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| TRANSMITTAL MEMORANDUM |
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TO: The Honorable Mayor and City Council

FROM: Karl R. Amylon, City Manager

DATE: February 19, 2021

RE: **Ketchikan Wellness Coalition Presentation of the 2020 Community Health Needs Assessment**

Representatives of the Ketchikan Wellness Coalition are scheduled to make a presentation to the City Council at its meeting of March 4, 2020 regarding the agency's 2020 Community Health Needs Assessment. A copy of the assessment's executive summary is attached for City Council review.

"UNAPPROVED" February 18, 2021

able to obtain an additional 180 doses for February to be distributed by PeaceHealth. He informed Walmart is now able to provide the vaccine and Safeway will be distributing soon as well. He said in March our allocation has increased from 600 doses to 700 doses plus whatever number Walmart, Safeway and KIC receive to distribute. He provided a list of local clinics and pharmacies that are providing the vaccine.

EOC Incident Commander Hoage answered questions from the Council.

VOUCHERS

Moved by Flora, seconded by Bradberry for approval of vouchers to Millard & Associates Architects, LLC in the amount of \$302.50.

Motion passed with Gass, Kiffer, Gage, Zenge, Bradberry and Flora voting yea; Bergeron abstain.

CITY MANAGER'S REPORT

Manager Amylon reminded the Council for the meeting of March 4, 2020, the Ketchikan Wellness Coalition will be presenting their 2020 Community Health Needs Assessment. He said he would like to schedule a meeting with the Mayor for next week relative to the discussions made tonight. He said by his count we now have five different issues that Council wants to discuss:

- Pending job description of the port & harbors director.
- Requested meeting with CLIA, regarding the ordinance that was brought forward with a different manner of assessing the passenger wharfage fee.
- Direction tonight to talk about reaching out to different cruise lines, status update and fostering a continued relationship with our customers.
- A response plan to the possibility of a no cruise ship season, and how we are going to handle that. He said that work is underway and one of the things was knowing what the response plan the Biden administration is proposing. He informed staff has those numbers now and they are not good.
- He said he received an email from Councilmember Flora regarding a discussion the Port & Harbors Advisory Board had relative to future direction of the port and the harbors, and how we were going to manage the facilities and our relationships with our other parties that are involved. He said it is clear to him there are many different opinions of the Council on how we need to manage it, and the Council will need to come to a consensus regarding this matter if you want to move forward.

Schedule of General Government and KPU Appropriated Reserves Through the City Council Meeting of February 4, 2021

In his report, Manager Amylon attached for Council review a schedule of the current balance of Appropriated Reserves of the various funds of General Government and KPU through the City Council meeting of February 4, 2021.

Week 15 and 16 Photo Album Production Report – Pierce Arrow XT Ascendant 100' Mount Platform Vehicle

Manager Amylon attached for Council review week 15 and 16 Photo Album Production Report for the period ending January 29, 2021 and February 5, 2021.



2020 Community Health Needs Assessment

Executive Summary



November 30, 2020

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Executive Summary

About Ketchikan Wellness Coalition

The Ketchikan Wellness Coalition (KWC) is an umbrella organization that supports community task forces - groups of individuals and organizations that collaborate to increase the community's capacity to respond and impact specific issues. Each task force establishes a shared purpose and vision and outlines a common goal while strategically developing and engaging an active membership. Through its task forces, KWC works to strengthen partnerships and efficiency by bridging service gaps and increasing existing services.

Project Objectives and Approach

KWC commissioned a community-wide Community Health Needs Assessment process to help identify ways to better serve the Ketchikan Gateway Borough community now and in the future. With focus areas in Community Health, Behavioral Health, Social Determinants of Health, and General Health this report will serve to guide the Ketchikan Wellness Coalition as it strives to promote its mission of promoting community wellness through assessment and action and vision of establishing Ketchikan as a vibrant and healthy community that people choose to live in and move to.

Methodology

In addition to engaging area residents and Ketchikan Gateway Borough leaders, the Community Health Needs Assessment (CHNA) approach brought in the voices of people from different sectors including healthcare, mental health and substance use, education, public safety, and community-based non-profits.

The methodology included a detailed analysis of quantitative data, qualitative focus group discussions, individual interviews, and a quantitative community survey.

