



South Peninsula Hospital Community Health Needs Assessment

JUNE 2020



South Peninsula Hospital Community Health Needs Assessment

Prepared for the South Peninsula Hospital by Agnew::Beck Consulting

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Acronyms and Abbreviations

Acronym	What It Stands For
ABVS	Alaska Bureau of Vital Statistics
ACEs	Adverse Childhood Experiences
ACIP	Advisory Committee on Immunization Practices
ACS	American Community Survey
AHRQ	Agency for Healthcare Research and Quality
AK	Alaska
AK-IBIS	Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health
ASQ	Ages and Stages Questionnaire
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CDP	Census Designated Place
CHD	Coronary Heart Disease
CHNA	Community Health Needs Assessment
CICADA	Cook Inlet Council on Alcohol and Drug Abuse
CT	Computed Tomography
DOLWD	Department of Labor and Workforce Development
ER	Emergency Room
HA2020	Healthy Alaskans 2020
HAVRS	Health Analytics and Vital Records Section
HFDR	Health Facilities Data Reporting Program
KPB	Kenai Peninsula Borough
MAPP	Mobilizing Action through Planning and Partnerships
MRI	Magnetic Resonance Imaging
NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
NSDUH	National Survey on Drug Use and Health
PUD	Public Utility District
SAMHSA	Substance Abuse and Mental Health Services Administration
SHIP	State Health Improvement Plan
SKP	Southern Kenai Peninsula
SPH	Southern Peninsula Hospital
STD	Sexually Transmitted Disease
TB	Tuberculosis
UCR	Uniform Crime Reports
YRBS	Youth Risk Behavior Surveillance System

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1. Executive Summary

Study Purpose and Methodology

The 2019-2020 South Peninsula Hospital Community Health Needs Assessment assesses the health needs of the South Kenai Peninsula Hospital service area, which is generally the Southern Kenai Peninsula (SKP). The study meets Internal Revenue Service requirements under Section 501(r)(3)(A) to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

Significant health needs were identified for the SPH service area based on results of the 2019-2020 Perceptions of Community Health Survey and an evaluation of health status indicators drawn primarily from the Healthy Alaskans 2020 Leading Health Indicators. The MAPP of the Southern Kenai Peninsula Health Coalition Steering Committee supported the development of this CHNA and will utilize its results in the implementation of health improvement initiatives.

The hospital's governing Board adopted this report on June 24, 2020. The report is available to the public electronically at www.sphosp.org and in hard copy upon request at the hospital.

Key Findings

Significant Health Needs

The South Peninsula Hospital identified COVID-19 Preparedness, Senior Health and Primary and Preventative Care as significant health needs.

COVID-19 Response

The 2019-2020 CHNA was prepared during the COVID-19 pandemic, which revealed strengths and weaknesses in response preparedness. Areas of impact are expected to be seen in multiple dimensions of wellness, for example:

- Economic wellness due to closings of businesses during “hunkering down”, limited re-openings, widespread layoffs and unemployment
- Emotional wellness from the mandated social distancing, quarantines, and adapting to lifestyle changes brought about due to the pandemic
- Education wellness for our youth in particular as schools closed for spring break and never reopened.
- Physical wellness impact is yet to be seen or known, as the service area was just beginning to see significant covid-19 cases at time of publication. Potential impact could be both from the disease and long-term disease symptoms, as well as negative impacts of delaying routine medical care due to the pandemic.

Senior Health

Senior health was determined as a significant health need because seniors make up a significant and growing population within the Southern Kenai Peninsula, and health care service levels often increase with age. 2020 Community Perceptions of Health Survey responses identified elder care as one of the Southern Kenai Peninsula's greatest weaknesses.

Primary and Preventative Care

Perceptions of Community Health Survey results and indicator data tracked in this report suggest that the South Peninsula Hospital and partners can continue to increase or improve specific areas of preventative and lifestyle care that may include:

- mental and emotional health supports;
- economic security and social supports;
- nutrition and physical activity levels for all ages;
- supports for addressing use/abuse/misuse of alcohol, tobacco products and/or other drugs;
- supports for reducing interpersonal violence and maintaining safe sex practices;
- prenatal, preventative and primary care; and
- medical insurance coverage.

Implementation Strategy

The SPH Implementation Strategy is a stand-alone publication, updated on a more frequent basis.

Evaluation of Previous Efforts

2016 Significant Health Need: Family Wellbeing

The 2016 CHNA, conducted in conjunction with MAPP of the Southern Kenai Peninsula, named Family Wellbeing as a community-identified priority to be addressed through resilience-building, Adverse Childhood Experience (ACEs) communication, and becoming a trauma-informed community. Through its 2017 CHNA Implementation Strategy, SPH identified the following actions to address Family Wellbeing:

- Participate as one of the five local agencies working to adopt Trauma Informed Care practices and support the goal to become Alaska's first trauma-informed community.
- Support the MAPP Resilience Coalition through participation in the leadership team and by supporting work group priorities.
- Serve as a fiscal agent for grant applications or management related to community grants addressing the priority issue.
- Incorporate ACEs (Adverse Childhood Experiences) questions into hospital screening tools.
- Offer trauma-informed care practices and workplace through education and systems change.

- Support a task force to work on more convenient and affordable day care.
- Participate as a lead agency in the community Safe & Healthy Kids Fair.
- Continue to support spiritual care for patients and staff.
- Offer quarterly Safe Sitter babysitting classes to youth in grades six through eight.

Health Outcomes

The 2016 CHNA defines six categories of health outcomes and a set of indicators for evaluating Family Wellbeing, described below.

1] Family Cohesion is defined as a positive family environment with low discord, parental support and belief in the child. Between 2015 and 2017 (the most recent year data available), the percent of SKP students who had at least one parent who talked with them about what they were doing in school about every day increased by 2.7 percent, from 42.1 percent to 44.8 percent (Source: YRBS). The percent of SKP children who participate in Ages and Stages developmental screening was measured in 2015 (37 percent), but and in 2019 (89 percent) (Source: Ages and Stages Questionnaire, Sprout Family Services). The number of individual children screened increased from 346 in 2015 to 450 in 2019, but the estimated total SKP population age 0-5 decreased from 935 (2010-2014 ACS used in 2015) to 503 (2018 ACS 5-year estimates).

2] Networks and Social Support are defined as relationships with extended family members and others that provide emotional support. Between 2015 and 2017 (the most recent year data available), the percent of SKP students who participated in organized afterschool, evening or weekend activities one or more days during an average week increased by 5.2 percent from 56.5 percent to 61.7 percent (Source: YRBS), yet the percent of SKP students who agree or strongly agree that in their community they feel like they matter to people decreased by 1.5 percent from 51.6 percent to 50.1 percent (Source: YRBS).

3] Physical and Mental Health is defined as family members that are physically and mentally well and health promotion. Between 2014 and 2018, the percentage of Kenai Peninsula adults (aged 18+) who met criteria for healthy weight (body mass index equal to or between 18th and 25th percentile) decreased by 2.8 percent from 29.4 percent to 26.6 percent (Source: BRFSS. Recent or current-year BRFSS data is only available for the Kenai Peninsula). The percent of SKP children below the cutoff for social-emotional development (above cutoff screenings referred for intervention) was measured in 2015 (88 percent), and in 2019 (97 percent) (Source: Ages and Stages Questionnaire, Sprout Family Services).

4] Role Models are defined as adults who role model healthy relationships and behavior, caregivers with protective factors. Between 2015 and 2017 (the most recent year data available), the percent of SKP students who feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their lives (FOCUS for collective impact) increased by 3.2 percent, from 82.8 percent to 86.0 percent (Source: YRBS). During the same time period, the percent of SKP students who agree or strongly agree that their teachers really care about them and give them a lot of encouragement increased by 4.2 percent from 65.6 percent in 2015 to 69.8 percent in 2017 (Source: YRBS).

5] Stability is defined as a stable living environment, adequate income and housing, postsecondary education of parents. Between 2014 and 2018, the percentage of SKP households that pay less than 30% of monthly income on housing decreased by 1.1 percent from 69.5 percent to 68.4 percent (Source: U.S. Census Bureau, ACS). During the same time period, the percentage of SKP 18-24-year-olds with high school diploma or equivalency increased 3.1 percent from 78.9 percent in 2014 to 82.0 percent in 2018 (Source: U.S. Census Bureau, ACS).

6] ACEs, measured as the incidence of Adverse Childhood Experiences. In 2015, the percent SKP respondents with zero ACEs was 31 percent, and the percent of SKP respondents with four or more ACEs was 13 percent; however, recent or current-year data for the SKP are unavailable for comparison (Source: BRFSS). The Perceptions of Community Health Survey asks respondents to identify “support for families” as a strength or area of improvement for the SKP. The percent of respondents who indicated that support for families is one of SKP’s greatest community strengths decreased from 9.0 percent in 2015 to 2.0 percent in 2019. The percent of respondents who indicated that support for families is an aspect of the SKP community most in need of improvement also decreased by 5.0 percent, from 7.5 percent in 2015 to 2.5 percent in 2019.

2. Introduction

Study Purpose

This study assesses the current health needs of the South Kenai Peninsula Hospital Service Area, which serves the Southern Kenai Peninsula (SKP). The study reflects direct input from the SKP community, including public health professionals, local leadership, representatives of medically underserved or other populations of concern within the SKP, as well as the community at large. The hospital's governing Board adopted this report on June 24, 2020. The report is available to the public electronically at www.sphosp.org and in hard copy upon request at the hospital.

The 2019-2020 South Peninsula Hospital Community Health Needs Assessment meets Internal Revenue Service requirements under Section 501(r)(3)(A) to conduct a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through the assessment. South Peninsula Hospital (SPH) completed prior-year community health needs assessments in 2009, 2013 and 2016 through a local public health coalition called Mobilizing Action through Planning and Partnerships (MAPP) of the Southern Kenai Peninsula (SKP).

Report Components

The 2019-2020 South Peninsula Hospital Community Health Needs Assessment includes the sections described below.

Community Health Needs Assessment Process describes the methodology and process used to assess current health needs for the Southern Kenai Peninsula community.

Community Served describes the South Peninsula Hospital's service area, the Southern Kenai Peninsula (SKP), as well as current trends among the general population and sub-populations of interest. This section also describes the South Peninsula Hospital's principal functions.

Significant Health Needs describes the current identified significant health needs of the Southern Kenai Peninsula.

Evaluation of Previous Efforts measures the health outcomes by selected indicators for the significant health needs identified in the 2016 Community Health Needs Assessment, completed by the MAPP of the SKP (Mobilizing Action Through Planning and Partnerships for the Southern Kenai Peninsula).

Implementation Strategy provides an action plan for the South Peninsula Hospital to address current significant health needs identified in 2019-2020.

3. Community Health Needs Assessment Process

Assessment Methodology

Significant health needs were identified for the SPH service area based on quantitative and qualitative data about the health status of the Southern Kenai Peninsula (SKP) population. Quantitative health status data was drawn primarily from the Healthy Alaskans 2020 25 Leading Health Indicators. Qualitative data are from the 2019-2020 Perceptions of Community Health Survey, which asked respondents to report the factors that most affect the health of themselves, their family and community.

The South Peninsula Hospital Community Health Needs Assessment process followed the general steps below. The South Peninsula Hospital utilized contractor support to carry out some data collection and analysis and assemble the report.

1. SPH conducted a current-year Perceptions of Community Health Survey to obtain qualitative data about the Southern Kenai Peninsula community health status and evaluated survey results. The MAPP of the Southern Kenai Peninsula Steering Committee directed and informed the content and distribution of said survey.
2. SPH reviewed updated demographic and health status data to arrive at a quantitative analysis of the Southern Kenai Peninsula community health status.
3. SPH reviewed synthesized qualitative and quantitative analyses of the Southern Kenai Peninsula community health status to arrive at a set of implications for Southern Kenai Peninsula community health care needs.
4. SPH prioritized Southern Kenai Peninsula community health care needs based on review of all information presented.
5. SPH used the evaluation of previous efforts to inform development of a current-year implementation plan to address current priority health care needs.

Data Used

Perceptions of Community Health Survey Data

The 2019-2020 Perceptions of Community Health Survey was completed by 469 residents from the SKP between November and February 2020. Collection and survey methods included:

- Paper surveys at the local health fair in November 2020, which had attendance of over 1,000 residents.
- Paper surveys collected in the waiting rooms and exam rooms of the numerous MAPP Steering Committee members (seen on page 17).

- Public health nursing and staff of Kenai Peninsula College took paper surveys to remote locations in the service area during normal outreach visits.
- Paper surveys distributed and collected by the public health nurse team of the Alaska Section of Public Health Nursing.
- Paper surveys were distributed by South Peninsula Behavioral Health at the local food pantry
- Emailed online survey links to mailing lists from SPH, MAPP of the SKP, and several partners, reaching over 1,000 unique addresses.
- Posted a link to the online surveys on MAPP partner websites.

Survey questions and results are included in the Appendices.

Survey respondents were generally representative of the demographic and geographic makeup of the SKP. There was some over-representation from Homer (the largest of the SKP communities), female respondents, the 35- to 39-year-old age group, and respondents with household incomes in the upper middle range (\$50,000-\$100,000) of the SKP. SPH regards the most under-represented groups to include male respondents and respondents with household incomes of less than \$25,000, though numerous efforts listed above were made by SPH and MAPP partners to represent these individuals. Strategies to reach these groups were the topic of two consecutive MAPP Steering Committee meetings in early 2020. Specific respondent data showing representation is included in Appendix A.

Demographic and Health Status Data

The 2020 South Peninsula Hospital Community Health Needs Assessment includes an analysis of secondary data from the following sources:

- Alaska Department of Education and Early Development Child Nutrition Program, National School Lunch Programs Free and Reduced Price Meals Report for Program Year 2020
- Alaska Department of Environmental Conservation
- Alaska Department of Health and Social Services
 - Ages and Stages Questionnaire (ASQ) via Sprout Family Services
 - Alaska Behavioral Risk Factor Surveillance System (BRFSS)
 - Alaska Bureau of Vital Statistics
 - Alaska Division of Public Health, Health Analytics & Vital Records, Alaska Health Facilities Data Reporting Program (HFDR)
 - Indicator-Based Information System for Public Health (AK-IBIS)
 - Office of Children's Services
 - Oral Health Program
 - Section of Epidemiology, STD Program
 - Section of Chronic Disease Prevention and Health Promotion
 - Obesity Prevention and Control Program, Alaska Student BMI Surveillance System

- Alaska Youth Risk Behavior Survey (YRBS)
- Alaska Department of Labor and Workforce Development
- Centers for Disease Control and Prevention
 - Behavioral Risk Factor Surveillance System
 - National Center for Health Statistics, National Vital Statistics System
 - National Center for HIV/AIDS, Viral Hepatitis, STD, and TB
 - National Immunization Survey
 - National Oral Health Surveillance System
 - Youth Risk Behavior Surveillance System
- Federal Bureau of Investigation, Uniform Crime Reports (UCR) for "forcible rape" as prepared by the National Archive of Criminal Justice Data
- National Center for Education Statistics, NCES
- National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration
- National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services
- United States Census Bureau American Community Survey 5-year Estimates
- United States Department of Health and Human Services, Administration for Children and Families

While some data is available at the community level, most of the regional health data is available and reported at the Borough level. When available, trends are reported for the service area as an aggregate of the community level data for the 16 Southern Kenai Peninsula (SKP) communities. However, some data is only available at the borough and/or state level. Any metrics presented in this report that represent the larger Kenai Peninsula Borough are labeled accordingly.

Collaborations and Community Input

South Peninsula Hospital (SPH) completed community health needs assessments in 2009, 2013 and 2016 through a local public health coalition called Mobilizing Action through Planning and Partnerships (MAPP) of the Southern Kenai Peninsula (SKP). The MAPP of the SKP Steering Committee includes representation from: the City of Homer, the Cook Inlet Council on Alcohol and Drug Abuse (CICADA), Homer Public Health Center, Homer United Methodist Church, Kachemak Bay Campus (Kenai Peninsula College), Kachemak Bay Family Planning Clinic, SVT Health and Wellness, South Peninsula Behavioral Health Services, South Peninsula Haven House, South Peninsula Hospital, Homer Soil and Water Conservation District, and Sprout Family Services.

The Alaska Section of Public Health Nursing (State of Alaska) also provided expertise relevant to the health needs of the SKP community throughout the assessment process.

Members of the SKP community were able to provide input on the significant health needs of their community through the Perceptions of Community Health Survey (described previously under “Data Used”). The survey included questions that asked respondents to identify factors that most negatively affect the health of the respondent, their family, and the community, as well as factors that prevent the respondents from using available services or activities that would contribute positively to their health and wellbeing. Respondents were also given the option to provide additional comments or suggestions about services they need to meet their health needs (survey questions are included in the appendices).

Members of medically underserved, low income and minority populations in the SKP community served by SPH were also represented by the MAPP of the SKP Steering Committee by reaching out to the steering committee clients with the community themes and strengths survey through their normal channels. Additional outreach was done at the local food pantry.

The MAPP of the SKP Steering Committee provided input into the 2020 SPH CHNA in some ways, but not as much as anticipated. The Steering Committee confirmed current significant health needs for the service area based on results of the 2019-2020 Perceptions of Community Health Survey which they wrote and distributed, as well as through the contribution of some data. However, during the peak time of CHNA development, the State of Alaska was in lock-down orders due to the coronavirus pandemic. Most partners were prioritizing critical needs within their organizations, and MAPP Steering Committee meetings were postponed for two months, making input into the other parts of the CHNA nearly impossible.

***Mobilizing Action through Planning and Partnerships of the Southern Kenai Peninsula
(MAPP of the SKP)***

Table 1. 2020 Steering Committee Members

Name	Organization	Email	Phone
Rick Abboud	City of Homer	rabboud@ci.homer.ak.us	435-3106
Diane Ogilvie	Cook Inlet Council on Alcohol & Drug Abuse (CICADA)	diane.ogilvie@acsalaska.net	435-3101
Lorne Carroll	Homer Public Health Center	lorne.carroll@alaska.gov	235-8857
Lisa Marie Talbott	Homer United Methodist Church	lisamarietalbott@gmail.com	235-8528
Brian Partridge	Kachemak Bay Campus (Kenai Peninsula College)	bcpartridge@alaska.edu	235-1656
Catriona Reynolds	Kachemak Bay Family Planning Clinic	catriona@kbfpc.org	235-3436
Emily Read	SVT Health & Wellness	eread@svt.org	226-2228
Jay Bechtol	South Peninsula Behavioral Health Services	jbechtol@spbhs.org	235-7701
Ronnie Leach	South Peninsula Haven House	ronnie@havenhousealaska.org	235-7712
Derotha Ferraro	South Peninsula Hospital	dbf@sphosp.org	235-0397
Jill Lush	Sprout Family Services	jlush@sproutalaska.org	756-3780
Kyra Wagner	Homer Soil and Water Conservation District	kyra@homerswcd.org	299-4920
Hannah Gustafson	MAPP Coordinator	mappofskp@gmail.com	235-6044
Stephanie Stillwell	Opioid Task Force Facilitator	stephanie@gsquared.solutions	235-6953

No written comments were submitted or received about either the 2016 Community Health Needs Assessment or the 2017 Implementation Strategy completed for the hospital.

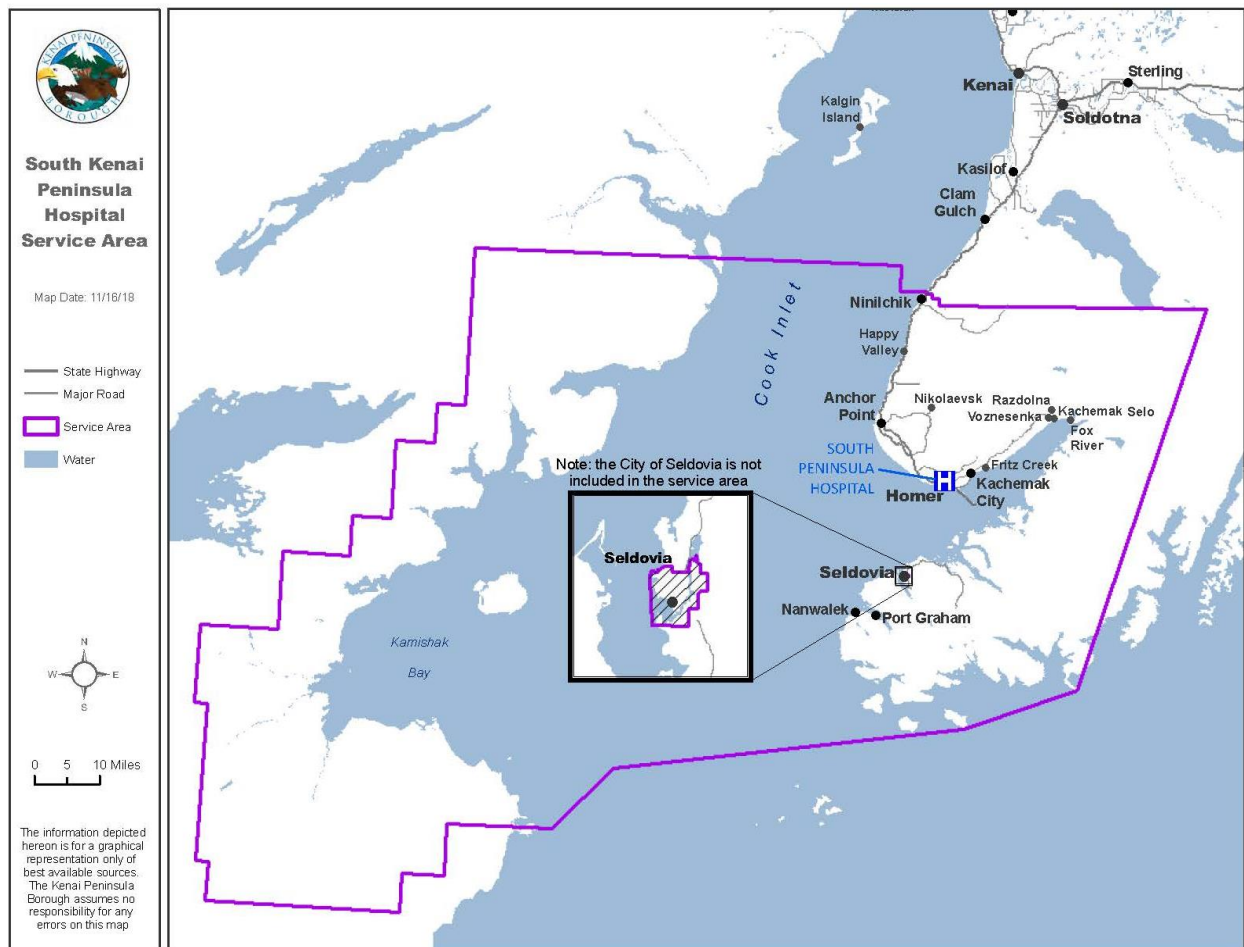
The SPH also contracted with Agnew::Beck Consulting to complete its 2020 Community Health Needs Assessment. Agnew::Beck analyzed results of the 2019-2020 Perceptions of Community Health Survey, collected and analyzed secondary source data, and prepared the written CHNA report.

4. Community Served

Service Area

The community served by the SPH is illustrated in the map below and includes the Southern Kenai Peninsula communities of Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Halibut Cove, Happy Valley, Homer, Kachemak City, Kachemak Selo, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Razdolna, Seldovia and Voznesenka. All of SPH’s service area falls within the Kenai Peninsula Borough.

Figure 1. South Kenai Peninsula Hospital Service Area



Source: South Peninsula Hospital

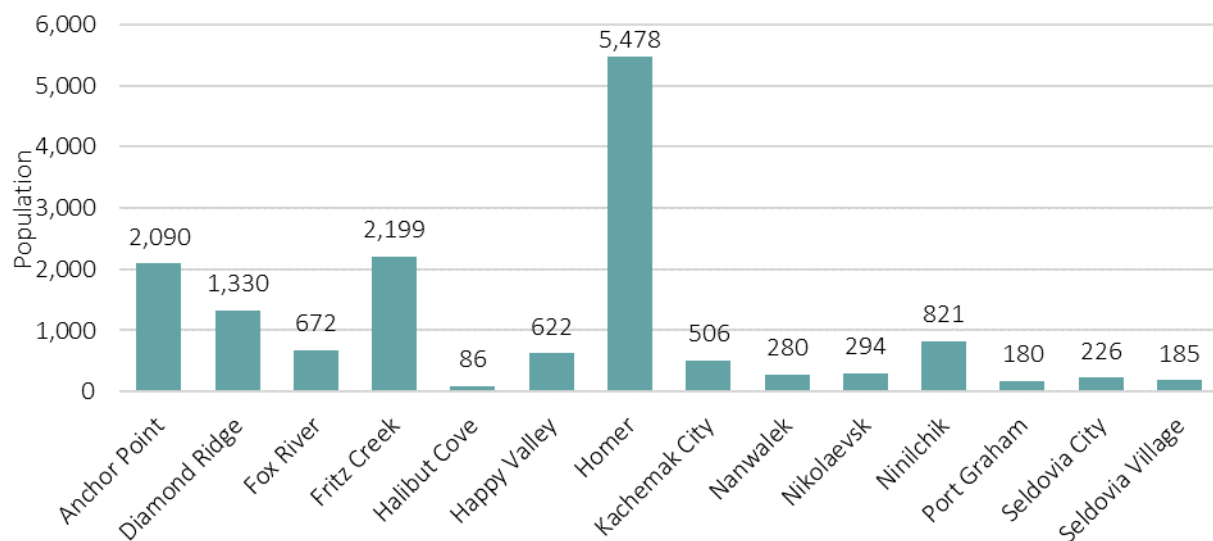
Population Served

As a full-service hospital and health system, the South Peninsula Hospital serves the general Southern Kenai Peninsula (SKP) community, regardless of age, sex, income-level or geographic location within the service area. Some significant populations within the SKP community include: families and children, people age 45 or older, and low-income individuals and families. Through the E.R., primary care, V.A. clinic, Home Health, Nursing Home and specialty clinic, the organization serves individuals from all populations.

Current Population

As of 2019, the population of the Southern Kenai Peninsula (the SPH service area) is 14,969 people, living in 16 communities.¹ These communities range in size from 86 to more than 5,400 people.² The communities of Homer, Fritz Creek, and Anchor Point are home to 65 percent of the service area population.³

Figure 2. Southern Kenai Peninsula Population by Community, 2019



Data Source: Alaska Department of Labor and Workforce Development, 2019 Population Estimates.

¹ Kachemak Selo, Razdolna, and Voznesenka are not tracked individually, but are included in the Fox River community values.

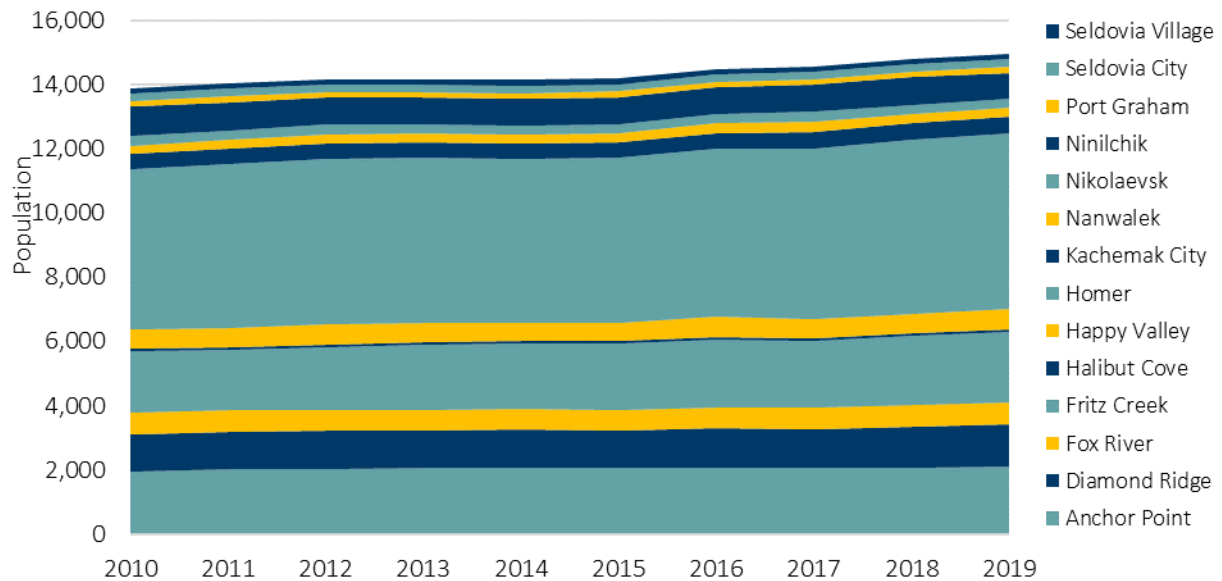
² Alaska Department of Labor and Workforce Development Population Estimates

³ Alaska Department of Labor and Workforce Development Population Estimates

Historical Population Trends

Since 2010, the service area population has experienced steady growth with an average annual growth rate of 0.8 percent.⁴ The historical population by age group shows a smaller decrease in middle-age residents (age 45-64) and a notable increase in the number of residents aged 65 and older in the Southern Kenai Peninsula since 2010.

Figure 3. Southern Kenai Peninsula Historical Population by Community, 2010-2019



Data Source: Alaska Department of Labor and Workforce Development, 2019 Population Estimates.

The three largest communities in Southern Kenai Peninsula (Homer, Fritz Creek, and Anchor Point) have seen steady population growth over the past decade. Many of the smaller communities in the Southern Kenai Peninsula saw a slight decline in population between 2010 and 2015, but have since rebounded, adding over 1,000 new residents to the SPH service area between 2010 and 2019.

Table 2. Southern Kenai Peninsula Population Change by Community, 2010-2019

Community	2010		2015		2019	
	Population	% Change (2005-2010)	Population	% Change (2010-2015)	Population	% Change (2015-2019)
Anchor Point	1,930	7%	2,061	7%	2,090	1%
Diamond Ridge	1,156	17%	1,144	-1%	1,330	16%
Fox River	685	7%	666	-3%	672	1%
Fritz Creek	1,932	8%	2,054	6%	2,199	7%
Halibut Cove	76	95%	70	-8%	86	23%
Happy Valley	593	19%	584	-2%	622	7%
Homer	5,003	3%	5,135	3%	5,478	7%

⁴ Alaska Department of Labor and Workforce Development Population Estimates

Community	2010		2015		2019	
	Population	% Change (2005-2010)	Population	% Change (2010-2015)	Population	% Change (2015-2019)
Kachemak City	472	2%	487	3%	506	4%
Nanwalek	254	7%	291	15%	280	-4%
Nikolaevsk	318	2%	277	-13%	294	6%
Ninilchik	883	8%	849	-4%	821	-3%
Port Graham	177	24%	177	0%	180	2%
Seldovia City	255	1%	222	-13%	226	2%
Seldovia Village	165	11%	168	2%	185	10%

Data Source: Alaska Department of Labor and Workforce Development

Table 3. Population Density

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Southern Kenai Peninsula (SKP)	14,969	701.19	21.35
Kenai Peninsula Borough (KPB)	58,367	16,075.16	3.63
Alaska (AK)	731,007	570,600.83	1.28
United States (US)	328,239,523	3,531,932.26	92.93

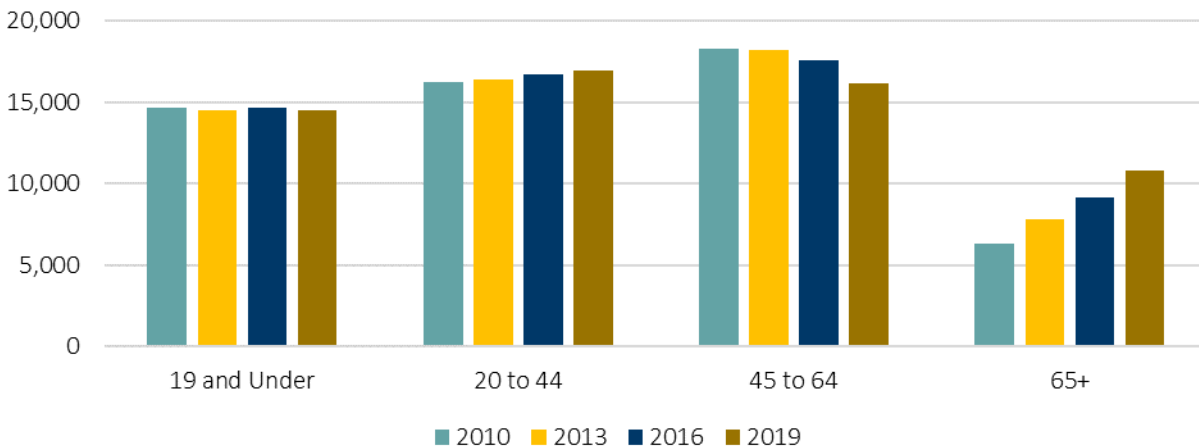
Data Source: Alaska Department of Labor and Workforce Development

Table 4. Population Geographic Mobility

	Total Population	Population In-Migration	Percent In-Migration
Southern Kenai Peninsula (SKP)	14,969	1,023	6.8%
Kenai Peninsula Borough (KPB)	58,367	4,091	7.0%
Alaska (AK)	731,007	34,677	4.7%
United States (US)	328,239,523	**	**

Data Source: Alaska Department of Labor and Workforce Development

Figure 4. Southern Kenai Peninsula Historical Population by Age Group, 2010-2019

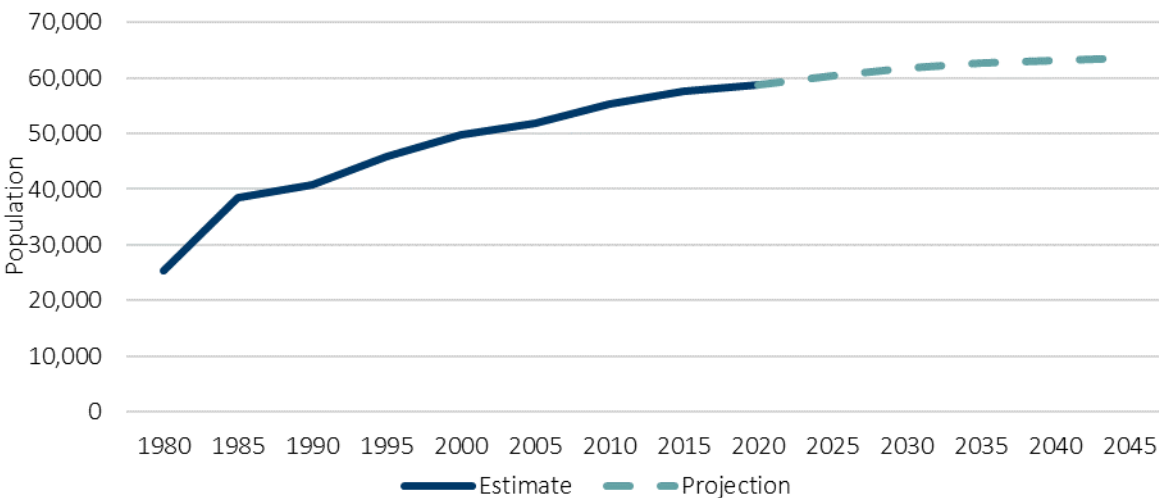


Data Source: Alaska Department of Labor and Workforce Development, 2019 Population Estimates.

Projected Population Trends

Population projections are only available at the Kenai Peninsula Borough (KPB) level. The State of Alaska projects that the KPB’s population will continue to grow over the next twenty years, surpassing 63,000 people by the year 2040.⁵ Within this overall projected population growth, the trend established since 2010 of a smaller decrease in middle-age residents (age 45-64) with a marked increase in older residents (aged 65 and above) is anticipated to continue.

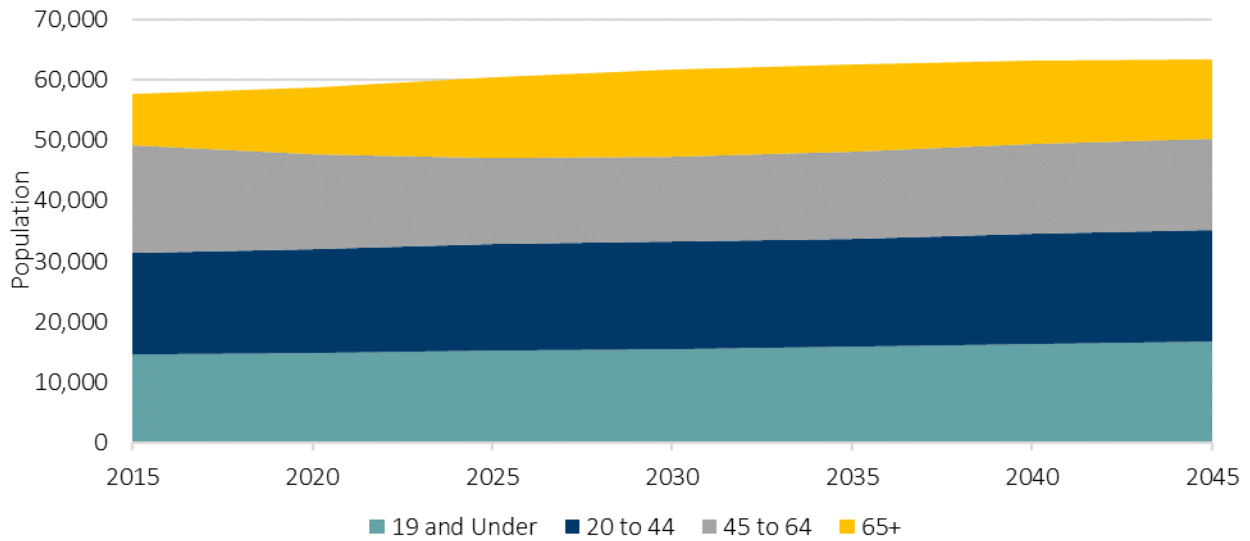
Figure 5. Kenai Peninsula Borough Population Projections, 1980-2045



Data Source: Alaska Department of Labor and Workforce Development, 1980-2019 Population Estimates and 2020-2045 Population Projections.

⁵ Alaska Department of Labor and Workforce Development; Population Projections 2017-2045, published in 2018. Population projections are only available at the Borough and Statewide level.

