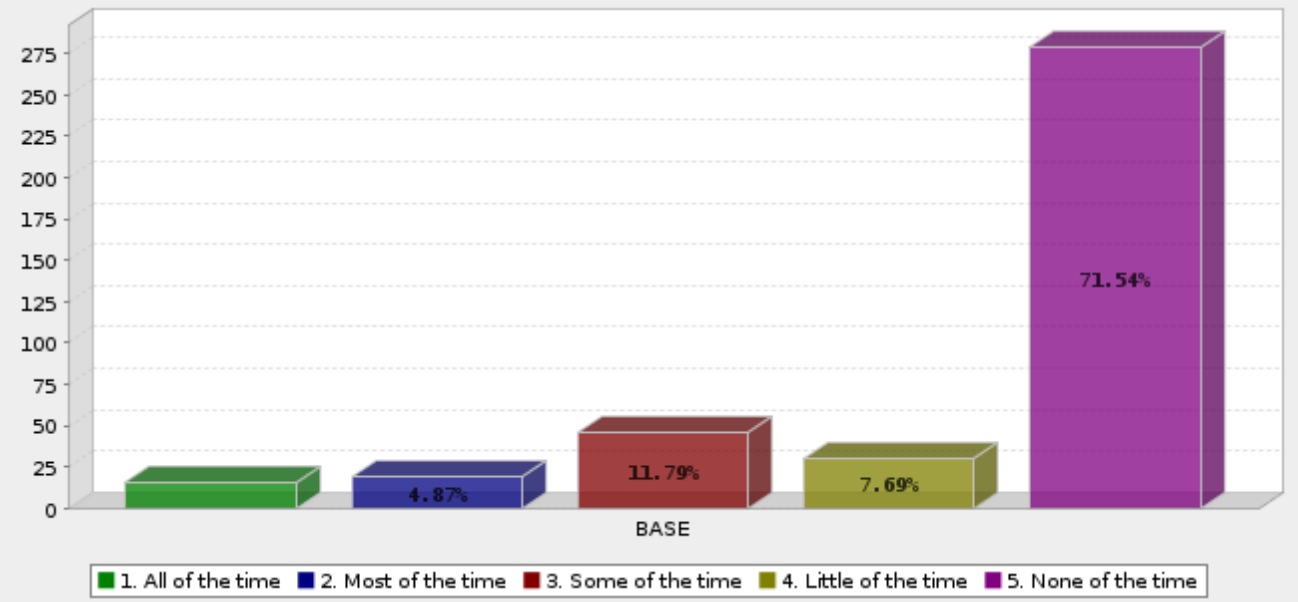
HOW FREQUENTLY DO FAMILY/FRIENDS DRIVE YOU?



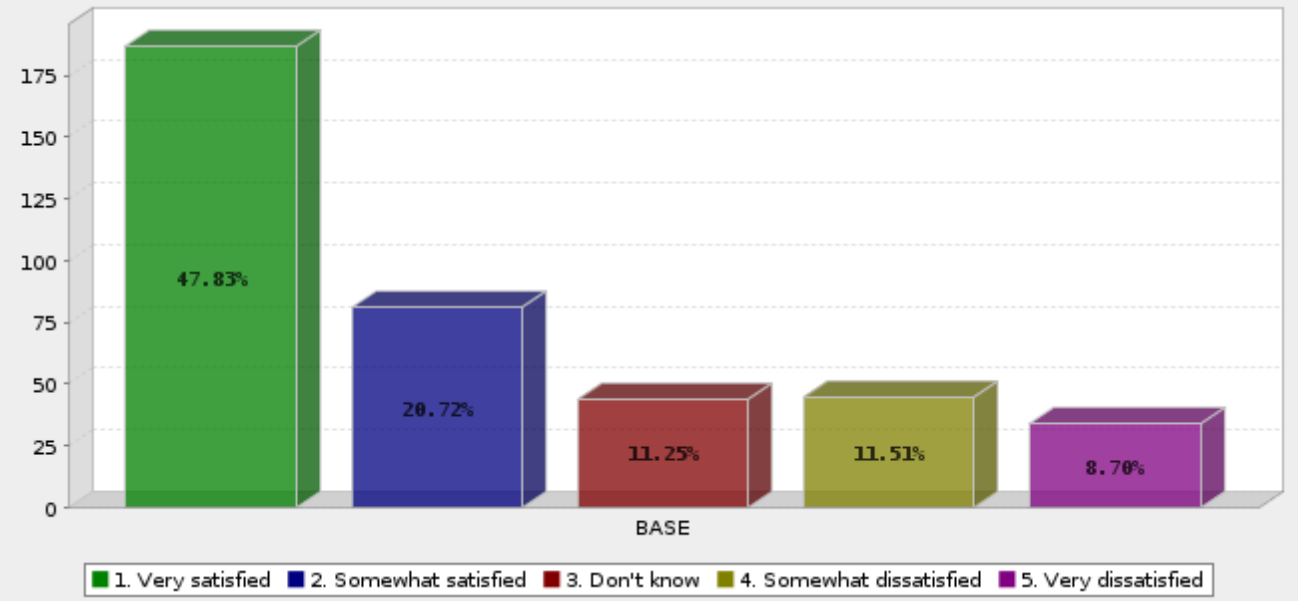
HOW FREQUENTLY DO YOU USE OTHER METHODS OF TRANSPORTATION?



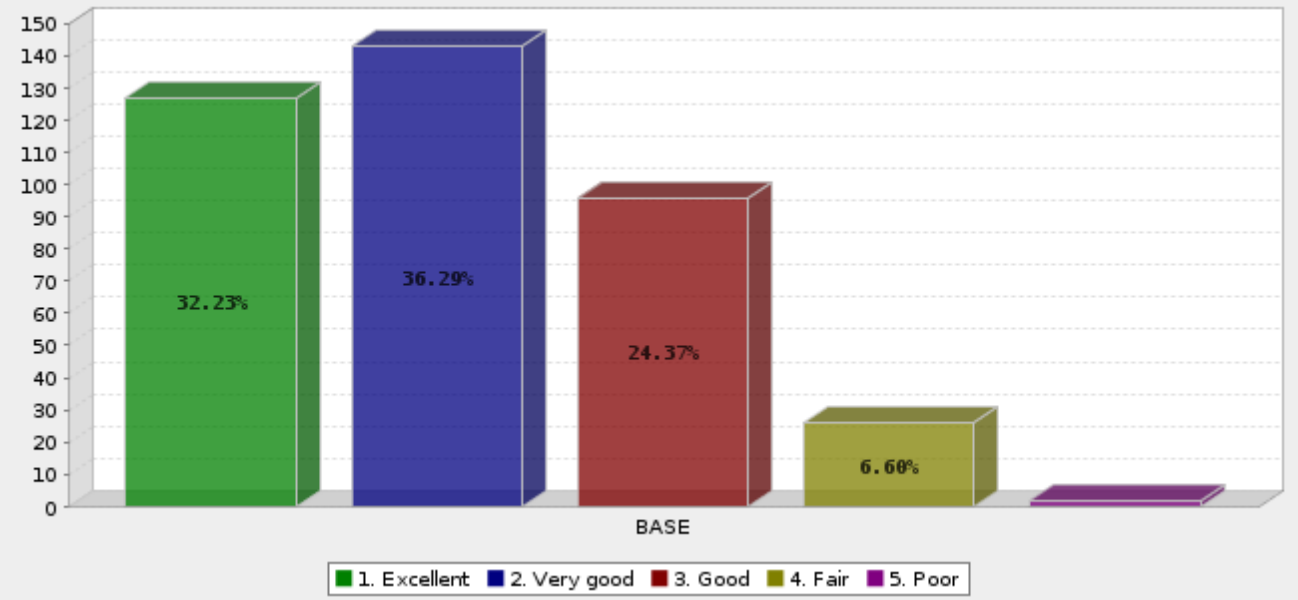
DO YOU FEEL YOUR ACCESS TO TRANSPORTATION LIMITS YOUR ABILITY TO GET OUT AND ABOUT AS MUCH AS YOU'D LIKE TO?



