# 2022
# COMMUNITY HEALTH NEEDS ASSESSMENT

Central Kenai Peninsula, Alaska

Sponsored by

**central peninsula hospital**

# TABLE OF CONTENTS

# INTRODUCTION

# PROJECT OVERVIEW

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents of the Central Kenai Peninsula in Kenai Peninsula Borough, Alaska. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Central Peninsula Hospital by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

# Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

## PRC Community Health Survey

### Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Central Peninsula Hospital and PRC.

### Community Defined for This Assessment

The study area for the survey effort (referred to as the "Central Kenai Peninsula" in this report) includes the following ZIP Codes: 99568, 99572, 99610, 99611, 99635, 99639, 99669, and 99672. This community definition, identified by Central Peninsula Hospital as its Primary Service Area, is illustrated below.
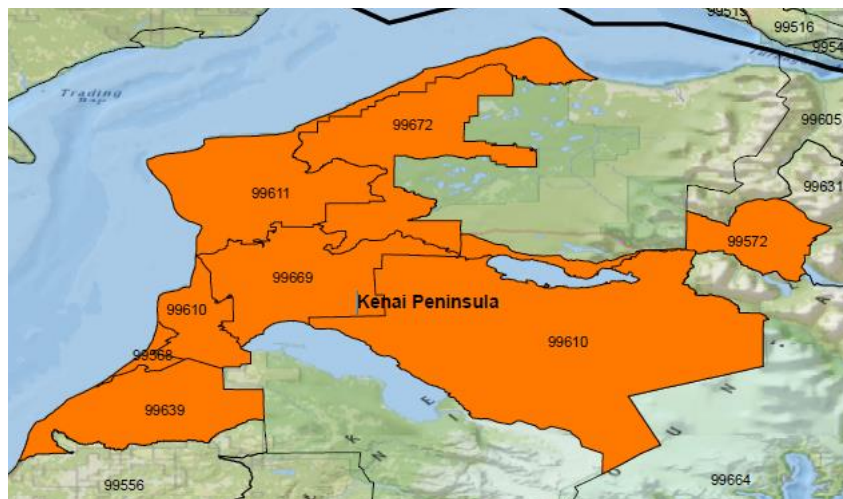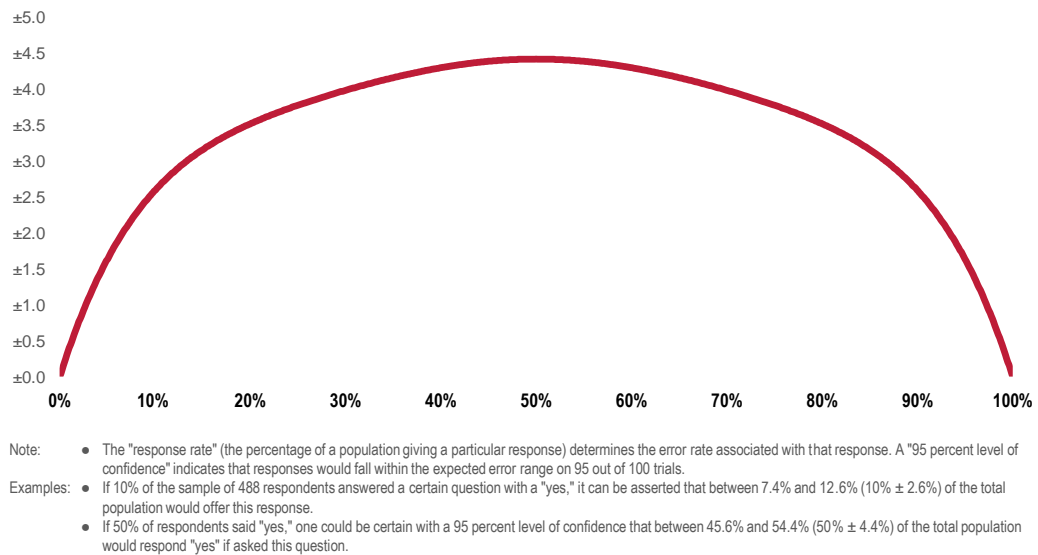
## Sample Approach & Design

The survey was administered via the internet. PRC hosted the online survey instrument, and Central Peninsula Hospital used a variety of communication tools to drive residents to take the survey online. Examples include press releases, social media advertising, posting on organizational websites, and email campaigns to community members and community partners. In all, a total of 488 surveys in the Central Kenai Peninsula were achieved.

For statistical purposes, the maximum rate of error associated with a sample size of 488 respondents is ±4.4% at the 95 percent confidence level.

### Expected Error Ranges for a Sample of 488 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
Examples:
- If 10% of the sample of 488 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% (10% ± 2.6%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% (50% ± 4.4%) of the total population would respond "yes" if asked this question.
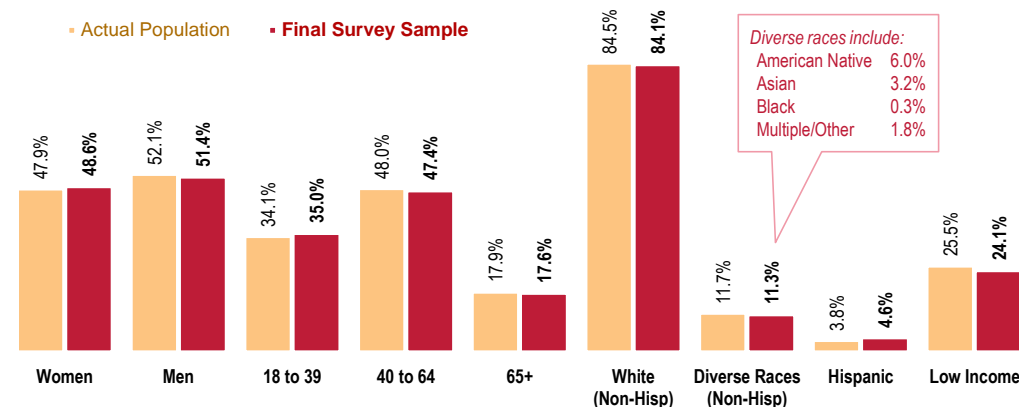
## Sample Characteristics

Once all interviews were completed, these were combined and weighted to best reflect the area as a whole. To accurately represent the population studied, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Central Kenai Peninsula sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]

## Population & Survey Sample Characteristics
### (Central Kenai Peninsula, 2022)



■ Actual Population   ■ **Final Survey Sample**

| | Women | Men | 18 to 39 | 40 to 64 | 65+ | White (Non-Hisp) | Diverse Races (Non-Hisp) | Hispanic | Low Income |
|---|---|---|---|---|---|---|---|---|---|
| Actual Population | 47.9% | 52.1% | 34.1% | 48.0% | 17.9% | 84.5% | 11.7% | 3.8% | 25.5% |
| Final Survey Sample | 48.6% | 51.4% | 35.0% | 47.4% | 17.6% | 84.1% | 11.3% | 4.6% | 24.1% |

*Diverse races include:*
American Native   6.0%
Asian                   3.2%
Black                    0.3%
Multiple/Other    1.8%

Sources:   ● US Census Bureau, 2011-2015 American Community Survey.
           ● 2022 PRC Community Health Survey, PRC, Inc.
Notes:     ● "Low Income" reflects those living under 200% FPL (federal poverty level, based on guidelines established by the US Department of Health & Human Services).

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

## INCOME & RACE/ETHNICITY

**INCOME ►** Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four in Alaska at $33,130 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

**RACE & ETHNICITY ►** In analyzing survey results, mutually exclusive race and ethnicity categories are used. "White" reflects non-Hispanic white respondents; "People of Color" reflects the balance of the survey sample identifying a race and/or ethnicity. While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and diverse race groups were not of sufficient size for independent analysis.

## Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Central Peninsula Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 59 community stakeholders took part in the Online Key Informant Survey, as outlined below:

| ONLINE KEY INFORMANT SURVEY PARTICIPATION | |
|---|---|
| KEY INFORMANT TYPE | NUMBER PARTICIPATING |
| Physicians | 34 |
| Public Health Representatives | 4 |
| Other Community Leaders | 21 |

Final participation included representatives of the organizations outlined below.

- City of Kenai
- City of Soldotna
- Central Peninsula General Hospital, Inc.
- Kenai Economic Development District
- Kenai Peninsula Borough
- State of Alaska

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

## Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Central Kenai Peninsula were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service

- ▪ US Department of Health & Human Services
- ▪ US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- ▪ US Department of Justice, Federal Bureau of Investigation
- ▪ US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect borough-level data.

## Benchmark Data

### Alaska Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

### Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- ▪ Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- ▪ Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- ▪ Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- ▪ Promote healthy development, healthy behaviors, and well-being across all life stages.
- ▪ Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

## Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of

this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

## Public Comment

Central Peninsula Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Central Peninsula Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Central Peninsula Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

# IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

| IRS FORM 990, SCHEDULE H | See Report Page |
|---|---|
| **Part V Section B Line 3a**<br>A definition of the community served by the hospital facility | 4 |
| **Part V Section B Line 3b**<br>Demographics of the community | 22 |
| **Part V Section B Line 3c**<br>Existing health care facilities and resources within the community that are available to respond to the health needs of the community | 95 |
| **Part V Section B Line 3d**<br>How data was obtained | 4 |
| **Part V Section B Line 3e**<br>The significant health needs of the community | 11 |
| **Part V Section B Line 3f**<br>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | Addressed Throughout |
| **Part V Section B Line 3g**<br>The process for identifying and prioritizing community health needs and services to meet the community health needs | 11 |
| **Part V Section B Line 3h**<br>The process for consulting with persons representing the community's interests | 6 |
| **Part V Section B Line 3i**<br>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | 103 |

# SUMMARY OF FINDINGS

## Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

| AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT | |
| --- | --- |
| ACCESS TO HEALTH CARE SERVICES | ▪ Barriers to Access<br>  – Cost of Physician Visits<br>▪ Routine Medical Care (Adults)<br>▪ Ratings of Local Health Care |
| CANCER | ▪ Leading Cause of Death<br>▪ Female Breast Cancer Screening |
| HEART DISEASE & STROKE | ▪ Leading Cause of Death |
| INJURY & VIOLENCE | ▪ Unintentional Injury Deaths |
| MENTAL HEALTH | ▪ "Fair/Poor" Mental Health<br>▪ Diagnosed Depression<br>▪ Suicide Deaths<br>▪ Difficulty Obtaining Mental Health Services<br>▪ Key Informants: Mental health ranked as a top concern. |
| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | ▪ Difficulty Accessing Fresh Produce<br>▪ Overweight & Obesity [Adults] |
| ORAL HEALTH | ▪ Access to Dentists |
| SUBSTANCE USE | ▪ Personally Impacted by Substance Use (Self or Other's)<br>▪ Key Informants: Substance use ranked as a top concern. |

## Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Nutrition, Physical Activity & Weight
4. Injury & Violence
5. Heart Disease & Stroke
6. Access to Health Care Services
7. Oral Health
8. Cancer

## Hospital Implementation Strategy

Central Peninsula Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

## Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Central Kenai Peninsula, grouped by health topic.

### Reading the Summary Tables

■ In the following tables, Central Kenai Peninsula results are shown in the larger, gray column.

■ The columns to the right of the Central Kenai Peninsula column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the Central Kenai Peninsula compares favorably (☀), unfavorably (🐙), or comparably (☹) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey (and represent the Central Kenai Peninsula area); the remaining indicators are taken from secondary data sources (and represent data for the borough as a whole).

## SOCIAL DETERMINANTS

| SOCIAL DETERMINANTS | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
| --- | --- | --- | --- | --- |
| | | vs. AK | vs. US | vs. HP2030 |
| Linguistically Isolated Population (Percent) | 0.1 [Borough-Level Data] | ☀️ better 1.9 | ☀️ better 4.1 | |
| Population in Poverty (Percent) | 12.7 [Borough-Level Data] | 🌧️ worse 10.3 | ☁️ similar 12.8 | 🌧️ worse 8.0 |
| Children in Poverty (Percent) | 18.4 [Borough-Level Data] | 🌧️ worse 13.8 | ☁️ similar 17.5 | 🌧️ worse 8.0 |
| Unemployment Rate (Age 16+, Percent) | 4.0 [Borough-Level Data] | ☁️ similar 3.5 | 🌧️ worse 3.3 | |
| Housing Exceeds 30% of Income (Percent) | 25.4 [Borough-Level Data] | ☁️ similar 28.5 | ☀️ better 30.4 | |
| % Unable to Pay Cash for a $400 Emergency Expense | 22.5 | | ☁️ similar 24.6 | |
| No High School Diploma (Age 25+, Percent) | 7.0 [Borough-Level Data] | ☁️ similar 6.9 | ☀️ better 11.5 | |
| % Unhealthy/Unsafe Housing Conditions | 13.8 | | ☁️ similar 12.2 | |

☀️ better  ☁️ similar  🌧️ worse

## OVERALL HEALTH

| OVERALL HEALTH | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
| --- | --- | --- | --- | --- |
| | | vs. AK | vs. US | vs. HP2030 |
| % "Fair/Poor" Overall Health | 7.0 | ☀️ better 12.4 | ☀️ better 12.6 | |

☀️ better  ☁️ similar  🌧️ worse

| ACCESS TO HEALTH CARE | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
| --- | --- | --- | --- | --- |
| | | vs. AK | vs. US | vs. HP2030 |
| % [Age 18-64] Lack Health Insurance | 4.9 | ☀ better 12.9 | ☀ better 8.7 | ☀ better 7.9 |
| % Cost Prevented Physician Visit in Past Year | 27.7 | 🌧 worse 10.5 | 🌧 worse 12.9 | |
| % Cost Prevented Getting Prescription in Past Year | 15.8 | | ☁ similar 12.8 | |
| % Transportation Hindered Dr Visit in Past Year | 5.6 | | ☀ better 8.9 | |
| % Difficulty Getting Child's Health Care in Past Year | 12.0 | | ☁ similar 8.0 | |
| Primary Care Doctors per 100,000 | 107.1 [Borough-Level Data] | 🌧 worse 133.6 | ☁ similar 106.5 | |
| % Have Had Routine Checkup in Past Year | 48.3 | 🌧 worse 64.9 | 🌧 worse 70.5 | |
| % Child Has Had Checkup in Past Year | 78.4 | | ☁ similar 77.4 | |
| % Perceive a Lack of Health Care Services Locally | 49.6 | | | |
| % Outmigration for Care | 45.0 | | | |
| % Rate Local Health Care "Fair/Poor" | 17.2 | | 🌧 worse 8.0 | |

| ☀ better | ☁ similar | 🌧 worse |
| --- | --- | --- |

| CANCER | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
| --- | --- | --- | --- | --- |
| | | vs. AK | vs. US | vs. HP2030 |
| Cancer (Age-Adjusted Death Rate) | 152.3 [Borough-Level Data] | ☁ similar 145.9 | ☁ similar 149.4 | 🌧 worse 122.7 |
| Cancer Incidence Rate (All Sites) | 435.3 [Borough-Level Data] | ☁ similar 418.6 | ☁ similar 448.6 | |

| CANCER (continued) | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Female Breast Cancer Incidence Rate | **121.4** [Borough-Level Data] | ☁ 121.9 | ☁ 126.8 | |
| Prostate Cancer Incidence Rate | **84.2** [Borough-Level Data] | ☁ 88.4 | ☀ 106.2 | |
| Lung Cancer Incidence Rate | **63.0** [Borough-Level Data] | ☁ 55.1 | ☁ 57.3 | |
| Colorectal Cancer Incidence Rate | **43.6** [Borough-Level Data] | ☁ 42.3 | ☁ 38.0 | |
| % Cancer | **9.6** | ☁ 9.2 | ☁ 10.0 | |
| Mammogram in Past 2 Years (% Women 50-74) | **64.6** [Borough-Level Data] | ☁ 66.3 | 🌧 74.8 | 🌧 77.1 |

| | ☀ better | ☁ similar | 🌧 worse |
|---|---|---|---|

| DIABETES | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| % Diabetes/High Blood Sugar | **11.6** | 🌧 7.6 | ☁ 13.8 | |

| | ☀ better | ☁ similar | 🌧 worse |
|---|---|---|---|

| HEART DISEASE & STROKE | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Coronary Heart Disease (Age-Adjusted Death Rate) | **79.9** [Borough-Level Data] | ☁ 70.3 | ☁ 91.5 | ☁ 90.9 |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | **5.0** | ☁ 5.2 | ☁ 6.1 | |
| Stroke (Age-Adjusted Death Rate) | **35.7** [Borough-Level Data] | ☁ 36.4 | ☁ 37.6 | ☁ 33.4 |

| HEART DISEASE & STROKE (continued) | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| % Stroke | 0.5 | ☀ better 2.3 | ☀ better 4.3 | |
| % Told Have High Blood Pressure | 37.2 | ☁ similar 32.9 | ☁ similar 36.9 | 🌧 worse 27.7 |
| % Told Have High Cholesterol | 25.5 | | ☀ better 32.7 | |
| % 1+ Cardiovascular Risk Factor | 85.4 | | ☁ similar 84.6 | |
| | | ☀ better | ☁ similar | 🌧 worse |

| INFANT HEALTH & FAMILY PLANNING | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Infant Death Rate | 4.9 [Borough-Level Data] | ☀ better 5.7 | ☀ better 5.7 | ☁ similar 5.0 |
| Births to Adolescents Age 15 to 19 (Rate per 1,000) | 17.9 [Borough-Level Data] | ☀ better 23.0 | ☁ similar 19.3 | |
| | | ☀ better | ☁ similar | 🌧 worse |

| INJURY & VIOLENCE | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Unintentional Injury (Age-Adjusted Death Rate) | 60.3 [Borough-Level Data] | ☁ similar 62.3 | 🌧 worse 50.4 | 🌧 worse 43.2 |
| Motor Vehicle Crashes (Age-Adjusted Death Rate) | 12.9 [Borough-Level Data] | 🌧 worse 10.7 | ☁ similar 11.5 | 🌧 worse 10.1 |
| Violent Crime Rate | 486.2 [Borough-Level Data] | ☀ better 981.6 | ☁ similar 416.0 | |
| | | ☀ better | ☁ similar | 🌧 worse |

## MENTAL HEALTH

| MENTAL HEALTH | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
| --- | --- | --- | --- | --- |
| | | vs. AK | vs. US | vs. HP2030 |
| % "Fair/Poor" Mental Health | 26.2 | | 🌧 13.4 | |
| % Diagnosed Depression | 29.5 | 🌧 15.9 | 🌧 20.6 | |
| Suicide (Age-Adjusted Death Rate) | 26.2 [Borough-Level Data] | ☁ 26.7 | 🌧 13.8 | 🌧 12.8 |
| Mental Health Providers per 100,000 | 248.3 [Borough-Level Data] | 🌧 293.2 | ☀ 140.1 | |
| % Unable to Get Mental Health Svcs in Past Yr | 12.9 | | 🌧 7.8 | |

☀ better    ☁ similar    🌧 worse

## NUTRITION, PHYSICAL ACTIVITY & WEIGHT

| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
| --- | --- | --- | --- | --- |
| | | vs. AK | vs. US | vs. HP2030 |
| % "Very/Somewhat" Difficult to Buy Fresh Produce | 58.0 | | 🌧 21.1 | |
| Population With Low Food Access (Percent) | 23.7 [Borough-Level Data] | ☀ 30.9 | ☁ 22.2 | |
| Fast Food (Restaurants per 100,000) | 76.5 [Borough-Level Data] | 🌧 59.9 | ☁ 75.9 | |
| % No Leisure-Time Physical Activity | 18.9 | ☁ 21.3 | ☀ 31.3 | ☁ 21.2 |
| % Child [Age 2-17] Physically Active 1+ Hours per Day | 35.1 | | ☁ 33.0 | |
| Recreation/Fitness Facilities per 100,000 | 15.3 [Borough-Level Data] | ☀ 11.5 | ☀ 11.9 | |
| % Overweight (BMI 25+) | 77.6 | 🌧 66.8 | 🌧 61.0 | |
| % Obese (BMI 30+) | 42.9 | 🌧 31.9 | 🌧 31.3 | 🌧 36.0 |

| NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued) | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| % Children [Age 5-17] Overweight (85th Percentile) | 31.3 | | ☁ 32.3 | |
| % Children [Age 5-17] Obese (95th Percentile) | 17.7 | | ☁ 16.0 | ☁ 15.5 |
| | | ☀ better | ☁ similar | ⛈ worse |

| ORAL HEALTH | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Dentists per 100,000 | 28.9 [Borough-Level Data] | ⛈ 60.7 | ⛈ 35.5 | |
| % [Age 18+] Dental Visit in Past Year | 64.3 | ☁ 62.5 | ☁ 62.0 | ☀ 45.0 |
| | | ☀ better | ☁ similar | ⛈ worse |

| POTENTIALLY DISABLING CONDITIONS | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| % Activity Limitations | 25.6 | | ☁ 24.0 | |
| | | ☀ better | ☁ similar | ⛈ worse |

| RESPIRATORY DISEASE | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Lung Disease (Age-Adjusted Death Rate) | 32.1 [Borough-Level Data] | ☁ 34.5 | ☀ 39.1 | |
| % [Adult] Ever Diagnosed With Asthma | 11.2 | ☀ 14.8 | ☀ 17.3 | |
| % COPD (Lung Disease) | 2.0 | ☀ 4.6 | ☀ 6.4 | |

| RESPIRATORY DISEASE (continued) | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| COVID-19 Deaths (Crude Deaths) | **213.6** [Borough-Level Data] | ☁ 192.3 | ☀ 324.0 | |

☀ better   ☁ similar   🌧 worse

| SEXUAL HEALTH | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| Chlamydia Incidence Rate | **243.6** [Borough-Level Data] | ☀ 695.8 | ☀ 481.3 | |
| Gonorrhea Incidence Rate | **76.7** [Borough-Level Data] | ☀ 270.9 | ☀ 206.5 | |

☀ better   ☁ similar   🌧 worse

| SUBSTANCE USE | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| % Binge Drinking | **21.9** | 🌧 15.9 | ☁ 23.6 | ☁ 25.4 |
| % Used a Prescription Opioid in Past Year | **10.4** | | ☁ 12.9 | |
| % Personally Impacted by Substance Use | **58.5** | | 🌧 35.8 | |

☀ better   ☁ similar   🌧 worse

| TOBACCO USE | Central Kenai Peninsula | CENTRAL KENAI PENINSULA vs. BENCHMARKS | | |
|---|---|---|---|---|
| | | vs. AK | vs. US | vs. HP2030 |
| % Currently Smoke Cigarettes | **7.5** | ☀ 18.0 | ☀ 17.4 | 🌧 5.0 |
| % Currently Use Vaping Products | **5.6** | ☁ 5.0 | ☀ 8.9 | |

☀ better   ☁ similar   🌧 worse

# DATA CHARTS &
# KEY INFORMANT INPUT

The following sections present data from multiple sources, including
the population- based PRC Community Health Survey, public health and other
existing data sets (secondary data), as well as qualitative input from
the Online Key Informant Survey.
Data indicators from these sources are intermingled and organized by
health topic. To better understand the source data for specific indicators, please
refer to the footnotes accompanying each chart.