Figure 6. Kenai Peninsula Borough Population Projections by Age Group, 2015-2045



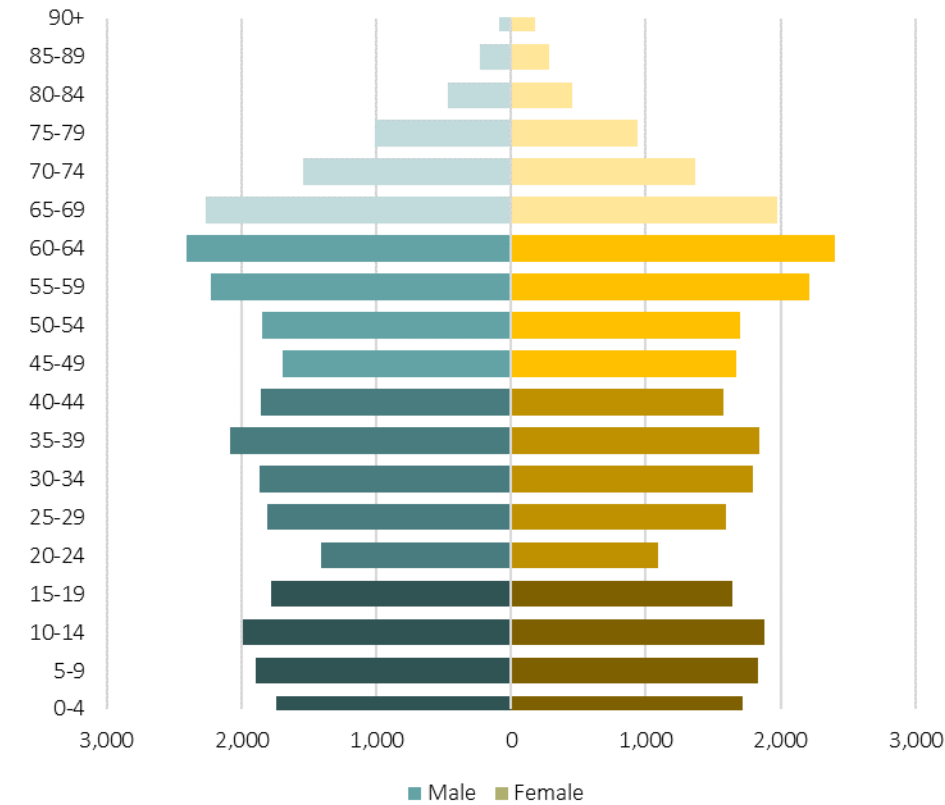
Data Source: Alaska Department of Labor and Workforce Development, 2015-2045 Population Projections.

Age and Sex Distribution

Approximately 51 percent of the service area population is male, and 49 percent is female.⁶ Twenty-two percent of the service area population is under 18 years of age, and 18 percent are 65 years or older. Within individual communities, Fox River CDP has a notably large proportion of youth (under 18 years); Halibut Cove has no youth and a notably large proportion of elders (65 years and over). The communities with the greatest overall populations (e.g., Homer, Anchor Point) have the greatest concentrations of children and elderly due to the sheer volume of the overall population.

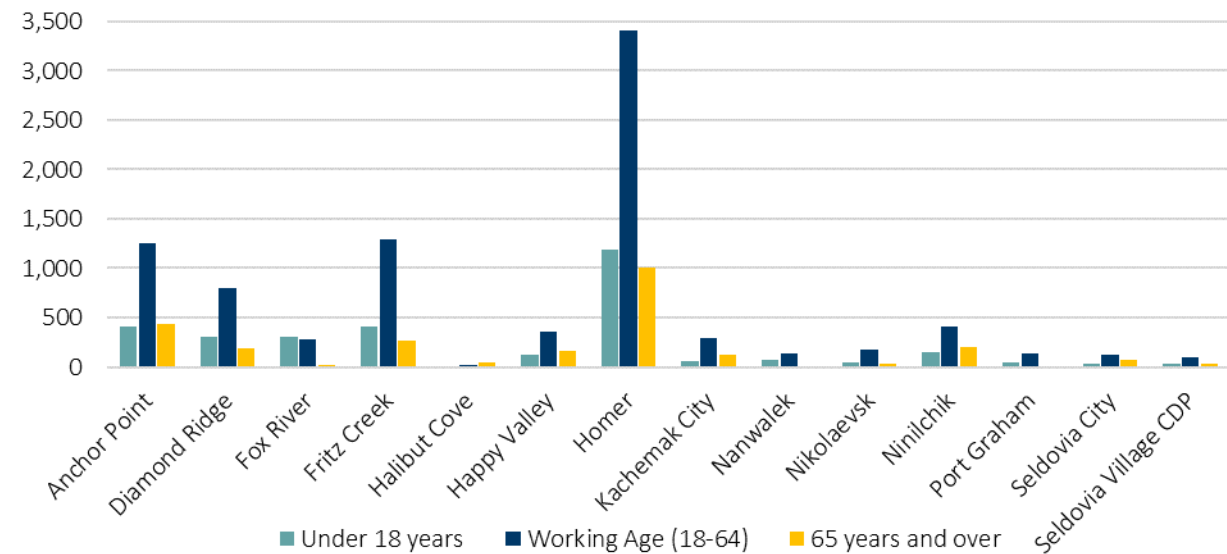
⁶ U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

Figure 7. Southern Kenai Peninsula Age and Sex Distribution, 2019



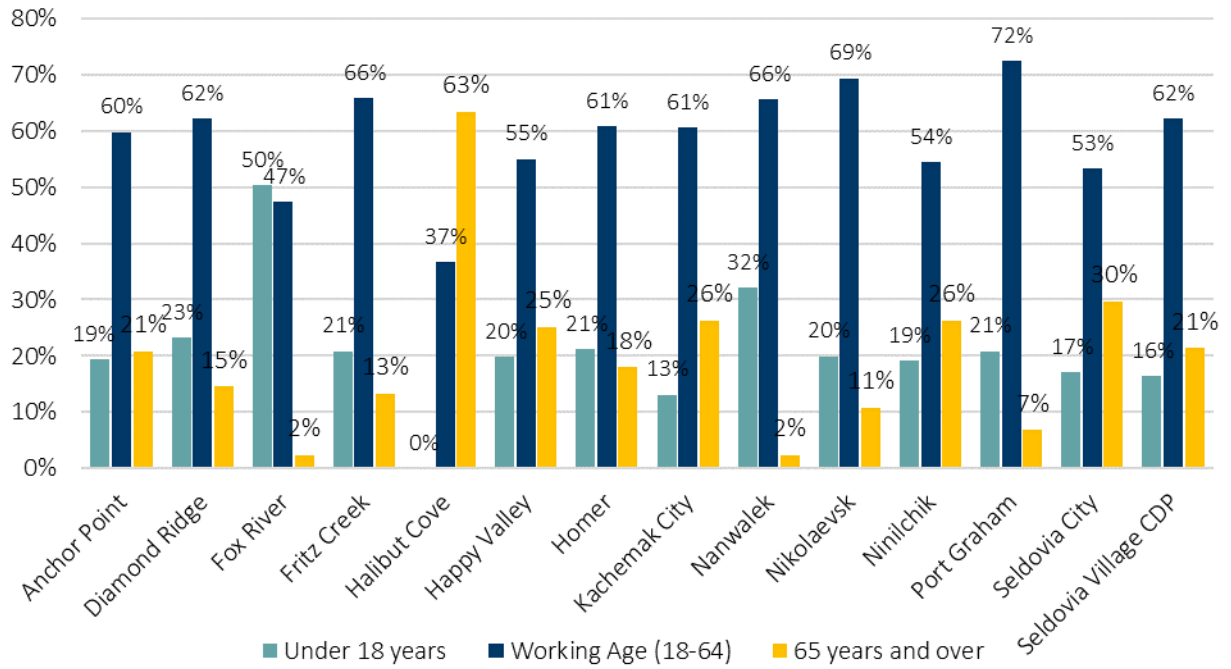
Data Source: Alaska Department of Labor and Workforce Development, 2019 Population Estimates.

Figure 8. Southern Kenai Peninsula Population by Age and Community, 2019



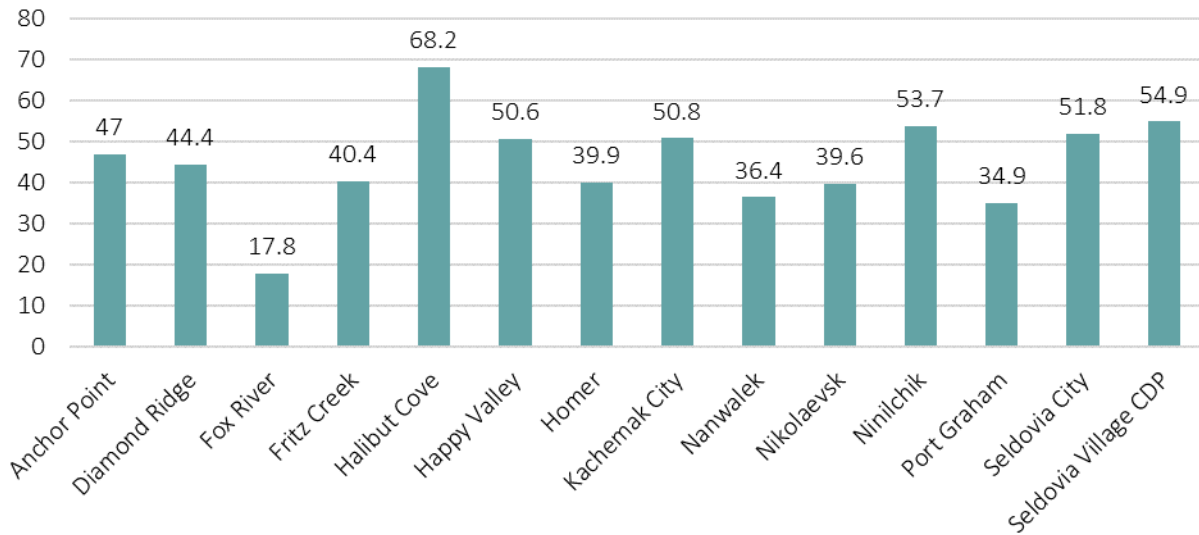
Data Source: U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

Figure 9. Southern Kenai Peninsula Percentage Population by Age and Community, 2019



Data Source: U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

Figure 10. Southern Kenai Peninsula Median Age



Data Source: U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

Table 5. Southern Kenai Peninsula Median Age

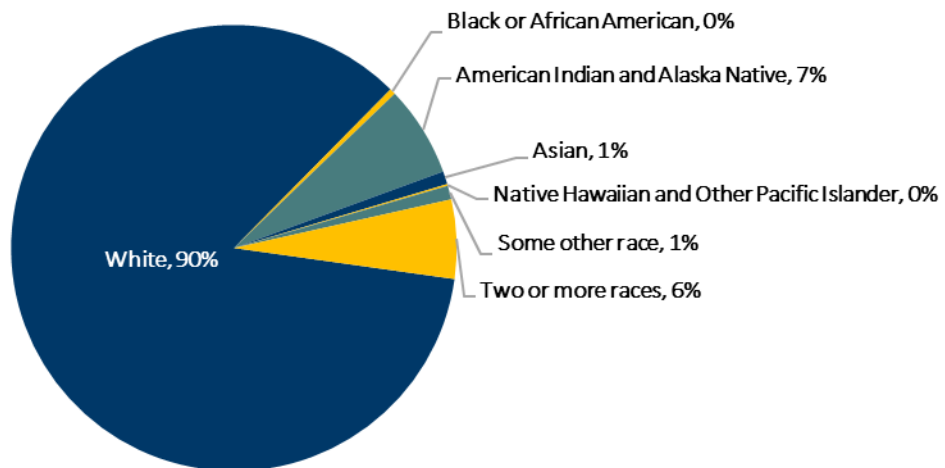
	Total Population	Median Age
SKP	14,969	42.4
KPB	58,367	41.8
Alaska	731,007	35.5
U.S.	328,239,523	38.2

Data Source: U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

Race and Ethnic Composition

Most of the population served by SPH is Caucasian (85 percent). Alaska Natives represent seven percent of the service area population, Asians one percent, and seven percent of the population identify as some other race or two or more races.

Figure 11. Southern Kenai Peninsula Population by Race, 2018



Data Source: U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

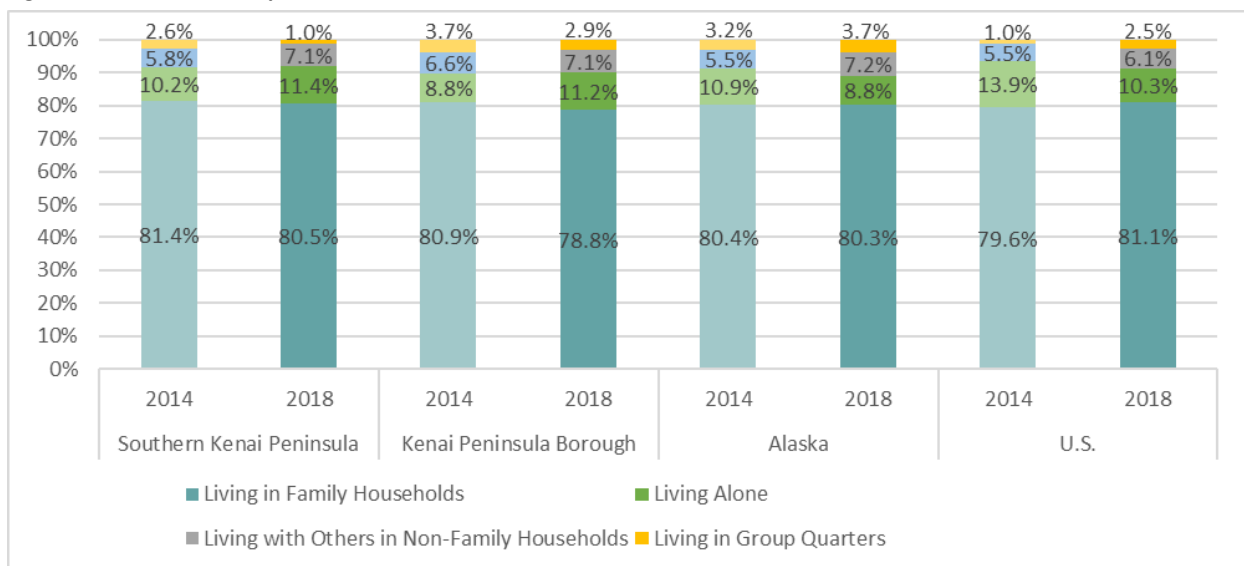
Target Populations

As a full-service sub-regional hospital, the South Peninsula Hospital does not have formal target populations. However, some populations were identified as having special importance to the Southern Kenai Peninsula health coalition.

Families and Children

Family Well Being was identified as the 2016 CHNA community health priority. About 80% of the Southern Kenai Peninsula population is estimated to live in family households (11,723 people in 2018), making family wellness an important health concern for many in the SPH service area. As defined by the U.S. Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. People living alone (estimated at 1,654 people or 11.4% of the Southern Kenai Peninsula population in 2018) may also be a population of interest, as they may be more vulnerable to some health concerns than people who live with others.

Figure 12. Household Composition, 2014 and 2018



	Living in Family Households		Living Alone		Living with Others in Non-Family Households		Living in Group Quarters	
	2014	2018	2014	2018	2014	2018	2014	2018
Southern Kenai Peninsula	81.4%	80.5%	10.2%	11.4%	5.8%	7.1%	2.6%	1.0%
Kenai Peninsula Borough	80.9%	78.8%	8.8%	11.2%	6.6%	7.1%	3.7%	2.9%
Alaska	80.4%	80.3%	10.9%	8.8%	5.5%	7.2%	3.2%	3.7%
U.S.	79.6%	81.1%	13.9%	10.3%	5.5%	6.1%	1.0%	2.5%

Data Source: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Children

The U.S. Census Bureau (2018 5-Year American Community Survey) estimates that 25.2% of all occupied households in the Southern Kenai Peninsula are family households with one or more child(ren) under age 18.

Table 6. Family Households with Child(ren) Under Age 18, 2014 and 2018

	Family Households with Child(ren) Under Age 18 (percent of total households)	
	2014	2018
Southern Kenai Peninsula	23.6%	25.2%
Kenai Peninsula Borough	27.3%	26.0%
Alaska	33.0%	31.4%
U.S.	29.2%	27.9%

Data Sources: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Children Birth through Age 17

An estimated 21.8% of the Southern Kenai Peninsula population is under the age of 18 (U.S. Census Bureau 2018 5-Year American Community Survey), representing 3,170 youths.

Table 7. Children Birth through Age 17, 2014 and 2018

	Children Birth through Age 17 (percent of total population)	
	2014	2018
Southern Kenai Peninsula	23.0%	21.8%
Kenai Peninsula Borough	23.3%	22.8%
Alaska	25.7%	25.1%
U.S.	23.4%	22.7%

Data Sources: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Children Birth through Age 4

The age range from birth through age 4 is a critical window for healthy brain and social-emotional development, making it an important age group to monitor for preventing Adverse Childhood Experiences. Infants and children ages four and below have access to different resources than children that have entered the formal school system.

Table 8. Children Birth through Age 4, 2014 and 2018

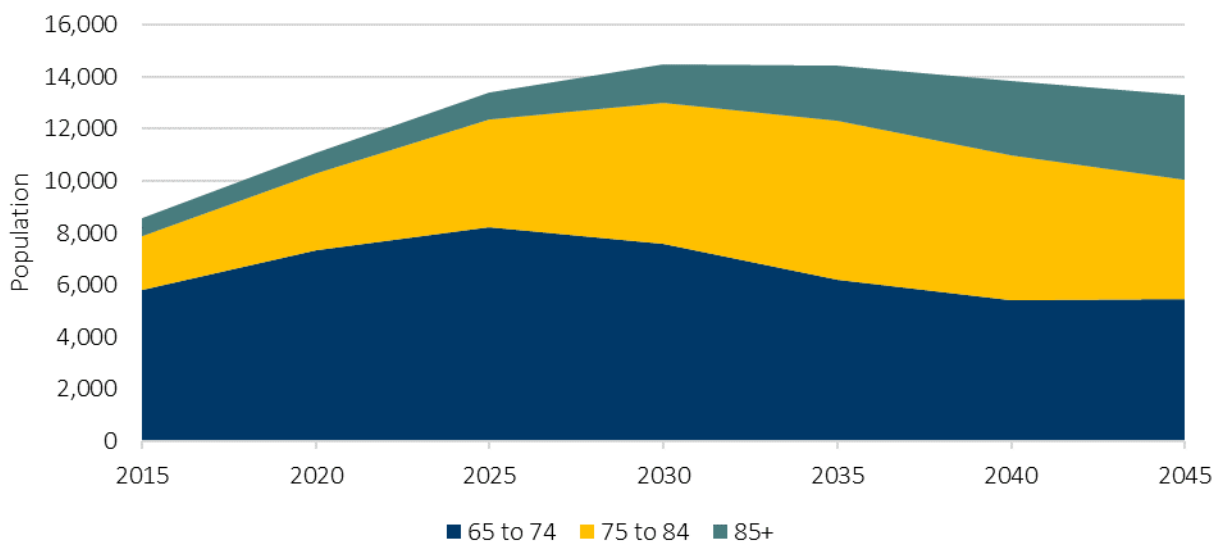
	Children Birth through Age 4 (percent of total population)	
	2014	2018
Southern Kenai Peninsula	6.7%	6.2%
Kenai Peninsula Borough	11.8%	6.3%
Alaska	7.5%	7.3%
U.S.	6.4%	6.1%

Data Sources: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Older Individuals

Like the rest of Alaska, the population of elders aged 65 or older is projected to increase in raw number and as a relative percent of the total population. Currently, there are around 10,800 elders aged 65 and older in the KPB, which is just over 18 percent of the total borough population. In 2045, the elder population in the KPB is expected to reach around 13,300 elders; roughly 21 percent of the borough population will be over the age of 65. Within the elder community, the population of elders 85 years and older is expected to see the biggest growth during that time. As of 2019, there are currently 780 elders aged 85 years or older living in the KPB. By 2045, that number is projected to have more than quadrupled to over 3,250 people.⁷ This population often requires the most amount of in-home supports and health resources to maintain health and wellness in their home community.

Figure 13. Projected Population 65+ in the Kenai Peninsula Borough, 2015-2045



Kenai Peninsula Borough								
Age Group	2020	2025	2030	2035	2040	2045	% Change 2020-2030	% Change 2020-2045
65 to 74 years	7,333	8,236	7,576	6,215	5,414	5,451	3%	-26%
75 to 84 years	2,948	4,128	5,405	6,098	5,587	4,565	83%	55%
85+ years	805	1,046	1,495	2,114	2,839	3,255	86%	304%
Total	11,086	13,410	14,476	14,427	13,840	13,271	31%	20%

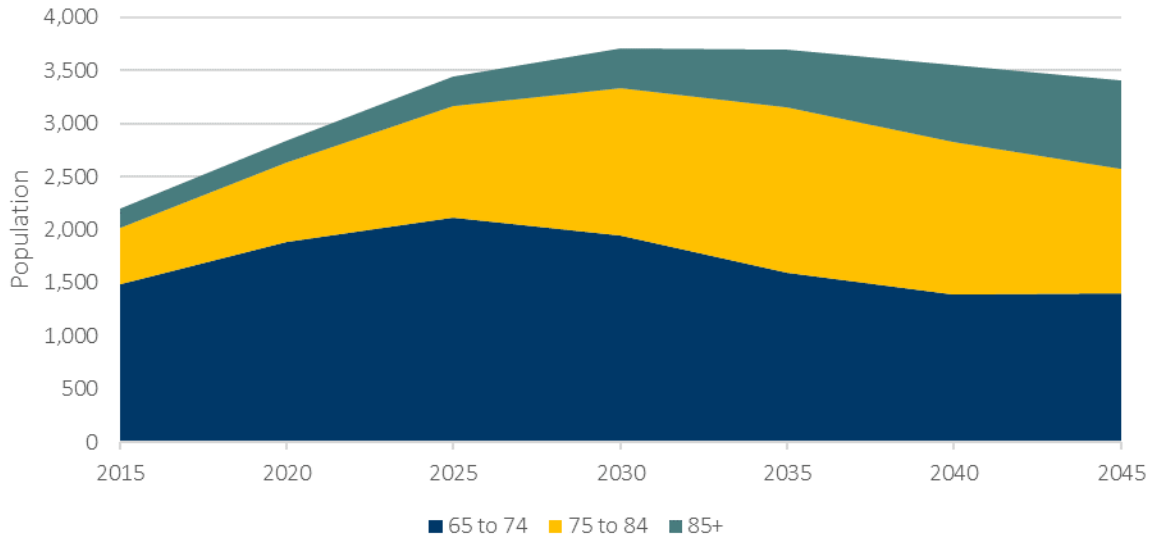
Data Source: Alaska Department of Labor and Workforce Development, 2015-2045 Population Projections.

If the population growth rates project for the Kenai Peninsula Borough (shown in Figure 13) are applied proportionately to the Southern Kenai Peninsula, it is reasonable to expect the population over 65 to

⁷ Alaska Department of Labor and Workforce Development Population Projections, 2015-2045 Population Projections.

increase by twenty percent over the next twenty-five years. The table below shows population projections by age group for both the Kenai Peninsula Borough and the Southern Kenai Peninsula.

Table 9. Projected Population 65+ in the Southern Kenai Peninsula, 2020-2045



Southern Kenai Peninsula								
Age Group	2020	2025	2030	2035	2040	2045	% Change 2020-2030	% Change 2020-2045
65 to 74 years	1,881	2,112	1,943	1,594	1,388	1,398	3%	-26%
75 to 84 years	756	1,059	1,386	1,564	1,433	1,171	83%	55%
85+ years	206	268	383	542	728	835	86%	304%
Total	2,843	3,439	3,713	3,700	3,549	3,404	31%	20%

Data Source: Alaska Department of Labor and Workforce Development, 2015-2045 Population Projections.

Population with Any Disability

Disabled individuals are a vulnerable population that requires focused services and outreach by providers. The total civilian non-institutionalized population with a disability in the Southern Kenai Peninsula was 2,197 in 2018 (U.S. Census Bureau, 2018 ACS 5-Year Estimate).

Table 10. Population with Any Disability, 2014 and 2018

	Percentage Non-institutionalized Civilian Population with Any Disability							
	All Age Groups		Age 18 and Under		Age 18-64		Age 65 and Over	
	2014	2018	2014	2018	2014	2018	2014	2018
Southern Kenai Peninsula	15.6%	15.2%	1.0%	0.9%	9.4%	7.6%	5.1%	6.8%
Kenai Peninsula Borough	14.6%	14.6%	1.0%	1.1%	8.5%	7.7%	5.1%	5.7%
Alaska	10.8%	12.0%	0.8%	0.9%	6.5%	6.9%	3.5%	4.2%
U.S.	12.3%	12.6%	1.0%	1.0%	6.4%	6.4%	4.9%	5.3%

Data Source: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Veterans

The total veteran population in the Southern Kenai Peninsula was 1,256 in 2018 (U.S. Census Bureau, 2018 ACS 5-Year Estimate).

Table 11. Veteran Population, 2014 and 2018

	Percentage of Population that are Veterans	
	2014	2018
Southern Kenai Peninsula	14.3%	11.1%
Kenai Peninsula Borough	13.7%	11.3%
Alaska	13.4%	12.6%
U.S.	8.7%	7.5%

Data Source: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

South Peninsula Hospital Principal Functions

South Peninsula Hospital is a full-service hospital that serves the Southern Kenai Peninsula. South Peninsula Hospital (SPH) is a non-profit hospital that was founded in 1956, then as a three-bed PUD (public utility district). It has grown over sixty years into a state-of-the-art hospital licensed for 22 medical beds and 28 nursing home beds.

South Peninsula Hospital is the result of a unique partnership between the Kenai Peninsula Borough (service-area tax support for the facility and capital investments), City of Homer (for the land), and SPH, Inc., (the non-profit organization that provides the healthcare). The hospital is governed by a nine-member Board of Directors, which oversees the hospital's operations. An elected Service Area Board through the Kenai Peninsula Borough provides public recommendation on capital spending with tax dollars and scope of services. Both boards are made up of volunteer members devoted to working with our professional staff to promote health care in the community. Some ancillary project funding is provided through grants, the South Peninsula Hospital Foundation, Inc. and the South Peninsula Hospital Auxiliary. The hospital employs over 400 local residents.

Its principal function is to provide the full spectrum of hospital services to the population within its service area. The hospital manages its facilities and services to attend to the health needs and population dynamics that rise and fall in prevalence within the SPH service area over time. The hospital offers a wide range of general specialties that are summarized below.

Acute Care

The acute care department is an 18-bed unit where skilled staff deliver a wide spectrum of care including medical, geriatrics, pediatrics, oncology, respiratory therapy, rehabilitation, nutrition, and health education. The nursing team includes over 40 Registered Nurses with certifications in advanced cardiac life support, emergency nursing pediatrics, trauma nursing, neonatal resuscitative training and two nationally registered Respiratory Therapists. The Intensive Care unit has 2 beds with specialized equipment and highly trained personal to provide extra care for patients who need it.

Birthing Center

Staffed with physicians and midwives, the birthing center offered private labor-delivery-recovery suites that take into account the needs of laboring mothers, infants, and family members. Patients receive newborn education and access to many resources before being discharged. The birthing center has scored above state and national averages for infant feeding care best practices, labor and delivery care, postpartum care, facility discharge care, staff training, and structural and organizational support.⁸

Cancer Care

South Peninsula Hospital's Outpatient Infusion Center is a modern facility that features two private therapy rooms, a central therapy area, and patient counseling and education areas. The center provides convenient parking and a private entrance for patients that leads directly into the center. The center

⁸ Survey conducted by the Battelle Center for Public Health Research and Evaluation for the Center of Disease Control and Prevention

provides intravenous (IV) therapy to patients with a multitude of conditions including all forms of prescribed chemotherapy. In addition to the Outpatient Infusion Center, SPH also provides cancer care through an oncology clinic.

Emergency

Emergency care is available 24 hours a day, 7 days a week in a well-equipped, state of the art facility. SPH delivers care for minor illnesses and injuries to life-threatening emergencies as well as stabilization prior to transport by air for more specialized services if necessary.

Functional Medical Center

Functional medicine looks for the root cause of disease and addresses lifestyle modifications to enhance personal wellness. SPH opened its Functional Medical Clinic in 2016 to offer the community an opportunity to explore the benefits of functional medicine and expand the services available to patients.

Home Health Services

SPH offers a network of Home Health programs designed to meet the needs of elderly and disabled homebound individuals choosing to remain at home in their community. Staff works closely with patients and their families, physicians, and other agencies to develop individualized care plans for people of all ages. Home services include skilled nursing care, physical therapy, speech therapy, and occupational therapy. SPH's Home Health Department was named a Top Agency in the 2018 HomeCare Elite recognition list of top-performing home health agencies in the United States.

Imaging

SPH provides modern imaging services including advanced technology in General Radiology, 3D Mammography, Fluoroscopy, Ultrasound (including Echo-Cardiography and Vascular Studies), MRI, CT, Radiofrequency ablation, Bone Densitometry as well as portable service to the Surgery, ER and Acute Care Departments. Experienced radiologists utilize a Picture Archiving Communications System to allow for digital images to be shared immediately and electronically with physicians.

Laboratory

SPH is home to a state-of-the-art clinical lab, CLIA certified for highly complex testing, that provides full services for physician ordered tests. The lab also performs a selection of lab tests without physician's order through their "Request-a-Test" program, including comprehensive metabolic panels, lipid panels, Thyroid Stimulating Hormone, glucose, complete blood count, urinalysis, pregnancy tests and chain of custody drug screening.

Long-Term Care

The hospital's long-term and extended care facility offers skilled nursing care to patients needing short term rehabilitation or move complex long-term care. The 28-bed facility maintains a warm and comforting atmosphere while providing patients with skilled nursing and medical care.

Orthopedics

South Peninsula Orthopedics offers a full range of orthopedic services including sports medicine, orthopedic surgeries, total joint replacements and care of cervical and lumbar spinal disorders.

Pharmacy

Provides full inpatient services and emergency outpatient services for the community.

Primary Care

Homer Medical Center offers primary care including family practice, midwifery, obstetrics and gynecology, and behavioral health at this outpatient clinic.

Rehabilitation Services

The rehabilitation department provides physical therapy, occupational therapy, speech therapy, hand therapy and pediatric therapy to both inpatient and outpatients.

Sleep Center

The sleep center treats several sleep disorders including insomnia, obstructive sleep apnea and excessive sleep. Sleep studies are conducted by a registered respiratory therapist and the results are read by a Board-Certified Sleep Disorders Physician.

Specialty Clinics

The specialty clinic offers additional services for patients including Gynecology, Urology, Oncology and Ear/Nose/Throat care. Most specialty services are provided at the Specialty Clinic, Homer Medical Center and main hospital.

Surgery

Complete with two surgical suites, skilled staff provides an array of services including general surgery, obstetrics and gynecological, sports medicine, minor plastics, urology, endoscopy and ear/nose/throat services. The surgery team is available 24 hours a day for emergency cases.

5. Southern Kenai Peninsula Health Status

Health status for the Southern Kenai Peninsula is measured through both a qualitative lens using the Community Perceptions of Health Survey and a set of quantitative indicators using a subset (14 of 25) of the Healthy Alaskans 2020 Leading Health Indicators for which data is available at the Southern Kenai Peninsula level. At the time of writing, the State of Alaska is updating the Healthy Alaskans 2020 state health improvement plan (SHIP). Because a new set of statewide indicators has not been released, this report continues to use the Healthy Alaskans 2020 Leading Health Indicators, supplemented with additional indicators as determined by the South Peninsula Hospital and/or the MAPP Steering Committee.

Community Perceptions of Health Survey

This assessment follows previous CHNA’s for the Southern Kenai Peninsula by using the Eight Dimensions of Wellness as a framework for monitoring the health status of the Southern Kenai Peninsula population.

The Perceptions of Health Survey was developed by MAPP of the SKP (Mobilizing for Action through Planning and Partnerships of the Southern Kenai Peninsula) in 2008 to measure community perceptions

Eight Dimensions of Wellness



of health status and help identify health-related needs among the residents of the Southern Kenai Peninsula. The survey was completed in 2008, 2012, 2015 and 2019-2020. Survey questions are included in the appendices.

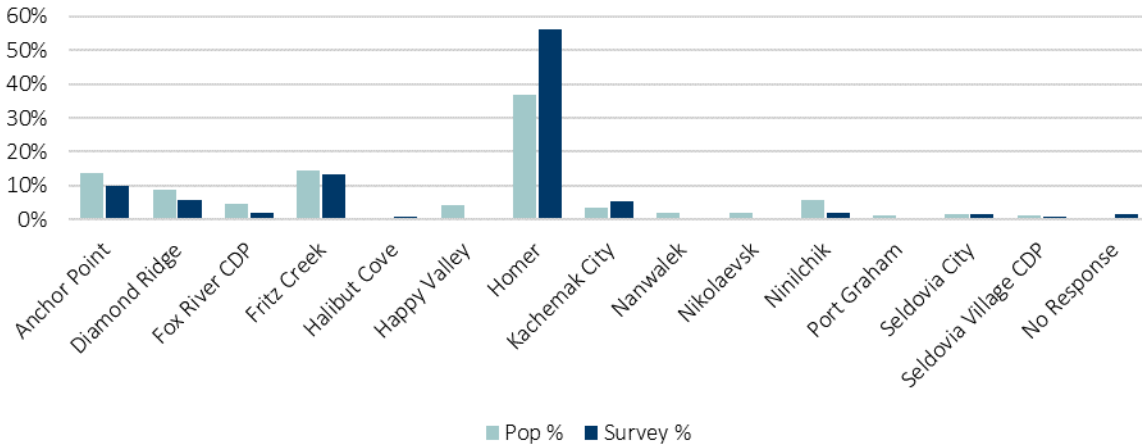
Eight Dimensions of Wellness

Rather than focus on problems, the Perceptions of Health Survey and community health assessment approach focuses on measuring wellness using the Eight Dimensions of Wellness defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). The community health assessment uses the definitions of the Eight Dimensions of Wellness.

Perceptions of Health Survey Results: 2019-2020

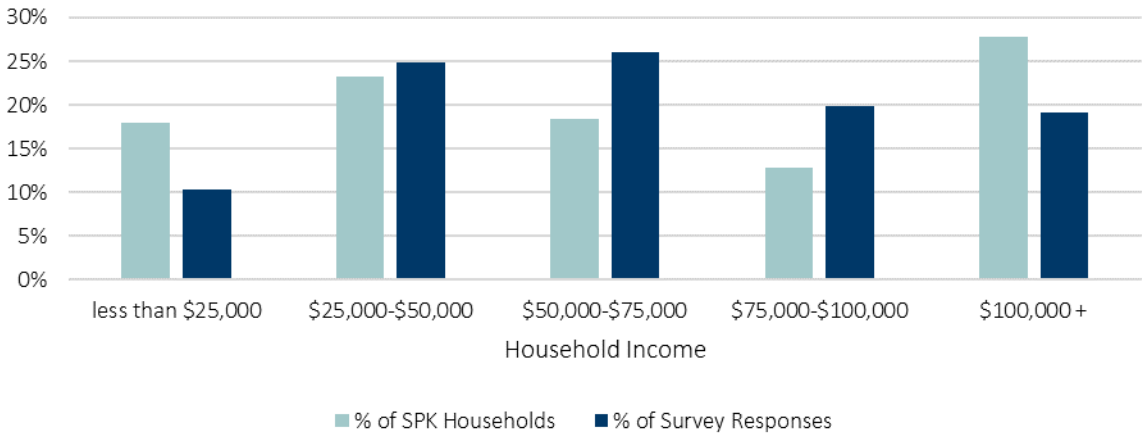
The 2019-2020 Perceptions of Community Health Survey was completed by 469 residents from the SKP between November 2, 2019 and February 21, 2020. Respondents reported a range of demographic and geographic representation within the SKP.

