

COMMUNITY ENVIRONMENTS

Community Needs Assessment



Finalized 2026



Sitka, Alaska

Community Needs Assessment: Community Environments

Overview

The Pathways to a Safer Sitka Coalition is a group of local agencies and individuals working together to create a healthier, more equitable community. We aim to reduce negative health outcomes, such as domestic violence, substance use, and suicide by building equitable, accessible, and culturally-responsive services and systems. This Community Needs Assessment (CNA) was developed to compile current data regarding the health of the Sitka community to determine focus points for the Pathways Coalition moving forward within each of its goal areas: school environments, youth leadership, male engagement, family engagement, and community environments.

Data collection was a collaborative effort between coalition members. This involved several methods, including focused conversations with members in the Sitka Youth Leadership Committee (youth coalition), the Family Engagement Workgroup (subcommittee of the community coalition), and the Pathways Steering Committee (community prevention coalition). Additionally, six members from the coalition worked together in a subcommittee to determine the secondary data needed, sources to review, and to divvy out roles for collecting, analyzing, and compiling this data. For additional context about Sitka, the methodology, and its limitations, please refer to [this document](#).

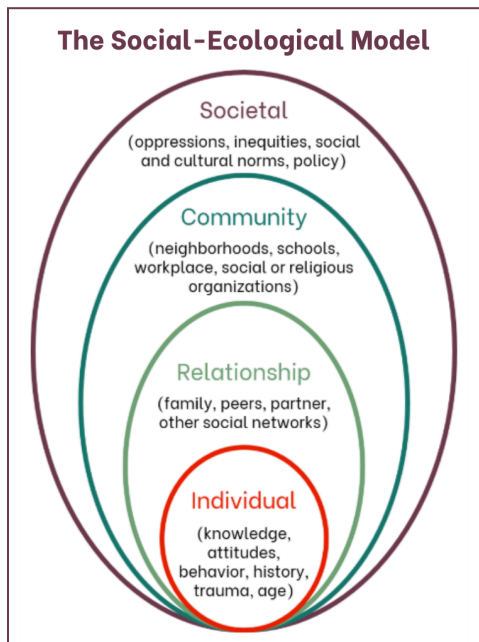
The focus in this section is community environments, which is reflective of Pathways' fourth goal: Social service and community agencies have increased the extent to which they promote and foster healthy social-emotional environments.

Key Findings

While much of the work done as a coalition revolves around the individual and interpersonal (relationship) levels of the Social-Ecological Model (SEM), it is also important to address the overarching societal level that governs the sphere of social norms we all live in. This section therefore takes a “zoomed out” approach as compared

to the other sections in this CNA, as we recognize that in Alaska specifically, it is critical to acknowledge the community-wide norms that underlie shared risk factors.

The “Alaskan mentality,” one of rugged individualism, is embedded within the history of the state. Terms such as the “The Last Frontier” reinforce this cultural narrative of carving civilization out of vast wilderness, being dominant, tough, and self-reliant. As highlighted in the Male Engagement section, these themes coincide with what society deems as masculine. Alaska’s history of white settlement engrained the idealistic bootstraps narrative deep into the state’s reputation; resistance to government intervention, and the belief that hard work is all one needs to succeed. Unfortunately, this fails to account for the reality of widespread inequity, and it places the blame on the individual without recognizing the



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oppressive weight of systemic barriers they are under. This mentality can dangerously undermine availability of support and resources, as it plays into policy-making and even more abstract societal norms such as whether vulnerability is welcomed, and whether a network of social support and empathy exists for suffering, a very real human experience.