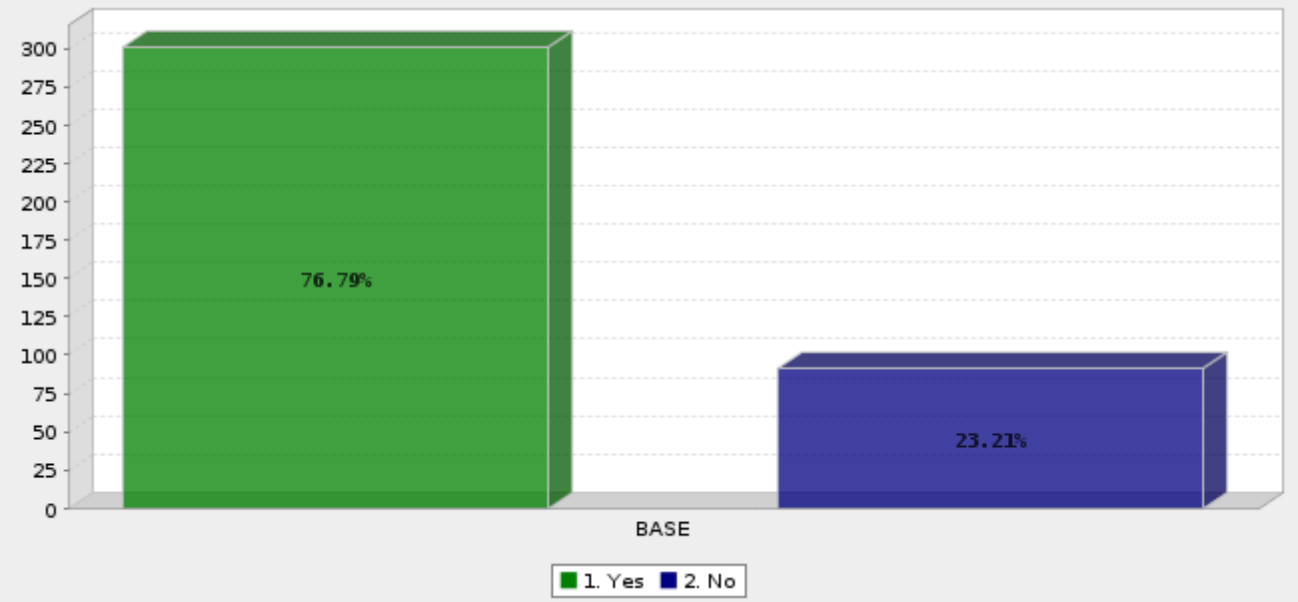
HOW SATISFIED ARE YOU WITH YOUR TRANSPORTATION OPTIONS?



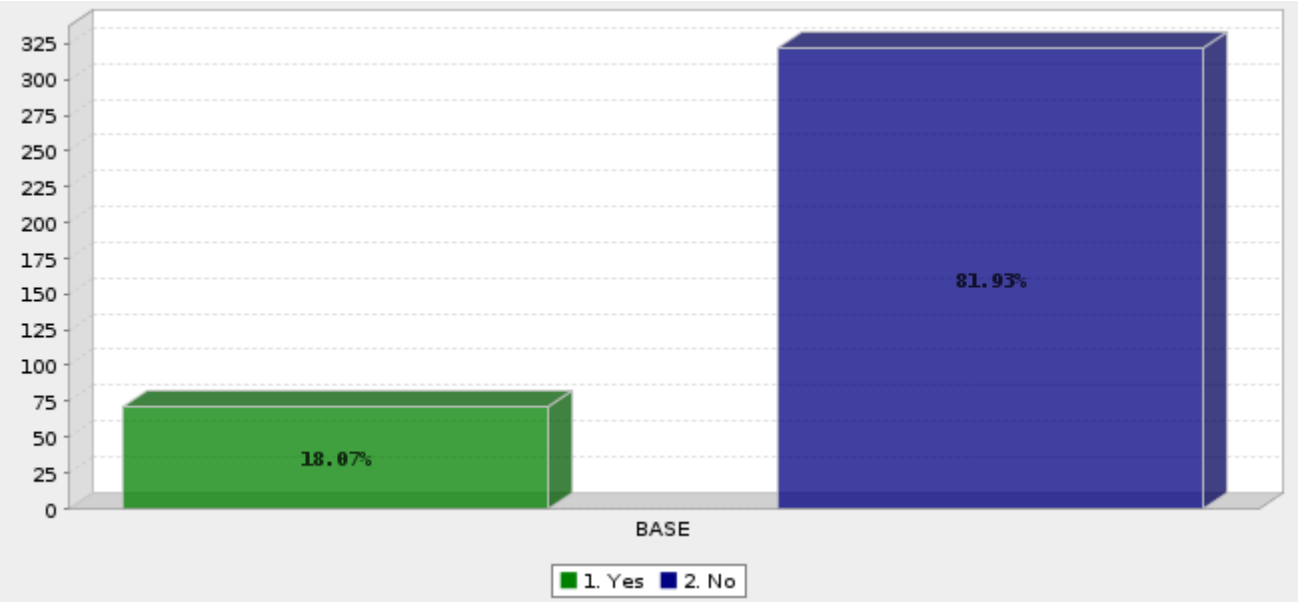
IN GENERAL, HOW IS YOUR HEALTH?



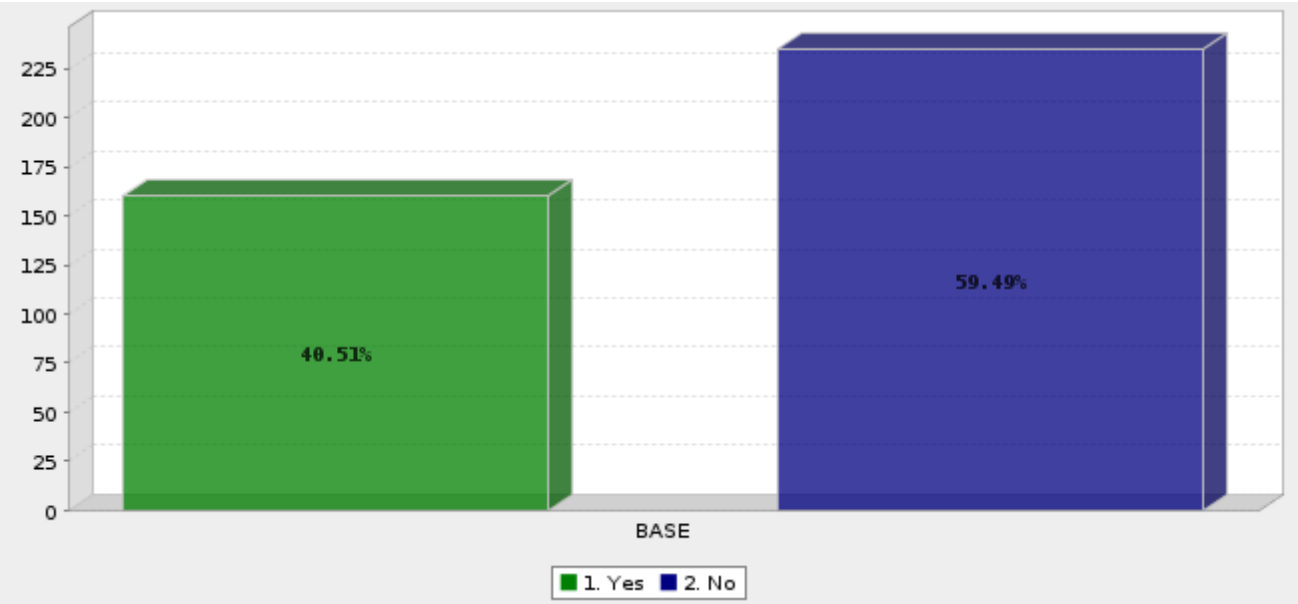
DID YOU USE MEDICAL, DENTAL OR VISION RESOURCES IN THE LAST 12 MONTHS?



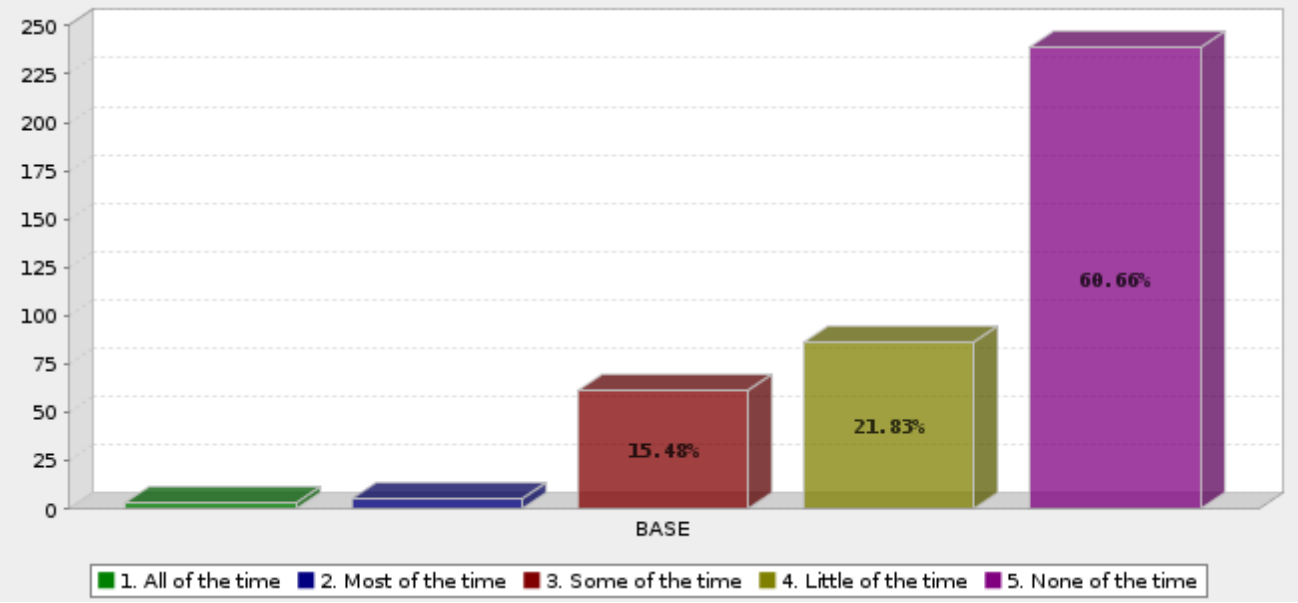
DID YOU USE MENTAL HEALTH RESOURCES IN THE LAST 12 MONTHS?