Figure 14. Survey Response by Community Compared to Population, 2020



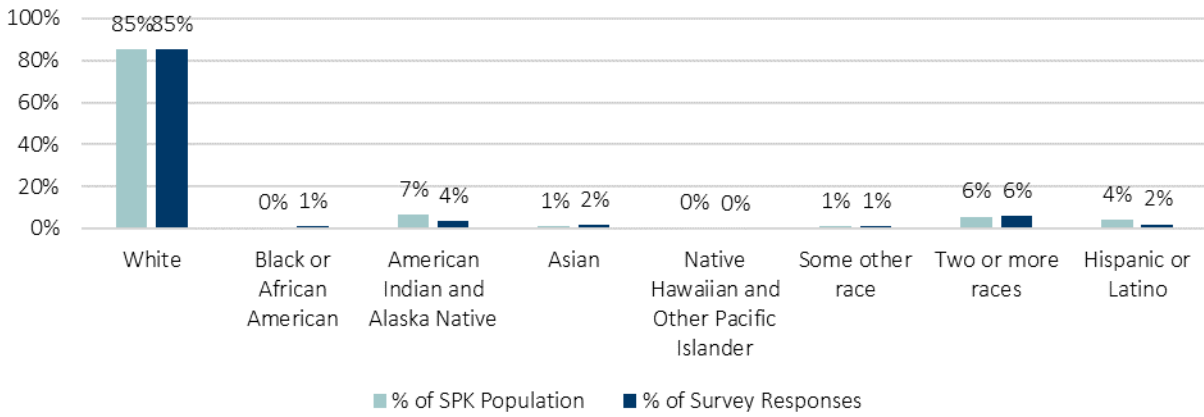
Data Source: 2020 Perceptions of Health Survey Results

Figure 15. Survey Respondents Household Income, 2020



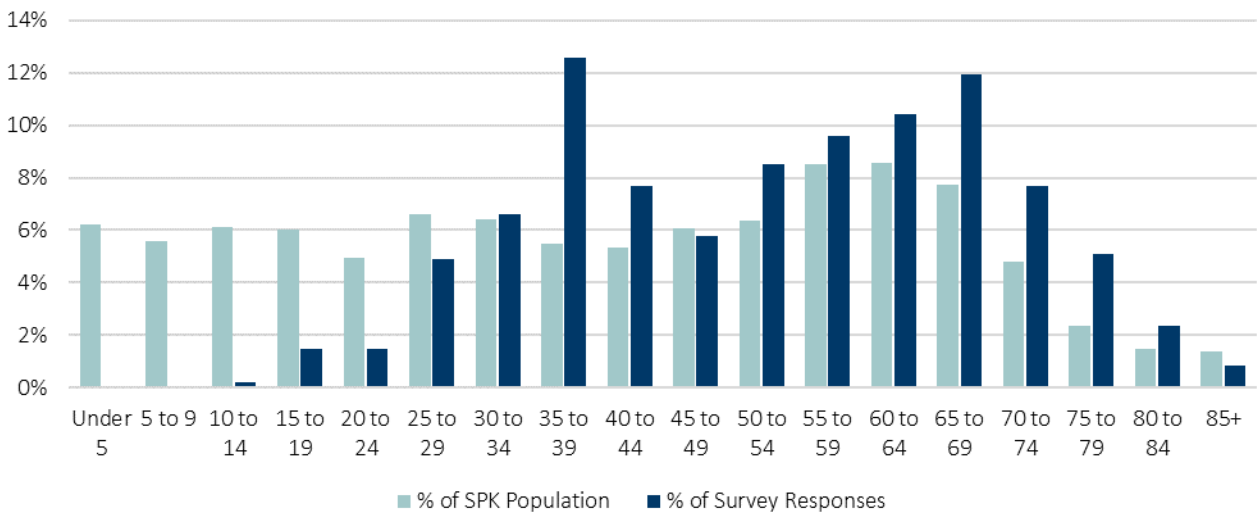
Data Source: 2020 Perceptions of Health Survey Results

Figure 16. Race of Survey Respondents, 2020



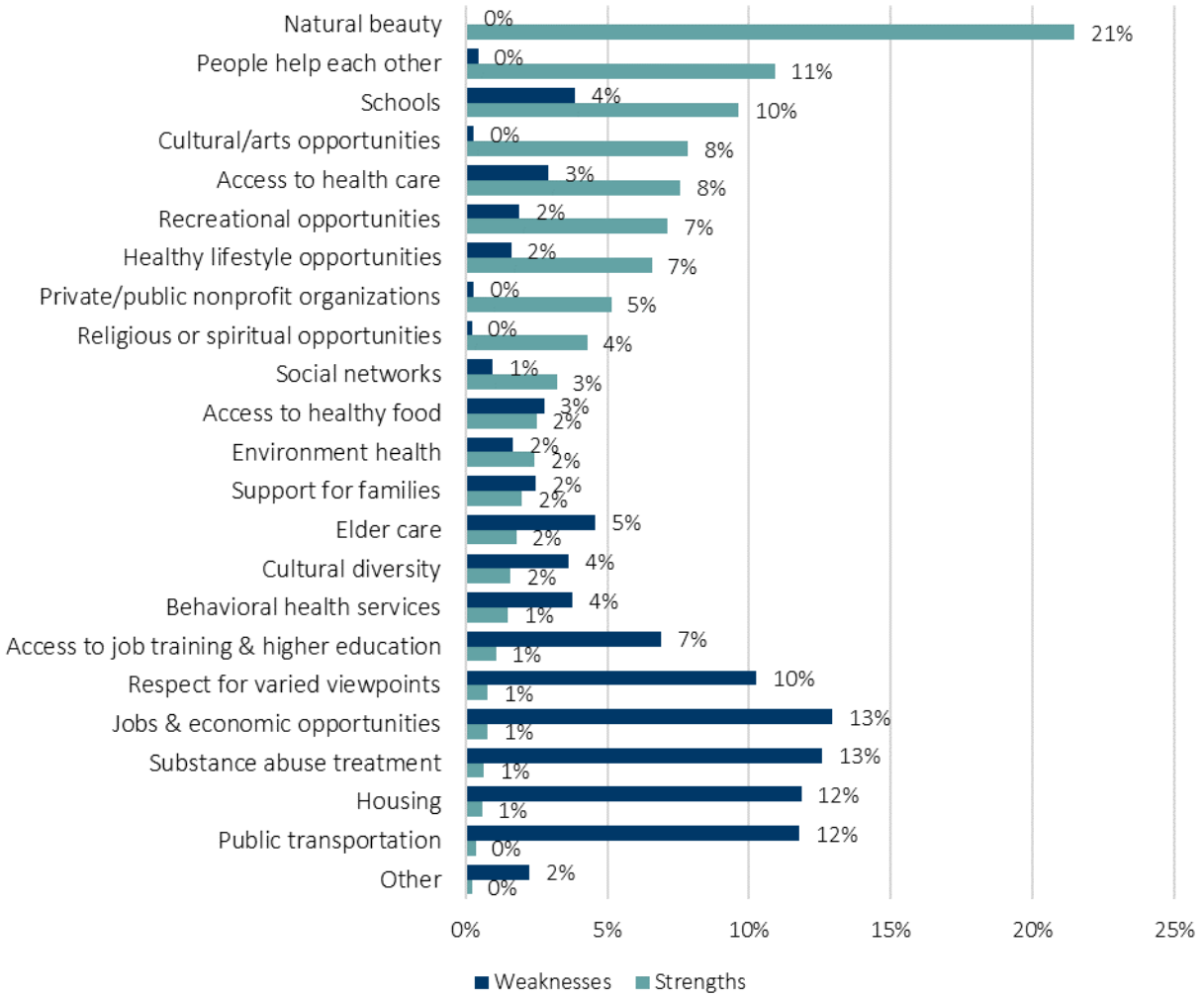
Data Source: 2020 Perceptions of Health Survey Results

Figure 17. Age of Survey Respondents, 2020



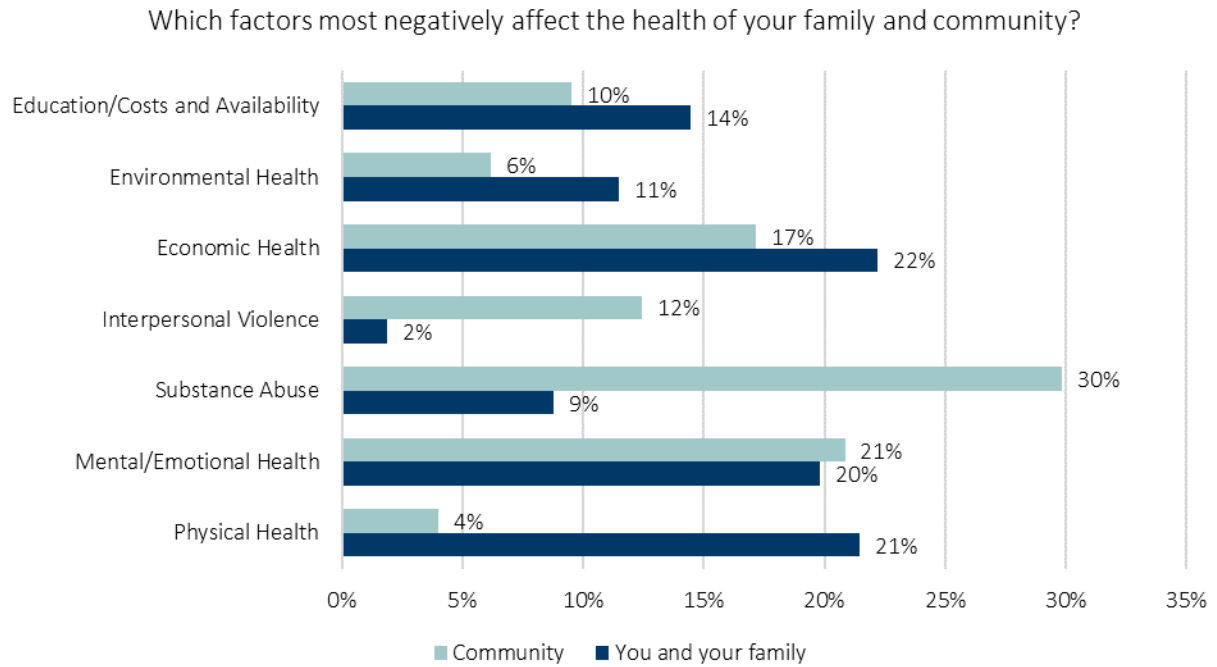
Data Source: 2020 Perceptions of Health Survey Results

Figure 18. Southern Kenai Peninsula Perceived Community Strengths and Weaknesses, 2020



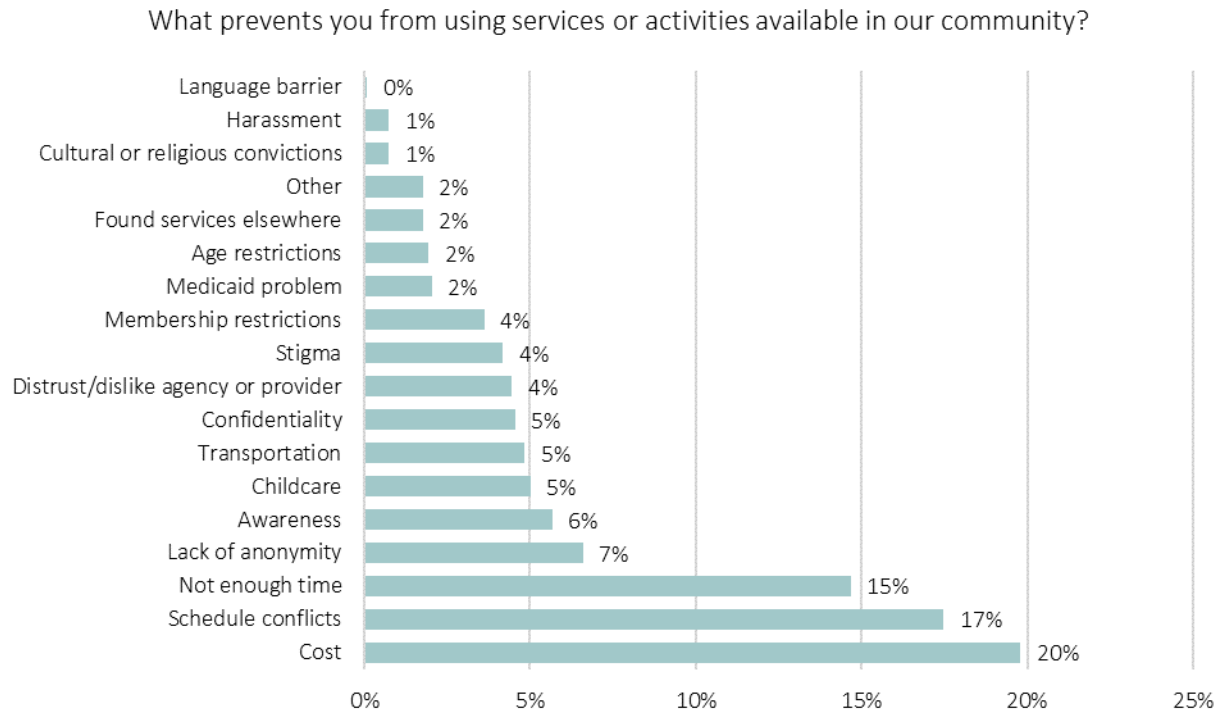
Data Source: 2020 Perceptions of Health Survey Results

Figure 19. Perceived Factors That Negatively Affect the Health of Southern Kenai Peninsula Families and Community, 2020



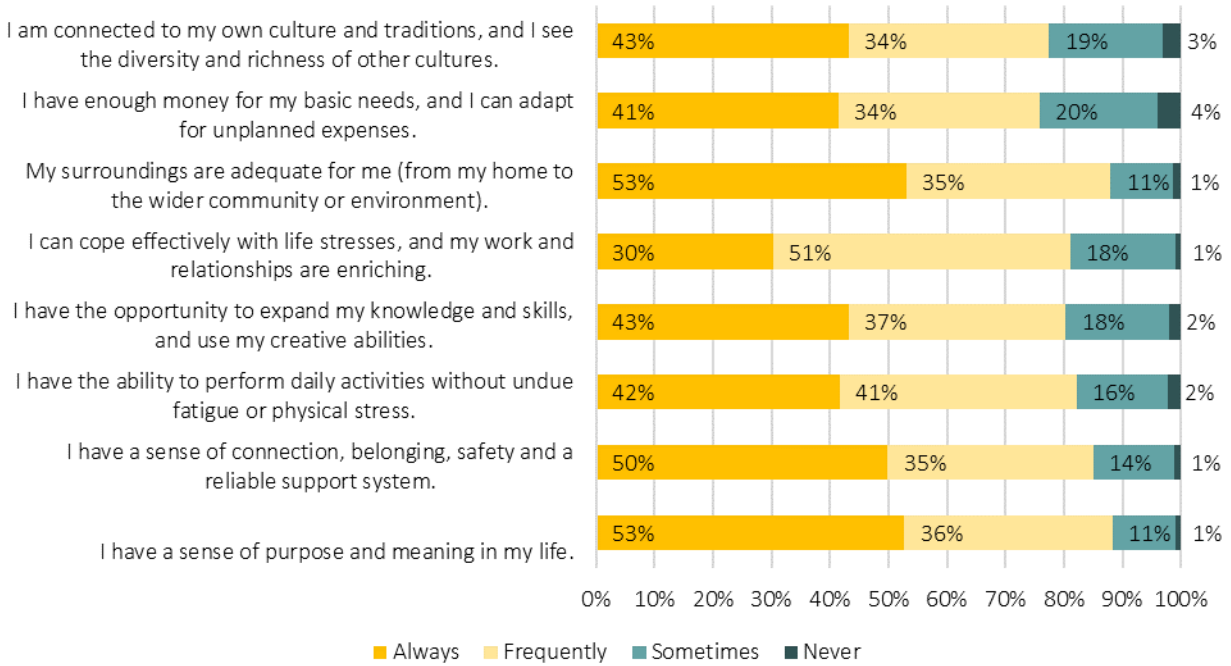
Data Source: 2020 Perceptions of Health Survey Results

Figure 20. Perceived Factors That Prevent Use of Southern Kenai Peninsula Community Health Services/Activities, 2020



Data Source: 2020 Perceptions of Health Survey Results

Figure 21. Southern Kenai Peninsula Status of Eight Dimensions of Wellness, 2020



Dimension	Eight Dimensions of Wellness	Always	Frequently	Sometimes	Never
Spiritual Wellness	I have a sense of purpose and meaning in my life.	53%	36%	11%	1%
Social Wellness	I have a sense of connection, belonging, safety and a reliable support system.	50%	35%	14%	1%
Physical Wellness	I have the ability to perform daily activities without undue fatigue or physical stress.	42%	41%	16%	2%
Educational Wellness	I have the opportunity to expand my knowledge and skills and use my creative abilities.	43%	37%	18%	2%
Emotional Wellness	I can cope effectively with life stresses, and my work and relationships are enriching.	30%	51%	18%	1%
Environmental Wellness	My surroundings are adequate for me (from my home to the wider community or environment).	53%	35%	11%	1%
Economic Wellness	I have enough money for my basic needs, and I can adapt for unplanned expenses.	41%	34%	20%	4%
Cultural Wellness	I am connected to my own culture and traditions, and I see the diversity and richness of other cultures.	43%	34%	19%	3%

Data Source: 2020 Perceptions of Health Survey Results

Historical Survey Results

The following tables summarize and compare the results of previous Perceptions of Community Health surveys that have been conducted between 2008 and 2020.

The five greatest community strengths identified were:

	2008 Survey (831 responses)	2012 Survey (1,171 responses)	2015 Survey (680 responses)	2020 Survey (469 responses)
1	People help each other	Natural beauty (79%)	Natural beauty (63%)	Natural beauty (64%)
2	Respect for varied viewpoints	People help each other (68%)	People help each other (36%)	People help each other (33%)
3	Natural beauty	Healthy environment (53%)	Cultural/arts opportunities (29%)	Schools (29%)
4	Diverse private/public nonprofit organizations	Schools (48%)	Schools (27%)	Cultural/arts opportunities (23%)
5	Other	Cultural/arts opportunities (47%)	Recreational opportunities (24%)	Access to health care (23%)

The five community aspects most needing to be improved:

	2015 Survey (590 responses)	2020 Survey (469 responses)
1	Job and economic opportunities (48%)	Job and economic opportunities (38%)
2	Public transport (38%)	Substance abuse treatment (37%)
3	Substance abuse treatment (36%)	Housing (35%)
4	Housing (26%)	Public Transportation (35%)
5	Access to job training & higher education (17%)	Respect for varied viewpoints (30%)

*2008 and 2012 Perceptions of Community Health Surveys did not ask comparable question

When asked if any issues prevent personal use of services or activities available in the community, the top five responses were:

	2008 Survey (831 responses)	2012 Survey (886 responses)	2015 Survey (567 responses)	2020 Survey (402 responses)
1	Cost	Cost (47%)	Cost (51%)	Cost (53%)
2	Transportation	Schedule conflicts (42%)	Not enough time (38%)	Schedule conflicts (47%)
3	Distrust agency or provider	Not enough time (36%)	Schedule conflicts (38%)	Not enough time (39%)
4	Confidentiality	Lack of anonymity (14%)	Lack of anonymity (16%)	Lack of anonymity (18%)
5	Lack of anonymity	Distrust agency/provider (13%)	Transportation (15%)	Awareness (15%)

When asked to rank the factors most negatively affecting themselves and their families, the top three responses were:

	2008 Survey (834 responses)	2012 Survey (506 responses)	2015 Survey (649 responses)	2020 Survey (444 responses)
1	Economic Costs	Economic Costs (73%)	Physical Health (86%)	Economic Health (68%)
2	Physical Health	Physical Health (68%)	Environmental Health (73%)	Physical Health (88%)
3	Education and training costs	Mental/Emotional Health (47%)	Education Costs/Availability (73%)	Mental Emotional Health (57%)

When asked to rank the factors most negatively affecting the community, the top three responses were:

	2008 Survey (834 responses)	2012 Survey (506 responses)	2015 Survey (649 responses)	2020 Survey (444 responses)
1	Substance Abuse	Substance Abuse (79%)	Substance Abuse (97%)	Substance Abuse (97%)
2	Economic Costs	Economic Costs (54%)	Interpersonal Violence (96%)	Mental Emotional Health (82%)
3	Mental Emotional Health	Mental Emotional Health (52%)	Mental Emotional Health (75%)	Economic Health (72%)

Respondents were asked to rate the following statements for themselves:

Eight Dimensions of Wellness	Survey Year	Always	Frequently	Sometimes	Never
I have a sense of purpose and meaning in my life.	2020	53%	36%	11%	1%
	2015	25%	55%	19%	1%
I have a sense of connection, belonging, safety and a reliable support system.	2020	50%	35%	14%	1%
	2015	64%	25%	10%	1%
I have the ability to perform daily activities without undue fatigue or physical stress.	2020	42%	41%	16%	2%
	2015	29%	48%	20%	2%
I have the opportunity to expand my knowledge and skills and use my creative abilities.	2020	43%	37%	18%	2%
	2015	**	**	**	**
I can cope effectively with life stresses, and my work and relationships are enriching.	2020	30%	51%	18%	1%
	2015	29%	55%	15%	1%
My surroundings are adequate for me (from my home to the wider community or environment).	2020	53%	35%	11%	1%
	2015	28%	43%	28%	1%
I have enough money for my basic needs, and I can adapt for unplanned expenses.	2020	41%	34%	20%	4%
	2015	45%	33%	20%	3%
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures.	2020	43%	34%	19%	3%
	2015	**	**	**	**

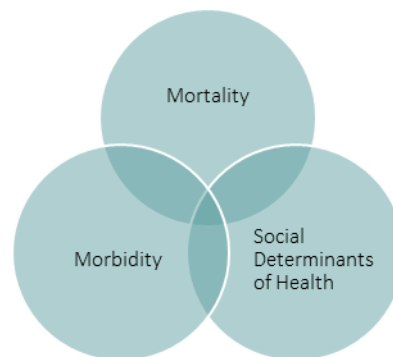
**** Data are unavailable or not comparable because 2015 questions were slightly different than the questions on the 2020 survey.**

Healthy Alaskans 2020: Leading Health Indicators

Healthy Alaskans is the state health improvement plan (SHIP) for Alaska. A joint effort between the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium, the plan is updated every 10 years. The plan involves a comprehensive statewide health assessment with baseline and improvement targets for a set of health indicators.

The Healthy Alaskans 2030 comprehensive state health assessment (released in August 2019) includes findings of the most recent state health assessment and includes a description of Alaska’s demographics, health issues of specific population groups with particular health issues and disparities or inequities, factors that contribute to the state population’s health challenges, and community resources and assets to address health issues. At the time of writing, a new set of Healthy Alaskans 2030 health indicators has not yet been released. In the absence of updated health indicators, this document continues to use the 25 Leading Health Indicators established in the Healthy Alaskans 2020 effort.

The SPH CHNA uses a similar framework for evaluating health status as the Healthy Alaskans 2030 report, which is based on three overarching categories of health: mortality, morbidity, and social determinants of health.⁹ Mortality refers to causes of death. Morbidity refers to injury, illness and disease. Social determinants of health include a variety of social, economic and lifestyle factors that directly or indirectly affect the health status of individuals and populations. These may include lifestyle factors (behaviors that increase risk of illness or injury), access to health care and preventative services, education, income, housing, quality of physical environment, and/or Adverse Childhood Experiences (ACEs). Social determinants of health are important to consider in assessing health status because of the role they play in increasing or decreasing resilience among the Southern Kenai Peninsula population.



⁹ The Healthy Alaskans 2030 State Health Assessment lists five categories of health: 1) causes of death (mortality), 2) causes of illness and injury (morbidity), 3) behaviors that increase risk of illness or injury, 4) access to health care and preventative services, and 5) other social and economic determinants of health. For simplicity, this report nests the latter three categories under “social determinants of health.”

Leading Causes of Death

Leading causes of death in the Southern Kenai Peninsula are Cancer and Heart Disease in 2018.

Table 12. Southern Kenai Peninsula Leading Causes of Death by Year, 2007 – 2018

Year	Rank	Cause of Death	Deaths	Year	Rank	Cause of Death	Deaths
2007	1	Cancer	24	2014	1	Cancer	30
	2	Heart Disease	9		2	Heart Disease	20
2008	1	Heart Disease	20		3	Accident	8
	2	Cancer	11	2015	1	Cancer	34
2009	1	Cancer	29		2	Heart Disease	30
	2	Heart Disease	21		3.5	Stroke	7
2010	1	Heart Disease	24		3.5	Accident	7
	2	Cancer	18	2016	1	Heart Disease	29
2011	1	Heart Disease	20		2	Cancer	28
	2	Cancer	13		3	Accident	9
	3	Chronic lower respiratory diseases	9		4	Stroke	8
2012	1	Heart Disease	23		5	Alzheimer's	7
	2	Cancer	16	2017	1	Cancer	32
	3	Alzheimer's	8		2	Heart Disease	27
	4	Suicide	7		3	Accident	7
2013	1	Cancer	27	2018	1	Cancer	28
	2	Heart Disease	15		2	Heart Disease	23
	3	Accident	10		3.5	Stroke	8
	4	Alzheimer's	8		3.5	Accident	8
	5	Stroke	7		5	Chronic Liver Disease and Cirrhosis	7

Data Source: Alaska Bureau of Vital Statistics.

Table 13. Southern Kenai Peninsula Leading Causes of Death - Cumulative, 2007 – 2018

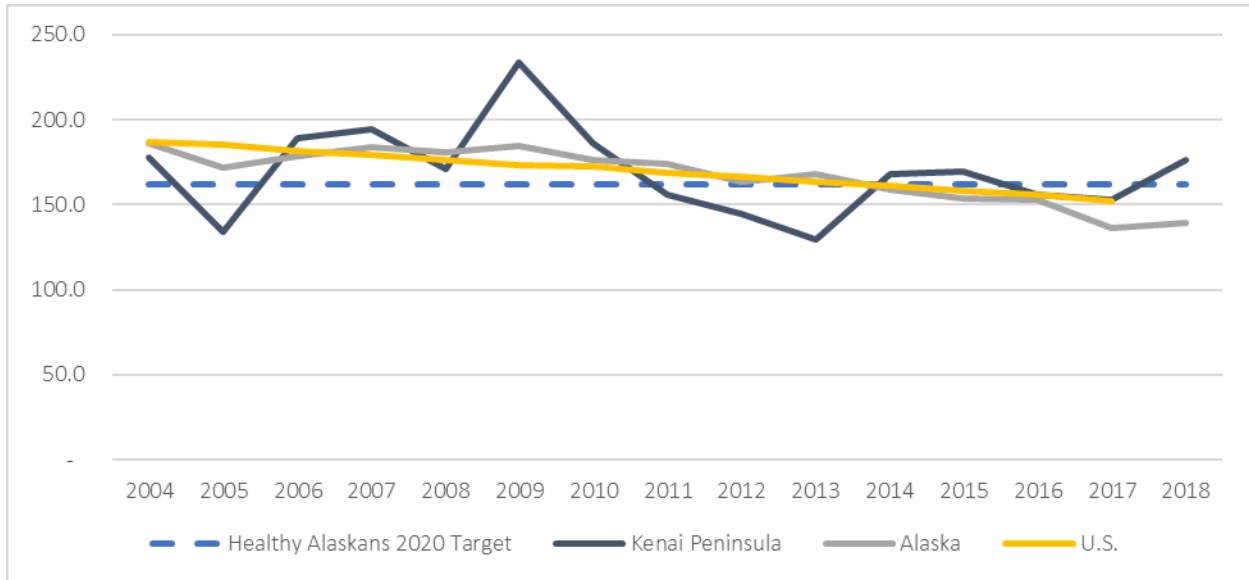
Cause of Death	Total Deaths
Cancer	330
Heart Disease	295
Unintentional Injuries	95
Alcohol-induced	39
Drug-induced	22

Data Source: Alaska Bureau of Vital Statistics.

HA2020 #1: Cancer Mortality Rate

Cancer mortality is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (1 of 25), informing the goal, “Reduce Alaskan deaths from cancer.” The Healthy Alaskans 2020 target is a cancer mortality rate of 162 (or fewer) deaths per 100,000 people.

Figure 22. Cancer mortality rate (per 100,000 population), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Kenai Peninsula	178.1	134.3	189.0	194.6	170.9	233.6	186.0	155.7
Alaska	186.5	171.7	178.7	184.0	180.9	184.5	176.1	174.2
U.S.	186.8	185.1	181.8	179.3	176.4	173.5	172.8	169.0

	2012	2013	2014	2015	2016	2017	2018
Kenai Peninsula	144.7	129.3	168.2	169.8	156.1	152.9	176.4
Alaska	163.6	167.7	159.0	153.8	152.8	136.2	139.2
U.S.	166.5	163.2	161.2	158.5	155.8	152.5	**

Data Sources: Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics. Kenai Peninsula data from 2010-2016 from <http://dhss.alaska.gov/dph/Chronic/Documents/Cancer/data/mortality/RatesByYearBorough.pdf> accessed 04/07/2020. U.S. data from the Centers for Disease Control and Prevention, National Center for Health Statistics. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Cancer mortality rates are age-adjusted to the 2000 U.S. standard population.

“**” indicates that data are not available.

Table 14. Deaths by Type of Cancer for the Southern Kenai Peninsula, 2007 – 2018

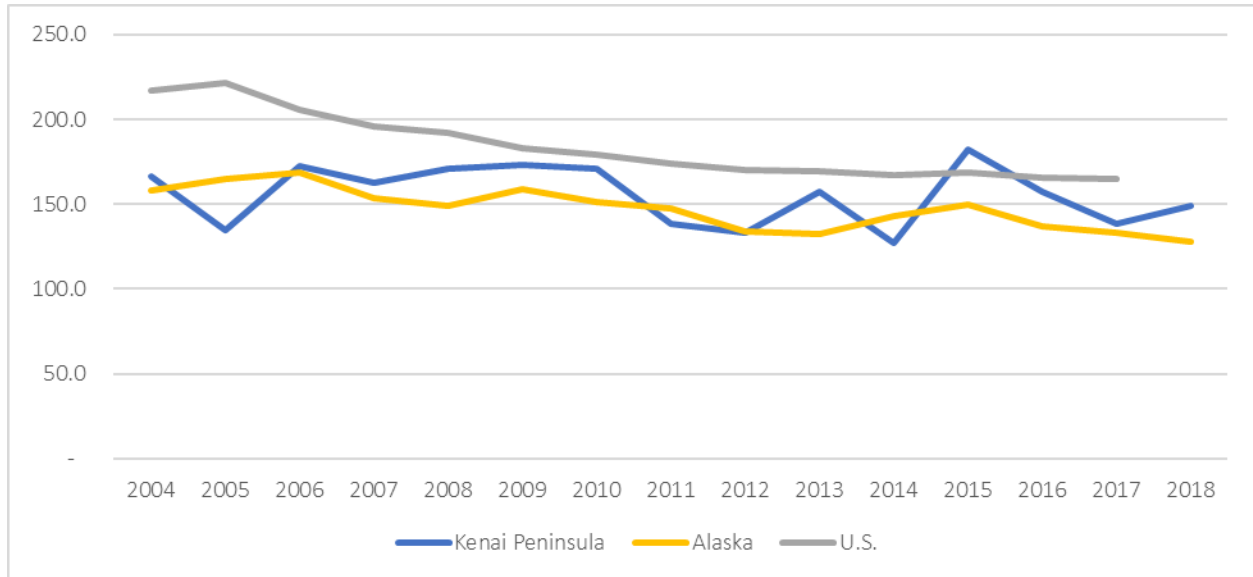
Type of Cancer	Total Deaths
Trachea, bronchus and lung	70
Other and unspecified	35
Breast	28
Colon, rectum and anus	26
Pancreas	24
Prostate	19
Liver and intrahepatic bile ducts	18
Kidney and renal pelvis	16
Brain	13
Bladder	12
Esophagus	12
Non-Hodgkin's lymphoma	11
Leukemia	9
Skin	7
Multiple myeloma	6
Ovary	6
Stomach	6
Lip, oral cavity and pharynx; Cervical; Uterine; Larynx	12
Total	330

Data Sources: Alaska Bureau of Vital Statistics. Southern Kenai Peninsula defined as Anchor Point (M04), Fox River (M21), Fritz Creek (M44), Halibut Creek (M09), Happy Valley (M27), Homer (M01), Kachemak City, Kachemak Selo, Kachemak Selo Village, Kachemak Silo, Sachemak Selo Vill (M25), Nanwalek (M08), Nilolaevsk, Nikolaevsk Village, Nikoleausk (M22), Ninilchik (M12), Port Graham (M14), and Seldovia (M03).

Heart Disease Mortality Rate

Heart disease is not a single disease, but rather multiple diseases with different causes, risks, and potential interventions. Heart diseases include coronary heart disease, rheumatic heart disease, ischemic heart disease, hypertension, pulmonary heart diseases, heart failure, heart valve disease, cardiomyopathy, and other heart conditions.

Figure 23. Heart disease mortality rate per 100,000 (age-adjusted), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Kenai Peninsula	166.6	135.0	172.8	162.4	170.9	173.0	171.2	138.8
Alaska	157.9	164.7	169.0	153.6	149.4	159.2	151.3	147.8
U.S.	216.8	221.6	205.5	196.1	192.1	182.8	179.1	173.7

	2012	2013	2014	2015	2016	2017	2018
Kenai Peninsula	133.3	157.4	127.5	182.0	157.4	138.7	149.3
Alaska	134.2	132.2	142.9	149.6	136.7	133.4	128.0
U.S.	170.5	169.8	167.0	168.5	165.6	165.0	**

Data Sources: Kenai Peninsula and Alaska data from the Health Analytics and Vital Records Section (HAVRS), Division of Public Health, Alaska Department of Health and Social Services. U.S. data from the National Vital Statistics System, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention. State and U.S. figures retrieved on 03/30/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Mortality rates are age-adjusted to the 2000 U.S. standard population. ICD-10 codes I00-I09, I11, I13, I20-I51.

“**” indicates that data are not available.

The most common form of heart disease is coronary heart disease (CHD), also known as coronary artery disease. CHD is the largest contributor to death from heart disease. Because certain types of heart disease have a long latency period, years might pass before changes in behavior or clinical practice affect heart disease mortality. Certain types of heart disease (e.g., heart valve disease) are not amenable to primary prevention or screening, but most heart diseases can be affected by lifestyle behaviors and

health status.¹⁰ Modifiable risk factors for CHD include behaviors (e.g., tobacco use, physical inactivity, and improper nutrition), health status (e.g., hypertension, hyperlipidemia, overweight, or diabetes), and policies (e.g., smoking policies in restaurants and worksites).¹¹ Substantial differences in CHD death rates and preventive measures exist by race, age, sex, place of residence, and other demographic factors.¹²

¹⁰ U.S. Centers for Disease Control and Prevention (CDC). Chronic Disease Indicators. <http://www.cdc.gov/cdi/>. Updated January 15, 2015. Accessed October 6, 2016.

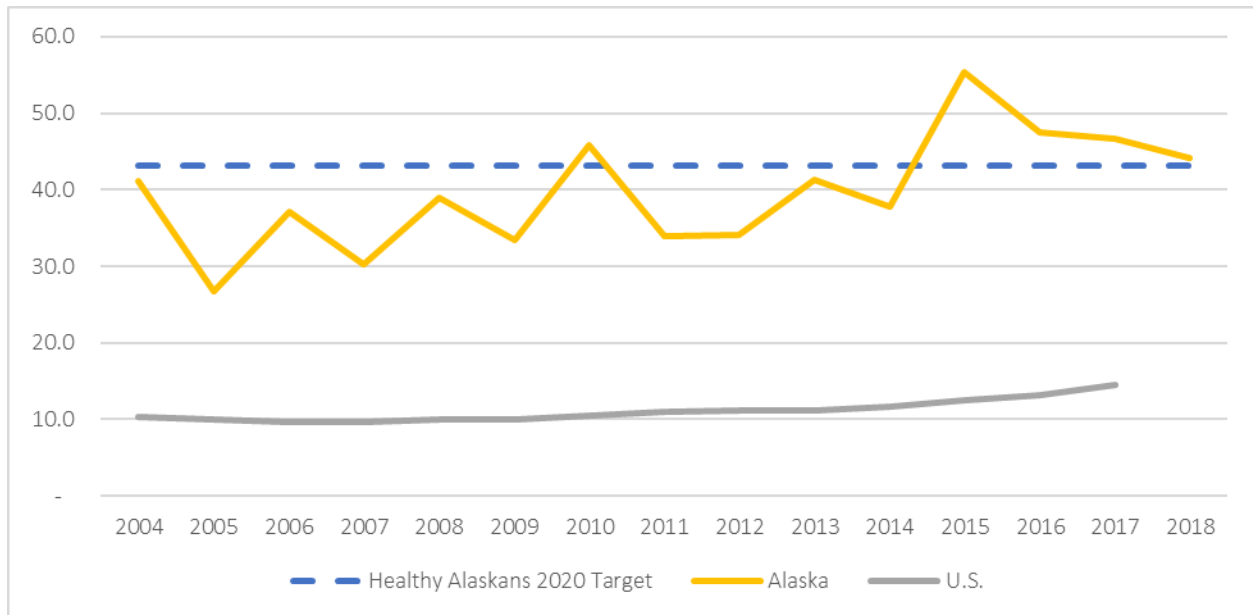
¹¹ Fryar CD, Chen T, Li X. Prevalence of uncontrolled risk factors for cardiovascular disease: United States, 1999-2010. NCHS Data Brief 2012;103:1-8.

¹² Mozaffarian D, Benjamin EJ, Go AS, Arnett, DK, et al. Heart disease and stroke statistics-2015 update: a report from the American Heart Association. *Circulation* 2015;131:e29-e322.

HA2020 #7: Suicide Mortality Rate

Suicide mortality is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (7 of 25), informing the goal, “Reduce Alaskan deaths from suicide.” The Healthy Alaskans 2020 target is a suicide mortality rate of 43.2 (or fewer) deaths per 100,000 people for the population aged 15-24 years, and a suicide mortality rate of 23.5 (or fewer) deaths per 100,000 people for the population aged 25 years and older. Although 2019 data are unavailable at the SKP level, the 2019 Alaska Youth Risk Behavior Survey (YRBS) shows a statewide increase in the percentage of students attempting suicide. One out of five Alaskan students attempted suicide in 2019.

Figure 24. Suicide mortality rate among population aged 15-24 years (per 100,000 population), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Alaska	41.2	26.7	37.2	30.3	38.9	33.4	45.9	33.9
U.S.	10.3	9.9	9.7	9.6	9.9	10.0	10.5	11.0

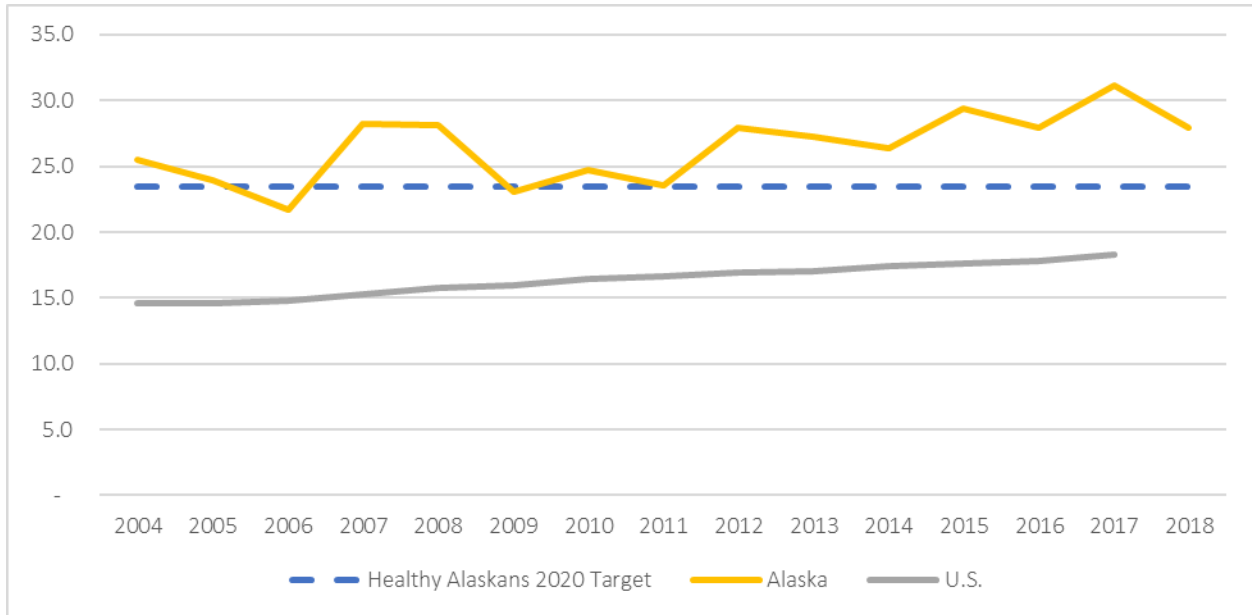
	2012	2013	2014	2015	2016	2017	2018
Alaska	34.1	41.3	37.8	55.4	47.5	46.6	44.2
U.S.	11.1	11.1	11.6	12.5	13.2	14.5	**

Data Sources: Alaska data are from the Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics. U.S. data are from the Centers for Disease Control and Prevention, National Center for Health Statistics. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: Data for this indicator are unavailable for the Southern Kenai Peninsula.

“**” indicates that data are not available.