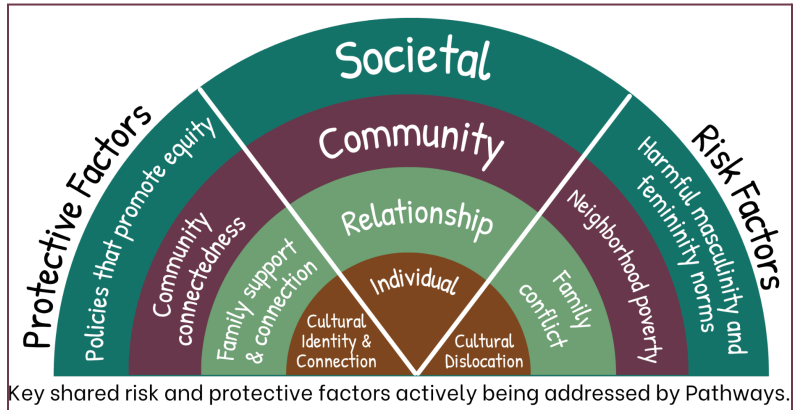
All of this to say, this umbrella of societal beliefs has a trickle-down effect into the lack of infrastructure, resources, and policies meant to enhance protective factors and prevent risk factors across the state. Changing community-wide norms is a large, abstract task; it cannot be done through individual efforts. This is why it is critical that we examine and acknowledge shared risk and protective factors to enhance community buy-in, as working together and pooling the resources we do have is critical to combating this self-reliant narrative. The Pathways

[shared risk and protective factors](#) framework highlights this using pooled data; it identifies where individual, interpersonal, and community-level factors coincide with outcomes that each organization is working to address. The significant overlap within this chart serves as the framework for

the Pathways Coalition as a whole: more concerted efforts lead to more expansive impact. Acknowledging risk and protective factors across agencies also supports Pathways' fourth goal of building the extent to which social service and community agencies promote and foster healthy social-emotional environments.

This CNA section will zoom in on economic stress, mental health and substance use, violence, and the disparities that exist within these issues to highlight the tangible impacts of community norms, and how these outcomes are *both causes and effects* of each other; calling for a wraparound, collective impact approach.

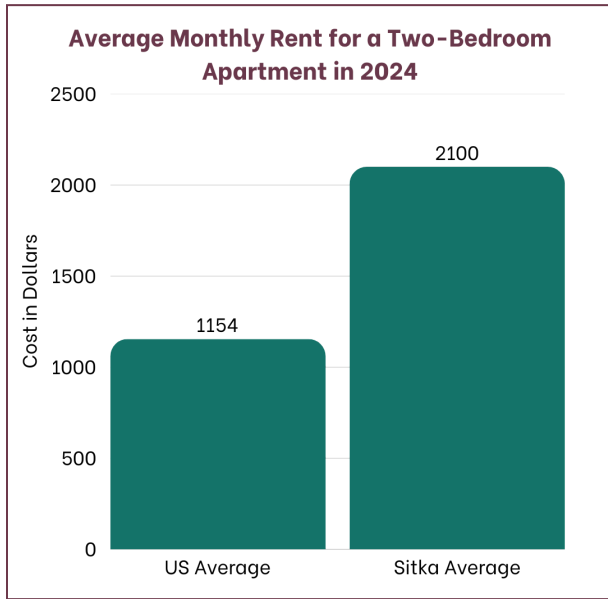
A prominent community factor that contributes to poor outcomes is economic stress. This is a widespread issue across Alaska, and its impacts are compounded in remote areas such as Sitka. In 2022, inflation rates in Alaska hit a 41-year high of 8.1%. As of 2023, inflation in Alaska has slowed to 1.5%, a more normal rate compared to the US average. However, the cost of living remains high (Alaska Department of Labor & Workforce Development, 2023). In Sitka specifically, the cost of living is 37.5% higher than the US average (US Department of Agriculture [USDA], 2024); Sitka also has the highest rental rate out of any surveyor borough in Alaska at \$1,537/month¹ (Alaska Department of Labor and Workforce Development, 2024). These astronomical rental costs are largely due to the increase of short-term rentals and seasonal housing like AirBnB and vacation homes. Another factor wrapped up in the high cost of living is food insecurity. Approximately 95% of the food Alaskans purchase is imported, and Alaska is



¹ Adjusted average rent for all Sitka units increased to \$1,648 per month in 2024.