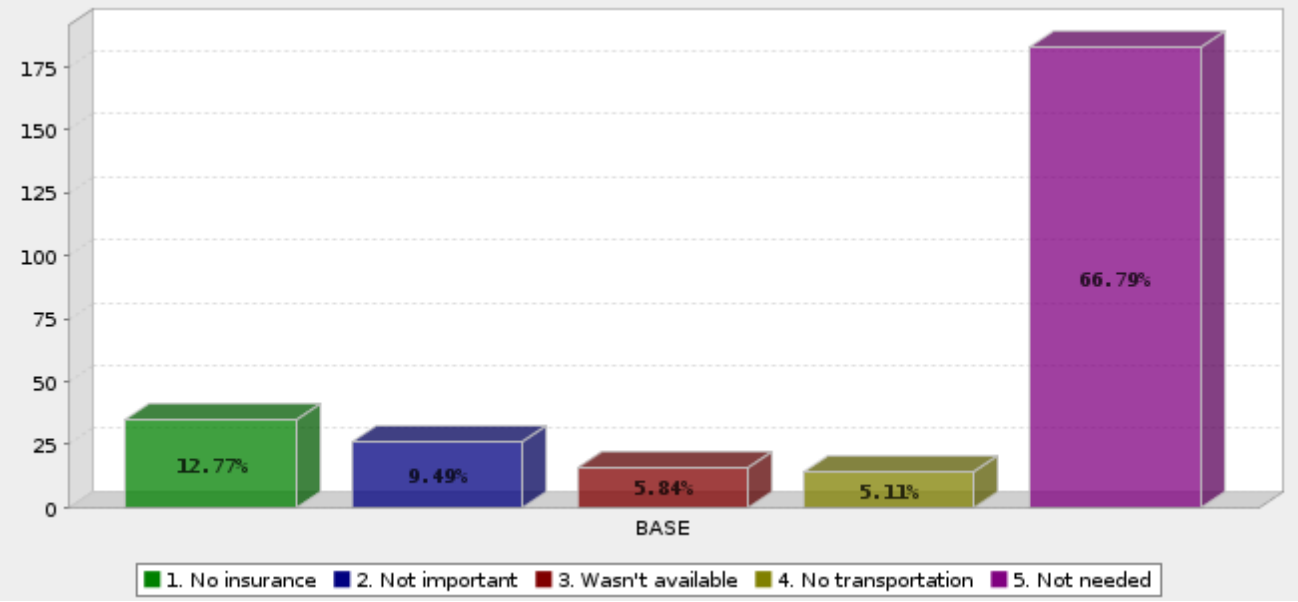
DID YOU USE SPECIALTY RESOURCES IN THE LAST 12 MONTHS? (SUCH AS OB, ORTHO, SURGICAL, ALTERNATIVE MEDICINE ETC.)



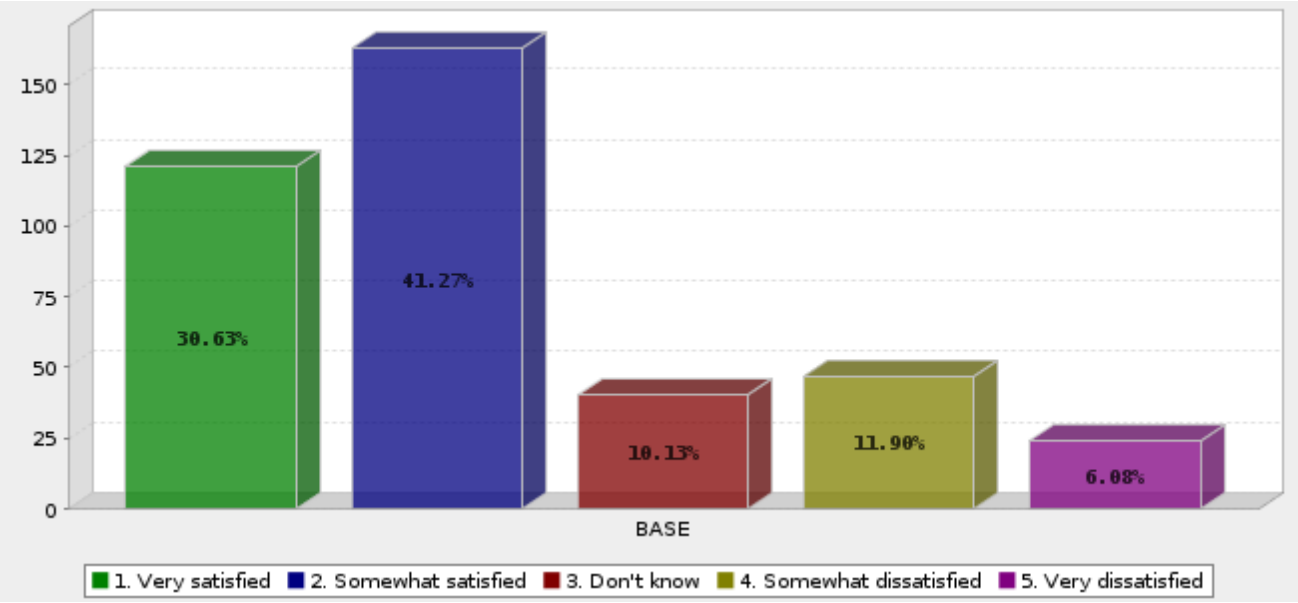
DOES YOUR HEALTH KEEP YOU FROM ENGAGING IN ACTIVITIES WITH FAMILY AND FRIENDS OR ATTENDING COMMUNITY EVENTS?



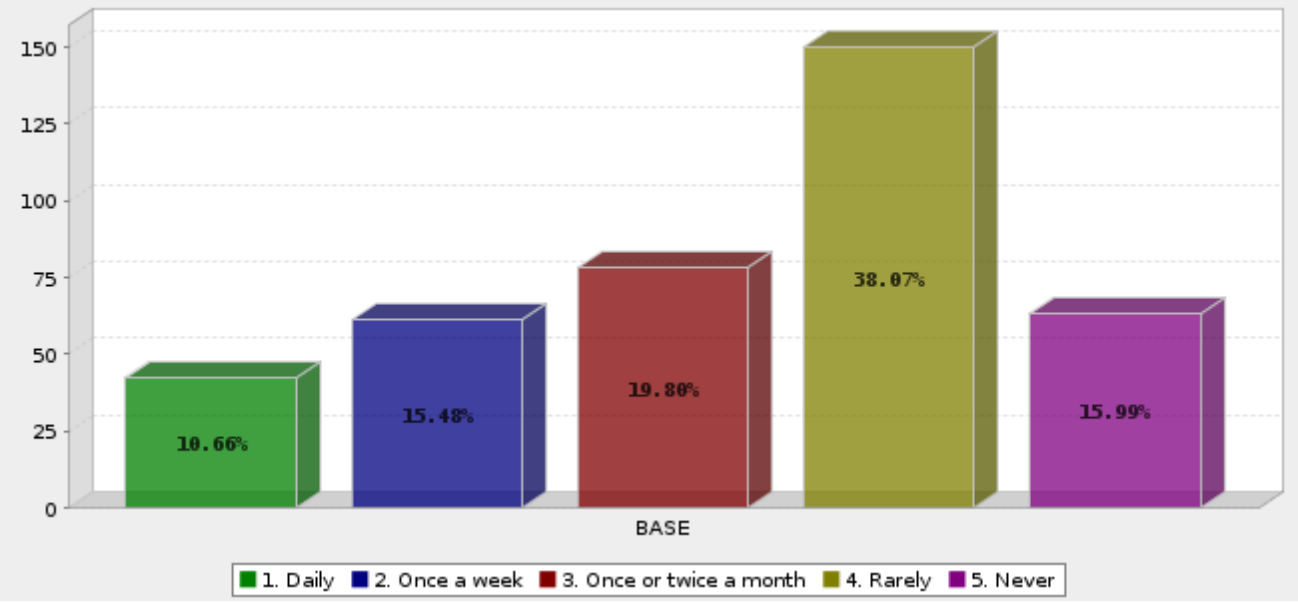
IF NONE, WHY NOT?



