



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Central Kenai Peninsula, Alaska

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INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2022, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in 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 Professional Research Consultants, Inc. (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 trending and comparison to benchmark data at the state and national levels.

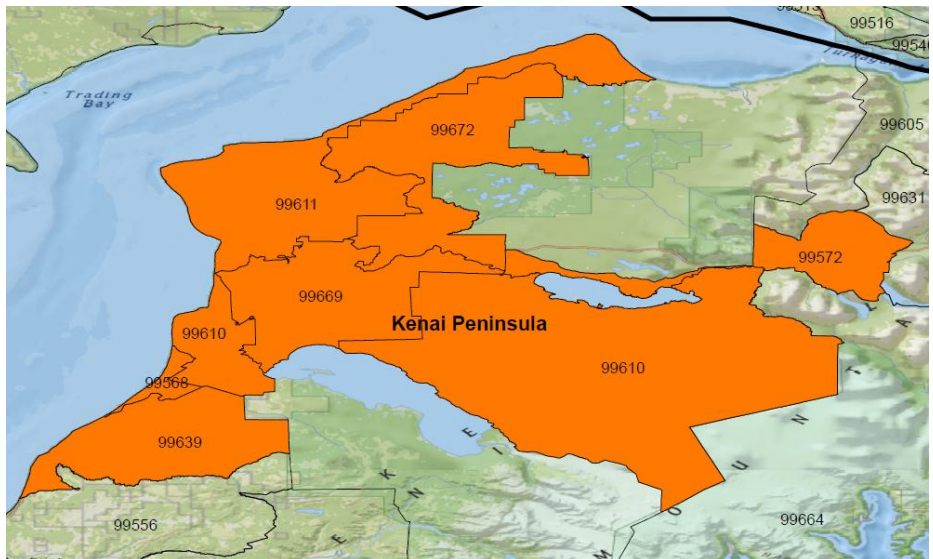
PRC Community Health Survey

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 and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Central Kenai Peninsula” in this report) is defined as each of the residential ZIP Codes comprising the Primary Service Area of Central Peninsula Hospital, as outlined in the adjacent map.

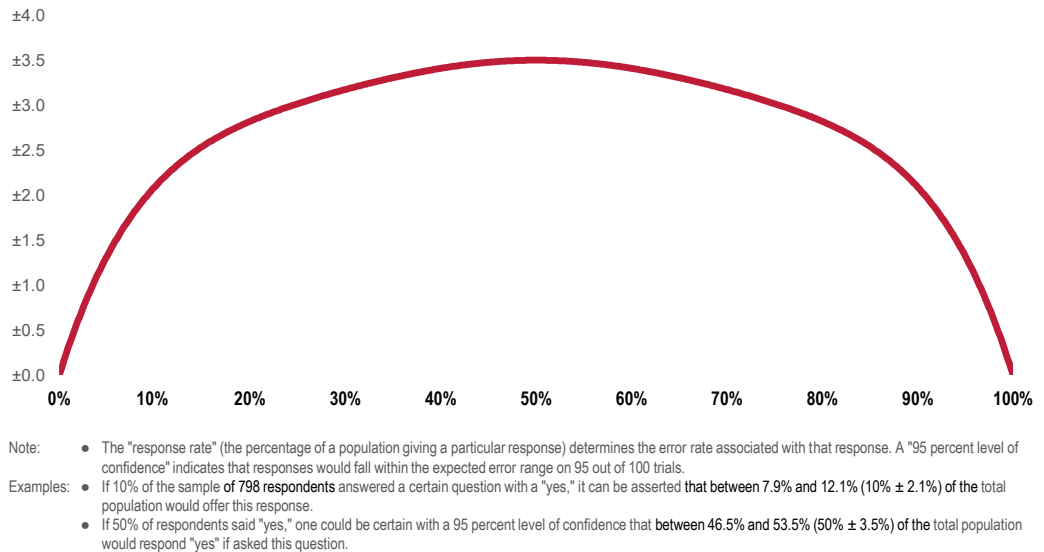


Sample Approach & Design

The survey was administered via the internet. PRC hosted the online survey instrument, and Central Peninsula Hospital and local partners 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 798 surveys in Central Kenai Peninsula were achieved.

For statistical purposes, the maximum rate of error associated with a sample size of 798 respondents is $\pm 3.5\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 798 Respondents at the 95 Percent Level of Confidence



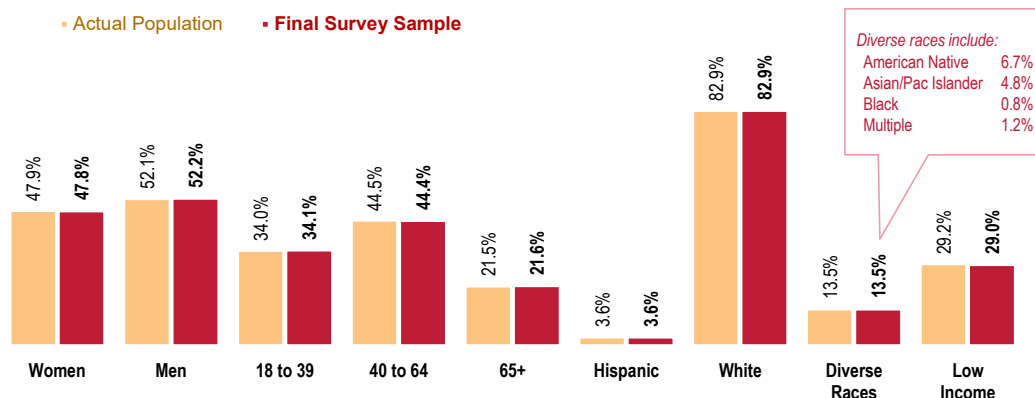
Sample Characteristics

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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might 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, 2025)



Sources: • US Census Bureau, 2016-2020 American Community Survey.
 • 2025 PRC Community Health Survey, PRC, Inc.

Notes: • "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
 • All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

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, 50 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	30
Public Health Representatives	2
Other Community Leaders	18



Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Central Peninsula Hospital
- City of Kenai
- City of Soldotna
- Kenai Economic Development District
- Kenai Peninsula Borough
- State of Alaska

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 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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- 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 for the entirety of Kenai Peninsula Borough.



Benchmark Comparisons

Trending

A similar survey was administered in the Central Kenai Peninsula in 2022 on behalf of Central Peninsula Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Alaska Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing sources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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.



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 receiving feedback from individuals and organizations and input from subject matter experts, the US 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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large enough sample 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 nonprofit 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 A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	23
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	106
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f 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 The process for identifying and prioritizing community health needs and services to meet the community health needs	12
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	114



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); identified trends; 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 key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Routine Medical Care (Adults) ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Colorectal Cancer Incidence ▪ Cancer Prevalence ▪ Female Breast Cancer Screening
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Kidney Disease Deaths
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ Stroke Prevalence
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Suicide Deaths ▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Difficulty Accessing Fresh Produce ▪ Low Food Access ▪ Overweight & Obesity [Adults] ▪ Key Informants: <i>Nutrition, Physical Activity & Weight</i> ranked as a top concern.
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SUBSTANCE USE	<ul style="list-style-type: none"> ▪ Alcohol-Induced Deaths ▪ Personally Impacted by Substance Use ▪ Key Informants: <i>Substance Use</i> ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Use of Vaping Products



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 providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part 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. Heart Disease & Stroke
5. Tobacco Use
6. Diabetes
7. Cancer
8. Injury & Violence
9. Access to Health Care Services
10. Respiratory Diseases

Further, the **social determinants of health** are an important lens through which to understand and address all of these issues and also ranked very highly as a concern among key informants.

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

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 trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Central Kenai Peninsula compares favorably (☀️), unfavorably (🌪️), or comparably (⚖️) to these external data.

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2022. Note that survey data reflect the ZIP Code-defined Primary Service Area of Central Peninsula Hospital (Central Kenai Peninsula).























OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data reflect data for all of Kenai Peninsula Borough.




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; the remaining indicators are taken from secondary data sources.




















SOCIAL DETERMINANTS	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	0.5 [Borough-Level Data]	 1.8	 3.9		
Population in Poverty (Percent)	11.6 [Borough-Level Data]	 10.2	 12.4	 8.0	
Children in Poverty (Percent)	14.0 [Borough-Level Data]	 12.5	 16.3	 8.0	
No High School Diploma (Age 25+, Percent)	5.7 [Borough-Level Data]	 6.5	 10.6		
Unemployment Rate (Age 16+, Percent)	4.8 [Borough-Level Data]	 4.5	 4.6		 8.0
% Unable to Pay Cash for a \$400 Emergency Expense	24.1		 34.0		 22.5
Housing Cost Exceeds 30% of Income (Percent)	25.0 [Borough-Level Data]	 27.3	 29.3	 25.5	
% Unhealthy/Unsafe Housing Conditions	13.8		 16.4		 13.8
Population With Low (Geographic) Food Access (Percent)	23.7 [Borough-Level Data]	 30.9	 22.2		

 better
  similar
  worse

OVERALL HEALTH	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	10.5	 18.5	 15.7		 7.0

 better
  similar
  worse

CENTRAL KENAI PENINSULA vs. BENCHMARKS

ACCESS TO HEALTH CARE	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	7.2	 9.2	 8.1	 7.6	 4.9
% Cost Prevented Physician Visit in Past Year	19.8	 11.0	 21.6		 27.7
% Cost Prevented Getting Prescription in Past Year	18.0		 20.2		 15.8
% Transportation Hindered Dr Visit in Past Year	6.3		 18.3		 5.6
% Difficulty Getting Child's Health Care in Past Year	9.3		 11.1		 12.0
Primary Care Doctors per 100,000	131.0 <small>[Borough-Level Data]</small>	 149.7	 119.0		
% Routine Checkup in Past Year	58.5	 72.2	 65.3		 48.3
% [Child 0-17] Routine Checkup in Past Year	78.5		 77.5		 78.4
% Outmigration for Care	49.6				 45.0
% Perceive a Lack of Health Care Services Locally	54.3				 49.6
% Rate Local Health Care "Fair/Poor"	24.5		 11.5		 17.2























better



similar



worse

CANCER	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000	190.6 [Borough-Level Data]	 147.7	 182.5	 122.7	 193.6
Cancer Incidence per 100,000	446.9 [Borough-Level Data]	 429.0	 444.4		
Lung Cancer Incidence per 100,000	56.9 [Borough-Level Data]	 52.6	 53.1		
Female Breast Cancer Incidence per 100,000	122.7 [Borough-Level Data]	 125.7	 129.8		
Prostate Cancer Incidence per 100,000	98.5 [Borough-Level Data]	 102.2	 113.2		
Colorectal Cancer Incidence per 100,000	44.8 [Borough-Level Data]	 41.6	 36.4		
% Cancer	10.9	 9.1	 7.4		 9.6
Mammogram in Past 2 Years (% Women 50-74)	62.2 [Borough-Level Data]	 65.9	 76.5	 80.5	












better



similar



worse

DIABETES	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000	32.5 [Borough-Level Data]	 24.4	 30.5		 22.4
% Diabetes/High Blood Sugar	11.4	 8.7	 12.8		 11.6
Kidney Disease Deaths per 100,000	12.7 [Borough-Level Data]	 12.3	 16.9		 7.5








better




























similar














worse








DISABLING CONDITIONS	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
% Activity Limitations	28.3		 27.5		 25.6
Alzheimer's Disease Deaths per 100,000	15.4 <small>[Borough-Level Data]</small>	 21.2	 35.8		 16.4

















 better
  similar
  worse























HEART DISEASE & STROKE	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000	159.8 <small>[Borough-Level Data]</small>	 136.6	 209.5	 127.4	 161.9
% Heart Disease	11.0	 5.7	 10.3		 5.0
Stroke Deaths per 100,000	35.2 <small>[Borough-Level Data]</small>	 31.9	 49.3	 33.4	 39.1
% Stroke	3.3	 3.1	 5.4		 0.5
% High Blood Pressure	35.3	 33.8	 40.4	 42.6	 37.2
% High Cholesterol	27.5		 32.4		 25.5
% 1+ Cardiovascular Risk Factor	86.7		 87.8		 85.4

 better
  similar
  worse

		CENTRAL KENAI PENINSULA vs. BENCHMARKS			
INFANT HEALTH & FAMILY PLANNING	Central Kenai Peninsula	vs. AK	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	13.9 [Borough-Level Data]	 18.2	 15.5		
Infant Deaths per 1,000 Births	4.9 [Borough-Level Data]	 5.7	 5.7	 5.0	
		 better	 similar	 worse	

		CENTRAL KENAI PENINSULA vs. BENCHMARKS			
INJURY & VIOLENCE	Central Kenai Peninsula	vs. AK	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000	77.6 [Borough-Level Data]	 80.2	 67.8	 43.2	 64.9
		 better	 similar	 worse	







		CENTRAL KENAI PENINSULA vs. BENCHMARKS			
MENTAL HEALTH	Central Kenai Peninsula	vs. AK	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	21.8		 24.4		 26.2
% Diagnosed Depression	27.2	 19.5	 30.8		 29.5
Suicide Deaths per 100,000	26.5 [Borough-Level Data]	 28.6	 14.7	 12.8	 32.2
Mental Health Providers per 100,000	557.8 [Borough-Level Data]	 680.8	 332.2		
% Unable to Get Mental Health Services in Past Year	13.3		 13.2		 12.9
		 better	 similar	 worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	35.3		 30.0		 58.0
Fast Food (Restaurants per 100,000)	95.3	 66.8	 81.5		
% No Leisure-Time Physical Activity	18.4	 20.9	 30.2	 21.8	 18.9
% [Child 2-17] Physically Active 1+ Hours per Day	53.2		 27.4		 35.1
% Overweight (BMI 25+)	75.1	 68.4	 63.3		 77.6
% Obese (BMI 30+)	38.1	 35.2	 33.9	 36.0	 42.9
% [Child 5-17] Overweight (85th Percentile)	31.7		 31.8		 31.3
% [Child 5-17] Obese (95th Percentile)	22.2		 19.5	 15.5	 17.7


better


similar













worse








ORAL HEALTH	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			
		vs. AK	vs. US	vs. HP2030	TREND
Dentists per 100,000	81.6 <small>[Borough-Level Data]</small>	 97.5	 68.3		
% Dental Visit in Past Year	66.7	 61.8	 56.5	 45.0	 64.3

















better


similar









worse

		CENTRAL KENAI PENINSULA vs. BENCHMARKS			
RESPIRATORY DISEASE	Central Kenai Peninsula	vs. AK	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000	39.7 [Borough-Level Data]	 31.0	 43.5		 32.7
% Asthma	11.1	 10.8	 17.9		
% COPD (Lung Disease)	5.1	 5.9	 11.0		 2.0
		 better	 similar	 worse	

		CENTRAL KENAI PENINSULA vs. BENCHMARKS			
SEXUAL HEALTH	Central Kenai Peninsula	vs. AK	vs. US	vs. HP2030	TREND
Chlamydia Incidence per 100,000	200.9 [Borough-Level Data]	 697.7	 492.2		
Gonorrhea Incidence per 100,000	42.5 [Borough-Level Data]	 310.9	 179.0		
		 better	 similar	 worse	

		CENTRAL KENAI PENINSULA vs. BENCHMARKS			
SUBSTANCE USE	Central Kenai Peninsula	vs. AK	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000	24.2 [Borough-Level Data]	 40.4	 15.7		
% Binge Drinking	18.8	 17.0	 30.6	 25.4	 21.9
Unintentional Drug-Induced Deaths per 100,000	28.1 [Borough-Level Data]	 34.1	 29.7		
% Used a Prescription Opioid in Past Year	8.8		 15.1		 10.4
% Personally Impacted by Substance Use	52.7		 45.4		 58.5
		 better	 similar	 worse	

CENTRAL KENAI PENINSULA vs. BENCHMARKS

TOBACCO USE	Central Kenai Peninsula	CENTRAL KENAI PENINSULA vs. BENCHMARKS			TREND
		vs. AK	vs. US	vs. HP2030	
% Smoke Cigarettes	4.4	 15.3	 23.9	 6.1	 7.5
% Use Vaping Products	8.6	 7.4	 18.5		 5.6



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, 2019-2023)

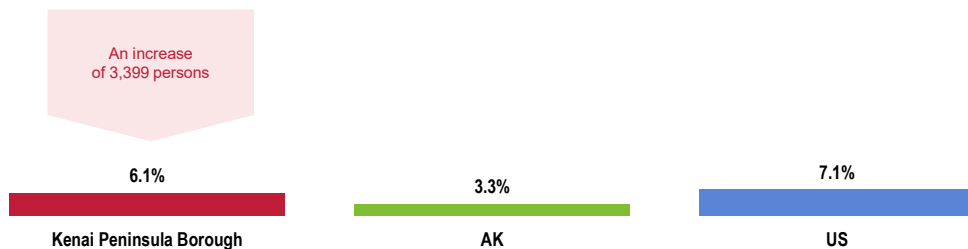
	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Kenai Peninsula Borough	59,843	16,017.53	4
Alaska	733,971	571,051.66	1
United States	332,387,540	3,533,298.58	94

Sources: • US Census Bureau American Community Survey, 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

Population Change

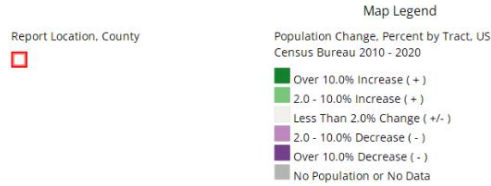
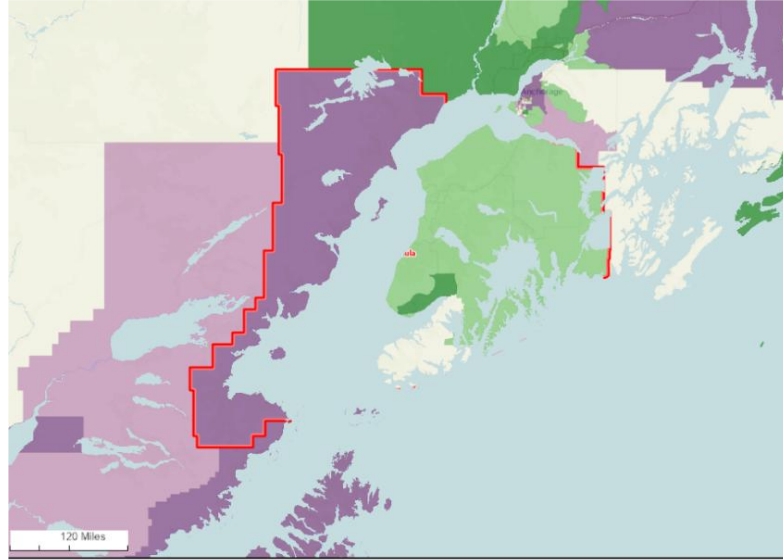
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in the Kenai Peninsula Borough between the 2010 and 2020 US Censuses. [BOROUGH-LEVEL DATA]

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



Sources: • US Census Bureau Decennial Census (2010-2020).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

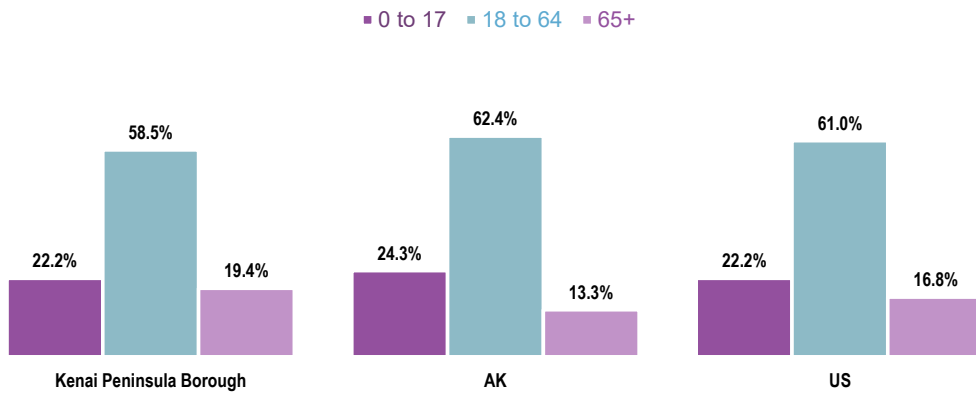




Age

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 (2019-2023)

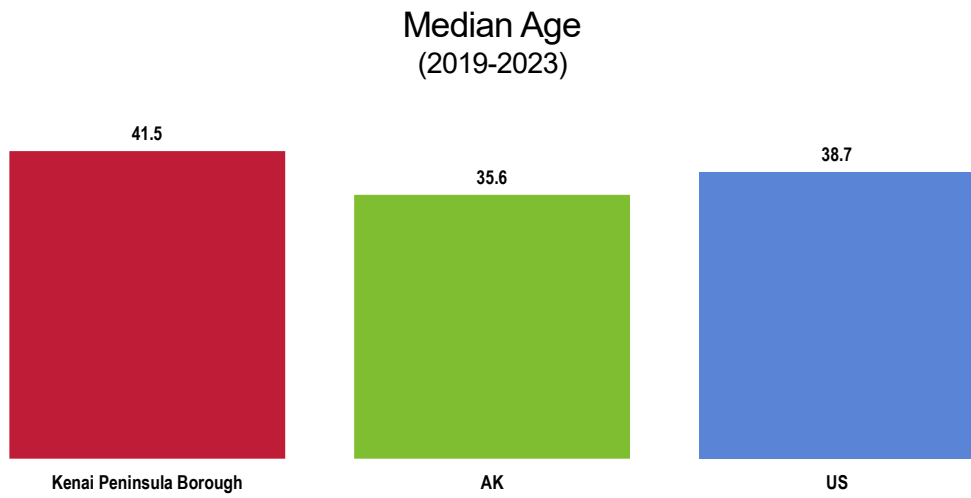


Sources:
 • US Census Bureau American Community Survey, 5-year estimates.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