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at the end of the supply chain for goods and food coming from the West Coast (USDA, 2024). Supply chain interruptions coupled with Sitka's geographic location tend to spike the costs of foods; another expense Sitka residents must account for.

High cost of living further contributes to houselessness, a very pressing risk factor in any community. It's estimated around 15 Sitka residents are chronically houseless, but the actual number of people experiencing houselessness is assumed to be much greater as many people couch surf, sleep in their cars, or don't report their housing status (McKinstry, 2021). In addition, almost a quarter of Sitka's homeowners and half of its renters spend a third or more of their income on housing

costs (Woolsey, 2023). This is a challenge when the livable wage in Sitka is high, specifically for families. According to the Living Wage Calculator by Massachusetts Institute of Technology (MIT), the livable wage for one adult in Sitka is \$36,358 after taxes. However, for a single parent with one child, the livable wage jumps to \$73,216 after taxes, with subsequent increases in livable wage with each additional child² (Glasmeier, 2023). This leaves nearly 7% of Sitka residents below the poverty line (United States Census, 2021), which disproportionately impacts families with 35.5% of Sitka students eligible for free/reduced lunch³ (Sitka School District, 2023).

These aforementioned economic factors are drivers of poverty in Sitka, as they decrease accessibility to resources. And one's level of economic security is directly linked to many poor health outcomes; including mental health decline, substance use, and violence. For example, those in poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy (US Department of Health and Human Services, 2024). Research also demonstrates that

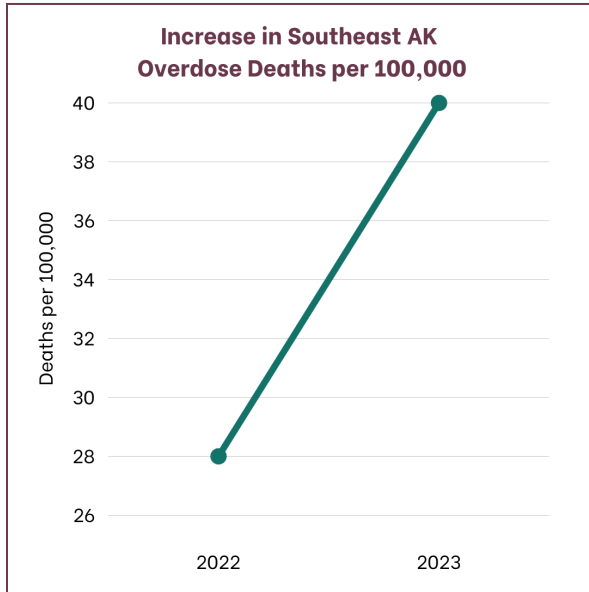


² As of 2024 data, livable wage for one adult has increased to \$42,577 and to \$80,337 for a single parent with one child after taxes. High cost of living continues to contribute to widespread economic disparities.

³ As of 2024, 31% of students enrolled in the district were eligible for free and reduced lunches, however, two-thirds of families did not apply; the percentage of families who are eligible is likely higher. SSD intends to do an outreach campaign to reach and enroll more eligible families. In the school year 2025/2026, 34% of SSD students were eligible.

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higher financial worries are significantly associated with higher psychological distress and perpetration of intimate partner violence (Ryu & Fan, 2023). In fact, a 2016 study found that for each additional financial stressor, the odds of severe physical IPV increased 1.27 times (Schwab-Reese et al., 2016). And in terms of substances, dominant relapse themes include life stressors, such as one's financial status. Substances can also be a coping mechanism to combat this stress, and they play into the likelihood of violence occurring. Overall, economic stress is a leading risk factor for numerous poor health outcomes, which is why its prominence in Sitka cannot be ignored when working towards societal-level solutions.