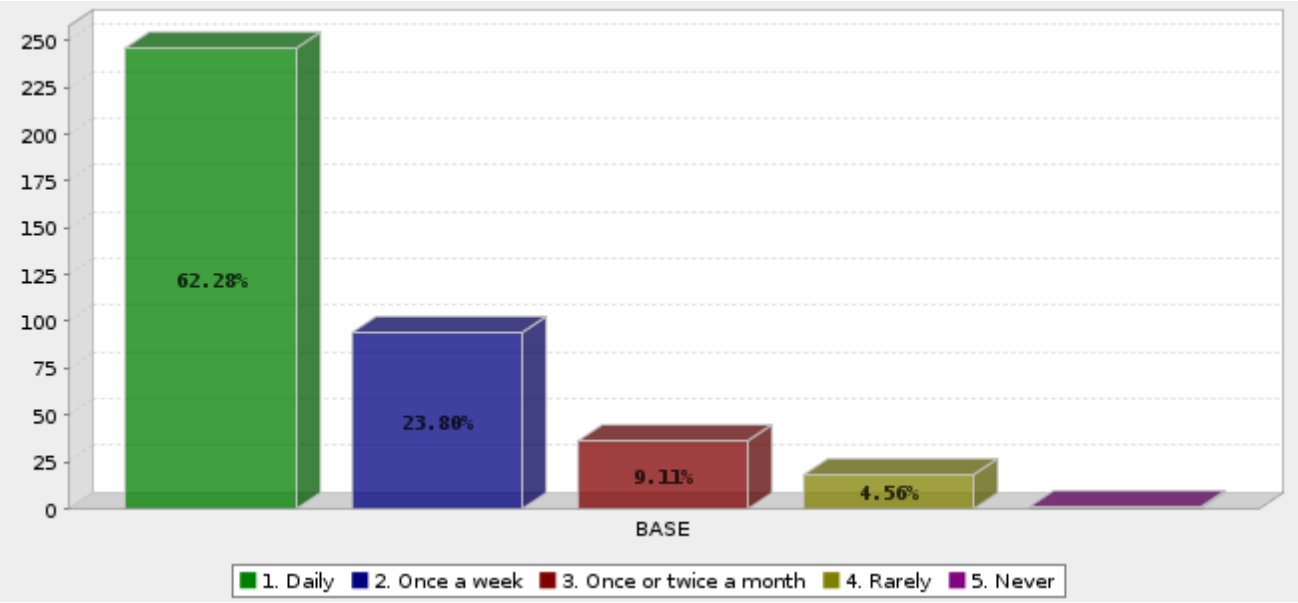
HOW SATISFIED ARE YOU WITH YOUR HEALTH CARE RESOURCES?



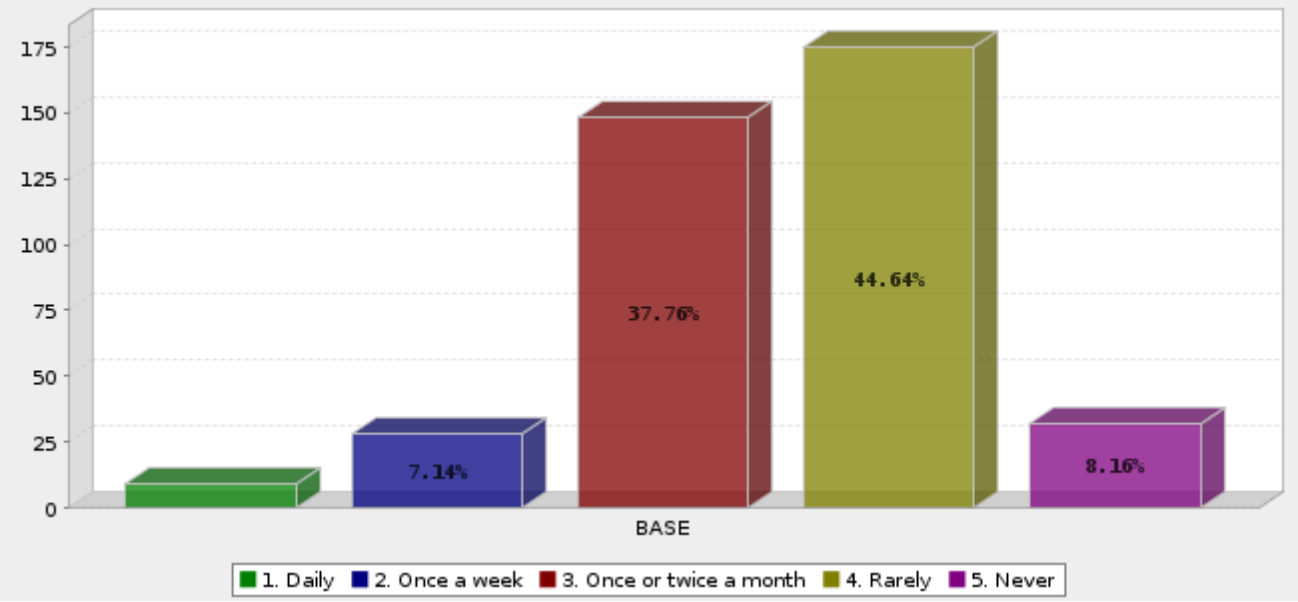
HOW OFTEN DO YOU GET TOGETHER WITH OR CHAT WITH YOUR NEIGHBORS?



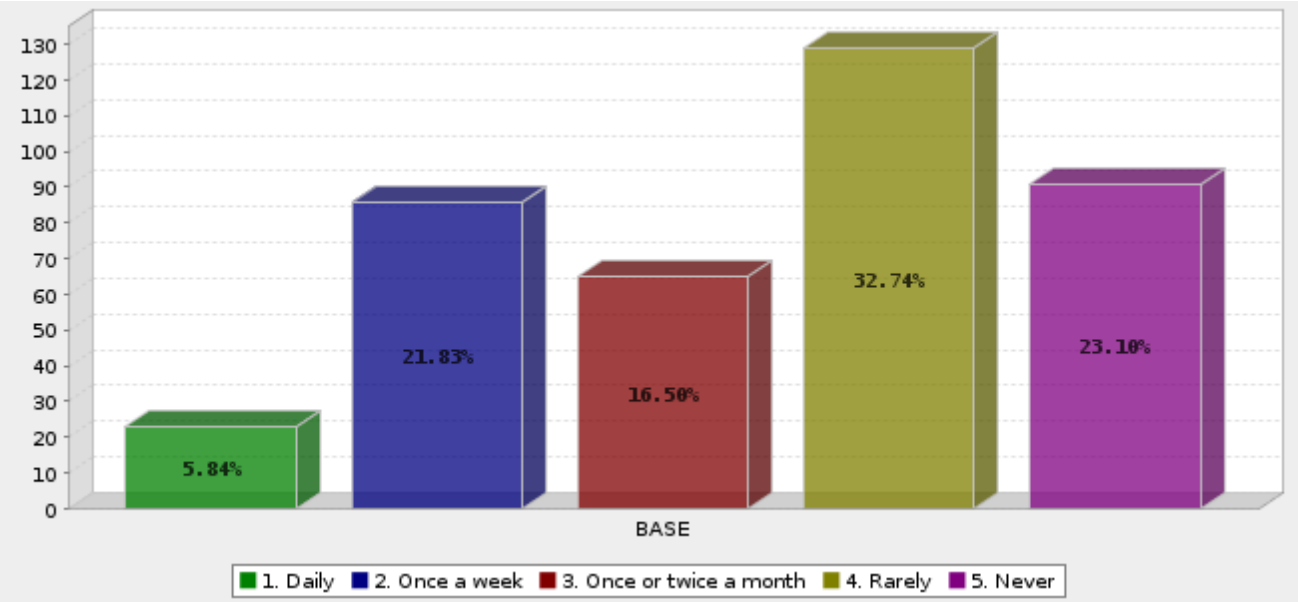
HOW OFTEN DO YOU GET TOGETHER WITH OR CHAT WITH YOUR FAMILY AND/OR FRIENDS?



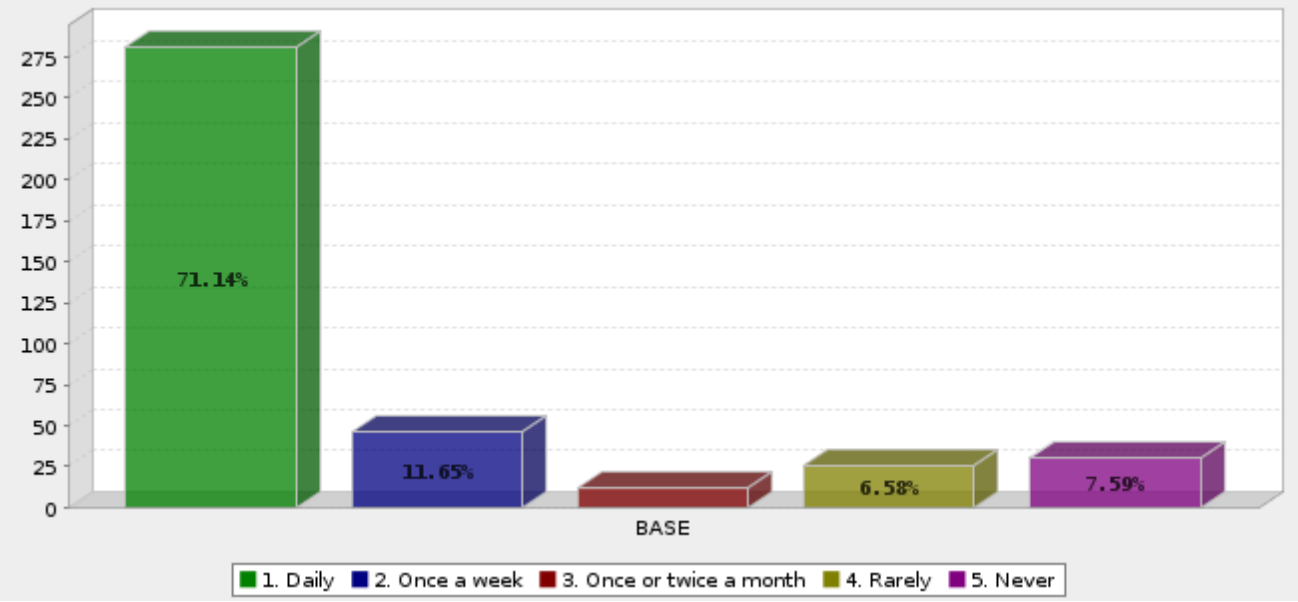
HOW OFTEN DO YOU GO TO THE CINEMA, THEATER, SPORTING EVENT, OR A CONCERT?