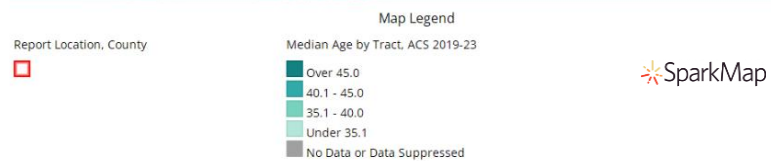
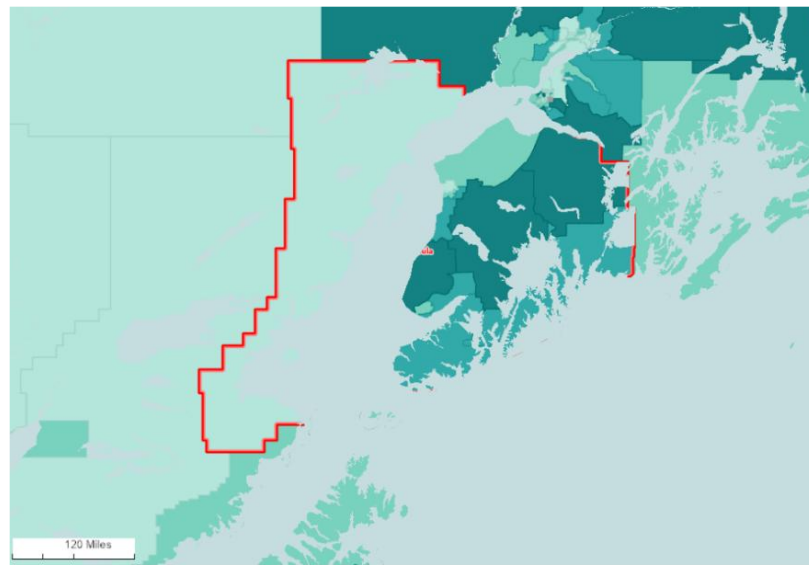
Median Age

Note the median age of our population, relative to state and national medians. [BOROUGH-LEVEL DATA]



Sources:

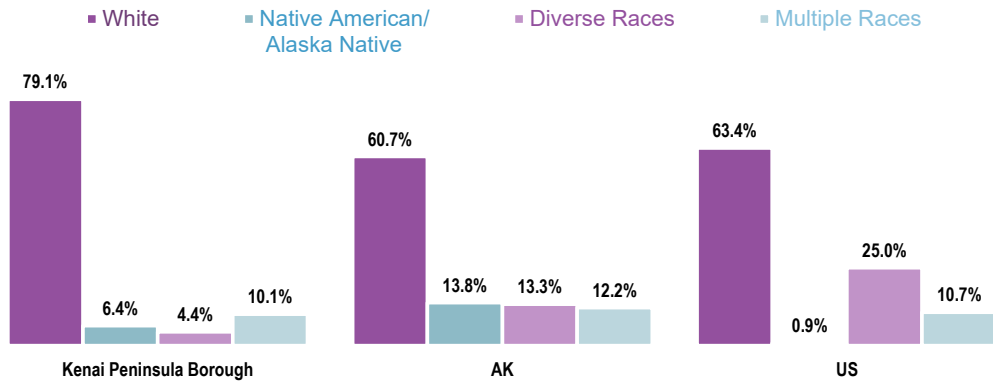
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Race & Ethnicity

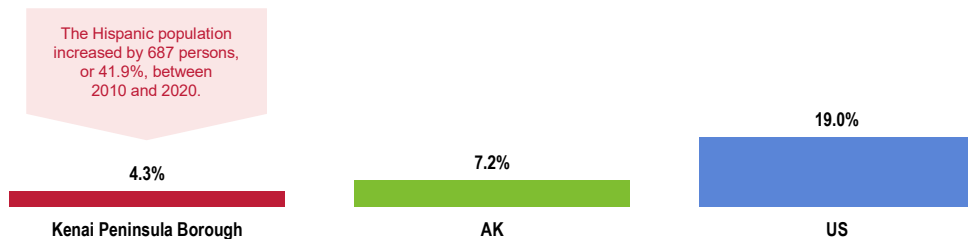
The following charts illustrate the racial and ethnic makeup of our community. Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race. [BOROUGH-LEVEL DATA]

Total Population by Race Alone (2019-2023)



- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
 - "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population (2019-2023)



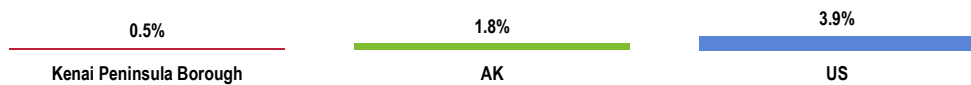
- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- Notes:
- People who identify their origin as Hispanic, Latino, or Spanish 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 (2019-2023)



- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 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+ speaks a non-English language and speak English “very well.”



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

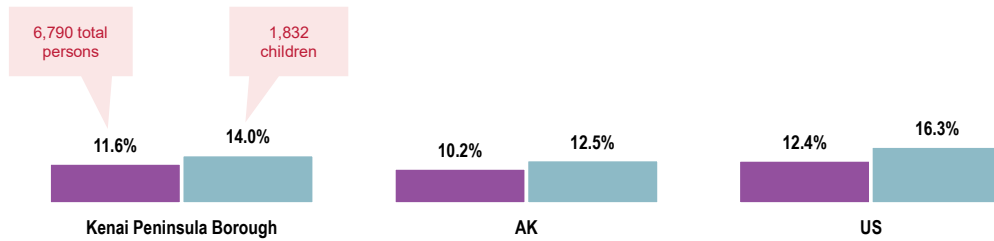
Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health. 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]

Percent of Population in Poverty (2019-2023)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



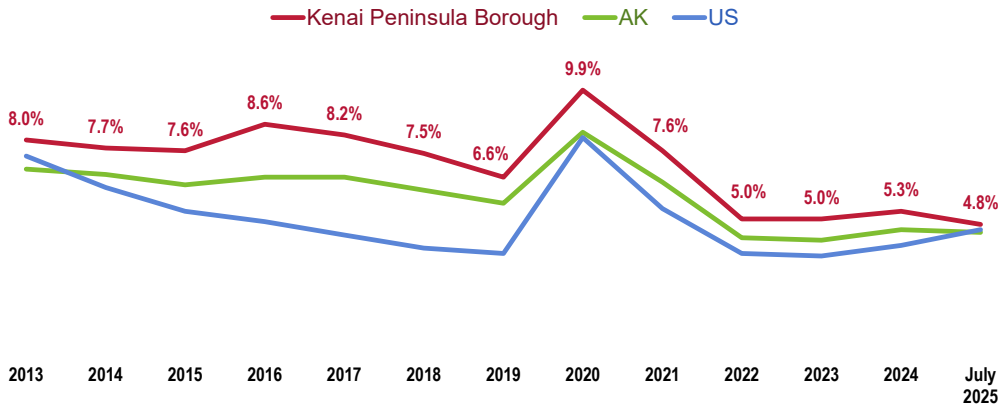
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Employment

According to data derived from the US Department of Labor, the unemployment rate in Kenai Peninsula Borough as of July 2025 was 4.8%. [BOROUGH-LEVEL DATA]

Unemployment Rate



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).

 Notes:

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

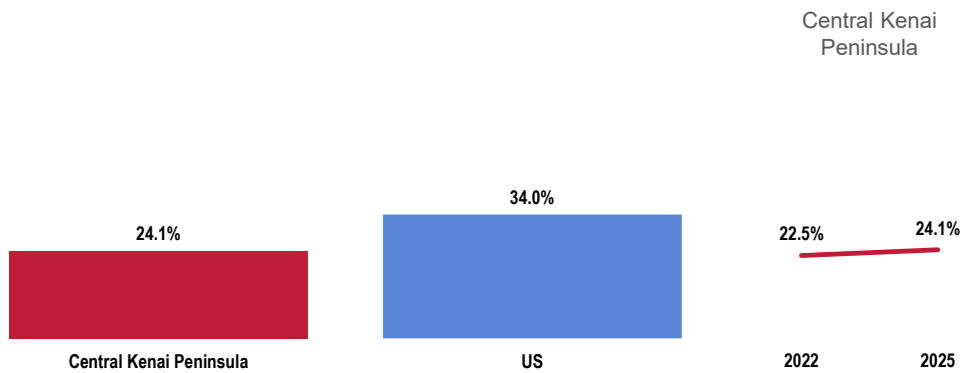


Financial Resilience

PRC SURVEY ▶ “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?”

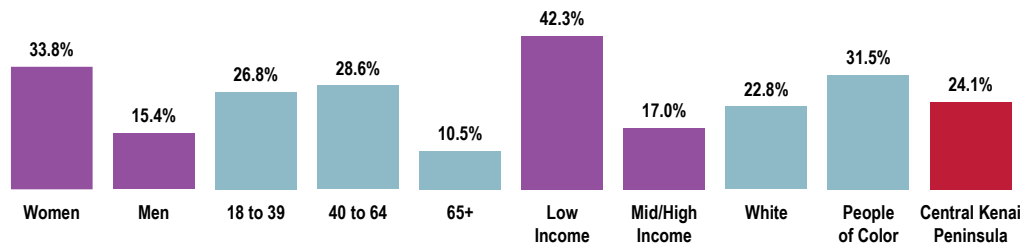
The following charts detail “no” responses in the Central Kenai Peninsula in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, income [based on poverty status], and race/ethnicity).

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 30]
 • 2023 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.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 30]
 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.



INCOME & RACE/ETHNICITY

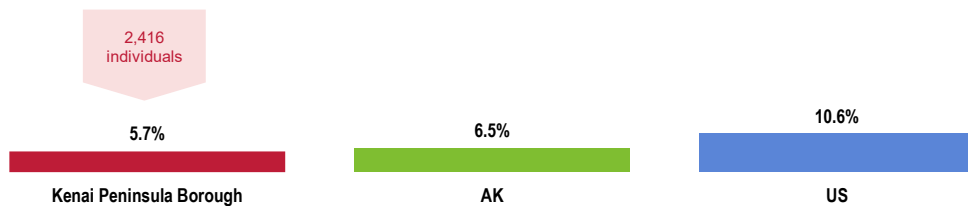
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for an Alaskan family of four at \$39,000 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 those who identify as White alone, without Hispanic origin. “People of Color” includes those who identify as Hispanic, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes. [BOROUGH-LEVEL DATA]

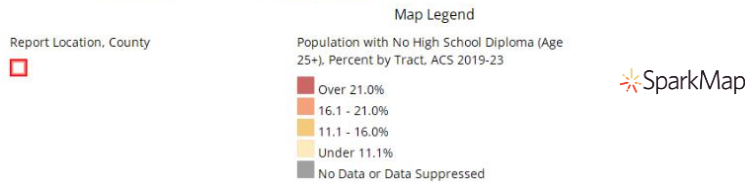
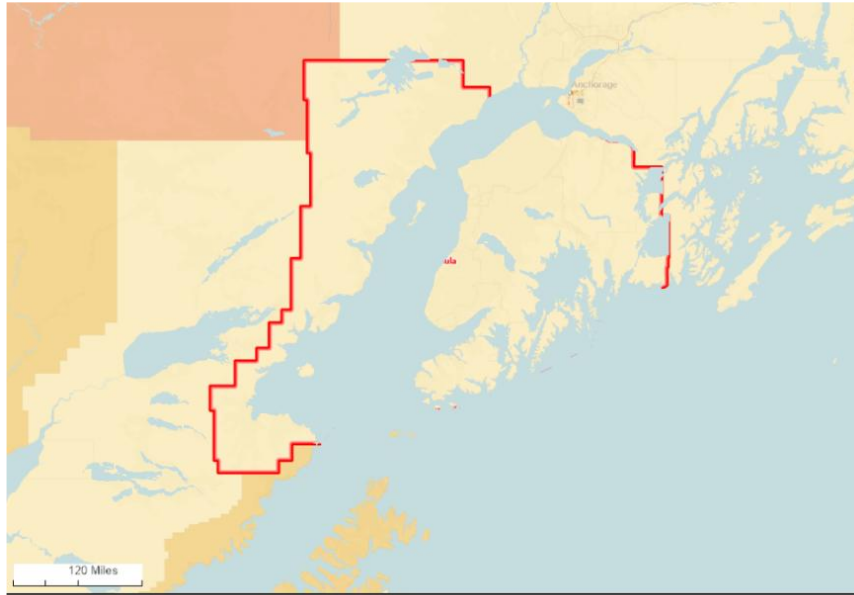
Population With No High School Diploma (Adults Age 25 and Older; 2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



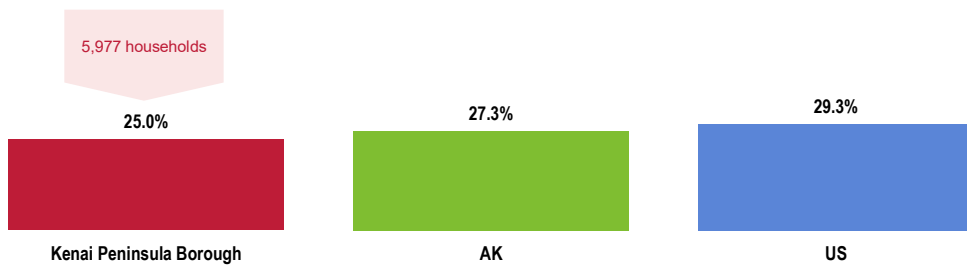


Housing

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]

Percent of Individuals for Whom Housing Costs Exceed 30% of Household Income (2019-2023)



Sources:

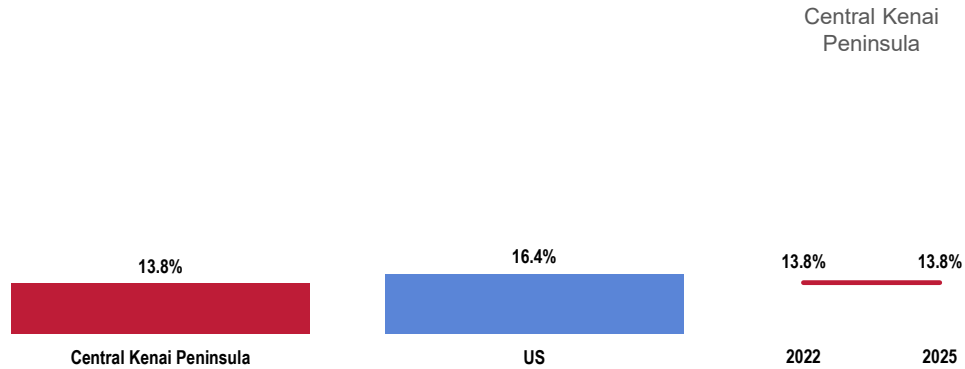
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).



Unhealthy or Unsafe Housing

PRC SURVEY ▶ “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



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
 • 2023 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.

Unhealthy or Unsafe Housing Conditions in the Past Year (Central Kenai Peninsula, 2025)

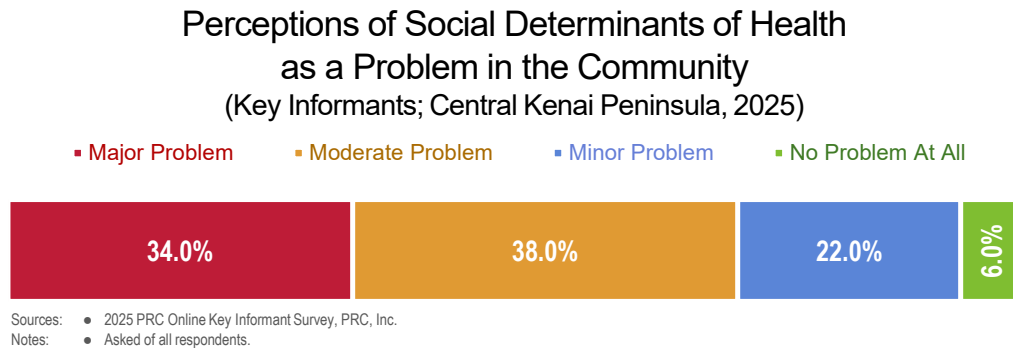


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
 Notes: • Asked of all respondents.
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or 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:



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

Housing

Our community currently has a great need for affordable housing, as well as housing in general. There is also a lack of adequate transportation for the Kenai Peninsula area which presents a barrier to individuals who need to access care for health, getting to work, etc. The cost of living in Alaska has increased in the past years, to the point families are needing to make cutbacks on activities for children, which enhance their development, growth, and health, and connection to community. Per the census data of 2023, the average income on the Kenai Peninsula is approximately 77,000 (gross). With the increasing cost for groceries, and particularly utilities on the Kenai Peninsula due to a pending shortage of natural gas, families are more than ever facing barriers to meeting even the most basic needs of food, shelter, healthcare, not to mention the high cost for childcare.

– Public Health Representative

People have trouble affording housing and childcare, minimum wage is unlivable. – Physician

Housing and rent are expensive, income can be high, but also very low. Discrimination is quite high in this community, and many kids who would benefit from services are being homeschooled, not receiving services that could benefit them. – Physician

I have major concerns about the availability of stable affordable housing and the resulting health effects on our community tied to that. I suspect this may be correlated to an increase in dwelling units being used for short term rentals. – Community Leader

Limited availability of low-cost housing, low paying jobs and low income resulting in ability to maintain a healthy lifestyle and proper nutrition. – Community Leader

People lack access to safe housing, transportation and employment. – Public Health Representative

Income/Poverty

Poverty and social factors impact who gets healthcare in this community. – Physician

Inadequate income and social protection, high unemployment, inadequate housing, basic amenities. – Physician

Overall average lower socioeconomic class, increasing lack of confidence in medical institutions, increasing interest in support for antiestablishment mindset, baseline long-term discrimination against Native populations, MAGA mindset. – Physician

Behavioral Health

Due to untreated/undiagnosed mental health and substance use issues, some residents need a stepped approach such as temporary housing, assistance with access to available resources, job search and transportation. They tend to end up not being able to manage rent, transportation, health care and employment. Many aren't able to complete the first step of getting back on their feet because they don't think they qualify for help. They will get an apartment or job and not address the unhealthy issues in their lives and repeat behaviors putting their housing or employment at risk and we start the cycle all over again. Wait lists are long, budgets and staffing do not allow for enough hands-on coaching as a person navigates better choices and healthier lifestyles. Affordable housing is a large barrier throughout the state for folks getting back on track, lower income families and young people. – Community Leader



Access to Care/Services

Easy access since there are many people with limited primary care access. Finances and access to quality health insurance. Finances of many locals. – Community Leader

Vulnerable Populations

Homeless people and drug users use a large amount of bed space. – Physician

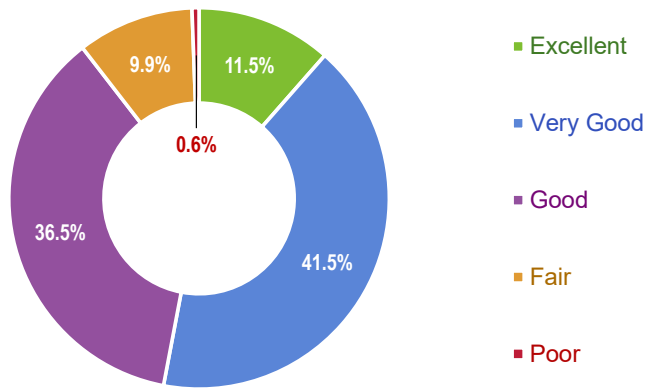


HEALTH STATUS

Overall Health

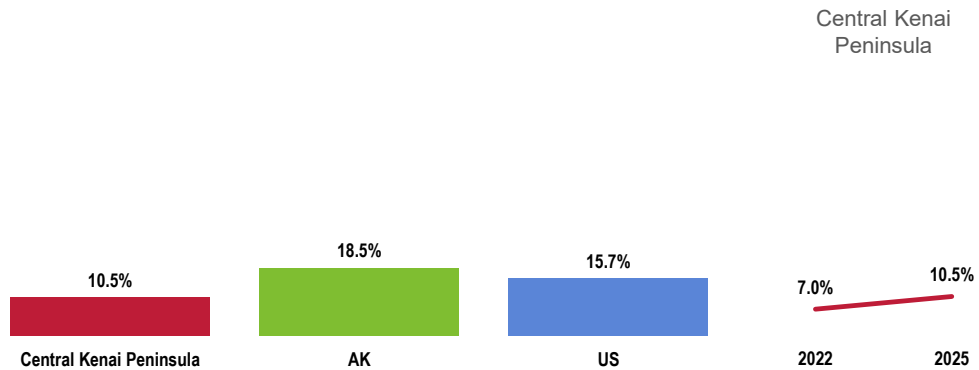
PRC SURVEY ▶ “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: • Asked of all respondents.

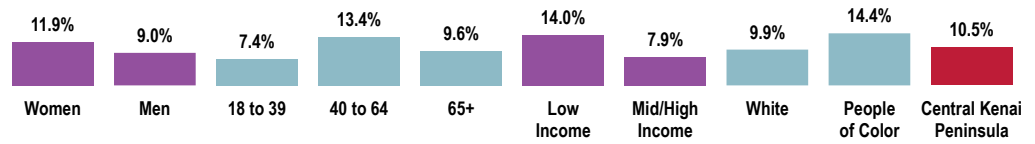
Experience “Fair” or “Poor” Overall Health



Sources: • 2025 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); BRFSS Alaska data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Central Kenai Peninsula, 2025)



Sources: • 2025 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.