As mentioned, poor mental health and substance use have a community-wide impact in Sitka. According to County Health Rankings, residents of Sitka have more poor mental health days than the nationwide average, with a rate of about 4.9 over the last 30 days (University of Wisconsin, 2023). In addition, Alaska has the second highest rates of suicide in the US at 27 per 100,000 deaths (CDC, 2022). Coupled with poor mental health, both Sitka and Alaska have disproportionately high rates of substance use. Alaska has the nation's second-highest number of alcohol-related deaths per capita, and the highest rate of female deaths (Drug Abuse Statistics, 2024). The rate of excessive drinking in Sitka is over 20%, which is 3%

higher than the national average (University of Wisconsin, 2023). And this problem seems to be worsening across Alaska. Since 2015, the 5-year average annual rate of excessive alcohol deaths per capita increased by as much as 45% (Drug Abuse Statistics, 2024), and the Southeast overdose rate increased from 28.3 to 40.1 deaths per 100,000 between 2022 and 2023 alone (Alaska Department of Health, 2023). The impact of substance use stretches into taxpayer dollars as well; Alaska taxpayers spent \$827.2 million as a result of excessive alcohol use in 2010. Adjusted for inflation, this is equivalent to \$1.17 billion or \$3.04 per drink in 2022 US dollars (Drug Abuse Statistics, 2024).

It is important to acknowledge the potential reasons why these high numbers persist in remote locations such as Sitka. First, lack of access to healthcare is a major risk factor; 17% of adults in Sitka are uninsured, compared to 12% of adults across the US (University of Wisconsin, 2023). Both mental health and substance use interventions require a support network; one that is increasingly

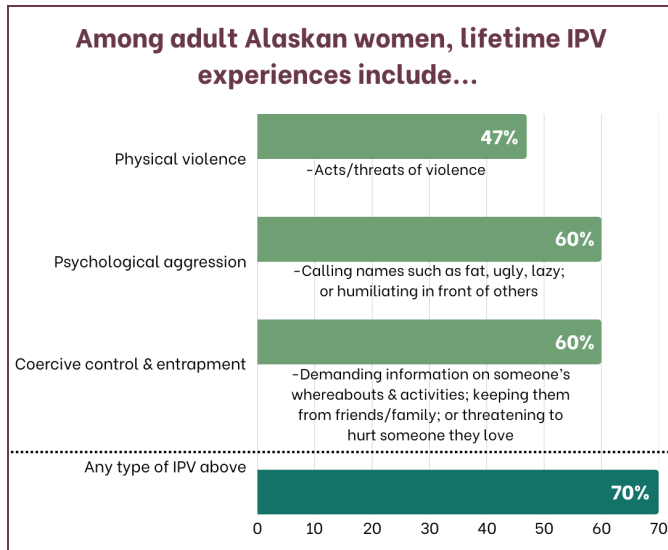


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inaccessible without health insurance and access to medical professionals due to Sitka’s remote location. In addition, the interconnectedness of community members, while a protective factor, does mean that grief is felt community-wide. Recently, Sitka has experienced significant loss of prominent community members and youth. And in a small town, a heavy concentration of loss has a compounded effect on the wellbeing of its people. This highlights the critical need for widespread access to community mental health resources and supports across Sitka.

As mentioned, mental health and substance use are not isolated issues; but rather ones that intertwine with a myriad of additional poor outcomes. Recent research indicates that up to 75% of individuals who begin treatment for a substance use disorder report having engaged in physical assault, mugging, using a weapon to attack another person, and other violent crimes. In addition, alcohol or drug use is involved in 40-60% of domestic abuse situations (American Addiction Centers, 2024). Former Sitka Police Department Lieutenant, Lance Ewers, highlights this issue stating that his department responds to multiple domestic violence cases a week, often committed by repeat offenders with drugs and alcohol involved. Ewers remarked, “In my law enforcement career, I couldn’t even begin to count how many domestic violence investigations I’ve conducted, and I could probably count on both hands how many didn’t have an alcohol nexus to it. Or a drug nexus to it. It was a sober domestic disturbance. And I’ve been a cop since 1999” (Cassandra, 2018). While it is important to account for the relationship between domestic violence and substance use when they co-occur, it is equally important that the perpetrator is always held accountable, regardless of the involvement of substances.