Figure 25. Suicide mortality rate among population aged 25 years and older (per 100,000 population), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Alaska	25.5	23.9	21.7	28.2	28.1	23.1	24.7	23.6
U.S.	14.6	14.6	14.8	15.3	15.8	16.0	16.4	16.6

	2012	2013	2014	2015	2016	2017	2018
Alaska	27.9	27.3	26.4	29.4	27.9	31.1	27.9
U.S.	16.9	17.0	17.4	17.6	17.8	18.3	**

Data Sources: Alaska data are from the Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics. U.S. data are from the Centers for Disease Control and Prevention, National Center for Health Statistics. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

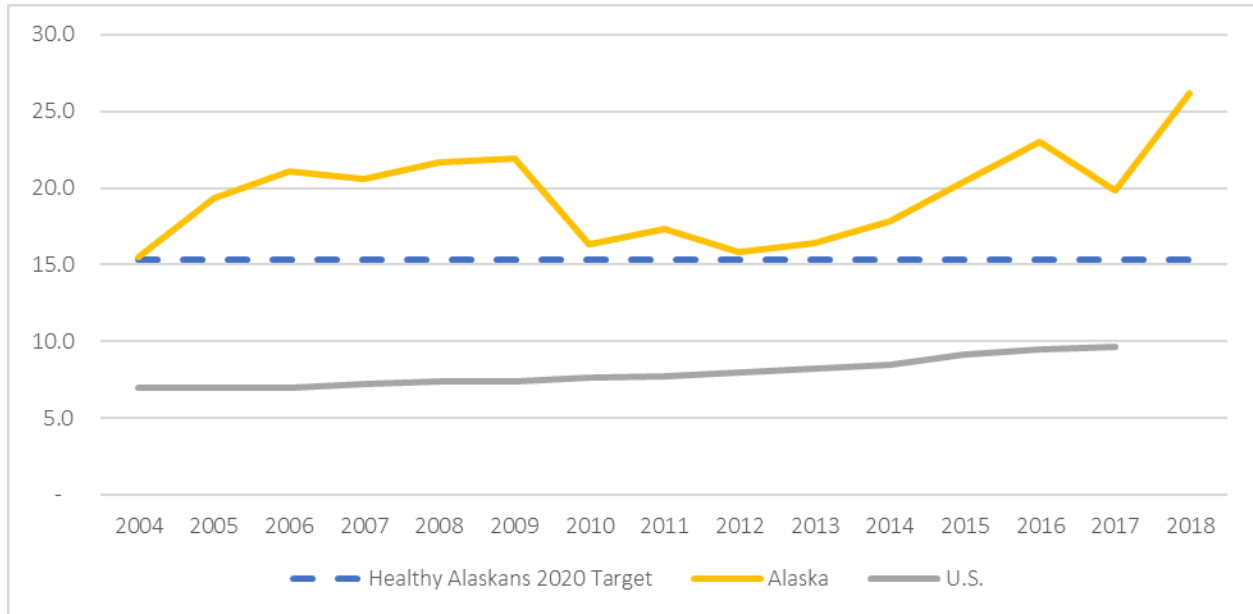
Note: Data for this indicator are unavailable for the Southern Kenai Peninsula.

“**” indicates that data are not available.

HA2020 #14: Alcohol-Induced Deaths

The Alcohol induced mortality rate is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (14 of 25), informing the goal, “Reduce the number of Alaskans experiencing alcohol and other drug dependence and abuse.” The Healthy Alaskans 2020 target is an alcohol-induced mortality rate of 15.3 (or fewer) deaths per 100,000 people.

Figure 26. Alcohol induced mortality rate (per 100,000 population), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Alaska	15.5	19.3	21.1	20.6	21.7	21.9	16.3	17.3
U.S.	7.0	7.0	7.0	7.2	7.4	7.4	7.6	7.7

	2012	2013	2014	2015	2016	2017	2018
Alaska	15.8	16.4	17.8	20.4	23.0	19.8	26.2
U.S.	8.0	8.2	8.5	9.1	9.5	9.6	**

Data Sources: Alaska data from the Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics. U.S. data from the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS). Underlying Cause of Death 1999-2010 (retrieved from CDC WONDER Online Database). State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Data for this indicator are unavailable for the Southern Kenai Peninsula.

“**” indicates that data are not available.

Age-adjusted to the 2000 U.S. standard population. NCHS has defined selected causes of death groups for analysis of all ages mortality data including alcohol-induced causes. The group code values are not actual ICD codes published in the International Classification of Diseases, but are “recodes” defined to support analysis by the Selected Causes of Death groups. The list of codes for alcohol-induced causes was expanded in the 2003 data year to be more comprehensive.

Causes of death attributable to alcohol-induced mortality include ICD-10 codes E24.4, Alcohol-induced pseudo-Cushing’s syndrome; F10, Mental and behavioral disorders due to alcohol use; G31.2, Degeneration of nervous system due to alcohol; G62.1, Alcoholic polyneuropathy; G72.1, Alcoholic myopathy; I42.6, Alcoholic cardiomyopathy; K29.2, Alcoholic gastritis; K70, Alcoholic liver disease; K86.0, Alcohol-induced chronic pancreatitis; R78.0, Finding of alcohol in blood; X45, Accidental poisoning by and exposure to alcohol; X65, Intentional self-poisoning by and exposure to alcohol; and Y15, Poisoning by and exposure to alcohol, undetermined intent. Alcohol-induced causes exclude accidents, homicides, and other causes indirectly related to alcohol use, as well as newborn deaths associated with maternal alcohol use. See CDC (2008). National Vital Statistics Reports, Volume 56, Number 10, p.109. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf.

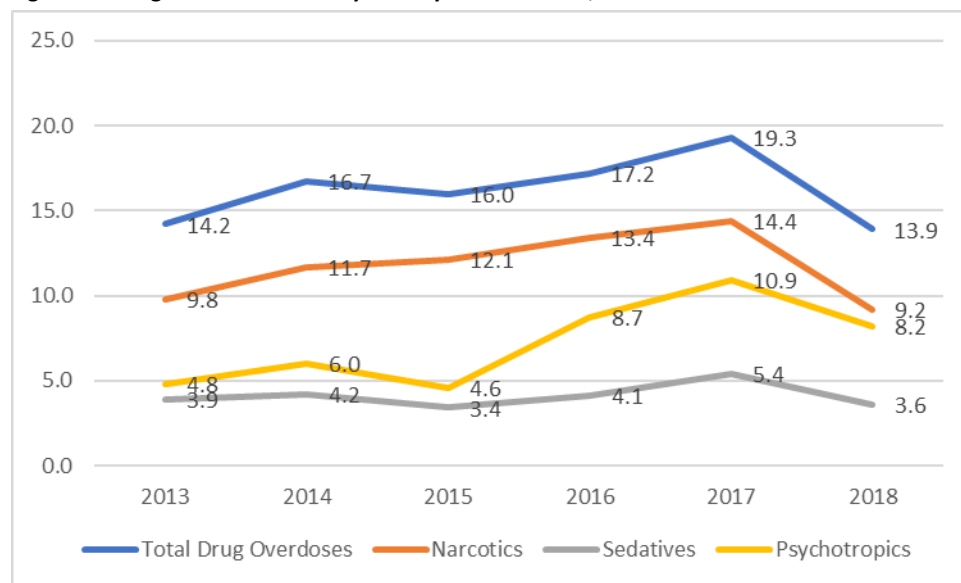
Drug Overdose Mortality Rate

The 2018 Drug Overdose Mortality Update¹³ shows a 28 percent decrease in overdose mortality rates from 2017 to 2018 (Health Analytics and Vital Records, Division of Public Health, Alaska Department of Health and Social Services). Age-Adjusted (AA) drug overdose death rates decreased from 19.3 per 100,000 in 2017 to 13.9 per 100,000 in 2018.

In 2018, 105 drug overdose deaths occurred in Alaska. At a rate of 13.9 per 100,000, Alaska's AA overdose death rate was at its lowest level since 2011. Of those, 72 (69%) involved narcotics, 26 (25%) involved sedatives, and 59 (56%) involved psychotropics as a contributing cause of death (these percentages do not add up to 100 percent since drug overdoses often involve more than one type of drug; therefore, deaths may be included in multiple categories). Narcotics include heroin, cocaine, cannabis derivatives, hallucinogens, and Opioid Analgesic/Pain Relievers (Oxycodone, Hydrocodone, Methadone, Meperidine, Tramadol, Hydromorphone, Fentanyl). Sedatives include Barbiturates and Benzodiazepines. Psychotropics are Antidepressants, Antipsychotics, Psychostimulants and Methamphetamines. Of psychotropic-related overdoses, 75 percent involved methamphetamines. Among sedative-related overdoses, 92 percent involved benzodiazepines.

There were 619 deaths due to drug overdose and 143 deaths due to acute alcohol poisoning in Alaska during the years 2014 to 2018. Drug overdose deaths decreased in most drug categories in 2018, but multidrug overdose deaths continue to make up a large percentage of all drug overdoses. Alcohol was involved in nearly one quarter of drug overdose deaths from 2014 to 2018 (142 out of 619 deaths); this number does not include acute alcohol poisonings.

Figure 27. Drug Overdose Mortality Rate by Year in Alaska, 2013 -2018



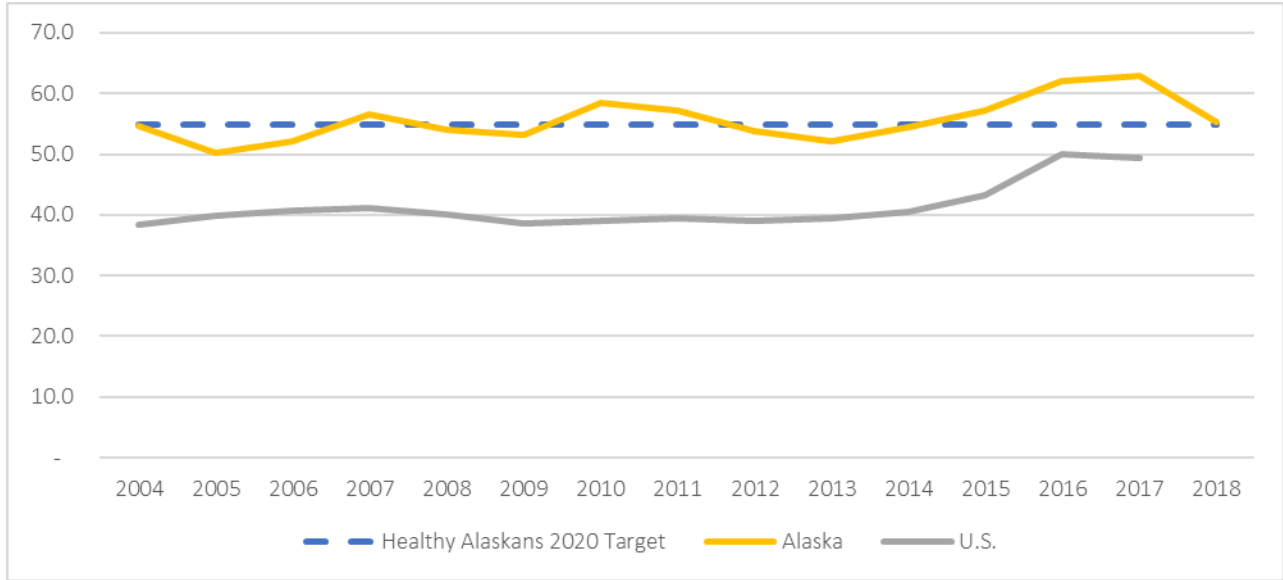
Source: 2018 Drug Overdose Mortality Update, Health Analytics and Vital Records, Division of Public Health Department of Health and Social Services.

¹³ 2018 Drug Overdose Mortality Update, Health Analytics and Vital Records, Division of Public Health, Alaska Department of Health and Social Services.

HA2020 #16: Unintentional injury mortality rate

The unintentional injury mortality rate is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (16 of 25), informing the goal, “Reduce Alaskan deaths from unintentional injury.” The Healthy Alaskans 2020 target is an unintentional injury mortality rate of 54.8 (or fewer) deaths per 100,000 people.

Figure 28. Unintentional injury mortality rate (per 100,000 population), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Alaska	54.7	50.3	52.2	56.6	54.0	53.2	58.5	57.1
U.S.	38.3	39.9	40.8	41.1	40.1	38.5	39.1	39.4

	2012	2013	2014	2015	2016	2017	2018
Alaska	53.8	52.2	54.5	57.1	62.1	63.0	55.2
U.S.	39.1	39.4	40.5	43.2	49.9	49.4	**

Data Sources: Alaska data from the Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics. U.S. data from the Centers for Disease Control and Prevention, National Center for Injury Prevention. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Data for this indicator are unavailable for the Southern Kenai Peninsula.

“**” indicates that data are not available.

Rates are age-adjusted to the 2000 U.S. standard population.

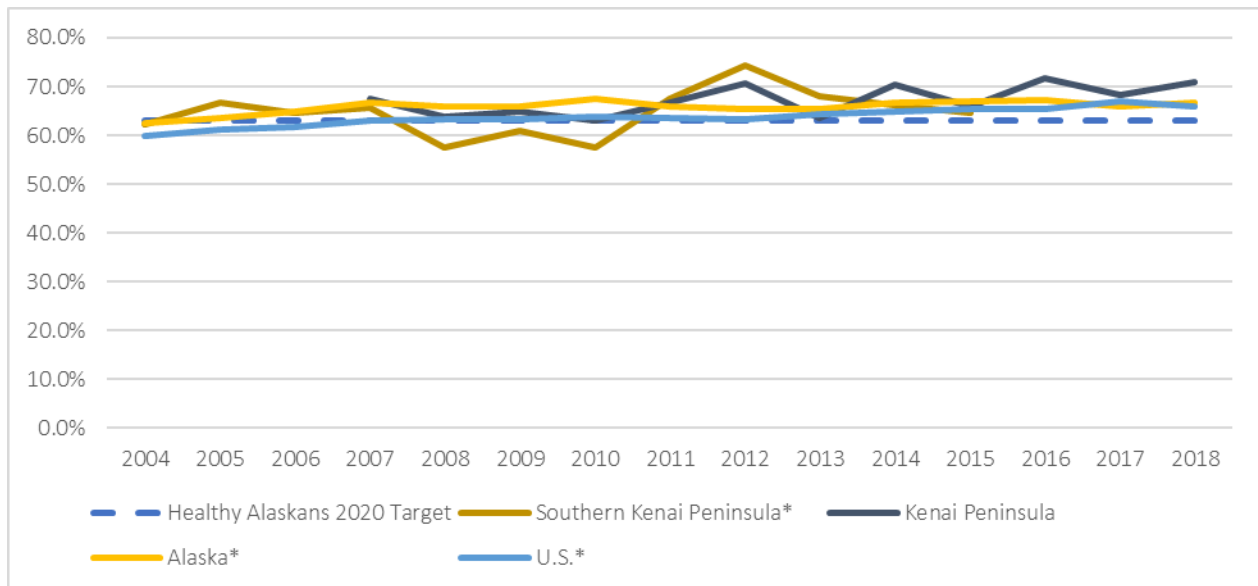
HA2020 #4-5: Reduction in adults, adolescents and children who are overweight/obese

Overweight and obesity among adults, adolescents and children is among the Healthy Alaskans 2020 Leading 25 Health Indicators (4 and 5 of 25), informing the goal, “Reduce the proportion of Alaskans who are overweight or obese.”

Adults

The Healthy Alaskans 2020 target for adults is that 36 percent (or less) of adult Alaskans (aged 18 years and older) meet the criteria for overweight (body mass index of ≥ 25.0 and < 30 kg/m²), and 27 percent (or less) meet the criteria for obesity (body mass index of ≥ 30 kg/m²), a combined target of 63 percent of the population.

Figure 29. Percentage of adults (aged 18 years and older) who meet criteria for overweight (body mass index of ≥ 25.0 and < 30 kg/m²) or obesity (body mass index of ≥ 30 kg/m²), 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula*	62.3%	66.6%	64.7%	65.7%	57.5%	61.0%	57.6%	67.5%
Kenai Peninsula	**	**	**	67.6%	63.9%	65.0%	62.9%	66.7%
Alaska*	62.5%	63.5%	65.0%	66.7%	65.8%	65.9%	67.5%	65.8%
U.S.*	60.0%	61.1%	61.6%	63.0%	63.2%	63.4%	63.8%	63.5%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula*	74.4%	67.9%	66.2%	64.7%	**	**	**
Kenai Peninsula	70.6%	63.5%	70.3%	65.8%	71.7%	68.4%	70.9%
Alaska*	65.5%	65.5%	66.8%	67.1%	67.3%	65.8%	66.8%
U.S.*	63.4%	64.3%	65.0%	65.3%	65.4%	66.9%	65.8%

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System. U.S. data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Post-stratification weights were used for Alaska data from 2000 through 2006; ranking weights were used from 2007 through 2011. For more on this methodological change: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>

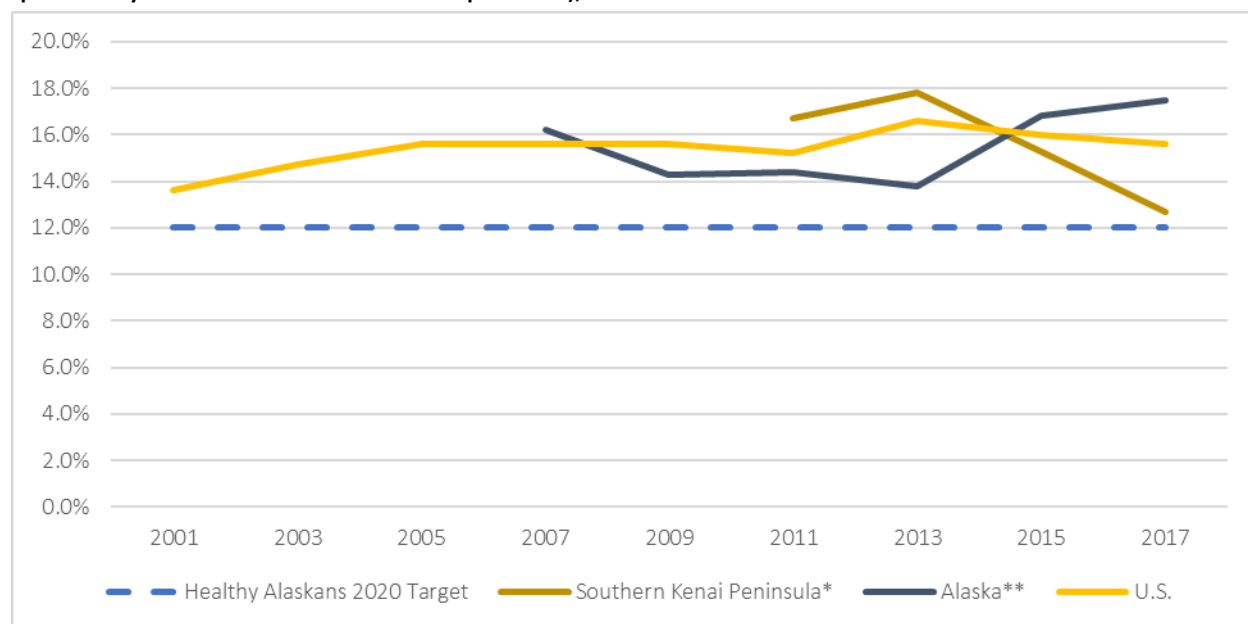
* Combined percentages for overweight and obese as this is the way in which values reported in SKP BRFSS files from Charles Utermohle.

*** indicates that data are not available.

Adolescents

The Healthy Alaskans 2020 target for adolescents is that 12 percent (or less) of adolescent Alaskans (high school students in grades 9-12) meet the criteria for overweight (age- and sex-specific body mass index of ≥ 85 th and > 95 th percentile), and 10 percent (or less) meet the criteria for obesity (age- and sex-specific body mass index of ≥ 95 th percentile).

Figure 30. Percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of ≥ 85 th and > 95 th percentile), 2001 – 2017



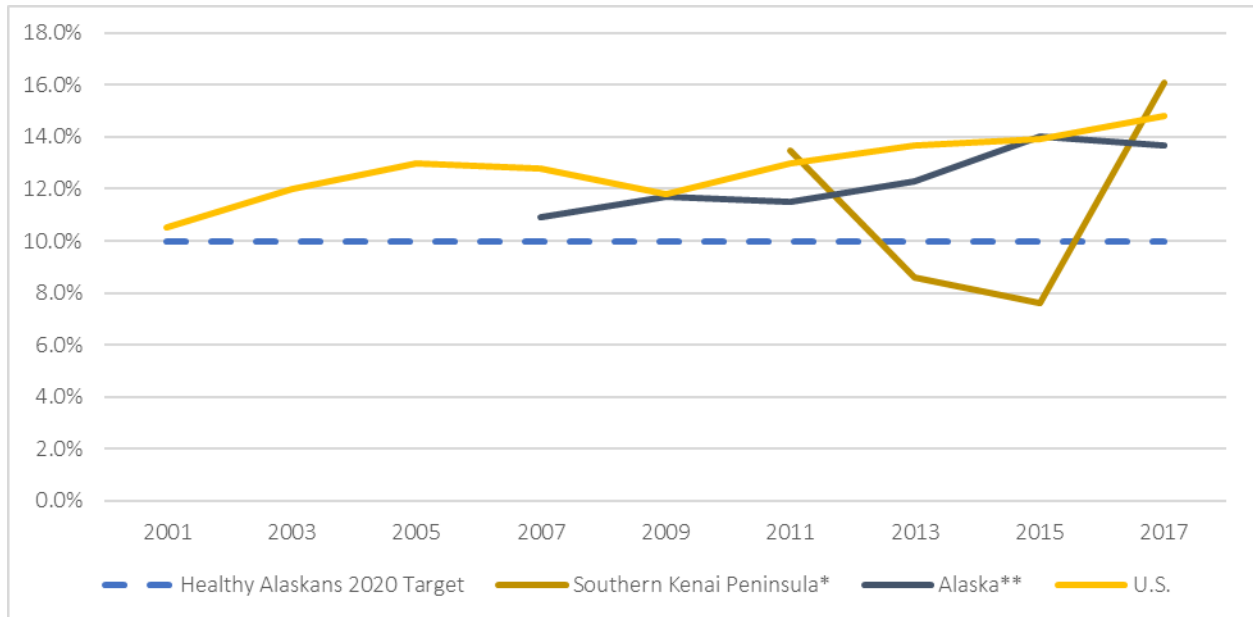
	2001	2003	2005	2007	2009	2011	2013	2015	2017
Southern Kenai Peninsula*	**	**	**	**	**	16.7%	17.8%	15.3%	12.7%
Alaska**	**	14.5%	**	16.2%	14.3%	14.4%	13.8%	16.8%	17.5%
U.S.	13.6%	14.7%	15.6%	15.6%	15.6%	15.2%	16.6%	16.0%	15.6%

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: * SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals. *** indicates that data are not available.

Figure 31. Percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of \geq 95th percentile), 2001 – 2017



	2001	2003	2005	2007	2009	2011	2013	2015	2017
Southern Kenai Peninsula*	**	**	**	**	**	13.5%	8.6%	7.6%	16.1%
Alaska**	**	10.9%	**	10.9%	11.7%	11.5%	12.3%	14.0%	13.7%
U.S.	10.5%	12.0%	13.0%	12.8%	11.8%	13.0%	13.7%	13.9%	14.8%

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes:

* SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

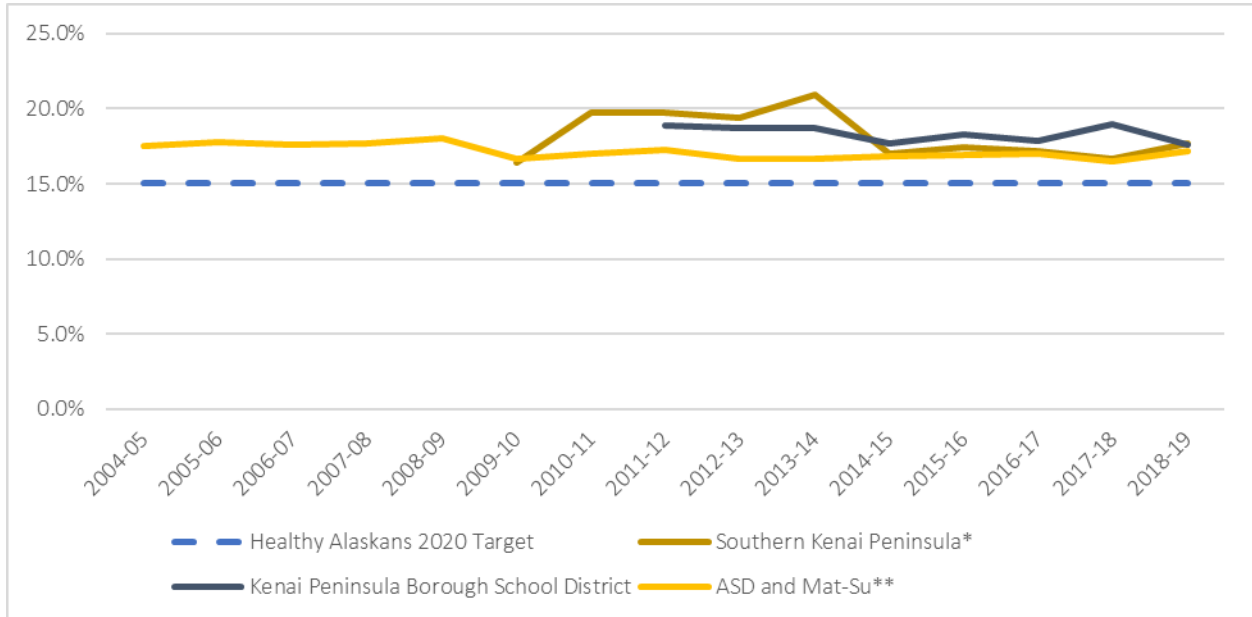
** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals.

*** indicates that data are not available.

Children

The Healthy Alaskans 2020 target for children (students in grades K-8) is that 15 percent (or less) of Alaskan children meet the criteria for overweight (age- and sex-specific body mass index of \geq 85th and $>$ 95th percentile), and 14 percent (or less) meet the criteria for obesity (age- and sex-specific body mass index of \geq 95th percentile).

Figure 32. Percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex-specific body mass index of \geq 85th and $>$ 95th percentile), 2005 – 2019



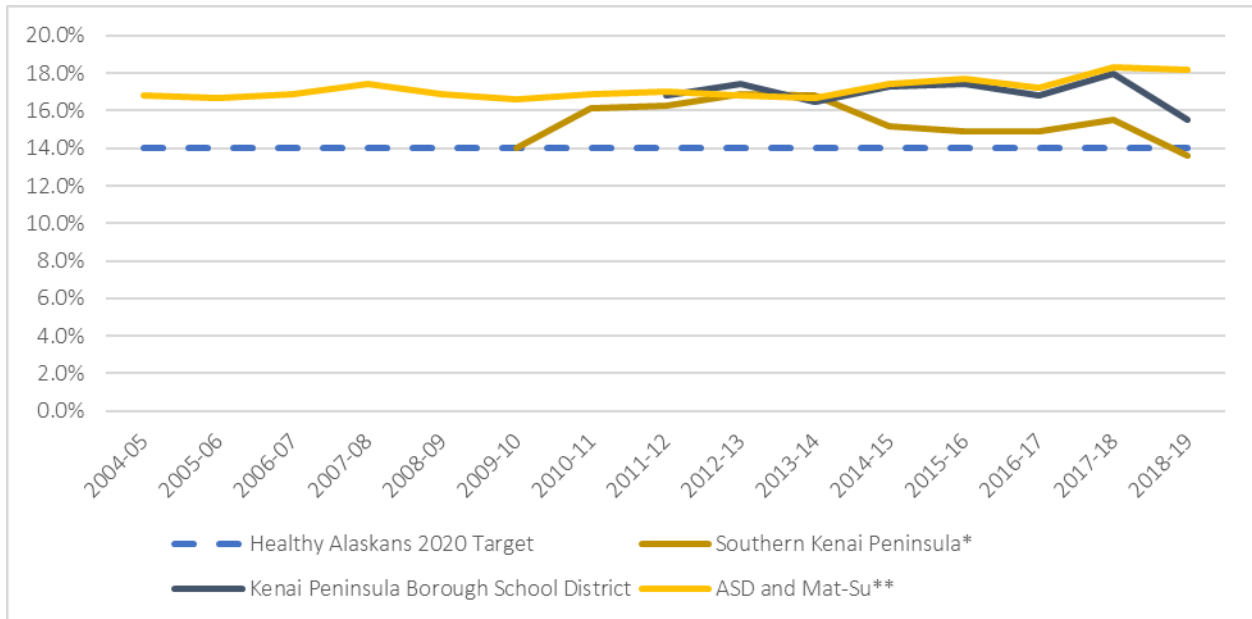
	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Southern Kenai Peninsula*	**	**	**	**	**	16.4%	19.7%	19.7%
Kenai Peninsula Borough School District	**	**	**	**	**	**	**	18.9%
ASD and Mat-Su**	17.5%	17.8%	17.6%	17.7%	18.0%	16.7%	17.0%	17.3%

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Southern Kenai Peninsula*	19.4%	20.9%	17.0%	17.4%	17.2%	16.7%	17.7%
Kenai Peninsula Borough School District	18.7%	18.7%	17.7%	18.3%	17.9%	19.0%	17.6%
ASD and Mat-Su**	16.7%	16.7%	16.8%	16.9%	17.0%	16.5%	17.2%

Data Source: Alaska Department of Health and Social Services, Section of Chronic Disease Prevention and Health Promotion, Obesity Prevention and Control Program, Alaska Student BMI Surveillance System. Data retrieved on 03/26/2020 from: <http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/weightstatus.aspx>

Notes: "***" indicates that data are not available. * SKP data are unweighted results, calculated for Grades K-8 from Chapman school, McNeil Canyon Elementary, Paul Banks Elementary, Nanwalek School, Nikolaevsk School, Ninilchik School, Port Graham School, Razdolna School, Susan B. English School, Fireweed Academy, Homer Middle School, West Homer Elementary, Kachemak Selo School and Voznesenka Elementary. ** Anchorage School District (ASD) and Mat-Su (Matanuska-Susitna Borough) data are for the two areas combined (weighted) for Grades K, 1, 3, 5, 7.

Figure 33. Percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex-specific body mass index of \geq 95th percentile), 2005 – 2019



	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Southern Kenai Peninsula*	**	**	**	**	**	14.0%	16.1%	16.3%
Kenai Peninsula Borough School District	**	**	**	**	**	**	**	16.8%
ASD and Mat-Su**	16.8%	16.7%	16.9%	17.4%	16.9%	16.6%	16.9%	17.0%

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Southern Kenai Peninsula*	16.9%	16.8%	15.2%	14.9%	14.9%	15.5%	13.6%
Kenai Peninsula Borough School District	17.4%	16.5%	17.3%	17.4%	16.8%	18.0%	15.5%
ASD and Mat-Su**	16.8%	16.7%	17.4%	17.7%	17.2%	18.3%	18.2%

Data Source: Alaska Department of Health and Social Services, Section of Chronic Disease Prevention and Health Promotion, Obesity Prevention and Control Program, Alaska Student BMI Surveillance System. Data retrieved on 03/26/2020 from:

<http://dhss.alaska.gov/dph/Chronic/Pages/Obesity/weightstatus.aspx>

Notes: "***" indicates that data are not available.

* SKP data are unweighted results, calculated for Grades K-8 from Chapman school, McNeil Canyon Elementary, Paul Banks Elementary, Nanwalek School, Nikolaevsk School, Ninilchik School, Port Graham School, Razdolna School, Susan B. English School, Fireweed Academy, Homer Middle School, West Homer Elementary, Kachemak Selo School and Voznesenka Elementary.

** Anchorage School District (ASD) and Mat-Su (Matanuska-Susitna Borough) data are for the two areas combined (weighted) for Grades K, 1, 3, 5, 7.

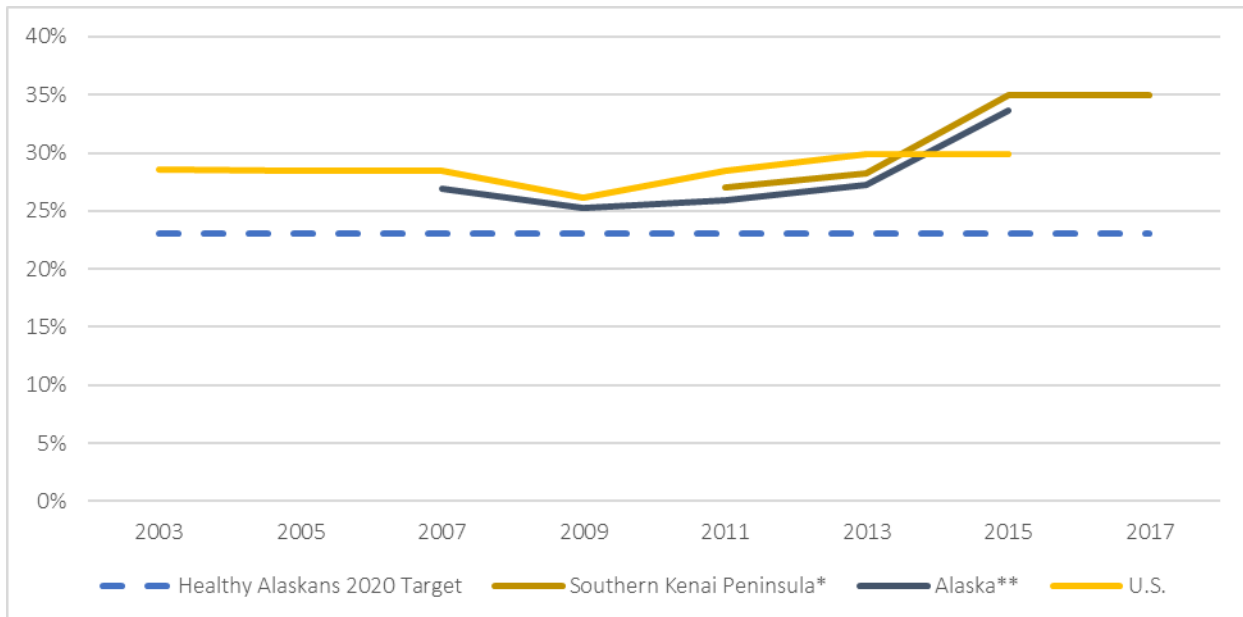
HA2020 #8-9: Reduction in adults and adolescents who experience poor mental health

Mental health status of adults and adolescents are among the Healthy Alaskans 2020 Leading 25 Health Indicators (8 and 9 of 25), informing the goal, “Reduce the number of Alaskans experiencing poor mental health.”

Adolescents

The Healthy Alaskans 2020 target for adolescents is that 23 percent (or less) of adolescent Alaskans (high school students in grades 9-12) felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. Although 2019 data are unavailable at the SKP level, the 2019 Alaska Youth Risk Behavior Survey (YRBS) shows a statewide increase in the percentage of students feeling sad and hopeless. More than one out of three Alaskan students felt sad or hopeless for two weeks or longer in 2019.

Figure 34. Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months, 2003 – 2017



	2003	2005	2007	2009	2011	2013	2015	2017
Southern Kenai Peninsula*	**	**	**	**	27.0%	28.2%	35.0%	35.0%
Alaska**	25.2%	**	26.9%	25.2%	25.9%	27.2%	33.6%	**
U.S.	28.6%	28.5%	28.5%	26.1%	28.5%	29.9%	29.9%	**

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: No data are reported after 2015 for this indicator.

* SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

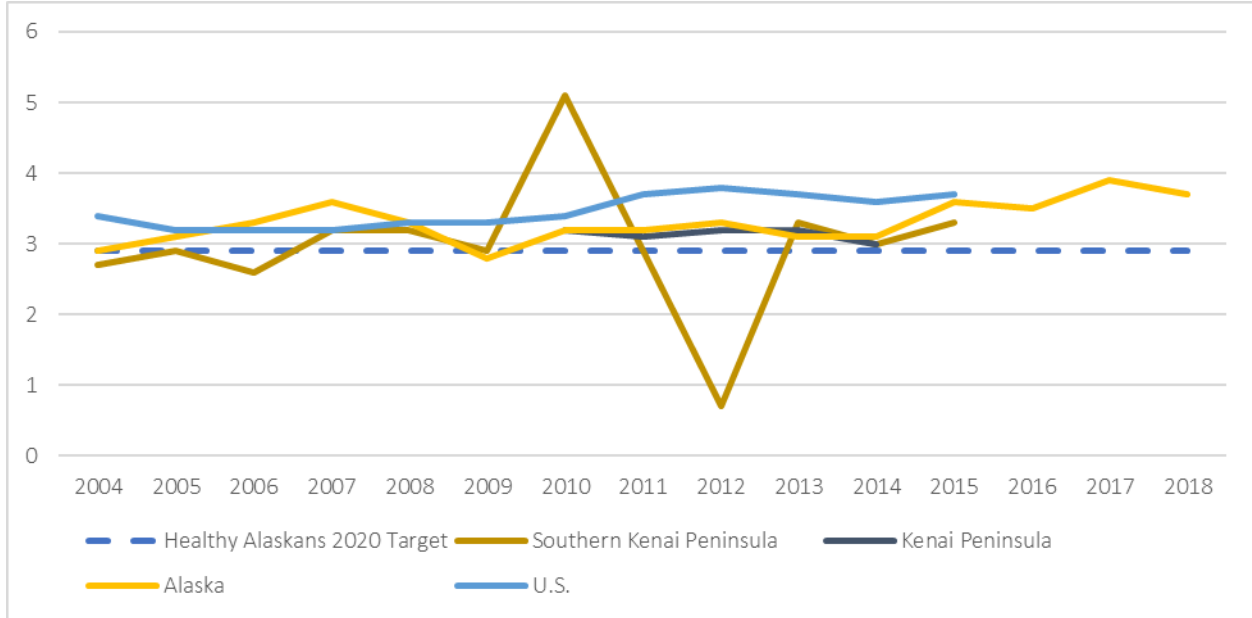
** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals.

*** indicates that data are not available.

Adults

The Healthy Alaskans 2020 target for adults is that adults report being mentally unhealthy for an average of 2.9 days (or less) in the past 30 days.

Figure 35. Mean number of days in the past 30 days adults (aged 18 and older) report being mentally unhealthy, 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	2.7	2.9	2.6	3.2	3.2	2.9	5.1	2.9
Kenai Peninsula							3.2	3.1
Alaska	2.9	3.1	3.3	3.6	3.3	2.8	3.2	3.2
U.S.	3.4	3.2	3.2	3.2	3.3	3.3	3.4	3.7

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	0.7	3.3	3.0	3.3	**	**	**
Kenai Peninsula	3.2	3.2	3.0	**	**	**	**
Alaska	3.3	3.1	3.1	3.6	3.5	3.9	3.7
U.S.	3.8	3.7	3.6	3.7	**	**	**

Data Sources: Southern Kenai Peninsula, Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System. U.S. data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

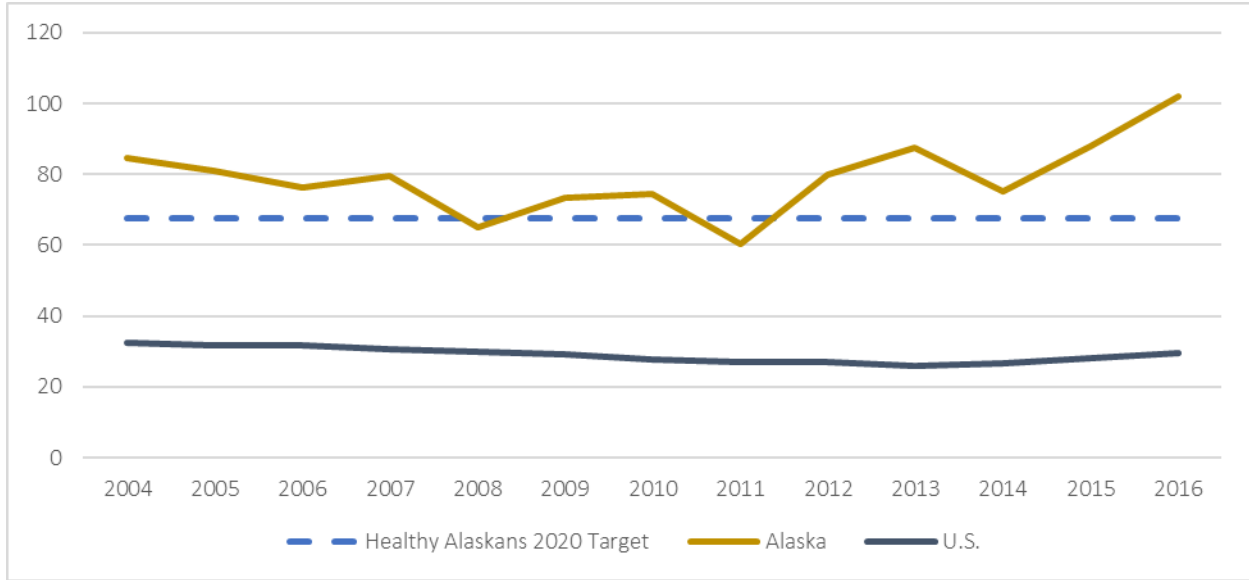
Notes: The 2002 U.S. data is for 23 states. Post-stratification weights were used for Alaska data from 2000 through 2006; ranking weights were used from 2007 through 2011. For more on this methodological change: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>

“**” indicates that data are not available.