During the CHNA process, Ketchikan Wellness Coalition continually sought out unique insight from individuals and organizations who could provide a broad spectrum of information regarding the needs of the community. Participants included community leaders, service providers, and borough residents to gain a holistic scope of the strengths and challenges in the community. For a list of participating organizations, please see the full report.

In total, the input from over 100 of Ketchikan Gateway Borough community members, stakeholders, and service providers is included in the research.

Community Overview

KWC serves the Ketchikan Gateway Borough, the southeasternmost settlement in Alaska. The Borough, which houses the cities of Ketchikan and Saxman, is flanked by British Columbia, Canada, to the East and South, the Pacific Ocean to the West, and the state capital Juneau approximately 300 miles to the North. The Ketchikan Gateway Borough is an island; therefore, boats or planes are the only methods of transportation to and from the area. Ketchikan is characterized by its rainy climate, its fishing and tourism industries, and a unique diversity of indigenous and other populations.

Ketchikan Gateway Borough Map



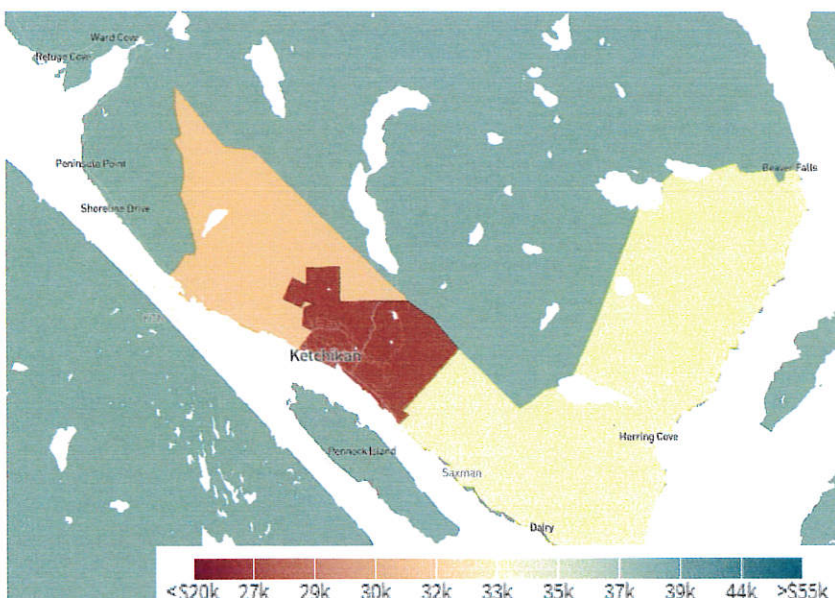
SOURCE: ESRI

Secondary Research Data

Demographic analysis provides the framework from which to better understand individual communities, neighborhood characteristics, population trends and the impact, and the overall fabric of the community. The following analysis highlights the growing need for healthcare services in the area, as well as identifies structural causes of health care service usage. Diverse ethnicities, relatively low median incomes, and other lifestyle factors impact the needs of the service area, as well as the development of effective strategies to meet evolving needs.

To analyze these and other characteristics, the domains included in the secondary research include an examination of factors such as general demographics of the service area and the health status profile and disease burden. The key population data demographics will examine data within the Ketchikan Gateway Borough, the City of Ketchikan, Metlakatla, and the Southeast Alaska Inner Passage.

Exhibit 1: Opportunity Atlas of Ketchikan Gateway Borough



SOURCE: Opportunity Atlas

The color-coded Opportunity Atlas Map above forecasts the social mobility¹ of a given region. Ketchikan City proper experiences low levels of economic “opportunity,” shown above in dark orange/red.

The following charts and graphs highlight key data observations about the Ketchikan Gateway Borough, including factors around poverty, behavioral health, and leading causes of death. For a thorough data analysis, refer to the full report.

¹ The Economic World Forum grades social mobility on the following indicators: Health, Education Access, Education Quality, Lifelong Learning, Technology Access, Work Opportunities, Fair Wage Distribution, Working Conditions, Social Protection, and Inclusive Institutions.