# COMMUNITY CHARACTERISTICS

## Population Characteristics

### Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density. [BOROUGH-LEVEL DATA]

### Total Population
(Estimated Population, 2016-2020)

|  | TOTAL POPULATION | TOTAL LAND AREA (square miles) | POPULATION DENSITY (per square mile) |
|---|---|---|---|
| Kenai Peninsula Borough | 58,809 | 16,017.42 | 4 |
| Alaska | 736,990 | 571,022.36 | 1 |
| United States | 326,569,308 | 3,533,038.14 | 92 |

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

### Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Kenai Peninsula Borough between the 2010 and 2020 US Censuses. [BOROUGH-LEVEL DATA]

### Change in Total Population
(Percentage Change Between 2010 and 2020)

An increase of 3,399 persons

| 6.1% | 3.3% | 7.1% |
|---|---|---|
| Kenai Peninsula Borough | AK | US |

Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Map Legend

Population Change, Percent by County, US Census 2010 - 2020

Report Location, County

- Over 10.0% Increase ( + )
- 2.0 - 10.0% Increase ( + )
- Less Than 2.0% Change ( +/- )
- 2.0 - 10.0% Decrease ( - )
- Over 10.0% Decrease ( - )
- No Population or No Data

SparkMap

## Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum. [BOROUGH-LEVEL DATA]

### Total Population by Age Groups
#### (2016-2020)
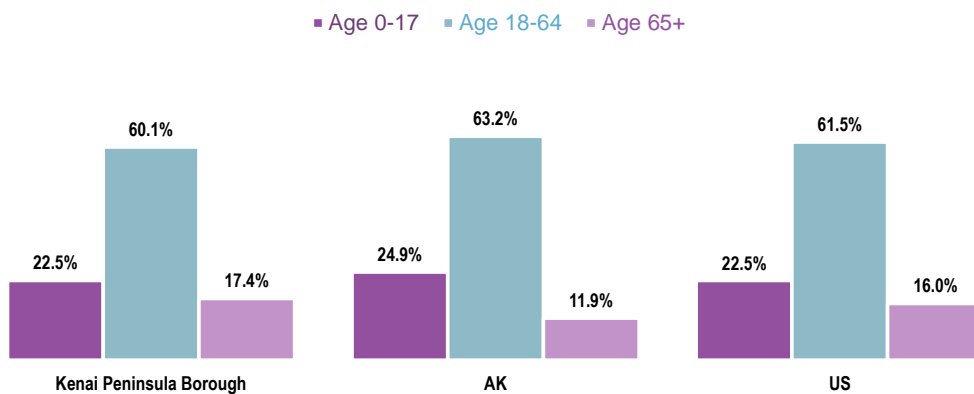
■ Age 0-17    ■ Age 18-64    ■ Age 65+



| | Age 0-17 | Age 18-64 | Age 65+ |
|---|---|---|---|
| Kenai Peninsula Borough | 22.5% | 60.1% | 17.4% |
| AK | 24.9% | 63.2% | 11.9% |
| US | 22.5% | 61.5% | 16.0% |

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

## Median Age

Note the median age of our population, relative to state and national medians. [BOROUGH-LEVEL DATA]
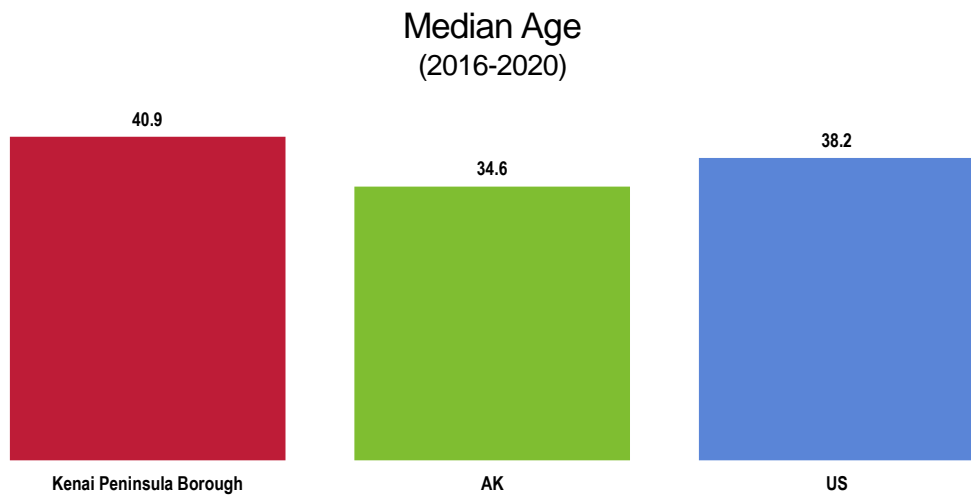
### Median Age
### (2016-2020)



**40.9** — Kenai Peninsula Borough
**34.6** — AK
**38.2** — US

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).



Map Legend

Median Age by County, ACS 2016-20
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Report Location, County

SparkMap
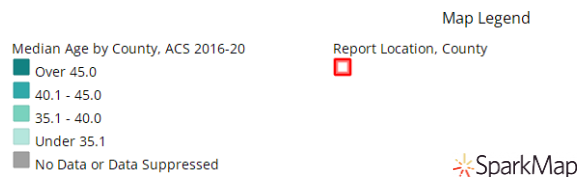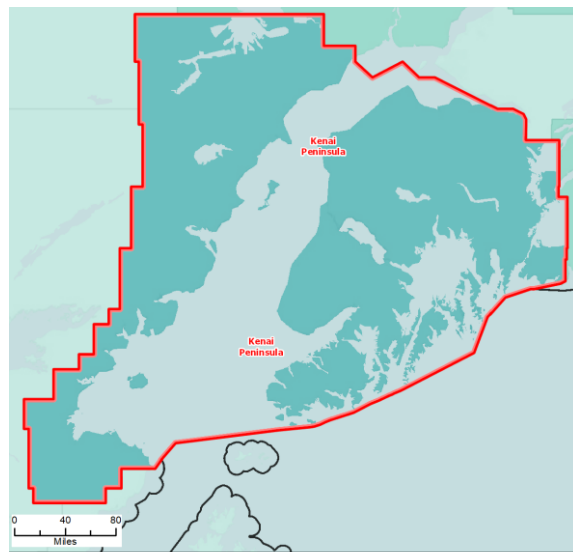
## Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race. [BOROUGH-LEVEL DATA]

### Total Population by Race Alone
(2016-2020)
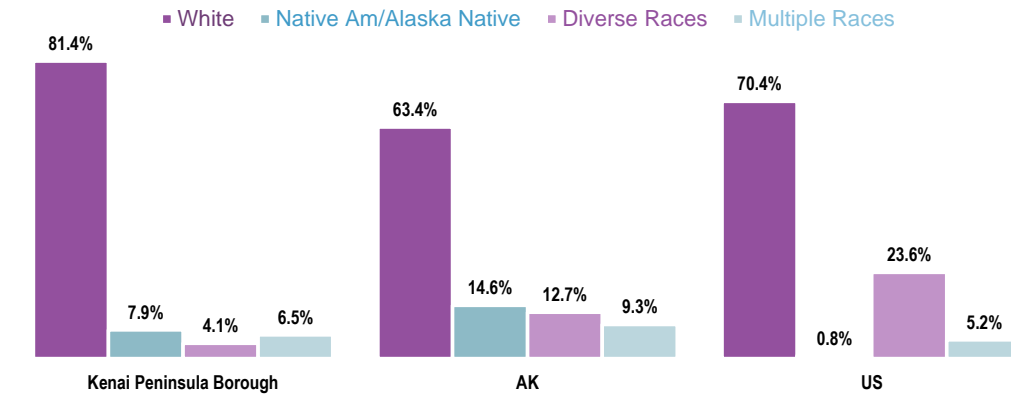
■ White  ■ Native Am/Alaska Native  ■ Diverse Races  ■ Multiple Races

**Kenai Peninsula Borough**
- 81.4%
- 7.9%
- 4.1%
- 6.5%

**AK**
- 63.4%
- 14.6%
- 12.7%
- 9.3%

**US**
- 70.4%
- 0.8%
- 23.6%
- 5.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

### Hispanic Population
(2016-2020)
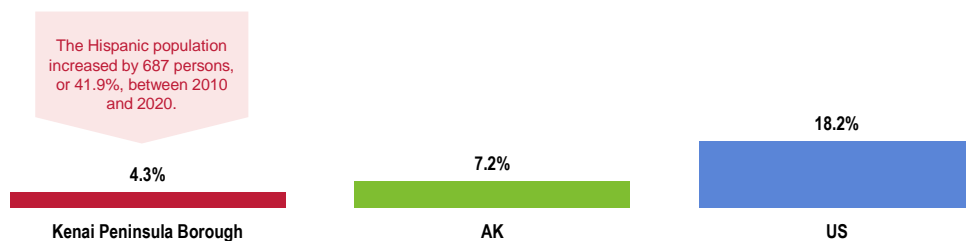
The Hispanic population increased by 687 persons, or 41.9%, between 2010 and 2020.

**Kenai Peninsula Borough** — 4.3%

**AK** — 7.2%

**US** — 18.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

## Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English "very well." [BOROUGH-LEVEL DATA]

## Linguistically Isolated Population
### (2016-2020)
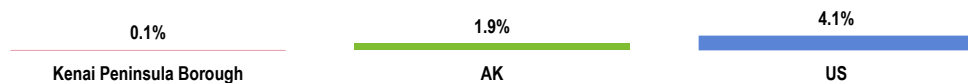
| 0.1% | 1.9% | 4.1% |
|------|------|------|
| **Kenai Peninsula Borough** | **AK** | **US** |

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



Map Legend

Population in Linguistically Isolated Households, Percent by County, ACS 2016-20

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Report Location, County

SparkMap
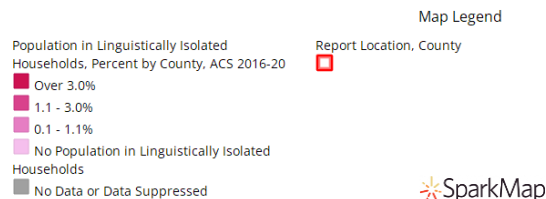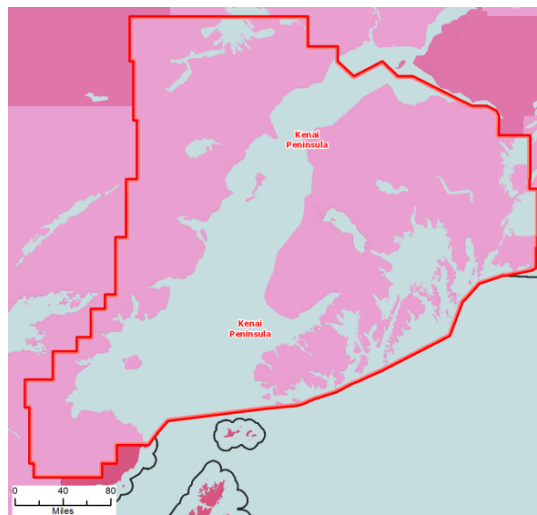
# Social Determinants of Health

## ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (https://health.gov/healthypeople)

## Income & Poverty

### Poverty

The following chart outlines the proportion of our population below the federal poverty threshold (for the total population as well as only among children) in comparison to state and national proportions. [BOROUGH-LEVEL DATA]

### Population in Poverty
#### (Populations Living Below the Poverty Level; 2016-2020)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
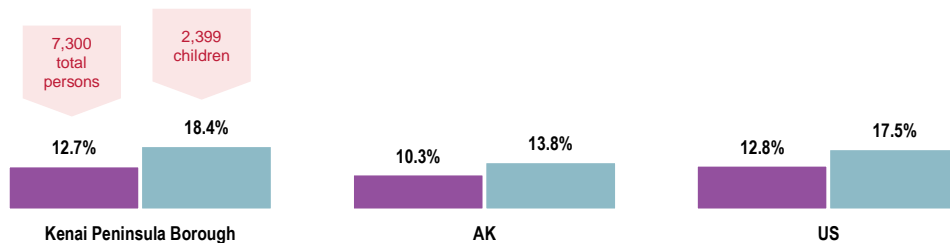
| | Total Population | Children |
|---|---|---|
| Kenai Peninsula Borough | 12.7% (7,300 total persons) | 18.4% (2,399 children) |
| AK | 10.3% | 13.8% |
| US | 12.8% | 17.5% |

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
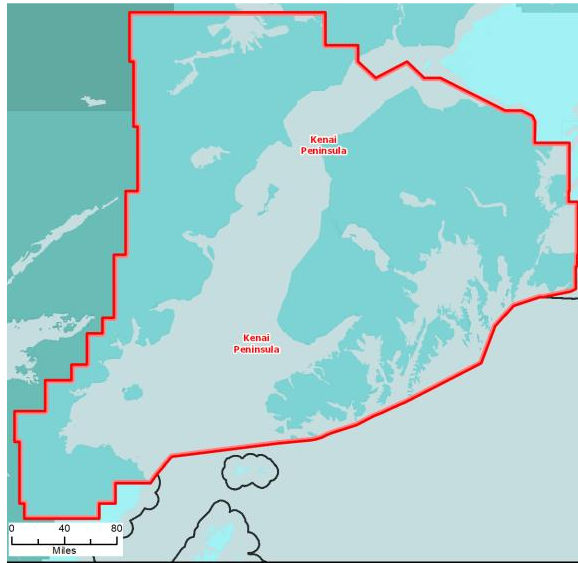
Map Legend

Population Below the Poverty Level, Percent by County, ACS 2016-20

Report Location, County

Over 20.0%
15.1 - 20.0%
10.1 - 15.0%
Under 10.1%
No Data or Data Suppressed
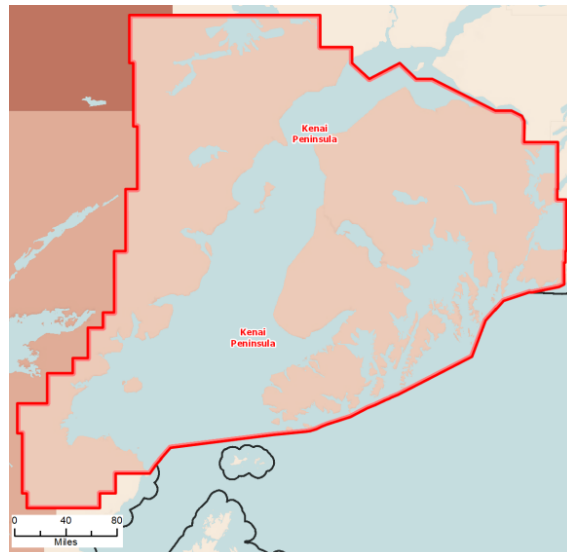
SparkMap



Map Legend

Population Below the Poverty Level, Children (Age 0-17), Percent by County, ACS 2016-20

Report Location, County

Over 30.0%
22.6 - 30.0%
15.1 - 22.5%
Under 15.1%
No Population Age 0-17 Reported
No Data or Data Suppressed

SparkMap

## Education

Education levels are reflected in the proportion of our population without a high school diploma. [BOROUGH-LEVEL DATA]

### Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)
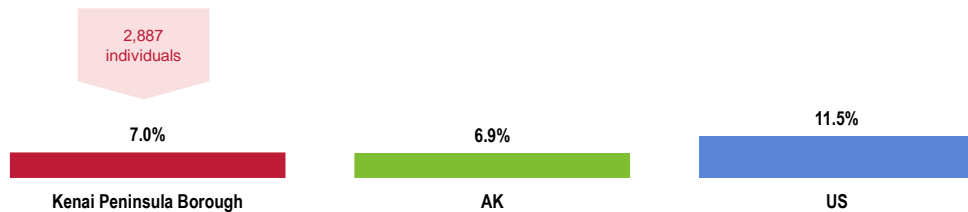
2,887 individuals

| 7.0% | 6.9% | 11.5% |
|---|---|---|
| **Kenai Peninsula Borough** | **AK** | **US** |

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Map Legend

Population with No High School Diploma (Age 25+), Percent by County, ACS 2016-20

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Report Location, County

SparkMap
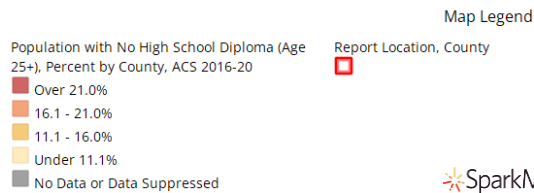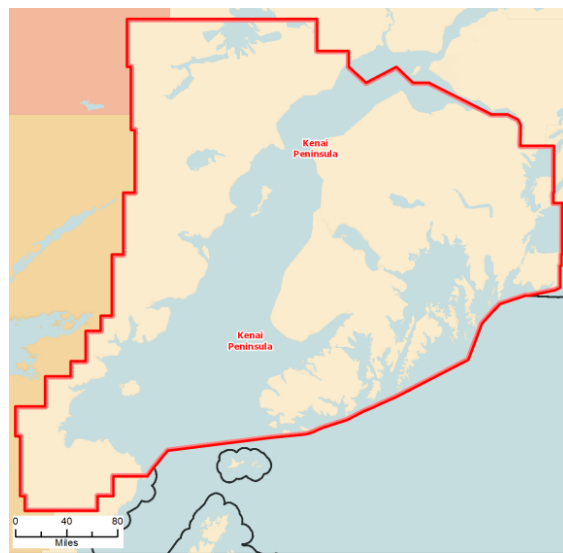
## Employment

The following shows unemployment trends in Kenai Peninsula Borough according to data derived from the US Department of Labor. [BOROUGH-LEVEL DATA]

### Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

Kenai Peninsula Borough —— AK —— US



| 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | September 2022 |
|------|------|------|------|------|------|------|------|------|------|------|----------------|
| 9.7% | 8.8% | 8.1% | 7.7% | 7.6% | 8.2% | 7.7% | 7.0% | 6.1% | 9.5% | 7.3% | 4.0% |
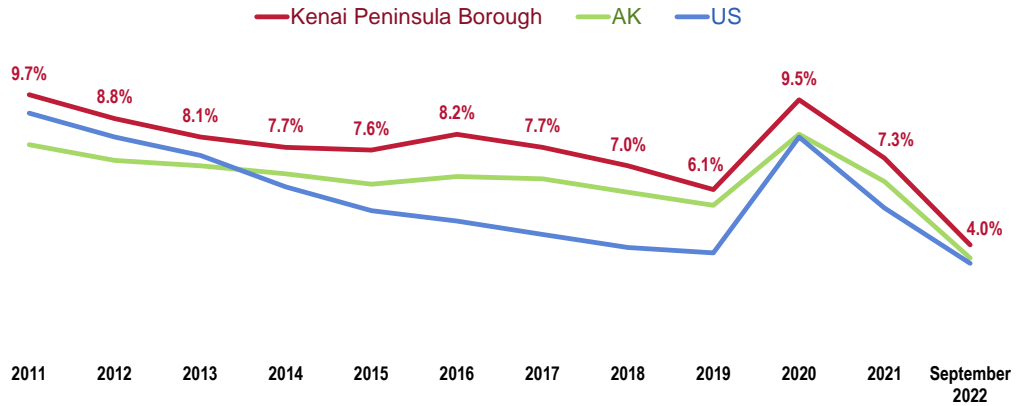
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

## Financial Resilience

**"Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"**

### Do Not Have Cash on
### Hand to Cover a $400 Emergency Expense
(Central Kenai Peninsula, 2022)



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
|-------|-----|----------|----------|-----|-----------|-----------------|-------|-----------------|-------------------------|-----|
| 29.4% | 15.6% | 30.3% | 19.9% | 16.0% | 51.8% | 13.0% | 20.3% | 35.7% | 22.5% | 24.6% |
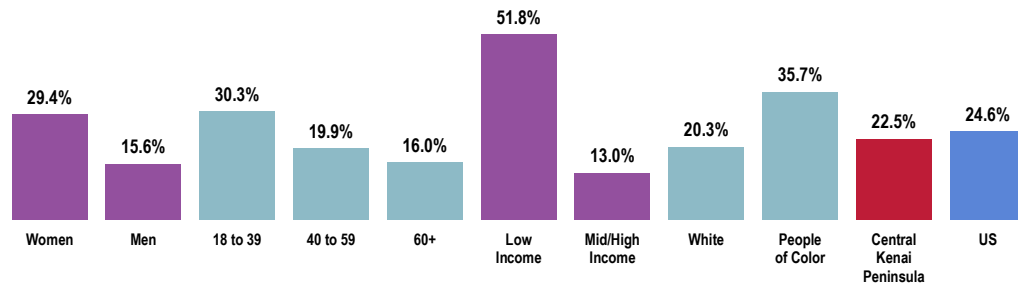
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 30]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

## Housing

### Housing Burden

The following chart shows the housing burden in Kenai Peninsula Borough . This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. [BOROUGH-LEVEL DATA]

### Housing Costs Exceed 30% of Household Income
(2016-2020)

5,539 households

| | | |
|---|---|---|
| 25.4% | 28.5% | 30.4% |
| Kenai Peninsula Borough | AK | US |
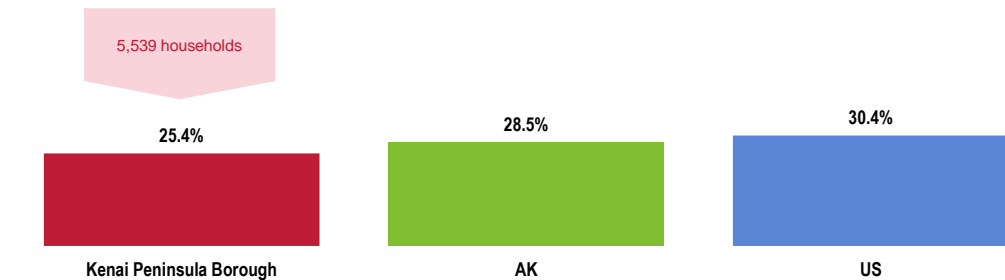
Sources: • US Census Bureau American Community Survey.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of the households where housing costs exceed 30% of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

### Unhealthy or Unsafe Housing

**"Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"**

### Unhealthy or Unsafe Housing Conditions in the Past Year
(Central Kenai Peninsula, 2022)

| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
|---|---|---|---|---|---|---|---|---|---|---|
| 13.0% | 14.0% | 17.1% | 14.7% | 7.6% | 22.5% | 10.8% | 12.5% | 19.8% | 13.8% | 12.2% |
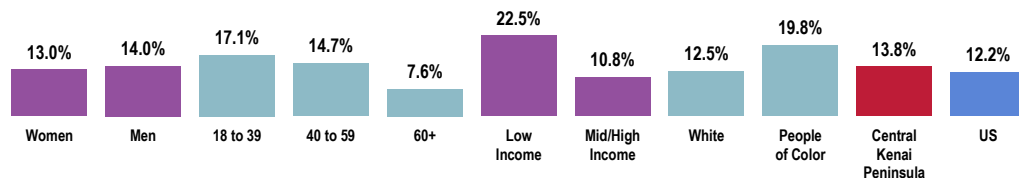
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 31]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

## Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:

### Perceptions of Social Determinants of Health
### as a Problem in the Community
#### (Key Informants, 2022)

■ Major Problem     ■ Moderate Problem     ■ Minor Problem     ■ No Problem At All

| 29.8% | 45.6% | 24.6% |
|:---:|:---:|:---:|

Sources:    ●   PRC Online Key Informant Survey, PRC, Inc.
Notes:    ●   Asked of all respondents.
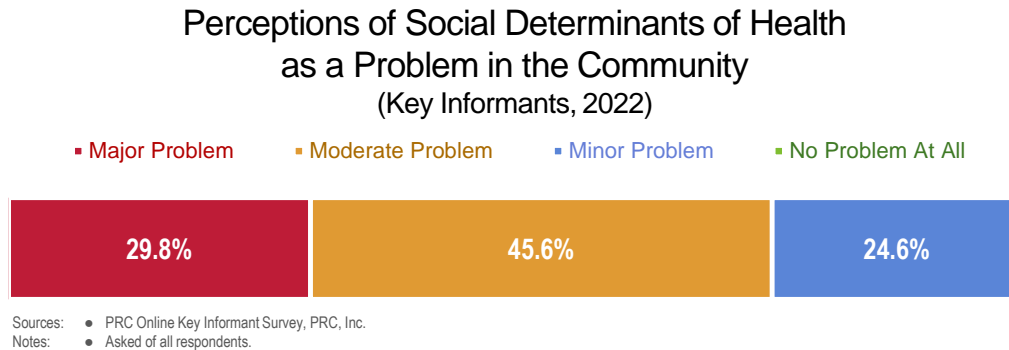
Among those rating this issue as a "major problem," reasons related to the following:

### Housing

> Cost of living increases have outpaced income for many residents. Simultaneously, reductions in support such as food stamps, personal care hours, have made it hard for residents to meet basic needs. Residents have difficulty finding affordable housing. There seem to be adequate options for employment, but wages are often still lower than what is needed to cover the cost of living. Due to the cold temperatures of the winter, energy costs can be significantly higher in the winter months than in the summer, leaving people vulnerable in the harshest months of the year. – Physician

> People who become disabled early because of very physical work, they have issues with housing and income. There are so many people living in barely livable housing (like a trailer with a hand-built plyboard "room" attached with a heater inside, or a handmade "insulated" camper on a pickup truck) here. Elsewhere this would be called homelessness or at least unstable housing, but here it's considered good enough or a "dry cabin." Many people can't refrigerate their medications if needed. Many people breathe in stove smoke most of the winter. I think that letting this type of living be considered acceptable is conveniently overlooking a large part of our population who really need assistance. If we called them "homeless," then we would be asking for government assistance to help people with grants to connect to running water and to meet building safety codes (do we have those here for private structures?) or creating a program to meet these needs. To clarify, I'm not talking about off-gridders. – Physician

> Lack of affordable housing. Those with housing vouchers have a difficult time finding housing. – Public Health Representative

### Homelessness

> Homelessness and food. – Community Leader

> Homelessness and inadequate housing are big problems of discrimination against LGBTQ persons. Recently this came to the forefront – not sure how much of a problem this is long term. – Physician

> Homelessness/substance misuse/DV/lack of transportation/harsh weather. – Public Health Representative

### Access to Care/Services

> A very under-resourced area. Very limited social programs in order to help those struggling financially. – Physician

> Supply and demand. – Community Leader

### Multiple Factors

> Many struggle with food; housing and healthcare are unaffordable. Having a phone so that appointments can be made and kept. Transportation and economics play a huge role, but I also feel many get lost in the system. They want and desire help but don't know how or where to start. – Community Leader

> Climate change – food security; discrimination against AK native people and other communities of color, cost of housing, food. – Physician

### Employment

> There are far too many people that have a limited skill set. If we could somehow create new opportunities for job growth that would diversify our economy beyond tourism, oil and gas, and fishing, it would obviously benefit the Peninsula in the long run. There need to be opportunities for education; for example, people need to learn a trade. If they are unemployable otherwise, something similar to AV tech locally could train people so that they might be employable in a new field. Most of the time when you educate people and provide them better job opportunities, better health will eventually become part of the equation. – Physician

### Nutrition

> Most people do not eat well. Our community is overweight and does not exercise enough. – Community Leader

### Disease Management

> A community care model or medical home model that emphasizes and supports medical treatment compliance for patients would be a big benefit for a large sector of our community. – Community Leader

### Incidence/Prevalence

> They are all a major problem in all stratified communities. – Community Leader

### Income/Poverty

> Income and education. Access to affordable care. – Community Leader

### LGBTQ Population

> Discrimination against LGBTQ population. – Physician

# HEALTH STATUS

## Overall Health

**"Would you say that, in general, your health is: excellent, very good, good, fair, or poor?"**

### Self-Reported Health Status
(Central Kenai Peninsula, 2022)



- Excellent — 11.2%
- Very Good — 44.5%
- Good — 37.3%
- Fair — 6.6%
- Poor — 0.4%
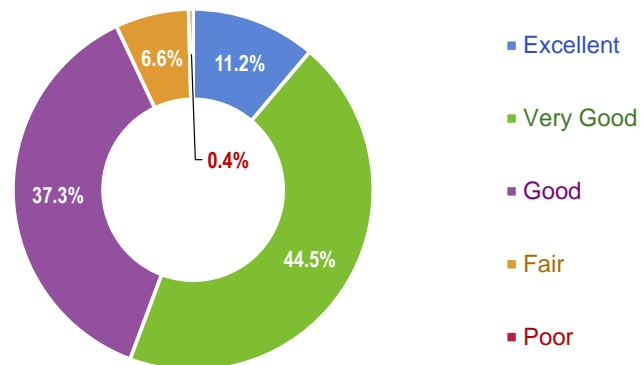
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: ● Asked of all respondents.