HA2020 #12: Rape rate

Rape rate is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (12 of 25), informing the goal, “Reduce the number of Alaskans experiencing domestic violence and sexual assault.” The Healthy Alaskans 2020 target is a rape rate of 67.5 (or less) rapes per 100,000 people.

Figure 36. Rate of rape (per 100,000 population), 2004 – 2016



	2004	2005	2006	2007	2008	2009	2010	2011
Alaska	54.7	50.3	52.2	56.6	54.0	53.2	58.5	57.1
U.S.	38.3	39.9	40.8	41.1	40.1	38.5	39.1	39.4

	2012	2013	2014	2015	2016	2017	2018
Alaska	53.8	52.2	54.5	57.1	62.1	63.0	55.2
U.S.	39.1	39.4	40.5	43.2	49.9	49.4	**

Data Source: Federal Bureau of Investigation, Uniform Crime Reports (UCR) for "forcible rape" as prepared by the National Archive of Criminal Justice Data. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Data for this indicator are unavailable for the Southern Kenai Peninsula.

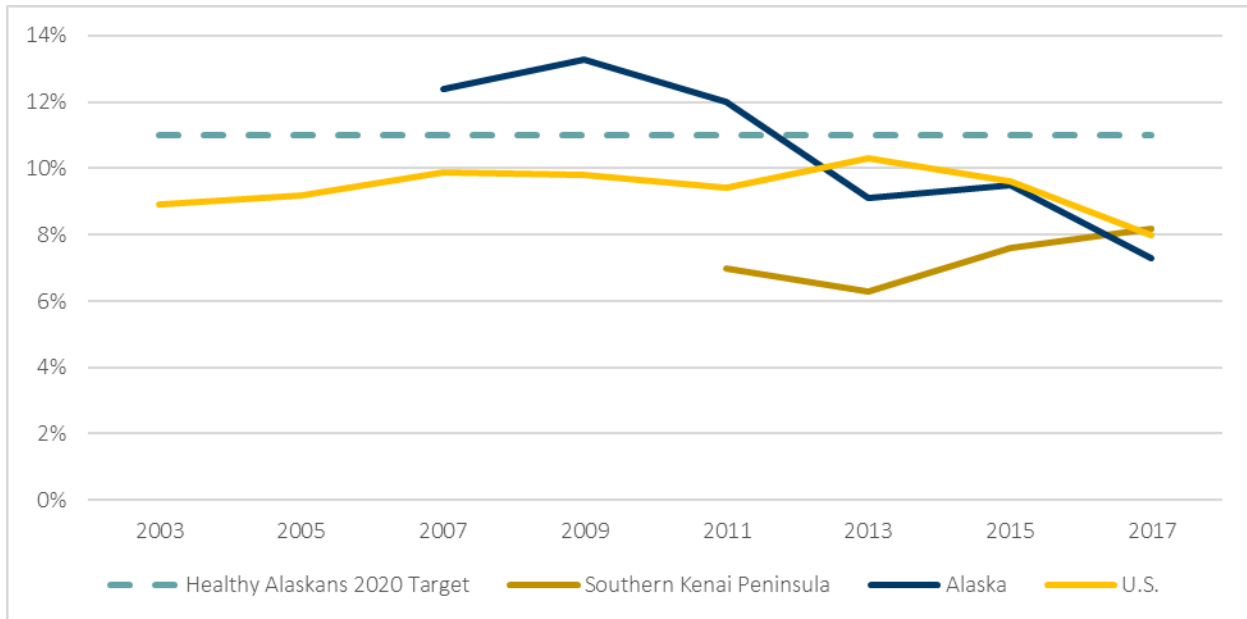
The UCR Program provides statistics based on data contributed by local, county, state, tribal, and federal law enforcement agencies. Caution should be used when comparing statistics from different jurisdictions, and consideration should be given to the various variables that affect crime and law enforcement's response in a given jurisdiction. In December 2011, the UCR Program changed its definition of rape; however, forcible rape statistics have been reported according to the historical definition (UCR Handbook 2004, Forcible Rape Definition: "The carnal knowledge of a female forcibly and against her will"). By definition, sexual attacks on males are excluded from the rape category and must not be classified as assaults or other sex offenses depending on the nature of the crime and the extent of injury.

*** indicates that data are not available.

HA2020 #13: Adolescents hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend

Intimate partner violence among adolescents is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (13 of 25), informing the goal, “Reduce the number of Alaskans experiencing domestic violence and sexual assault.” The Healthy Alaskans 2020 target is that 11 percent (or less) of adolescent Alaskans (high school students in grades 9-12) were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months.

Figure 37. Percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months, 2003 – 2017



	2003	2005	2007	2009	2011	2013	2015	2017
Southern Kenai Peninsula	**	**	**	**	7.0%	6.3%	7.6%	8.2%
Alaska	10.8%	**	12.4%	13.3%	12.0%	9.1%	9.5%	7.3%
U.S.	8.9%	9.2%	9.9%	9.8%	9.4%	10.3%	9.6%	8.0%

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: “**” indicates that data are not available.

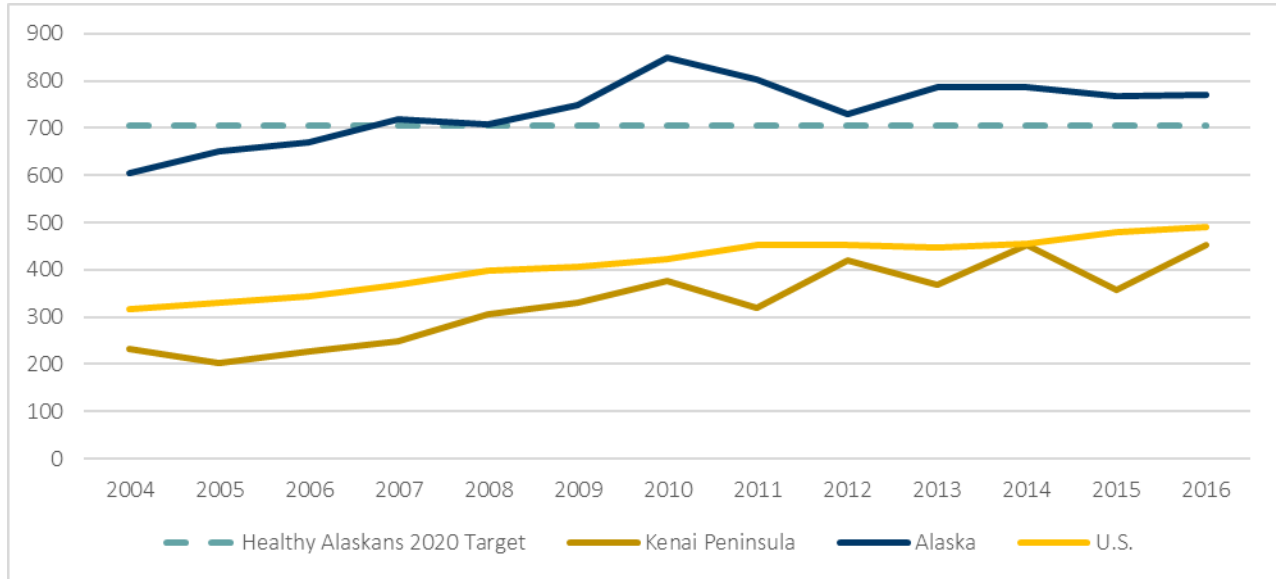
* SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals.

HA2020 #18: Incidence rate of Chlamydia

Incidence rate of Chlamydia trachomatis is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (18 of 25), informing the goal, “Reduce the proportion of Alaskans experiencing infectious disease.” The Healthy Alaskans 2020 target is an incidence rate of Chlamydia of 705.2 (or fewer) incidents per 100,000 people. Alaska is consistently the #1 or #2 state for chlamydia incidence nationwide. Because Alaskans are a mobile population, regular screening for STD’s is recommended for all sexually active individuals statewide.

Figure 38. Incidence rate of Chlamydia trachomatis (per 100,000 population), 2004 – 2016



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Kenai Peninsula	233.0	202.5	226.6	248.8	306.0	329.9	377.0	318.5	421.0	369.2	451.5	358.1	453.1
Alaska	604.4	650.7	670.6	719.4	707.3	748.8	849.6	803.3	731.0	786.5	787.5	768.3	770.0
U.S.	316.5	329.4	344.3	367.5	398.1	405.3	423.6	453.4	453.3	446.6	456.1	478.8	490.0

Data Sources: Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Section of Epidemiology, STD Program. U.S. data from the Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB

Prevention, Division of STD Prevention, NCHHSTP Atlas. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: Rates are not age-adjusted.

Morbidity: Opioid and Prescription Drug Abuse

Data for opioid and prescription drug abuse is available at the state level. Opioid and drug-related deaths are discussed under the Mortality section.

Opioid-Related Emergency Department Discharges

Hospital emergency departments (ED) are one of the primary ways that people access care for complications or overdose from opioid and other substance misuse. Alaska's opioid-related ED discharges decreased slightly in number but remained at a steady percentage of overall ED discharges from 2016 to 2018. During the three-year period, Medicaid recipients accounted for at least half of all opioid-related discharges.

Table 15. Alaska Statewide Emergency Department Discharges, Opioid-Related and All, 2016-2018

Calendar Year	Opioid	All	% Opioid
2016	2,113	316,056	0.7%
2017	2,108	305,573	0.7%
2018	2,044	301,637	0.7%
Three-Year Average	2,088	307,755	0.7%

Data Source: Alaska Division of Public Health, Health Analytics and Vital Records Section, Health Facilities Data Reporting Program (HFDR), reproduced from the April 2020, Statewide Emergency Department Needs Assessment for Addressing Alaska's Opioid Epidemic, McDowell Group

Table 16. Alaska Percent Opioid-Related Emergency Department Discharges by Primary Payer, 2016-2018

Calendar Year	2016	2017	2018
Medicaid	49.9%	58.2%	65.5%
Self-Pay	16.6%	13.7%	10.1%
Medicare	12.0%	11.1%	10.5%
Commercial Insurance	13.4%	10.8%	8.7%
Other Government	2.2%	2.5%	2.0%
Indian Health Services	2.2%	1.6%	1.3%
Other Miscellaneous	1.5%	0.9%	1.0%
CHAMPUS/VA	2.1%	1.2%	1.0%

Data Source: Alaska Division of Public Health, Health Analytics and Vital Records Section, Health Facilities Data Reporting Program (HFDR), reproduced from the April 2020, Statewide Emergency Department Needs Assessment for Addressing Alaska's Opioid Epidemic, McDowell Group

HA2020: Prescription Drug Abuse – Adolescents

Table 17. Percentage of adolescents (students in grades 9-12 in traditional high schools) who reported taking a prescription drug without a prescription in the past 30 days, 2011 – 2015

	2011	2013	2015
Alaska	6.9%	7.1%	6.4%

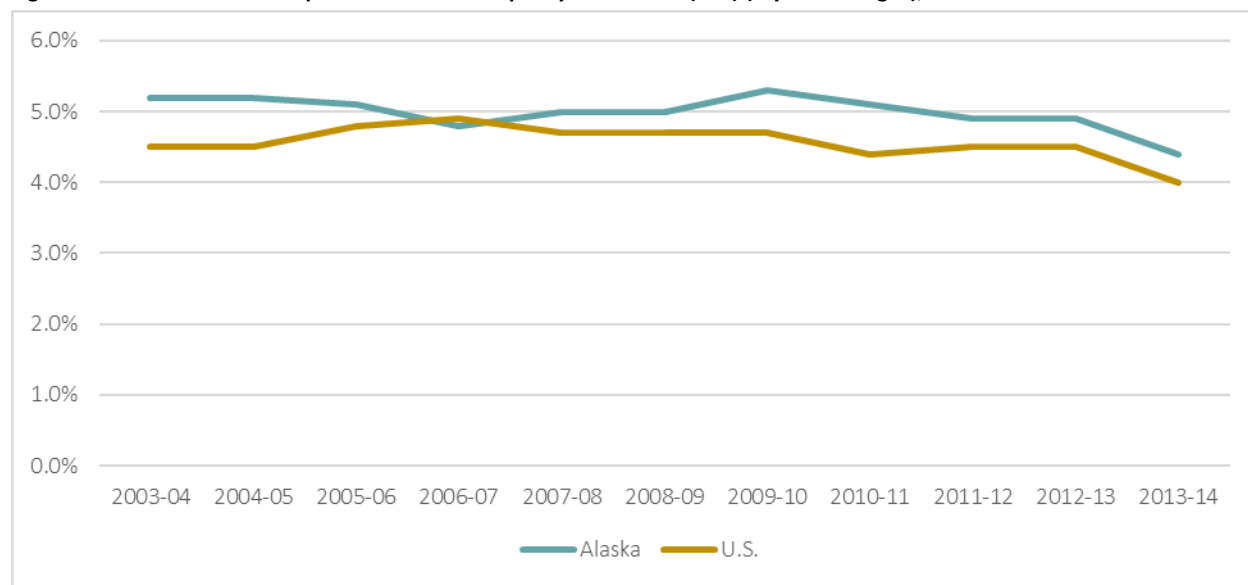
Data Source: Alaska Youth Risk Behavior Survey, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. State figures retrieved on 03/31/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Alaska has conducted a statewide Youth Risk Behavior Survey in 1995 and biennially from 2003. Weighted data were not obtained in 2005 and therefore no statewide estimates are available for that year. A YRBS survey conducted in 1999 did not include the Anchorage School District and therefore was not considered a valid statewide estimate. No YRBS survey was conducted in Alaska in 1997 and 2001.

Responses are weighted to reflect youth attending public traditional high schools in Alaska. Traditional high schools are sometimes called comprehensive high schools. They are public high schools that are distinct from alternative high schools, which serve students at risk of not graduating, charter schools, correspondence schools, and students enrolled in high school in correctional facilities.

HA2020: Prescription Drug Misuse – Adults

Figure 39. Nonmedical use of pain relievers in the past year - Adults (18+) (2-year averages), 2003 – 2014



	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Alaska	5.2%	5.2%	5.1%	4.8%	5.0%	5.0%	5.3%	5.1%	4.9%	4.9%	4.4%
U.S.	4.5%	4.5%	4.8%	4.9%	4.7%	4.7%	4.7%	4.4%	4.5%	4.5%	4.0%

Data Source: Data are from the Interactive NSDUH State Estimates for 2002-2003 through 2013-2014. National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Administration, U.S. Department of Health and Human Services. State and U.S. figures retrieved on 03/31/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: The National Survey on Drug Use and Health (NSDUH) is a nationally standardized survey that has been performed since 1971. The NSDUH is completed annually using a sample from the U.S. civilian, non-institutionalized population 12 years of age and older. In 1999, the sample design expanded to include all 50 states and the District of Columbia. In 2002, the name of the survey was changed from the National Household Survey on Drug Abuse (NHSDA) to the NSDUH. Information on background and methodology of the NSDUH, managed by the Substance Abuse and Mental Health Services Administration (SAMHSA), can be found at: https://nsduhweb.rti.org/respweb/project_description.html.

Recent data are predominantly from the 2-year averages of NSDUH surveys from Population Data - NSDUH at: <https://www.samhsa.gov/data/population-data-nsduh/reports?tab=33>. Historic data with maps and data downloads are available from the small area estimates website for state and national NSDUH surveys at: <http://pdas.samhsa.gov/saes/state>.

NSDUH obtains information on 10 categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. Changes in 2015 in the measurement for 7 of the 10 illicit drug categories--hallucinogens, inhalants, methamphetamine, and the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives--may have affected the comparability of the measurement of these illicit drugs.¹⁴

¹⁴ Center for Behavioral Health Statistics and Quality. Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. <http://www.samhsa.gov/data/>. Accessed February 14, 2017.



Social Determinants of Health: Lifestyle Factors

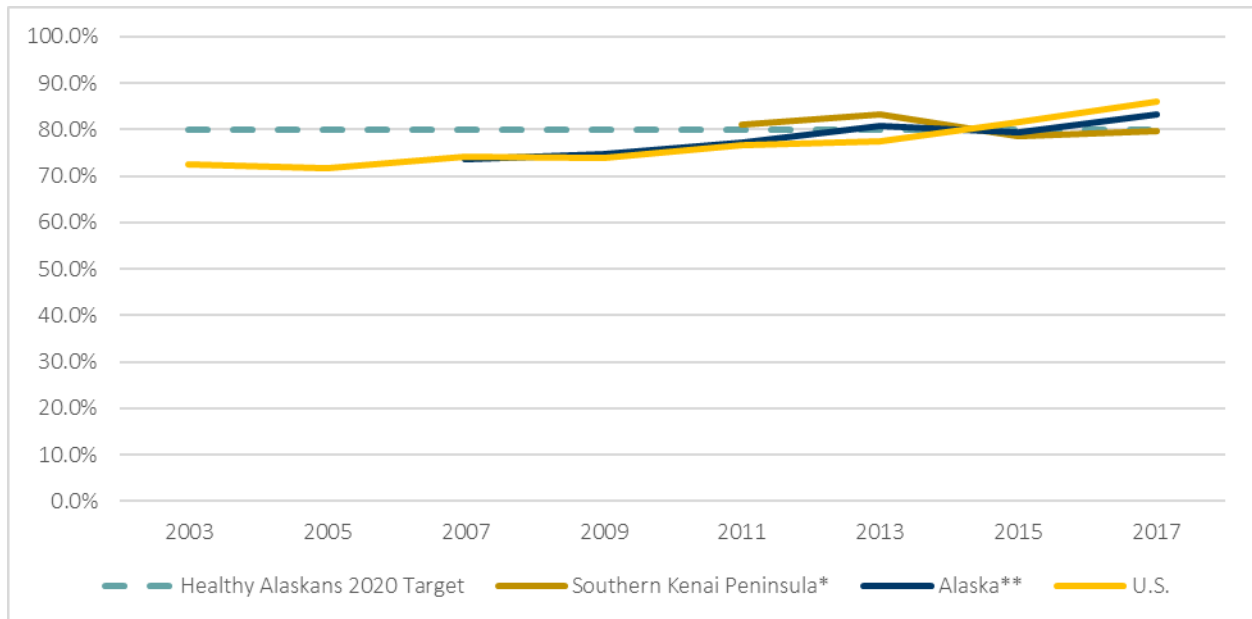
HA2020 #2-3: Percentage of adults and adolescents who use(d) tobacco products

Tobacco use is among the Healthy Alaskans 2020 Leading 25 Health Indicators (2-3 of 25), informing the goal, “Increase the proportion of Alaskans who are tobacco-free.”

Adolescents

The Healthy Alaskans 2020 target for adolescents is for 80 percent (or more) of adolescent Alaskans (high school students in grades 9-12) to have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days. Although 2019 data are unavailable at the SKP level, the 2019 Alaska Youth Risk Behavior Survey (YRBS) shows a statewide increase in the percentage of students vaping, while the percentage of Alaskan adolescents who smoke cigarettes fell from 18 percent in 2007 to eight percent in 2019. The survey found that one out of four Alaskan adolescents vaped during the past 30 days, a significant increase from the one in six high school students who reported currently using e-cigarettes during the 2017 survey.

Figure 40. Percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days, 2003 – 2017



	2003	2005	2007	2009	2011	2013	2015	2017***
Southern Kenai Peninsula*	**	**	**	**	81.0%	83.2%	78.6%	79.6%
Alaska**	72.9%	**	73.7%	74.8%	77.1%	80.7%	79.5%	83.4%
U.S.	72.5%	71.6%	74.3%	74.0%	76.6%	77.6%	81.5%	86.0%

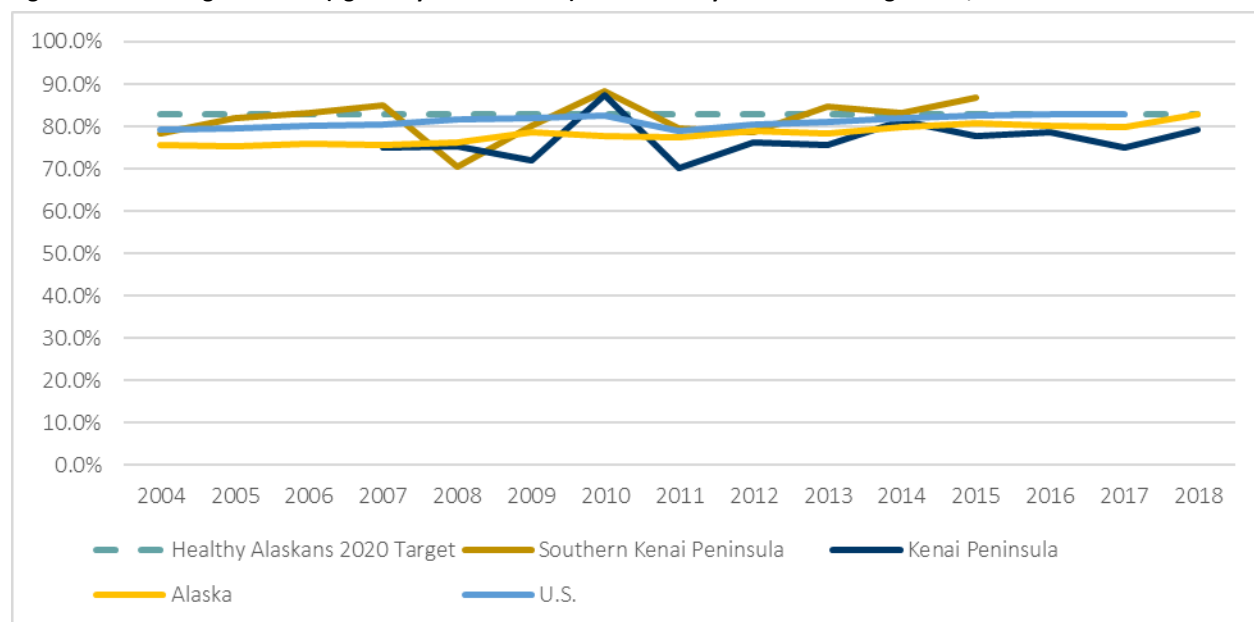
Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: "***" indicates that data are not available. * SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.
 ** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals.
 *** 2017 SKP percentage represents total students (100%) less 14.6% students who have used cigarettes, cigars or smokeless tobacco (including Iqmik), 5.8% students who have used chewing tobacco, snuff or dip. This percentage does not account for the 10.7% students who have used an electronic vaping product on one or more of the past 30 days. Electronic vaping products are relatively new and might not be captured in previous-year survey data. With the electronic vaping products, the 2017 SKP percentage would be 68.9%.

Adults

The Healthy Alaskans 2020 target for adults is that 83 percent (or more) of adult Alaskans (aged 18 years and older) currently do not smoke cigarettes.

Figure 41. Percentage of adults (aged 18 years and older) who currently do not smoke cigarettes, 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	78.4%	82.0%	83.2%	85.0%	70.5%	80.0%	88.4%	79.5%
Kenai Peninsula	**	**	**	75.1%	75.4%	71.9%	87.3%	70.3%
Alaska	75.7%	75.2%	76.0%	75.6%	76.2%	78.5%	77.8%	77.4%
U.S.	79.2%	79.5%	80.0%	80.3%	81.7%	82.1%	82.7%	78.8%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	78.5%	84.8%	83.2%	86.7%	**	**	**
Kenai Peninsula	76.2%	75.5%	81.3%	77.8%	78.7%	74.9%	79.2%
Alaska	79.0%	78.2%	79.7%	80.8%	80.1%	79.8%	83.0%
U.S.	80.4%	81.0%	81.9%	82.5%	83.0%	82.9%	**

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System. U.S. data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. State and

U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Alaska data were obtained from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2011. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; ranking weights were used from 2007 through 2011. For more on this methodological change: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>
*** indicates that data are not available.

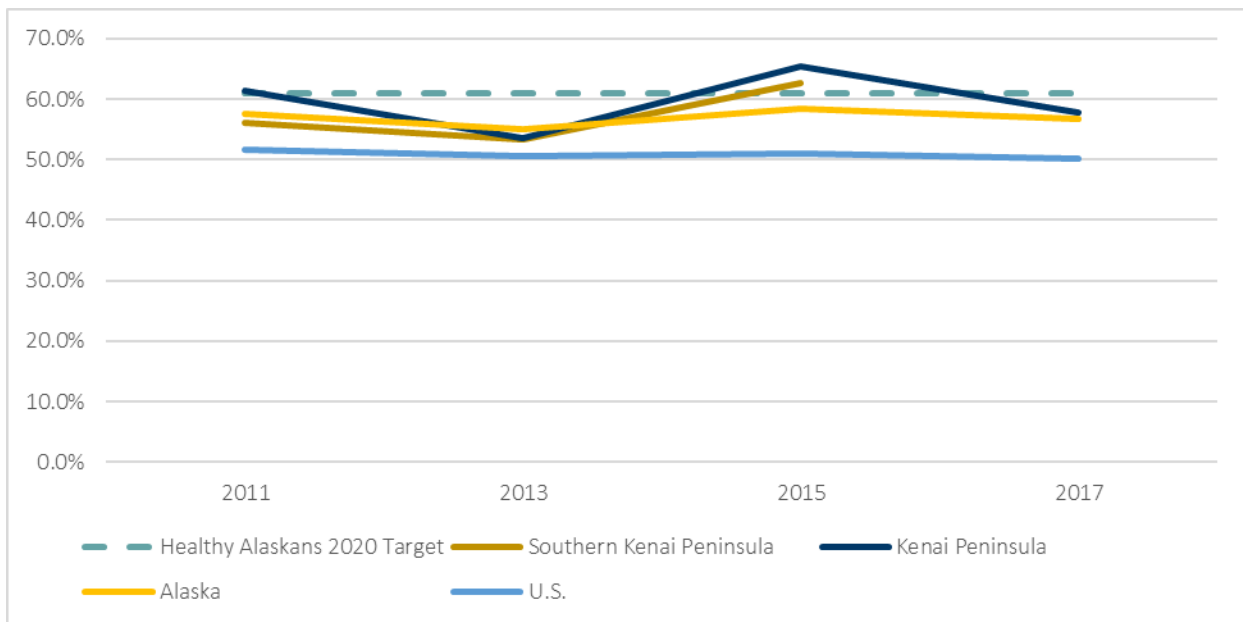
HA2020 #6: Physically active adults and adolescents

Physical activity is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (6 of 25), informing the goal, “Increase the proportion of Alaskans who are physically active.”

Adults

The CDC’s Physical Activity Guidelines for Americans direct adults (aged 18 years and older) to do at least 150 total minutes per week of moderate exercise or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total (2008). The Healthy Alaskans 2020 target for adults is for 61 percent (or more) of adult Alaskans to meet the CDC’s Physical Activity Guidelines for Americans.

Figure 42. Percentage of adult Alaskans (aged 18 years and older) who meet the CDC’s Physical Activity Guidelines for Americans: do ≥ 150 total minutes per week of moderate exercise or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total (2008), 2011 – 2017



	2011	2013	2015	2017
Southern Kenai Peninsula	56.0%	53.4%	62.7%	**
Kenai Peninsula	61.3%	53.6%	65.5%	57.9%
Alaska	57.5%	55.0%	58.5%	56.7%
U.S.	51.6%	50.5%	51.0%	50.2%

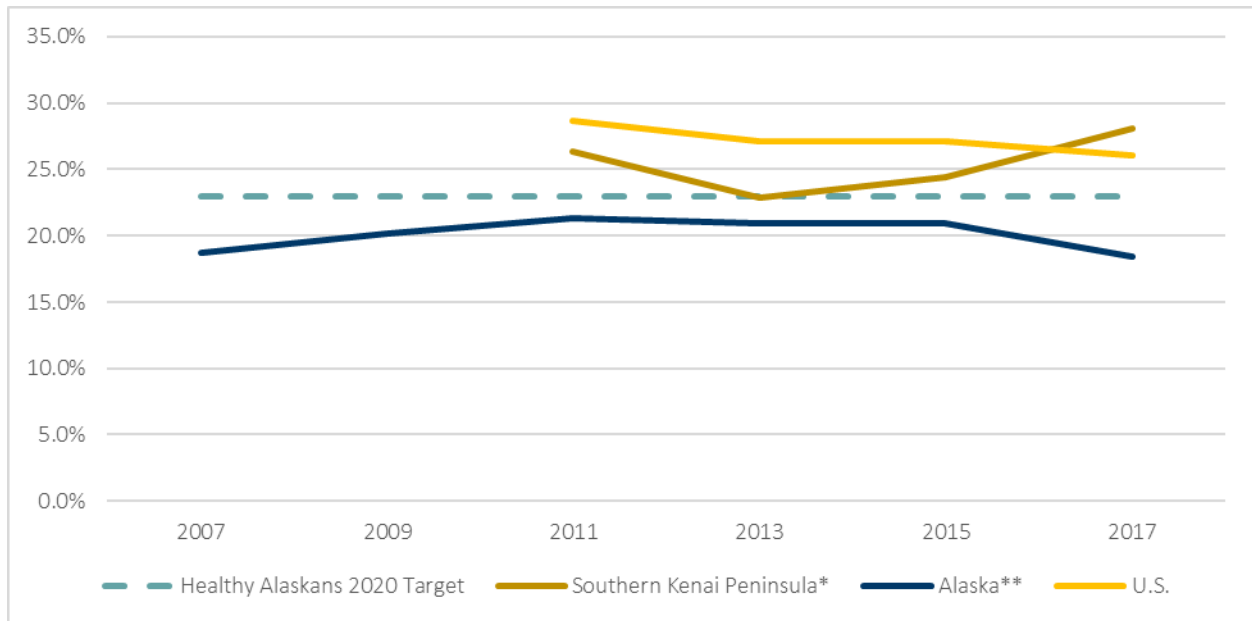
Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System. U.S. data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: There have been changes in physical activity guidelines during the past decade. The above data reflect the new guidelines, and starting in 2011, the BRFSS measure was once again changed. Ranking weights were used to calculate 2011 estimates. For more on this methodological change: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>
 “**” indicates that data are not available.

Adolescents

The CDC’s Physical Activity Guidelines for Americans direct adolescents (high school students in grades 9-12) to do at least 60 minutes of physical activity a day, every day of the week (2008). The Healthy Alaskans 2020 target for adolescents is for 23 percent (or more) of adolescent Alaskans to meet the CDC’s Physical Activity Guidelines for Americans.

Figure 43. Percentage of adolescent Alaskans (high school students in grades 9-12) who meet the CDC’s Physical Activity Guidelines for Americans: do ≥ 60 minutes of physical activity a day, every day of the week (2008), 2007 – 2017



	2007	2009	2011	2013	2015	2017
Southern Kenai Peninsula*	**	**	26.3%	22.9%	24.4%	28.1%
Alaska**	18.7%	20.2%	21.3%	20.9%	20.9%	18.4%
U.S.	**	**	28.7%	27.1%	27.1%	26.1%

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Because of changes in question content starting in 2011, national YRBS prevalence estimates derived from the 60 minutes of physical activity question in 2011 are not comparable to those reported in 2009 or earlier. On the 2005-2009 national YRBS questionnaire, physical activity was assessed with three questions (in the following order) that asked the number of days students participated in: 1) at least 60 minutes of aerobic (moderate and vigorous) physical activity, 2) at least 30 minutes of moderate physical activity, and 3) at least 60 minutes of aerobic (moderate and vigorous) physical activity. On the 2011 national YRBS questionnaire, only the 60 minutes of aerobic physical activity question was included.

* SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaeusk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals. "***" indicates that data are not available.

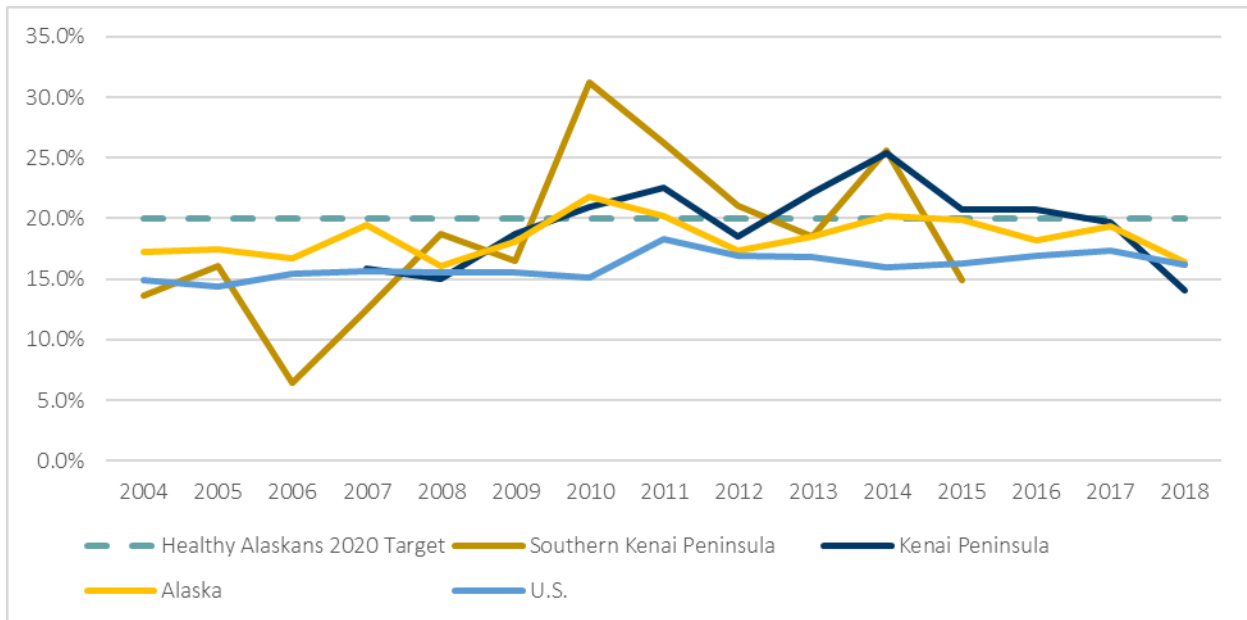
HA2020 #15: Binge drinking

Binge drinking is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (15 of 25), informing the goal, “Reduce the number of Alaskans experiencing alcohol and other drug dependence and abuse.”

Adults

The Healthy Alaskans 2020 target for adult binge drinking is for 20 percent (or less) of adult Alaskans (aged 18 years and older) report binge drinking in the past 30 days (defined as five or more drinks for men and four or more drinks for women on a single occasion).

Figure 44. Percentage of adults (aged 18 years and older) who report binge drinking in the past 30 days, defined as five or more drinks for men, and four or more drinks for women on a single occasion, 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	13.6%	16.1%	6.4%	12.5%	18.7%	16.5%	31.2%	26.3%
Kenai Peninsula	**	**	**	15.9%	15.0%	18.7%	20.9%	22.5%
Alaska	17.2%	17.5%	16.7%	19.5%	16.1%	18.1%	21.8%	20.2%
U.S.	14.9%	14.4%	15.4%	15.7%	15.5%	15.5%	15.1%	18.3%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	21.1%	18.5%	25.6%	14.9%	**	**	**
Kenai Peninsula	18.5%	22.1%	25.4%	20.7%	20.7%	19.7%	14.1%
Alaska	17.3%	18.5%	20.2%	19.9%	18.2%	19.4%	16.4%
U.S.	16.9%	16.8%	16.0%	16.3%	16.9%	17.4%	16.2%

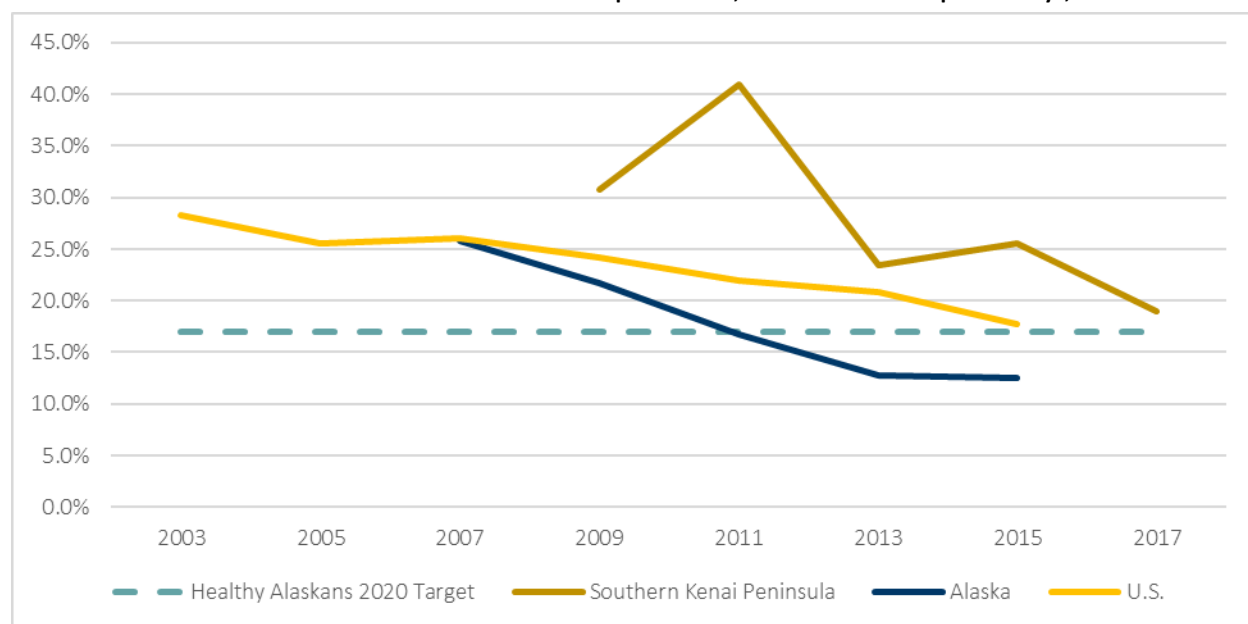
Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System. U.S. data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, 2005 through 2007, and 2009 through 2010, and from the Standard and Supplemental AK BRFSS surveys combined in 2004 and 2008. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys. Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>.
 “***” indicates that data are not available.