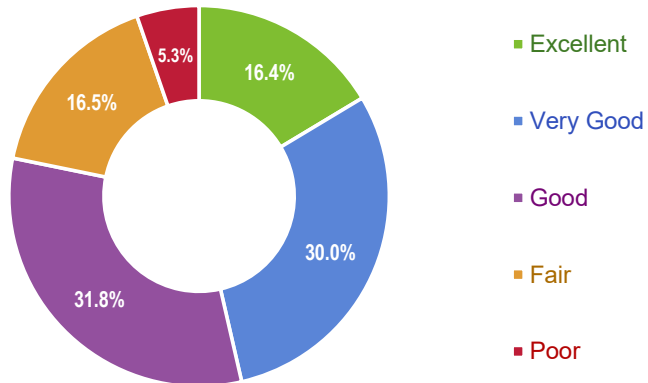
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

PRC SURVEY ▶ “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?”

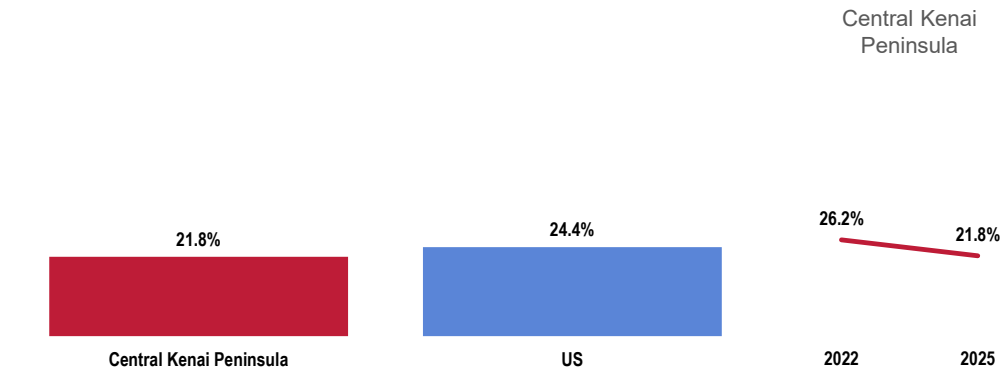
Self-Reported Mental Health Status
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Mental Health

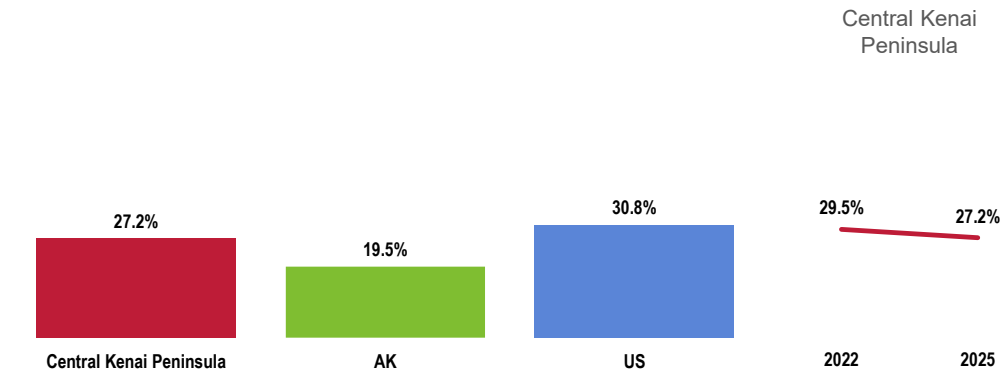


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Diagnosed Depression

PRC SURVEY ▶ “Has a doctor, nurse, or other health provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

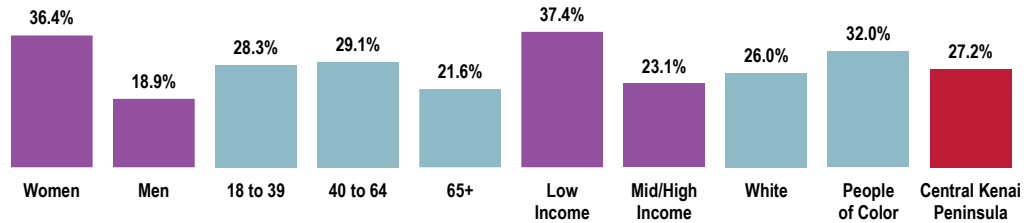
Have Been Diagnosed With a Depressive Disorder



Sources: • 2025 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): BRFSS Alaska data.
 • 2023 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, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 27]

 Notes:

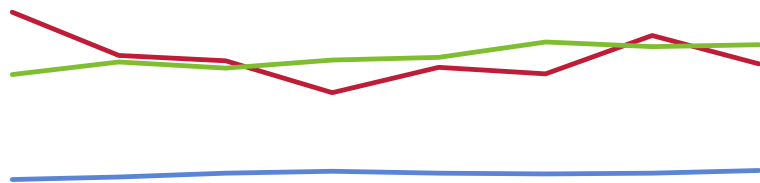
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Suicide

Here, 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.

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

Suicide Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2030 = 12.8 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Kenai Peninsula	32.2	27.4	26.8	23.3	26.1	25.4	29.6	26.5
— AK	25.3	26.7	26.0	26.9	27.2	28.9	28.4	28.6
— US	13.7	14.0	14.4	14.6	14.4	14.3	14.4	14.7

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

 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.



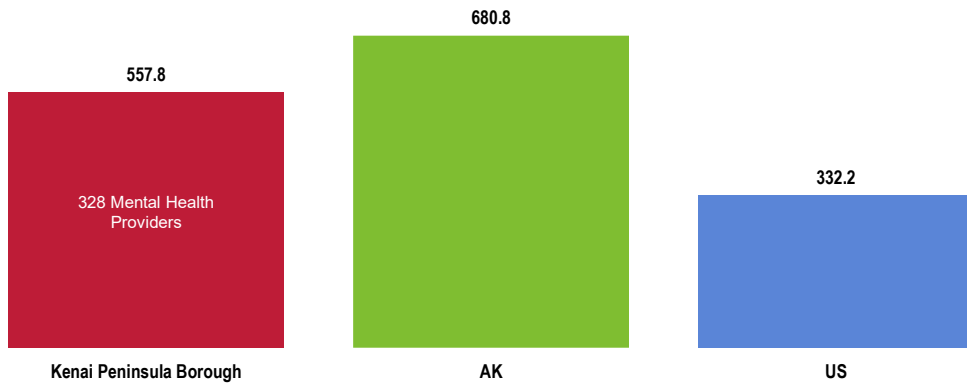
Mental Health Treatment

Access to Mental Health Providers

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

Note that this indicator only reflects providers practicing in Kenai Peninsula Borough and residents in Kenai Peninsula Borough; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Number of Mental Health Providers per 100,000 Population (2025)

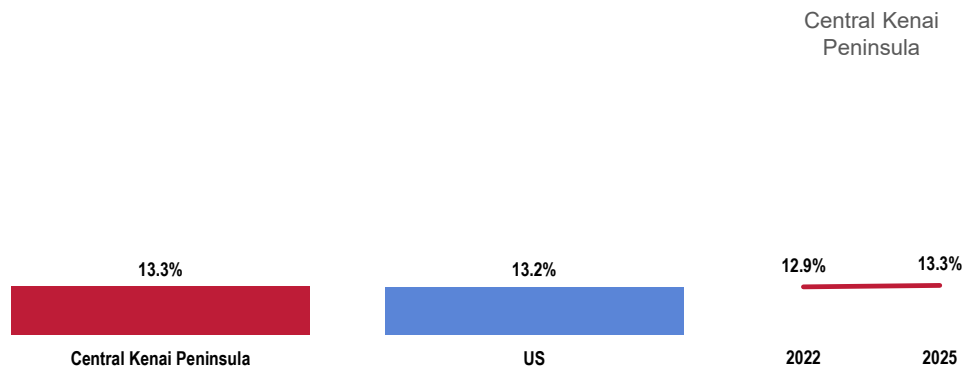


- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the borough population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Difficulty Accessing Mental Health Care

PRC SURVEY ▶ “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

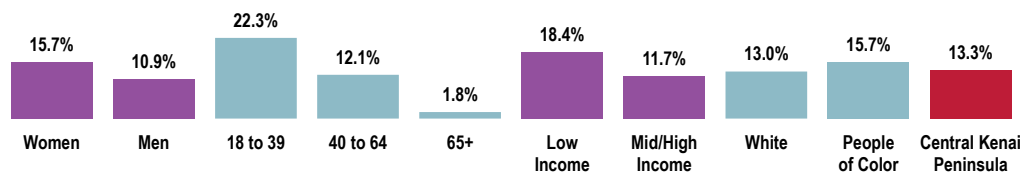
Unable to Get Mental Health Services When Needed in the Past Year



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 28]
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Unable to Get Mental Health Services When Needed in the Past Year (Central Kenai Peninsula, 2025)

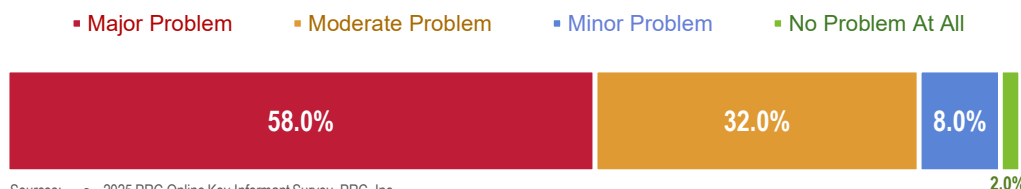


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 28]
Notes: • Asked of all respondents.

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; Central Kenai Peninsula, 2025)



Sources: • 2025 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

Access to outpatient mental health services is limited, partly by financial means and mostly because of perceived stigma. Inpatient psychiatric care is provided only on an emergency basis and is limited only to those in severe crisis. Those that present for acute treatment are sent away because the issues are not life threatening so that you can only receive aggressive care if you threaten bodily harm. – Physician

Access to care. Lack of coverage from insurance companies. Quantity of qualified practitioners. – Community Leader

Few proactive resources to help with mental health when situations arise. Police do their job, but that job is reactive. Some people just need to have an advocate. – Community Leader

Ability to obtain treatment and follow up. – Community Leader

Lack of facilities to treat the patients. – Community Leader

Lack of good quality therapy including trauma focused therapy (Cognitive processing therapy), Dialectical Behavioral Therapy, Brief cognitive behavioral therapy. There is very little availability of therapy for those with Medicaid (and it is very poor quality). There is a need for case management for patients with more severe mental illness. – Physician

Lack of access and monitoring. – Physician



There is not enough access to community members for access to mental health services. Serious mental health issues often require residents to go to Anchorage or even out of state for treatment. – Community Leader

Access to care locally. Throughout Alaska there is a shortage of providers, as well as a need for people in crisis needing care/counseling for less than up to 24 hours. "Crisis" is subjective, one crisis to one individual looks different for another. Taking into account this factor is key to addressing the needs of the community and developing an action plan that is relevant. On the peninsula, when in the community I find many individuals and healthcare systems seem to address "substance misuse" and care needed for individuals on the secondary and tertiary level, however, the conversation leaves out "behavioral health" concerns of other individuals without substance misuse. A focus on "behavioral health" access is needed to provide all individuals with access to behavioral health services. – Public Health Representative

Access to care, both for medication management and therapy or counselling, especially for our pediatric population. – Physician

Access is improved, but still ending up in the Emergency Department. – Physician

Lack of access to outpatient psychiatry and intensive inpatient mental health treatment. – Physician

Lack of Providers

Access to counseling services as well as physician psychiatrists. Not mid-level psychiatric nurses. – Physician

Not having adequate access to professionals. – Physician

Getting in with a provider. – Physician

Severely limited access to all levels of psychiatric care. Very few available therapists, and those that are here have long waitlists. Pediatric therapists are desperately needed, as well as intensive outpatient and inpatient pediatric psychiatric care. – Physician

Not enough counselors and therapists. – Physician

Wait times to see a counselor are too long. Not enough providers. – Physician

There seems to be insufficient mental health providers to meet the demand, resulting in significant waiting lists at times that may endanger members of our community. – Community Leader

Not enough capable prescribing mental health providers. No inpatient mental health or psychiatric facilities. – Physician

There is a large majority of people with mental health and in the hospital setting up until recently we did not have a psychiatrist. It would be very beneficial if the hospital had a separate psychiatric ward staffed by psychiatrist. Often patients are eventually transferred to Anchorage, Juneau or Wasilla for these services. – Physician

No access to mental health counselors. No private counselors will take Medicaid and agency providers have a long waitlist or are population specific. – Physician

Denial/Stigma

Lack of acceptance that they or family have issues, and worsened by the significant drug and alcohol usage. – Physician

Afraid to talk about that there might be mental health issues. You could get targeted as being crazy. – Community Leader

Co-Occurrences

Mental health and substance use typically go together. Folks with both of these conditions are least likely to try and access care. We tend to have mental health treatment available but if a resident has both issues, they don't seem to have a team that can address both together. If we could get a unified mental health and substance use approach when contact occurs whether it is through 911, emergency room or other points of contact, we may have better success. Getting them from crisis to evaluation to potential inpatient treatment could result in higher success. Simply giving a list of numbers to a person in crisis will not get them to treatment. Mental health and substance use not being treated puts a much higher strain on health care costs and uncompensated care not to mention costs to the community such as domestic violence and property crimes. – Community Leader

Unhoused Population

Failure of the public to recognize that things like "homelessness" are a product of mental health problems and substance abuse. So energy is directed at finding home and providing these patients with money, when the majority of them actually need help with mental health and sobriety. – Physician

Affordable Care/Services

Access to affordable counseling care. – Physician

Social Determinants of Health

Lack of housing, transportation and support programs. – Community Leader



DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

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.

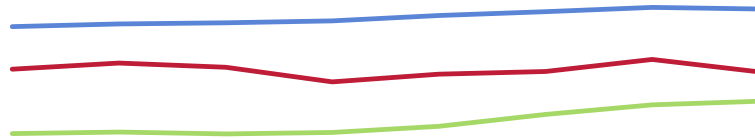
In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they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

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

Heart Disease & Stroke Deaths

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

Heart Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Kenai Peninsula	161.9	166.7	163.4	151.9	158.0	160.1	169.6	159.8
AK	110.9	112.2	110.8	111.9	116.9	126.1	133.7	136.6
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.

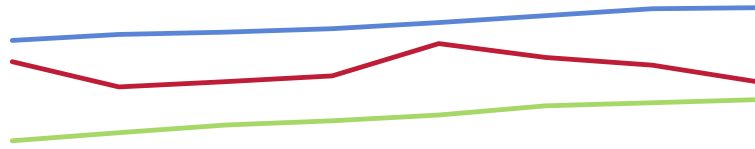
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.



Stroke Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



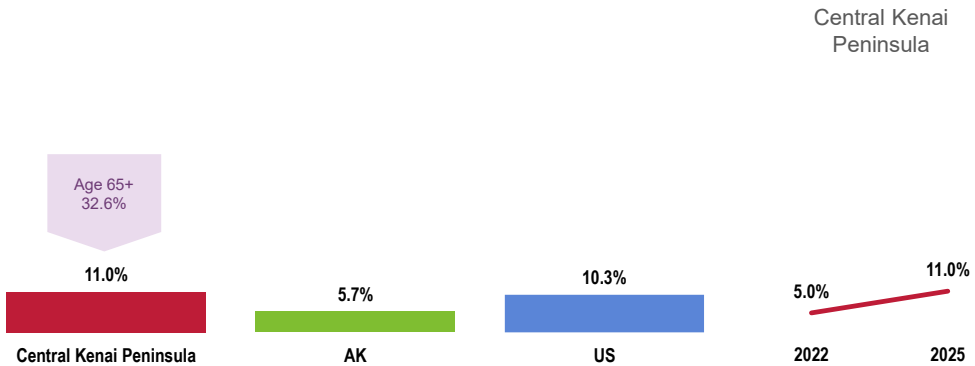
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Kenai Peninsula	39.1	34.3	35.3	36.4	42.5	39.9	38.4	35.2
AK	24.1	25.6	27.1	27.9	29.0	30.7	31.3	31.9
US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.
● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Prevalence of Heart Disease & Stroke

PRC SURVEY ▶ “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



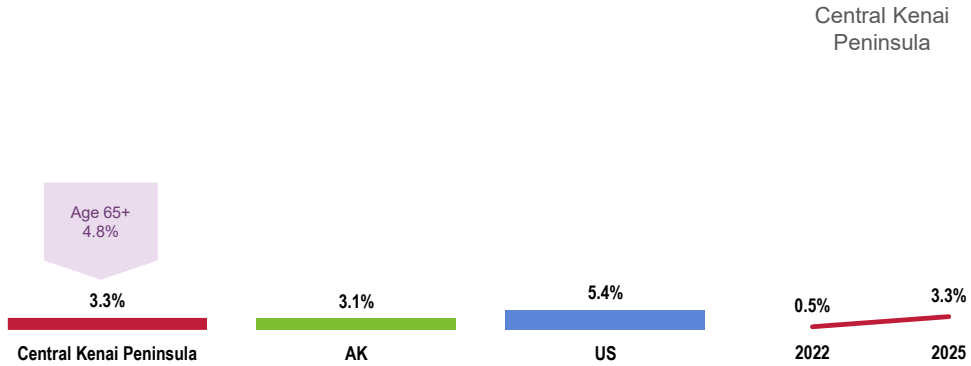
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 12]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); BRFSS Alaska data.
● 2023 PRC National Health Survey, PRC, Inc.

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



PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with a stroke?”

Prevalence of Stroke



Sources: • 2025 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); BRFSYR Alaska data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

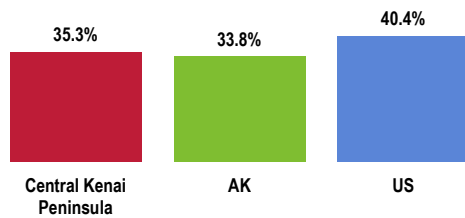
Cardiovascular Risk Factors

Blood Pressure & Cholesterol

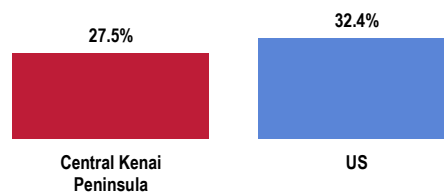
PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with high blood pressure?”

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with high blood cholesterol?”

Prevalence of High Blood Pressure
 Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol



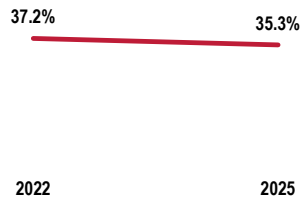
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 14-15]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); BRFSYR Alaska data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



Prevalence of High Blood Pressure (Central Kenai Peninsula)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Central Kenai Peninsula)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 14-15]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
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.

Exhibit One or More Cardiovascular Risks or Behaviors (Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 51]
• 2023 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 & Stroke as a Problem in the Community (Key Informants; Central Kenai Peninsula, 2025)

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



Sources: • 2025 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:

Leading Cause of Death

Leading cause of death. – Physician

Vascular disease kills about 47% of the US populous. – Physician

I think they still rank above cancer for being the number one killer. Again, most people know relatives and friends who are heart attack survivors or who died from heart attacks. – Community Leader

I believe heart disease is the leading cause of death for men and women. – Community Leader

Risk factors and health issues reported to me. – Community Leader



Lack of Specialists

The lack of cardiologists is a major issue. Alaska Heart Institute is not fully staffed. Difficult for local patrons to have full quality access for patients in need of cardiac treatments. – Community Leader

Access to AHI providers is poor, worse since the cardiologist left. Patients often have to wait 2-3 months, and go to Anchorage. – Community Leader

Cardiology. Wait times are forever and most of the time a trip to Anchorage is needed. Most of our aging population needs to see some type of cardiologist and they are not available. – Community Leader

Aging Population

Our residents are aging and things like poor diet, lack of exercise and smoking are contributing to more of them being diagnosed with heart disease. This puts them at greater risk for a stroke or heart attack.

– Community Leader

Aging population. – Community Leader

Awareness/Education

There is a high incidence of heart disease and little if any education available on disease management and disease reversal with diet and lifestyle changes. – Physician

Lifestyle

Poor eating habits, social drinking, poor physical exercise habits. – Community Leader

Incidence/Prevalence

Risk factors and health issues reported to me. – Community Leader

Co-Morbidities

Obesity and diabetes. – Physician



Cancer

ABOUT CANCER

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>)

Cancer Deaths

The following chart illustrates cancer mortality (all types) in Kenai Peninsula Borough. [BOROUGH-LEVEL DATA]

Cancer Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Kenai Peninsula	193.6	190.7	198.1	195.6	187.0	183.8	182.3	190.6
— AK	132.8	130.6	129.7	131.5	137.4	143.8	146.2	147.7
— US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

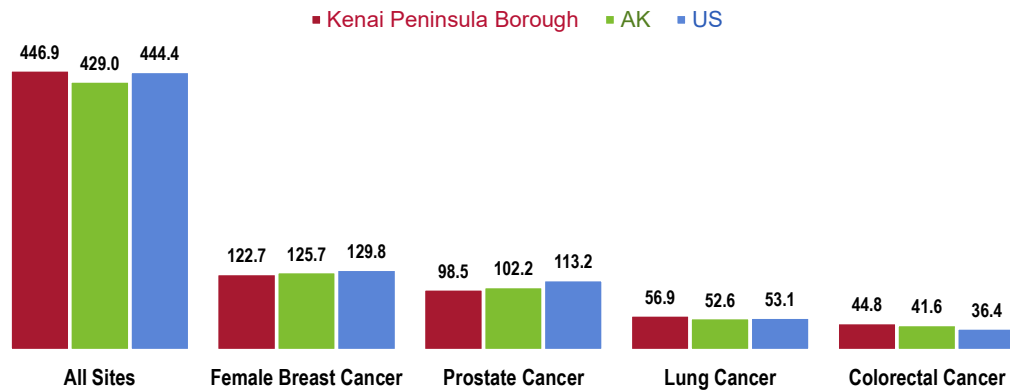
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



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. It is usually expressed as cases per 100,000 population per year. [BOROUGH-LEVEL DATA]

Cancer Incidence Rates by Site
(Annual Average Incidence per 100,000 Population, 2017-2021)



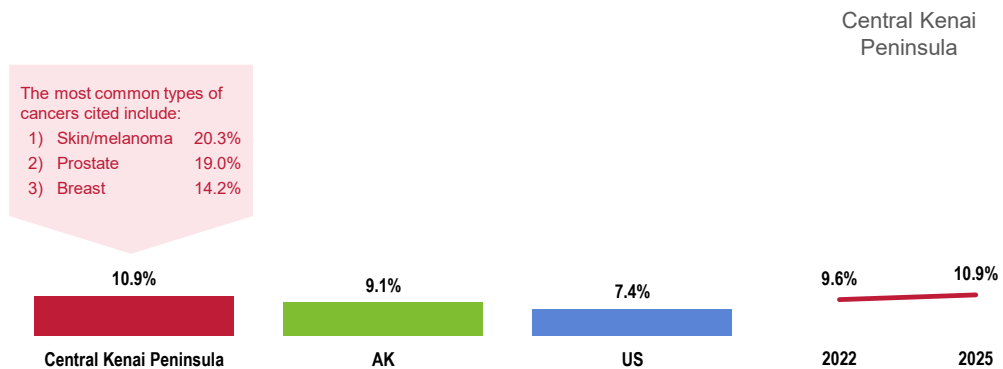
Sources: • National Cancer Institute, State Cancer Profiles.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with cancer?”