Exhibit 2: Social Vulnerability Index Measures

| | City of Ketchikan | Ketchikan Gateway Borough | Metlakatla | Southeast Alaska (Inner Passage) |
|--------------------------------------|-------------------|---------------------------|------------|----------------------------------|
| Population | 8,224 | 13,804 | 1,635 | 74,499 |
| Below Poverty | 12.6% | 10.5% | 14.4% | 14.3% |
| Unemployed² | 15.5% | 12.7% | 39.2% | 14.3% |
| Median Income | \$59,132 | \$70,356 | \$53,409 | \$69,571 |
| Age 65+ | 14.5% | 14.1% | 12.8% | 14.8% |
| Age 17 or Younger | 21.5% | 22.3% | 28.9% | 17.8% |
| Household with Disability | 16.1% | 14.6% | 22.3% | 11.8% |
| Single-Parent Households | 18.0% | 16.6% | 25.6% | 12.5% |
| Ethnic Minority | 40.7% | 33.2% | 85.4% | 31.4% |
| Don't Speak English | 4.3% | 2.9% | 0.0% | 1.9% |
| Multi-Unit Housing Structures | 58.7% | 43.2% | 22.0% | 61.4% |
| Mobile Homes | 2.2% | 3.2% | 12.9% | 6.2% |
| No Vehicle | 16.3% | 11.3% | 12.3% | 5.6% |
| Group Quarters | 0.0% | 0.0% | 0.0% | 0.0% |

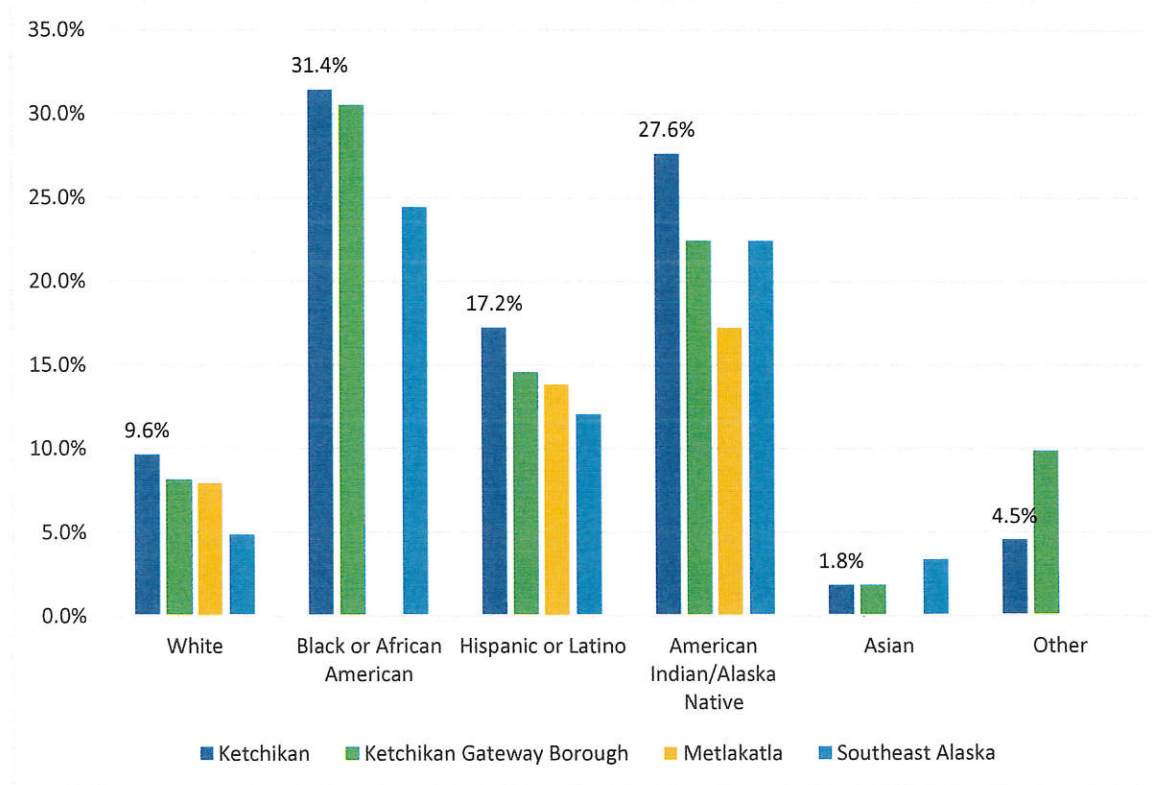
SOURCE: American Community Survey, 2013-2018 5-Year Estimates, ESRI Data 2020

- The City of Ketchikan has higher rates of poverty and lower median incomes than the Ketchikan Gateway Borough average, indicating that the greatest number of people in need within the Ketchikan Gateway Borough resides within the city proper.