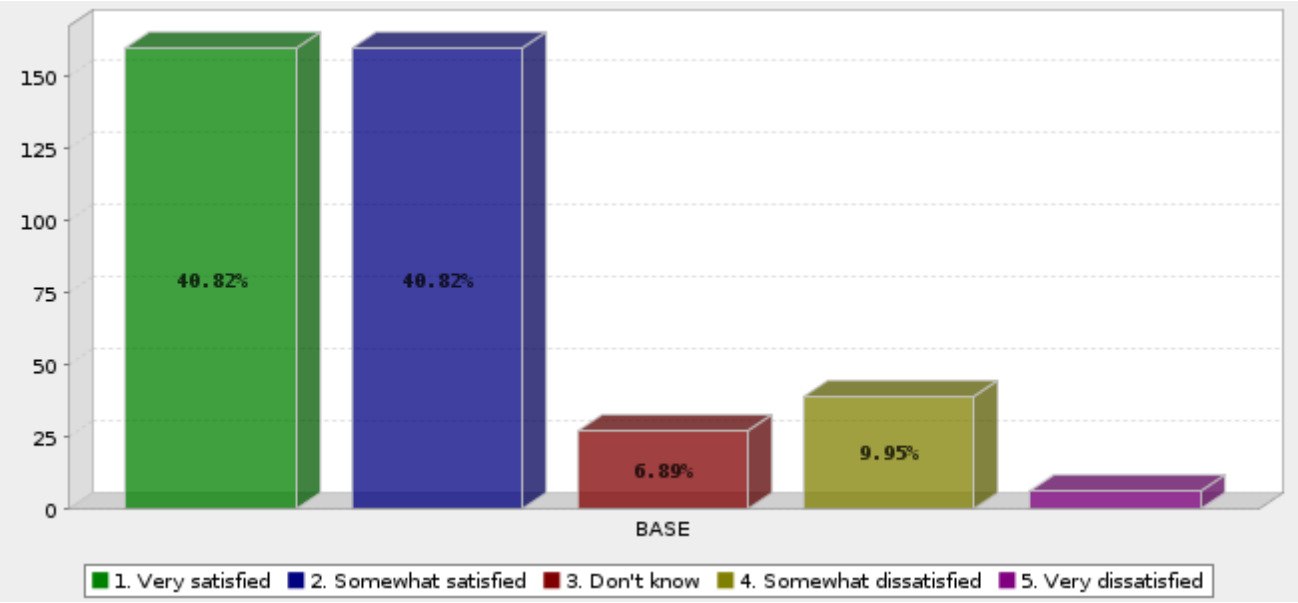
HOW OFTEN DO YOU ATTEND SCHOOL RELATED, CHURCH OR CHURCH RELATED EVENTS?



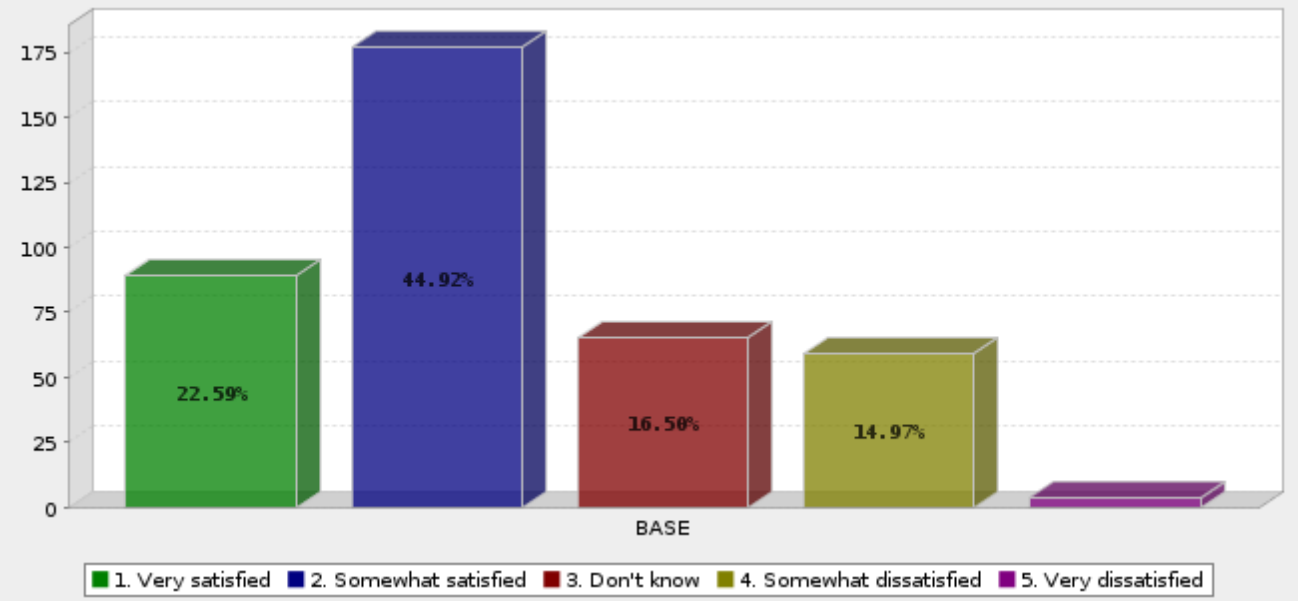
HOW OFTEN DO YOU USE SOCIAL MEDIA (FACEBOOK, SKYPE, TWITTER, ETC.) TO CONNECT WITH FAMILY AND/OR FRIENDS?



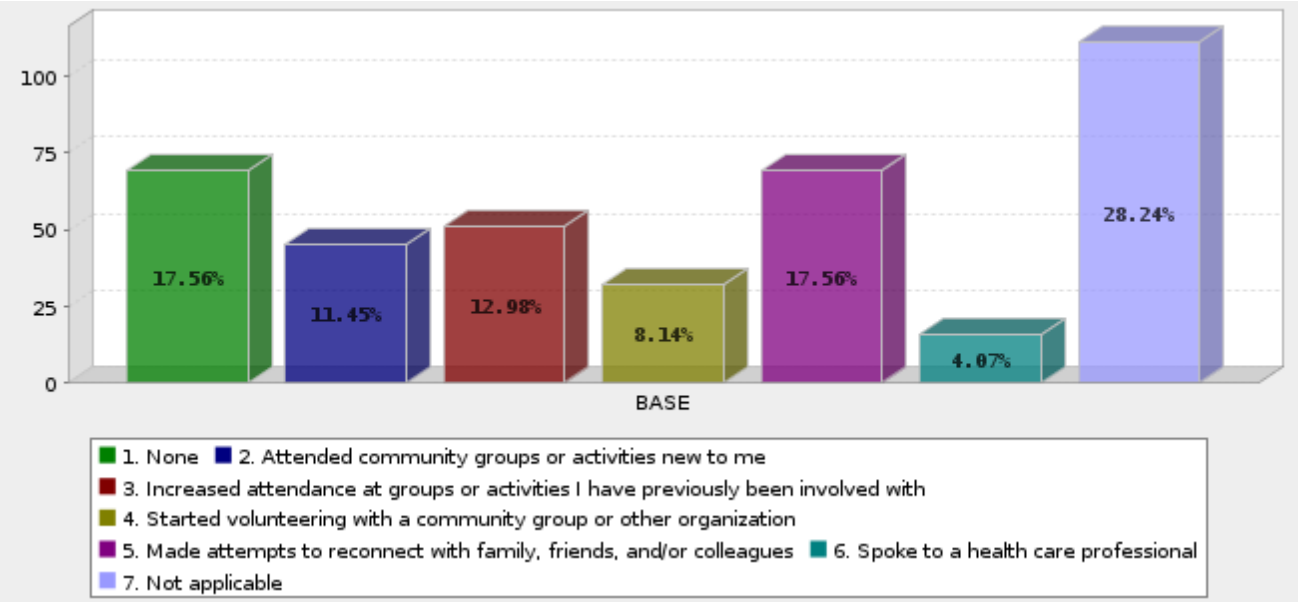
HOW SATISFIED ARE YOU WITH YOUR LEVEL OF CONTACT AND INVOLVEMENT WITH FAMILY AND/OR FRIENDS?