PRC SURVEY ▶ “Which type of cancer were you diagnosed with most recently?”

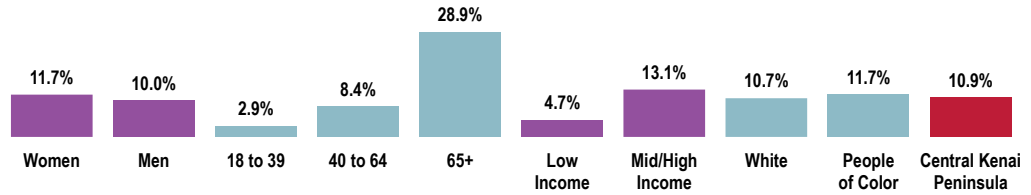
Prevalence of Cancer



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 17-18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); BRFSYR Alaska data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Prevalence of Cancer (Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
Notes: • Asked of all respondents.



Mammograms

FEMALE BREAST CANCER

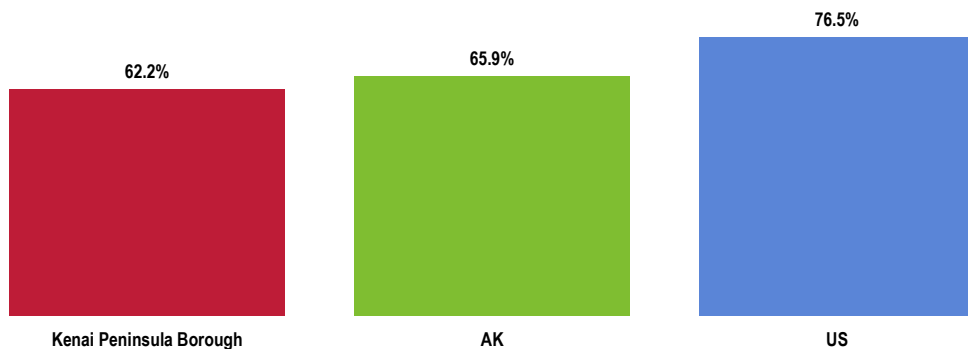
The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years.

- 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 women age 50 to 74 who have received a mammogram in the past two years (note that these data reflect the more narrow age range of the previous recommendation). 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 50 to 74; 2022) Healthy People 2030 = 80.5% or Higher

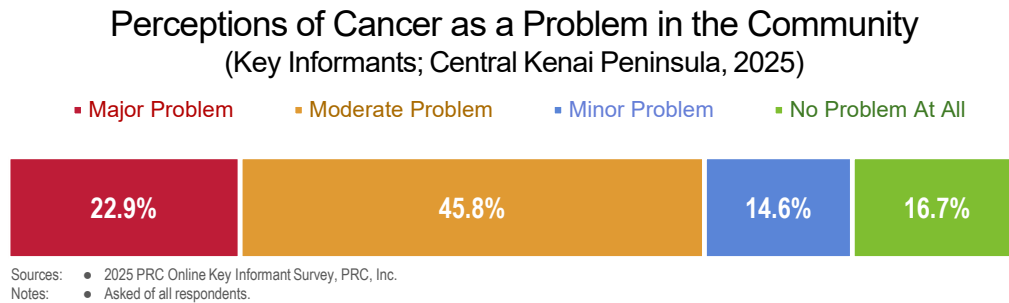


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Key Informant Input: Cancer

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



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

Incidence/Prevalence

Cancer rates and types have been abnormally high and specific in this area in my experience. Large numbers of urothelial cancers, prostate, lung, and breast cancers are coming up frequently. Environmental contributors are suspected, whether petrochemical or genetic. – Physician

There seems to be many people getting diagnosed with cancer, and some difficulty in accessing good, comprehensive care. – Physician

Cancer is a major problem because everyone knows people who had or have cancer. Society is scared about cancer. Examples: Mia Love, the first Black woman elected to Congress as a Republican recently died of brain cancer at the age of 49. My mother-in-law also died of brain cancer. My cousin died in Florida of lung cancer a couple years ago. Her sister died of leukemia about 35 years ago when she was a wife and mother of 2 children. Both my sisters have had breast cancer and have had mastectomies. One has breast cancer now in the area where her breast was removed. It's her 3rd bout with cancer. My other sister has had breast cancer twice. That sister's best friend growing up is a slender, full-of-exercise person who has had colon cancer. I haven't scratched the surface. Cancer is common and people are scared of it. – Community Leader

I am seeing young patients with cancer diagnoses that I have not seen in a young population elsewhere. Also, with the huge number of mid-level practitioners with independent practice authority, they are not trained well enough to pick up on nuances of health, and thus the diagnoses are delayed. – Physician

Very high incidence of cancer. – Physician

I know so many people who are currently fighting cancer. Many others are in remission. – Community Leader

Aging Population

Age and community demographics, the commonality of various cancers amongst people I know. Better ability to screen and detect cancer earlier is also putting more emphasis on cancer treatment programs. – Community Leader

We have an aging population, many who get or have had cancer. – Physician

Awareness/Education

When patients with end stage cancer have disease progression, the hard discussions are often not done in oncology, instead the patient ends up in the Emergency Department and are admitted to the hospital. – Physician

Diagnosis/Treatment

Cancer is multifaceted and has innumerable treatment protocols depending on type of cancer. This takes resources, both human and institutional, and it is expensive to treat. – Physician

Leading Cause of Death

Cancer kills about 47% of the US population and affects many more. – 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.

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

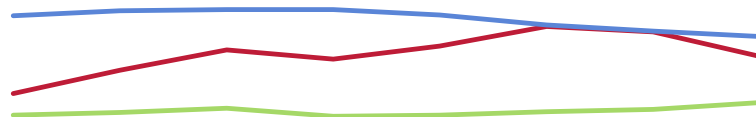
Note that this section also includes data relative to COVID-19 (coronavirus disease).

Lung Disease Deaths

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

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

Lung Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Kenai Peninsula	32.7	37.1	41.0	39.2	41.7	45.4	44.4	39.7
— AK	28.6	29.1	29.9	28.4	28.6	29.3	29.7	31.0
— US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.

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

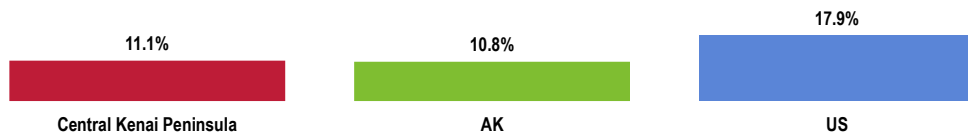


Prevalence of Respiratory Disease

Asthma

PRC SURVEY ► “Do you currently have asthma?”

Prevalence of Asthma

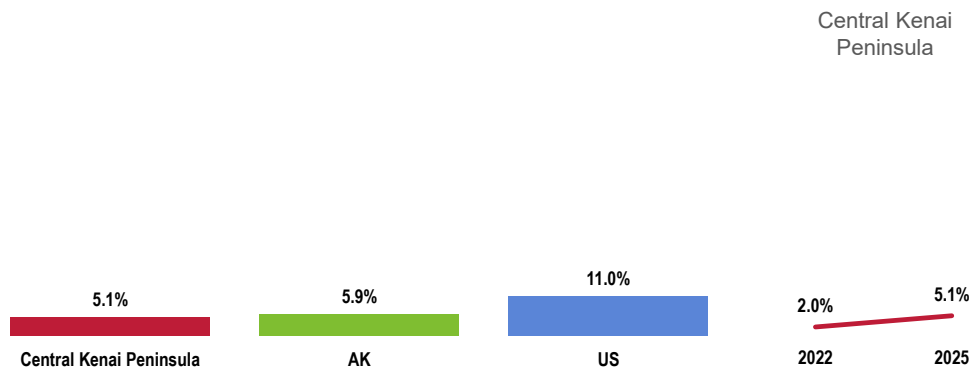


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 10]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSS Alaska data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ► “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)



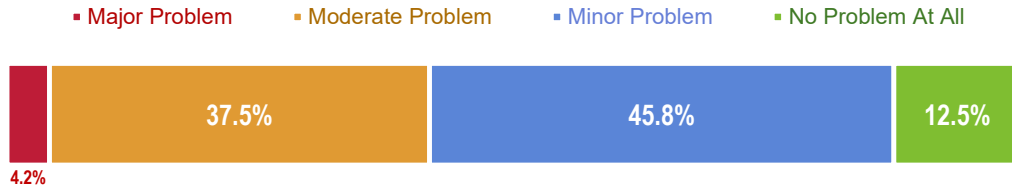
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 11]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSS Alaska data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.



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 Disease as a Problem in the Community (Key Informants; Central Kenai Peninsula, 2025)



Sources: ● 2025 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:

Prevention/Screenings

Low public interest in proper hygiene and preventative measures, to include low interest in vaccinations.
– Physician

Incidence/Prevalence

RSV and flu are rampant. Poor immunization rate. – Community Leader



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.

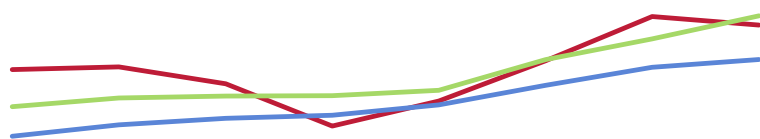
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

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 Injury Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Kenai Peninsula	64.9	65.7	60.9	48.9	56.0	67.4	80.0	77.6
— AK	54.4	56.9	57.4	57.5	59.0	67.8	73.6	80.2
— US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

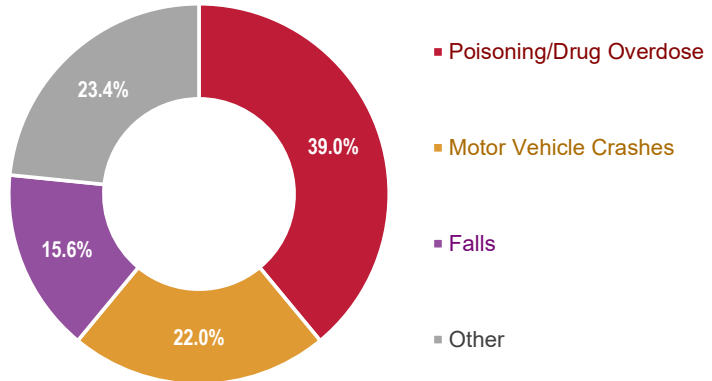
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Leading Causes of Unintentional Injury Deaths

The leading causes of unintentional injury deaths in Kenai Peninsula Borough are shown below. [BOROUGH-LEVEL DATA]

Leading Causes of Unintentional Injury Deaths
(Kenai Peninsula Borough, 2021-2023)

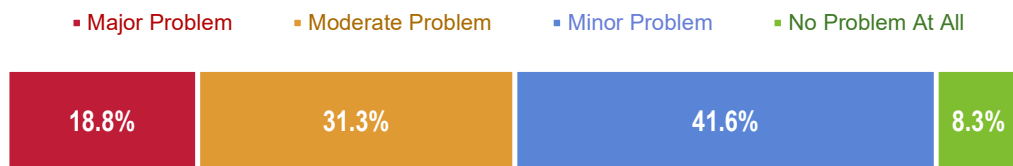


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.

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 & Violence as a Problem in the Community
(Key Informants; Central Kenai Peninsula, 2025)



Sources: • 2025 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

Partially a result of alcohol and drugs. Some to do with mental health. Some to do with women being viewed as property by some. – Physician

Mostly drug related and domestic violence. Drugs and alcohol play a major role in most preventable injuries. – Physician

Domestic/Family Violence

Domestic violence is very common, so are accidental injuries. – Physician

Any violence is a major concern. We have higher than acceptable domestic violence. – Community Leader



Incidence/Prevalence

There seems to be a relatively high percentage of patients who have previously experienced physical and sexual violence, as well as emotional abuse. There is a relatively high percentage of patients who have PTSD from these events. – Physician

Work Related

Lots of people I know, including myself, have had work or play related injuries. Violence is always a fear. With the super-liberal gun laws there is a constant risk that someone will get mad and shoot others. In fact, a friend of our daughter just had an older sister whose husband got in a confrontation over firewood. The other man shot this sister's husband dead. That was at Wasilla. – Community Leader

Education/Awareness

Limited and poorly organized DV classes. No supports for violence survivors. – 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.

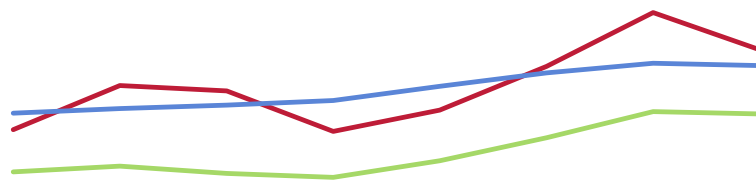
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Diabetes Deaths

Mortality attributed to diabetes is shown in the following chart. [BOROUGH-LEVEL DATA]

Diabetes Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Kenai Peninsula	22.4	28.0	27.3	22.2	24.9	30.4	37.2	32.5
— AK	17.1	17.8	16.9	16.4	18.5	21.4	24.7	24.4
— US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

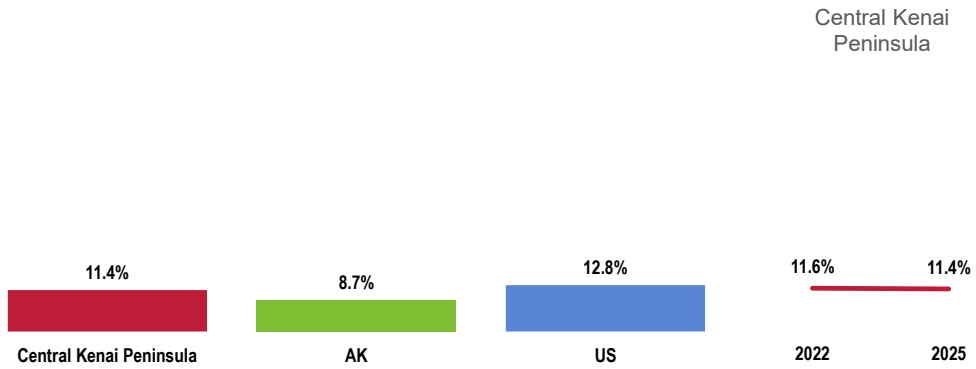
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.



Prevalence of Diabetes

PRC SURVEY ▶ “Have you ever suffered from or been diagnosed with diabetes, not counting diabetes only occurring during pregnancy?”

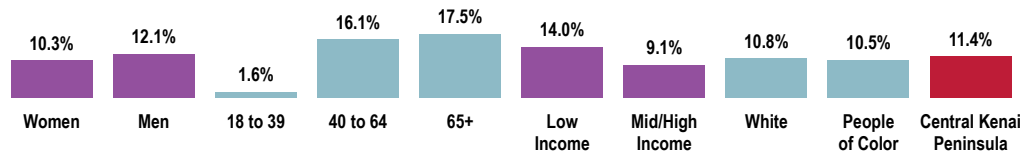
Prevalence of Diabetes



Sources: • 2025 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); BRFSS Alaska data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes (Central Kenai Peninsula, 2025)

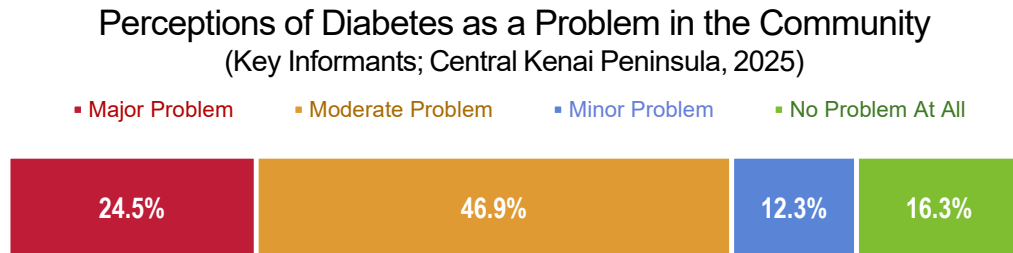


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

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



Sources: • 2025 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

- Access to a physician that specializes in diabetes care. Expense associated with supplies and medication. Awareness at an early stage. – Community Leader
- Access timely appointments and knowing the resources available to them. – Community Leader
- Access to dietitians, medically-supervised weight loss programs, including GLP-1, and better food options. – Community Leader
- Resources for management. – Community Leader

Nutrition

- Dietary options available, and dietary education. Produce quality is low, unvaried and unappealing, patient population is uninformed and as expected worse resistant to change. – Physician
- Poor food choices. No exercise and denial that they are diabetic. Refusing medications and can't afford GLP1s. – Physician

Built Environment

- Easy access to safe sites for physical activity. Access to healthy foods that are lower in the glycemic index, fresh foods, not fast food or processed foods. – Physician

Cultural/Personal Beliefs

- Mistrust of medical recommendations. – Physician

Follow-Up/Support

- Difficulty with patients returning for follow up, adherence to treatment, and lack of prevention efforts. – Physician

Incidence/Prevalence

- Development outpacing ability of doctors to care for it. It feels like for every one patient with DM that is controlled, there are ten more. – Physician

Lifestyle

- Realizing they can greatly improve their disease through weight loss and exercise. – Physician

Obesity

- Obesity. – Physician



Disabling Conditions

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

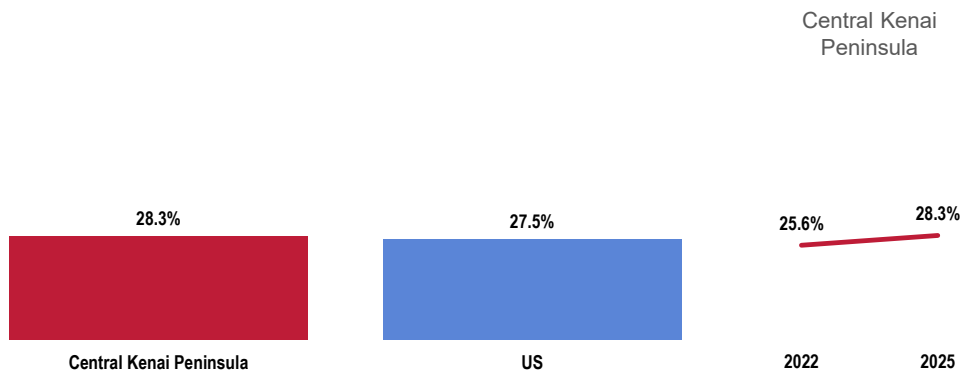
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

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

Activity Limitations

PRC SURVEY ▶ “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

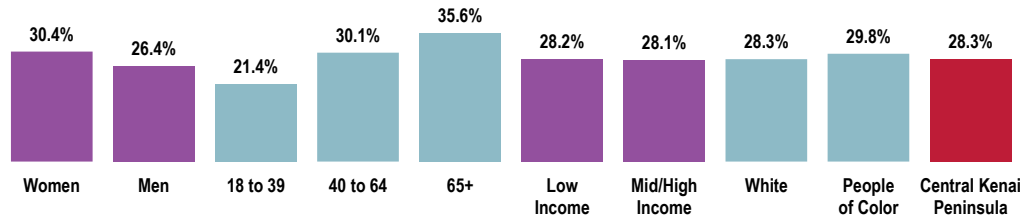
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 29]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Central Kenai Peninsula, 2025)

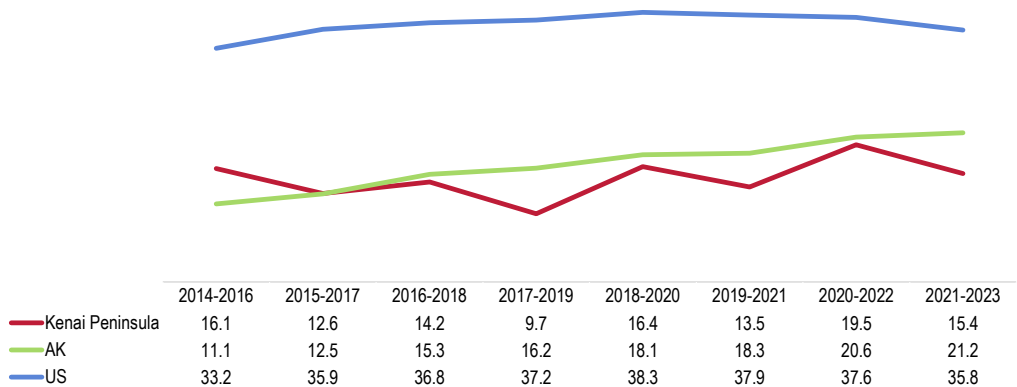


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 29]
Notes: • Asked of all respondents.