² Rates for the City of Ketchikan and Metlakatla are extrapolated based in the Alaska Department of Labor and Workforce Development Unemployment Report.

- The City of Ketchikan and the Ketchikan Gateway Borough have higher rates of single-parent households than Southeast Alaska (Inner Passage).
- There are higher rates of youth (age 17 or younger) in the City of Ketchikan than the Southeast Alaska average.

Exhibit 3: Poverty by Race/Ethnicity



SOURCE: American Community Survey, 2018 5-Year Estimates

- Ethnic minorities experience poverty at a higher rate than do white individuals in the City of Ketchikan and the Ketchikan Gateway Borough.
- Over one in four (27.6%) American Indian/Native Alaskans in the City of Ketchikan lives in poverty.
- Poverty rates are slightly higher in the City of Ketchikan than comparative regions.

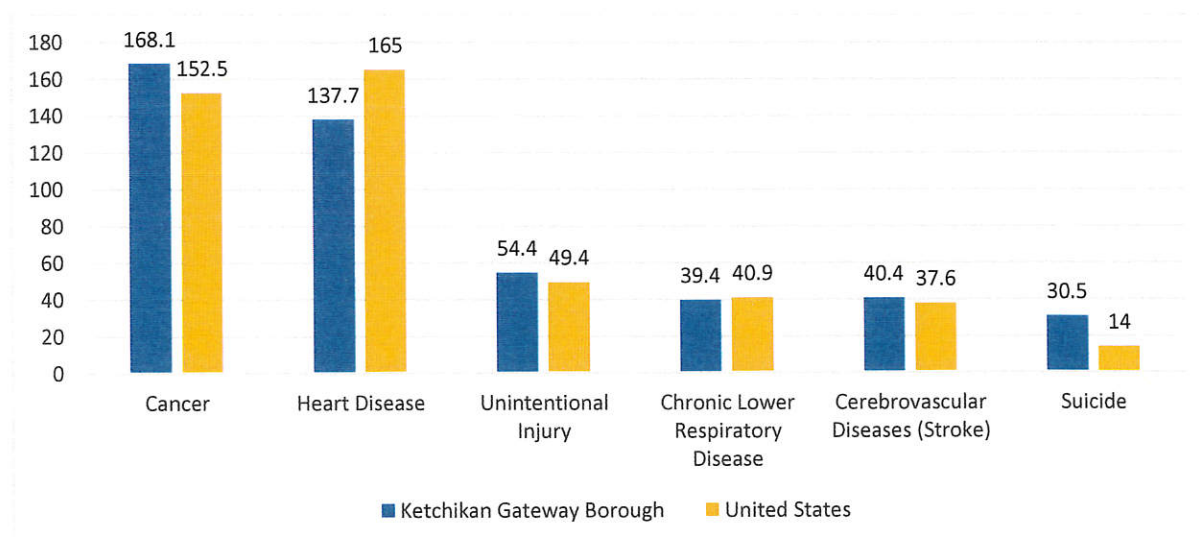
Exhibit 4: Behavioral Health

| | Ketchikan Gateway Borough | Alaska | United States |
|--------------------------------------|---------------------------|--------|---------------|
| Population with Diagnosed Depression | 11.8% | 11.6% | 17.9% |
| Lack of Social or Emotional Support | 20.5% | 18.6% | 20.7% |

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS) Healthy People 2020. 2016.

- While the Ketchikan Gateway Borough Ketchikan has a higher rate of suicide than the United States average (14.0)³, identified depression rates are lower. This points to a potential lack of ability to identify individuals with serious behavioral health challenges in the region.

Exhibit 5: Leading Causes of Death, Per 100,000 Population



SOURCE: Centers for Disease Control and Prevention, Bureau of Vital Statistics, Department of Health and Human Services, 2016.

- Suicide rates in Ketchikan are some of the highest in the nation. Rates in Ketchikan are approximately twice the national average.
- Ketchikan is unique when compared to United States averages for many reasons, but one that stands out is the leading cause of death. The leading cause of death nationally is heart disease, and that is the case for nearly every state in the nation. But the leading cause of death in the Ketchikan Gateway Borough is cancer.
- Unintentional injury deaths are another example of Ketchikan differing slightly from the United States averages.

³ Centers for Disease Control and Prevention, Bureau of Vital Statistics, Department of Health and Human Services.