The following charts further detail "fair/poor" overall health responses in the Central Kenai Peninsula in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, income [based on poverty status], and race/ethnicity).

### Experience "Fair" or "Poor" Overall Health



| Central Kenai Peninsula | AK | US |
|---|---|---|
| 7.0% | 12.4% | 12.6% |
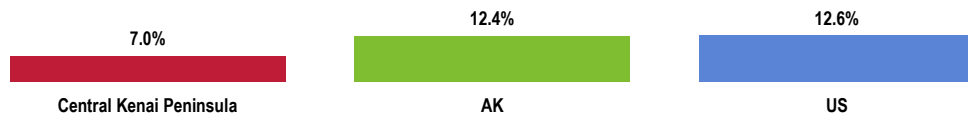
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 3]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

## Experience "Fair" or "Poor" Overall Health
### (Central Kenai Peninsula, 2022)



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|-------|-----|----------|----------|-----|------------|-----------------|-------|-----------------|-------------------------|
| 8.7% | 5.6% | 7.6% | 8.3% | 4.2% | 8.3% | 6.3% | 6.1% | 13.3% | 7.0% |
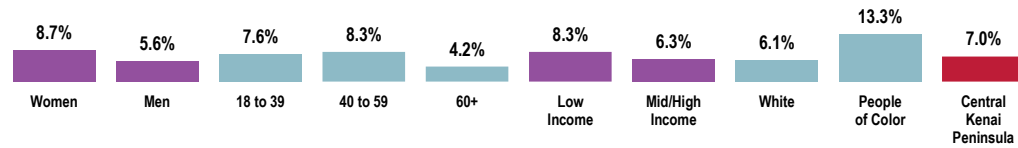
Sources:  ● 2022 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes:  ● Asked of all respondents.

# Mental Health

## ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

## Mental Health Status

**"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"**

### Self-Reported Mental Health Status
(Central Kenai Peninsula, 2022)



- Excellent — 10.6%
- Very Good — 30.1%
- Good — 33.1%
- Fair — 19.2%
- Poor — 7.0%
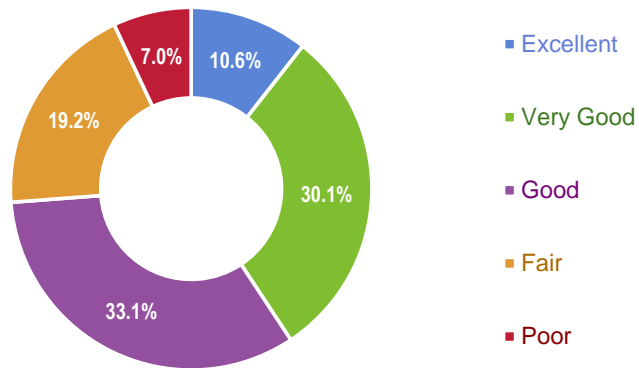
Sources:  ● 2022 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes:  ● Asked of all respondents.

## Experience "Fair" or "Poor" Mental Health

| | |
|---|---|
| **26.2%** | **13.4%** |
| Central Kenai Peninsula | US |

Sources:  ● 2022 PRC Community Health Survey, PRC, Inc. [Item 26]
          ● 2020 PRC National Health Survey, PRC, Inc.
Notes:    ● Asked of all respondents.
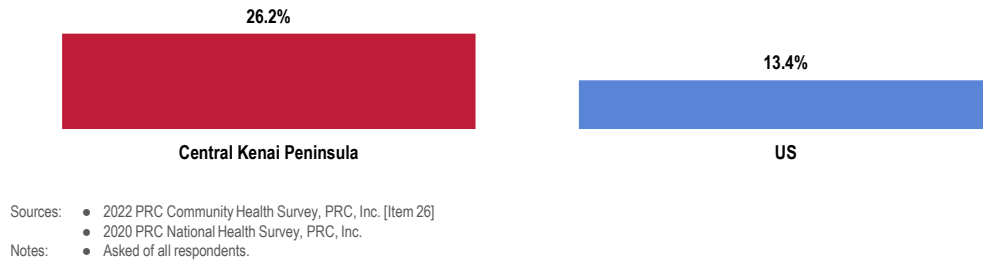
## Diagnosed Depression

**"Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"**

## Have Been Diagnosed With a Depressive Disorder

| | | |
|---|---|---|
| **29.5%** | **15.9%** | **20.6%** |
| Central Kenai Peninsula | AK | US |

Sources:  ● 2022 PRC Community Health Survey, PRC, Inc. [Item 27]
          ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
          ● 2020 PRC National Health Survey, PRC, Inc.
Notes:    ● Asked of all respondents.
          ● Depressive disorders include depression, major depression, dysthymia, or minor depression.
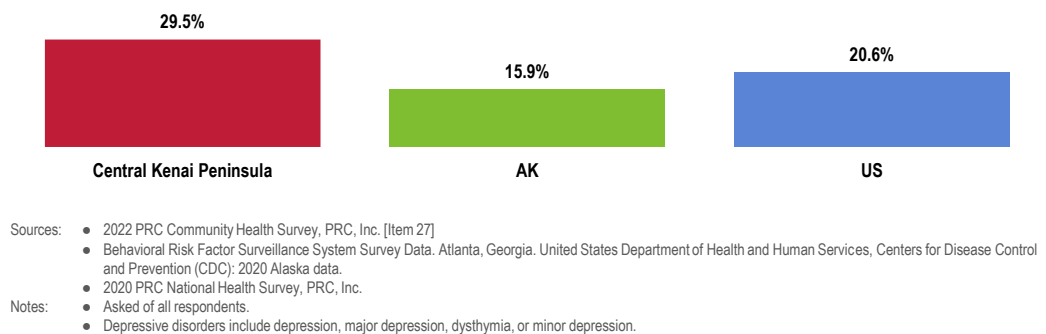
## Have Been Diagnosed With a Depressive Disorder
### (Central Kenai Peninsula, 2022)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 38.3% | 21.0% | 38.8% | 28.9% | 17.3% | 32.3% | 28.7% | 30.6% | 23.2% | 29.5% |
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
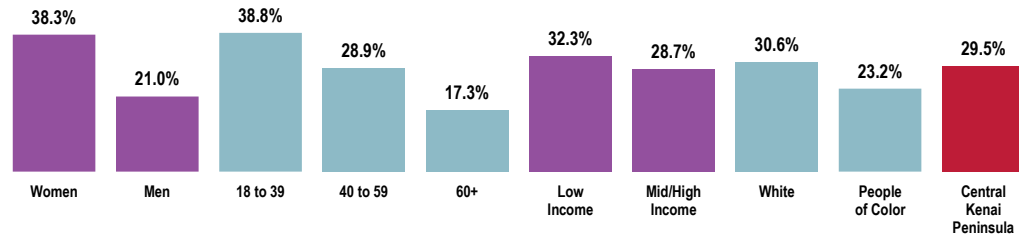
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 27]
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

## Suicide

The following chart outlines the most current age-adjusted mortality rate attributed to suicide in our population. [BOROUGH-LEVEL DATA]

### Suicide: Age-Adjusted Mortality
### (2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower
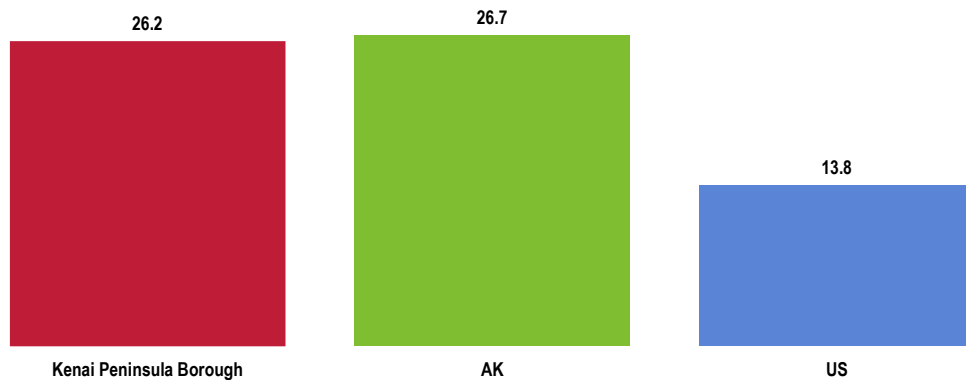
| | | |
|---|---|---|
| 26.2 | 26.7 | 13.8 |
| Kenai Peninsula Borough | AK | US |

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents. [BOROUGH-LEVEL DATA]

### Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2022)
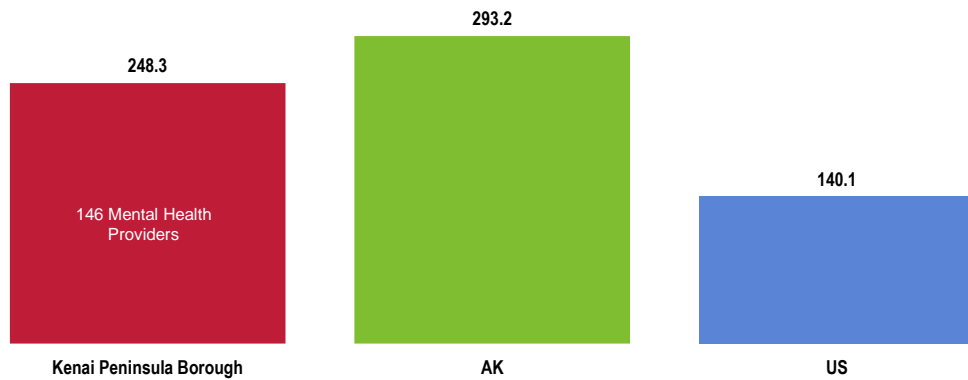
| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 248.3 (146 Mental Health Providers) | 293.2 | 140.1 |

Sources: ● Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

**"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"**

### Unable to Get Mental Health Services
### When Needed in the Past Year
(Central Kenai Peninsula, 2022)

| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
|---|---|---|---|---|---|---|---|---|---|---|
| 17.2% | 9.2% | 19.3% | 14.9% | 0.7% | 15.7% | 12.0% | 13.5% | 9.0% | 12.9% | 7.8% |

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 28]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

## Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

### Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2022)
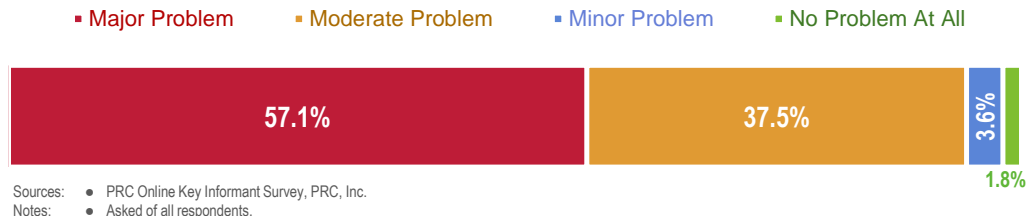
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

| 57.1% | 37.5% | 3.6% | |
|---|---|---|---|

**1.8%**

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Access to Care/Services

Lack of access to care. Highest teen suicide rate in the United States is in Alaska. – Physician

There is almost no access for mental health assistance. This is one of the biggest problems in the Central Peninsula area. – Community Leader

No inpatient psychiatric facility on the Peninsula. No inpatient psychiatrist at CPH, very limited psychiatrist support, even in the outpatient setting. No telepsychiatry support to the ER or inpatient teams. Very few inpatient psychiatric beds in the state as a whole. – Physician

Access to mental health providers, psychiatry in particular. – Physician

Accessing care, statewide there is a lack of primary mental health services and options for inpatient mental health treatment. – Community Leader

Lack of access to psychiatric doctor care. – Physician

Limited access to psychiatry in the community and in the hospital. – Physician

Access to good psychotherapy. – Physician

Access to emergency mental health, especially inpatient care, and outpatient long-term care. – Physician

The biggest challenge is access to and availability of mental health resources. This results in delayed care and many patients entering care in a crisis when earlier intervention could have prevented the crisis in the first place. Inpatient mental health resources are scarce, making it difficult for community members with inpatient needs to access them in a timely fashion. Resources for adolescent mental health and childhood adverse experiences are of a particular need. – Physician

Lack of community resources from state and federal governments. Stigmatism in the community. No incentive to providers to improve population health. – Community Leader

Lack of resources, long wait lists for counselors, many of whom do not take Medicaid. Not enough psychiatrists. – Physician

Having quick and affordable access when needed. – Public Health Representative

Access to acute and transitioning to long care, including inpatient in this area. – Physician

Access to professional care and follow-up/follow-through. – Physician

### Lack of Providers

The ratio of patients with serious mental health problems to mental health professionals is way too high. I never had such a high concentration of mental health patients in California. Mental health problems and trauma are being passed down to the kids but also have considerable collateral damage, creating more people with mental health problems. It will just keep spreading without sufficient care to break the cycle with counselors and prescribers. – Physician

There is one psychiatrist on the entire Peninsula. The vast majority of therapists do not accept government insurance. – Physician

We do not have enough mental health practitioners in our community. It is very difficult for people to access therapists, psychologists, etc. AND we need to be doing more as a community to promote mental health in general – before people are in need of more significant support. – Community Leader

Lack of providers, unable to access care. – Public Health Representative

> Not enough clinicians with expertise in prescribing psychiatric medications. No intermediate treatment between outpatient and API. – Physician

## Diagnosis/Treatment

> Many folks are not identified and treated for mental illness. Most people trying to get help do not know what resources are available. – Community Leader

> Correct diagnosis, timely treatment, support, and education in the community. Let people know what is available and help in navigating that system. – Community Leader

> Mental health treatment and care, especially for children and young adults. – Community Leader

## Due to COVID-19

> Risk factors for mental health crisis. Recent pandemic, winter months, social isolation, worsening economy. Also, negative stigma associated with mental illnesses, causing hesitancy to seek treatment. – Physician

> We haven't yet seen the wave that is coming from the ramifications of closing society for an extended time due to COVID-19. Rampant suicidality, depression, substance abuse, teenage mental health crises, etc. – Physician

## Government/Policy

> Lack of comprehensive policy and concern for those with episodic issues. There is an inadequate supply of compassion, especially when influenced by alcohol and chemical dependency. – Community Leader

## Alcohol/Drug Use

> Access to drugs (including marijuana) and alcohol compound and cause so much mental Illness. I see great efforts by our local mental health specialists and Care Transitions, but recidivism amongst addicted and mentally ill is overwhelming. Eliminating or greatly reducing access to marijuana in any form and illicit drugs would benefit this group of patients to great effect. – Physician

## Isolation

> Social isolation, lack of access to timely and affordable mental health services. – Physician

## Depression

> Negative thoughts people have. – Community Leader

# DEATH, DISEASE & CHRONIC CONDITIONS

## Cardiovascular Disease

### ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

### Age-Adjusted Coronary Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for coronary heart disease and for stroke in our community. [BOROUGH-LEVEL DATA]

## Coronary Heart Disease: Age-Adjusted Mortality
### (2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 90.9 or Lower
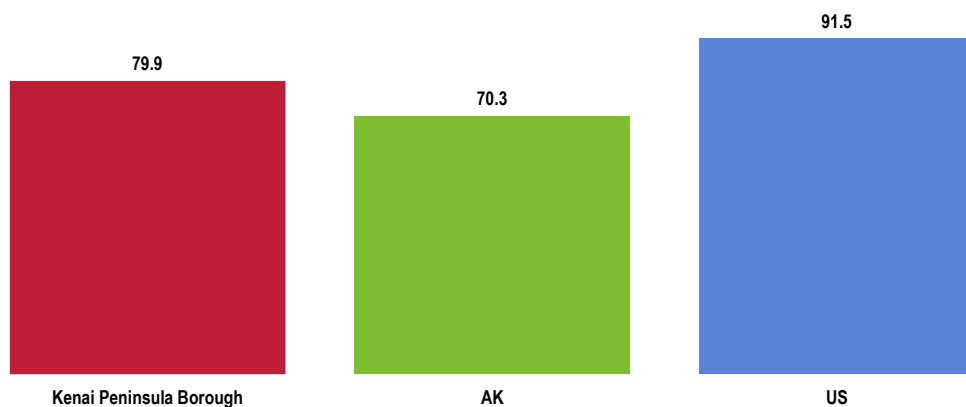
| | | |
|---|---|---|
| 79.9 | 70.3 | 91.5 |
| Kenai Peninsula Borough | AK | US |

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

# Stroke: Age-Adjusted Mortality
## (2016-2020 Annual Average Deaths per 100,000 Population)
### Healthy People 2030 = 33.4 or Lower

| Kenai Peninsula Borough | AK | US |
|:---:|:---:|:---:|
| 35.7 | 36.4 | 37.6 |

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Heart Disease & Stroke

**"Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"**

## Prevalence of Heart Disease

| | |
|:---|:---:|
| 18 to 39 | 0.9% |
| 40 to 59 | 3.7% |
| 60+ | 13.1% |

| Central Kenai Peninsula | AK | US |
|:---:|:---:|:---:|
| 5.0% | 5.2% | 6.1% |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 12]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

**"Have you ever suffered from or been diagnosed with a stoke?"**

## Prevalence of Stroke

| 18 to 39 | 0.0% |
|---|---|
| 40 to 59 | 0.6% |
| 60+ | 1.2% |

| 0.5% | 2.3% | 4.3% |
|---|---|---|
| **Central Kenai Peninsula** | **AK** | **US** |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 13]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

## Cardiovascular Risk Factors

### Blood Pressure & Cholesterol

**"Have you ever suffered from or been diagnosed with high blood pressure?"**

**"Have you ever suffered from or been diagnosed with high blood cholesterol?"**

### Prevalence of High Blood Pressure
Healthy People 2030 = 27.7% or Lower

### Prevalence of High Blood Cholesterol

| 37.2% | 32.9% | 36.9% | 25.5% | 32.7% |
|---|---|---|---|---|
| **Central Kenai Peninsula** | **AK** | **US** | **Central Kenai Peninsula** | **US** |
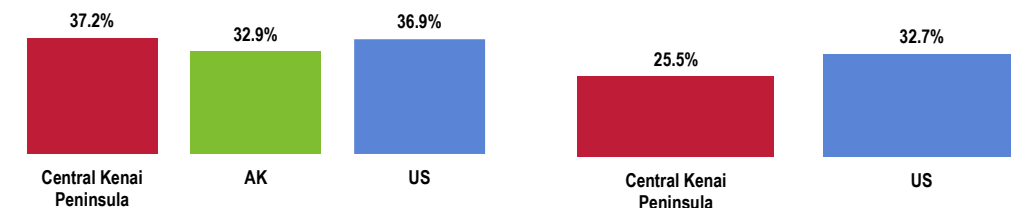
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 14-15]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

## Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure

- High Blood Cholesterol

- Cigarette Smoking

- Physical Inactivity

- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

The following chart reflects the percentage of adults in the Central Kenai Peninsula who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

### Present One or More Cardiovascular Risks or Behaviors
(Central Kenai Peninsula, 2022)

| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
|-------|-----|----------|----------|-----|------------|-----------------|-------|-----------------|-------------------------|-----|
| 78.0% | 92.3% | 80.9% | 86.9% | 89.5% | 88.4% | 85.5% | 84.2% | 89.7% | 85.4% | 84.6% |
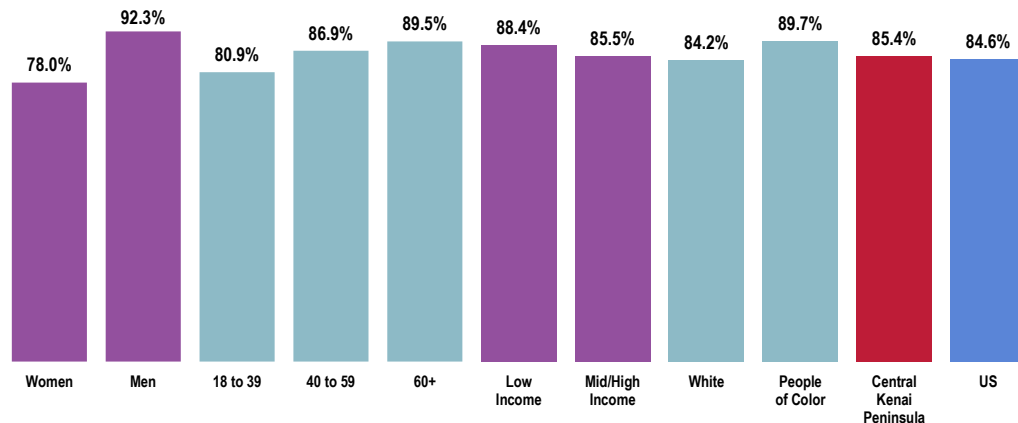
Sources:  • 2022 PRC Community Health Survey, PRC, Inc. [Item 51]
 • 2020 PRC National Health Survey, PRC, Inc.
Notes:  • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

## Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:
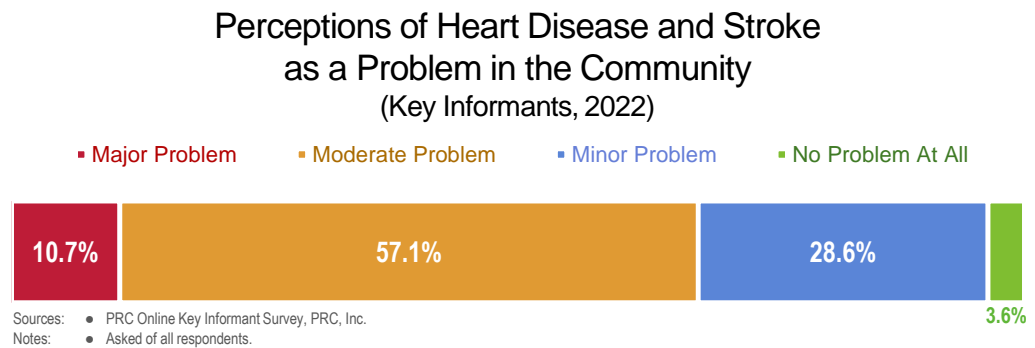
### Perceptions of Heart Disease and Stroke
### as a Problem in the Community
(Key Informants, 2022)

■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All

| 10.7% | 57.1% | 28.6% | |
|---|---|---|---|

3.6%

Sources:    ● PRC Online Key Informant Survey, PRC, Inc.
Notes:      ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Incidence/Prevalence

We have lots of heart attacks and strokes. – Physician

So many of my patients suffer from heart disease, but it is the number-one killer of all Americans. – Physician

Biggest killers in the United States. – Physician

They are the greatest causes of morbidity and mortality. – Physician

### Aging Population

We have an aging community. – Community Leader

### Lack of Providers

Lack of cardiologists and interventional cardiologists on the Peninsula. Lack of education on prevention and risk factors. – Community Leader

# Cancer

## ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

## Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Kenai Peninsula Borough . [BOROUGH-LEVEL DATA]
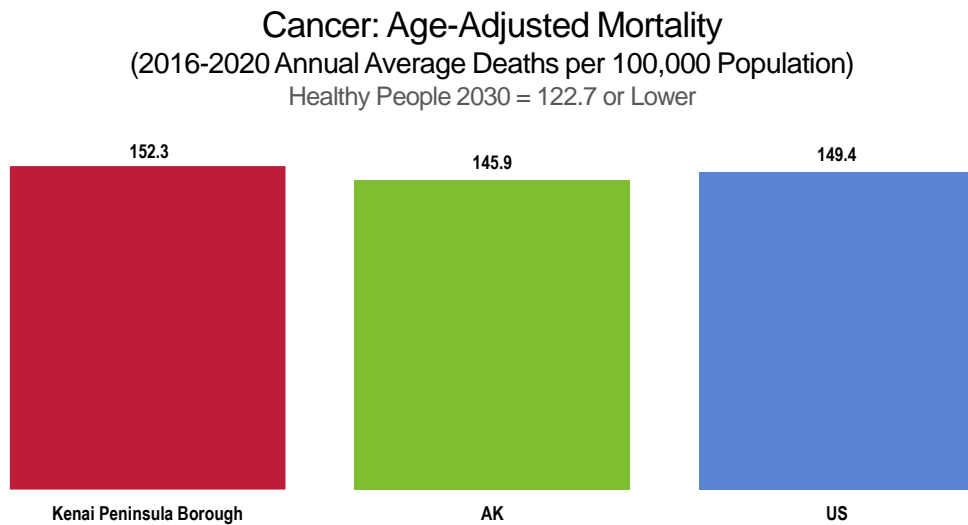
### Cancer: Age-Adjusted Mortality
#### (2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower



| Kenai Peninsula Borough | AK | US |
|:---:|:---:|:---:|
| 152.3 | 145.9 | 149.4 |

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year. [BOROUGH-LEVEL DATA]

### Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

■ Kenai Peninsula Borough  ■ AK  ■ US

| | Kenai Peninsula Borough | AK | US |
|---|---|---|---|
| All Sites | 435.3 | 418.6 | 448.6 |
| Female Breast Cancer | 121.4 | 121.9 | 126.8 |
| Prostate Cancer | 84.2 | 88.4 | 106.2 |
| Lung Cancer | 63.0 | 55.1 | 57.3 |
| Colon/Rectal Cancer | 43.6 | 42.3 | 38.0 |

Sources:
● State Cancer Profiles.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
● This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

## Prevalence of Cancer

**"Have you ever suffered from or been diagnosed with cancer?"**

### Prevalence of Cancer

- Central Kenai Peninsula: 9.6%
- AK: 9.2%
- US: 10.0%

■ Central Kenai Peninsula
■ AK
■ US

Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 17]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
● 2020 PRC National Health Survey, PRC, Inc.

Notes:
● Reflects all respondents.

# Prevalence of Cancer
## (Central Kenai Peninsula, 2022)



| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 11.2% | 7.4% | 2.2% | 7.5% | 23.6% | 3.5% | 10.4% | 9.8% | 7.5% | 9.6% |
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
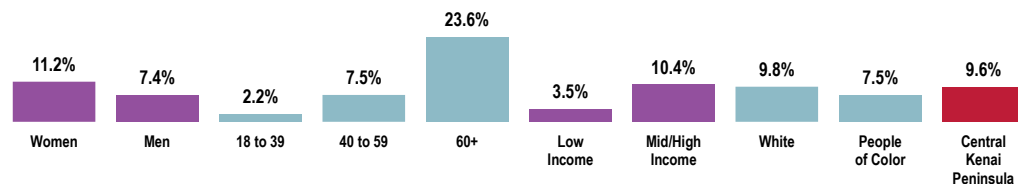
Sources:   ●  2022 PRC Community Health Survey, PRC, Inc. [Item 17]
Notes:     ●  Reflects all respondents.

## ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.

- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

# Mammograms

## FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following indicator outlines the percentage of females age 50 to 74 who report having a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers. [BOROUGH-LEVEL DATA]

## Mammogram in Past Two Years
### (Women Age 50-74; 2018)
#### Healthy People 2030 = 77.1% or Higher



| | | |
|---|---|---|
| 64.6% | 66.3% | 74.8% |
| Kenai Peninsula Borough | AK | US |

## Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:

## Perceptions of Cancer as a Problem in the Community
### (Key Informants, 2022)
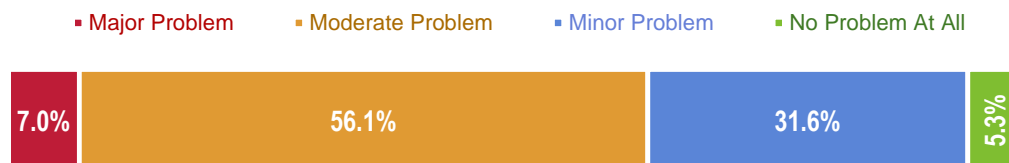
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| | | | |
|---|---|---|---|
| 7.0% | 56.1% | 31.6% | 5.3% |

Among those rating this issue as a "major problem," reasons related to the following:

### Incidence/Prevalence

> I believe cancer is a major problem in the world today. As we live longer, more people get cancer. – Community Leader

> There are so many kinds, and some folks don't even know they have it until it's too late. – Community Leader

### Access to Care/Services

> Limited oncology options. – Community Leader

### Environmental Contributors

> Something in the water, who knows, but a disturbing trend of increased rates. Cancers of all kinds, cancer in young people. – Physician

# Respiratory Disease

## ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

## Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

The mortality rate for lung disease in Kenai Peninsula Borough is summarized below, in comparison with Alaska and national rates. [BOROUGH-LEVEL DATA]

### Lung Disease: Age-Adjusted Mortality
#### (2016-2020 Annual Average Deaths per 100,000 Population)



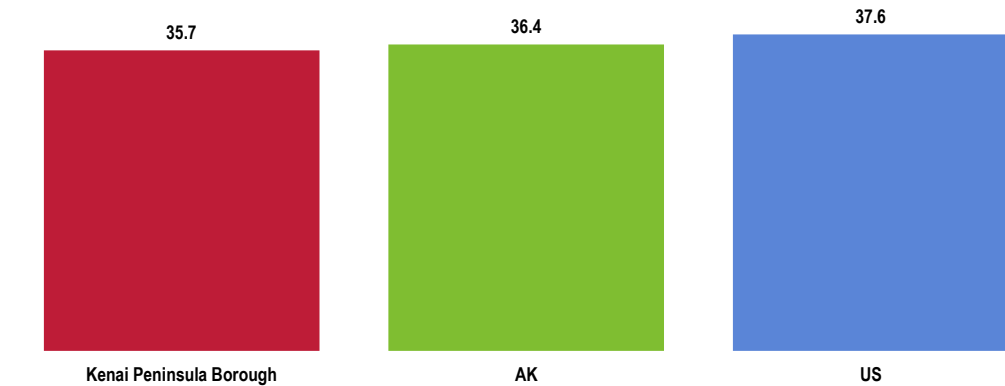| Kenai Peninsula Borough | AK | US |
|:---:|:---:|:---:|
| 32.1 | 34.5 | 39.1 |
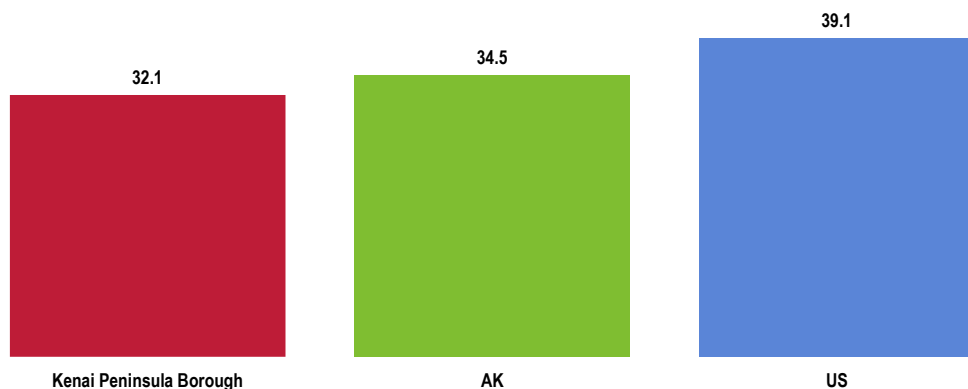
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
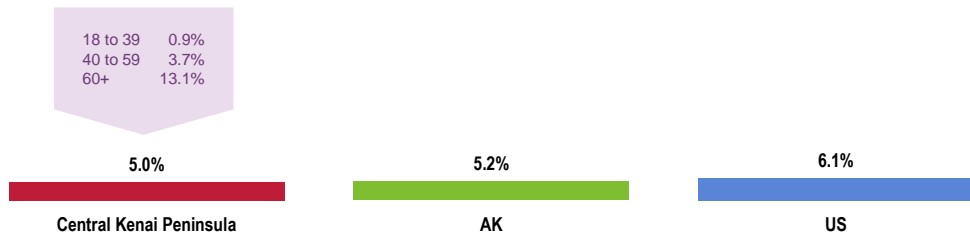
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because lung disease is a leading cause of death in the United States.

## Prevalence of Respiratory Disease

### Asthma

**"Do you currently have asthma?"**

## Ever Diagnosed With Asthma

| Central Kenai Peninsula | AK | US |
|---|---|---|
| 11.2% | 14.8% | 17.3% |
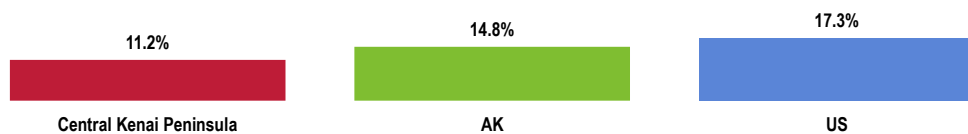
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 10]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

### Chronic Obstructive Pulmonary Disease (COPD)

**"Have you ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"**

## Prevalence of
## Chronic Obstructive Pulmonary Disease (COPD)

| Central Kenai Peninsula | AK | US |
|---|---|---|
| 2.0% | 4.6% | 6.4% |
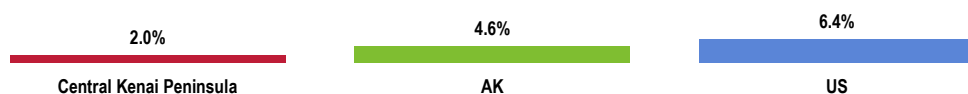
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
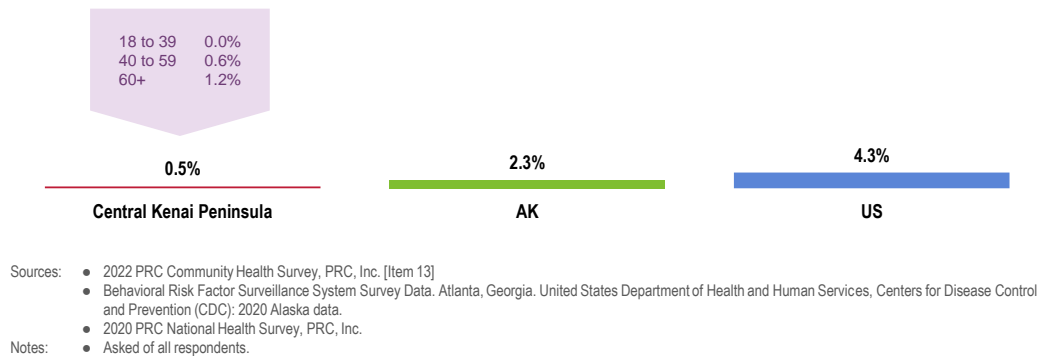- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

## Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

### Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2022)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

| 5.4% | 55.4% | 32.1% | 7.1% |
|---|---|---|---|

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### COVID-19 Denial

> The community seems to believe COVID doesn't exist. – Physician

### Vaccination Coverage

> Lack of vaccinations, high smoking rate. – Physician

## COVID-19

### Mortality

The mortality rate for COVID-19 in Kenai Peninsula Borough is summarized below, in comparison with Alaska and national rates. [BOROUGH-LEVEL DATA]

### COVID-19 Mortality
(Deaths as of November 2022; Rate per 100,000 Population)

| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 213.6 | 192.3 | 324.4 |
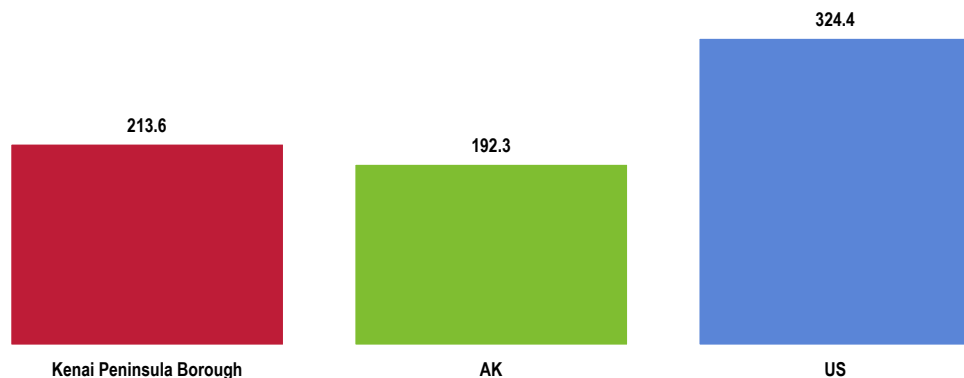
Sources: ● Johns Hopkins University. Accessed via ESRI.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
Notes: ● Rates are crude deaths per 100,000 population as of November 2022.

# Injury & Violence

## ABOUT INJURY & VIOLENCE

**INJURY** ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

**VIOLENCE** ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

## Unintentional Injury

### Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Kenai Peninsula Borough , Alaska, and the US. [BOROUGH-LEVEL DATA]

**Unintentional Injuries: Age-Adjusted Mortality**
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
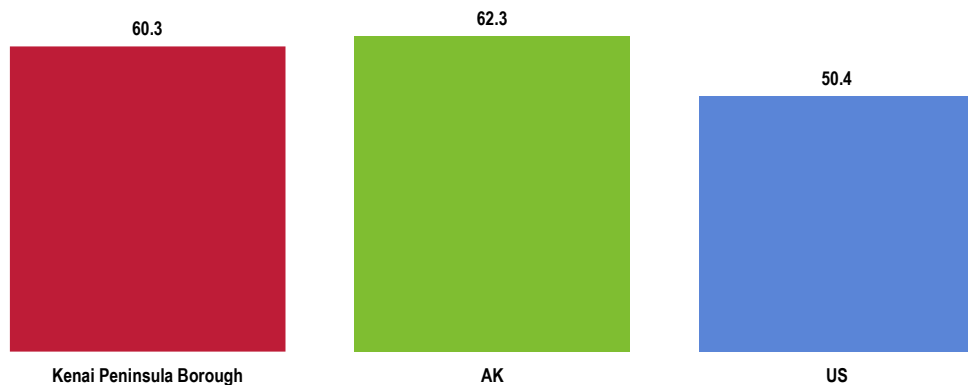
| Kenai Peninsula Borough | AK | US |
| --- | --- | --- |
| 60.3 | 62.3 | 50.4 |

Sources: 
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below. [BOROUGH-LEVEL DATA]

## Motor Vehicle Crashes: Age-Adjusted Mortality
### (2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.1 or Lower
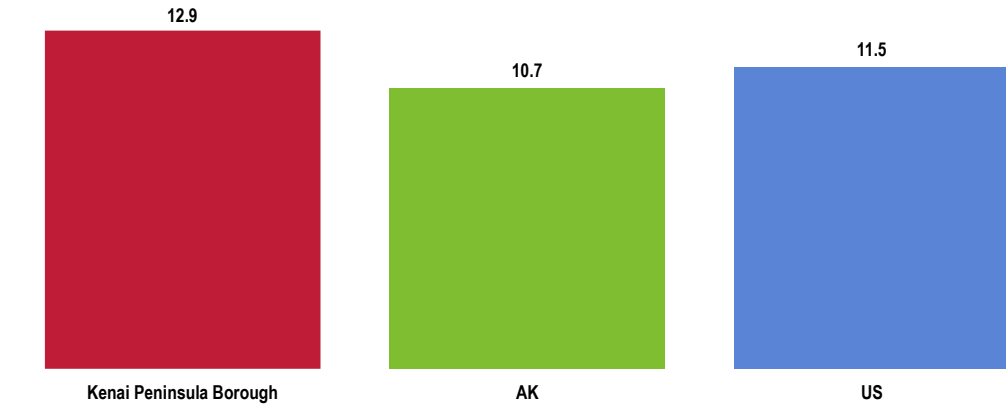
| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 12.9 | 10.7 | 11.5 |

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
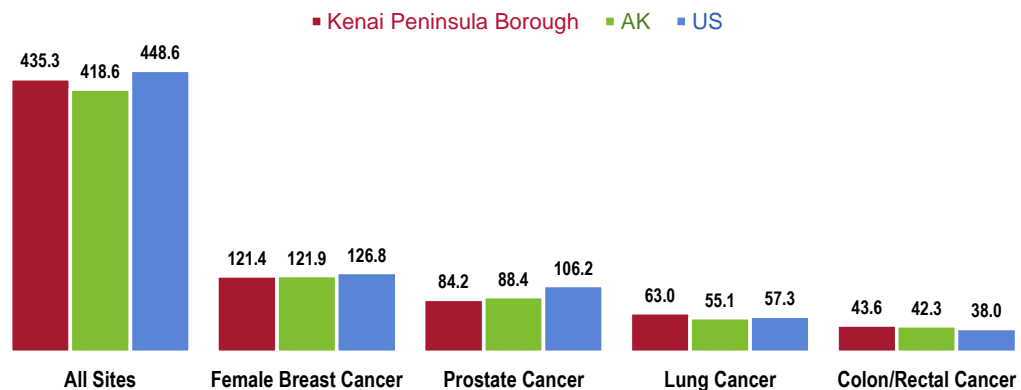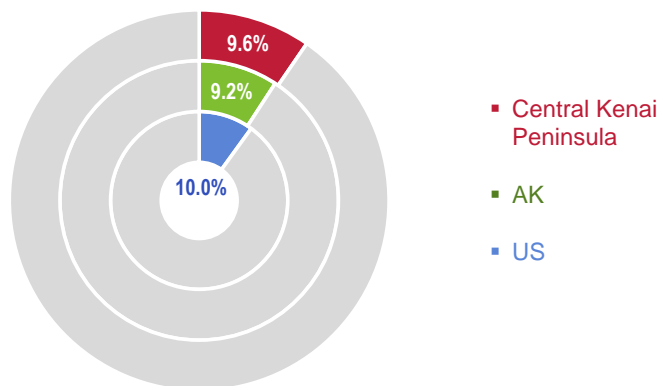
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

# Intentional Injury (Violence)

## Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions. [BOROUGH-LEVEL DATA]

## Violent Crime
### (Rate per 100,000 Population, 2015-2017)

| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 486.2 | 981.6 | 416.0 |
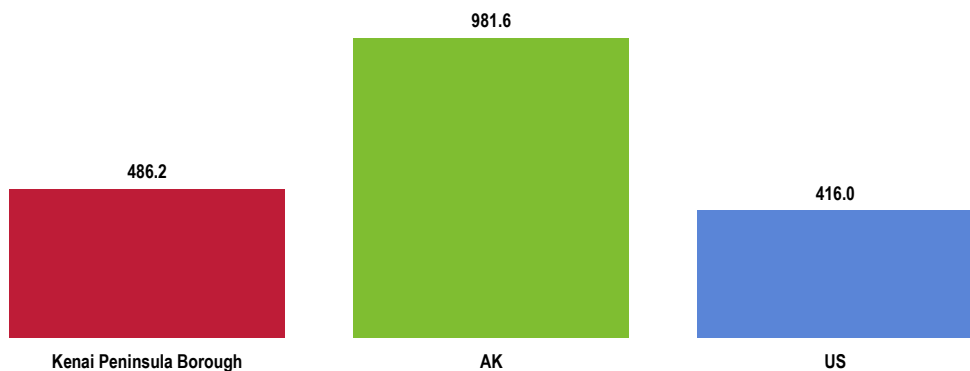
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

## Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

### Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2022)
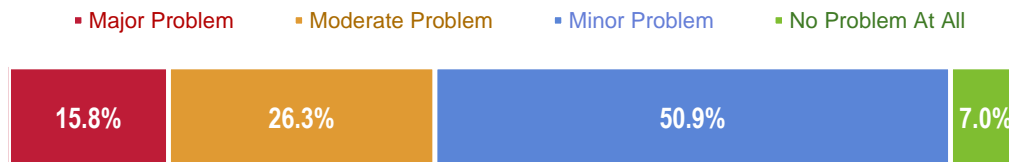
■ Major Problem      ■ Moderate Problem      ■ Minor Problem      ■ No Problem At All

| 15.8% | 26.3% | 50.9% | 7.0% |
|---|---|---|---|

Sources:  ● PRC Online Key Informant Survey, PRC, Inc.
Notes:   ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Alcohol/Drug Use

Substance abuse, alcohol being the major factor. – Physician

Primarily this is related to substance abuse but our culture in Alaska and our propensity to isolate compound discovery until late in the course of interpersonal violence. We also have a highly active population that enjoys outdoor activities that carry with them risk of injury, but I think this is minor by comparison to interpersonal violence. – Physician

### Domestic/Family Violence

Family disputes and drugs. – Physician

Domestic violence remains a big problem in this area, often related to ETOH and drug misuse. – Public Health Representative

### Incidence/Prevalence

I may be biased due to the fact that I work in the emergency department and see a disproportionate amount of social, domestic, and drug and alcohol related violence. – Physician

Accidental injury and domestic/interpersonal violence are common throughout Alaska, including Central Kenai Peninsula. My work regularly brings me in contact with individuals who have suffered both accidental injury and intentional interpersonal violence. Accidental injuries tend to go hand-in-hand with Alaska's active, outdoor lifestyle and high-risk occupations. Unfortunately, intentional interpersonal violence in our community is multifactorial AND multigenerational, with younger generations seeing and sometimes experiencing violence at the hands of older family members. – Public Health Representative

### Denial/Stigma

Violence is something people are embarrassed about, so they don't report it. – Community Leader

### Mental Health

The majority of patients have a history of trauma or abuse. Lots of untreated mental health disorders and substance abuse disorders. – Physician

# Diabetes

## ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

## Prevalence of Diabetes

**"Have you ever suffered from or been diagnosed with diabetes, not counting diabetes only occurring during pregnancy?"**

### Prevalence of Diabetes

| Central Kenai Peninsula | AK | US |
|:---:|:---:|:---:|
| 11.6% | 7.6% | 13.8% |
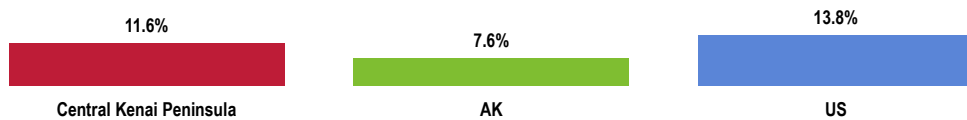
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

## Prevalence of Diabetes
### (Central Kenai Peninsula, 2022)



| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
| 7.3% | 16.1% | 3.9% | 9.0% | 26.9% | 10.7% | 11.9% | 9.3% | 25.6% | 11.6% |
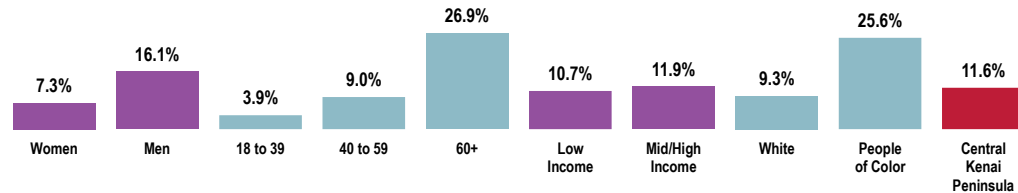
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: ● Asked of all respondents.
       ● Excludes gestational diabetes (occurring only during pregnancy).

## Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:

## Perceptions of Diabetes as a Problem in the Community
### (Key Informants, 2022)
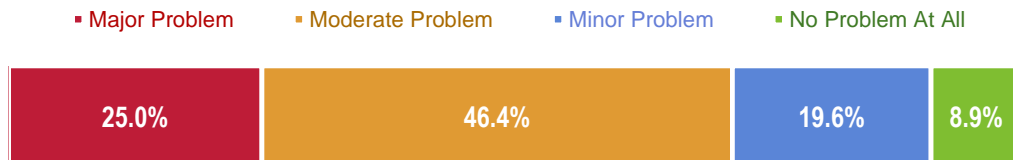
■ Major Problem　　■ Moderate Problem　　■ Minor Problem　　■ No Problem At All

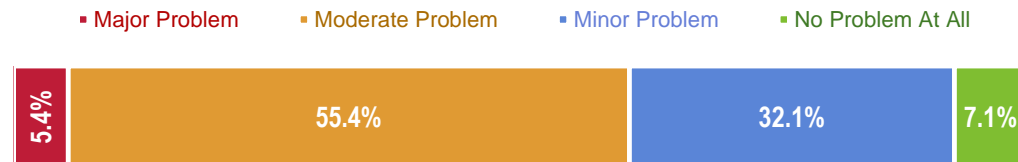| Major Problem | Moderate Problem | Minor Problem | No Problem At All |
|---|---|---|---|
| 25.0% | 46.4% | 19.6% | 8.9% |

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Awareness/Education

There is no diabetes educator program. There is almost no support for patients with new type 1 diabetes. The nutrition department is inadequately trained in carb counting and counseling on diabetes issues. There is a large population of the community with uncontrolled diabetes who deserves a more robust program to support them. – Physician

Education and accountability. A coordinating nurse who could call patients to remind them of labs, eye exams, appointments, and confirm correct medication use as well as do education … that would be amazing and really help outcomes. We did that at Kaiser in CA and our MIPS scores for diabetes measure were outstanding. – Physician

Education and compliance with therapy. – Physician

Type 2 diabetes. More information about pre-type 2 diabetes preventative measures like diet, exercise, etc. – Community Leader

Education, easy to understand, accessible and reinforced. – Public Health Representative

### Disease Management

Getting a correct diagnosis, starting treatment, and evolving a healthy lifestyle that could be more permanent. – Community Leader

Adherence to therapy, weight-loss education. Lifestyle choices are advancing diseases. – Physician

Specified diabetes nurses, but really it is a lack of discipline shown by many patients with diabetes. – Physician

## Access to Care/Services

> Access to primary care providers for monitoring of diabetes. More opportunities for education for diabetics and their families. – Community Leader
>
> Access to care, medication, and education. – Public Health Representative

## Affordable Medications/Supplies

> Access to nutritious foods, cost of insulin and diabetes medications, access to diabetes education. – Physician
>
> Affordable medications. – Physician

## Built Environment

> Access to safe places for activity. Cost of medication and monitoring. Healthy, affordable food. – Physician

## Nutrition

> Diet. – Community Leader

# Potentially Disabling Conditions

## Activity Limitations

**"Are you limited in any way in any activities because of physical, mental, or emotional problems?"**

### Limited in Activities in Some Way
### Due to a Physical, Mental, or Emotional Problem
(Central Kenai Peninsula, 2022)



| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 27.2% | 22.9% | 18.8% | 25.4% | 35.7% | 19.2% | 27.2% | 25.2% | 23.8% | 25.6% | 24.0% |
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
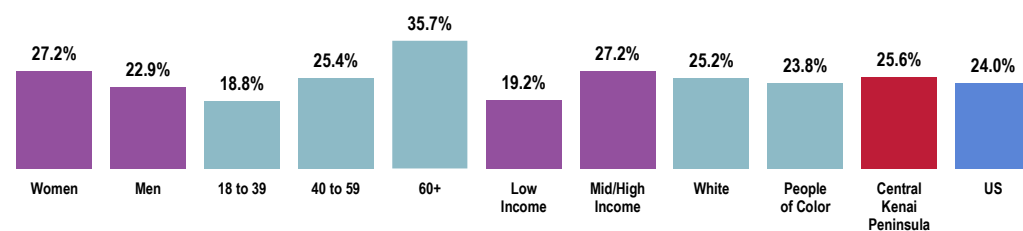
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

## Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:

## Perceptions of Disability & Chronic Pain
## as a Problem in the Community
### (Key Informants, 2022)
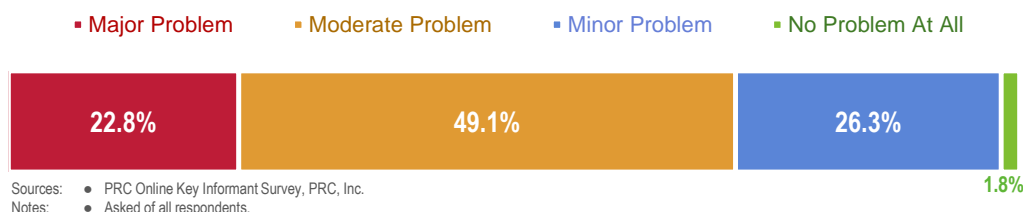
■ Major Problem　　　■ Moderate Problem　　　■ Minor Problem　　　■ No Problem At All

| 22.8% | 49.1% | 26.3% | |
|---|---|---|---|

**1.8%**

Sources:　　● PRC Online Key Informant Survey, PRC, Inc.
Notes:　　　● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

## Access to Care/Services

Very few dementia care options. The only skilled nursing facility capable of taking care of people with advanced dementia is exorbitantly expensive, has very few openings. Assisted living facilities are inadequately equipped to take care of patients with dementia. There are very few options in terms of adult day cares or other programs to relieve the caregiver burden, which largely falls on patient's family members as there are little to no resources in the community to help them. – Physician

CHF and COPD patients don't have qualified providers in the community able to see them in a timely fashion. – Physician

Few resources to help caregivers care for their family. Limited home health. Limited respite care. – Physician

I admit patients to the hospital who suffer from loss of function. People sometimes have to wait months in the hospital to be placed in a supportive living facility because of insurance issues, highlighting a real breakdown in the system of how our society handles dementia and other disabling conditions. – Physician

Our community has overflowing nursing homes and limited beds for those who need long-term care for disabling conditions. – Physician

Elderly and memory care facilities are direly needed locally. Various levels of assisted living, care homes, in-home care, patient transportation, etc. – Physician

Palliative care, hospice, and home health. We have no presence for this in our community, a large cancer service, elderly population and everyone dies. Although not everyone needs hospice. – Physician

Lack of long-term care. The reason is that at any time, probably 10 hospital beds are filled with nursing home-level patients. – Physician

Lots of chronically ill people live here and need resources more typical of a major urban/metropolitan area: transportation to appointments, social work, case workers, advanced/specialized care of physician not in the local area, complex medical conditions that require Seattle or higher when there is a problem, etc. – Physician

Winter travel, parking, accessible buildings, lack of public transportation for those who cannot drive. – Physician

## Work-Related

Everyone graduated high school, then got a good-paying, very physical job and basically worked themselves into the ground. Now we have fishermen, oil field and construction workers who are disabled in their 50s. Also, dementia is as prevalent here as other places, but we don't really have a memory care facility or assistance for spouses trying to care for their demented partner. – Physician

So many people in Alaska live a hard physical existence, combined with environmental factors, make for premature breakdown of bodies physically and chronic pain. – Physician

## Aging Population

Chronic pain seems to be a major issue with our aging community. The prescriptions utilized for this condition can be addictive. – Community Leader

## Alcohol/Drug Use

Narcotic addiction and substance abuse are a rampant cause of disability, violence, and death. There are some resources, but they are poorly understood by the medical community. – Physician

## Impact on Quality of Life

Chronic pain leads to significant utilization of health resources, as well as lost work time and reduced function for residents. – Physician

# BIRTHS

## ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

— Healthy People 2030 (https://health.gov/healthypeople)

## Birth Outcomes & Risks

### Infant Mortality

The following chart shows the number infant deaths per 1,000 live births in Kenai Peninsula Borough . High infant mortality can highlight broader issues relating to health care access and maternal/child health. [BOROUGH-LEVEL DATA]

> Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

**Infant Mortality Rate**
(Annual Average Infant Deaths per 1,000 Live Births, 2014-2020)
Healthy People 2030 = 5.0 or Lower

| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 4.9 | 5.7 | 5.7 |
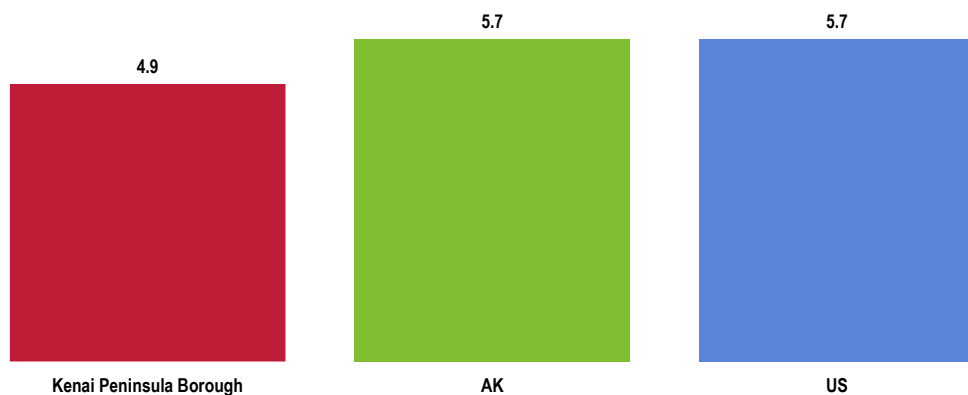
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

# Family Planning

## ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

## Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines the teen birth rate in Kenai Peninsula Borough , compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior. [BOROUGH-LEVEL DATA]

### Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)

| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 17.9 | 23.0 | 19.3 |
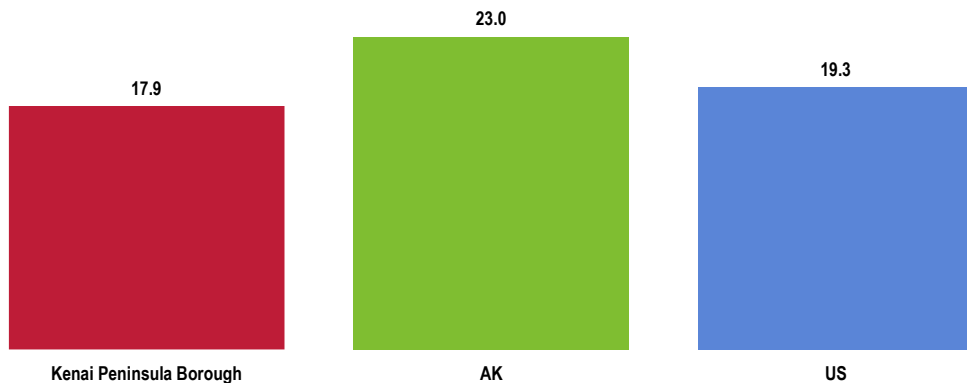
Sources:  • Centers for Disease Control and Prevention, National Vital Statistics System.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
Notes:  • This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

# Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:

## Perceptions of Infant Health and Family Planning
## as a Problem in the Community
### (Key Informants, 2022)

■ Major Problem      ■ Moderate Problem      ■ Minor Problem      ■ No Problem At All

| 11.1% | 27.8% | 51.9% | 9.3% |
|---|---|---|---|

Sources:   ● PRC Online Key Informant Survey, PRC, Inc.
Notes:       ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

## Access to Care/Services

> Soldotna Planned Parenthood closed, and there is a lack of access to safe and affirming family planning care in our community, especially for low-income and vulnerable community members. – Physician

> The one dedicated family planning clinic in the area recently closed. This has prompted conversation and planning from agencies outside the area to stretch to provide these services to the Central Peninsula. – Community Leader

> Lack of resources and affordable options for family planning, STI testing, and treatment. – Public Health Representative

> Planned Parenthood of Soldotna recently closed its doors, leaving a gap in services for reproductive health. – Public Health Representative

## Incidence/Prevalence

> Planned Parenthood closed recently, historically the highest teen pregnancy rate in the USA. – Physician

## Awareness/Education

> Because of the lack of knowledge provided by the school district. We live in the Dark Ages when it comes to full access to information. – Community Leader

# MODIFIABLE HEALTH RISKS

## Nutrition

### ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

### Access to Fresh Produce

**"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"**

## Level of Difficulty Finding Fresh Produce at an Affordable Price
### (Central Kenai Peninsula, 2022)



- 15.8% Very Difficult
- 42.2% Somewhat Difficult
- 25.0% Not Too Difficult
- 17.0% Not At All Difficult
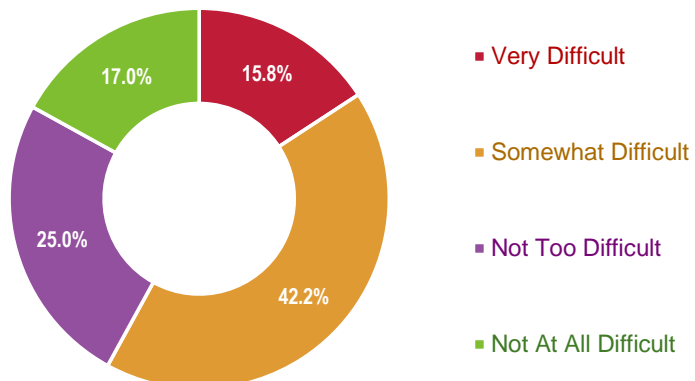
Sources:   ● 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes:      ● Asked of all respondents.

## Find It "Very" or "Somewhat"
## Difficult to Buy Affordable Fresh Produce
(Central Kenai Peninsula, 2022)
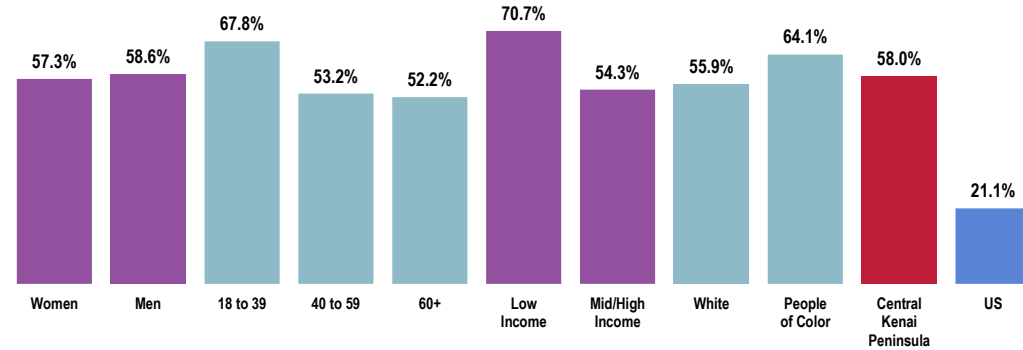
| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
| 57.3% | 58.6% | 67.8% | 53.2% | 52.2% | 70.7% | 54.3% | 55.9% | 64.1% | 58.0% | 21.1% |

Low food access is defined as living far from the nearest supermarket, supercenter, or large grocery store (more than ½ mile for those living in urban areas, more than 10 miles for those in rural areas). This related chart is based on US Department of Agriculture data. [BOROUGH-LEVEL DATA]

## Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

13,103 individuals have low food access

| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 23.7% | 30.9% | 22.2% |

Population with Limited Food Access, Percent by Tract, USDA - FARA 2019

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Report Location, County

Map Legend

SparkMap
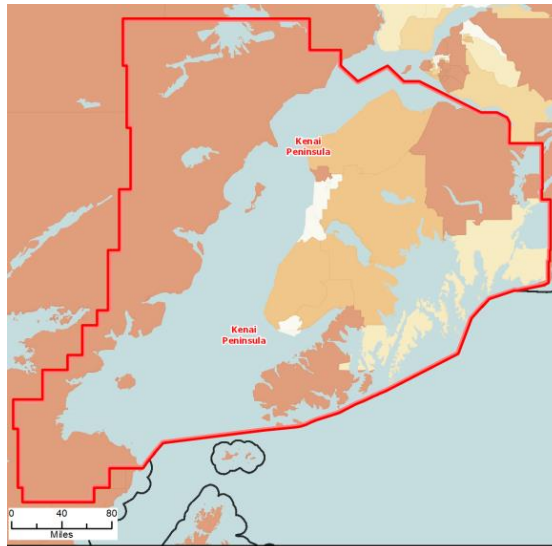
## Food Environment: Fast Food

The following shows the number of fast food restaurants in Kenai Peninsula Borough , expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition. [BOROUGH-LEVEL DATA]

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

### Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population, 2020)
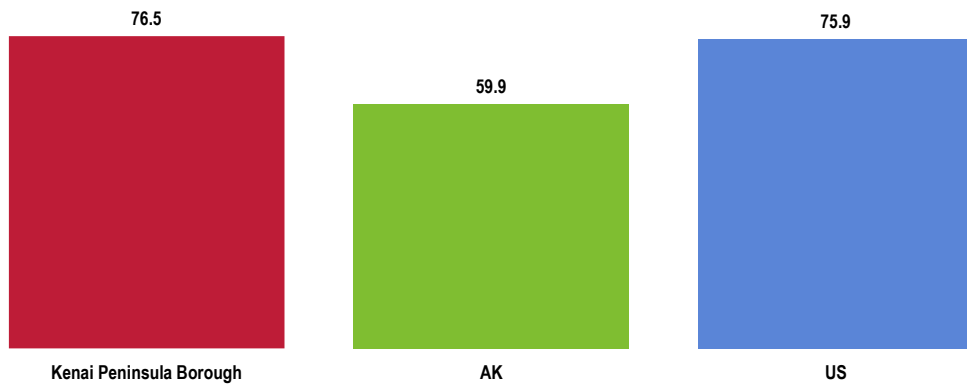


| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 76.5 | 59.9 | 75.9 |

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

# Physical Activity

## ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

## Leisure-Time Physical Activity

**"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"**

### No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

| | | |
|---|---|---|
| 18.9% | 21.3% | 31.3% |
| Central Kenai Peninsula | AK | US |
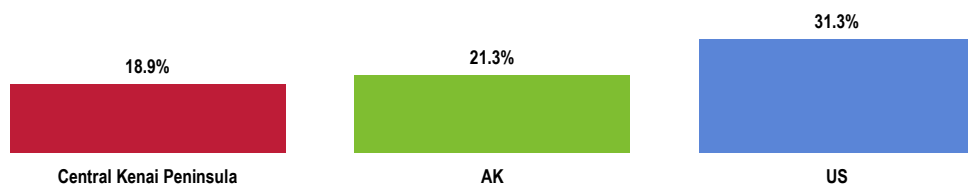
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

## No Leisure-Time Physical Activity in the Past Month
### Healthy People 2030 = 21.2% or Lower

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 20.5% | 17.5% | 22.1% | 21.7% | 9.7% | 28.2% | 16.0% | 17.3% | 29.5% | 18.9% |
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
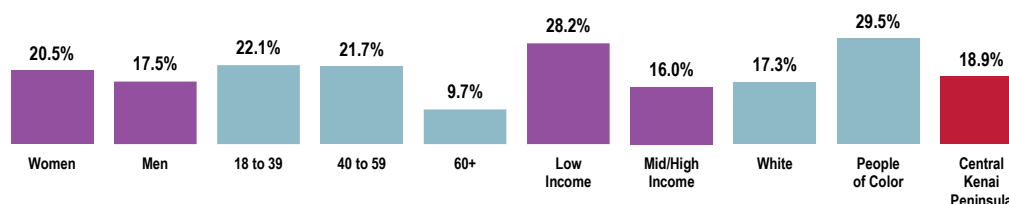
Sources: 
- 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

## Children's Physical Activity

### CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

**"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"**

## Child Is Physically Active for One or More Hours per Day
### (Parents of Children Age 2-17)

| Central Kenai Peninsula | US |
|---|---|
| 35.1% | 33.0% |
| Girls 31.7% | |
| Boys 38.7% | |
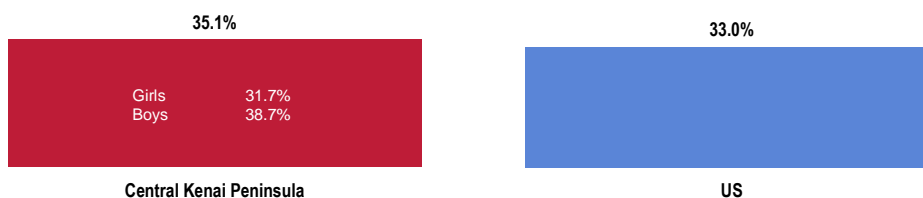
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 47]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

## Access to Physical Activity

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Kenai Peninsula Borough . This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors. [BOROUGH-LEVEL DATA]

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

### Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2020)
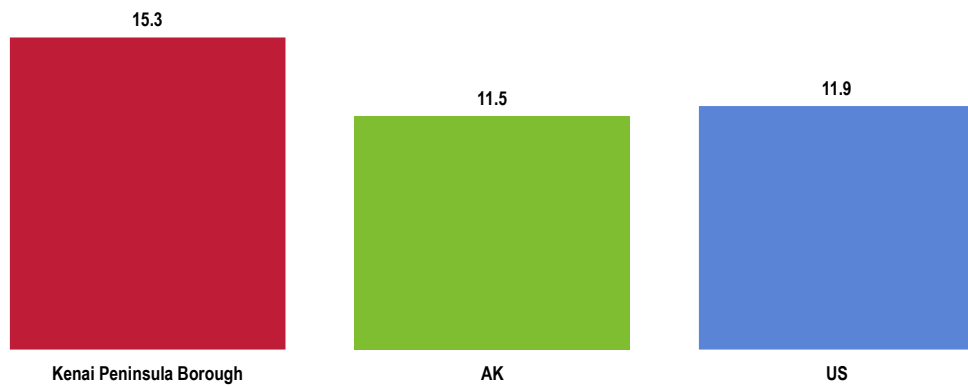
| Kenai Peninsula Borough | AK | US |
|:---:|:---:|:---:|
| 15.3 | 11.5 | 11.9 |

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
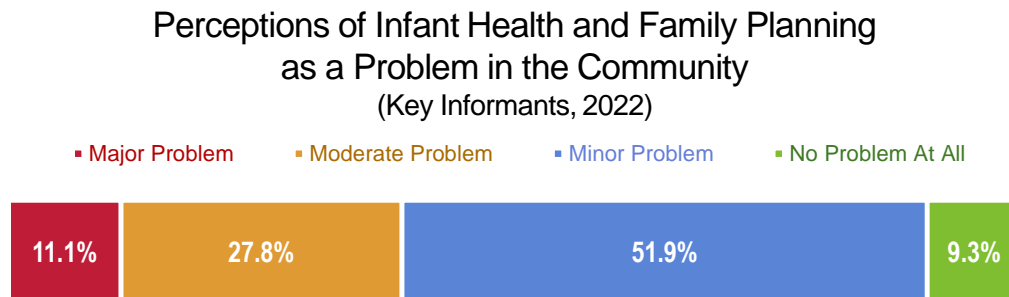- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