Alzheimer's Disease Deaths

Mortality attributed to Alzheimer's disease is shown in the following chart. [BOROUGH-LEVEL DATA]

Alzheimer's Disease Mortality Trends (Annual Average Deaths per 100,000 Population)

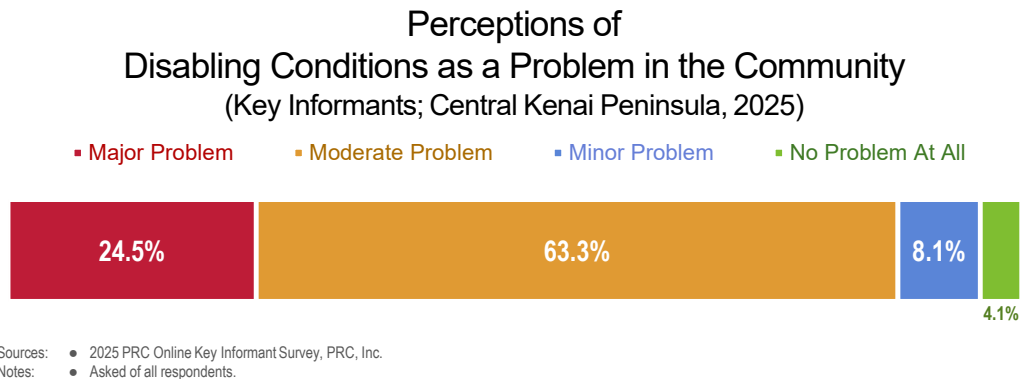


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.



Key Informant Input: Disabling Conditions

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



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

Dementia Care

I primarily want to reiterate that eldercare and dementia care are a prominent and increasing problem, and can actually be separated from one another. There is a growing percentage of Alaska and is over the age of 65. On the Kenai Peninsula, approximately 10% of citizens over the age of 65 have Alzheimer's disease. That is not including other forms of dementia and cognitive impairment. The lack of appropriate care facilities on the Peninsula, and the state in general, is dire. Although Heritage Place I believe provides the best care possibly in the state, even Aspen Creek, which would be the next capable facility, struggles on a regular basis with care of elderly patients with dementia. Adult living facilities and "memory care" homes in the state are questionable at best. A substantial effort is needed to develop larger facilities, with staff that are properly trained, and paid well, to care for this growing and difficult to care for population. – Physician

Dementia and chronic pain - increasing nationally. But very few resources for both. Community has few Alzheimer's resources, memory care units, day programs. For pain, focus has been on interventional (injection) therapies, with little available for drug management. – Community Leader

Alzheimer's care. I don't believe the community has resources for severe dementia when families are extended beyond their ability to manage independently at home. – Physician

Home Healthcare

Many patients are unable to care for themselves at home. They are brought to the hospital and they can stay for prolonged periods of time, impairing the hospital's ability to complete its primary mission of dealing with acutely ill patients. – Physician

Need more and better home health, assisted living and nursing home facilities for elderly. Many older individuals and couples do not have extended families in the area. – Physician

There is a great need for another nursing home, as well as a rehab facility as many patients in hospital become swing patients for extended period of times instead due to lack of places as existing nursing home. Better availability for hospice care in home or maybe even a facility designated for this would be very beneficial to the community as well. – Physician

Lack of help to keep people in their homes. – Physician

Aging Population

Our population is aging, and I see a lack of trained professionals and/or concern for geriatric patients and their special medical needs. – Community Leader

Elderly population losing the ability to care for themselves from all of the above is the biggest problem. There are limited places they can go. – Physician

Our community is aging and more residents than ever are trying to age in place. Winters create problems (slips and falls, depression due to lack of daylight, inadequate exercise, etc.). Many of our older residents are dealing with chronic pain and/or memory issues. Obesity is a contributing factor. – Community Leader



Incidence/Prevalence

Cognitive impairment and dementia are substantial problems in our community. Overall, there is a lower than desired level of recognition to identify patients with cognitive impairment and send them for appropriate testing. Further, eldercare in general, and facilities to provide proper placement and care for patients with advanced dementia, are sorely lacking locally, as well as throughout the state. Regarding chronic pain management, interventional pain management services, as well as dedicated clinics to provide oral opiate chronic pain management, are also lacking. – Physician

Access to Specialty Care

Limited neurology access with long wait times. Only one hearing testing location with long delays for appointments. Few resources for chronic pain, but CPH did add services, though a lot of them are telehealth, which I hear patient complaints about. – Physician

Built Environment

There is a lack of accessibility. There are many structural and architectural barriers that make it difficult, if not impossible for disabled people to access parts of the community. There are no accessible playgrounds for children with disabilities. – Public Health Representative

Lack of Support to Families

There are no community activities that support parents or families, such as a performing arts center or art classes. – Public Health Representative

Insufficient Physical Activity

Inactivity and obesity. – Physician

Work Related

Hard jobs, tough, working conditions, physically demanding hobbies take their toll on the bodies in our community. – 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.

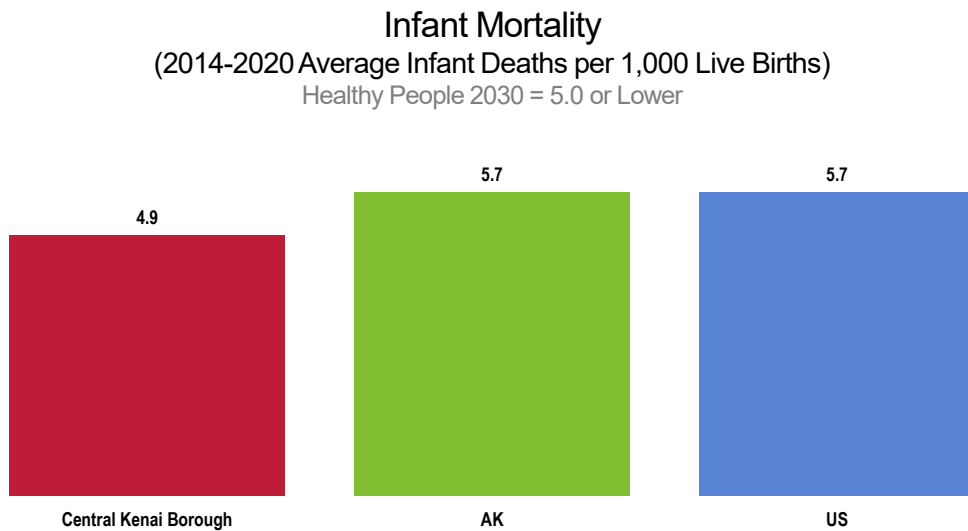
– Healthy People 2030 (<https://health.gov/healthypeople>)

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.



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted November 2025.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



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.

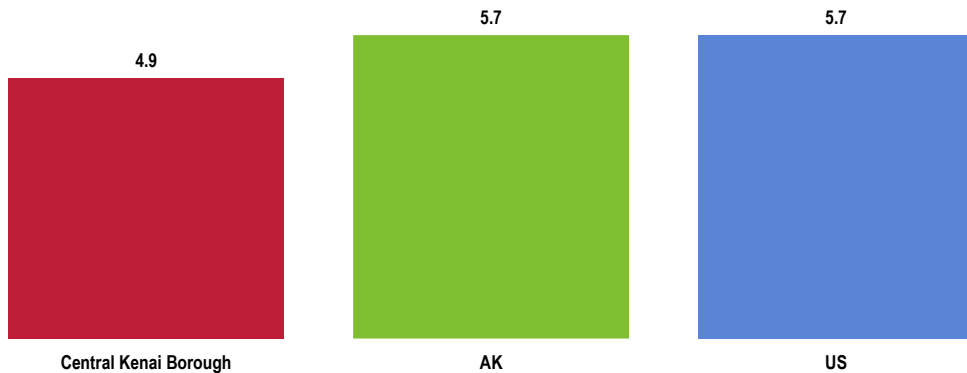
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

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]

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

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



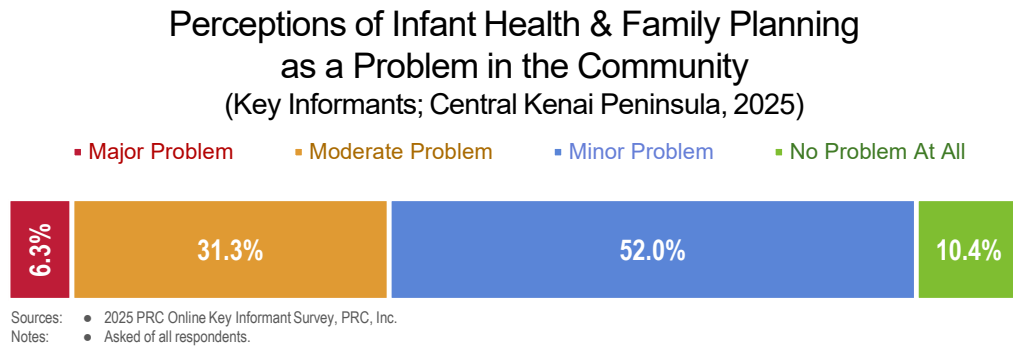
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted November 2025.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births



Key Informant Input: Infant Health & Family Planning

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



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

Access to Care/Services

- Family planning through Planned Parenthood is gone and nothing came to replace it. – Physician
- The pediatricians and Ob/Gyns are full with extended waits for appointments. – Physician
- Access to pediatric oncology. Access to out of state telemedicine. – Community Leader

Awareness/Education

- Patients are often uninformed and struggle to make decisions about family planning before becoming pregnant. – Physician



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.

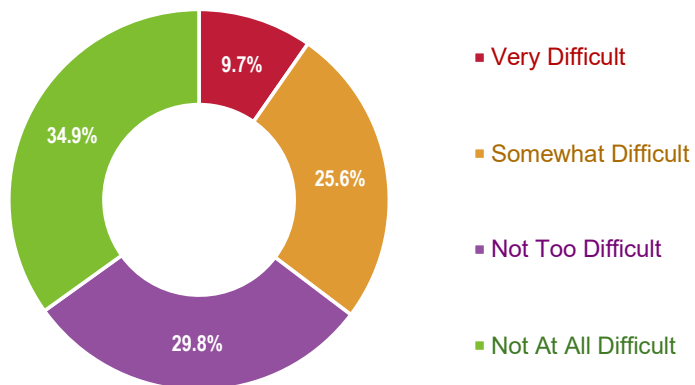
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

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

Difficulty Accessing Fresh Produce

PRC SURVEY ▶ “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?”

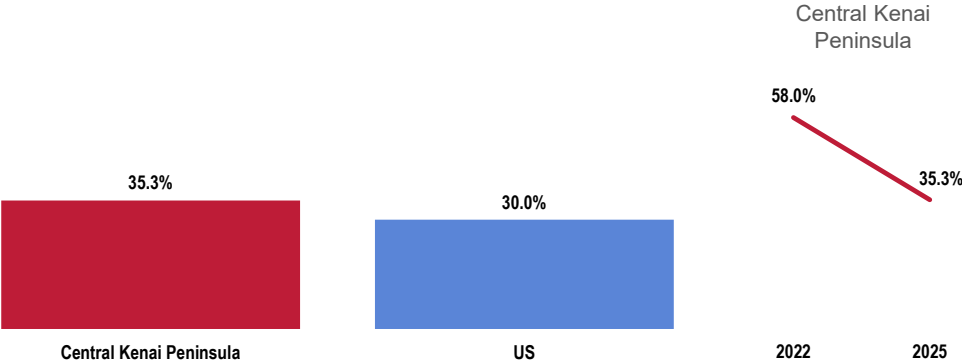
Level of Difficulty Finding Fresh Produce at an Affordable Price
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: • Asked of all respondents.

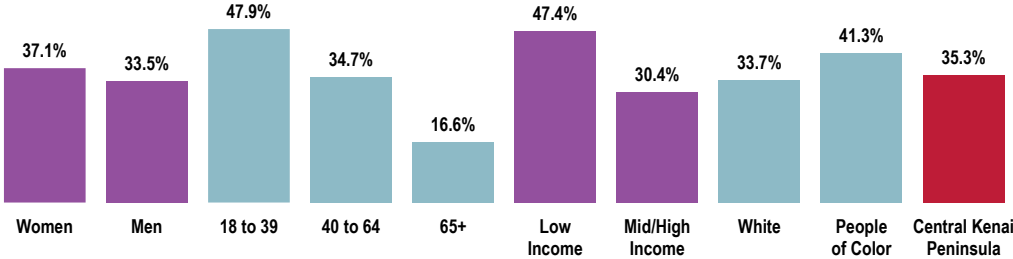


Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Central Kenai Peninsula, 2025)



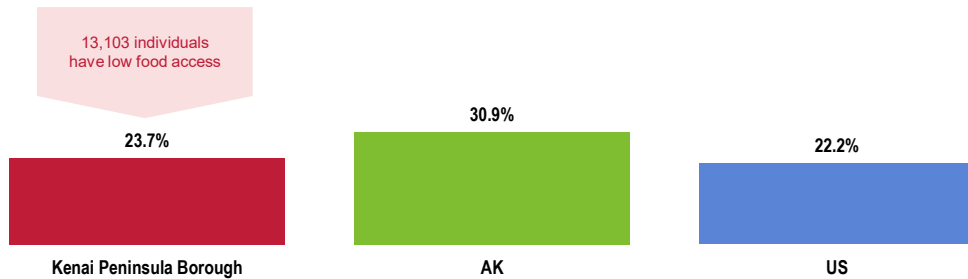
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



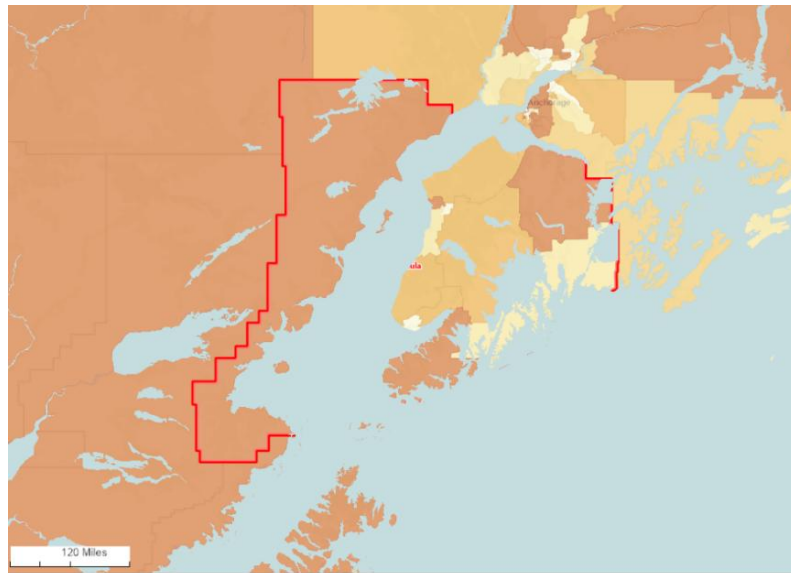
Low (Geographic) Food Access

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

Percent of Population With Low (Geographic) Food Access (Kenai Peninsula Borough, 2019)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



SparkMap

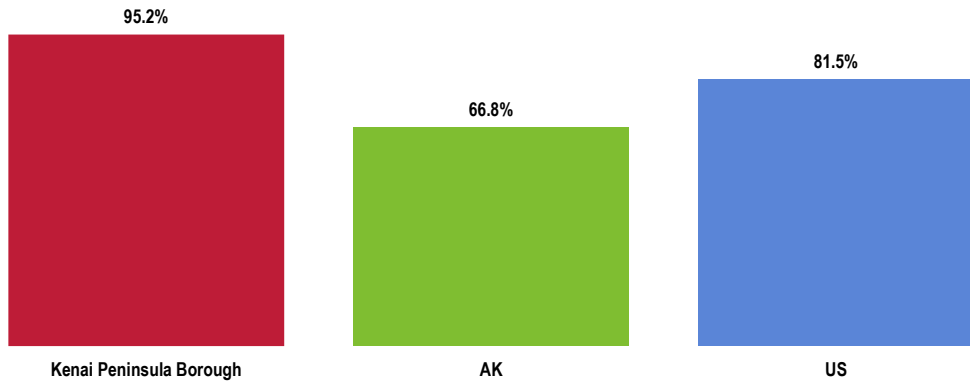


Food Environment: Fast Food

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, 2023)



- Sources:
- US Census Bureau, borough Business Patterns. Additional data analysis by CARES.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved November 2025 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.

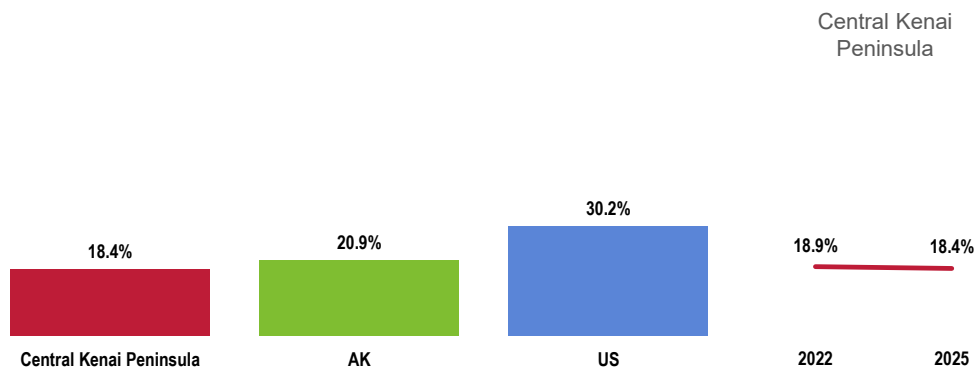
– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

PRC SURVEY ▶ “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 = 21.8% or Lower



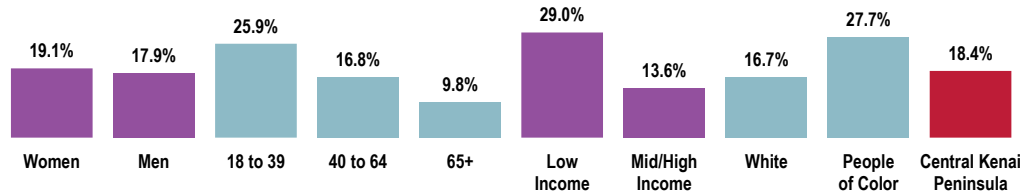
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 25]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSSR Alaska data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 25]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.

Children’s Physical Activity

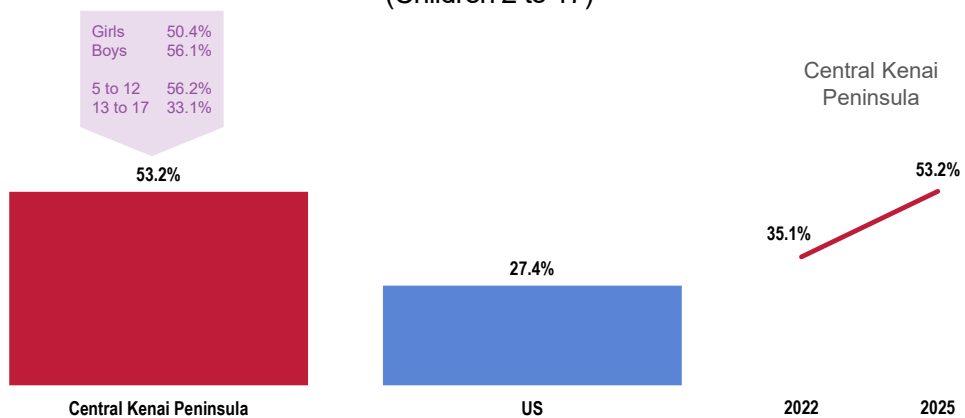
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

PRC SURVEY ▶ “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 (Children 2 to 17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 47]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2 to 17 at home.
 • Reflects children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



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 (inches²)] 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 $\geq 30 kg/m^2$. 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 $\geq 30 kg/m^2$, 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
Healthy Weight	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.

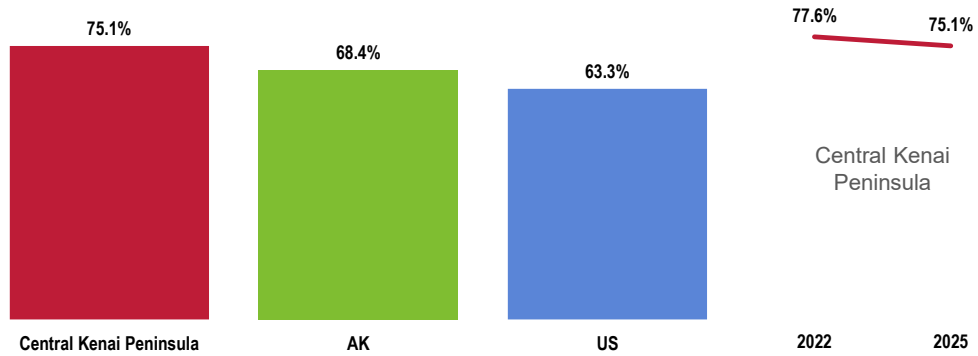


PRC SURVEY ▶ “About how much do you weigh without shoes?”

PRC SURVEY ▶ “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)

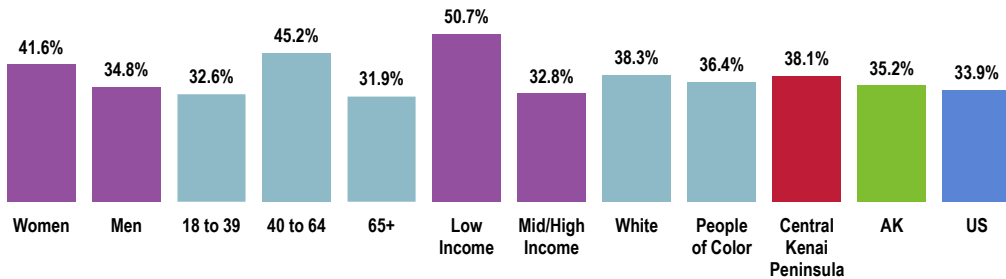


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSS Alaska data.
 ● 2023 PRC National Health Survey, 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. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity (Central Kenai Peninsula, 2025)

Healthy People 2030 = 36.0% or Lower



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
 ● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSS Alaska data.
 ● 2023 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.