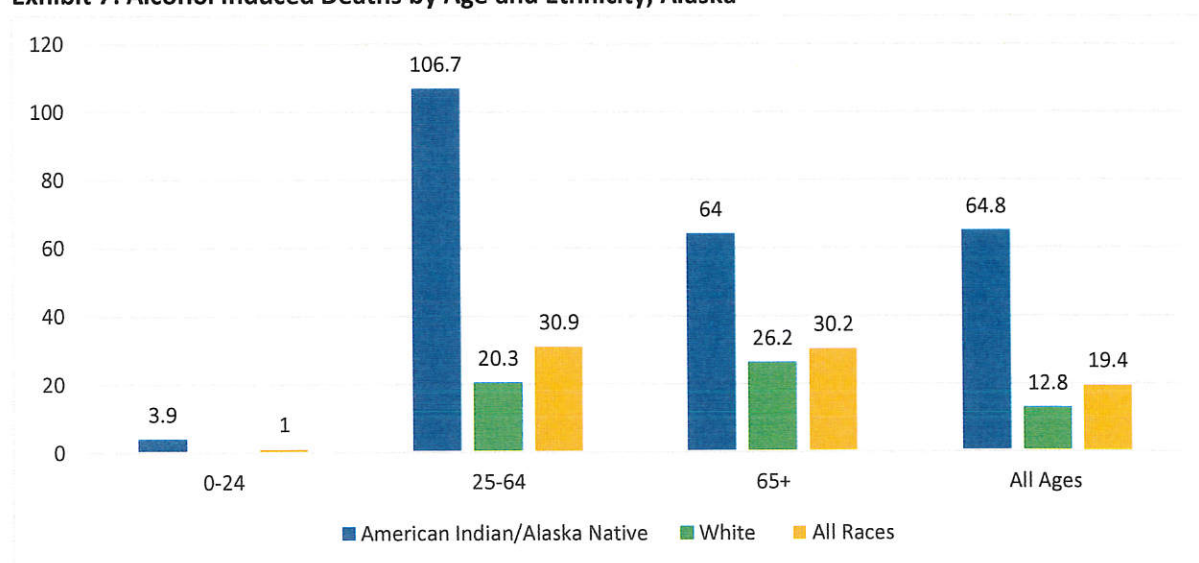
Exhibit 6: Preventive Lifestyle Measures

| | Ketchikan Gateway Borough | Prince of Wales-Hyder Census Area (Metlakatla) | Alaska | United States |
|--|---------------------------|--|--------|---------------|
| Adults who are Obese | 38.4% | 39.6% | 31.8% | 29.5% |
| Percentage of Adults Current Smokers | 22.7% | ND | 20.2% | 18.1% |
| Percentage of Adults Reporting Binge or Heavy Drinking | 21.6% | ND | 18.7% | 16.9% |

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS) Healthy People 2020. 2016.

- The Ketchikan Gateway Borough has a higher rate of binge drinking, individuals who smoke, and obese adults than comparative regions.

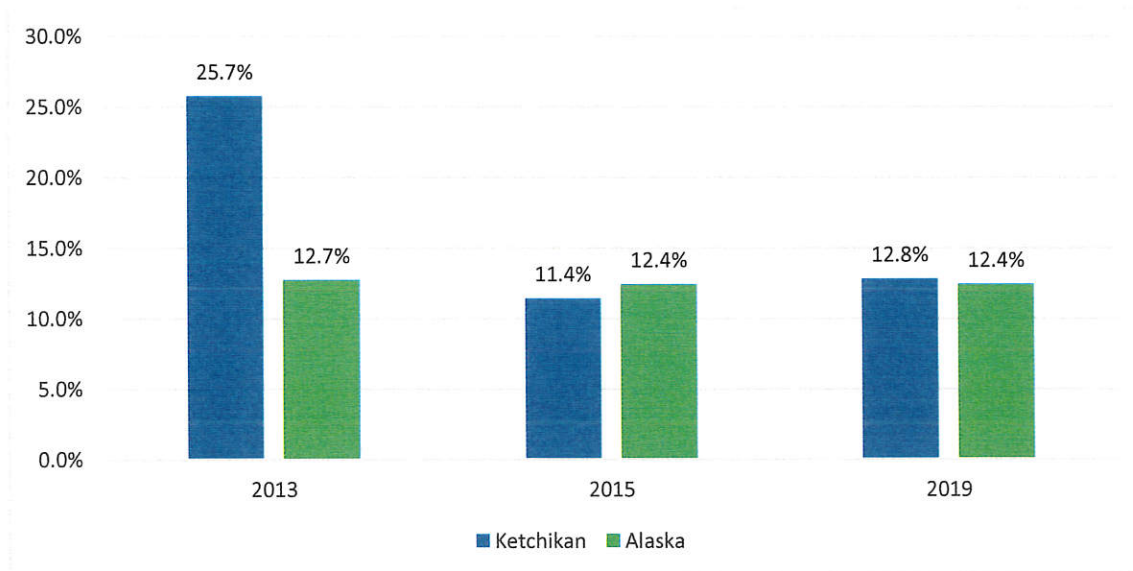
Exhibit 7: Alcohol Induced Deaths by Age and Ethnicity, Alaska