Adolescents

The Healthy Alaskans 2020 target for adolescent binge drinking is for 17 percent (or less) of adolescent Alaskans (high school students in grades 9-12) report binge drinking (defined as five or more alcoholic drinks in a row within a couple of hours) at least once in the past 30 days. Although 2019 data are unavailable at the SKP level, the 2019 Alaska Youth Risk Behavior Survey (YRBS) shows that statewide, alcohol use among high school students has decreased significantly, from 40 percent in 2007 to 21 percent in 2019.

Figure 45. Percentage of adolescents (high school students in grades 9-12) who report binge drinking in the past 30 days, defined as five or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days, 2003 – 2017



	2003	2005	2007	2009	2011	2013	2015	2017***
Southern Kenai Peninsula	**	**	**	30.8%	41.0%	23.5%	25.5%	19.0%
Alaska	26.5%	**	25.8%	21.7%	16.7%	12.8%	12.5%	**
U.S.	28.3%	25.5%	26.0%	24.2%	21.9%	20.8%	17.7%	**

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: “***” indicates that data are not available.

* SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals.

*** 2017 YRBS Questionnaire defined binge drinking as 4 or more drinks of alcohol in a row (if they were female) or 5 or more drinks of alcohol in a row (if they were male), during the past 30 days.

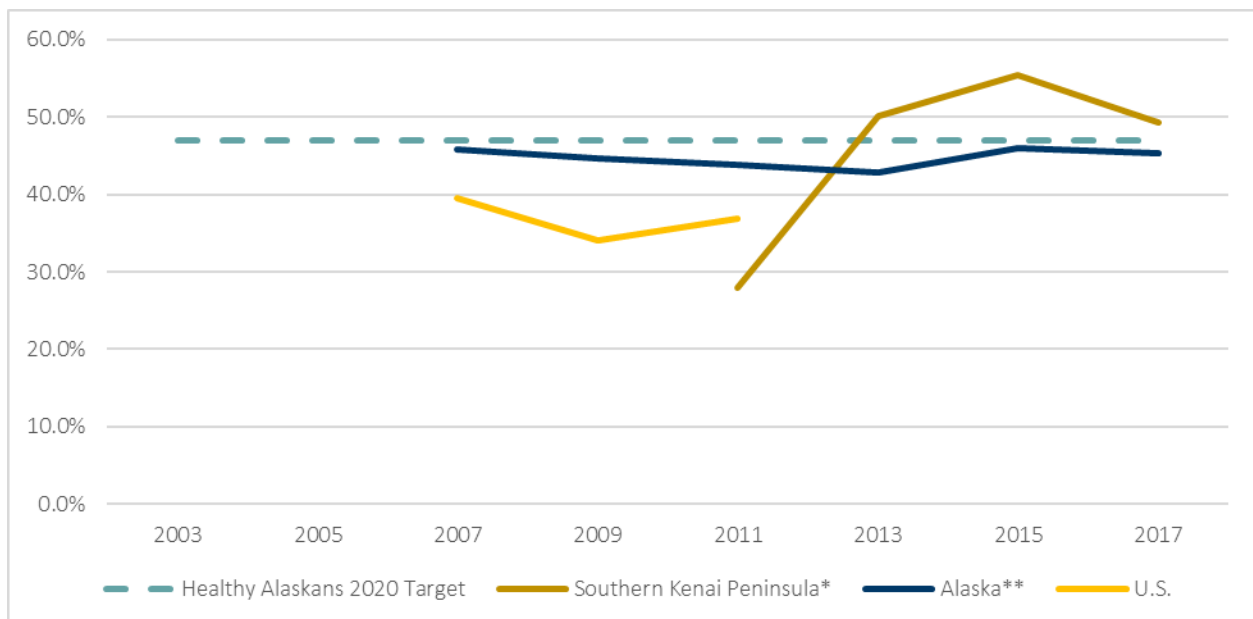


Social Determinants of Health: Social Support

HA2020 #10: Adolescents (high school students in grades 9-12) with three or more adults (aside from their parent(s)) from whom they feel comfortable seeking help.

The presence of supportive adults in the lives of Alaskan adolescents is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (10 of 25), informing the goal, “Increase the proportion of Alaska youth with family and/or social support.” The Healthy Alaskans 2020 target is that 47 percent (or more) adolescent Alaskans (high school students in grades 9-12) have three or more adults (aside from their parent(s)) from whom they feel comfortable seeking help.

Figure 46. Percentage of adolescents (high school students in grades 9-12) with three or more adults (aside from their parent(s)) from whom they feel comfortable seeking help, 2003 – 2017



	2003	2005	2007	2009	2011	2013	2015	2017
Southern Kenai Peninsula*	**	**	**	**	28.0%	50.1%	55.4%	49.3%
Alaska**	46.9%	**	45.9%	44.6%	43.8%	42.8%	46.0%	45.4%
U.S.	39.4%	**	39.5%	34.1%	36.9%	**	**	**

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Youth Risk Behavior Survey. U.S. data from the Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes:

* SKP schools surveyed in 2011 and 2013 include Homer High, Homer Flex, Nanwalek, Ninilchik, Nikolaevsk, and Voznesensa Schools. 2015 values only represent Homer High and Homer Flex respondents.

** Weighted Alaska data for this indicator were obtained in 2003, 2007, 2009, 2011 and 2013. Figure does not reflect 95% confidence intervals.

*** indicates that data are not available.

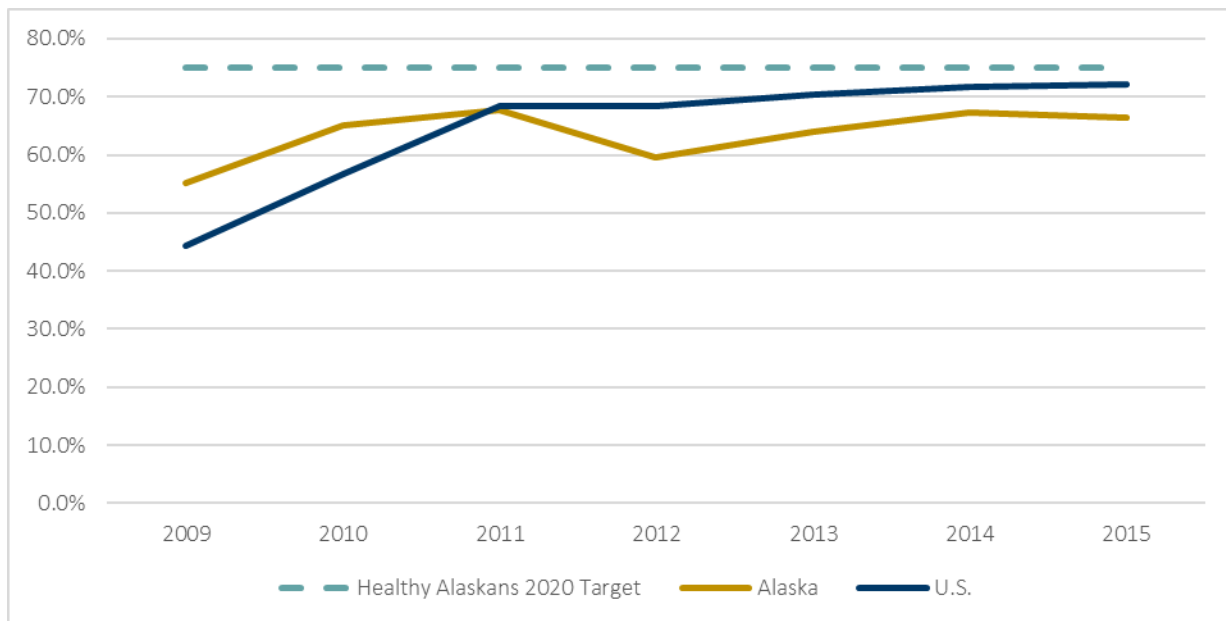


Social Determinants of Health: Access to Health Care and Preventative Services

HA2020 #17: Percentage of Children Who Receive the ACIP Vaccinations

Vaccination is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (17 of 25), informing the goal, “Increase the proportion of Alaskans who are protected from vaccine-preventable infectious diseases.” The Healthy Alaskans 2020 target is that 75 percent (or more) of Alaskan children aged 19-35 months receive the ACIP (Advisory Committee on Immunization Practices) recommended vaccination series (2013 ACIP Recommendation: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV).

Figure 47. Percentage of children aged 19-35 months who do receive the ACIP (Advisory Committee on Immunization Practices) recommended vaccination series (2013 ACIP Recommendation: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV), 2009 – 2015



	2009	2010	2011	2012	2013	2014	2015
Alaska	55.2%	65.0%	67.7%	59.5%	63.9%	67.3%	66.3%
U.S.	44.3%	56.6%	68.5%	68.4%	70.4%	71.6%	72.2%

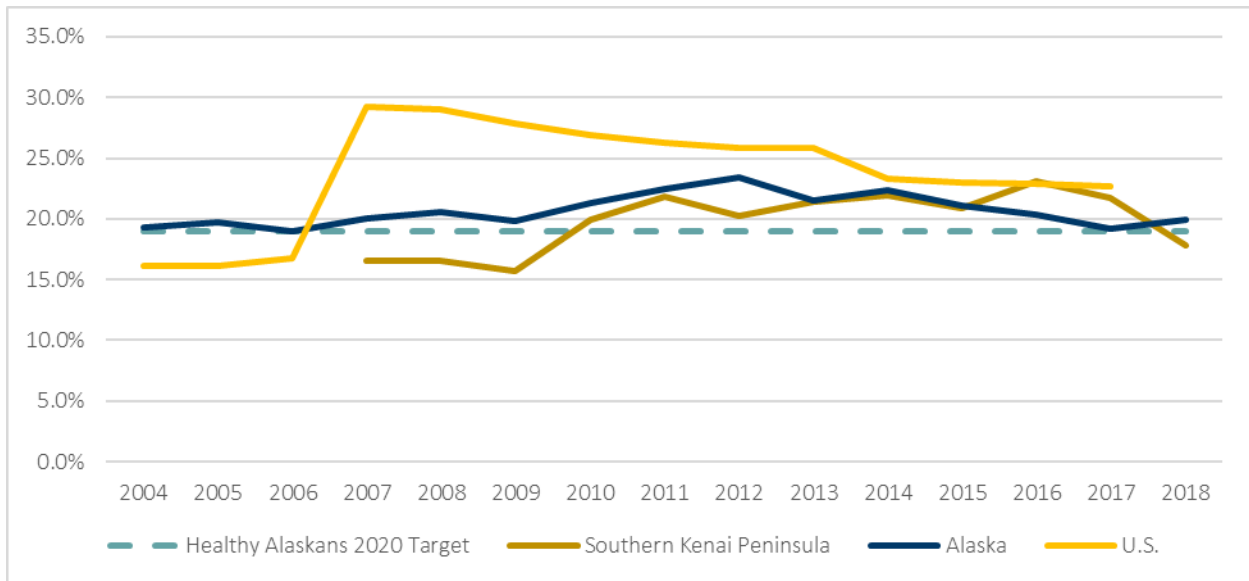
Data Source: Centers for Disease Control and Prevention, National Immunization Survey. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: Data for this indicator are unavailable for the Southern Kenai Peninsula. Recommended vaccines changed over the time period shown above. Data reported for 2009-2011 are for the 4:3:1:3:3:1:4 series, which adds Varicella and PCV.

HA2020 #21: Percentage of Women Delivering Live Births Who Have Not Received Prenatal Care

Prenatal care is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (21 of 25), informing the goal, “Reduce the proportion of Alaskans without access to high quality and affordable healthcare.” The Healthy Alaskans 2020 target is that 19 percent (or less) of Alaskan women delivering live births did not receive prenatal care beginning in the first trimester of pregnancy.

Figure 48. Percentage of women delivering live births who have not received prenatal care beginning in first trimester of pregnancy, 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	**	**	**	16.5%	16.5%	15.7%	19.9%	21.8%
Alaska	19.3%	19.7%	19.0%	20.0%	20.6%	19.8%	21.3%	22.5%
U.S.	16.1%	16.1%	16.8%	29.2%	29.0%	27.9%	26.9%	26.3%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	20.2%	21.4%	21.9%	20.9%	23.1%	21.7%	17.8%
Alaska	23.4%	21.5%	22.4%	21.1%	20.4%	19.2%	19.9%
U.S.	25.9%	25.8%	23.3%	23.0%	22.9%	22.7%	**

Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Bureau of Vital Statistics*. U.S. data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Beginning in 2007, U.S. data are reported from the 2003 U.S. Standard Certificate of Live Birth. Data before and after 2007 are not directly comparable because of changes in the way that prenatal care initiation information was collected.

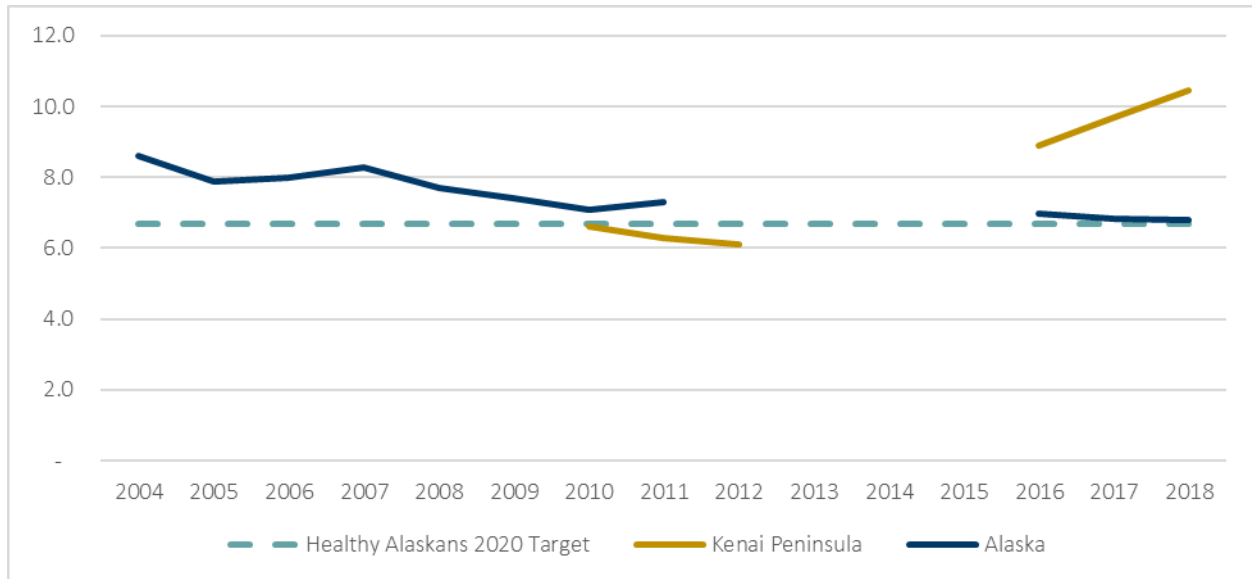
* Southern Kenai Peninsula defined as: Anchor Point (M04); Fox River (M21); Fritz Creek (M44); Halibut Creek (M09); Happy Valley (M27); Homer (M01); Kachemak City, Kachemak Selo, Kachemak Selo Village, Kachemak Silo, Kachemak Selo Vill (M25); Nanwelak (M08); Nikolaevsk, Nikolaevsk Village, Nikoleausk (M22); Ninilchik (M12); Port Graham (M14); Seldovia (M03); Razdolna, Razdolna Village, Voznesenka, Voznesenka Village, Aleneva, Aleneva Village, Skilak Lake, Kustatan (L99).

*** indicates that data are not available.

HA2020 #22: Rate of Preventable Hospitalizations

Preventable hospitalizations is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (22 of 25), informing the goal, “Reduce the proportion of Alaskans without access to high quality and affordable healthcare.” The Healthy Alaskans 2020 target is a rate of 6.7 (or less) preventable hospitalizations (hospitalizations that could have been prevented with high quality primary and preventative care) per 1,000 adults based on the Agency for Healthcare Research and Quality (AHRQ).

Figure 49. Rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventative care) based on the Agency for Healthcare Research and Quality (AHRQ), 2004 – 2017



	2004	2005	2006	2007	2008	2009	2010	2011
Kenai Peninsula	**	**	**	**	**	**	6.6	6.3
Alaska	8.6	7.9	8.0	8.3	7.7	7.4	7.1	7.3

	2012	2013	2014	2015	2016	2017	2018
Kenai Peninsula	6.1	**	**	**	8.9	9.7	10.5
Alaska	**	**	**	**	7.0	6.8	6.8

Data Sources: data from years 2004-2012: Kenai Peninsula data from Medicare/Dartmouth Institute 2010 (Co Health Rankings). Alaska data from the Alaska Hospital Discharge Data Set, using the AHRQ/H-CUP Algorithm for the set of “prevention quality indicators” which counts as “preventable” the cases that are deemed to be unlikely to have required hospitalization if primary care and prevention services had been in place for those individuals. State figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Data from 2016-2018 (both Kenai Peninsula and Alaska): Alaska Health Facilities Data Reporting Program (HFDR) program, Health Analytics & Vital Records, Alaska Division of Public Health. AHRQ QI™ Version 2019, Prevention Quality Indicator 90, Technical Specifications, Prevention Quality Overall Composite www.qualityindicators.ahrq.gov

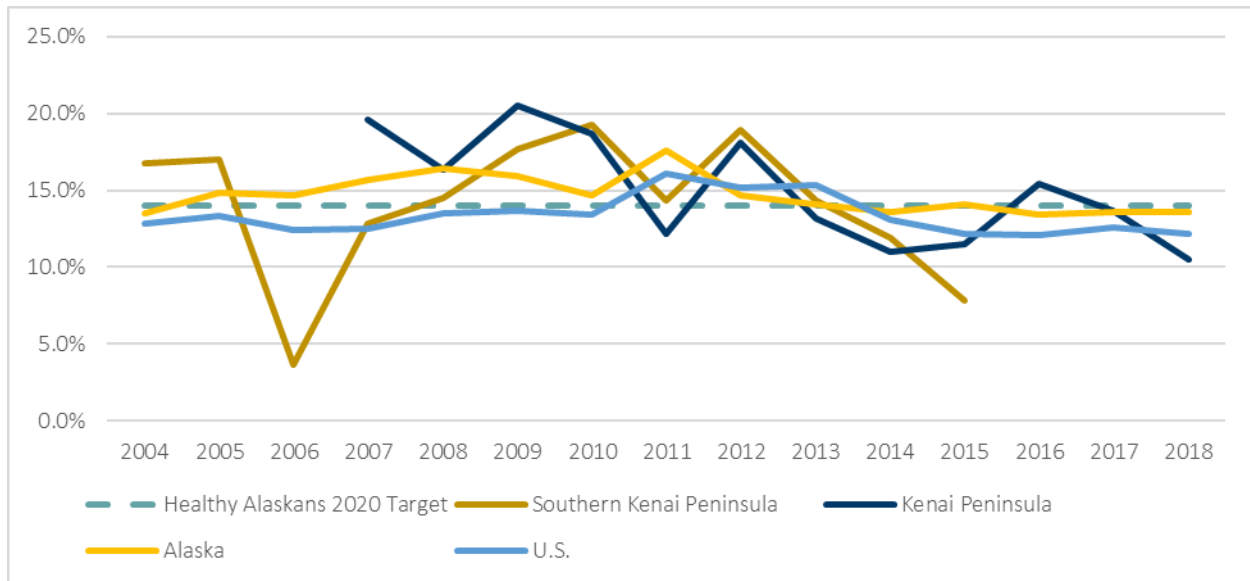
Notes: “**” indicates that data are not available.

Includes hospital discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for any of the following: PQI #1 Diabetes Short-Term Complications Admission Rate, PQI #3 Diabetes Long-Term Complications Admission Rate, PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate, PQI #7 Hypertension Admission Rate, PQI #8 Heart Failure Admission Rate, PQI #11 Community-Acquired Pneumonia Admission Rate, PQI #12 Urinary Tract Infection Admission Rate, PQI #14 Uncontrolled Diabetes Admission Rate, PQI #15 Asthma in Younger Adults Admission Rate, PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate

HA2020 #23: Percentage of Adults Who Could Not Afford to See A Doctor

Healthcare affordability is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (23 of 25), informing the goal, “Reduce the proportion of Alaskans without access to high quality and affordable healthcare.” The Healthy Alaskans 2020 target is 14 percent (or less) of Alaskan adults (aged 18 or over) report that they could not afford to see a doctor in the last 12 months.

Figure 50. Percentage of adults (aged 18 or over) reporting that they could not afford to see a doctor in the last 12 months, 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	16.8%	17.0%	3.6%	12.8%	14.5%	17.7%	19.3%	14.3%
Kenai Peninsula	**	**	**	19.6%	16.3%	20.5%	18.7%	12.2%
Alaska	13.5%	14.8%	14.7%	15.7%	16.4%	15.9%	14.7%	17.6%
U.S.	12.8%	13.3%	12.4%	12.5%	13.5%	13.7%	13.4%	16.1%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	18.9%	14.3%	11.9%	7.8%	**	**	**
Kenai Peninsula	18.1%	13.2%	11.0%	11.5%	15.4%	13.7%	10.5%
Alaska	14.7%	14.1%	13.6%	14.1%	13.4%	13.6%	13.6%
U.S.	15.2%	15.3%	13.1%	12.2%	12.1%	12.6%	12.2%

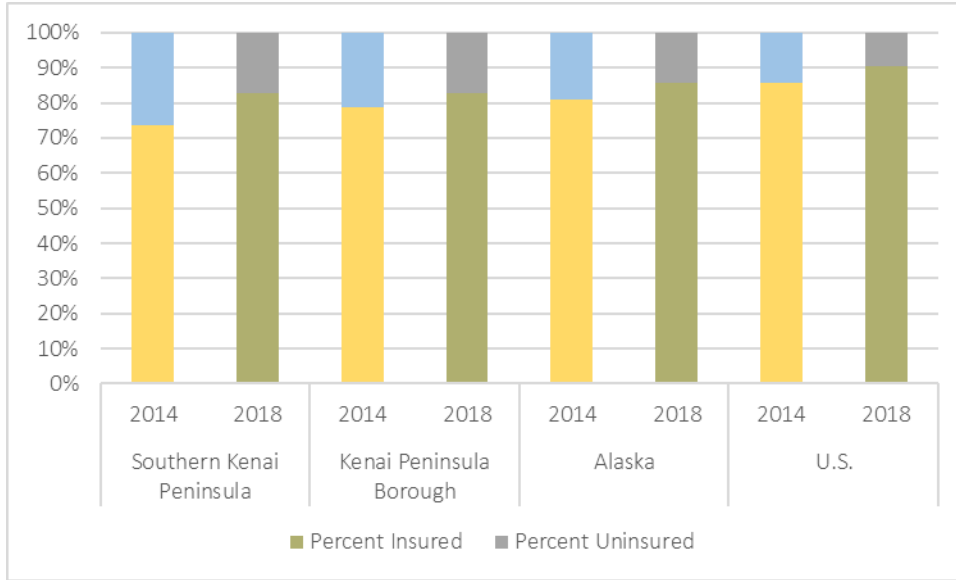
Data Sources: Southern Kenai Peninsula and Alaska data from the Alaska Department of Health and Social Services, Alaska Behavioral Risk Factor Surveillance System. U.S. data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Post-stratification weights were used for Alaska data from 2000 through 2006; raking weights were used from 2007 through 2011. For more on this methodological change see: <http://dhss.alaska.gov/dph/Chronic/Pages/brfss/method.aspx>. “***” indicates that data are not available.

Insurance Status

The lack of health insurance is considered a *key driver* of health status. Lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to health status.

Figure 51. Health Insurance Status, 2014 and 2018



	Southern Kenai Peninsula		Kenai Peninsula Borough		Alaska		U.S.	
	2014	2018	2014	2018	2014	2018	2014	2018
Total Civilian Non-institutionalized Population	13,908	14,452	55,484	57,071	704,405	714,106	309,082,258	317,941,631
Percent Insured	73.6%	82.7%	78.7%	82.8%	80.9%	85.6%	85.8%	90.6%
Percent Uninsured	26.4%	17.3%	21.3%	17.2%	19.1%	14.4%	14.2%	9.4%

Data Source: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Uninsured Population

Table 18. Percent of the Civilian Noninstitutionalized Population that is Uninsured by Age Group, 2014 and 2018

	Southern Kenai Peninsula		Kenai Peninsula Borough		Alaska		U.S.	
	2014	2018	2014	2018	2014	2018	2014	2018
Percent under Age 18	21.6%	12.9%	14.9%	14.5%	12.0%	10.3%	7.1%	5.2%
Percent age 18-64	33.6%	24.0%	27.9%	22.7%	24.3%	18.5%	19.8%	13.2%
Percent age 65 and Over	0.4%	1.0%	0.4%	0.6%	1.7%	1.2%	1.0%	0.8%

Data Source: U.S. Census Bureau, 2014 and 2018 ACS 5-Year Estimates

Note: The U.S. Census changed the age range groups slightly between 2014 and 2018.

Population Receiving Medicaid

The percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance) assesses vulnerable populations that are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Table 19. Percentage of Civilian Noninstitutionalized Population Receiving Medicaid, 2015 and 2018

	Southern Kenai Peninsula		Kenai Peninsula Borough		Alaska		U.S.	
	2015	2018	2015	2018	2015	2018	2015	2018
Medicaid/means tested coverage alone	12.8%	17.4%	10.3%	14.2%	11.9%	14.3%	13.7%	14.9%
Medicaid/means tested coverage alone or in combination	18.2%	23.5%	15.6%	19.9%	16.6%	19.7%	18.5%	20.1%
Under 18	41.2%	47.9%	31.5%	35.6%	33.8%	35.1%	37.9%	38.3%
18 to 64 years	10.6%	17.9%	9.7%	15.0%	9.4%	13.3%	12.1%	14.3%
65 years and over	14.3%	10.3%	15.4%	13.6%	17.0%	16.7%	14.1%	13.8%

Data Source: U.S. Census Bureau, 2015 and 2018 ACS 5-Year Estimates

Table 20. Civilian Noninstitutionalized Population Receiving Medicaid by Age Group, 2015 and 2018

	Southern Kenai Peninsula	
	2015	2018
Medicaid/means tested coverage alone	1,776	2,516
Medicaid/means tested coverage alone or in combination	2,530	3,389
Under 18	1,316	1,597
18 to 64 years	917	1,528
65 years and over	297	264

Data Source: U.S. Census Bureau, 2015 and 2018 ACS 5-Year Estimates

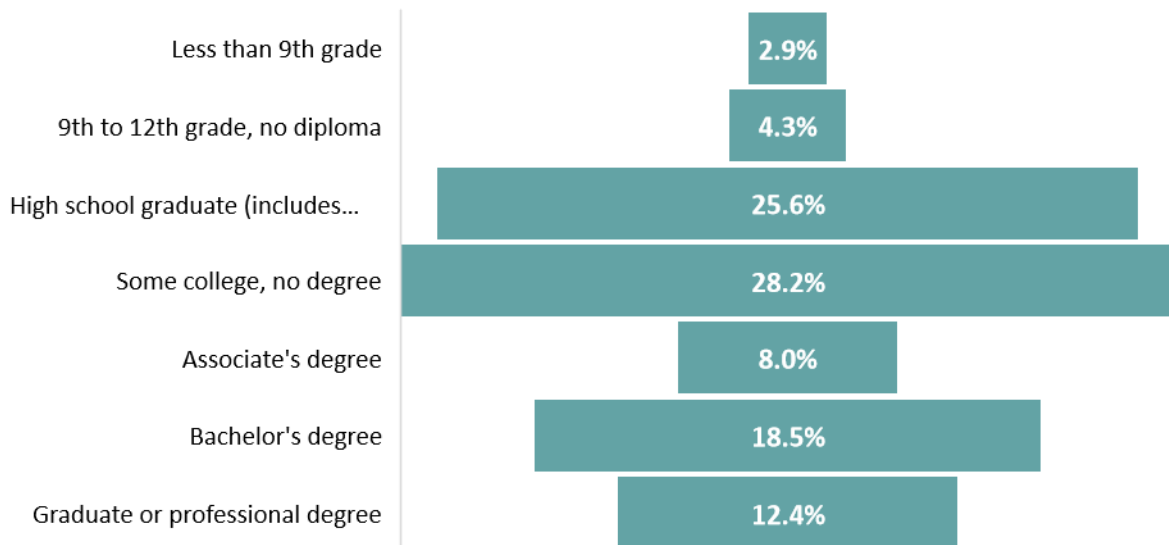


Social Determinants of Health: Education

Educational Attainment

Educational attainment has been linked to positive health outcomes. Ninety three percent of residents over the age of 25 have a high school degree or higher, and about a third of the Southern Kenai Peninsula population has earned a bachelor's degree or higher.¹⁵

Figure 52. Educational Attainment, Southern Kenai Peninsula, 2018



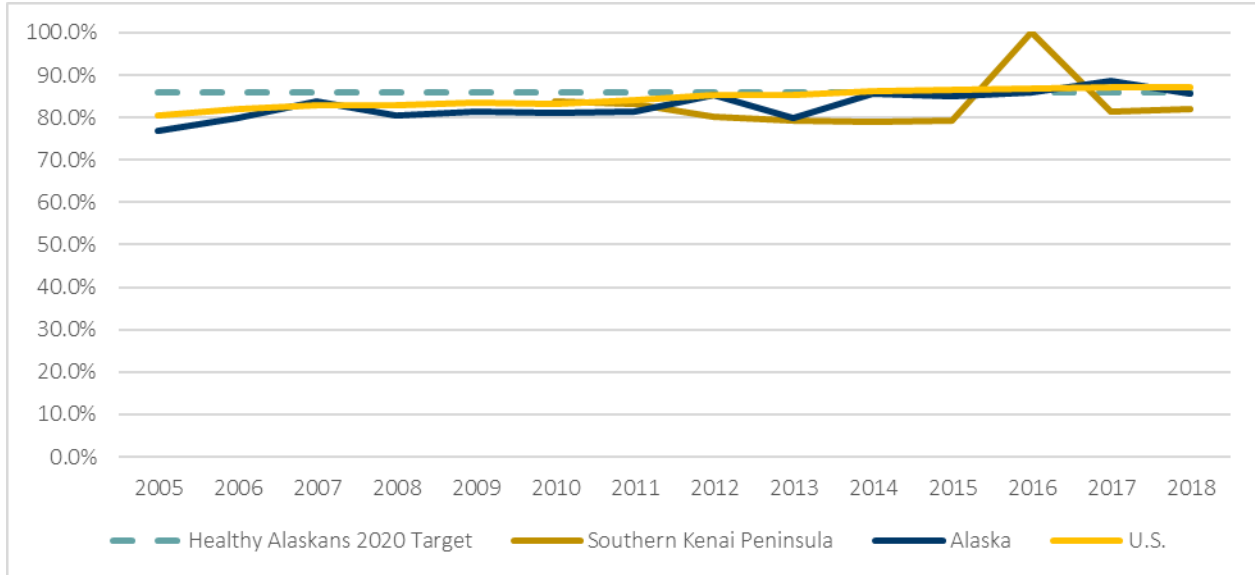
Source: U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

¹⁵ U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

HA2020 #25: Percentage of 18-24 year-olds with High School Diploma or Equivalency

Percentage of 18-24 year-olds with high school diploma or equivalency is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (25 of 25), informing the goal, “Increase the economic and educational status of Alaskans.” The Healthy Alaskans 2020 target is that 86 percent (or more) 18-24 year-olds have a high school diploma or equivalency.

Figure 53. Percentage of 18-24 year-olds with high school diploma or equivalency, 2005 – 2018



	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	**	**	**	**	**	83.8%	83.1%
Alaska	76.9%	80.0%	83.8%	80.4%	81.5%	81.2%	81.5%
U.S.	80.4%	82.0%	82.9%	83.0%	83.6%	83.2%	84.1%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	80.2%	79.4%	78.9%	79.2%	100.0%	81.5%	82.0%
Alaska	85.2%	79.8%	85.5%	84.9%	86.0%	88.5%	85.7%
U.S.	85.2%	85.3%	86.1%	86.5%	86.9%	87.2%	87.2%

Data Sources: U.S. Census Bureau, American Community Survey 1-Year Estimates (SKP uses ACS 5-year estimates). State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: Includes those 18-24 years old with a high school diploma (includes equivalency) or higher education (some college, associate’s degree, bachelor’s degree, graduate or professional degree).

“**” indicates that data are not available.

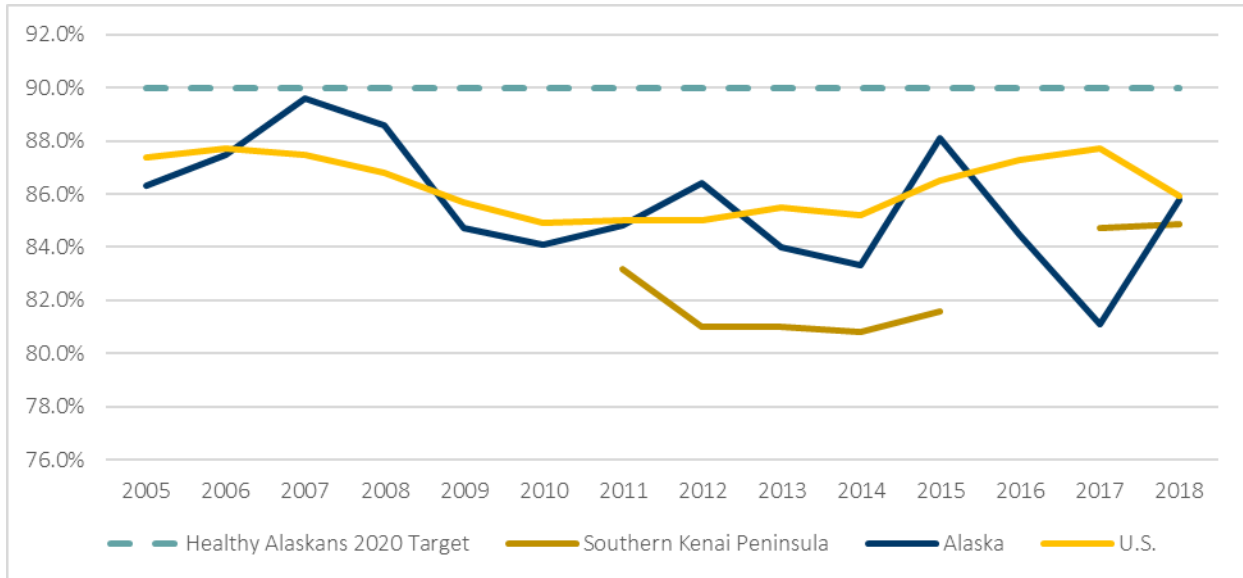


Social Determinants of Health: Income

HA2020 #24: Residents (All Ages) Living Above the Federal Poverty Level

Poverty creates barriers to accessing health services, healthy food and other necessities that contribute to health. Percentage of residents living above the federal poverty level is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (24 of 25), informing the goal, “Increase the economic and educational status of Alaskans.” The Healthy Alaskans 2020 target is that 90 percent (or more) Alaskan residents of all ages are living above the federal poverty level.

Figure 54. Percentage of residents (all ages) living above the federal poverty level (as defined for Alaska), 2005 – 2018



	2005	2006	2007	2008	2009	2010	2011
Southern Kenai Peninsula	**	**	**	**	**	**	83.2%
Alaska	86.3%	87.5%	89.6%	88.6%	84.7%	84.1%	84.8%
U.S.	87.4%	87.7%	87.5%	86.8%	85.7%	84.9%	85.0%

	2012	2013	2014	2015	2016	2017	2018
Southern Kenai Peninsula	81.0%	81.0%	80.8%	81.6%	**	84.7%	84.9%
Alaska	86.4%	84.0%	83.3%	88.1%	84.5%	81.1%	85.8%
U.S.	85.0%	85.5%	85.2%	86.5%	87.3%	87.7%	85.9%

Data Sources: Southern Kenai Peninsula community 2011 values provided by Alice Rarig, State of Alaska Public Health; 2012-2018 calculated from the American Community Survey 5-year estimates. 2016 ACS 5-Year Estimates were unavailable for 2016. Alaska and U.S. data are from the U.S. Census Bureau, Current Population Survey Annual Social and Economic Supplement. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Notes: Alaska estimates are based on income below 125% of the federal poverty level for the nation as per poverty guidelines. U.S estimates are based on income below 100% of the federal poverty level for the nation. The U.S. Census Bureau uses a set of income thresholds that vary by family size and composition to determine the “ratio of income to poverty threshold.” The official poverty thresholds are updated for inflation using the Consumer Price Index, but they do not vary geographically except that the Department of Health and Human Services acknowledges high cost of living in Alaska and Hawaii with an adjustment called the “poverty guidelines” which are applied to programmatic eligibility criteria. The poverty definition uses money income before taxes and does not include capital gains, subsistence resources, or non-cash benefits (such as public housing, Medicaid, and food stamps).

“***” indicates that data are not available.

Children Eligible for Free and Reduced-Price Lunch

This indicator assesses vulnerable populations that are more likely to have multiple health access, health status and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Within the Southern Kenai Peninsula, 44.9% of public-school students (779 students) are eligible for Free and Reduced-Price Lunch.

Table 21. Students Eligible for Free and Reduced-Price Lunch, 2013-2020

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Total Students							
Southern Kenai Peninsula	2,024	**	**	**	**	**	1,736
Kenai Peninsula Borough	8,960	**	**	**	**	**	7,511
Alaska	130,942	131,158	132,466	132,709	**	**	111,656
U.S.	50,195,195	49,864,608	49,753,676	49,944,748	**	**	**
Number Eligible							
Southern Kenai Peninsula	769	**	**	**	**	**	779
Kenai Peninsula Borough	2,921	**	**	**	**	**	3,137
Alaska	56,053	56,566	56,625	60,182	**	**	57,032
U.S.	26,012,902	25,826,297	25,900,186	26,113,604	**	**	**
Percent Eligible							
Southern Kenai Peninsula	38.0%	**	**	**	**	**	44.9%
Kenai Peninsula Borough	32.6%	**	**	**	**	**	41.8%
Alaska	42.8%	43.1%	42.7%	45.3%	**	**	51.1%
U.S.	51.8%	51.8%	52.1%	52.3%	**	**	**

Data Sources: 2020 Southern Kenai Peninsula, Kenai Peninsula Borough and Alaska data from the Alaska Department of Education and Early Development Child Nutrition Program, National School Lunch Programs Free and Reduced-Price Meals Report for Program Year 2020. 2016-2017 data for Alaska and the U.S. from the National Center for Education Statistics, NCES.