# Weight Status

## ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m$^2$). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches$^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m$^2$ and obesity as a BMI ≥30 kg/m$^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m$^2$. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m$^2$ is reached. For persons with a BMI ≥30 kg/m$^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m$^2$.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

## Adult Weight Status

| CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI | BMI (kg/m$^2$) |
| --- | --- |
| Underweight | <18.5 |
| Normal | 18.5 – 24.9 |
| Overweight | 25.0 – 29.9 |
| Obese | ≥30.0 |

Source:    Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

**"About how much do you weigh without shoes?"**

**"About how tall are you without shoes?"**

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

## Prevalence of Total Overweight (Overweight and Obese)



| | | |
|---|---|---|
| 77.6% | 66.8% | 61.0% |
| Central Kenai Peninsula | AK | US |
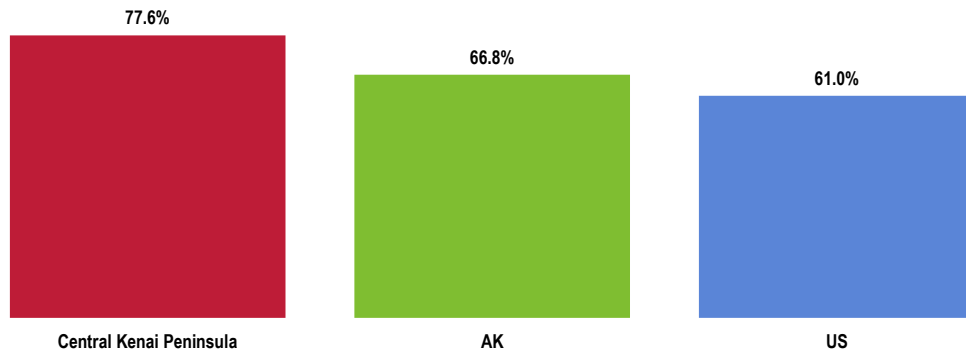
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 53]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

## Prevalence of Obesity
### (Central Kenai Peninsula, 2022)
Healthy People 2030 = 36.0% or Lower



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | AK | US |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 37.3% | 48.4% | 43.0% | 45.8% | 37.9% | 43.7% | 42.8% | 43.5% | 39.2% | 42.9% | 31.9% | 31.3% |
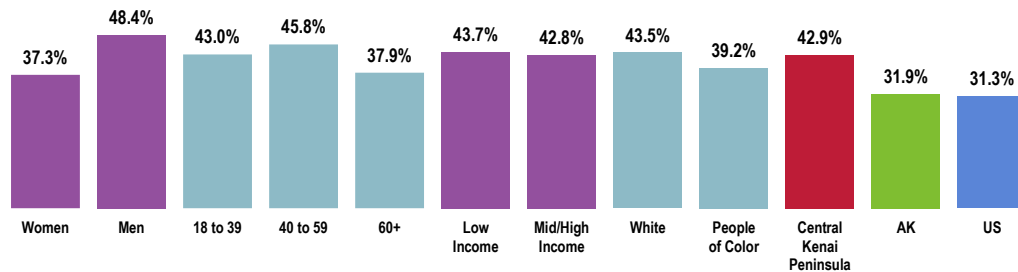
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 53]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

# Children's Weight Status

## ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight       <5th percentile

- Healthy Weight    ≥5th and <85th percentile

- Overweight        ≥85th and <95th percentile

- Obese             ≥95th percentile

– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

**"How much does this child weigh without shoes?"**

**"About how tall is this child without shoes?"**

## Prevalence of Overweight in Children
### (Parents of Children Age 5-17)
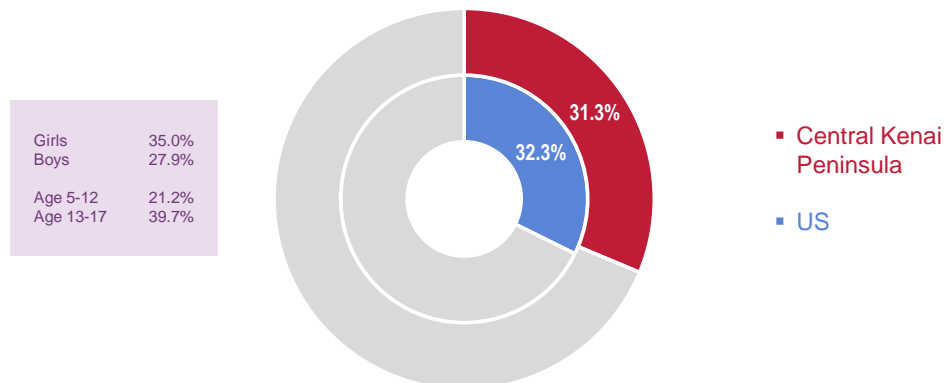


| | |
|---|---|
| Girls | 35.0% |
| Boys | 27.9% |
| Age 5-12 | 21.2% |
| Age 13-17 | 39.7% |

- Central Kenai Peninsula
- US

31.3%
32.3%

## Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

### Perceptions of Nutrition, Physical Activity, and Weight
### as a Problem in the Community
(Key Informants, 2022)

■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All

| 28.1% | 52.6% | 14.0% | 5.3% |
|---|---|---|---|

Sources:   ● PRC Online Key Informant Survey, PRC, Inc.
Notes:       ● Asked of all respondents.
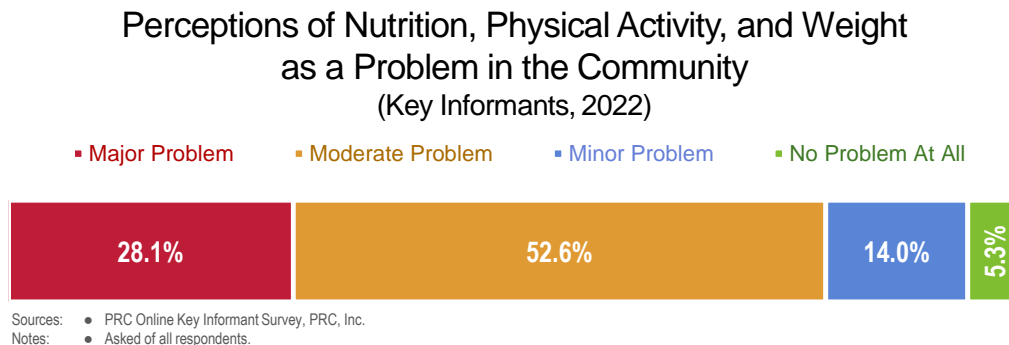
Among those rating this issue as a "major problem," reasons related to the following:

### Nutrition & Physical Activity

Obviously, too many people are overweight. The recent approval of the Soldotna Field House is a move in the right direction. Folks need a place where they can exercise. Not everyone can afford a gym membership, and in the wintertime, options are limited. High-quality, good-tasting and nutritious produce can be difficult to find in Alaska. Expanding opportunities for extending the growing season here for local produce is a good idea, the high tunnels, etc., could be used to grow a lot more produce here on the Peninsula and not have to ship it in from the lower 48 or other countries. – Physician

Not enough protein, not enough exercise. – Physician

Lack of access to fresh foods, including healthy prepared foods. No ability to walk along the highway safely for exercise (I live out by Sterling, and the only place for me to go for a walk is on the ATV track next to the highway, no paved path). Lots of cheap fast-food access. – Physician

High cost of nutritious food, lack of areas to safely walk in the winter. – Public Health Representative

Difficulty staying active during the long winter months. Lack of healthy food options year-round at affordable prices. School lunches are garbage. Seriously, they are very gross. – Community Leader

### Obesity

Obesity and complications, metabolic syndrome, DM, inactivity, and chronic illness are out of control. Culture moving against being critical or proactive to fix this, even in a gentle, productive, non-confrontational manner. – Physician

A large proportion of the population is obese, there is limited nutritional support, exercise programs and options for government programs such as Silver Sneakers in this community. – Physician

Morbid obesity is widespread and a driver of most common chronic diseases. – Physician

### Awareness/Education

Lack of understanding of what a nutritional diet looks like and the importance of portion control and exercise in maintaining a healthy life. – Community Leader

Nutrition education, availability of highly processed foods, weather and climate, darkness in winter. – Public Health Representative

### Environmental Contributors

Long, cold winters and nothing to do unless you like to cross-country ski. No good indoor recreation facilities for the community. – Physician

Concern for the safety in winter, such as ice and wildlife. Cost of travel to exercise location, poor quality foods. – Physician

### Access to Affordable Healthy Food

Access to cheap food. You get more junk for less money. That's true everywhere, though, and here at least people grow their own veggies. Weight from sitting around in the winter and staying home. – Physician

## Recreation Facilities

| Lack of facilities and resources to combat long, cold, and dark winter months. – Community Leader

## Lifestyle

| Patient apathy and lack of a patient's personal responsibility in taking care of their health and nutrition. – Physician

# Substance Use

### ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

## Alcohol

### Binge Drinking

**"Considering all types of alcoholic beverages, how many times during the past 30 days did you have (4 for female/5 for male) drinks on an occasion?"**

### Binge Drinking
Healthy People 2030 = 25.4% or Lower

| | Central Kenai Peninsula | AK | US |
|---|---|---|---|
| | 21.9% | 15.9% | 23.6% |
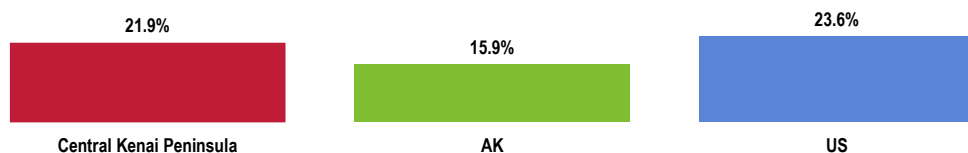
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

## Binge Drinking
### (Central Kenai Peninsula, 2022)
Healthy People 2030 = 25.4% or Lower

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 22.8% | 20.9% | 32.0% | 23.6% | 5.1% | 16.4% | 24.2% | 20.0% | 32.7% | 21.9% |
| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

## Use of Prescription Opioids

**"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"**

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

### Used a Prescription Opioid in the Past Year

| | |
|---|---|
| 10.4% | 12.9% |
| Central Kenai Peninsula | US |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

## Personal Impact From Substance Use

**"To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"**

### Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Central Kenai Peninsula, 2022)



- Great Deal — 18.8%
- Somewhat — 18.5%
- Little — 21.2%
- Not At All — 41.5%
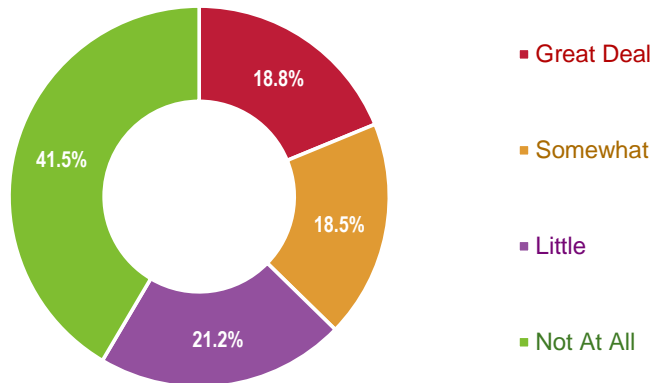
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
Notes: ● Asked of all respondents.

### Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Central Kenai Peninsula, 2022)



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula | US |
|-------|-----|----------|----------|-----|------------|-----------------|-------|-----------------|-------------------------|-----|
| 57.5% | 59.1% | 54.3% | 62.3% | 58.2% | 61.9% | 57.9% | 57.7% | 56.8% | 58.5% | 35.8% |
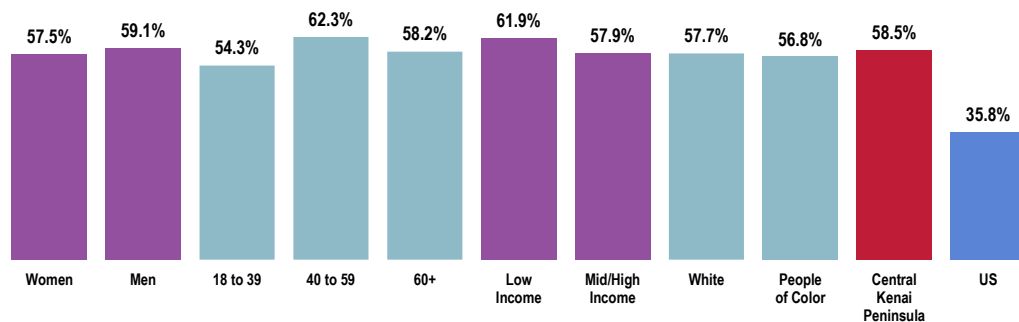
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

## Key Informant Input: Substance Use

The following chart outlines key informants' perceptions of the severity of *Substance Use* as a problem in the community:
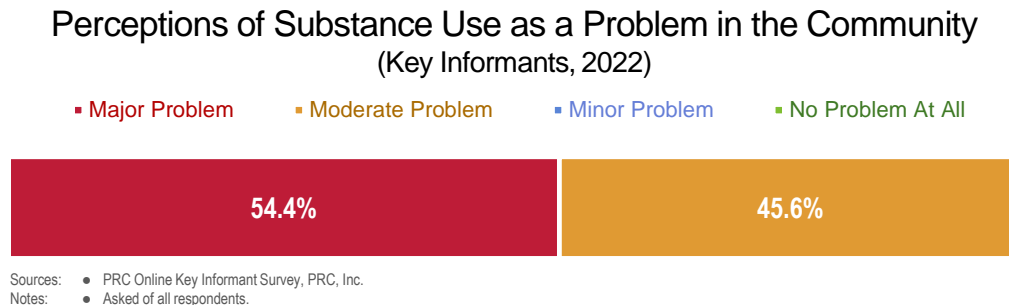
### Perceptions of Substance Use as a Problem in the Community
(Key Informants, 2022)

■ Major Problem     ■ Moderate Problem     ■ Minor Problem     ■ No Problem At All

| 54.4% | 45.6% |
|---|---|

Sources:    ●   PRC Online Key Informant Survey, PRC, Inc.
Notes:       ●   Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Access to Care/Services

Serenity House/Care Transitions are wonderful and have excellent staff, but there do not seem to be other programs/organizations outside the traditional Christian AA model. People who have not found the AA program effective are not able to find an alternative resource. – Physician

Lack of services. – Public Health Representative

There is not enough room in our treatment facilities for the amount of people needing help. – Community Leader

Limited available resources and stigma. – Community Leader

Inpatient care and outpatient counseling capacity. – Community Leader

Available treatment resources along the entire spectrum of abuse and drugs. – Physician

We have pretty good access to acute beds. Long-term relapse is high, but that unfortunately is normal. – Physician

Lack of facilities to assist people. – Community Leader

Lack of beds. – Physician

### Denial/Stigma

Shame and stigma, combined with a lack of programs and providers are critical barriers to substance abuse treatment in the Central Peninsula. – Public Health Representative

Labeling. – Community Leader

Stigma, knowledge deficit, transportation, isolation. – Public Health Representative

Resistance in admitting the problem by affected community members. Stigma associated with addiction treatment. – Physician

### Lifestyle

The substance abusers' motivation to quit. I think there are a reasonable number of resources in the community. – Physician

The largest barrier is getting someone to want help. How is treatment going to be paid for, what programs are available, and the desire to change. – Community Leader

People want to get control of their addictions. Availability for more and primary care providers. – Community Leader

One of the greatest barriers is a lack of a desire to stop abusing substances. Encouraging residents to seek help can be a challenging process. – Physician

### Lack of Providers

No addictionologist. – Physician

Too much of a need for providers, though there is decent access. – Physician

### Multiple Factors

Parent supervision and use of the underground pathway that minors use to procure vapes, TSH tabs, etc. From adults to kids with access to drugs. Lack of access, therapists, and long-term residential treatment. – Physician

> Cost, stigma, access, and supply of substances for relapse. – Physician

## Law Enforcement

> Enabling and then unleashing law enforcement to root out and capture drug dealers, politically pressuring elected leaders to harshly punish drug dealers proven guilty would stem the tide of easily available illicit drugs and lead to fewer addicts. There is no medical substitute for law and order. – Physician

## Alcohol/Drug Use

> Overwhelming number of drugs, including the community and the patient's willingness to commit to therapy, education for teens. – Physician

## Co-Occurrences

> Behavioral health includes both mental health and substance abuse. – Community Leader

## Diagnosis/Treatment

> Identification. – Physician

# Tobacco Use

## ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

— Healthy People 2030 (https://health.gov/healthypeople)

## Cigarette Smoking

**"Now thinking about cigarettes, do you currently smoke cigarettes: every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")**

### Currently Smoke Cigarettes
Healthy People 2030 = 5.0% or Lower

| | | |
|---|---|---|
| 7.5% | 18.0% | 17.4% |
| Central Kenai Peninsula | AK | US |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 19]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes those who smoke regularly and occasionally (every day or on some days).

### Currently Smoke Cigarettes
(Central Kenai Peninsula, 2022)
Healthy People 2030 = 5.0% or Lower

| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|---|---|---|---|---|---|---|---|---|---|
| 5.7% | 9.3% | 8.7% | 9.6% | 2.3% | 5.1% | 8.5% | 6.0% | 12.9% | 7.5% |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Includes those who smoke regularly and occasionally (every day or on some days).
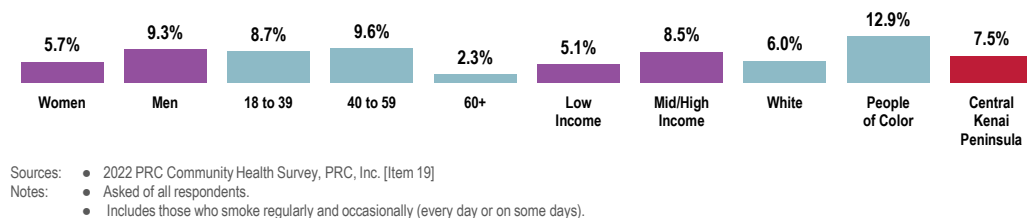
## Use of Vaping Products

**"Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as e-cigarettes, every day, some days, or not at all?"**

### Currently Use Vaping Products
(Every Day or on Some Days)

| Central Kenai Peninsula | AK | US |
|---|---|---|
| 5.6% | 5.0% | 8.9% |
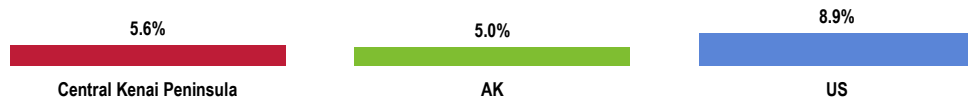
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who use vaping products every day or on some days).

### Currently Use Vaping Products
(Central Kenai Peninsula, 2022)

| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|---|---|---|---|---|---|---|---|---|---|
| 7.8% | 3.6% | 7.2% | 6.2% | 2.3% | 9.9% | 4.3% | 4.5% | 11.5% | 5.6% |
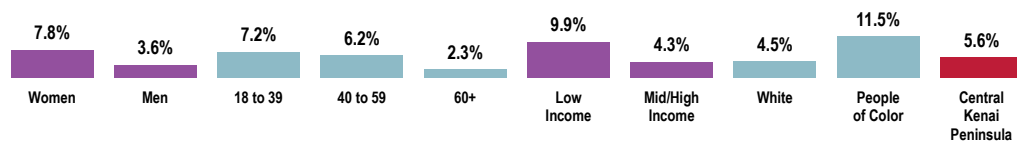
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who use vaping products every day or on some days).

## Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

### Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2022)
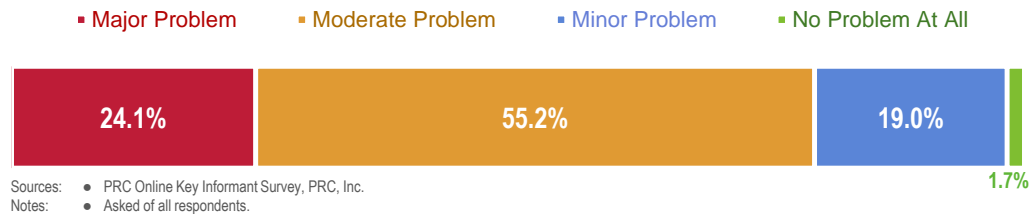
■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All

| 24.1% | 55.2% | 19.0% | |
|---|---|---|---|

1.7%

Sources:  ● PRC Online Key Informant Survey, PRC, Inc.
Notes:  ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Incidence/Prevalence

Lots of smokers. – Physician

Too many people smoke. We've known for decades the dangers of smoking. Tobacco is a tough thing to quit. – Physician

It's a major problem everywhere. – Physician

Personal experience. – Community Leader

So many different forms now. – Community Leader

### Co-Morbidities

It drives most COPD and a lot of coronary disease. – Physician

The long-term health effects, COPD more than cancer. The effect on other problems, such as CAD and vascular problems. – Physician

### Cultural/Personal Beliefs

Cultural acceptance of tobacco habits, vaping in the youth and teenage population. – Physician

### E-Cigarettes

I include not only tobacco, but other nicotine products, such as vaping. There are numerous vaping supply stores throughout the area, and this has become almost equal to other forms of tobacco and marijuana use. – Physician

### Vulnerable Populations

Low-income people in our community are more likely to smoke and bear a huge burden of COPD, cancer, and other preventable medical conditions related to smoking. – Physician

# Sexual Health

## Sexually Transmitted Infections (STIs)

CHLAMYDIA ► Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs. [BOROUGH-LEVEL DATA]

### Chlamydia & Gonorrhea Incidence
#### (Incidence Rate per 100,000 Population, 2020)

■ Kenai Peninsula Borough   ■ AK   ■ US



| | Kenai Peninsula Borough | AK | US |
|---|---|---|---|
| Chlamydia | 243.6 | 695.8 | 481.3 |
| Gonorrhea | 76.7 | 270.9 | 206.5 |
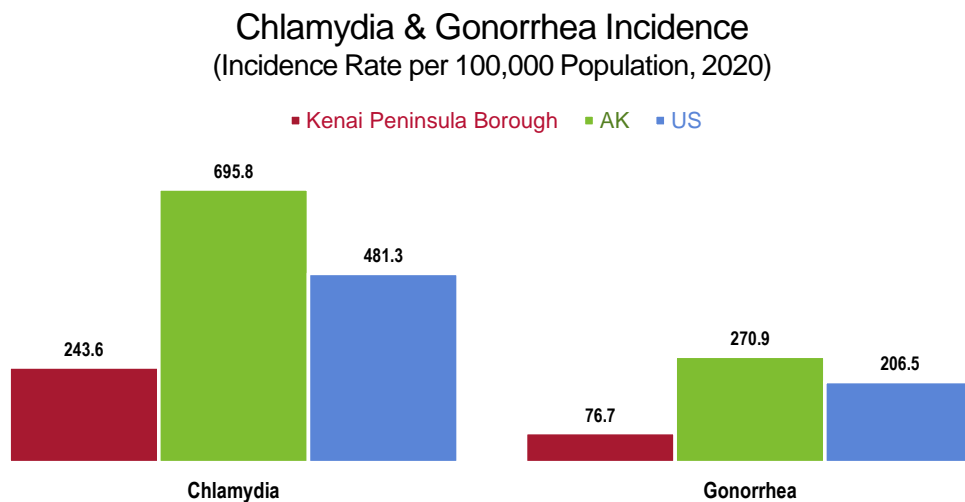
Sources:  ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
            ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).
Notes:     ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

## Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:

### Perceptions of Sexual Health as a Problem in the Community
(Key Informants, 2022)
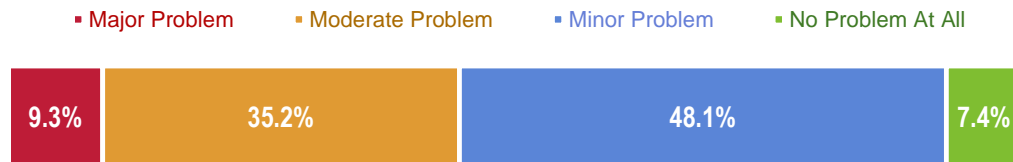
■ Major Problem     ■ Moderate Problem     ■ Minor Problem     ■ No Problem At All

| 9.3% | 35.2% | 48.1% | 7.4% |
|---|---|---|---|

Sources:    ●   PRC Online Key Informant Survey, PRC, Inc.
Notes:       ●   Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Access to Care/Services

> The only resource dedicated to these types of services is closed. – Community Leader

> Lack of resources, high incidence of substance misuse, and lack of education for young people. – Public Health Representative

### Awareness/Education

> The lack of discussion and exchange of information is because of the false belief that knowledge is the problem. Sexual health should not be seen as simply a moral issue when in fact it is a human issue. Proper sexual health should be a goal of every parent and adult in our community. – Community Leader

### Denial/Stigma

> Some community members identify with alternative sexual identity and may feel shame. – Public Health Representative

### Incidence/Prevalence

> Increased cases of STIs and the state of Alaska's increased cases of congenital syphilis. Planned Parenthood is no longer available on the Peninsula. Teens can find it difficult to get access due to cost or transportation and concerns about confidentiality if it goes on insurance. – Public Health Representative

# ACCESS TO HEALTH CARE

## ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

‒ Healthy People 2030 (https://health.gov/healthypeople)

## Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

**"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid or another state-sponsored program, veterans or military benefits, Medicare and Medicaid, another government-sponsored program, or none of these?"**

**"What type of health insurance do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself or get through a health insurance exchange website; no insurance/you pay for health care entirely on your own; insurance, but you are not sure of the type; or government-assisted coverage only?"**

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

### Health Care Insurance Coverage
(Adults Age 18-64; Central Kenai Peninsula, 2022)



- Private Insurance — 76.8%
- VA/Military — 4.4%
- Medicaid/Medicare/Other Gov't — 13.9%
- No Insurance/Self-Pay — 4.9%
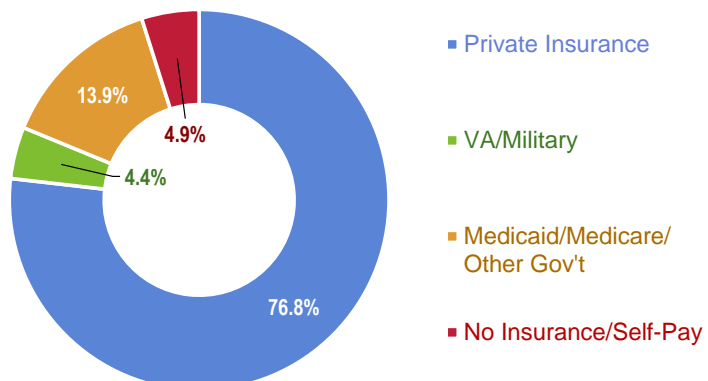
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: ● Reflects respondents age 18 to 64.