SOURCE: State of Alaska Epidemiologic Profile on Substance Use, Abuse and Dependency. 2013.

- American Indian/Alaska Native adults aged 25-64 are most likely to die from alcohol induced deaths in Alaska, compared to other age ranges and ethnicities.

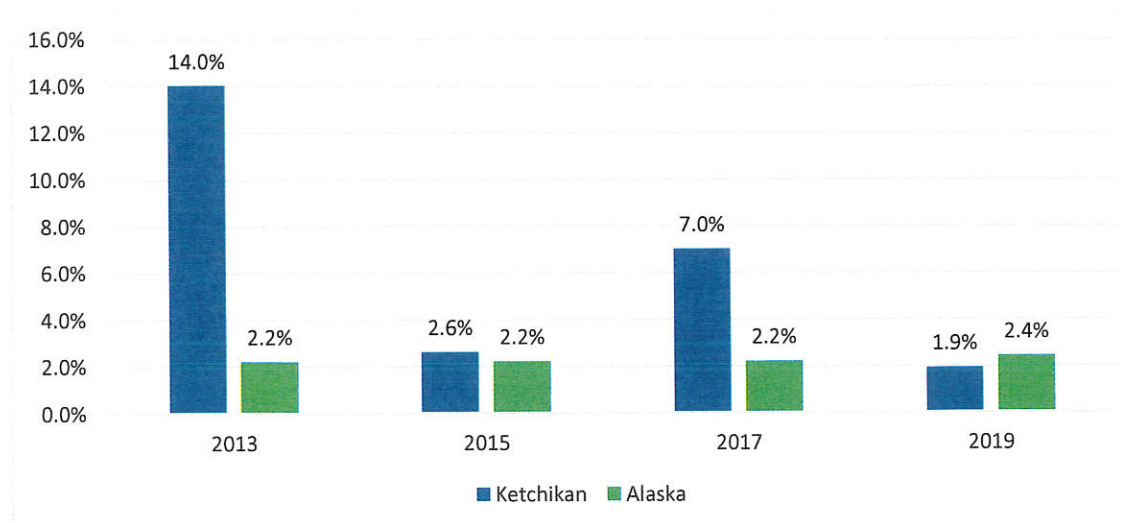
Exhibit 8: Percentage of Students who Binge Drink



SOURCE: Alaska Youth Risk Behavior Survey. 2013-2019.

- While the percentage of students who binge drink has decreased since 2013, approximately one in every ten Ketchikan students reported binge drinking in 2019.