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

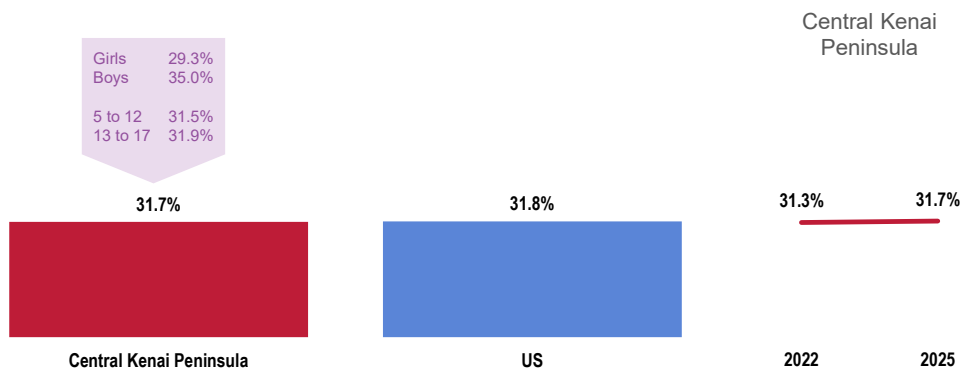
– Centers for Disease Control and Prevention

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

PRC SURVEY ▶ “How much does this child weigh without shoes?”

PRC SURVEY ▶ “About how tall is this child?”

Prevalence of Overweight in Children (Children 5 to 17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 54]

• 2023 PRC National Health Survey, PRC, Inc.

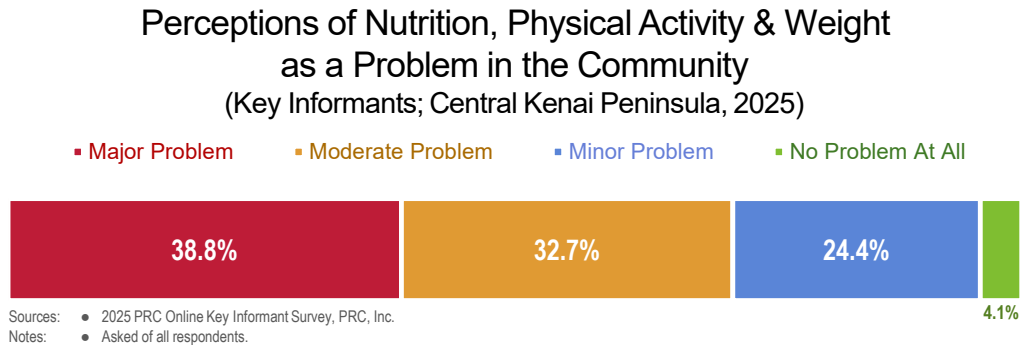
Notes: • Asked of all respondents with children age 5-17 at home.

• Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



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:



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

Access to Affordable Healthy Food

Financial limitations affect food choices. Patients do not have the money for healthy food. – Physician

Both good foods and high carb or processed foods are very expensive. Dark and cold limit physical activity for many residents. – Physician

High quality nutritious food is expensive. Fatty high calorie food is common and less expensive. Winter access to exercise is either unavailable, like hiking for example, or it is expensive, such as gyms and skiing. – Community Leader

The cost of food (especially healthy food) and a limited number of restaurants with healthy options are a challenge here. The dark and snowy/icy winters making getting adequate exercise more difficult, too. These, in combination, make it harder for residents to maintain a healthy weight. – Community Leader

Healthy food access. Food is becoming a luxury item for families. The price of goods and whole foods is extremely high and many times unobtainable due to financial barriers. Physical activity - incorporating more activity into the days of individuals. The challenge is competing with the internet. – Public Health Representative

Lifestyle

Time constraints on individuals to encourage exercise. Emphasis on ease of availability of junk food. Knowledge of the average person as to how to eat properly. Need for both spouses or parents to work, shortening available time to shop, and then cooking at home. – Community Leader

Cultural problem of eat what you want, then get on some pills to fix the problems it creates. Limited indoor exercise options. Gyms are available but expensive. No means for elderly, shut-ins or ALF residents to exercise at all. – Physician

Diet and inactivity. – Physician

Nutrition

Abundance of fast and processed food. Undisciplined diets. Obesity is rampant. Sports venues and team functions offer up unhealthy foods. Vendors and potlucks at hospitals are loaded with unhealthy food. – Physician

Poor food choices, expensive produce. Activity limited by weather. Food affected by location. – Community Leader

Obesity

Americans are overweight and not healthy. Better food and eating habits would help. – Community Leader

People here are obese and on average have unhealthy lifestyles. – Physician

Diagnosis/Treatment

Those that are interested in a healthy lifestyle are often connected into alternative care communities that are resistant to bona fide medical care. So called "integrative care" is mostly unscientific and sometimes even dangerous. We are not unique in terms of the western health care system. There are a few practicing physicians who take preventative care seriously and who provided excellent care but they are often unable to see new patient's due to the busy caseload of their existing patients. – Physician



Built Environment

People don't feel safe walking outdoors due to wildlife, weather, and quality of walking surfaces. The community is car-friendly, but not encouraging of walking. – Physician

Income/Poverty

Overall higher percentage of lower income household makes it difficult to afford and readily obtain nutritious food. I cannot think of any structured program in the area on an outpatient basis that we will work with patient's holistically on nutrition, fitness. – Physician

Climate

Inactivity in winter. – Physician



Substance Use

ABOUT DRUG & ALCOHOL USE

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.

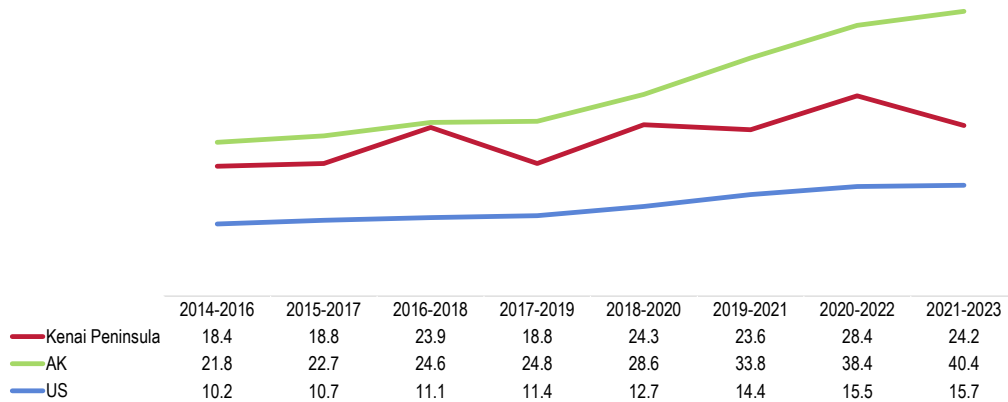
– Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol Use

Alcohol-Induced Deaths

Alcohol-induced mortality is shown in the following chart. [BOROUGH-LEVEL DATA]

Alcohol-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower



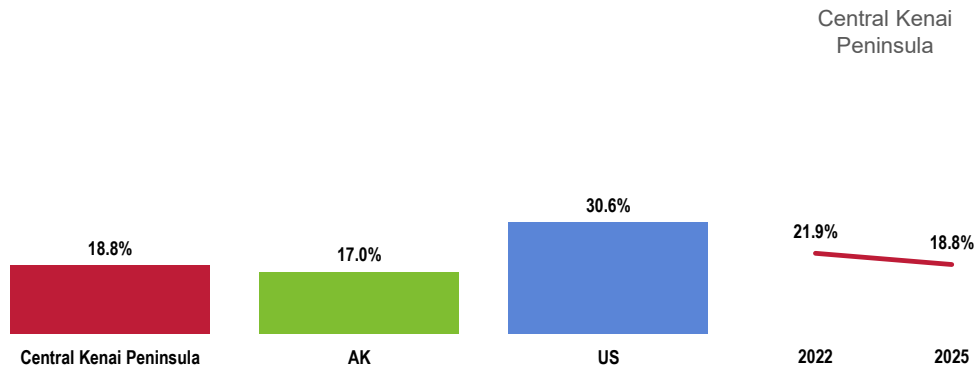
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.
• US Department of Health and Human Services. Healthy People 2030. August 2030. <http://www.healthypeople.gov>



Binge Drinking

PRC SURVEY ▶ “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (if female)/5 (if male) or more drinks on an occasion?”

Engage in Binge Drinking Healthy People 2030 = 25.4% or Lower



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
 - 2023 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): BRFSS Alaska data.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - Binge drinking reflects the percentage of persons age 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.

Engage in Binge Drinking (Central Kenai Peninsula, 2025) Healthy People 2030 = 25.4% or Lower



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople> [Objective SA-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): BRFSS Alaska data.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - Binge drinking reflects the percentage of persons age 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.

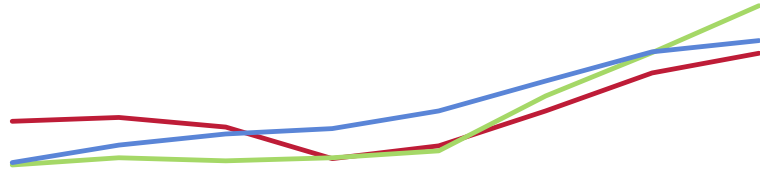


Drug Use

Unintentional Drug-Induced Deaths

Unintentional drug-related mortality is shown in the following chart. [BOROUGH-LEVEL DATA]

Unintentional Drug-Induced Mortality Trends (Annual Average Deaths per 100,000 Population)



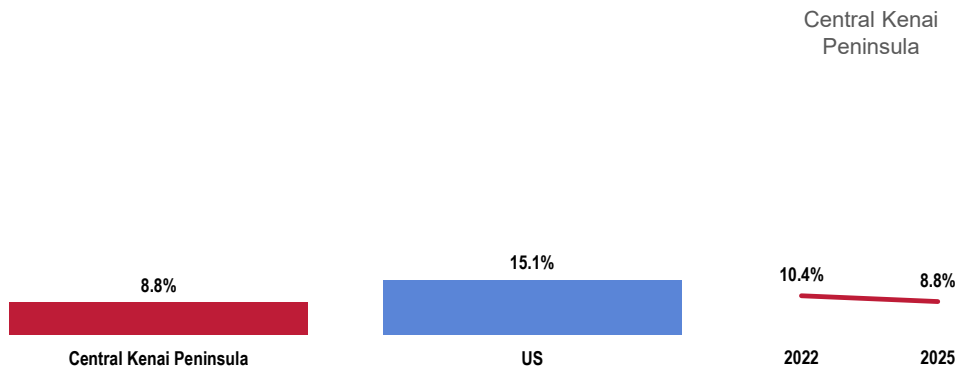
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Kenai Peninsula	19.5	20.0	18.8	14.8	16.4	20.8	25.6	28.1
AK	14.0	14.9	14.5	14.9	15.8	22.7	28.2	34.1
US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2025.

Use of Prescription Opioids

PRC SURVEY ▶ “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?”

Used a Prescription Opioid in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

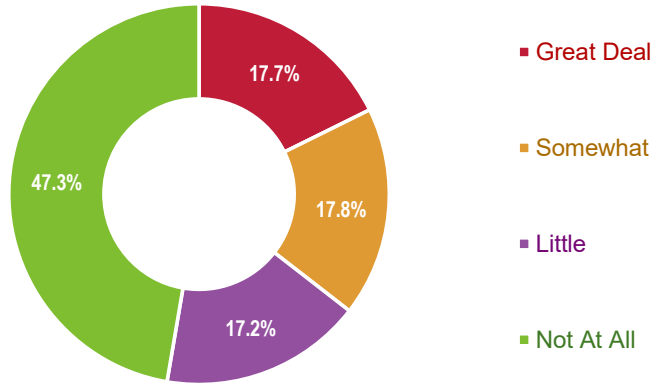
Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.



Personal Impact From Substance Use

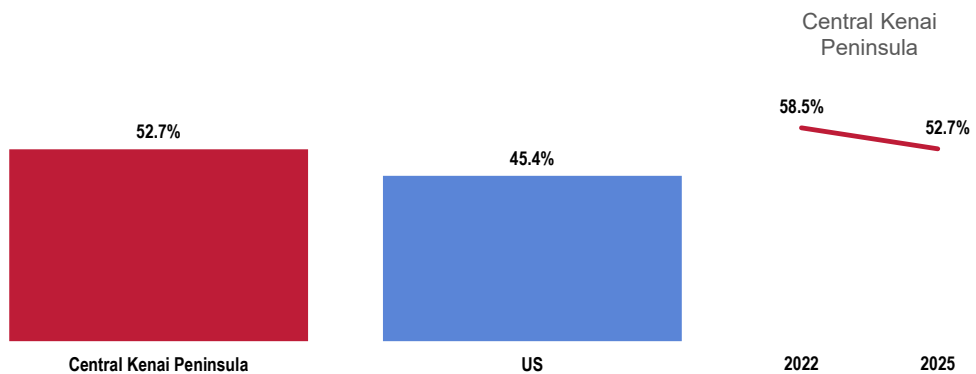
PRC SURVEY ▶ “To what degree has your life been negatively affected by your own or someone else’s substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other’s)
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
Notes: • Asked of all respondents.

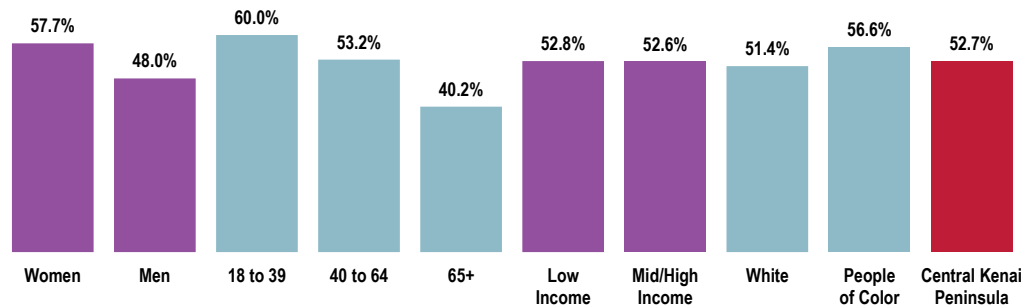
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding “a great deal,” “somewhat,” or “a little.”



Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Central Kenai Peninsula, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "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; Central Kenai Peninsula, 2025)

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



Sources:

- 2025 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

- I think the programs are there, but I don't know if they have the capacity to treat the large number of people who need them, even if you could get them to come in. – Physician
- Some space limitations. Ultimately up to the person with the addiction to decide whether to accept assistance with treatment. – Physician
- Possibly shortage of available facilities, beds, providers. – Physician
- There are never enough beds available for the number of residents needing help. – Community Leader
- Lack of available beds for detox and treatment. Serenity House and Care Transitions may be full. – Physician
- There are a limited number of facilities available that can provide necessary treatment. – Community Leader

Denial/Stigma

- Lack of desire to access resources. – Physician
- Mental health interferes with acceptance of the problem, and prevalence of drugs and availability. – Physician



I believe there is still too strong of a social stigma around substance abuse that many are hesitant to seek help. – Community Leader

People with substance use are not ready to seek treatment. Typically combined with behavioral health issues or can have drug induced mental health issues. The disease dictates the poor decision making, alienation from friends and family and have no resources. We know the best chance they have at recovery is a roof over their head and the ability to stay warm and safe. Many have lost all of their personal belongings including identification and feel overwhelmed with how to get started on the path to recovery. They can't apply for assistance, show an address or even have a phone to apply for work. This invisible population is only seen as a problem in our community regarding safety, crime and a drain on our resources. – Community Leader

Alcohol/Drug Use

Huge demand and increased deaths from fentanyl. No low barrier options. – Physician

Awareness/Education

Not enough knowledge or education about available resources and access to rehab resources. – Physician

Co-Occurrences

Addiction and the mental disease that accompanies it are the major factors limiting access to care. – Physician

Cultural/Personal Beliefs

General mindset of the population especially regarding marijuana and cannabinoids. – Physician

Easy Access

We have good availability of treatment relative to most places. There appears to be easy access to drugs in the community. – Physician

Income/Poverty

Finances as well as access to quality services to assist with substance abuse. Negative views of the community to those who have substance abuse issues. – Community Leader



Tobacco Use

ABOUT TOBACCO USE

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.

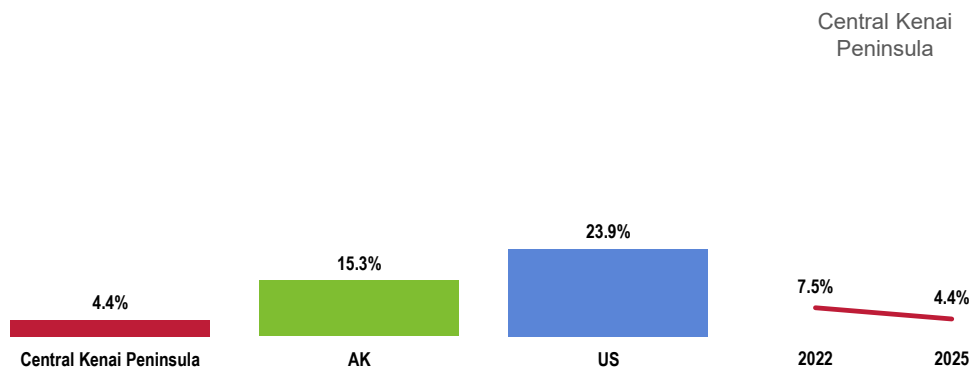
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

PRC SURVEY ▶ **“Do you now smoke cigarettes every day, some days, or not at all?”**
(“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

Currently Smoke Cigarettes

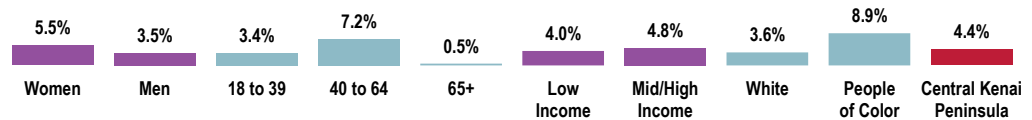
Healthy People 2030 = 6.1% or Lower



- Sources:
- 2025 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): BRFSSR Alaska data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
 - Includes those who smoke every day or on some days.



Currently Smoke Cigarettes (Central Kenai Peninsula, 2025) Healthy People 2030 = 6.1% or Lower

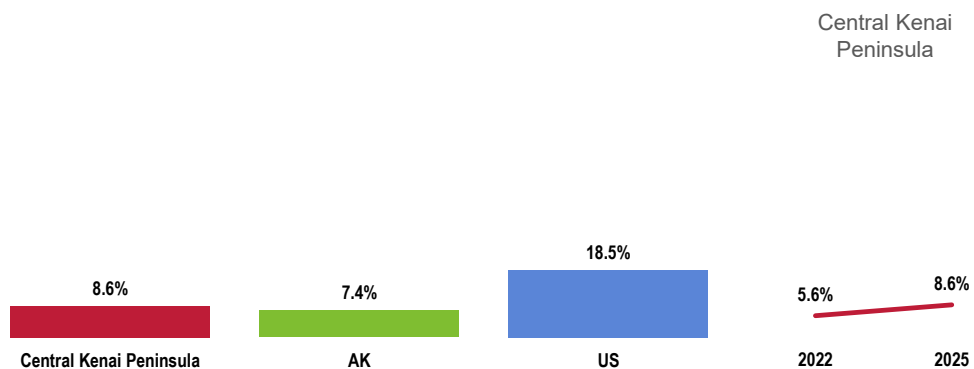


- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): BRFSS Alaska data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes those who smoke every day or on some days.

Use of Vaping Products

PRC SURVEY ► “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 Vape Products” includes those vaping “every day” or on “some days.”)

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



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 20]
 - 2023 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): BRFSS Alaska data.
- Notes:
- Asked of all respondents.
 - Includes those who use vaping products every day or on some days.



Currently Use Vaping Products (Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 20]
 Notes: • Asked of all respondents.
 • Includes 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; Central Kenai Peninsula, 2025)

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



Sources: • 2025 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

- Many more people smoke here than other communities I have lived in. – Physician
- High incidence of use with known medical implications. – Physician
- Because too many people smoke. – Physician
- High rate of lung, head and neck cancer. – Physician
- 16% of Alaskans smoke, which is higher than the national average. – Physician
- Too many smokers. – Physician
- I see it every day with students, young adults and older adults smoking or vaping. The damage they are causing to themselves and those around them, not to mention the on-going health issues because of smoking/vaping, which overload our Emergency Rooms. – Community Leader
- Tobacco use is an issue everywhere. – Community Leader

Teen/Young Adult Usage

- Vaping, more high school kids vape than not vape. Commercials suggesting it's healthier than smoking. – Physician



Tobacco use starts with peer pressure at the high school level (some cases earlier) and continues on regardless of the cost. Add to this the isolation of a small community and top it off with weather factor. Often the mindset is that cancer happens to others. – Community Leader

E-Cigarettes

Vaping is a serious problem with youth and adults in the community. Lack of available activities for children that are affordable, and the transportation to get to these activities if the family is unable to meet the need. Many parents Vape and do not share the risks of the vaping with their children; sometimes it is the youth sharing the knowledge they bring home from school educating the parent, and the youth feel helpless, thus some just vape also. – Public Health Representative



Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people’s risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn’t prevent HIV from spreading.