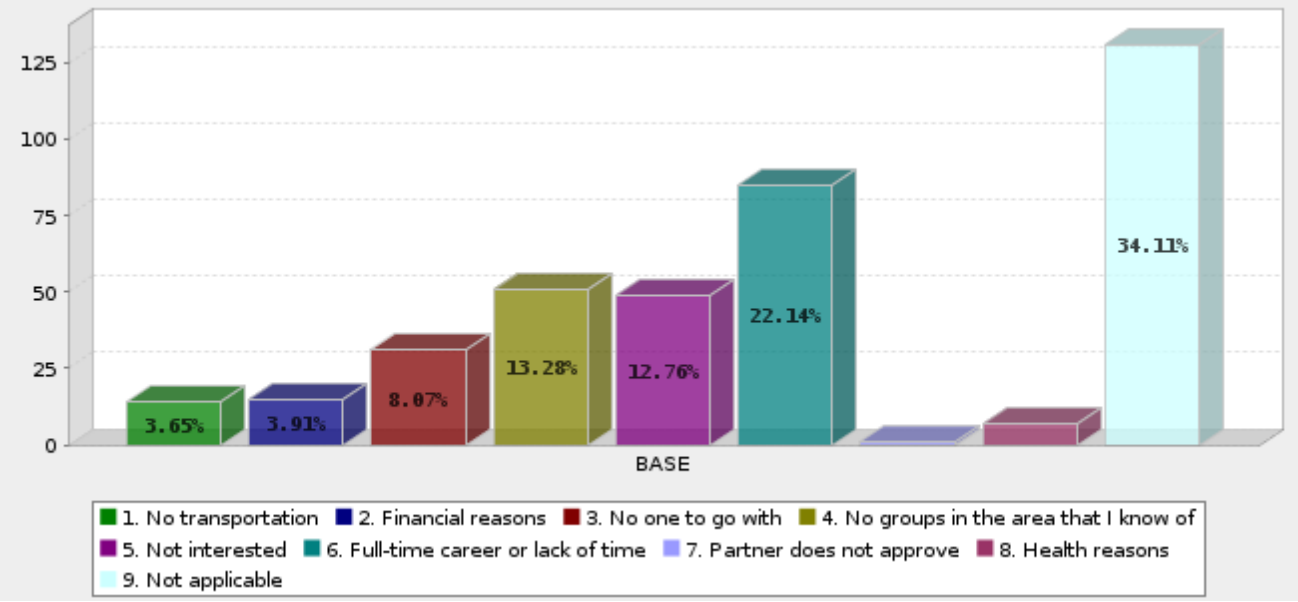
HOW SATISFIED ARE YOU WITH YOUR LEVEL OF COMMUNITY INVOLVEMENT?



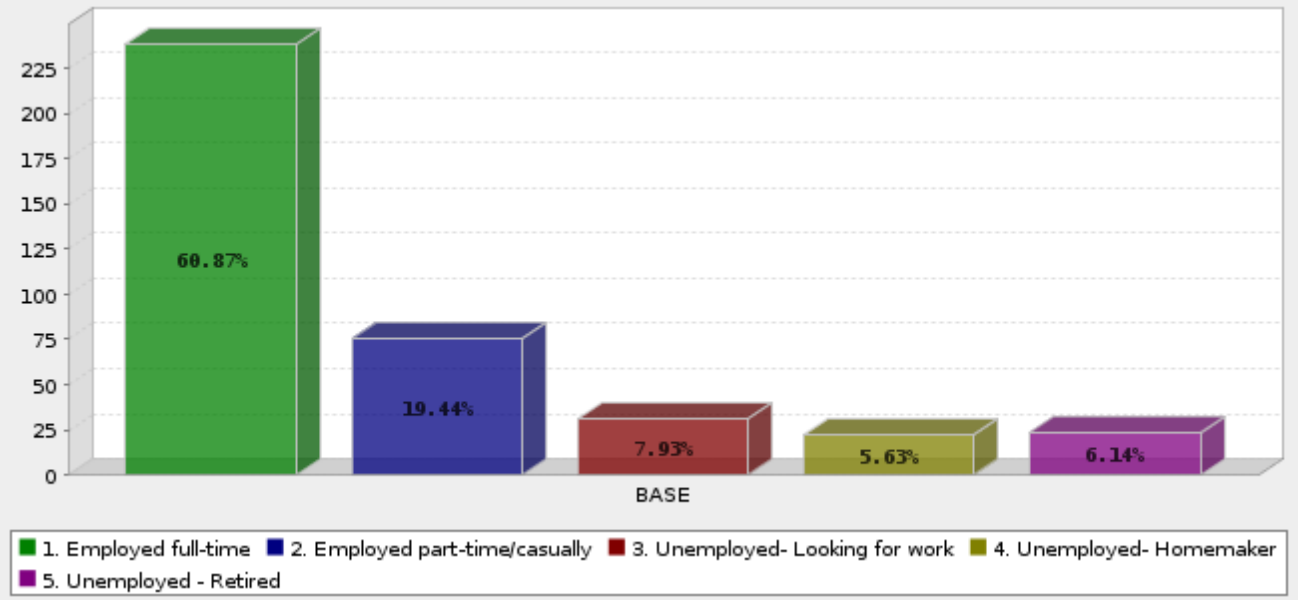
WHAT ACTIONS HAVE YOU TAKEN (OR DID YOU TAKE) TO HELP REDUCE YOUR LONELINESS OR SOCIAL ISOLATION?



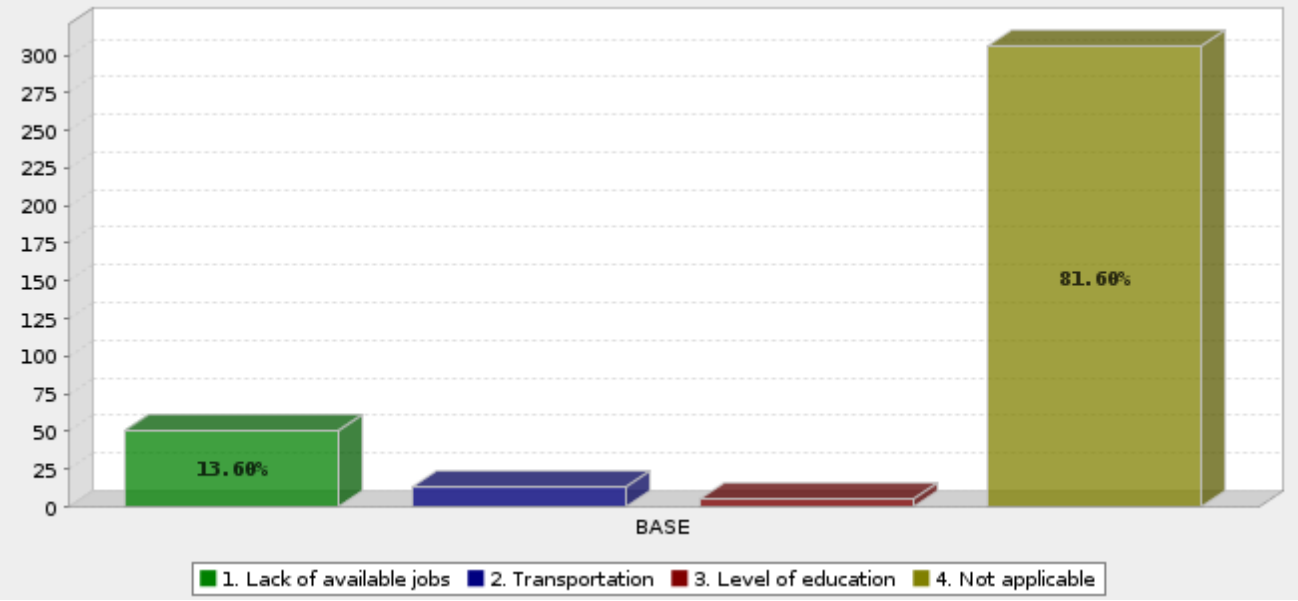
WHY HAVE YOU NOT BEEN INVOLVED IN ANY COMMUNITY GROUPS OVER THE LAST 12 MONTHS?



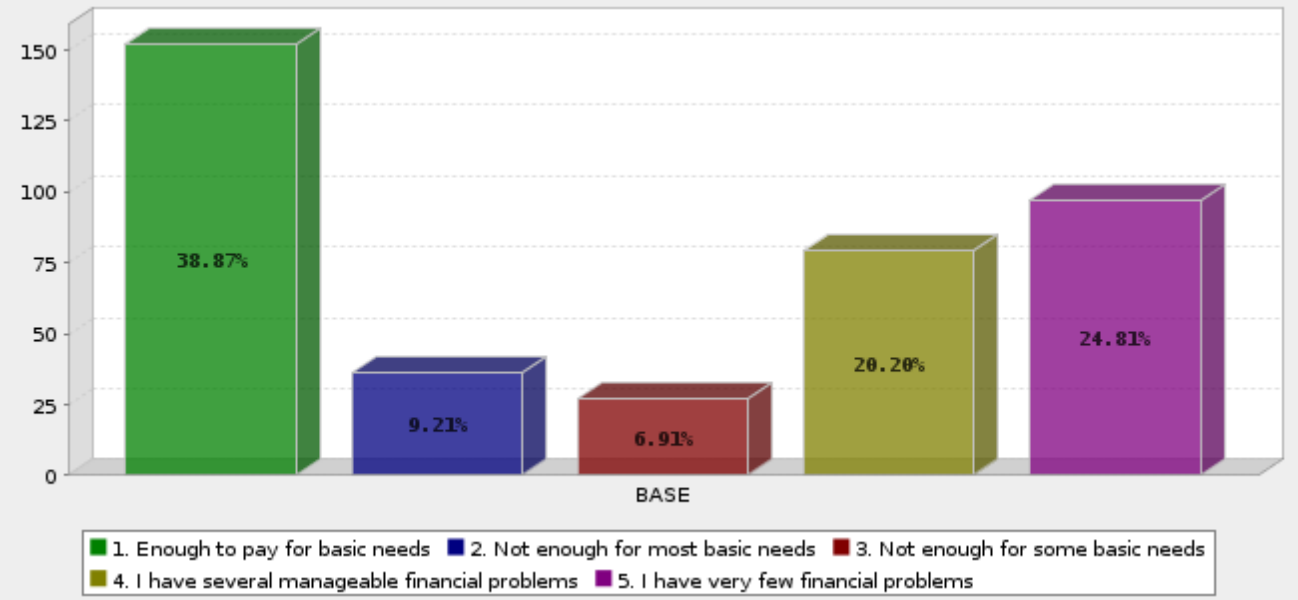
ARE YOU EMPLOYED?