Exhibit 9: Percentage of Students who Have Used Heroin

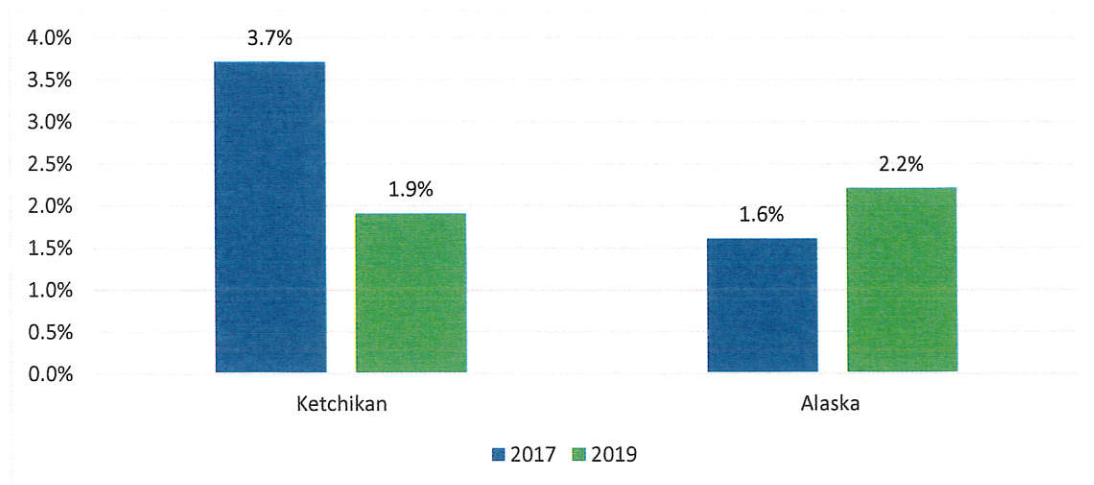


SOURCE: Alaska Youth Risk Behavior Survey. 2013-2019.

- Heroin use is high among Alaska and Ketchikan students, 2.4% and 1.9%, respectively, when compared with the national average (0.4%).⁴

⁴ <https://www.drugabuse.gov/publications/drugfacts/monitoring-future-survey-high-school-youth-trends>

Exhibit 10: Percentage of Students who Use Methamphetamine



SOURCE: Alaska Youth Risk Behavior Survey. 2017- 2019.

- Approximately 2% of Ketchikan students reported using methamphetamine, a number that reflects around 16⁵ Ketchikan high schoolers who used meth in the past month. This number is not insignificant. A 2016 United States National Survey on Drug Use and Health (NSDUH) report estimated approximately 774,000 (0.3%) Americans using methamphetamine in the past month. The rates of Alaska and Ketchikan students are significantly higher than the national average.⁶

⁵ Number extrapolated based on number of students aged 15-19, per American Community Survey.

⁶ SAMHSA. Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. Available at: <https://www.samhsa.gov/data/report/results-2016-national-survey-drug-use-and-health-detailed-tables>

Key Qualitative Findings

Primary research for the Ketchikan Wellness Coalition CHNA included four focus group discussions and 16 one-on-one interviews with key stakeholders from key sectors in the community. Healthcare providers, sub-sector specific experts, directors of service organizations engaging underserved populations, and others were included in the research.

The results of the focus groups and the one-on-one interviews include comments about specific acute needs, access to services, and structural aspects of community health.

The material below includes the summary of high-level system and contextual observations from focus group discussions and interviews, and a review of detailed needs as identified by participants. Based on this material, the service area's highest priority needs are listed below. For full descriptions, including quotes from participants, see the full report.

Behavioral Health and Substance Use Services

There is a continuing, growing need for services designed to address behavioral health and substance use issues in the area, which many stakeholders attribute to Ketchikan's geographical isolation, rainy weather, and systemic, familial cultures. The need for enhanced services, especially a detox facility, in the area was a common theme among key stakeholders and focus group participants.

Access to Community Health Services

There are numerous organizations providing community assistance in Ketchikan – but long wait times and geographical challenges make efficient access challenging. Many people reported the great need to meet people where they are - individuals not receiving immediate care are apt to give up.

Access to Affordable Housing

The cost of living in Ketchikan is extremely high, and there is a limited supply of affordable rental housing and affordable homes for sale. There are some assistance services in place, but they do not meet the vast need.

Unique Needs of the Individuals Affected by Homelessness

Interviewees reported a small but disparate homeless population in Ketchikan, many of whom suffer from substance use and employment needs.

Voices of the Community

"Our center focuses on physiological problems - we have an outpatient psychiatrist on staff. But we get a lot of behavioral health issues in our ER. The state is very short on psychiatric inpatient care, so we have to host a lot of acute behavioral health cases. We do not have a detox center, so if you need elective detox, you have to be flown to Anchorage. I would say we don't have good behavioral health services."

"Low income housing and keeping people in homes is important, I'd also like to see a livable wage in the area. We pay a premium on everything here. Food, housing, you name it."

"The school system's struggle to acknowledge there is a problem among the youth with drinking and other substances - kids are dealing with issues at home, and a lot of them don't know how to ask for help."

"More after school programming would be awesome. I think the ball is rolling but I'm not sure on status of any grants."

The COVID-19 Impact on Employment Opportunities in Ketchikan

The tourism dependent economy in Ketchikan has been hard hit by the COVID-19 pandemic, and many expect continuous closures of local businesses. Many stakeholders worried that the worst fallout from COVID was yet to come.