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

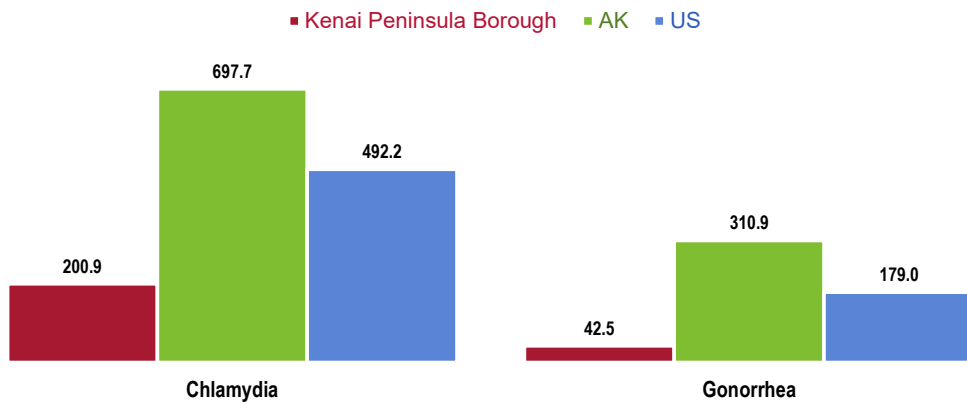
Sexually Transmitted Infections (STIs)

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.

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, 2023)



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 2025 via SparkMap (sparkmap.org).



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; Central Kenai Peninsula, 2025)

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



Sources: ● 2025 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

No community education opportunities with gap since Planned Parenthood left. The only routine screening I am aware of is done at Care Transitions. – Physician

Incidence/Prevalence

Alaska has one of the highest rates in the nation for STIs, including GC, CT and syphilis. – 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. ... People without [health] 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

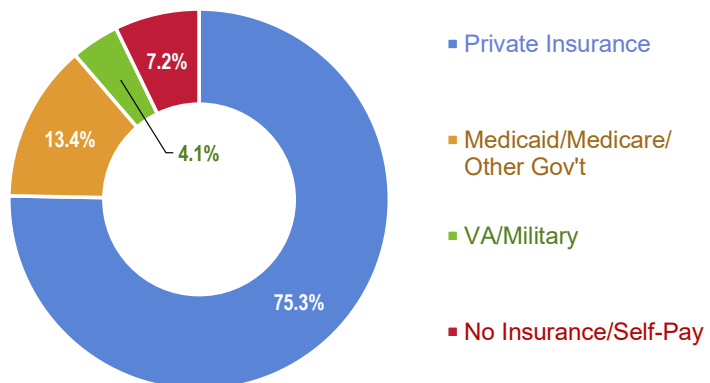
Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC SURVEY ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?”

PRC SURVEY ▶ “Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

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 health care services – neither private insurance nor government-sponsored plans.

Health Care Insurance Coverage
(Adults 18 to 64; Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: • Reflects respondents age 18 to 64.



Lack of Health Care Insurance Coverage (Adults 18 to 64)

Healthy People 2030 = 7.6% or Lower

Central Kenai
Peninsula



Sources: • 2025 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): BRFSS Alaska data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage (Adults 18 to 64; Central Kenai Peninsula, 2025)

Healthy People 2030 = 7.6% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Reflects respondents age 18 to 64.



Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care 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.

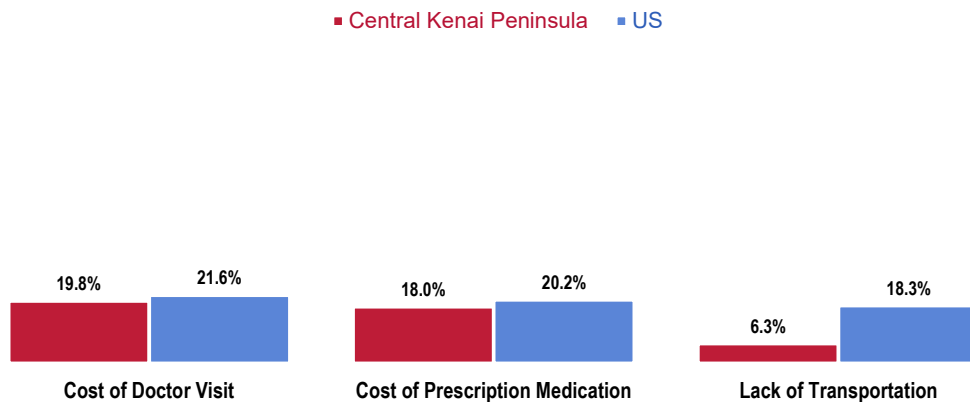
PRC SURVEY ▶ “Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?”

PRC SURVEY ▶ “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?”

PRC SURVEY ▶ “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.

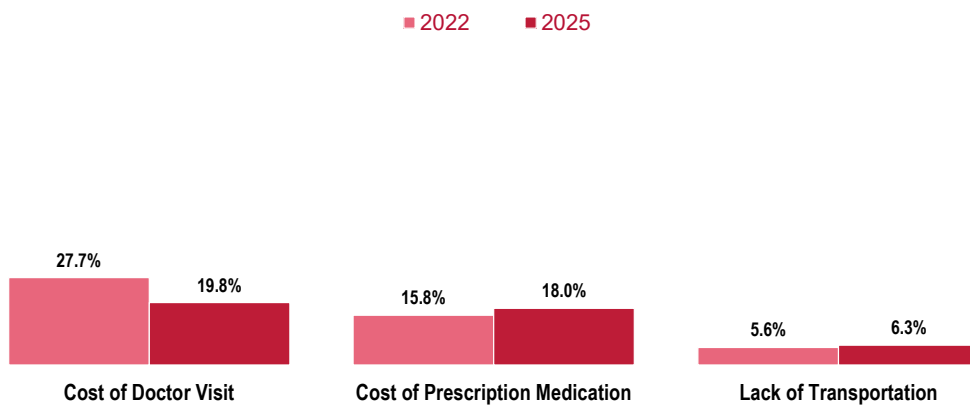
**Barriers to Access Prevented Medical Care in the Past Year
(Central Kenai Peninsula, 2025)**



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 5-7]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

**Barriers to Access Prevented Medical Care in the Past Year
(Central Kenai Peninsula)**



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 5-7]
Notes: • Asked of all respondents.

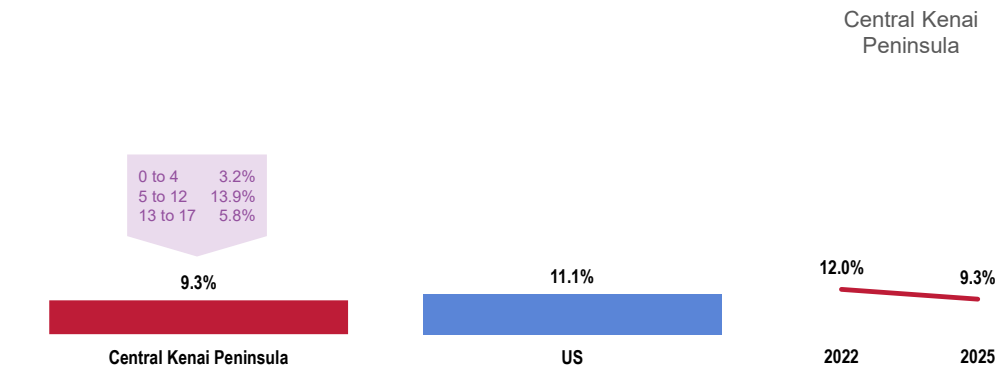


Accessing Health Care for Children

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.

PRC SURVEY ▶ “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 (Children 0 to 17)

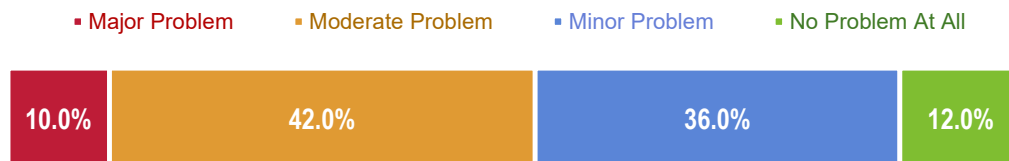


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 45]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

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; Central Kenai Peninsula, 2025)



Sources: • 2025 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

Limited providers available. Long wait times for appointments with little flexibility in scheduling. – Physician

Lack of oversight and minimal training required for many mid-level providers. – Physician

Challenges related to accessing health care services would be readily access to providers and specialists and having continuity of access to their services. Insurance costs are also increasing at alarming rates; I am afraid that people hold off on pursuing care due to costs and high deductibles, sometimes making care and treatment options more expensive in the long run. Another problem related to health insurance coverage are providers that are in the service provider area, often times the service providers are located in Anchorage - making access to care on the Central Peninsula difficult. – Community Leader

Access to Affordable Care/Services

The cost of health care. It is so expensive that I have declined preventative measures like a colonoscopy. Even with insurance it's pretty nutty to pay ten thousand dollars for a colonoscopy. We just visited friends who have a 4-month old baby. The delivery cost thousands of dollars. Then the baby had an issue and needed to stay at a hospital for several days. They think that will cost over a hundred thousand dollars. I think people avoid having babies because of the expense. I think going to have pains checked out is smart because early detection is very important. But I avoid doing so because of the cost. In fact, not only is this "another issue," I would say it is among the most important issues. – Community Leader

Lack of access to affordable healthcare, housing and treatment. The folks that need assistance don't know how to get help or are embarrassed to ask for help. This causes a strain on the entire community. We need staffing/programs that can do a hands-on approach from the first call for help through the first entire year as they work to become contributing members of society. – Community Leader

Lack of reasonably priced insurance. – Community Leader

Cost. Availability of qualified health care providers. – Physician

Limited Hospice and Palliative Care

Hospice and palliative care for the dying is very limited and no specific inpatient facilities are available for those that need that level of support. Care for patients with dementia and their caregivers is also a significant deficit. – Physician

There is no hospice. People go to the hospital for end of life care. Most don't want to do that, but are forced into that situation without other options. – Physician

Lack of Specialty Care

We have a lot of primary doctors, but many of the most sick patients aren't being seen by ones with training and experience to deal with complex medical care. – Physician

ENT doctor has done and continues to do a great job, but he is nearing retirement and when he stops the only resource will be Anchorage. – Physician

Awareness/Education

Education regarding medications and their uses vs. "naturopath" medicine. Many patients are experiencing delay of care while they are treated with herbs/remedies that are not scientifically studied, effective, nor are they standard of care. There are many "providers" on the peninsula falsely advertising that they are practicing medicine, when in fact, they are not. – Physician

Misinformation, mistrust of professionals and experts, anti-science public messaging. – Physician

Access to Care/Services

It is difficult for people moving into the area to get medical treatment. Another issue is many problems people don't like to talk about openly so there could be issues affecting our community that is not evident.

– Community Leader

Custodial Care

The hospital is overwhelmed by patients requiring custodial care which is preventing access for acutely ill patients. – Physician



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.

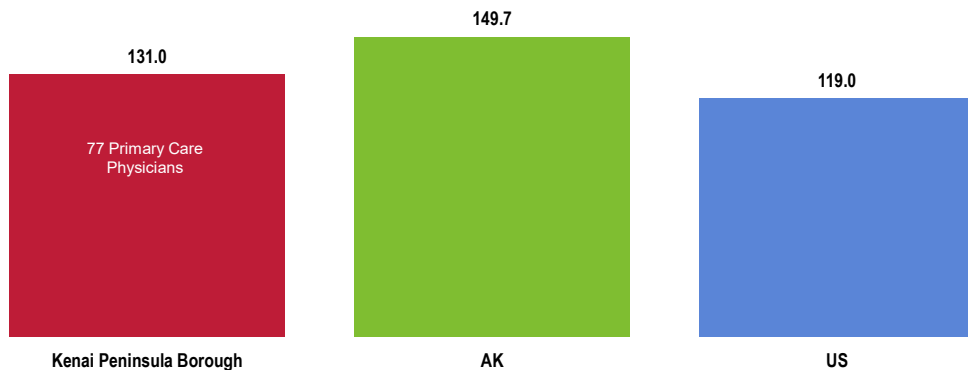
– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. [BOROUGH-LEVEL DATA]

Note that this indicator takes into account only primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

Number of Primary Care Physicians per 100,000 Population (2025)



- 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 2025 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 subspecialties within the listed specialties are excluded.

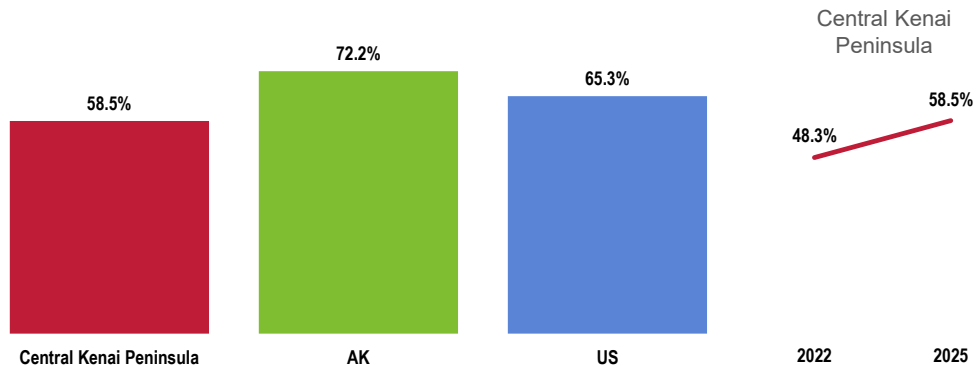


Utilization of Primary Care Services

Adults

PRC SURVEY ▶ “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?”

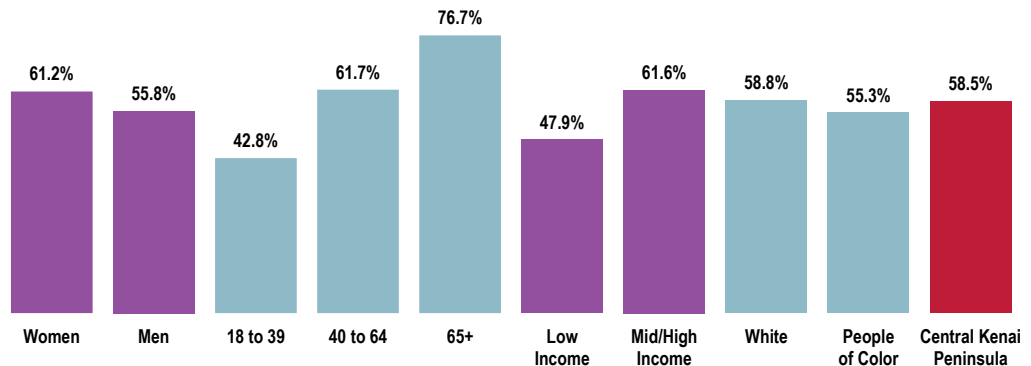
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2025 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): BRFSS Alaska data.
 • 2023 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, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 8]
 Notes: • Asked of all respondents.

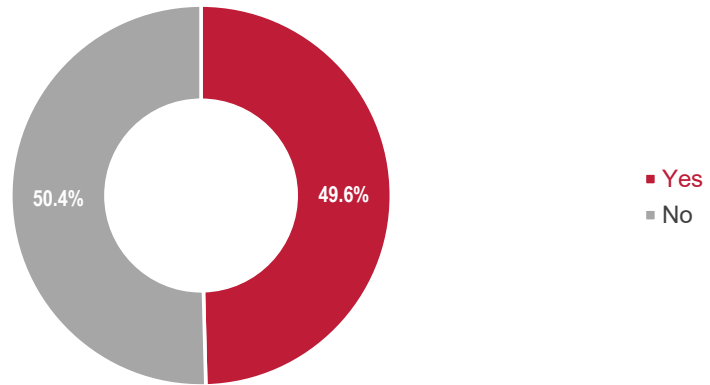


Outmigration for Medical Care

See also *Perceptions of Services Needed Locally* in the Local Resources section of this report.

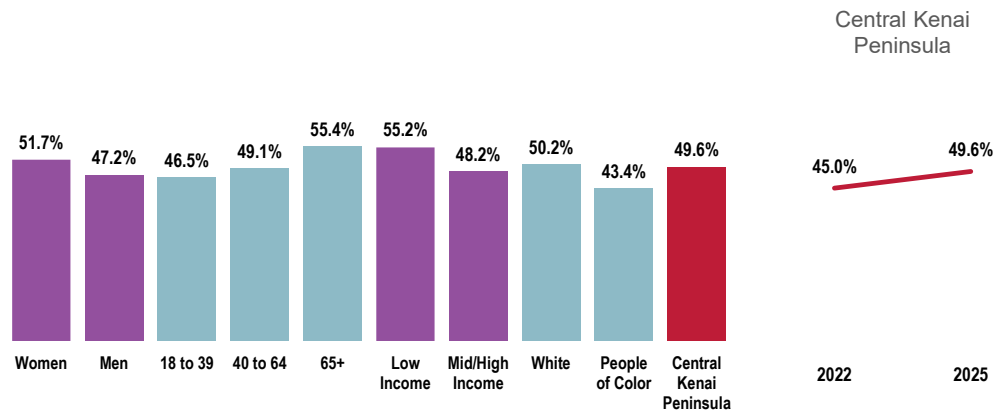
PRC SURVEY ▶ “During the past 12 months, have you or has any member of your household left the local area to receive health care services?”

Household Member Left Local Area to Receive Health Care Services Within the Past Year (Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

Household Member Left Local Area to Receive Health Care Services Within the Past Year (Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.



PRC SURVEY ▶ “For which health care service did you leave the local area most recently?”

Services Sought Outside the Local Area	
<i>(Among Those Leaving the Area for Care; Including Supporting Verbatim Comments in Italics)</i>	
Dental Care	
<ul style="list-style-type: none"> <i>Pediatric Dentistry</i> <i>Periodontics</i> 	12.3%
Cardiology	
<ul style="list-style-type: none"> <i>Pulmonary Medicine</i> 	12.1%
General Care	
<ul style="list-style-type: none"> <i>Internal Medicine</i> <i>General Practitioners</i> 	9.2%
Orthopedics	7.9%
Surgery	6.7%
Ophthalmology	5.4%
Otolaryngology	4.9%
Oncology	4.8%
Dermatology	4.8%
Lab Work/Imaging	3.9%
Endocrinology	3.8%
Neurology	3.8%
Gastroenterology	3.2%
Obstetrics/Gynecology	3.2%
Mental Health Services	3.0%
Rheumatology	2.7%
Other/Uncertain Responses (Each <2.0%)	8.3%

PRC SURVEY ▶ “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	
<i>(Among Those Leaving the Area for Care; Including Supporting Verbatim Comments in Italics)</i>	
Service Not Available Locally	52.2%
Quality	
<ul style="list-style-type: none"> <i>Better Care Available Elsewhere</i> <i>Lack of Options</i> <i>Personal Preference</i> <i>Overall Reputation</i> 	20.8%
Long Wait for Appointments	8.7%
Cost/Insurance	6.9%
Doctor's Recommendation	5.3%
Visting Area	2.2%
Referral Issues	1.4%
Other/Uncertain Responses (Each <1.0%)	2.5%



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.

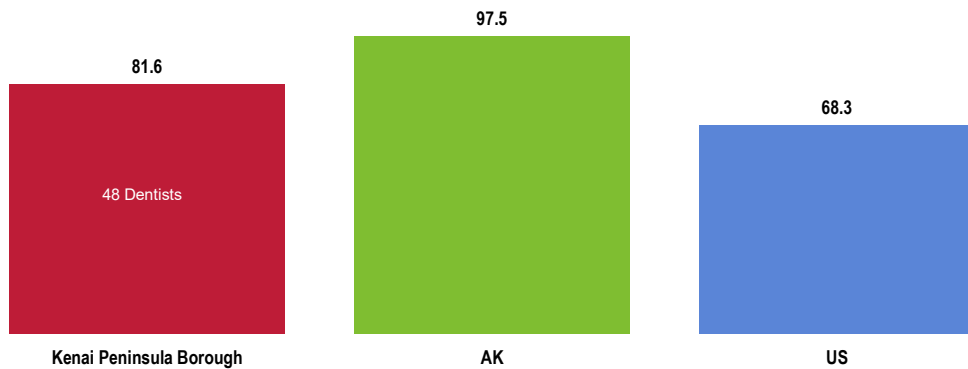
– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Dentists

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

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.