Overarchingly, economic stress, poor mental health, and substance use are intertwined in a way that contributes to a decline in community wellbeing and an increase in violent outcomes. As mentioned, it is therefore critical to address the involvement of each issue when reflecting on how poor outcomes such as violence play out in Sitka.



Violence is a widespread and deeply-rooted issue across the state of Alaska, and it is prevalent in Sitka. As highlighted in the Family Engagement Key Findings, the SAFV shelter alone provided 3,422 bednights for individuals and families fleeing domestic violence in FY23⁴. Statewide, Alaska remains high in rates of intimate partner violence (IPV) as compared to the rest of the nation with 70% of Alaskan women experiencing IPV (psychological aggression, coercive control and entrapment, and/or physical violence) in their lifetime (University of Alaska

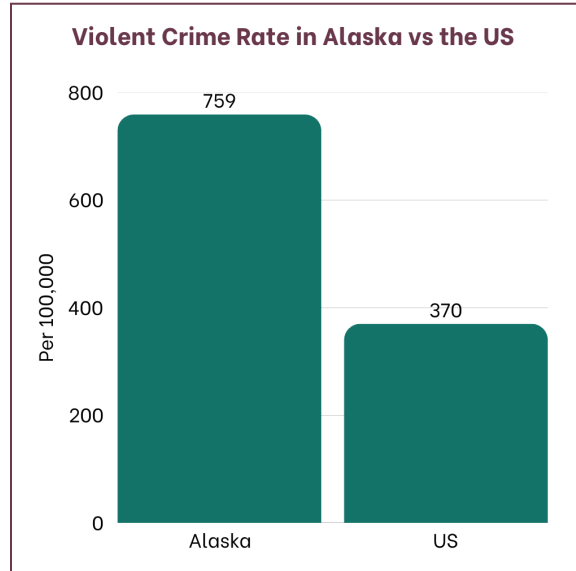
⁴ In FY24, this increased drastically to 6,219 bednights.



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Anchorage, 2020). In addition, over 30% of Alaskan men have experienced IPV, sexual violence, and/or stalking by an intimate partner in their lifetimes (University of Alaska Anchorage, 2022). Violent crime rates also soar above the national average, with Alaska having significantly higher rates of murder, rape, and aggravated assault. In 2022, Alaska's violent crime rate was double that of the US; Alaska's was 758.9 per 100,000 people, whereas the United States's was 369.8 (Alaska Department of Public Safety, 2023).

Again, these excessive rates of violence across Alaska call into question the kinds of community-wide norms that exist to perpetuate these kinds of numbers. Violence is a cyclical issue; children exposed to violence are more likely to misuse drugs, suffer from mental health issues, and engage in criminal behavior as adults, which also renders them more likely to experience financial challenges (National Institute of Justice, 2016). As mentioned, the interconnected nature of these risk factors poses each as *both* a cause *and* effect of violence. It is therefore evident that at the root of this cycle are larger, systemic, societal-level norms that continue to perpetuate these patterns regardless of attempts to address singular issues at a time. Perhaps this is why these kinds of attempts can feel like putting a bandaid on a missing limb; there is a disconnect between proposed solutions and the extensive root causes. And in terms of acknowledging root causes, an equitable solution-oriented approach recognizes that these risk factors are inequitable by nature; their impact is compounded among certain demographics due to a history of systemic injustices.