# Lack of Health Care Insurance Coverage
## (Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

| Central Kenai Peninsula | AK | US |
|---|---|---|
| 4.9% | 12.9% | 8.7% |
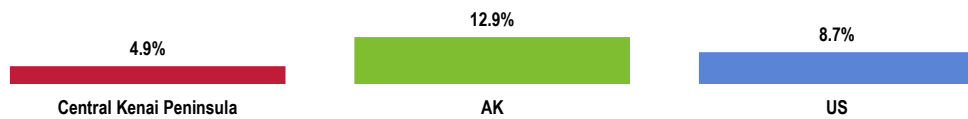
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 55]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

# Lack of Health Care Insurance Coverage
## (Adults Age 18-64; Central Kenai Peninsula, 2022)
Healthy People 2030 = 7.9% or Lower

| Women | Men | 18 to 39 | 40 to 64 | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|---|---|---|---|---|---|---|---|---|
| 3.2% | 6.6% | 8.5% | 2.2% | 15.2% | 1.8% | 4.4% | 5.6% | 4.9% |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 55]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

# Difficulties Accessing Health Care

## Barriers to Health Care Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

**"Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?"**

**"Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?"**

**"Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"**

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

### Barriers to Access Have
### Prevented Medical Care in the Past Year

■ Central Kenai Peninsula    ■ US

| | Central Kenai Peninsula | US |
|---|---|---|
| Cost (Doctor Visit) | 27.7% | 12.9% |
| Cost (Prescriptions) | 15.8% | 12.8% |
| Lack of Transportation | 5.6% | 8.9% |
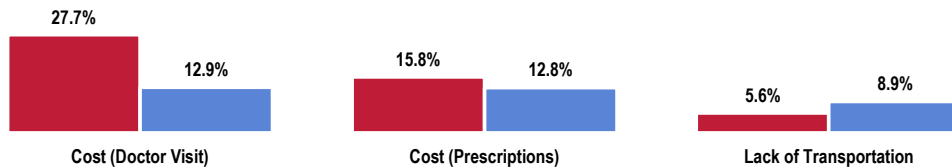
Sources: 
- 2022 PRC Community Health Survey, PRC, Inc. [Items 5-7]
- 2020 PRC National Health Survey, PRC, Inc.

Notes: 
- Asked of all respondents.

## Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

**"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"**

### Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

| | |
|---|---|
| **12.0%** | **8.0%** |
| Central Kenai Peninsula | US |

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 45]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
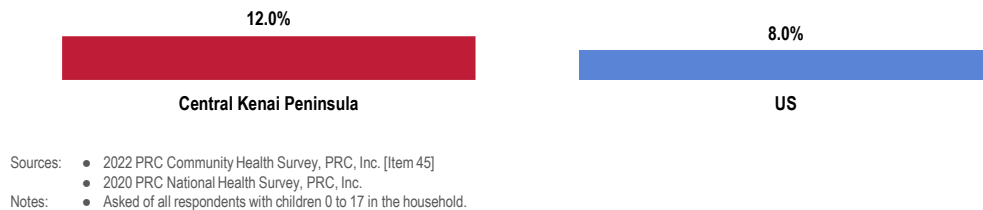
## Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

### Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 10.3% | 39.7% | 43.1% | 6.9% |
|---|---|---|---|

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.
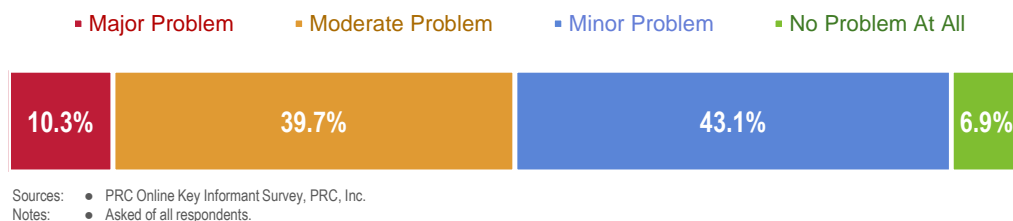
Among those rating this issue as a "major problem," reasons related to the following:

### Lack of Providers

> Just being able to see a physician or provider for an acute illness or routine medical issue. The clinics all see only a few patients a day if someone has an unexpected illness. Their only resource is urgent care or the ER. Patients are told the next available visit is months out on a regular basis. – Physician

> Not enough quality primary care providers, especially for patients with complex chronic diseases. Ability to pay for evaluation, testing, and treatment. – Physician

> Lack of providers, lack of providers with specialty expertise. Lack of mental health providers. – Physician

Access to primary care physicians is a primary health issue for our community. Physicians who are taking new patients are often booked out for several weeks. Practices are full and resources for primary care, especially for care of complex adults, are extremely limited. This leads to delayed care and often worsened health conditions because of the delay. – Physician

Access to subspecialty care. – Physician

Lack of family care doctors. Need more general practice doctors. – Community Leader

## Lack of Hospice

Lack of medical hospice care. This is partially covered by home health and volunteer hospice organizations, but many are forced to die in the hospital when they could have been at home if medical hospice care were better funded and more available. – Physician

Hospice was more involved in the community but has faded. Helping people and families through tough times is needed. Patients don't want to have their last day in the hospital environment. Many would do better in their own home if help was available. – Community Leader

Hospice. We need hospice. – Physician

## Lack of Social Services

Lack of social worker services to help patients and physicians in the outpatient setting. – Physician

Social services to assist community members in accessing primary care. – Community Leader

## Access to Care/Services

There is very limited mental health support in our community—particularly inpatient options anywhere in the state. Access to primary care is also exceedingly difficult. When primary care is established, the provider has a short practice lifespan in the local community. – Physician

## Misuse of Emergency Room

Under-utilization of primary care and wrong use of the emergency room as primary care. Lack of inpatient beds at referral hospitals in Anchorage. – Physician

## Specialty Care

Specialist care. – Physician

## Blood Donations

No place on the Peninsula that I am aware of for blood donations. How fast can the hospital receive blood products in the event of a catastrophic event? – Community Leader

# Primary Care Services

## ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

## Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues. [BOROUGH-LEVEL DATA]

### Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2022)
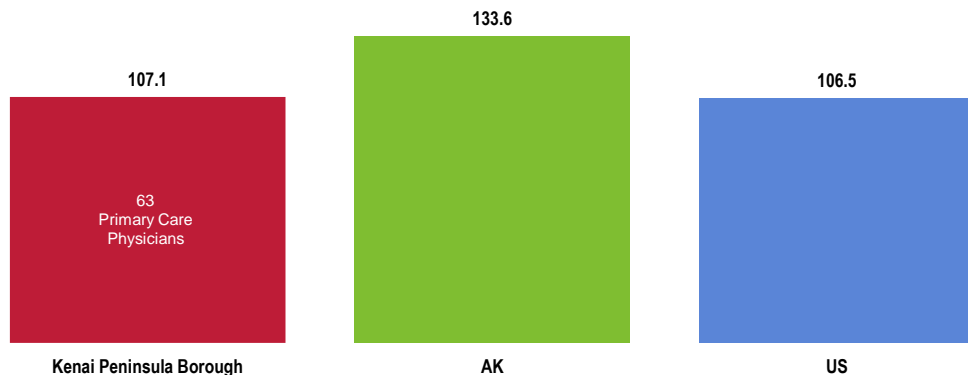
| Kenai Peninsula Borough | AK | US |
|:---:|:---:|:---:|
| 107.1 | 133.6 | 106.5 |
| 63 Primary Care Physicians | | |

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

## Utilization of Primary Care Services

**"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"**

### Have Visited a Physician for a Checkup in the Past Year



| Central Kenai Peninsula | AK | US |
|---|---|---|
| 48.3% | 64.9% | 70.5% |
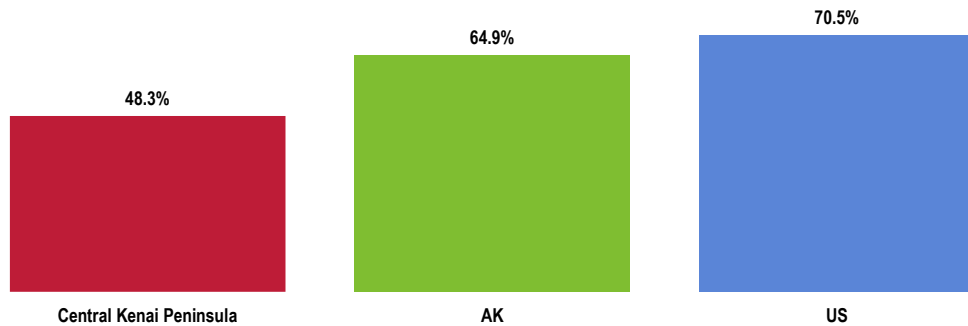
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 8]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

### Have Visited a Physician for a Checkup in the Past Year
(Central Kenai Peninsula, 2022)



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|---|---|---|---|---|---|---|---|---|---|
| 58.4% | 38.1% | 46.9% | 50.9% | 46.0% | 48.3% | 47.0% | 49.7% | 44.1% | 48.3% |

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 8]

Notes:
- Asked of all respondents.

# Outmigration for Medical Care

**"During the past 12 months, have you or has any member of your household left the local area to receive health care services?"**

## Household Member Left Local Area to Receive Health Care Services Within the Past Year
### (Central Kenai Peninsula, 2022)



- Yes: 45.0%
- No: 55.0%
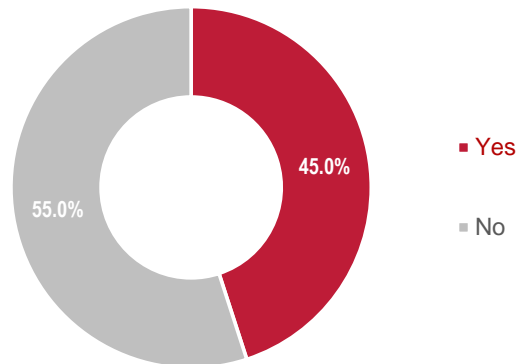
Sources:  ● 2022 PRC Community Health Survey, PRC, Inc. [Items 303-305]
Notes:  ● Asked of all respondents.

## Household Member Left Local Area to Receive Health Care Services Within the Past Year
### (Central Kenai Peninsula, 2022)



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|---|---|---|---|---|---|---|---|---|---|
| 44.8% | 44.7% | 31.7% | 52.4% | 51.9% | 43.4% | 45.2% | 44.0% | 45.9% | 45.0% |
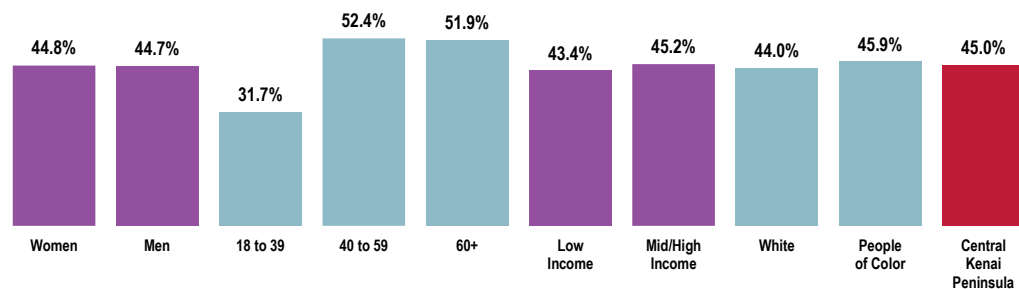
Sources:  ● 2022 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes:  ● Asked of all respondents.

**"For which health care service did you leave the local area most recently?"**

| Services Sought Outside the Local Area<br>(Among Those Leaving the Area for Care; Including Supporting Verbatim Comments in Italics) | |
|---|---|
| **Surgery**<br>   • *Surgical Services*<br>   • *Spine Surgery* | **10.1%** |
| **Ophthalmology**<br>   • *Ophthalmology*<br>   • *Pediatric Ophthalmology* | **9.2%** |
| **Cardiology** | **6.5%** |
| **Hospital Lab Work** | **5.5%** |
| **Dental Care**<br>   • *Dental*<br>   • *Oral Surgery* | **5.3%** |
| **Orthopedics** | **4.8%** |
| **Rheumatology** | **3.2%** |
| **Neurology** | **3.1%** |
| **Endocrinology** | **3.0%** |
| **Radiology** | **2.5%** |
| **Audiology** | **2.3%** |
| **Podiatry** | **2.2%** |
| **Pulmonology** | **2.2%** |
| **Oncology** | **2.1%** |
| **Otolaryngology** | **2.0%** |
| **Other/Uncertain (Each <2.0%)** | **36.0%** |

**"What would you say was the main reason you felt the need to leave the local area for this type of care?"**

| Main Reason for Seeking Medical Care Outside the Local Area<br>(Among Those Leaving the Area for Care; Including Supporting Verbatim Comments in Italics) | |
|---|---|
| **Service Not Available Locally** | **53.4%** |
| **Quality**<br>   • *Better Care Available Elsewhere*<br>   • *Past Experience*<br>   • *Don't Trust the Doctors*<br>   • *Up to Date Equipment/Technology*<br>   • *Quality of Service* | **19.5%** |
| **Cost/Insurance**<br>   • *Cost of Services/Insurance Coverage*<br>   • *Government/Military Benefits* | **14.2%** |
| **Understaffed** | **5.7%** |
| **Long Wait for Appointments** | **3.1%** |
| **Doctor's Recommendation** | **1.9%** |
| **Other/Uncertain (Each <1.0%)** | **2.2%** |

# Oral Health

## ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

## Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in Kenai Peninsula Borough . [BOROUGH-LEVEL DATA]

### Access to Dentists
#### (Number of Dentists per 100,000 Population, 2022)
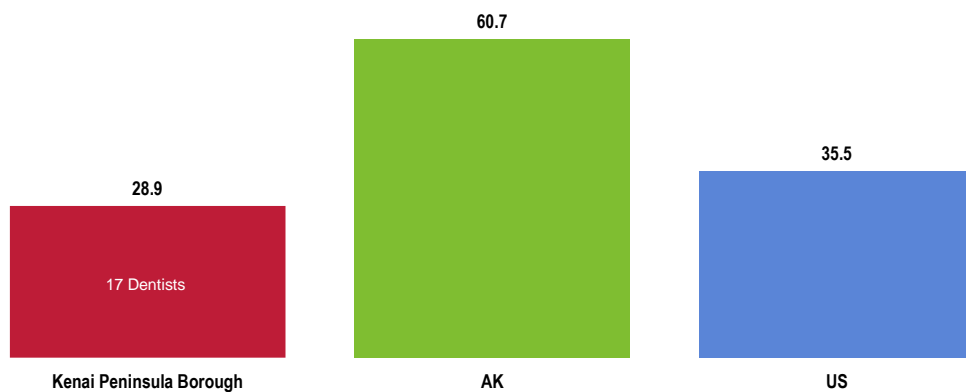
| Kenai Peninsula Borough | AK | US |
|---|---|---|
| 28.9 (17 Dentists) | 60.7 | 35.5 |

Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

## Dental Care

**"About how long has it been since you last visited a dentist or a dental clinic for any reason?"**

### Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

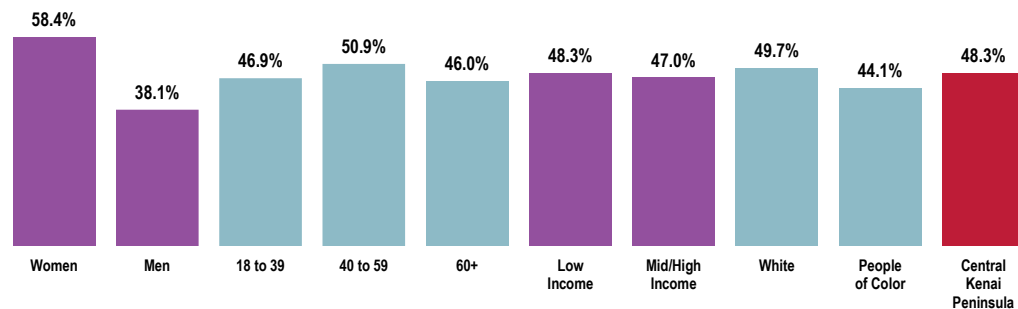| Central Kenai Peninsula | AK | US |
|---|---|---|
| 64.3% | 62.5% | 62.0% |
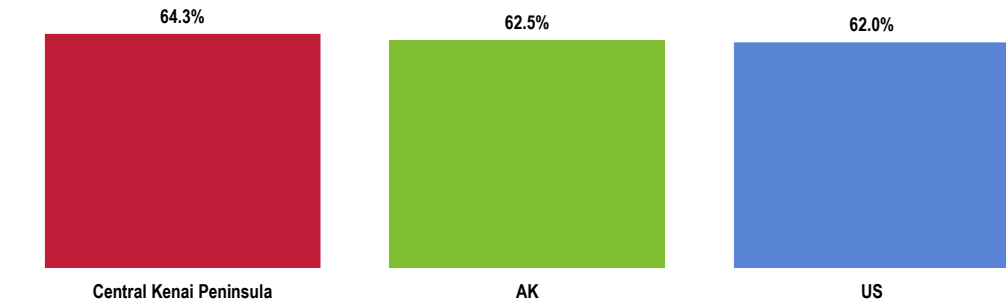
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Alaska data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

## Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

### Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2022)
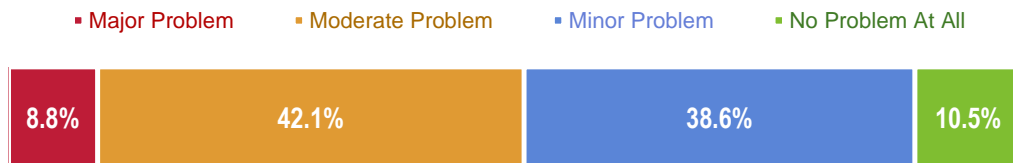
■ Major Problem    ■ Moderate Problem    ■ Minor Problem    ■ No Problem At All

| Major Problem | Moderate Problem | Minor Problem | No Problem At All |
|---|---|---|---|
| 8.8% | 42.1% | 38.6% | 10.5% |

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

### Incidence/Prevalence

Patients have horrible teeth. – Physician

Patients are unable to be seen in a reasonable amount of time for dental care. Also, there is a problem with methamphetamine abuse in the community and the dental problems that go along with it. I see a higher percentage of the population with dental caries and requiring dentures at an earlier age. – Physician

### Access to Care for Uninsured/Underinsured

Very limited options for oral health services for patients without dental insurance. – Physician

### Impact on Quality of Life

I care for many patients in the hospital with poor dentition that limits their overall health, and there is poor access to dental care for low-income people. – Physician

## Perceptions of Local Health Care Services

**"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"**

### Rating of Overall Health Care
### Services Available in the Community
(Central Kenai Peninsula, 2022)



- Excellent
- Very Good
- Good
- Fair
- Poor

10.8%
36.9%
35.1%
13.3%
3.9%
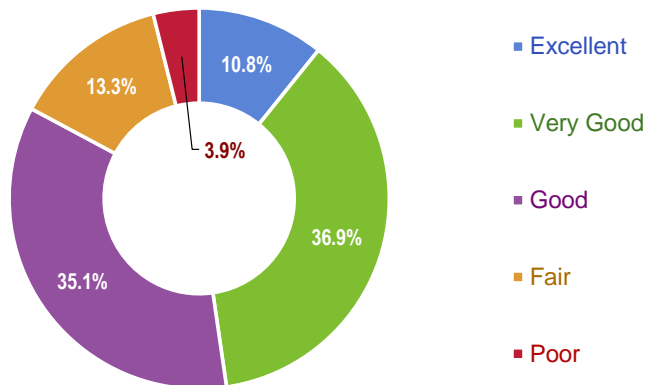
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

### Perceive Local Health Care Services as "Fair/Poor"



17.2% — Central Kenai Peninsula
8.0% — US
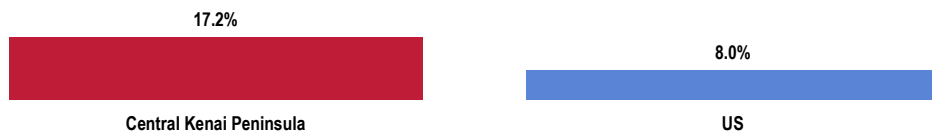
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

## Perceptions of Services Needed Locally

**"Is there any health care service that is not currently available in your area but you feel should be provided locally?"**

### Perceive Local Area as Lacking a Needed Health Care Service
(Central Kenai Peninsula, 2022)



- 50.4%
- 49.6%

■ Yes
■ No
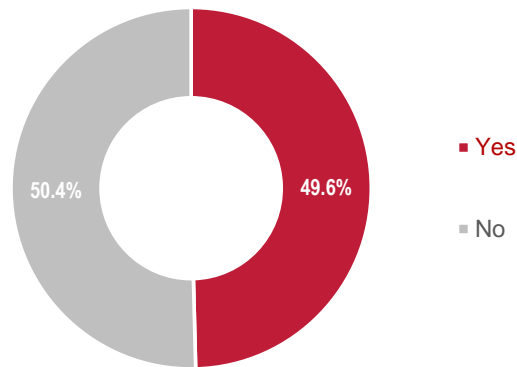
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 301-302]
Notes: ● Asked of all respondents.