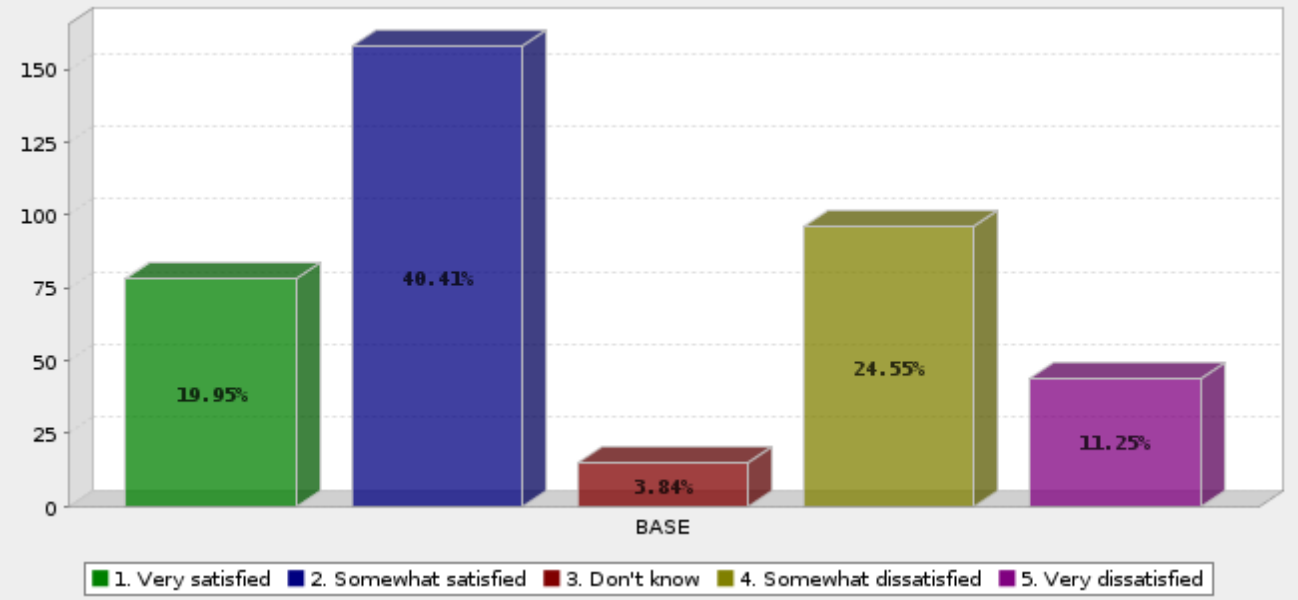
ARE YOU UNEMPLOYED OR UNDEREMPLOYED DUE TO.....?



WHAT IS YOUR FINANCIAL STATUS?



HOW SATISFIED ARE YOU WITH YOUR FINANCIAL STATUS?



Appendix B: Readiness Assessment

COMMUNITY READINESS ASSESSMENT: READINESS AND RESOURCES

Thank you for your time in assisting our community coalition work toward our community health needs assessment. The Change for the Kenai community coalition's purpose is to promote community connectivity to remove barriers and prevent suffering amongst groups most vulnerable to the addiction epidemic. This preliminary readiness and resources assessment is designed to help identify the level of awareness the community has about addiction, as well as how prepared and willing they are to act on the arenas of concern identified through the preliminary needs assessment process.

LEADERSHIP

1. Apart from those community members like yourself who have been chosen to participate in this assessment, who are the "leaders" specific to this issue in your community?
2. Using a scale of 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being 'not at all' and 10 being 'a very great concern.')? Please explain.
3. How are these leaders involved in efforts regarding this issue? Please explain.

COMMUNITY CLIMATE

1. How does the community support efforts to address addiction?
2. What are the primary obstacles to efforts addressing this issue in your community?
3. What do you think is the overall feeling amongst community members regarding addiction?

KNOWLEDGE ABOUT THE ISSUE

1. Using a scale from 1 to 10, how much of a concern is this issue in your community (with 1 being 'not at all' and 10 being 'a very great concern.')? Please explain.
2. How knowledgeable are community members about this issue? Please explain.

3. What type of information and resources (e.g. programs, facilities, key individuals and leaders, potential partnerships, etc.) are available in your community regarding addiction?
4. What potential barriers (e.g. transportation, health care, community participation, etc.) does your community face that may lead to addiction or prevent assistance? Please explain.

Directions: *Please read the following statement and ask the questions of the community leader.*

Community Member:_____

Date:_____

Roll in the community:

_____

Thank you for your time in assisting our community coalition work toward our community health needs assessment. The Change for the Kenai community coalition's purpose is to promote community connectivity to remove barriers and prevent suffering amongst groups most vulnerable to the addiction epidemic. This preliminary readiness and resources assessment is designed to help identify the level of awareness the community has about addiction, as well as how prepared and willing they are to act on the arenas of concern identified through the preliminary needs assessment process.

LEADERSHIP

1. Apart from those community members like yourself who have been chosen to participate in this assessment, who are the "leaders" specific to this issue in your community?

2. Using a scale of 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being 'not at all' and 10 being 'a very great concern.')? Please explain.
   1 2 3 4 5 6 7 8 9 10

3. How are these leaders involved in efforts regarding this issue? Please explain.

COMMUNITY CLIMATE

4. How does the community support efforts to address addiction?

5. What are the primary obstacles to efforts addressing this issue in your community?

6. What do you think is the overall feeling amongst community members regarding addiction?

KNOWLEDGE ABOUT THE ISSUE

4. Using a scale from 1 to 10, how much of a concern is this issue in your community (with 1 being 'not at all' and 10 being 'a very great concern.')? Please explain.
   1 2 3 4 5 6 7 8 9 10

5. How knowledgeable are community members about this issue? Please explain.

6. What type of information and resources (e.g. programs, facilities, key individuals and leaders, potential partnerships, etc.) are available in your community regarding addiction?

7. What potential barriers (e.g. transportation, health care, community participation, etc.) does your community face that may lead to addiction or prevent assistance? Please explain.

Please summarize your findings. Identify any themes or patterns that emerged in the discussion.

Domain	Main Points	Common Themes/Patterns
Leadership		
Community Climate		
Knowledge about addiction		

Appendix C: Data Sources

Data Source	Type of Data	For More Information
Alaska Bureau of Vital Statistics (ABVS)	Birth and death data	http://dhss.alaska.gov/dph/VitalStats/Pages/data/default.aspx
Alaska Department of Early Education and Development (ADEED)	High school graduation statistics	http://education.alaska.gov/Stats/
Alaska Department of Health and Social Services (ADHSS), Behavioral Risk Factor Surveillance System (BRFSS)	Health care access, health risk factors, and preventive health	http://dhss.alaska.gov/dph/InfoCenter/Pages/ia/brfss/maps.aspx
Alaska Department of Health and Social Services (ADHSS)	Maternal and child health data	http://www.epi.hss.state.ak.us/mchepi/PRAMS/
Alaska Department of Labor and Demographic, Economic, Workforce Development (ADOLWD) workforce and labor data	Pregnancy Risk Assessment Monitoring System (PRAMS)	http://laborstats.alaska.gov/
Alaska Division of Behavioral Health (DBH), Epidemiologic Profile on Substance Use, Abuse and Dependency	Alcohol and substance abuse data	http://www.epi.hss.state.ak.us/injury/sa/SEOW-2005- 2009.pdf
Bureau of Justice Statistics	Justice Statistics	http://www.bjs.gov/content/dcf/contents.cfm
Centers for Disease Control	Vital signs July 7, 2015	http://www.cdc.gov
Economic Research Service (ERS)	Income inequality	http://www.ers.usda.gov/data-products.aspx
The Heritability of Addiction		http://addictiondoctor.org/the-heritability-of-addiction.
Mental Health Treatment Portal	Statistics and Information	http://mentalhealthtreatment.net/dual-diagnosis/