We cannot discuss equitable, holistic solutions without first addressing the disparities that exist in these issues. In relation to economic stress, there are both significant gender and racial/ethnic disparities in earnings. The average woman working in Alaska loses around \$530,000 in wages in her lifetime, and the average college-educated woman in Alaska loses an average of \$800,000 in lifetime earnings. Additionally, women in the non-profit sector make only \$0.79 for every dollar earned

In Alaska's nonprofit sector, the average woman earns 79 cents on the dollar compared to male nonprofit workers.

by their male counterparts (The Foraker Group, 2020). In a town like Sitka, with over 100 non-profit organizations and SEARHC's non-profit hospital (the largest employer on the island), the gender wage gap severely impacts the female population. Furthermore, the largest demographic of Sitka residents living in poverty is females aged 35-44, who are also the largest demographic to be single mothers (United



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States Census, 2021). Financial instability connects to domestic violence in that it often limits one's ability to leave an unhealthy relationship; further highlighting the interconnectedness of economic stress and violence.

Beyond gender disparities, American Indian/Alaska Native (AI/AN) populations are twice as likely to experience food insecurity as their white counterparts (USDA, 2024), and they earn about \$0.83 for every dollar made by a white individual in Alaska (US Department of Labor, 2024). In relation to mental health and substance use, AI/AN individuals have much higher rates of PTSD, addiction, and suicide than the general population. These high numbers coupled with low mental health resource utilization rates by AI/AN populations are evident of a variety of social determinants of health that disproportionately impact them: lack of trust in healthcare settings due to historical trauma, lack of access due to remote/low-income areas, lack of transportation, lack of health insurance, etc. (Leavitt et al., 2018). In addition, the highest age-adjusted mortality rate was observed among American Indian/Alaska Natives, who were 3.6 times as likely to die from alcohol-related causes compared to Non-Hispanic white individuals (Karaye et al., 2023). And while the rates of overdose among white individuals decreased from 2021 to 2022, it increased by about 15% among Alaska Natives (CDC, 2024).

As highlighted, these risk factors predispose individuals to violence. In some research, the reported rates of domestic violence against American Indian and Alaska Native individuals is up to 10 times higher than against other demographics in the United States (Indian Law Resource Center, 2022). And even though Alaska Natives make up only 20% of Alaska's population, they also make up 54% of sexual assault victims throughout the state (Cotsirilos, 2017). It is also important to acknowledge that domestic violence can occur in both same-sex and opposite-sex relationships. Both bisexual women and men report the highest rates of IPV within the LGBTQIA+ community, with over 61% of bisexual women and 37% of bisexual men experiencing IPV in their lifetimes. Due to stigma and fear of discrimination, the true prevalence of domestic violence and IPV within the LGBTQIA+ community may be underreported (Human Rights Campaign, 2022). These harrowing statistics, and specifically the disparities behind them, are again evidential of larger social issues at play.

Much of these outcomes can be traced back to the long-term impact of colonialism. As Westerners from around the globe ventured north to Alaska, disease spread, decimating communities of Alaska Native populations across the state. Additionally, cultural dislocation – the displacement of families from their homelands and children in an effort to force Indigenous children into boarding schools – further contributed to the breakdown of these intact, well-functioning communities.



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Assimilation, criminalization of cultural practices and traditions, exploitation of resources, enslavement, and abuse are all linked to the higher rates of suicide, substance use, sexual assault, homicide, and chronic illness that affect Alaska Native people more than any other racial group in Alaska (Indian Health Service, 2019). Concerted efforts to acknowledge and address the impact of colonialism community-wide is a step in creating space for healing from the intergenerational impact of forced assimilation. Several groups in Sitka are already prioritizing this through community education and conversations, as well as through awareness building strategies. However, working more proactively to effectively decolonize systems and promote racial justice and equitable environments is critical and necessary to improving health outcomes in Sitka, specifically violence.