Notes: “***” indicates that data are not available.

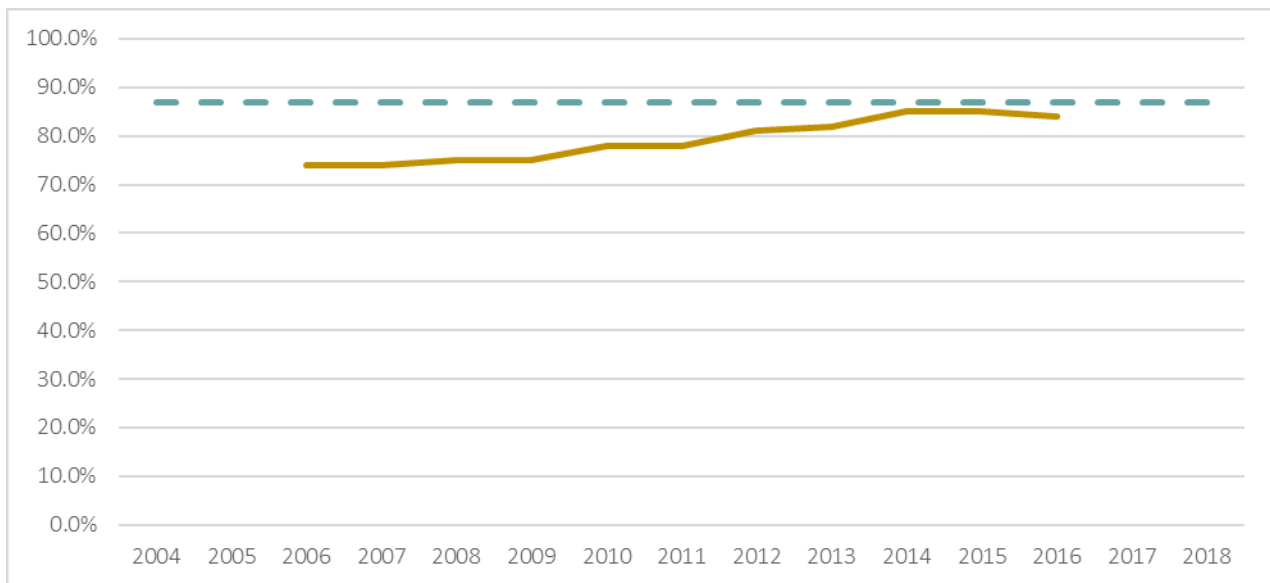


Social Determinants of Health: Housing and Physical Environment

HA2020 #19: Rural Housing with Water and Sewer

Percentage of rural community housing units with water and sewer services is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (19 of 25), informing the goal, “Increase the proportion of Alaskans with access to in-home water and wastewater services.” The Healthy Alaskans 2020 target is that 87 percent (or more) rural community housing units have water and sewer services.

Figure 55. Percentage of rural community housing units with water and sewer services, 2004 – 2018



	2004	2005	2006	2007	2008	2009	2010	2011
Rural Alaska	72.0%	**	74.0%	74.0%	75.0%	75.0%	78.0%	78.0%

	2012	2013	2014	2015	2016	2017	2018
Rural Alaska	81.0%	82.0%	85.0%	85.0%	84.0%	**	86.0%

Data Sources: Alaska Department of Environmental Conservation. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: Data for this indicator are unavailable for the Southern Kenai Peninsula.

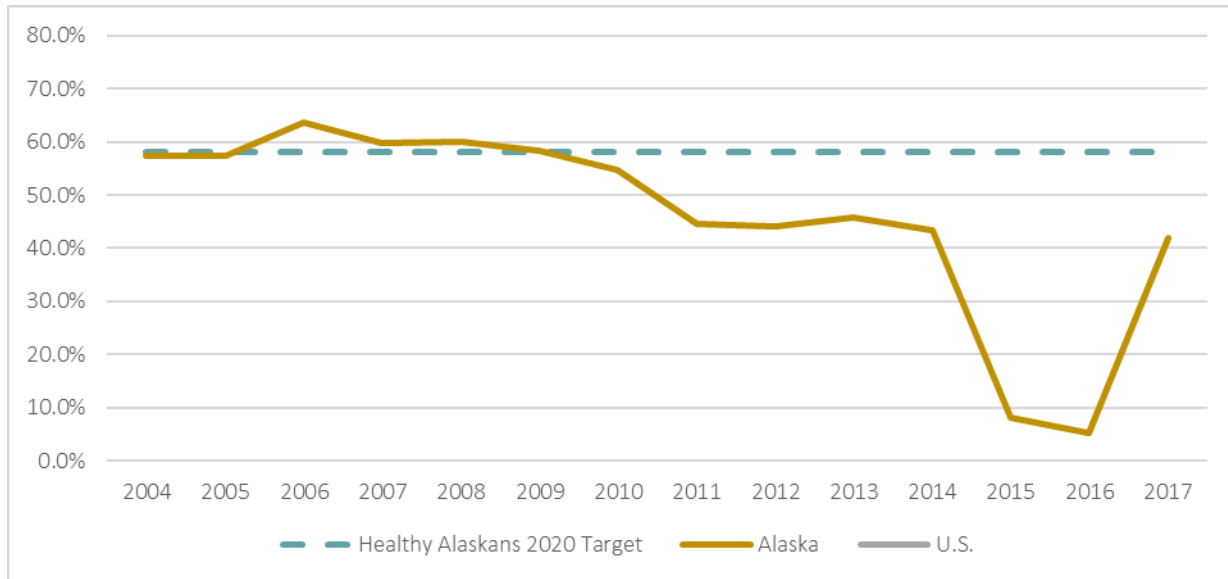
The above data are based on the following definitions: “Rural Community” is defined as an Alaska community with between 25 and 2,000 people that is not part of a metropolitan area and that is not connected to a highway system. “Housing Unit” is defined as a resident’s primary home, used for most of the year. Seasonal homes, vacation homes, lodges, public structures and commercial buildings are not included in this definition. “Water and Sewer Service” is defined as the provision of running water and sewer service inside the home via community piped or covered haul system, individual well and septic systems, or some combination thereof.

“**” indicates that data are not available.

HA2020 #20: Population with Optimally Fluoridated Water

Percentage of the Alaskan population served by community water systems with optimally fluoridated water is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (20 of 25), informing the goal, “Increase the proportion of Alaskans protected against dental diseases.” The Healthy Alaskans 2020 target is that 58 percent (or more) of the Alaskan population is served by community water systems with optimally fluoridated water.

Figure 56. Percentage of the Alaskan population served by community water systems with optimally fluoridated water, 2004 – 2017



	2004	2005	2006	2007	2008	2009	2010
Alaska	57.5%	57.5%	63.7%	59.8%	60.0%	58.3%	54.8%
U.S.	68.7%	**	69.2%	**	72.4%	**	73.9%

	2011	2012	2013	2014	2015	2016	2017
Alaska	44.6%	44.2%	45.7%	43.4%	8.1%	5.3%	42.0%
U.S.	**	74.6%	**	74.4%	**	**	**

Data Sources: Alaska data are from the Alaska Department of Health and Social Services, Oral Health Program (2004-2013); Centers for Disease Control and Prevention, National Oral Health Surveillance System (2000/2002). U.S. data are from the Centers for Disease Control and Prevention, National Oral Health Surveillance System. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

Note: Data for this indicator are unavailable for the Southern Kenai Peninsula. The 2004 Alaska percentage includes the Anchorage water system, which had an interruption for several months for replacement/repair of fluoridation equipment.

“**” indicates that data are not available.

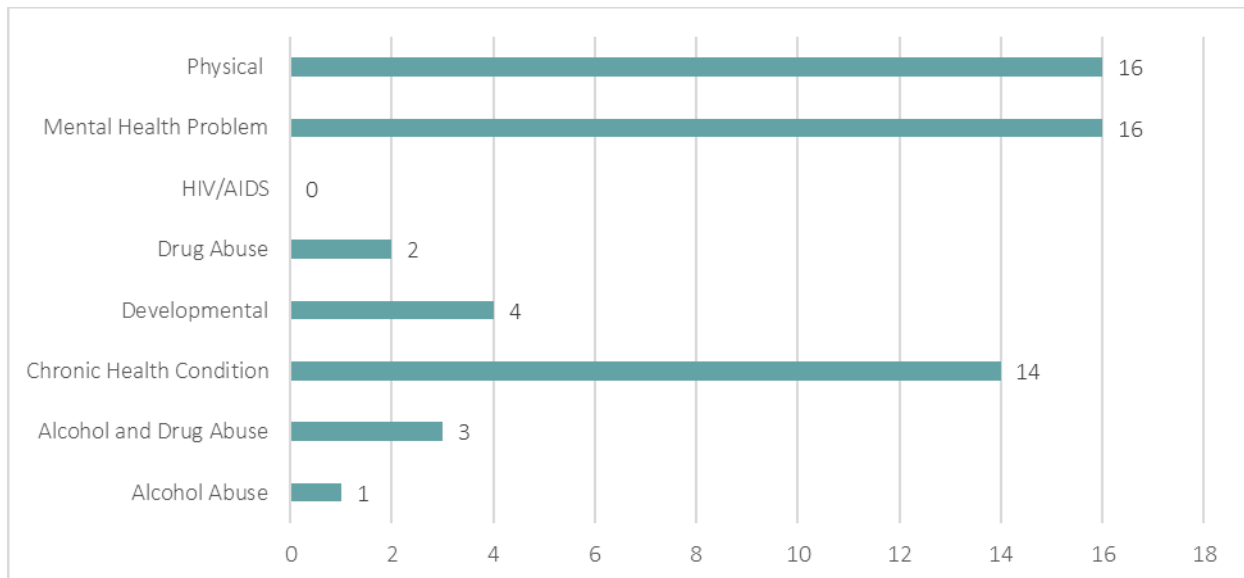
Homelessness

Data were collected among participants at a Project Homeless Connect event on January 29, 2019 in Homer, Alaska where 28 service provider vendors shared their services with attendees as part of the Kenai Peninsula's Ninth Annual Project Homeless Connect. A total of 97 individuals signed in at the event. Seventy individuals representing 84 people completed the Intake process.

- Eight individuals aged 24 years or younger reported as Head of Household, and 16 dependents under 18 years were counted.
- Seventy percent of respondents lived in an adult household with no children.
- Twenty-nine percent of respondents lived in a household with adults and children.
- One percent of respondents lived in a household with only youth.
- Only seven percent of respondents were veterans.
- Seventy percent of respondents identified (in whole or part) as White, 32 percent as American Indian/Alaska Native, two percent identified as Black/African American, and one percent identified as Native Hawaiian/Pacific Islander.
- Fifty-seven percent of respondents were male, and 43 percent were female.
- Forty-one percent of respondents were victims of domestic violence. Of these, 62 percent were female, and 38 percent were male.
- Eighty-two percent of respondents had health insurance. Only 18 percent did not have health insurance.
- Seventeen percent of respondents were ever in the foster care system.

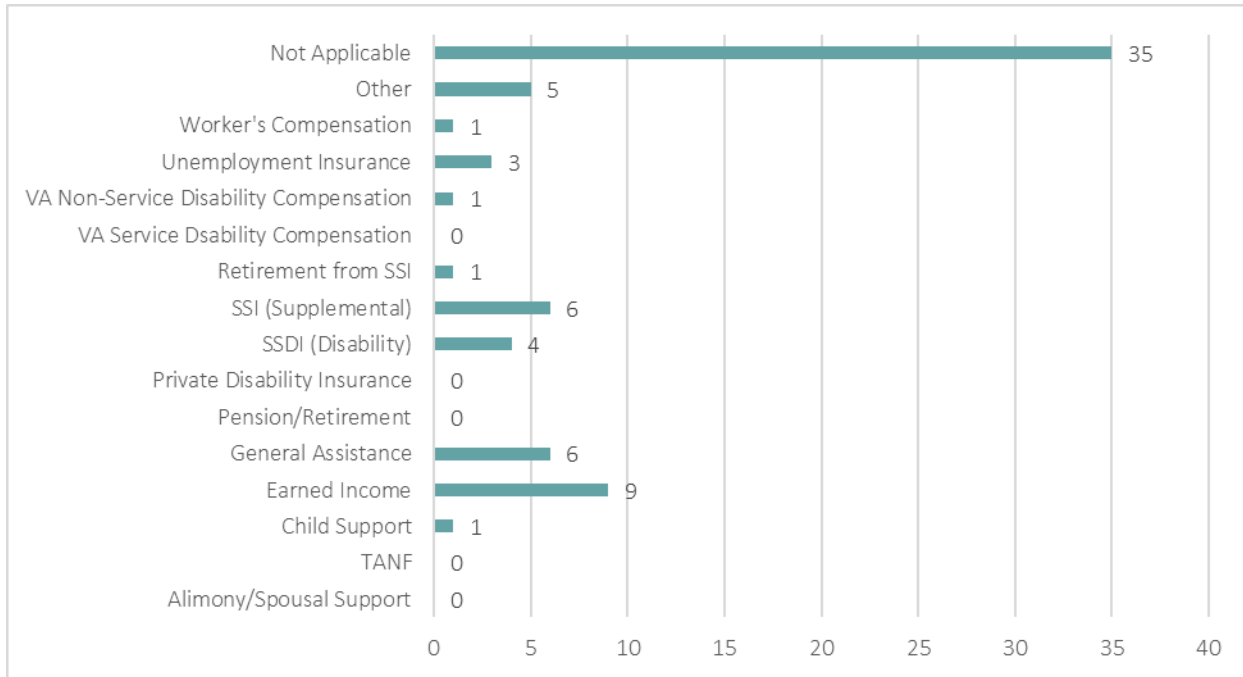
Though not fully representative of the Southern Kenai Peninsula, the Homer 2020 Project Homeless Connect Report provides some information about homelessness in the South Peninsula Hospital's service area.

Figure 57. Disabling Conditions



Source: Homer Project Homeless Connect (PHC), Homer 2020 Project Homeless Connect Report.

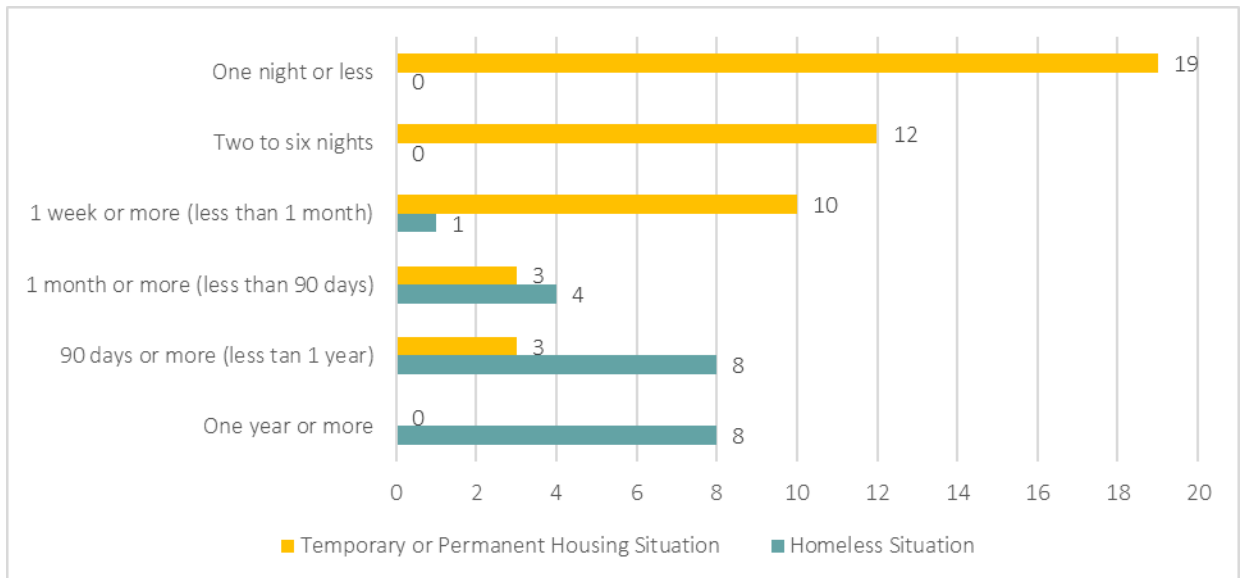
Figure 58. Income Received Last 30 Days



Source: Homer Project Homeless Connect (PHC), Homer 2020 Project Homeless Connect Report.

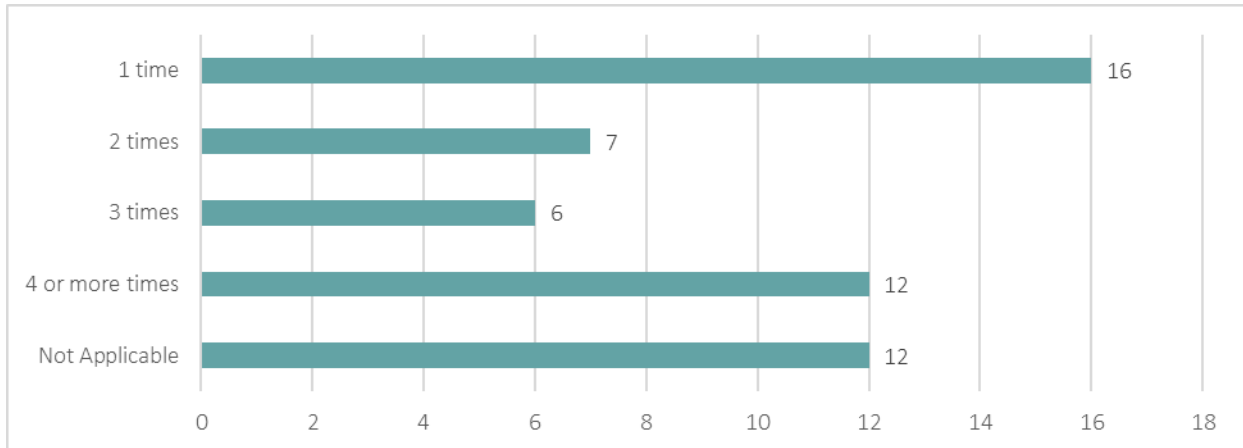
The reality of homelessness is that people often transition in and out of having no home (homeless) and having a temporary or permanent housing situation over a period of time. No respondents reported living in an institutional housing situation.

Figure 59. Duration of Homelessness



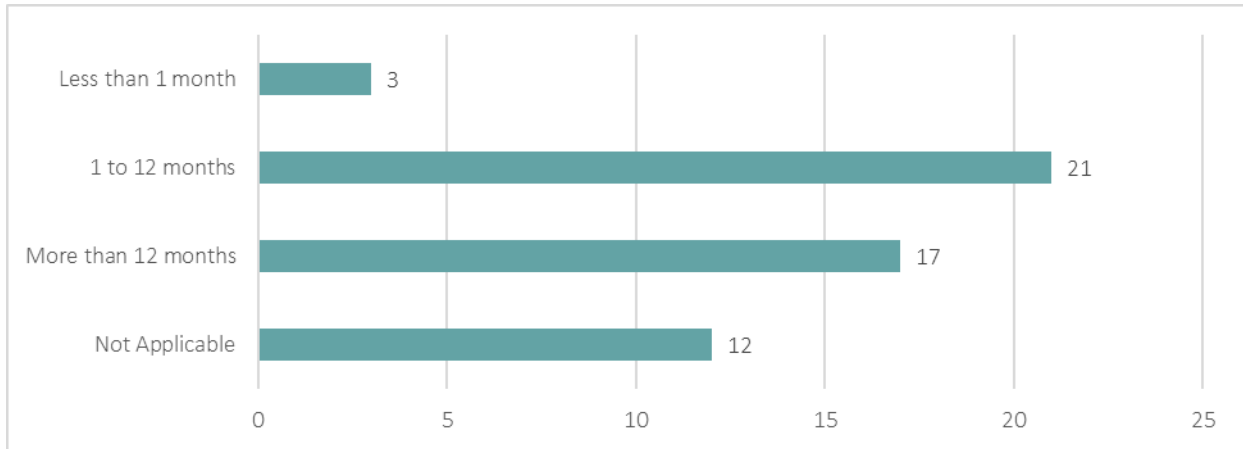
Source: Homer Project Homeless Connect (PHC), Homer 2020 Project Homeless Connect Report.

Figure 60. Homeless Episodes in the Past Three Years



Source: Homer Project Homeless Connect (PHC), Homer 2020 Project Homeless Connect Report.

Figure 61. Duration of Homelessness in the Past Three Years



Source: Homer Project Homeless Connect (PHC), Homer 2020 Project Homeless Connect Report.



Social Determinants of Health: Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs)

ACEs may include childhood emotional, physical or sexual abuse as well as various expressions of household disfunction, such as mental illness in the home, incarcerated family member, substance abuse in the home, separation or divorce, and witnessed domestic violence. Risk factors such as obesity, diabetes, smoking, alcohol abuse and depression have been shown to have a strong correlation with Adverse Childhood Experiences (ACEs) early in the individual's life.¹⁶ Frequent and toxic stress on young children who lack adequate protective factors and support from adults is strongly associated with increases in lifelong health risks and social problems.

During 2013-2015, 100% of adult survey respondents (18+) in the Kenai Peninsula had experienced one or more adverse childhood experiences prior to age 18 (BRFSS).

Table 22. Percentage of adults (18+) who experienced adverse childhood experiences prior to age 18, total counts, crude rates, 2013-2015 (3-year average)

	no ACEs	1 ACE	2-3 ACEs	4+ ACEs
Alaska	34.3%	22.2%	24.1%	19.5%

Data Sources: Alaska Data from the Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Department of Public Health, Section of Chronic Disease Prevention and Health Promotion.

Notes:

Eight domains of Adverse Childhood Experiences (ACEs) encompassing abuse and dysfunctional households were asked in 2013. Two questions on physical and emotional neglect were added in 2014. Refer to the individual ACEs domains in the Relative Indicators under Risk Factors for criteria for exposure. Scores are based upon respondents who answered all 11 questions in the 2013 ACEs module and the original 11 questions related to the 8 domains in the 2014 version.

The preamble to each of the Adverse Childhood Experiences (ACEs) question was: "I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age ---"

While the individual adverse childhood experience (ACE) an Alaska adult may have experienced is important, the strength of the research lies in the often multiple ACEs an individual has during childhood: "The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course...Dose response describes the changes in an outcome (e.g., alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g., ACEs). A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases."¹⁷

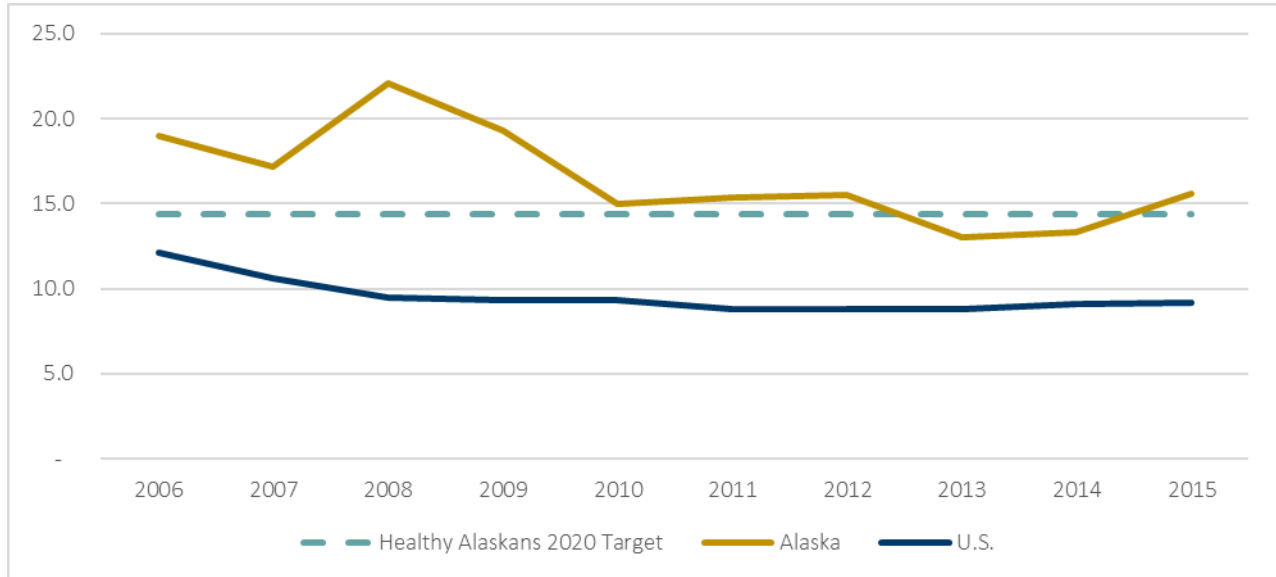
¹⁶ Felitti, VJ, RF Anda, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine* 14(4): p245-258.

¹⁷ U.S. Centers for Disease Control and Prevention (CDC). Adverse Childhood Experiences (ACE) Study. <http://www.cdc.gov/violenceprevention/acestudy/index.html>. Updated April 1, 2016. Accessed April 26, 2016.

HA2020 #11: Child maltreatment victims

Child abuse and neglect is defined as any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which present an imminent risk of serious harm. Child maltreatment is one of the Healthy Alaskans 2020 Leading 25 Health Indicators (11 of 25), informing the goal, “Reduce the number of Alaskans experiencing domestic violence and sexual assault.” The Healthy Alaskans 2020 target is a rate of 14.4 (or less) unique substantiated child maltreatment victims per 1,000 children (aged 0-17 years).

Figure 62. Rate of unique substantiated child maltreatment victims per 1,000 children (aged 0-17 years), 2006 – 2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alaska	19.0	17.2	22.1	19.3	15.0	15.4	15.5	13.0	13.3	15.6
U.S.	12.1	10.6	9.5	9.3	9.3	8.8	8.8	8.8	9.1	9.2

Data Sources: Alaska data are from the Alaska Department of Health and Social Services, Office of Children's Services. U.S. data are from the U.S. Department of Health and Human Services, Administration for Children and Families. State and U.S. figures retrieved on 03/26/2020 from Alaska Department of Health and Social Services, Indicator-Based Information System for Public Health (AK-IBIS) website: <http://ibis.dhss.alaska.gov/>.

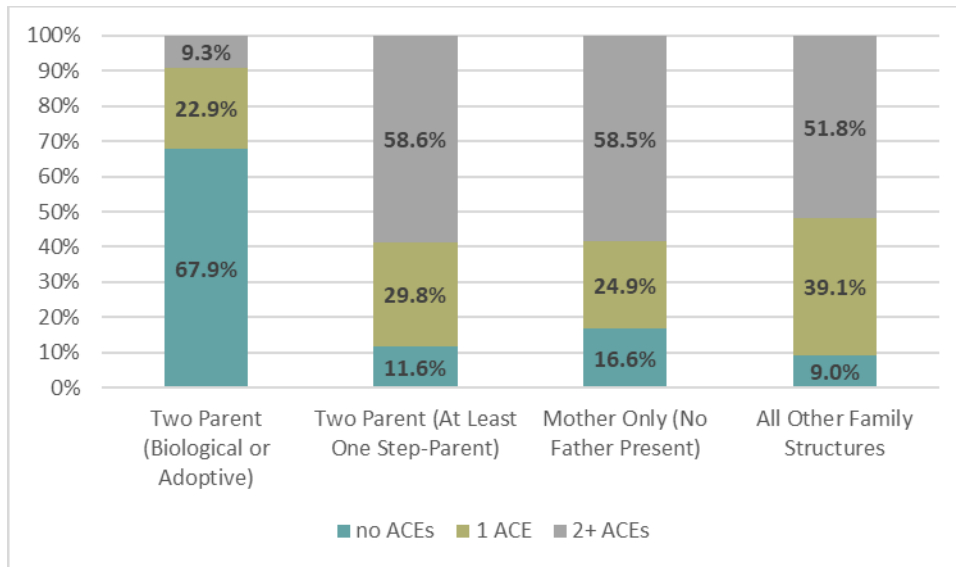
Note: Data for this indicator are unavailable for the Southern Kenai Peninsula.

Data caution: These data show substantiated reported cases rather than actual incidence.

Family Structure and ACEs

Three-year estimates for family living arrangements from the U.S. Census Bureau American Community Survey (ACS) show that children who grow up in homes other than two-parent (biological or adoptive) often have more ACEs. 2018 Five-Year ACS estimates indicate that the Kenai Peninsula has a higher rate of children in married-couple family households than state or national figures, suggesting a lower potential for ACEs among family structure in the Kenai Peninsula Borough. This indicator must be taken with caution; the 2018 Census data do not distinguish between families with biological or adoptive parents and families in which one or more parents are stepparents, which appears to be a significant factor for ACE scores.

Figure 63. Family Structure for Alaskan Children and ACE Scores, 2011-12



	no ACEs	1 ACE	2+ ACEs
Two Parent (Biological or Adoptive)	67.9%	22.9%	9.3%
Two Parent (At Least One Stepparent)	11.6%	29.8%	58.6%
Mother Only (No Father Present)	16.6%	24.9%	58.5%
All Other Family Structures	9.0%	39.1%	51.8%

Data Source: 2011-2012 National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration. Analysis by the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse Staff.

Table 23. Children Characteristics: Family Living Arrangements, 2018

	Kenai Peninsula Borough	Alaska	U.S.
Total Children 0-17 years	13,250	185,349	73,309,412
In married-couple, family household	75.1%	69.9%	66.4%
In male householder, no wife present, family household	8.6%	9.6%	7.8%
In female householder, no husband present, family household	15.6%	19.9%	25.1%

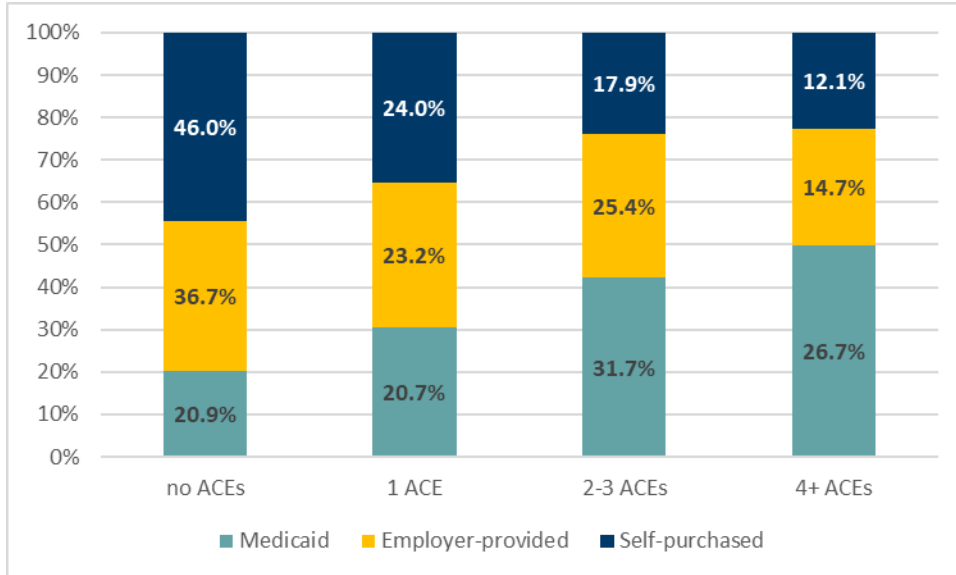
Data Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates 2018

Note: Family households include biological, step, adopted or other relationship between parent and child.

Medical Insurance and ACEs

Previous ACEs studies show that individuals with more ACEs may be more likely to receive Medicaid, while those with fewer ACEs may be more likely to be insured through employer or self-purchased medical insurance. Since these studies, changes to Federal healthcare legislation may affect the type and level of medical insurance.

Figure 64. ACE Scores by Insurance Type for Alaska Adults, 2013



	no ACEs	1 ACE	2-3 ACEs	4+ ACEs
Medicaid	20.9%	20.7%	31.7%	26.7%
Employer-provided	36.7%	23.2%	25.4%	14.7%
Self-purchased	46.0%	24.0%	17.9%	12.1%

Data Source: Alaska 2013 Behavioral Risk Factor Surveillance Survey. Re-created from Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse (2015). *Adverse Childhood Experiences: Overcoming ACEs in Alaska*, pp12.

6. Significant Health Needs

2019-2020 Significant Health Needs

The following significant health needs were identified by South Peninsula Hospital as priorities to address over the next few years:

- COVID-19 Response
- Senior Health
- Primary and Preventative Care

These health needs were prioritized largely based on the health trends revealed by the current health status indicator data. Overall, the health status data for the SKP suggests that the most significant health needs are for 1) increased and/or improved elder care services, and 2) increased and/or improved preventative and lifestyle care, including community health initiatives. Although preventative and lifestyle care were identified as key areas for improvement, it should be noted that the SKP generally met most health targets. Data for health indicators at the SKP level are nearly always more variable from year-to-year because of its smaller population (and therefore sample size) compared to other geographies, but over time, the general trends often mirror state and national trends and levels.

The 2019-2020 CHNA was prepared during the COVID-19 pandemic, which revealed the additional need for response preparedness. The pandemic also precluded the MAPP of the SKP Steering Committee from participating in the development of this CHNA as much as would have been ideal. The MAPP of the Southern Kenai Peninsula Steering Committee is supportive of this CHNA and will utilize its results in the advancement of community health improvement initiatives.” Current significant health needs for the Southern Kenai Peninsula are described below, along with the South Peninsula Hospital’s resources to address them.

COVID-19 Response

Data for this year’s Community Health Needs Assessment is a reflection of the health of our community pre-coronavirus pandemic. The state shut down most services as a mitigation effort to the pandemic, and it was too soon in the pandemic to gather data on prevalence and impact. While future CHNA(s) may show the impact of the pandemic, this one will not. Areas of impact are expected to be seen in multiple dimensions of wellness, for example:

- Economic wellness due to closings of businesses during “hunkering down”, limited re-openings, widespread layoffs and unemployment
- Emotional wellness from the mandated social distancing, quarantines, and adapting to lifestyle changes brought about due to the pandemic
- Education wellness for our youth in particular as schools closed for spring break and never reopened.

- Physical wellness impact is yet to be seen or known, as the service area was just beginning to see covid-19 cases at time of publication.

The population density of the SKP is substantially greater (at 21.35 pp/sq. mi.) than the Kenai Peninsula Borough (at 3.63 pp/sq. mi. or Alaska (at 1.28 pp/sq. mi.). Though far lower than the national population density (92.93 pp/sq. mi.), there may be a stronger need or rationale for observing precautions for communicable disease (e.g., COVID-19) in Southern Kenai Peninsula population centers than the surrounding borough.

Resources to Address COVID-19 Response

The South Peninsula Hospital will address this health need with the following hospital resources.

- Monitor the physical health impacts and needs of the residents via patient interaction through hospitalization, E.R. visits, clinic visit and Home Health to identify specific health impacts.
- Monitor the economic impact by number of applications for financial aid.
- Monitor the emotional and spiritual impact by the number of new or returning patients for behavioral health, E.R. and hospitalizations due to behavioral health.
- Identify and promote prevention activities
- Continue our work with MAPP of SKP and the Resilience Coalition to build community wide resilience.

Once impact and needs are more clearly identified from the pandemic, specific actions will be included in our Implementation Strategy.

Senior Health

Senior health was determined as a significant health need because seniors make up a significant and growing population within the Southern Kenai Peninsula, and health care service levels often increase with age. Through the 2020 Community Perceptions of Health Survey, five percent of question responses identified elder care as one of the Southern Kenai Peninsula’s greatest weaknesses.

The 65 and over age group currently represents 18 percent of the SKP population.¹⁸ This group has been growing as a proportion of the overall SKP population, with a corresponding decrease in the population of the 45-64 age group.¹⁹ With these population dynamics, the SKP has a higher median age than the borough, state or nation. The 65 and over age group is projected to continue to increase through about 2030 in the Kenai Peninsula, then level off through 2045. Within this age group, state projections show the majority of elders between ages 65 and 74 through 2030. After 2030, the majority of elders ages

¹⁸ Data Source: Alaska Department of Labor and Workforce Development, 2019 Population Estimates, U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

¹⁹ Data Source: Alaska Department of Labor and Workforce Development, 2019 Population Estimates, U.S. Census Bureau: 2018 American Community Survey 5-Year Estimates

into the 75 to 84 age range, and the population aged 85 and older continues to grow through 2045.²⁰ A similar pattern is anticipated in the Southern Kenai Peninsula.

Resources to Address Senior Health

The South Peninsula Hospital will address this health need with the following hospital resources.

- Align outpatient services, especially the specialty clinic offerings, to meet the needs of an aging population.
- Work with Medicare and Medicaid to ensure residents are receiving maximum coverage and care.
- Build capacity in Home Health and Long-Term Care in anticipation of senior in home and residential needs.
- Work with local partners (such as Homer Senior Citizens Inc, Hospice, etc.) to ensure wraparound services which are not duplicative in a small community.

Primary and Preventative Care

Perceptions of Community Health Survey results and indicator data tracked in this report suggest that the South Peninsula Hospital and partners can continue to increase or improve specific areas of preventative and lifestyle care that may include:

- mental and emotional health supports;
- economic security and social supports;
- nutrition and physical activity levels for all ages;
- supports for addressing use/abuse/misuse of alcohol, tobacco products and/or other drugs;
- supports for reducing interpersonal violence and maintaining safe sex practices;
- prenatal, preventative and primary care; and
- medical insurance coverage.

Mental and emotional health was among the factors that SPH community members believe most negatively affect them and their families (20% of question responses, 2020 Community Perceptions of Health Survey). Healthy Alaskans 2020 (Leading Indicator #9) show a slightly increasing trend for the average length of time that SKP adults report being mentally unhealthy between 2004 and 2018. The percentage of SKP adolescents who felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months (Healthy Alaskans 2020 Leading Indicator #8) shows a slightly increasing trend since 2009; the SKP percentage was consistently above the State percentage from 2003 through 2017.

Economic security and social supports were highlighted in the 2020 Community Perceptions of Health Survey. Survey results indicated perceived weaknesses related to economic health, including access to

²⁰ Data Source: Alaska Department of Labor and Workforce Development, 2015-2045 Population Projections

healthy food (3%), public transportation (12%), housing (12%), as well as jobs and economic opportunities (13%). Economic health was one of the factors that SPH community members believe most negatively affect them and their families (22% of question responses). Economic factors, including cost of services (20%) and lack of transportation (5%), were among the top perceived barriers that prevent the SKP community from using available services. SKP data for the percentage of residents (all ages) living above the federal poverty level (as defined for Alaska, Healthy Alaskans 2020 Leading Indicator #24) was consistently lower than state or national percentages between 2005 and 2018. Within the Southern Kenai Peninsula, 44.9% of public-school students (779 students) were eligible for Free and Reduced-Price Lunch during the 2019-2020 school year.