Number of Dentists per 100,000 Population (2024)



- 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 2025 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 (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

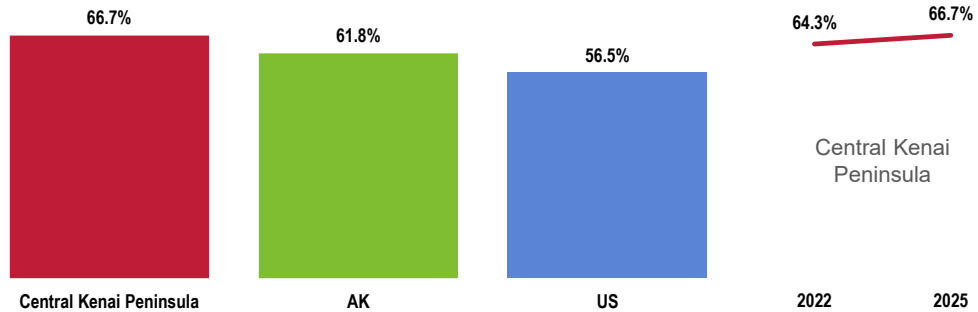


Dental Care

PRC SURVEY ▶ “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



Sources: • 2025 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): BRFSS Alaska data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

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; Central Kenai Peninsula, 2025)

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



Sources: • 2025 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

Limited access to dental care, especially for Medicaid and uninsured. – Community Leader

There is a portion of our community that do not have regular oral checkups. Oral health has been linked to brain function. – Community Leader

Diagnosis/Treatment

Lack of attention and priority to oral health rather than lack of access seems to be the most significant factor. It seems many or even most ignore oral health until pain begins. – Physician



Incidence/Prevalence

| All my patients have rotten teeth, missing and cracked teeth. – Physician

Income/Poverty

| Low socioeconomic class, lack of insurance, substance abuse. – Physician

Lack of Providers

| Lack of dental providers taking new patients, further limited access for Medicaid patients. – Physician

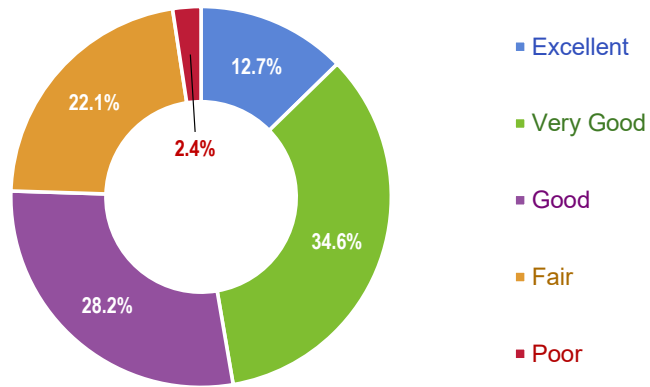


LOCAL RESOURCES

Perceptions of Local Health Care Services

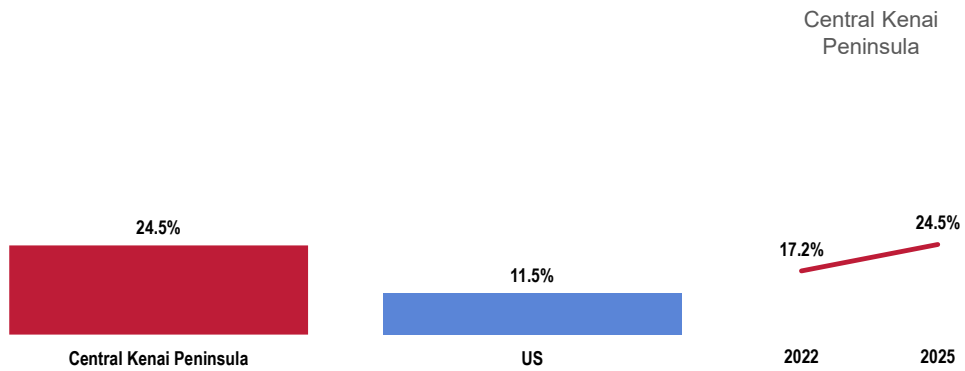
PRC SURVEY ▶ “How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Rating of Overall Health Care Services Available in the Community
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”



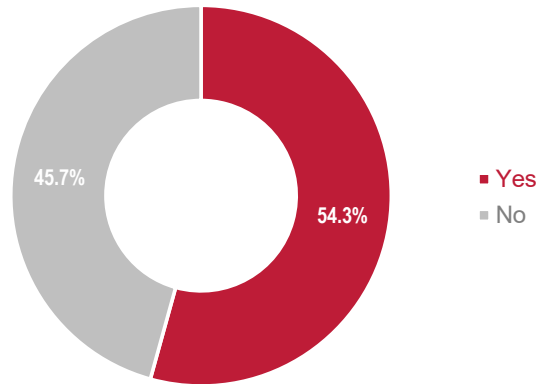
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceptions of Services Needed Locally

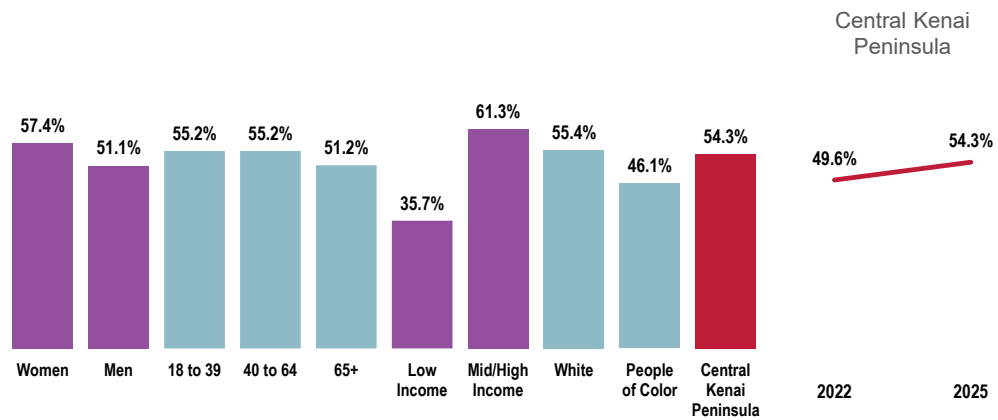
PRC SURVEY ▶ “Is there any health care service that is not currently available in your area but you feel should be provided locally?”

Perceive Local Area as Lacking a Needed Health Care Service
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.

Perceive Local Area as Lacking a Needed Health Care Service
(Central Kenai Peninsula, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 301]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



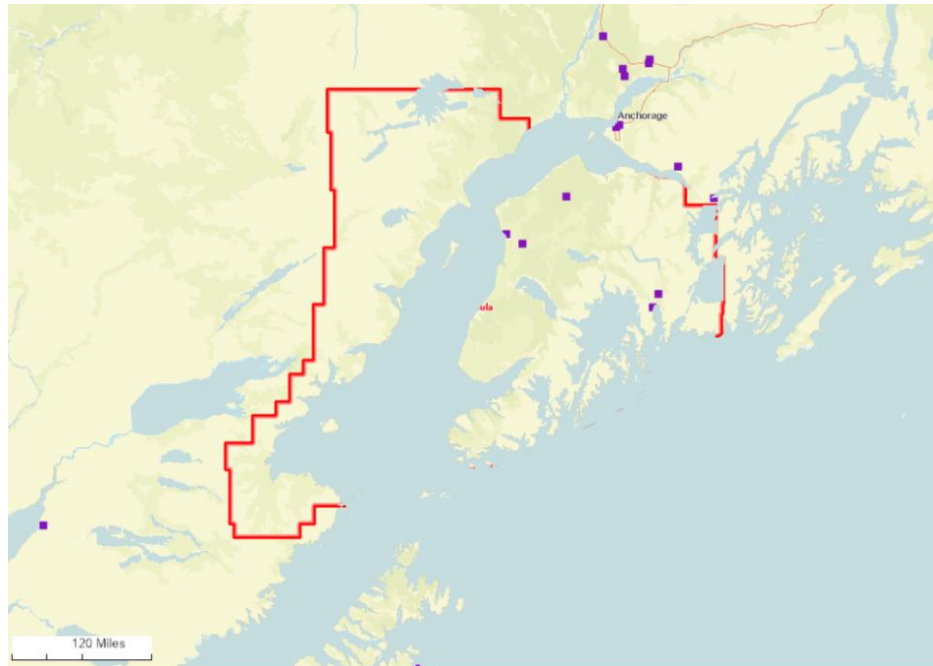
PRC SURVEY ► [Among those identifying a need for local services:] “Which health care service do you feel is most needed in this area?”

Services Identified as Most Needed Locally	
<i>(Among Those Identifying a Need; Including Supporting Verbatim Comments in Italics)</i>	
Dermatology	13.8%
Cardiology	13.2%
Behavioral Health	13.2%
• <i>Mental Health</i>	
• <i>Behavioral Health</i>	
• <i>Addiction Services</i>	
• <i>Recovery Housing</i>	
Elderly Care	12.6%
• <i>Hospice</i>	
• <i>Long Term Facilities</i>	
• <i>Home Healthcare</i>	
• <i>Geriatrics</i>	
• <i>Assisted Living</i>	
Dental Care	4.7%
• <i>Orthodontics</i>	
• <i>Periodontics</i>	
Rheumatology	4.4%
Pediatric Services	4.0%
• <i>More Pediatric Specialists in General</i>	
• <i>Pediatric Cardiology</i>	
• <i>Health in Schools</i>	
• <i>Pediatric ENT</i>	
• <i>Pediatric Neurology</i>	
Ophthalmology	3.7%
Specialty Care	3.2%
Endocrinology	3.1%
Other/Uncertain Responses (Each <3%)	23.9%



Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Kenai Peninsula Borough as of June 2025. [BOROUGH-LEVEL DATA]



Map Legend

Report Location, County	Federally Qualified Health Centers, POS June 2025	SparkMap
		



Resources Available to Address 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 Hospital
- Denaina
- Doctors' Offices
- Peninsula Community Health Services
- Tribe
- Ultimate Care
- Urgent Care Kenai

Cancer

- Anchorage
- Central Peninsula Hospital
- Central Peninsula Internal Medicine
- Doctors' Offices
- Health Fairs
- Hospice Volunteer
- Hospitals
- Infusion Center
- Kenai Peninsula Home Health
- Peninsula Radiation and Oncology Center
- Radiation Oncology
- Tumor Board Meetings
- TV Advertisements
- Way-Out-Women

Diabetes

- Central Peninsula Hospital
- Central Peninsula Internal Medicine
- Denaina
- Diabetes Clinic
- Doctors' Offices
- Farmers' Markets
- Field House
- Grocery Stores
- MediSpa
- Parks and Recreation
- Peninsula Community Health Services

Disabling Conditions

- Aspen Creek
- Assisted Living Facilities
- Audiology Associates
- Carts
- Central Peninsula Hospital
- Churches
- Doctors' Offices
- Fitness Centers/Gyms
- Frontier Community Services
- Heritage Place
- Independent Living Center
- Masseuses
- Peninsula Community Health Services
- Physical Therapy Clinics
- Senior Centers

Heart Disease & Stroke

- Alaska Heart Institute
- Alaska Tobacco Quit Line
- American Heart Association
- Central Peninsula Community Health Services
- Central Peninsula Hospital
- Central Peninsula Internal Medicine
- Doctors' Offices
- Parks and Recreation
- Physical Therapy Clinics
- Providence Alaska Medical Center Providence Neurointerventional
- South Peninsula Hospital
- TV Advertisements

Infant Health & Family Planning

- Central Peninsula Hospital
- Central Peninsula Women's Health
- Denaina
- Doctors' Offices
- Peninsula Community Health Services



Injury & Violence

- AA/NA
- ABC Life Choices
- Celebrate Recovery
- Central Peninsula Hospital
- Denaina
- Doctors' Offices
- Domestic Violence Shelters
- Friendship Mission
- Homeless Coalition
- Hospitals
- Lee Shore Center
- Occupational Safety and Health Administration
- Peninsula Community Health Services
- Serenity House
- South Peninsula Haven House

Mental Health

- 988
- Anchorage
- Care Transitions
- Central Peninsula Hospital
- Central Peninsula Mental Wellness
- Cook Inlet Council on Alcohol and Drug Abuse
- Denaina
- Doctors' Offices
- Kenai Peninsula Mental Health
- Kenaitze Indian Tribe
- ND Systems
- Outpatient Mental Health Facilities
- Parks and Recreation
- Peninsula Community Health Services
- Serenity House
- Teen Center
- Therapists
- Tribe

Nutrition, Physical Activity & Weight

- Central Peninsula Community Health Services
- Central Peninsula Hospital
- Central Peninsula Internal Medicine
- Doctors' Offices
- Farmers' Markets
- Field House
- Fitness Centers/Gyms
- Food Bank/Food Pantry
- Hospitals
- Kenai Peninsula Food Bank
- Kenaitze Wellness Program
- Organic/Locally Sourced Food Stores

- Parks and Recreation
- School System
- Task Order Procurement System
- Walk With a Doctor
- Women, Infants and Children
- Youth Sports Leagues

Oral Health

- Central Peninsula Hospital
- Dental Offices
- Gentle Dental
- Peninsula Community Health Services
- School System
- Smiles of Alaska Dental Clinic

Respiratory Diseases

- Dine and Discuss

Sexual Health

- Care Transitions
- Central Peninsula Hospital
- Central Peninsula Women's Health
- Doctors' Offices
- Kachemak Bay Family Practice
- Kenai Public Health Center
- Lee Shore Center
- Peninsula Community Health Services

Social Determinants of Health

- Alaska Housing Finance
- Alaska Housing Friendship Mission
- Alaska Job Center
- Alaska Native Tribal Health
- Carts
- Central Peninsula Hospital
- Churches
- Department of Labor
- Food Bank/Food Pantry
- Frontier Community Services
- Homeless Connect
- Kenai Peninsula Food Bank
- Love, Inc
- United Way



Substance Use

- AA/NA
- Care Transitions
- Central Peninsula Hospital
- Cook Inlet Counseling
- Dayspring
- Doctors' Offices
- Freedom House
- Hospitals
- Kenaitze
- Love, Inc
- Peninsula Community Health Services
- Rehab Centers
- Secondary Recovery Homes
- Serenity House
- South Peninsula Behavioral Health
- Tribe

Tobacco Use

- Alaska Tobacco Quit Line
- Breathe Free Coalition
- Central Peninsula Hospital
- DARE Program
- Doctors' Offices
- Friends/Relatives
- No Smoking Rules in Public Areas





APPENDIX

EVALUATION OF PAST ACTIVITIES



Central Peninsula Hospital

Community Health Needs
Assessment

Evaluation

FY 2022 - 2025



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. This year we contracted with the national research firm PRC, based in Omaha Nebraska to conduct our survey. The summation of their results is in the Community Health Needs Assessment 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 to address. Stakeholders include local state public health representatives, members of our community, the CPH medical staff, 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 the hospital plans 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 as opposed to each provider focusing only on treating a specific person for a disease directly related to 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.

Significant changes in perceived needs since last CHNA

Three categories showing the largest increases in perceived need from the 2019 to 2022 CHNA's were Mental Health Services, Social Determinants of Health (which can negatively impact lifestyle related health problems), and Disability and Chronic Pain. The perceived need in all three of these categories made significant jumps during the prior three years.

Access to Primary Care Providers, which was the second highest perceived needs category in the 2019 survey, dropped significantly (from 2nd to 11th) over the past 3 years. This indicates that the efforts CPH underwent as a result of the 2019 survey have paid dividends by bringing more Primary Care Providers to our community.



Ranking the magnitude of perceived needs

The top-ranking perceived needs identified by Key Informants and community member survey results in 2022 were:

- Mental Health
- Substance Abuse
- Nutrition/Obesity/Diabetes/Tobacco use (lifestyle issues)
- Injury and Violence
- Heart Disease and Stroke
- Access to Primary Care Providers
- Disability and Chronic Pain
- Oral Health
- Cancer Care

Alcohol and Drug Abuse Treatment and Mental Health Services remained high on the list between the 2019 and 2022 surveys. 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.

Social Determinants of Health and life style related health issues (Nutrition/Obesity/Diabetes/Tobacco use) rose significantly from 2019 to 2022.

Disability and Chronic Pain are other categories that have grown in significance since our last survey.

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 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 Directly Addressed from 2022-2025

In order to steward our resources efficiently, it made sense to combine efforts to address identified needs where overlapping strategies and solutions might address similar problems, such as in the areas of Mental Health and Alcohol Treatment Services. Likewise, Social Determinants of Health and Lifestyle related health issues can be addressed by many of the same strategies.



Certain categories may be considered because of the severity of their impact on society, and the hospital's ability to address them. For example, Heart Disease and Cancer are both leading causes of death and therefore important to address.

To that end, here are the top health needs deemed by the CPGH, Inc. Board of Directors to be the focus of targeted strategies in this CHNA Implementation Plan for the 2022 assessment:

- Mental Health and Substance Abuse
- Nutrition/Obesity/Diabetes/Tobacco use (lifestyle issues)
- Injury and Violence (addressed in Mental Health and Healthy Lifestyles strategies)
- Heart Disease and Stroke
- Access to Primary Care Providers
- Disability and Chronic Pain (addressed in Mental Health strategies)
- Cancer Care

PRIORITY 1: 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 Emergency Department through a developed Psych Emergency Services Team and has taken on all Psych inpatient in need of consultations.
- Developed Clinically Integrated Network with incentives for providers to promote wellness (i.e., behavioral change, improved psychological health, reduction of substance abuse disorders)
 - Collaborating 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
 - Promoted Primary Care Medical Home models with behavioral health integration into the practice.
 - Integrated mental health support into PCP clinics
 - Developed Value Based program is currently the model for employee health plan which can be expanded
 - Develop tele-psychiatry access and recruited three Psychiatrist and one Psychologist to support primary care activities through the newly opened Central Peninsula Mental Wellness Clinic.
- Increased bed capacity in the Care Transition Detox Unit from seven (7) beds to ten (10) beds.
- Diamond Willow transitional housing facility
- Developed a Mobile Crisis Program
 - Establish process to conduct home visits to capture opportunities for early intervention to reduce acute Emergency Dept visits.
 - Working with local partners including Kenai Peninsula Borough Dispatch, Alaska State Troopers, Soldotna Police Department and Kenai Police Department to act as a first responder for mental health and substance abuse clients who reach out to 911 or 811 in crisis.



- ❖ **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)

Strategies:

- Develop specialized spine treatment beyond primary care model by
 - Continued to develop the Spine Program, with the addition of a third Spine Surgeon and purchase of a Spine Robot, to provide better surgical and therapy solutions to replace pharmaceutical treatment.
 - Integrate Interventional Pain Management, including the hiring of two (2) Interventional Pain Physicians to coordinate with Physical Therapy and the Spine Program in order to create a programmatic delivery system to provide long-term solution to pain sufferers

PRIORITY 2: Social Determinants of Health/Lifestyle Related Issues

(Nutrition/Obesity/Diabetes/Tobacco use)

- ❖ **Objective/Issue 1:** Early wellness education and lifestyle changes help improve community health status and prevent accidental injury

Strategies:

- Promote and support targeted wellness activities for the following:
 - Safe Kids activities – car seats, life jackets, bike helmets
 - Community Health Fairs throughout the year
 - Dine & Discuss scheduled speakers
 - Walk-with-a-Doc Program
 - Smoking Cessation Programs
 - Paid for free member Field House access for community members aged 65 and over to access the elevated walking track from 8-noon, M-F.
 - Focus sponsorships on community activities that promote exercise – little league baseball, local runs, Relay for Life, etc.
 - Provided paid access to the American College of Healthy Lifestyles for Medical Staff and General Staff
- ❖ **Objective/Issue 2:** Nutrition and Obesity

Strategies:

- Be a collaborative partner in local programs to promote physical activity and wellness.
 - Paid for free member Soldotna Field House access for community members aged 65 and over to access the elevated walking track from 8-noon, M-F.
 - Paid for free membership to the Soldotna Field House for all (approximately 1300) CPH employees.
 - 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

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

❖ **Objective/Issue 3:** Diabetes

Strategies:

- Opened Central Peninsula Diabetes Clinic to provide diabetes treatment and education access to community members

PRIORITY 3: Cardiovascular Health

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

Strategies:

- Opened a Cardiac Cath Lab to bring Interventional Cardiology to the Peninsula
 - Support the presence of the Alaska Heart Institute Cardiologists on campus
 - Build strong cardiology team to entice AHI MDs to want to work in our cath lab
- Increased ICU/cardiovascular capability of nursing staff and Hospitalists
 - Increased ICU capacity from 6 to 9 beds
 - 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, which provided intensivist at Providence the ability to monitor patients in the ICU
 - Implement aggressive training program for ICU nursing staff – ECCO course for all ICU RNs
 - Initiated Rapid AI program to increase capabilities for caring for stroke patients

❖ **Objective/Issue 2:** Improved Hypertension/ cholesterol management

Strategies:

- Provide Hypertension and lipid management education
 - Sponsor Dine & Discuss seminars to educate community
 - Offer Community Health Fairs throughout the year



- Incentivize PCP Medical Homes and Value Based physicians to increase focus on these issues

PRIORITY 4: Access to Health Care Services

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

Strategies:

- Improved Primary Care Access in community
 - Recruited five (5) additional Family Practice Physicians, one (1) Pediatrician and three (3) Midlevel Providers to increase access
 - Hired one (1) additional Internal Medicine Physicians and two (2) Midlevel Providers in the Central Peninsula Internal Medicine Clinic to increase access
 - Partnered with the University of Washington to develop an Internal Medicine Residency Program with the first two (2) of four (4) total Residents starting in July of 2025
 - Further develop Primary Care Medical Home Model to further support PCP driven care coordination
 - Build on existing hospital-based PCP clinic efficiency by integrating Internal Medicine and Family Medicine clinic activities
 - Support Independent Primary Care providers with recruitment efforts
 - Aggressively advertised the Community Benefits Program (formally the Charity Care Program) to encourage participation, resulting in an increase in Community Benefits provided and a decrease in Bad Debt
- ❖ **Objective/Issue 2:** Expanded Urgent Care Capacity

Strategies:

- Opened Central Peninsula Urgent Care in Kenai to provide for immediate access to care available 12 hours a day, 7 days a week

PRIORITY 5: Cancer Care

- ❖ **Objective/Issue 1:** Built on Strength of Existing Program

Strategies:

- Add second Hematologist/Oncologist
 - Increased capabilities in the Central Peninsula Oncology Clinic to two (2) Hematologists/Oncologists and one (1) Midlevel Provider to accommodate patient needs
- Tumor Board
 - Continued to support robust meeting participation to enhance cancer care coordination, which takes place weekly on Tuesday morning at 7am
 - Encouraged participation by PCPs



- ❖ **Objective/Issue 2:** Lack of robust Hospice or Palliative Care programs results in high readmission rate and less than favorable utilization of hospital beds

Strategies:

- Developed 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 through sponsorships, equipment donations and activity support
 - Palliative care program development
 - Palliative Care Committee has been formalized and continues to meet and work on these issues
 - Supporting current Medical Staff Member to complete a remote Palliative Care Fellowship through the University of Colorado, which will be the framework for the future Palliative Care Program