Recommendations

As mentioned, societal level work is critical in creating sustainable, lasting impact. However, it can feel like the most abstract and daunting work. It is difficult to know how to shift things on such a large scale. After all, there are very real barriers in which this work must be navigated; lack of resources being a predominant one. And while it is easy to allow these realities to limit and even halt progress altogether, in an effort to treat them as obstacles rather than stop signs, it is critical to pose the question: what *can* we do as a collective?

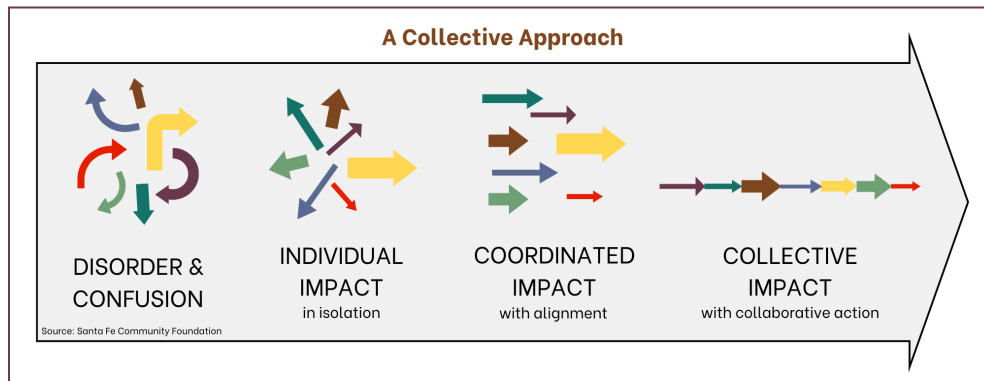
First, an individual approach is not serving us. To combat the individualism comprising part of the aforementioned “Alaskan mentality,” organizations can pool resources rather than competing for them. This starts with acknowledging the highlighted shared risk and protective factors in which each organization has a stake. Even this recognition – that all of our work is interconnected – has the potential to begin a shift in community norms, which drastically influence where money goes. Nonprofit work tends to be activity-oriented, which is very valid within the reactionary culture present in the US. However, holding singular events, while good for awareness-building, tends to spread organizations thin, which can lead to personnel burnout and failing to address issues at depth. This becomes cyclical and likely contributes to turnover rates, something Sitka’s nonprofits are all too familiar with. Instead, with the shouldering of this work across agencies, organizations can commit to doing less, more intentionally.



Examples of this kind of collective approach already exist among Pathways partners. Youth programs that encourage healthy masculinity and self esteem, and promote diversity like Boys Run I toowú klatseen, have the potential to change the culture to one that promotes healing, respect, and community, while also curbing negative health outcomes such as binge drinking, alcohol consumption, and drug use in boys and men. And this has become all the more effective with community-wide partnerships. Partner organizations providing coaches as positive adult role models,

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expertise in trauma-informed behavior support, and other resources expand and deepen the impact of this program. In addition, the Pathways Coalition has been working together to improve cultural and community connectedness to build family resilience against these aforementioned negative health outcomes. Efforts include the highly successful Sheet'ká Family Challenge which invites local organizations to host free, fun, family programs and activities under one umbrella for Sitka families to attend to encourage bonding. The coalition's commitment to resource and service coordination to achieve their common goal of increasing opportunities for family connectedness, is fortified by these partnerships. By maximizing efficiency of organizational resources, time, messaging, and programming across the coalition, this partnership serves as a protective factor in Sitka because it provides a wraparound approach. Not only do we reach more families with the collective's clientele, but the depth of the impact is compounded because numerous goals and perspectives are brought to the table.