National Institute on Drug Abuse (NIDA)		https://www.drugabuse.gov/related-topics/medical-consequences-drug-abuse/mortality.
Physical therapy and rehab medicine		http://physical-therapy.advanceweb.com/Article/JCAHO-UpdatebrHow-the-New-Pain-Management-Standards-Affect-You.aspx
Robert Wood Johnson Foundation D. Goldstein and J. Holmes	Health and Wellness Survey	http://www.rwjf.org/en/library/research/2011/12/health-and-wellness-survey.html
US Census, 2010	Population demographics and Data	http://www.census.gov/
US Bureau of Economic Analysis (USBEA)	Economic data	http://www.bea.gov/itable/index.cfm

Appendix D: Community Response to drug use questionnaire

Survey Question	Response
Do you know anyone who misuses prescription pain pills?	Yes 33.33% No 66.67%
Do you know anyone who uses heroin?	Yes 35.40% No 64.60%
If yes, do they inject drugs?	Yes 24.32% No 17.12% N/A 58.56%
Do you favor incarceration or treatment to manage addiction in our community?	Treatment 90.18% Incarceration 9.82%
Would you know how to get help for a loved ones addiction?	Yes 64.04% No 35.96%
Have you observed discarded drug paraphernalia in our city (parks, parking lots, etc.)?	Yes 46.49% No 53.51%
Do you think our community is ready to address problems of drug use?	Yes 62.5% No 37.5%
Would you be willing to volunteer to help prevent drug use?	Yes 56.25% 43.75%
Do you believe we have the resources we need to address local drug problems?	Yes 34.51% No 65.49%

Appendix E:
Marijuana Initiative

EXECUTIVE SUMMARY

Survey

Kenai Peninsula

Marijuana Initiative Knowledge Survey

2015

SURVEY

Community members completed the survey

change4theKenai
Connecting our Community

Methodology

26 questions were designed to gather general demographic data then specific questions regarding the Marijuana Initiative. The survey was provided as a hard copy and electronically. The link was advertised via online social media, email and the coalition website. Volunteers also encouraged community members to take the survey on electronic tablets. The questions were designed, gathered and reported through professional survey software 'QuestionPro.' Demographic information and answers remained unlinked so answers were anonymous.

Findings

Demographics

302 surveys were completed. The survey was open to community members age 18+. The two highest groups were 36-50 years (31.19%) and 50-65 years (30.23%). 69.77% were female. Educational

Findings Continued

Are there unlimited number of plants one can grow?

- 89.94% answered no, demonstrating an understanding that there are limitations.

Can youth now legally smoke marijuana?

- 94.43% understood that the initiative does not legalize youth usage.

Are parents allowed to supply to their children?

- 96.07% understood that was not allowed.

Can a landlord prevent a tenant from growing, consuming or selling on the property?

- 90.16% understood that a landlord can prevent this.

Will public use be legal?

- 79.02% understood that public use will still be prohibited.

Can a city wide smoking ban effect the use of marijuana in city limits?

- Over 86% of surveyors were aware that the individual city could still create a ban.

Can you smoke marijuana in your home after February 24, 2015?

- Over 96% answered yes.

Can your employer fire you for using marijuana during your off time?

- 71 % understood that employers can do this.

Do you expect more youth pregnancies?

- 51% said no, while those who said 'yes' and those who were 'unsure' were split.

Do you expect more youth crime?

- Over 53% said no, 32% believed yes, the balance were undecided.

Do you expect alcohol misuse will…

- 62% believe it will stay the same, nearly 17% believe it will decrease and 21% say increase.

Will your community be safer, less safe or stay the same?

- 55% believe that the community safety level will remain the same with 31% concerned safety levels may decline.

Do you think marijuana use is immoral or against God or religion?

- 77% said no

Do you believe legal marijuana will further the break-down of the family and society?

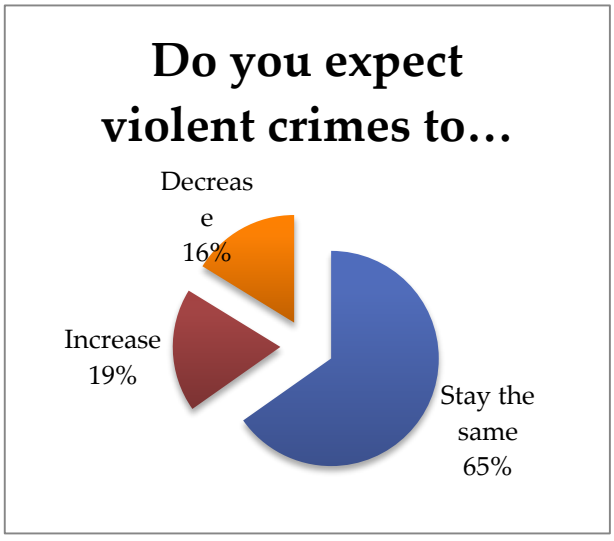
- 56% said no, 34% said yes and 10% were unsure

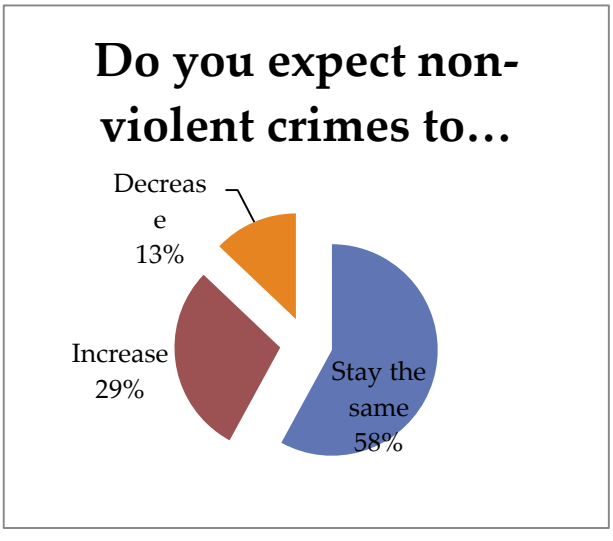
Do you expect impaired driving (DUI) to stay the same, decrease or increase?

- About 62% said they felt DUIs would increase, 32% said stay the same.

Do you anticipate using legal marijuana?

- 78% said no, about 10% said ves and



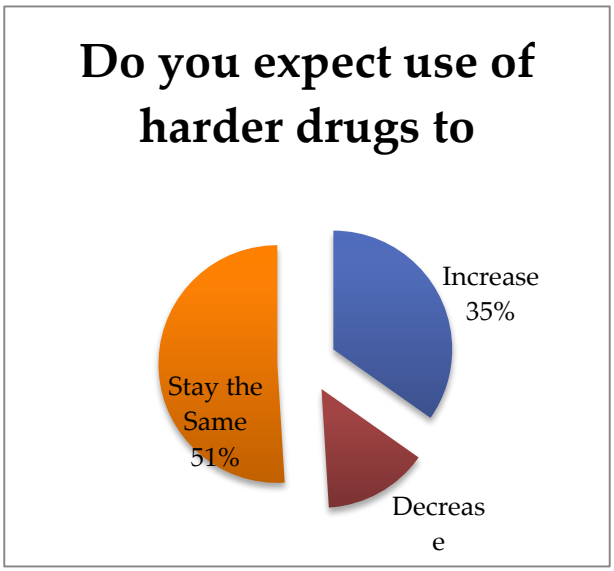


Discussion

Kenai Peninsula residents did a great job understanding the rules and regulations involved with the incoming marijuana initiative. This survey asked a lot of future impact questions. In general, residents feel things will stay the same in the community.

Over 61% of residents believe that DUIs will likely rise. The law does not allow driving under the influence of marijuana. Residents seem concerned that users may choose to drive impaired.

78% of people said they don't plan to use marijuana. This suggests that while the law allows those using marijuana to do so legally, it does not seem to promote new users.



Recommendations

Recommendation 1

Future research is recommended to evaluate trends and provide feedback to the community. Opportunities for information include police and trooper reports, future surveys and other local sources.

Recommendation 2

As trends emerge and can be evaluated, providing information and potential training to the community will be essential in helping the community network.

Change 4 the Kenai

Congratulations Kenai Peninsula

March 2015

Residents did great, understand law

In our 'Kenai Marijuana Initiative Knowledge' survey we asked a lot of questions about future impact. Results are in: in general, residents feel things will stay the same even with the new laws in effect. We will watch the community trends and provide feedback.

Over 300 community members completed the survey, representing a nice age range. Nearly 75% have lived in Alaska for more than 10 years.

Survey Results

Over 61% believe DUI violations will go up

Nearly all residents understand that it is not legal to sell marijuana to anybody

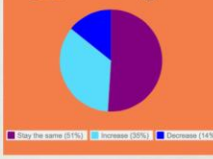
78% of people said they don't plan to use marijuana

62% believe alcohol misuse will stay the same

Forecasting the future

Will violent crimes....

Will the use of harder drugs....



Connecting our Community

Please visit www.change4kenai.org to take the new Community Connectivity survey

Where did you gain your understanding of the new laws?

- Newspaper
- Internet
- Voting/Campaigning

change4theKenai
Connecting our Community

Connect community, save lives.

Visit us at
www.change4kenai.org