Education and Youth Services

The Ketchikan area is not one defined by high educational attainment, and many stakeholders describe education as a relatively low priority for Ketchikan families. An enhanced focus to help youths was noted time and again as Ketchikan's best avenue to secure a brighter future.

Transportation

Travel in and out of Ketchikan is well documented, but some Ketchikan residents struggle to move about the city and Borough using the public transit system.

Community Survey

The Ketchikan Wellness Coalition Community Survey was disseminated through email and social media. The survey was open for approximately three weeks to maximize community involvement and analysis of results. The survey was completed by 260 individuals, with 186 finishing the survey to completion. Results of the community survey reflect many of the insights gained in the secondary research and qualitative analysis.

The top needs as ranked by the community survey are presented below. For a full breakdown of survey results, please see the full report.

Exhibit 11: Top 7 Overall Community and Health Related Needs

| Issue | Much More Focus Needed | | Neutral | | No Additional Focus Needed |
|--|------------------------|-------|---------|------|----------------------------|
| Drug and other substance abuse treatment and rehabilitation services, such as a detox center | 69.9% | 16.6% | 11.9% | 1.0% | 0.5% |
| Affordable housing | 67.2% | 20.4% | 9.7% | 1.6% | 1.1% |
| Affordable quality childcare | 66.7% | 16.7% | 10.8% | 1.6% | 4.3% |
| Case workers or "navigators" for people with behavioral health and/or substance use disorders | 63.4% | 20.4% | 12.4% | 2.7% | 1.1% |
| Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children | 62.6% | 24.1% | 8.7% | 2.6% | 2.1% |
| Drug and other substance abuse education, prevention, and early intervention services for adolescents / children | 61.9% | 24.2% | 10.8% | 2.1% | 1.0% |
| Counseling services for mental health issues such as depression, anxiety, and others for adults | 60.3% | 25.1% | 8.5% | 4.0% | 2.0% |

Needs Prioritization and Conclusion

Based on the results of the secondary research, qualitative research, and the quantitative research, 24 community needs were identified. KWC staff, KWC Board, and other community-based leaders were invited to participate in a two-step needs prioritization process. The first step involved completing the needs prioritization survey. Individuals were asked to rate the degree of need for each of the 24 needs and provide commentary. Ten individuals completed the survey. The survey results were tabulated, and the community-based needs were ranked as follows in the below table.

Step two of the needs prioritization process involved a discussion with KWC staff, several Board members, and community-based organization leaders of the survey results and reprioritizing the needs based on KWC's current initiatives and mission. During the discussion, the leadership group discussed the degree to which KWC could impact the needs and improve services to the community. The leadership group concluded that KWC has a total of 10 prioritized needs – five primary and five secondary priorities.

Primary Priorities

| Need | Role | Initiative |
|---|----------------|--|
| Establishing caseworkers or "navigators" for people with behavioral health service needs | Lead | Ketchikan123 |
| Increasing suicide prevention awareness campaigns and activities | Lead & partner | Behavioral Health Task Force campaigns |
| Increasing access to drug and other substance abuse education, prevention, and early intervention services for adolescents / children | Lead & partner | PIERS education campaigns |
| Increasing access to drug and other substance abuse education, prevention, and early intervention services for adults | Lead & partner | PIERS education campaigns |
| Increasing recreational activities for adults | Lead & Partner | Ketchikan Youth Alliance |

KWC identified five secondary priorities that fit within the organization's mission and strategic plan. While each of the secondary priorities may not be something KWC can accomplish alone, it was important that KWC recognize that the needs are important and that KWC can advocate, support, and partner with other organizations through their task forces to address the community needs.

Secondary Priorities

| Need | Role | Task Force |
|--|----------------|------------------------------|
| Establishing a detox facility in the community | Advocate | PIERS |
| Expanding drug and other substance abuse treatment and rehabilitation programs | Advocate | PIERS |
| Increasing access to counseling services for mental health issues such as depression, anxiety, and others for adults | Partner | Behavioral Health |
| Improving emergency mental health services, such as a crisis intervention | Advocate | Behavioral Health |
| Expanding access to sources for affordable, nutritious food | Lead & Partner | Building a Healthy Community |

Next Steps and Further Exploration

As noted at several points throughout the Executive Summary the full report includes detailed tables, qualitative interview summaries, results from the community survey, a complete list of participating organizations and more. We would encourage you to explore the results further by accessing the full report.