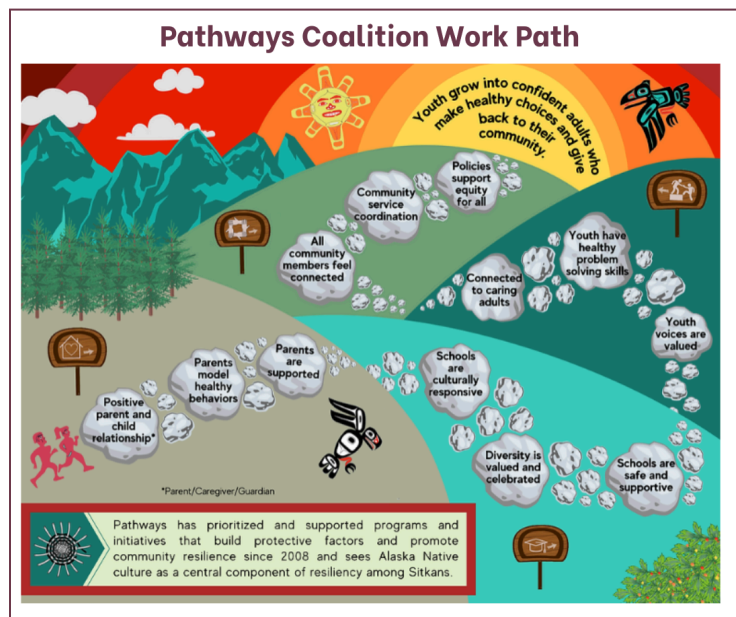


In regards to nonprofit staff turnover specifically, creating environments in which staff feel valued and supported at work is critical. Staff's needs must be met in order for the larger community work to become a priority, and in order to keep high retention rates that contribute to efficiency in working towards these shared goals. A way to ensure this is through a thorough examination of organizational practices, policies, and norms. Uncovering the reason *why* staff retention is low within organizations is the first step in identifying solutions. Perhaps looking at wages as compared to inflation rates, or the level of internal structures that exist to support staff, as well as the level of influence staff may have in decision-making could help. Additionally, considering organization-wide family friendly policies could be another solution. This could look like maternity leave, child care, leave to get out of an unhealthy situation, affordable insurance, paid time off, among other standards that contribute to one's quality of life. Again, lack of resources is often named as the biggest barrier to policies as such. How can the coalition get innovative with strategies to address this? Perhaps this looks like petitioning funders and/or leveraging grants by committing to comprehensive services across agencies. In addition, offering ongoing professional development opportunities about how to change systems would help institutions access the tools needed for shifting their internal environments, and hold themselves accountable for doing so, as well as more effectively shifting the external community environment.

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Connecting back to the Disparities section, professional development also provides an opportunity for employees to reflect on how their roles within an organization contribute to combating inequities in the outcomes they are working against. This could look like cultural competency and humility trainings, equitable data practice trainings, and other educational opportunities to increase knowledge about inequities in their specific fields. These trainings could be both an internal agency strategy and also implemented in a wider community setting; ensuring each organization is sharing knowledge and resources, using the same language, and establishing a similar lens through which we view collective impact. In addition, having community conversations to build awareness and challenge these norms, as well as understand how to decolonize systems, is pivotal in creating change, and these can start internally within an organization as well as community-wide. It is essential that organizations acknowledge the urgent necessity of changing our approach to have collective impact; if we want to see different outcomes, we need to change our approach and find different, more innovative solutions.

Ultimately, we are all trying to address the effects of the *same* risk and protective factors. Therefore, we all have a role in upstream prevention—that is, addressing risk factors *before* they manifest into negative health outcomes. And, we are all working among the same community norms underlying our approaches. By avoiding duplication of efforts and combining diverse perspectives, collective effort is the foundation for a wraparound approach in our community; one that acknowledges how multifaceted issues require multifaceted solutions.



Needs Statement

Goal 4b. Community Environments - *Establish a more collective approach to addressing the inequities (e.g. homelessness, gender wage gap, racial disparities, colonialism, impact of trauma, etc.) in our community by aligning resources and coordinating efforts around trainings, community dialogues, planning sessions, and policy development.*



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