### Perceive Local Area as Lacking a Needed Health Care Service
(Central Kenai Peninsula, 2022)



| Women | Men | 18 to 39 | 40 to 59 | 60+ | Low Income | Mid/High Income | White | People of Color | Central Kenai Peninsula |
|---|---|---|---|---|---|---|---|---|---|
| 53.3% | 46.3% | 44.6% | 53.0% | 51.3% | 49.2% | 49.8% | 48.9% | 51.2% | 49.6% |
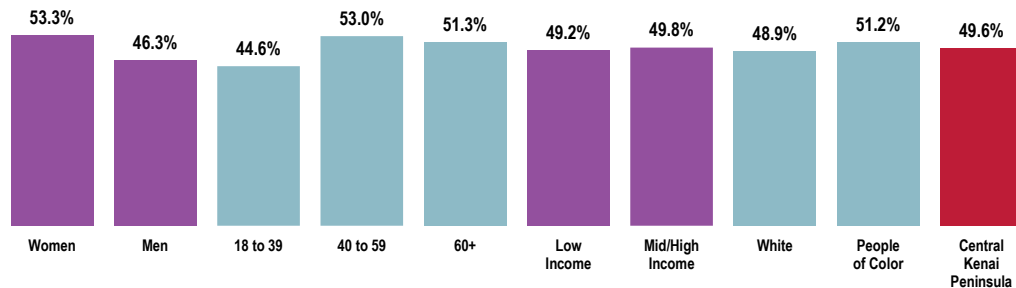
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.

[Among those identifying a need for local services:] **"Which health care service do you feel is most needed in this area?"**

| Services Identified as Most Needed Locally<br>(Among Those Identifying a Need; Including Supporting Verbatim Comments in Italics) | |
|---|---|
| **Behavioral Health**<br>• *Mental Health*<br>• *Psychiatry*<br>• *Behavioral Health*<br>• *Alcohol and Drug Education*<br>• *Inpatient Mental Health*<br>• *Disability and Mental Health*<br>• *Emergency Psychiatric Services*<br>• *Inpatient Psychiatry*<br>• *More Mental Health Svcs That Accept Medicaid/Medicare*<br>• *More Special Needs Mental Health Services*<br>• *Drug and Alcohol Treatment for Teens*<br>• *Affordable Mental Health* | **23.5%** |
| **Cardiac Services**<br>• *Cardiology*<br>• *Interventional Cardiology*<br>• *Cardiac Cath Lab*<br>• *Vascular Surgery*<br>• *CT Coronary Angiography*<br>• *Cardiac Surgery*<br>• *Dedicated Full Time Cardiology Clinic* | **9.0%** |
| **Elderly Care**<br>• *Elderly Care*<br>• *Hospice*<br>• *Long Term Facilities*<br>• *Large Scale Skilled Nursing Facility*<br>• *Adult Day Care*<br>• *Assisted Living* | **5.9%** |
| **Urgent Care** | **4.8%** |
| **More Specialists in General** | **4.6%** |
| **Endocrinologist** | **4.2%** |
| **Rheumatology** | **4.0%** |
| **Pediatric Services**<br>• *More Pediatric Specialists in General*<br>• *Pediatrics*<br>• *Pediatric Endocrinology*<br>• *Pediatric Gastroenterology*<br>• *Pediatric Sleep Studies* | **3.9%** |
| **Neurology Services**<br>• *Neurology*<br>• *Neurosurgery*<br>• *Neurological Evaluations* | **3.8%** |
| **Dialysis**<br>• *Dialysis*<br>• *Inpatient Dialysis* | **3.3%** |
| **Other/Uncertain (Each <3%)** | **33.0%** |

# Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Kenai Peninsula Borough as of September 2020. [BOROUGH-LEVEL DATA]
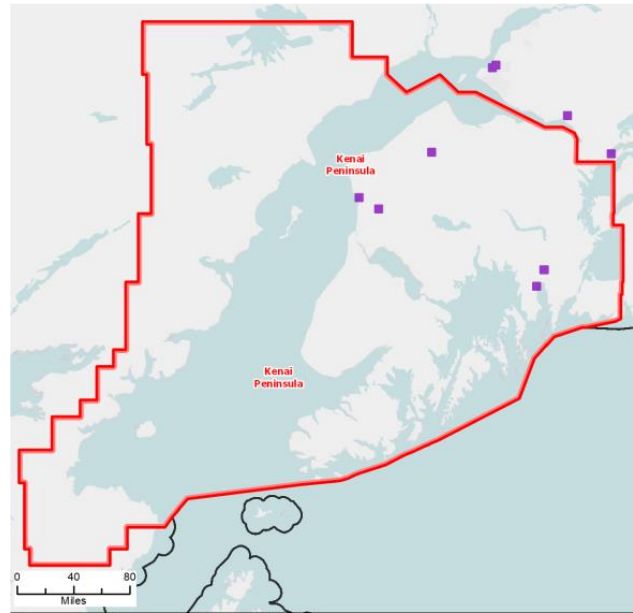
# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

**Access to Health Care Services**

- Central Peninsula Care Transitions
- Central Peninsula Hospital
- Central Peninsula Hospital Family Practice Clinics
- Counselors
- Dena'ina Wellness Center
- Doctor's Offices
- Peninsula Community Health Services
- Peninsula Internal Medicine
- Urgent Care Center
- VA Clinic

**Cancer**

- Doctor's Offices
- Hospitals
- School System
- VA Clinic

**Diabetes**

- Central Peninsula Hospital
- Community Health Fairs
- Diabetes Educator
- Doctor's Offices
- Farmer's Market
- Federal Nutrition Assistance/EBT
- Health Organizations
- Hospitals
- Indoor Walking at Box Stores
- Insurance
- Medicaid
- Medications
- Native Health Resources
- Online Services
- Peninsula Community Health Services
- Pharmacies
- Providence
- Safeway
- School System
- State of Alaska Chronic Disease Prevention and Health Promotion

- Urgent Care Center
- VA Clinic
- Walmart

**Disabling Conditions**

- Alcoholics Anonymous/Narcotics Anonymous
- Assisted Living Facilities
- Central Peninsula Hospital
- Central Peninsula Internal Medicine
- Counselors
- Doctor's Offices
- Forget-Me-Not Center
- Heritage Place
- Home Health Services
- Hope
- Hospitals
- Independent Living Center
- Job Corps
- Kenai Home Health
- Lions
- Massage Therapists
- Medications
- Native Health Resources
- Office of Public Assistance for Disability Assistance
- Pharmacies
- Physical Therapists
- Riverside
- Senior Centers
- Serenity House

**Heart Disease & Stroke**

- Central Peninsula Hospital
- Doctor's Offices
- Field House
- Hospitals
- Native Health Resources
- Parks and Recreation
- Tobacco Quit Line

### Infant Health & Family Planning

- ABC Life Choices
- Central Peninsula Hospital
- Central Peninsula Women's Health
- Community Members
- Crisis Pregnancy Centers
- Doctor's Offices
- Hospitals
- Kachemak Bay Family Planning Clinic
- Kenai Public Health Center
- Peninsula Community Health Services
- Peninsula Internal Medicine
- Planned Parenthood
- Walk-In Clinics

### Injury & Violence

- Abuse Shelters
- Adult Protective Services
- Battered Women's Shelter
- Child Protective Services
- Court System
- Doctor's Offices
- Family/Friends
- Hospitals
- Law Enforcement
- Office of Children's Services
- Police
- Sexual Assault Response Team/Sexual Assault Nurse Examiner Resources
- School System
- Substance Abuse Treatment Programs
- The LeeShore Center

### Mental Health

- Alaska Psychiatric Institute
- Alcoholics Anonymous/Narcotics Anonymous
- Central Peninsula Care Transitions
- Central Peninsula Hospital
- Churches
- Committee for Public Counsel Services
- Community Health Clinic
- Counseling Centers
- Counselors
- Dena'ina Wellness Center
- Diamond Willow
- Doctor's Offices
- Emergency Medical Services
- Family/Friends
- Frontier
- Hospitals

- Kenai Peninsula Mental Health
- Kenaitze Behavioral Health
- Mental Health Services
- Peninsula Community Health Services
- Police
- Private Therapists
- School System
- Serenity House
- Suicide Hotline/Crisis Intervention
- Telehealth
- Urgent Care Center
- VA Clinic
- Work Place

### Nutrition, Physical Activity, & Weight

- Central Peninsula Hospital
- Churches
- Doctor's Offices
- Farmer's Market
- Field House
- Fitness Centers/Gyms
- Food Bank
- Gardens
- Grocery Stores
- Hospitals
- Kenai Peninsula Food Bank
- Library
- Nutrition Services
- Parks and Recreation
- Public Health
- Revolution Physical Therapy
- School System
- Senior Centers
- Soldotna Farmer's Market
- Sports Center
- The Goods

### Oral Health

- Dena'ina Wellness Center
- Peninsula Community Health Services

### Respiratory Diseases

- Borough Emergency Management Vaccination Clinics
- Public Health
- SPP Vaccine Site

## Sexual Health

ABC Life Choices
Centers for Disease Control and Prevention
Central Peninsula Hospital
Community Members
Doctor's Offices
Iknowmine.org
Kachemak Bay Family Planning Clinic
Kenai Public Health Center
Peninsula Community Health Services
Planned Parenthood
Pride Social Media Communities
Public Health
School System
Walk-In Clinics

## Social Determinants of Health

340 B Program
Aging and Disability Resource Council
Alaska Housing
Boys and Girls Club
Carts
Central Peninsula Hospital
Christian Fellowship
Cook Inletkeeper
Doctor's Offices
Food Bank
Frontier
Halfway Houses
Head Start Program
Home Health Services
Homeless Coalition
Homeless Shelter
Hospitals
House of Hope
Independent Living Center
Job Center
Kenai Peninsula Food Bank
Kenaitze Tribe
Local Agencies
Love INC
Meals on Wheels
Na'ini Family and Social Services
Nikiski Homeless Shelter
Peninsula Community Health Services
Public Radio
School System
The LeeShore Center
Women, Infants, and Children Program

## Substance Abuse

Alcoholics Anonymous/Narcotics Anonymous
Central Peninsula Care Transitions
Central Peninsula Hospital
Churches
CICADA
Cook Inlet Council on Alcohol and Drug Abuse
Counselors
Dena'ina Wellness Center
Diamond Willow
Doctor's Offices
Emergency Medical Services
Freedom House
Hospitals
Ideal Options
Inpatient Rehab
Kenaitze Tribe
Love INC
Mental Health Services
Ninilchik Community Clinic
Police
Redoubt Medical Clinic
School System
Serenity House
South Peninsula Hospital
Suboxone Clinic
Work Place

## Tobacco Use

Doctor's Offices
Hospitals
School System
Tobacco Quit Line

# APPENDIX

# EVALUATION OF PAST ACTIVITIES

## Implementation Plan FY 2020-2022: February 2022 Update

**Community Health Needs Assessment Implementation Plan Overview**

Every three years, Central Peninsula Hospital conducts a Community Health Needs Assessment to evaluate the perceived health needs of people in our community. This report is made available to the public and the hospital uses it to help guide decisions about future plans. We contracted with a local firm, PNC IT to conduct our survey this year and the summation of their results is in the Community Health Needs Analysis available for review on our website at www.CPGH.org. Central Peninsula Hospital uses these findings to form the basis from which to effectively plan our efforts toward helping to improve future health services for the Central Peninsula Service Area. These findings provide the foundation for a broader conversation with hospital and community stakeholders to determine which health needs are of the highest priority for the hospital. Stakeholders include representatives from the CPH medical staff, community members, the CPHG, Inc. Board, and CPH administration. Plans for addressing these prioritized health needs are described in this comprehensive CHNA Implementation Plan.

**Demographic Changes**

Based on data provided in the Kenai Peninsula Economic Development District's 2018 Situations and Prospect Report, the over 65 population is the fastest growing age category on the Kenai Peninsula; growing by 11% during the time period 2016 through 2018. This far outpaces the <1% overall population growth in our area over that same 3 year period. The over 65 population in 2018 represented 17.4% of the peninsula's population compared to 15.6% in 2016 and 14.8% in 2015 indicating a 4 year consecutive year over year increase. Contrast these figures with the over 65 percentage of 9.9% for the State of Alaska, and it becomes clear that the Kenai Peninsula Borough has a much higher proportion of seniors than the rest of Alaska; and it is rising. This is an important factor to consider as we prepare for the future.

**Changing Healthcare Environment – New Models of Care**

It is worth noting that new health care delivery models such as Clinically Integrated Networks and Coordinated Care Organizations are being developed in other states with the objective being to address Population Health Management on a broader level. Systems like the Eastern Oregon Coordinated Care Organization (EOCCO) work by realigning provider incentives to bring hospitals, physicians, and other providers together to focus as a team to improve the overall wellness of a defined population rather than having each provider focus only on treating a specific person for a disease related their specialty. Central Peninsula Hospital is working with our benefits provider, MODA Health (plan administrator for the EOCCO) on the development of a Clinically Integrated Network (CIN) for our own employee health plan. As it evolves, our CIN will begin to address many of the needs identified in this survey. For purposes of this Implementation Plan we will focus on the tools that currently exist, knowing that as our plan evolves and new models are developed, this implementation plan will evolve as well.

**Biggest changes in perceived needs since last CHNA** (reference page 12 of the CHNA)

The three categories showing the largest increase in perceived need from 2016 to 2019 were Mental Health Services, Access to Primary Care Providers, and Outpatient Urgent Care. The perceived need in all three of these categories made significant jumps during those three years.

Cancer Care was the highest perceived needs category in the 2012 survey (two surveys ago) but the perceived need for more cancer services has dropped significantly over the past 6 years demonstrating that the efforts CPH underwent as a result of the 2012 survey have paid dividends by bringing these much needed Cancer Care services to our community.

**Ranking the magnitude of perceived needs**

In terms of the highest ranking needs in 2019, the top 10 were:

- Mental Health Services
- Access to Primary Care Providers
- Alcohol and Drug Abuse Treatment Services
- Assisted Living Services
- Wellness Services for Kids and Adults
- Outpatient Urgent Care
- Alzheimer's Services
- Cardiology Services
- End of Life services
- Cancer Care.

Alcohol and Drug Abuse Treatment and Metal Health Services remained high on the list between the 2016 and 2019 surveys, moving from 2nd and 3rd places in 2016 to 3rd and 1st respectively in 2019. While we have devoted significant resources to increasing our capacity around Mental Health and Substance Abuse Treatment Services, CPH will continue to make finding solutions to these problems a high priority going forward.

Concerns about the lack of availability of Primary Care Providers also rose significantly rising from 10th to 2nd place in terms of perceived needs. Paralleling the perceived lack of Primary Care Providers, the perceived need for more Outpatient Urgent Care rose from 11th to 6th place from 2016 to 2019. Both of these increases could be attributed to the closing of two large Primary Care Clinics in our community in the months leading up to the survey. CPH is currently working to help fill this need and will continue to make it a priority going forward.

**CHNA Implementation Plan Prioritization Process**

The CPGH, Inc. Board of Directors reviewed the CHNA data and evaluated each focus area to determine the recommended priorities based on the following evaluation criteria:
- Severity of the issue and size of affected population
- Ability of hospital to affect change
- Ability to evaluate outcomes
- Community and System resources available

The health needs that were identified by the CHNA have been integrated into the design of this CHNA three-year Implementation Plan. Based on the criteria above, the board identified the health needs listed below as their top five CHNA priorities to work on going forward. By stewarding existing resources, strengthening partnerships, and creating innovative programs both on the hospital campus and within the community, CPH hopes to make a positive impact toward addressing these identified needs.

**Needs that Central Peninsula Hospital Will Directly Address**

In order to steward our resources efficiently, it makes sense to combine efforts to address identified needs where overlapping strategies and solutions might address similar problems, such as in the areas of Primary Care Access and Access to Urgent Care Services. Likewise Mental Health and Alcohol Treatment Services can be addressed by many of the same strategies. Assisted Living needs, Alzheimer's Care, and End of Life Care are all areas impacting our growing elderly population and may be addressed more effectively through a combined effort rather than individually.

To that end, here are the top nine health needs consolidated into five categories deemed by the CPGH, Inc. Board of Directors to be the desired focus of targeted strategies in this CHNA Implementation Plan:

- Access to Primary Care and Lack of Outpatient Urgent Care
- Mental Health and Substance Abuse Treatment
- Assisted Living, Alzheimer's Care, and End of Life Services
- Wellness Services for Kids and Adults
- Cardiology Services

**PRIORITY 1: Access to Primary Care Providers/Lack of Outpatient Urgent Care**

❖ ***Objective/Issue 1:*** Lack of Primary Care Access results in inappropriate Emergency Dept utilization and poor care coordination

*Strategies:*
- Improve Primary Care Access in community
    o Support Independent Primary Care providers with recruitment efforts
        ▪ Brought PIM on board to provide better access to Medicare patients

    o Build on existing hospital-based PCP clinic capacity
        ▪ As above

    o Increase PCP presence in Kenai by combining elements into a single more visible/accessible location
        ▪ Schematic design has been completed for expansion project. Project currently on hold

    o Develop Primary Care Medical Home Model to increase PCP driven coordinated care
        ▪ Partnered with Peninsula Internal Medicine Associates to help move us in a more coordinated direction
        • Medical Home formalization activity is beginning
        • Physician leadership group is developing board structure to start putting quality metrics in place
        • Adding Psych NP coverage to PCP Clinics

    o Promote physician extender model where appropriate

❖ ***Objective/Issue 2:*** Expand Urgent Care Capacity

*Strategies:*
- Develop Outpatient Urgent Care Clinic in Kenai
        ▪ Urgent Care Clinic is up and running.

**PRIORITY 2: Mental Health and Substance Abuse Services**

❖ ***Objective/Issue 1:*** Address high level of drug and alcohol abuse in the community

*Strategies:*
- CPH has taken over the acute behavioral health component of emergency care for the E.D. and Inpatient units.
        ▪ Contracted with Alaska Regional for tele-psychiatry services
        ▪ Employing Psych NP to provide in-person ED and IP coverage

- Reach out to partner organizations to support a community-wide focus
  - Explore development of a community-wide opioid planning counsel
  - Partner with other agencies to do presentations across all populations, ie child care centers, community councils, etc.
- Develop Clinically Integrated Network with incentives for providers to promote wellness (i.e., behavioral change, improved psychological health, reduction of substance abuse disorders)
  - Collaborate with DHSS to develop and/or respond to a Request for Proposal (RFP) for a Medicaid global payment structure to pilot physical/behavioral health integration
    - Working closely with DHSS Officials and MODA to develop Population-based/Global budget Medicaid CCO demonstration project.

  - Promote Primary Care Medical Home models with behavioral health integration into the practice
    - Integrate mental health support into PCP clinics
    - Value Based program under development for employee health plan which can be expanded
      - Value Based Network is in place for employees
      - Physician leadership group is developing board structure to start putting quality metrics in place

  - Develop tele-psychiatry access and/or recruit at least one psychiatrist to support primary care activities
    - Contracted with Alaska Regional for tele-psychiatry services
    - Psychiatric Nurse Practitioner starts in Oct

- Develop detox unit
    - Care Transitions 6 bed detox unit up and running with good success

- Open new transitional housing facility
    - Diamond Willow 16 bed unit up and running with good success
    - Diamond Willow has been Joint Commission accredited which will increase reimbursement

- Case Management Program
  - Establish process to conduct home visits to capture opportunities for early intervention to ward off acute Emergency Dept visits
  - Partner with PCHS and other community MH providers to facilitate early intervention
    - As CCO project comes to life PCHS will be a critical piece of the plan

  - ❖ **Objective/Issue 2**: Chronic Pain is a risk factor for depression (approx. 40% of chronic pain patients are depressed compared to compared to 7% of the general population)
    - Employed Dr. Solomon Pearce, Pain Management physician to provide care for thee patients

*Strategies:*
- Develop specialized spine treatment beyond primary care model
  - Continued development of Spine Program to provide better surgical and therapy solutions to replace pharmaceutical treatment
    - Working on Joint Commission Center of Excellence recognition for spine program

- Integrate Pain Management, Physical Therapy, Psychology with Spine Program in order to create an integrated programmatic delivery system to provide long-term solution to pain suffers
  - <span style="color:red">Interventional Radiologists are starting to do spine injections in the Cath Lab</span>
  - <span style="color:red">Working on Joint Commission Center of Excellence recognition for spine program</span>

❖ ***Objective/Issue 3****:* Obesity is a risk factor for depression (40% of those reporting a diagnosis of depression were obese)

*Strategies:*
- Be a collaborative partner in local programs to promote physical activity and wellness
  - Support community events like Healthy Directions to increase awareness of the power of exercise and healthy eating
  - Offer Community Health Fairs throughout the year
  - Provide sponsorship money to community activities that promote exercise – little league baseball, local runs, Relay for Life, etc.
  - Promote healthy eating habits at physician Dine & Discuss seminars
    - <span style="color:red">Covid pandemic has temporarily halted these activities</span>

**PRIORITY 3: Assisted Living, Alzheimer's Care, and End of Life Services**

❖ ***Objective/Issue 1****:* Lack of robust Hospice or Palliative Care programs results in high readmission rate and less than favorable utilization of hospital beds

*Strategies:*
- Develop Clinically Integrated Network with incentives that encourage participants to do the following
  - Improve Hospice program in community
  - Continue high-level of support to existing volunteer Hospice Program
  - Work toward more comprehensive Home Health service
  - Be available to support partnerships
  - Participate in palliative care program development
    - Palliative Care Committee has been formalized and continues to meet and work on these issues
  - <span style="color:red">Still work to be done in this area – CCO project will help make this effort more feasible</span>

❖ ***Objective/Issue 2****:* Coordinate Services that are already available

*Strategies:*
- Conduct survey and promote better coordination of existing community resources
- Sponsor programs for family education on coping with disease using social workers and other community resources

**PRIORITY 4: Wellness Services for kids and adults**

❖ ***Objective/Issue 1****:* Early wellness education and lifestyle changes can help prevent all of the poor health statuses identified above

*Strategies:*
- Continue to support broad wellness activities currently underway
  - Sponsor Safe Kids
  - Health Fairs
  - Dine & Discuss schedule
  - Peninsula Change Club
  - Focus sponsorships on community activities that promote exercise – little league baseball, local runs, Relay for Life, etc.

- Develop more wellness programs and education
  - Focus PR activity toward messaging about better wellness behaviors
  - Look at opportunities to become involved with Head Start and at the school district level
    - Covid pandemic has slowed these activities

- ❖ **Objective/Issue 2**: Hypertension and cholesterol management

*Strategies:*
- Provide Hypertension and lipid management education
  - Sponsor Dine & Discuss seminars
  - Increase Health Fair activity
  - Incentivize PCP Medical Homes and Value Based physicians to increase focus on these issues
    - Physician leadership group is developing board structure to start putting quality metrics in place

**PRIORITY 5: Cardiovascular Health**

- ❖ **Objective/Issue 1**: Aging Population increases incidence of Cardiovascular Disease

*Strategies:*
- Cardiac Cath Lab to bring Interventional Cardiology to the Peninsula
  - Support the presence of the Alaska Heart Institute Cardiologists on campus
    - Dr. Anding is working full time in the cardiology clinic
    - Working with AHI on a contract to provide 1 full day per week cath lab coverage
  - Build strong cardiology team to entice AHI MDs to want to work in our cath lab
    - See above
  - Build Dialysis Capability
    - We have received two CRRT machines and Nephrologist Dr. Gitomer is in the process of getting privileges to provide training to our staff and oversite to our Hospitalists to allow us to start doing CRRT this spring. Full on Dialysis will follow within the next year.

- Increase ICU/cardiovascular capability of nursing staff and Hospitalists
  - Adding three ICU beds to increase ICU capacity to 9
  - New Hospitalist group has close relationship with Alaska Heart Institute Cardiologists allowing for better coordination of cardiology inpatients
  - Swing shift Hospitalist added to assist with increased volume and acuity associated with increase in cardiology patient volume
  - More education around benefits of eICU to increase utilization of the technology
  - Implement aggressive training program for ICU nursing staff – ECCO course for all ICU RNs
    - All of this work is underway and our ICU is operating at a very high level

- ❖ **Objective/Issue 2**: Community Obesity rate is high which is a key risk factor

*Strategies:*
- Be a collaborative partner in local programs to promote physical activity and wellness
  - o Support community events like Healthy Directions to increase awareness of the power of exercise and healthy eating
  - o Offer Community Health Fairs throughout the year
  - o Provide sponsorship money to community activities that promote exercise – little league baseball, local runs, Relay for Life, etc.
  - o Promote healthy eating habits at physician Dine & Discuss seminars

- ❖ ***Objective/Issue 3****: Improve Hypertension/ cholesterol management*

*Strategies:*
- Provide Hypertension and lipid management education
  - o Sponsor Dine & Discuss seminars to educate community
  - o Offer Community Health Fairs throughout the year
  - o Incentivize PCP Medical Homes and Value Based physicians to increase focus on these issues
    - Physician leadership group is developing board structure to start putting quality metrics in place