The 2020 Community Perceptions of Health Survey also indicated perceived weaknesses related to social support, including cultural diversity (4%) and respect for varied viewpoints (10%). The top perceived barriers that prevent the SKP community from using available services included social factors (22%), lack of anonymity (7%), confidentiality (5%), stigma (4%), distrust/dislike agency or provider (4%), harassment (1%), and cultural/religious convictions (1%). Social support for SKP adolescents appears to be increasing. Healthy Alaskans 2020 (Leading Indicator #10) shows an increase between 2011 and 2017 in the percentage of SKP adolescents (high school students in grades 9-12) with three or more adults (aside from their parent(s)) from whom they feel comfortable seeking help.

Nutrition and physical activity are recognized as having a foundational effect on overall health and wellbeing. Healthy Alaskans 2020 data show that overweight and obesity among SKP adults and adolescents has increased over time (Leading Indicators #4-5), although SKP adult physical activity levels rose to meet the Healthy Alaskans 2020 target from 2011 to 2015 (the years for which there is SKP data), and adolescent physical activity levels met the Healthy Alaskans 2020 target every year between 2011 and 2017 (Leading Indicator #6). Causes of mortality may also be affected by nutrition and physical activity. Cancer and heart disease were consistently among the leading causes of death in the SKP between 2007 and 2018.

Substance abuse was among the factors that SPH community members believe most negatively affect them and their families (9% of question responses) in the 2020 Community Perceptions of Health Survey; 13 percent of question responses identified substance abuse treatment as one of the Southern Kenai Peninsula's greatest weaknesses. Healthy Alaskans 2020 (Leading Indicators #2-3) data suggest that adult and adolescent use of tobacco products has hovered around 20 percent of the SKP population from 2004 to 2018. Healthy Alaskans 2020 (Leading Indicator #15) tracks the percentage of adults and adolescents who report binge drinking in the past 30 days. The percentage of SKP adults who report binge drinking appears to increase between 2004 and 2015 (data for the SKP is unavailable after 2015). The percentage of SKP adolescents who report binge drinking decreased to approach the Healthy Alaskans 2020 target between 2003 and 2017. Although Healthy Alaskans 2020 tracks prescription drug abuse among adults and adolescents, data are currently unavailable at the SKP level.

Interpersonal violence was among the factors that SPH community members believe most negatively affect them and their families (2% of question responses, 2020 Community Perceptions of Health Survey). Healthy Alaskans 2020 (Leading Indicator #13) tracks the percentage of adolescents who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12

months. SKP data is limited to 2011-2017 and shows a slight upward trend during the years of available data. Healthy Alaskans 2020 (Leading Indicator #12) tracks the rape rate for Alaska (data are unavailable for the Southern Kenai Peninsula and Kenai Peninsula; this study cannot draw direct observations for the community served by the Southern Peninsula Hospital based on state datasets). The Alaska rape rate has consistently been higher than the national rate, although the overall trend line for Alaska fits the Healthy Alaskans 2020 target. Healthy Alaskans 2020 (Leading Indicator #18) tracks the incidence rate of Chlamydia trachomatis. Though it has increased between 2004 and 2016, the Kenai Peninsula Chlamydia rate was consistently lower than the Healthy Alaskans target (SKP data are unavailable).

Prenatal, preventative and primary care are foundational health services that can affect all other health care needs in an individual's life. Healthy Alaskans 2020 (Leading Indicator #21) tracks the percentage of women delivering live births who have not received prenatal care beginning in first trimester of pregnancy. Between 2007 and 2018, the SKP percentage remained within five percent of the Healthy Alaskans 2020 target, remaining above the Healthy Alaskans target from 2010 through 2017, and dipping below the target in 2018. Healthy Alaskans 2020 (Leading Indicator #17) tracks the percentage of children aged 19 to 35 months who receive the 2013 Advisory Committee on Immunization Practices recommended vaccination series. Between 2009 and 2015, state percentages increased gradually, but remained consistently below the Healthy Alaskans 2020 target (data are unavailable for the SKP or Kenai Peninsula).

Healthy Alaskans 2020 (Leading Indicator #22) tracks the rate of preventable hospitalizations per 1,000 adults (hospitalizations that could have been prevented with high quality primary and preventative care) based on the Agency for Healthcare Research and Quality (AHRQ). Although there is limited data for the Kenai Peninsula between 2004 and 2017 (none from 2013 to 2015), the Kenai Peninsula rate appears to be increasing from at or slightly below the Healthy Alaskans 2020 target in 2010-2011.

Healthy Alaskans 2020 (Leading Indicator #23) tracks the percentage of adults who reported that they could not afford to see a doctor in the last 12 months. Between 2004 and 2018, the trend line has been at the Healthy Alaskans 2020 target; however, year-to-year variation in the SKP and Kenai Peninsula data may suggest a possible gradual decrease since 2009-2010. The 2020 Community Perceptions of Health Survey results identified the following factors that were perceived to prevent SKP community members from using available services:

- **Time/schedule (37%):** not enough time (15%), schedule conflicts (17%), Lack of childcare (5%)
- **Economic factors (25%):** Cost (20%), lack of transportation (5%)
- **Social factors (22%):** Lack of anonymity (7%), confidentiality (5%), stigma (4%), distrust/dislike agency or provider (4%), harassment (1%), cultural/religious convictions (1%)
- **Restrictions (6%):** Membership restrictions (4%), Age restrictions (2%)
- **Other (10%)** includes Found services elsewhere (2%), Awareness (6%) and other (2%)

Medical insurance coverage for the SKP increased by about five percent between 2014 and 2018. Between 2015 and 2018, the percentage of the civilian noninstitutionalized population with Medicaid (or other means tested coverage) **alone** increased for the SKP. The percent of those insured with

Medicaid (or other means tested coverage) **alone or in combination** increased for SKP residents under age 65 and decreased for those age 65 years and over. The percentage of SKP children and adolescents (under age 18) insured with Medicaid (or other means tested coverage) alone or in combination was higher than for the borough, state or nation.

Resources to Address Primary and Preventative Care

The South Peninsula Hospital will address this health need with the following hospital resources.

- Primary and preventative care is a growing proportion of the outpatient services and care offered at South Peninsula Hospital. We will continue to grow this sector.
- We will adapt our services and strategies to address the specific areas defined here.
- Reducing barriers to accessing care, including financial, will be prioritized in organizational operations.
- Continue our critical role in MAPP of the Southern Kenai Peninsula local health coalition.
- Continue our support for and involvement in the Community Opioid Task Force.

Additional resources will be provided through Mobilizing Action for Planning and Partnerships of the Southern Kenai Peninsula (MAPP of the SKP). The SPH has been a significant health leader and funder in the MAPP of the SKP, the community health coalition for the SPH service area. MAPP of the SKP takes an Integrated approach toward Community health initiatives that address many of the areas identified for improvement.

7. Evaluation of Previous Efforts

The South Peninsula Hospital (SPH) completed community health needs assessments (CHNAs) in 2009, 2013 and 2016 through a local public health coalition known as Mobilizing Action through Planning and Partnerships (MAPP) of the Southern Kenai Peninsula (SKP). The following evaluation assesses the health outcomes associated with the significant health needs identified in the 2016 CHNA, as well as the actions SPH has taken to address these health needs documented in the 2017 SPH CHNA Implementation Strategy and supplemented by the hospital as part of this assessment in 2020.



Significant Health Need: Family Wellbeing

The 2016 MAPP of SKP CHNA named Family Wellbeing as a community-identified priority to be addressed through resilience-building, Adverse Childhood Experience (ACEs) communication, and becoming a trauma-informed community.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address Family Wellbeing:

- Participate as one of the five local agencies working to adopt Trauma Informed Care practices and support the goal to become Alaska’s first trauma-informed community.
- Support the MAPP Resilience Coalition through participation in the leadership team and by supporting work group priorities.
- Serve as a fiscal agent for grant applications or management related to community grants addressing the priority issue;
- Incorporate ACEs (Adverse Childhood Experiences) questions into hospital screening tools.
- Offer trauma-informed care practices and workplace through education and systems change.
- Support a task force to work on more convenient and affordable day care.
- Participate as a lead agency in the community Safe & Healthy Kids Fair.
- Continue to support spiritual care for patients and staff.
- Offer quarterly Safe Sitter babysitting classes to youth in grades six through eight.

Health Outcomes 2016-2019

The following health indicators were identified for Family Wellbeing:

Health Indicator	Prior	Current	Change	Data Source
Family Cohesion: <i>positive family environment with low discord, parental support and belief in the child.</i>				
1] Percent students who had at least one parent who talked with them about what they were doing in school about every day.	42.1% (2015)	44.8% (2017)	2.7% ↑	YRBS
2] Percent children who participate in Ages and Stages developmental screening. ²¹	37% (2015)	89% (2019)	52% ↑	ASQ
Networks and Social Support: <i>relationships with extended family members and others that provide emotional support.</i>				
3] Percent students who participate in organized afterschool, evening or weekend activities one or more days during an average week.	56.5% (2015)	61.7% (2017)	5.2% ↑	YRBS
4] Percent of students who agree or strongly agree that in their community they feel like they matter to people.	51.6% (2015)	50.1% (2017)	1.5% ↓	YRBS
Physical and Mental Health: <i>family members that are physically and mentally well, health promotion.</i>				
5] Percentage Kenai Peninsula adults (aged 18+) who meet criteria for healthy weight (body mass index equal to or between 18 th and 25 th percentile).	29.4% (2014)	26.6% (2018)	2.8% ↓	BRFSS
6] Percent SKP children below the cutoff for social-emotional development (above cutoff screenings referred for intervention). ²²	88% (2016)	97% (2019)	9% ↑	ASQ
Role Models: <i>adults who role model healthy relationships and behavior, caregivers with protective factors.</i>				
7] Percent students who feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their lives (FOCUS for collective impact).	82.8% (2015)	86.0% (2017)	3.2% ↑	YRBS
8] Percent students who agree or strongly agree that their teachers really care about them and give them a lot of encouragement.	65.6% (2015)	69.8% (2017)	4.2% ↑	YRBS
Stability: <i>stable living environment, adequate income and housing, postsecondary education of parents.</i>				
9] Percent SKP households that pay less than 30% of monthly income on housing.	69.5% (2014)	68.4% (2018)	1.1% ↓	ACS
10] Percent SKP 18-24 year-olds with high school diploma or equivalency.	78.9% (2014)	82.0% (2018)	3.1% ↑	Healthy Alaskans Leading Indicator #25 (U.S. Census Bureau, ACS)

²¹ 2010-2014 ACS estimates the total 0–5 SKP population at 935, but the total SKP 0-5 population was estimated at 503 in the 2018 ACS 5-year estimates.

²² Sprout Family Services: n=186. In year 2015, 89% of children in SKP did not qualify for referral.

Health Indicator	Prior	Current	Change	Data Source
<i>ACEs: Incidence of Adverse Childhood Experiences</i>				
Percent SKP respondents with 0 ACEs ²³	31% (2015)	No data available	n/a	BRFSS
Percent SKP respondents with 4+ ACEs ²⁴	13% (2015)	No data available	n/a	BRFSS
Percent respondents who indicated Support for families is one of SKP's greatest community strengths.	9.0% (2015)	2.0% (2019)	7.0% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Support for families is an aspect of the SKP community most in need of improvement.	7.5% (2015)	2.5% (2019)	5.0% ↓	Perceptions of Community Health Survey

²³ The 2013 BRFSS indicates that male SKP respondents had higher incidence of 0 ACEs (44.5%) and female SKP respondents had lower incidence of 0 ACEs (26.3%) compared to state-wide percentages: 38.9% (male) and 32.0% (female).

²⁴ The 2013 BRFSS indicates that male SKP respondents had lower incidence of 4+ ACEs (11.5%) and female SKP respondents had higher incidence of 4+ ACEs (24.6%) compared to state-wide percentages: 14.1% (male) and 20.7% (female).

8. Implementation Strategy

The South Peninsula Hospital identified COVID-19 Response, Senior Health and Primary and Preventative Care as significant health needs and addressed resources to respond in Section 6. The specific Implementation Strategy for each need is in the attached document which is approved by the SPH Board of Directors and updated on a regular basis.

9. Appendices

A. 2019-2020 Perceptions of Health Survey

B. Healthy Alaskans Top 25 Indicators Scorecard for the Southern Kenai Peninsula

C. Other Health Needs

Appendix A. 2019-2020 Perceptions of Health Survey

Respondent Data

Table 24. Survey Respondent Representation – Population, 2020

Community	Population	Pop %	Survey Response	Survey %
Anchor Point	2,050	14%	47	10%
Diamond Ridge	1,279	9%	27	6%
Fox River CDP	678	5%	9	2%
Fritz Creek	2,152	15%	63	13%
Halibut Cove	83	1%	3	1%
Happy Valley	608	4%	0	0%
Homer	5,427	37%	264	56%
Kachemak City	509	3%	26	6%
Nanwalek	290	2%	1	0%
Nikolaevsk	303	2%	2	0%
Ninilchik	847	6%	9	2%
Port Graham	179	1%	1	0%
Seldovia City	219	1%	7	1%
Seldovia Village CDP	181	1%	3	1%
No Response			7	1%
Total	14,805		469	3.2%

Fox River CDP Survey Response Detail	
Fox River CDP	3
Kachemak Selo	0
Razdolna	3
Voznesenka	3
Total	9

Source: Dept. of Labor Population Estimates

Table 25. Survey Respondent Representation – Race, 2020

Southern Kenai Peninsula Race	Population	Pop %	Survey Response	Survey %
Population	14,557	100%	459	3%
White	12,400	85%	391	85%
Black or African American	63	0%	4	1%
American Indian and Alaska Native	959	7%	17	4%
Asian	137	1%	7	2%
Native Hawaiian and Other Pacific Islander	19	0%	0	0%
Some other race	145	1%	4	1%
Two or more races	834	6%	27	6%
Hispanic or Latino	605	4%	9	2%

Source: 2018 ACS 5-Year Survey

Table 26. Survey Respondent Representation – Age and Gender, 2020

	Population	Pop %	Survey Response	Survey %
Population	14,557	100%	469	3.2%
Male	7,412	51%	92	20%
Female	7,145	49%	354	75%
Under 5 years	907	6%	0	0%
5 to 9 years	814	6%	0	0%
10 to 14 years	889	6%	1	0%
15 to 19 years	876	6%	7	1%
20 to 24 years	723	5%	7	1%
25 to 29 years	962	7%	23	5%
30 to 34 years	934	6%	31	7%
35 to 39 years	797	5%	59	13%
40 to 44 years	775	5%	36	8%
45 to 49 years	887	6%	27	6%
50 to 54 years	924	6%	40	9%
55 to 59 years	1,238	9%	45	10%
60 to 64 years	1,246	9%	49	10%
65 to 69 years	1,123	8%	56	12%
70 to 74 years	702	5%	36	8%
75 to 79 years	342	2%	24	5%
80 to 84 years	216	1%	11	2%
85 years and over	202	1%	4	1%

Source: 2018 ACS 5-Year Survey

Table 27. Survey Respondent Representation – Household Income, 2020

Household Income	Households	HH %	Survey Response	Survey %
less than \$25,000	1,020	18%	45	10%
\$25,000-\$50,000	1,324	23%	109	25%
\$50,000-\$75,000	1,046	18%	114	26%
\$75,000-\$100,000	727	13%	87	20%
\$100,000 +	1,585	28%	84	19%

Source: 2018 ACS 5-Year Survey

Table 28. Survey Respondent Representation – Educational Attainment, 2020

Educational Attainment	Population	Pop %	Survey Response	Survey %
High school graduate or higher	9,604	93%	415	88%
Bachelor's degree or higher	3,205	31%	274	58%

Source: 2018 ACS 5-Year Survey

Perceptions of Health Survey Questions



2019 PERCEPTIONS OF COMMUNITY HEALTH

Since 2008, our hospital has been working together within the MAPP coalition to improve community health. Every three years, we take a pulse of the community’s health perceptions to inform existing and new hospital and community efforts. Please take a few minutes to tell us what’s important to you. Before you leave today, please turn in your completed survey by the front door. THANK YOU!

1. Which THREE aspects below are our community’s greatest strengths?

- | | | |
|--|--|---|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Religious or spiritual opportunities | <input type="checkbox"/> Behavioral health services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Access to job training & higher education | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Natural beauty | <input type="checkbox"/> Cultural / arts opportunities | <input type="checkbox"/> Recreational opportunities |
| <input type="checkbox"/> Social networks | <input type="checkbox"/> Private/public nonprofit organizations | <input type="checkbox"/> People help each other |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Jobs & economic opportunities | <input type="checkbox"/> Access to healthy food |
| <input type="checkbox"/> Cultural diversity | <input type="checkbox"/> Healthy lifestyle opportunities | <input type="checkbox"/> Elder care |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Support for Families | <input type="checkbox"/> Respect for varied viewpoints | |

2. Of the above options, which THREE aspects of our community most need to be improved?

1. _____ 2. _____ 3. _____

3. Please check the THREE factors that MOST NEGATIVELY affect the health of you and your family and the THREE factors which MOST NEGATIVELY affect the health of the community.

	You and your family	Community
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
Mental / Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Violence	<input type="checkbox"/>	<input type="checkbox"/>
Economic Health	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>
Education / costs and availability	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

4. Do any of the following prevent you from using services or activities that are available in our community?

- | | | |
|---|--|---|
| <input type="checkbox"/> Schedule conflicts | <input type="checkbox"/> Membership restrictions | <input type="checkbox"/> Lack of anonymity |
| <input type="checkbox"/> Age restrictions | <input type="checkbox"/> Not enough time | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Stigma | <input type="checkbox"/> Found services elsewhere | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Distrust / dislike agency or provider | <input type="checkbox"/> Awareness |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Cultural or religious convictions | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Medicaid problem | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Other (please specify) |

Perceptions of Health Survey Questions (cont'd)

5. The following statements describe the eight dimensions of wellness.

Please check the answer which best reflects how you feel:

	Never	Sometimes	Frequently	Always
a. I have a sense of purpose and meaning in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a sense of connection, belonging, safety and a reliable support system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have the ability to perform daily activities without undue fatigue or physical stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have opportunities to expand my knowledge & skills, and to use my creative abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can cope effectively with life stresses, and my work and relationships are enriching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My surroundings are adequate for me (from my home to the wider community or environment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have enough money for my basic needs, and I can adapt for unplanned expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am connected to my own culture & traditions, and I see the diversity & richness of other cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In what community do you live?

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Anchor Point | <input type="checkbox"/> Homer | <input type="checkbox"/> Nikolaevsk | <input type="checkbox"/> Seldovia |
| <input type="checkbox"/> Diamond Ridge | <input type="checkbox"/> Kachemak City | <input type="checkbox"/> Ninilchik | <input type="checkbox"/> Voznesenska |
| <input type="checkbox"/> Fox River | <input type="checkbox"/> Kachemak Selo | <input type="checkbox"/> Port Graham | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Fritz Creek | <input type="checkbox"/> Nanwalek | <input type="checkbox"/> Razdolna | |

7a. What is your age? _____ **7b. What is your gender?** _____

7c. Highest level of education completed? High school or equivalency Vocational training
 Associate degree Bachelor's degree Master's degree Professional degree Doctorate degree

8. What is your race?

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | |

9a. How many people currently live in your household? 1 2 3 4 5 6 7 8+

9b. If child(ren) living in the household, what age(s)? 0-5 6-9 10-13 14-18 18+

10. What is your approximate annual household income?

less than \$25,000 \$25,000-50,000 \$50,000-75,000 \$75,000-100,000 \$100,000+

11. Do you have health insurance? (of any type: private, public, military, Native, Medicaid or Medicare) Yes No

12. Do you have additional comments or suggestions about services you need to meet your health needs?

Appendix B. Healthy Alaskans Top 25 Indicators Scorecard for the Southern Kenai Peninsula

Healthy Alaskans 2020: 25 Leading Health Indicators

Healthy Alaskans 2020 released its 25 Leading Health Indicators, a list of critical health priorities for Alaska, in September 2013. The indicators provide a science-based framework for identifying public health priorities and are designed to guide efforts in Alaska over the next decade to improve health and ensure health equity for all Alaskans. Using the same process that Healthy People 2020 used, targets were established by calculating a 10% improvement over 2010 Alaska statewide baseline values.

The SPH uses these health objectives and indicators as a reference for evaluating the health status of the Southern Kenai Peninsula. Southern Kenai Peninsula community-level data is available for 14 of the 25 indicators. MAPP of the Southern Kenai Peninsula prioritizes the collection of local data for these indicators. The most recent available data are presented below, along with an indication of the relative status of achieving each target for the Southern Kenai Peninsula population.

Southern Kenai Peninsula Scorecard

Objective/Indicator	SKP Prior		HA 2020 Target	SKP Current
Reduce Alaskan deaths from cancer.				
1] Cancer mortality rate (per 100,000 population). (Data for Kenai Peninsula Borough.)	186.0 (2010)	168.2 (2014)	162.0	176.4 (2018)
Increase the proportion of Alaskans who are tobacco-free.				
2] Percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days.	81.0% (2011)	78.6% (2015)	80%	79.6% (2017) ²⁵
3] Percentage of adults (aged 18 years and older) who currently do not smoke cigarettes. (Data for Kenai Peninsula Borough. SKP data is unavailable after 2015.)	87.3% (2010)	81.3% (2014)	83%	79.2% (2018)
Reduce the proportion of Alaskans who are overweight or obese.				
4a-b] Percentage of adults (aged 18 years and older) who meet criteria for overweight (body mass index of ≥ 25.0 and $< 30 \text{ kg/m}^2$) or obesity (body mass index of $\geq 30 \text{ kg/m}^2$). HA2020 targets = 36% overweight + 27% obese. (Data for Kenai Peninsula Borough. SKP data is unavailable after 2015.)	62.9% (2010)	70.3% (2014)	63%	70.9% (2018)

²⁵ 2017 SKP percentage represents total students (100%) less 14.6% students who have used cigarettes, cigars or smokeless tobacco (including Iqmik), 5.8% students who have used chewing tobacco, snuff or dip. This percentage does not account for the 10.7% students who have used an electronic vaping product on one or more of the past 30 days. Electronic vaping products are relatively new and might not be captured in previous-year survey data. With the electronic vaping products, the 2017 SKP percentage would be 68.9%.

Objective/Indicator	SKP Prior		HA 2020 Target	SKP Current
5a) Percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age- and sex-specific body mass index of $\geq 85^{\text{th}}$ and $> 95^{\text{th}}$ percentile).	16.7% (2011)	15.3% (2015)	12%	12.7% (2017)
5b) Percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age- and sex-specific body mass index of $\geq 95^{\text{th}}$ percentile).	13.5% (2011)	7.6% (2015)	10%	16.1% (2017)
5c) Percentage of children (students in grades K-8) who meet criteria for overweight (age- and sex-specific body mass index of $\geq 85^{\text{th}}$ and $> 95^{\text{th}}$ percentile).	19.7% (2010-11)	17.0% (2014-15)	15%	17.7% (2018-19)
5d) Percentage of children (students in grades K-8) who meet criteria for obesity (age- and sex-specific body mass index of $\geq 95^{\text{th}}$ percentile).	16.1% (2010-11)	15.2% (2014-15)	14%	13.6% (2018-19)
Increase the proportion of Alaskans who are physically active.				
6a) Percentage of adult Alaskans (aged 18 years and older) who meet the CDC's Physical Activity Guidelines for Americans: do ≥ 150 total minutes per week of moderate exercise or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total (2008). <i>(Data for Kenai Peninsula Borough. SKP data is unavailable after 2015.)</i>	61.3% (2011)	65.5% (2015)	61%	57.9% (2017)
6b) Percentage of adolescent Alaskans (high school students in grades 9-12) who meet the CDC's Physical Activity Guidelines for Americans: do ≥ 60 minutes of physical activity a day, every day of the week (2008).	26.3% (2011)	24.4% (2015)	23%	28.1% (2017)
Reduce Alaskan deaths from suicide.				
7a) Suicide mortality rate among population aged 15-24 years (per 100,000 population).	SKP/KPB data unavailable		43.2 per 100,000	**
7b) Suicide mortality rate among population aged 24 years and older (per 100,000 population).	SKP/KPB data unavailable		23.5 per 100,000	**
Reduce the number of Alaskans experiencing poor mental health.				
8) Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months.	27.0% (2011)	35.0% (2015)	23%	35.0% (2017)
9) Mean number of days in the past 30 days adults (aged 18 and older) report being mentally unhealthy.	5.1 days (2010)	3.3 days (2015)	2.9 days	SKP/KPB data unavailable
Increase the proportion of Alaska youth with family and/or social support.				
10) Percentage of adolescents (high school students in grades 9-12) with three or more adults (aside from their parent(s)) from whom they feel comfortable seeking help.	28.0% (2011)	55.4% (2015)	47%	49.3% (2017)
Reduce the number of Alaskans experiencing domestic violence and sexual assault.				

Objective/Indicator	SKP Prior		HA 2020 Target	SKP Current
11] Rate of unique substantiated child maltreatment victims per 1,000 children (aged 0-17 years).	SKP/KPB data unavailable		14.4 per 1,000	**
12] Rate of rape (per 100,000 population).	SKP/KPB data unavailable		67.5 per 100,000	**
13] Percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months.	7.0% (2011)	7.6% (2015)	11%	8.2% (2017)
Reduce the number of Alaskans experiencing alcohol and other drug dependence and abuse.				
14] Alcohol induced mortality rate (per 100,000 population).	SKP/KPB data unavailable		15.3 per 100,000	**
15a] Percentage of adults (aged 18 years and older) who report binge drinking in the past 30 days, defined as five or more drinks for men, and four or more drinks for women on a single occasion. <i>(Data for Kenai Peninsula Borough. SKP data is unavailable after 2015.)</i>	20.9% (2010)	25.4% (2014)	20%	14.1% (2018)
15b] Percentage of adolescents (high school students in grades 9-12) who report binge drinking in the past 30 days, defined as five or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days.	41.0% (2011)	25.5% (2015)	17%	19.0% (2017)
Reduce Alaskan deaths from unintentional injury.				
16] Unintentional injury mortality rate (per 100,000 population).	SKP/KPB data unavailable		54.8 per 100,000	**
Increase the proportion of Alaskans who are protected from vaccine-preventable infectious diseases.				
17] Percentage of children aged 19-35 months who do receive the ACIP (Advisory Committee on Immunization Practices) recommended vaccination series (2013 ACIP Recommendation: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 PCV).	SKP/KPB data unavailable		75%	**
Reduce the proportion of Alaskans experiencing infectious disease.				
18] Incidence rate of Chlamydia trachomatis (per 100,000 population). <i>(Data for Kenai Peninsula Borough.)</i>	329.9 (2009)	369.2 (2013)	705.2 per 100,000	361.2 (2017)
Increase the proportion of Alaskans with access to in-home water and wastewater services.				
19] Percentage of rural community housing units with water and sewer services.	SKP/KPB data unavailable		87%	**
Increase the proportion of Alaskans protected against dental diseases.				
20] Percentage of the Alaskan population served by community water systems with optimally fluoridated water.	SKP/KPB data unavailable		58%	**
Reduce the proportion of Alaskans without access to high quality and affordable healthcare.				

Objective/Indicator	SKP Prior		HA 2020 Target	SKP Current
21] Percentage of women delivering live births who have not received prenatal care beginning in first trimester of pregnancy.	19.9% (2010)	21.9% (2014)	19%	17.8% (2018)
22] Rate of preventable hospitalizations per 1,000 Kenai Peninsula adults (hospitalizations that could have been prevented with high quality primary and preventative care) based on the Agency for Healthcare Research and Quality (AHRQ).	6.6 (2010)	8.9 (2016)	6.7 per 1,000	10.5 (2018)
23] Percentage of adults (aged 18 or over) reporting that they could not afford to see a doctor in the last 12 months. <i>(Data for Kenai Peninsula Borough. SKP data is unavailable after 2015.)</i>	18.7% (2010)	11.0% (2015)	14%	10.5% (2018)
Increase the economic and educational status of Alaskans.				
24] Percentage of SKP residents (all ages) living above the federal poverty level (as defined for Alaska).	83.2% (2011)	80.8% (2014)	90%	84.9% (2018)
25] Percentage of SKP 18-24 year-olds with high school diploma or equivalency.	83.8% (2010)	78.9% (2014)	86%	82.0% (2018)

Appendix C. Other Health Needs

The 2016 MAPP of SKP CHNA identified a number of health needs in addition to the Significant Health Need of Family Wellness:

- Access to Care
- Substance Abuse, Abuse, Mental Health and Domestic Violence
- Aging Population and Physical Health
- Recruitment and Retention of Healthcare Professionals
- Poor Local Economy and Lack of Jobs
- Partnerships and Collaborations
- Environmental Concerns

This section describes the implementation actions identified for these health needs in 2017, as well as indicator data to the extent that it is available. Data supporting efforts on these areas was not easily obtainable due to the South Peninsula Hospital's prioritization of pandemic response.



Access to Care

The high cost of healthcare, inconvenient schedules, lack of anonymity and confidentiality, lack of transportation, lack of insurance and disconnect to available resources were defined as roadblocks to accessing needed care.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address Access to Care:

- Work with local agencies to support a wheelchair accessible taxi van available in the community and have a representative on the Kenai Peninsula Borough Transportation Planning Committee to advocate for affordable local transportation.
- Offer taxi vouchers for patients who do not have transportation or coordinate with Medicaid for patient travel.
- Maintain all elements of Patient Centered Medical Home Level II, which supports evening and weekend appointments and 24/7 online access.
- Fully adopt Athena Patient Portals for all provider interactions and outpatient clinics, which offers immediate messaging to providers, health information, data tracking and more.
- Expand the Homer Medical Center facility to add additional exam rooms and onsite ancillary services to allow for additional providers and improved access to primary care.

- Ensure waiting rooms and patient intake areas offer appropriate privacy.
- Develop an inventory of locally available resources to be used by providers in referring necessary services.
- Develop partnerships with outlying clinics to extend our service reach, including but not limited to Ninilchik, Anchor Point and other surrounding areas.
- Offer financial counselors seven days a week to help patients qualify for programs or enroll in the insurance marketplace or other qualified insurance programs.
- Review and update policies and practices related to self-pay discounts, prompt pay discounts, financial assistance and charity care, utilizing a sliding scale based on income when possible; this information and application will be readily available to the community at time of registration, including posting on the hospital website.
- Research the possibility of creating a locally based Accountable Care Organization.
- Work to develop contract-level terms with alternative insurance providers, such as Liberty HealthShare.
- Develop and promote a self-pay discount price for high-dollar advanced imaging procedures.
- Improve communication and health education in the outlying areas, including traveling wellness programs that reach into the outlying areas and focusing on chronic illness prevention and management and conditions affecting the senior population.
- Offer promotional discounts on vital screenings or services and communicate those in an effective manner to uninsured population. Screenings will include but not be limited to colonoscopy, mammogram, bone density, PSA, cholesterol, vitamin D, thyroid, prostate, A1C, etc.
- Utilize the SPH Foundation to subsidize marketplace premiums for patients who do not qualify for government subsidies or Medicaid.
- Research tele-health services and programs to potentially expand levels of care, types of services or provide improved home care.
- Consider different schedules and hours of operation to best serve those in need.

Health Outcomes 2016-2019

The following health indicators were identified for Access to Care:²⁶

Health Indicator	Prior	Current	Change	Data Source
Percent respondents who indicated Access to healthcare is one of SKP’s greatest community strengths.	15.2% (2015)	7.6% (2019)	7.6% ↓	Perceptions of Community Health Survey

²⁶ Factors that may affect access to care include high cost of healthcare, inconvenient schedules, lack of anonymity and confidentiality, lack of transportation, lack of insurance, disconnect to available resources.

Health Indicator	Prior	Current	Change	Data Source
Percent respondents who indicated Access to healthcare is an aspect of the SKP community most in need of improvement.	12.4% (2015)	2.9% (2019)	9.5% ↓	Perceptions of Community Health Survey
Percentage of SKP women delivering live births who have not received prenatal care beginning in first trimester of pregnancy.	21.9% (2014)	17.8% (2018)	4.1% ↓	Healthy Alaskans 2020 Leading Indicator #21 (ABVS)
Percentage of KPB adults aged 18 or over reporting that they could not afford to see a doctor in the last 12 months.	11.0% (2014)	10.5% (2018)	0.5% ↓	Healthy Alaskans 2020 Leading Indicator #23 (BRFSS)
Percentage of the SKP population that receives Medicaid. ²⁷	18.2% (2015)	23.5% (2018)	5.3% ↑	ACS
Percentage of the SKP population that reports having no medical insurance.	26.4% (2014)	17.3% (2018)	9.1% ↓	ACS



Substance Abuse, Abuse, Mental Health and Domestic Violence

Substance use and abuse was ranked the factor most negatively affecting the community, adult and youth surveys show signs of depression and poor mental health, and reports of domestic violence and use of women’s shelter are on the rise.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address Substance Abuse, Abuse, Mental Health and Domestic Violence:

- Expand the behavioral health program with the addition of a counselor to further extend capacity of the provider.
- Co-sponsor community forums on addiction and serve on and support the development of a community-wide task force for Opioid crisis.
- Continue to provide SART/SANE nursing services through the Emergency Department.
- Support a community effort to develop a new Child Advocacy Center to provide improved coordination and response to children in need, through grant writing, advocacy and data sharing.

²⁷ The percentage of the Southern Kenai Peninsula (SKP) service area that received Medicaid was higher than the percentage of the Kenai Peninsula Borough (KPB) that received Medicaid in 2015 and 2018 (U.S. Census Bureau, 2015 and 2018 ACS 5-Year Estimates): In 2015, 18.2% of the SKP civilian noninstitutionalized population were Medicaid recipients compared to 15.6% of the comparable KPB population. In 2018, 23.5% of the SKP civilian noninstitutionalized population were Medicaid recipients compared to 19.9% of the comparable KPB population.

- Work with South Peninsula Behavioral Health to share data necessary in exploring the feasibility of an inpatient treatment center.
- Provide training for all staff on the science of addiction to better reduce the stigma associated with addiction.
- Ensure ER staff are trained and empowered with up to date information on available resources.
- Support the community needle-exchange program by hosting it bi-weekly in the hospital's training center.
- Serve as the lead agency for the At Risk Maternal and Newborn working group which is working to address addiction-related concerns in this population and improve related processes.
- Offer a CDC approved pain-management program at Homer Medical Center with the goal of empowering patients to successfully manage their pain with alternate therapies to narcotics.
- Sponsor trainings for the community on responding to overdoses.
- Distribute drug-disposal bags with narcotics prescriptions in clinic and ER setting.
- Work with MAPP of the southern Kenai peninsula to help fill identified gaps in the local pathway to recovery.

Health Outcomes 2016-2019

The following health indicators were identified for Substance Abuse, Abuse, Mental Health and Domestic Violence:

Health Indicator	Prior	Current	Change	Data Source
Access to Services				
Percent respondents who indicated Behavioral Health services is one of SKP's greatest community strengths.	5.2% (2015)	1.5% (2019)	3.7% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Behavioral Health services is an aspect of the SKP community most in need of improvement.	8.6% (2015)	3.8% (2019)	4.8% ↓	Perceptions of Community Health Survey
Substance Abuse Treatment				
Percent respondents who indicated Substance abuse treatment is one of SKP's greatest community strengths.	0.9% (2015)	0.6% (2019)	0.3% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Substance abuse treatment is an aspect of the SKP community most in need of improvement.	36.1% (2015)	12.6% (2019)	23.5% ↓	Perceptions of Community Health Survey
Percentage of adolescents (high school students in grades 9-12) who report binge drinking, defined as five or more alcoholic drinks in a row within a couple of hours, at least once in the past 30 days.	25.5% (2015)	19.0% (2017)	6.5% ↓	Healthy Alaskans Leading Indicator #15 (YRBS)

Health Indicator	Prior	Current	Change	Data Source
Percentage of adults (aged 18 years and older) who report binge drinking in the past 30 days defined as five or more drinks for men; 4 or more drinks for women on one occasion.	25.4% (2014)	14.1% (2018)	11.3% ↓	Healthy Alaskans Leading Indicator #15 (BRFSS)
Mental/Emotional Health				
Percent respondents who indicated Mental/Emotional Health is a factor that most negatively affects their (and their family's) health.	56.0% (2015)	19.8% (2019)	36.2% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Mental/Emotional Health is a factor that most negatively affects the health of the community.	74.5% (2015)	20.9% (2019)	53.6% ↓	Perceptions of Community Health Survey
Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months.	35.0% (2015)	35.0% (2017)	No change	Healthy Alaskans Leading Indicator #8 (YRBS)
Mean number of days in the past 30 days adults aged 18 and older report being mentally unhealthy.	3.3 days (2015)	Data unavailable	n/a	Healthy Alaskans Leading Indicator #9 (BRFSS)
Interpersonal Violence				
Percent respondents who indicated Substance Abuse is a factor that most negatively affects their (and their family's) health.	17.6% (2015)	8.8% (2019)	8.8% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Substance Abuse is a factor that most negatively affects the health of the community.	96.8% (2015)	29.8% (2019)	67.0% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Interpersonal Violence is a factor that most negatively affects their (and their family's) health.	11.5% (2015)	1.9% (2019)	9.6% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Interpersonal Violence is a factor that most negatively affects the health of the community.	95.9% (2015)	12.4% (2019)	83.5% ↓	Perceptions of Community Health Survey
Percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months.	7.6% (2015)	8.2% (2017)	0.6% ↑	Healthy Alaskans Leading Indicator #13 (YRBS)



Aging Population/Physical Health

The 2016 CHNA community survey identified physical health as the number one factor affecting the individual and their family.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address the needs of an Aging Population and Physical Health:

- Adapt the hospital's Long-Term Care services to meet changing needs.
- Ensure the necessary specialty services are available, including but not limited to cardiology, urology, Alzheimer's care, cancer care, pulmonary, dementia, high cholesterol, geriatric psychiatry and depression, obesity, circulatory, gastrointestinal, dental, nutrition, wound care, ophthalmology, podiatry, medication management, and other age-related health concerns.
- Tailor community health and wellness offerings to senior issues, focusing on chronic disease prevention and management.
- Sponsor a community-wide steps challenge to encourage physical activity.
- Begin offering "Walk with a Doc", a weekly or monthly walking program that invites the public to a brief presentation on a matter of health and wellness in conjunction with a walk.
- Partnerships will be created with other agencies serving seniors to prevent duplication of services and ensure comprehensive coverage of need.
- Improve the care coordination at Homer Medical Center to better utilize all local resources.
- Monthly "discounts" or promotions will be offered for relevant screenings or services related to the aging population. Screenings will include but not be limited to free speech-language screenings, colonoscopy, mammogram, bone density, PSA, cholesterol, vitamin D, thyroid, prostate, A1C, etc.
- Get our diabetes education program certified with the American Diabetes Association and begin offering onsite at specialty clinic and evenings at Homer Medical Center, in addition to regular outpatient visits and inpatient care.
- Utilize the employee wellness program to address health concerns of an aging employee base.
- Work environments will be adjusted as necessary to accommodate the needs of an aging workforce.
- Expand sleep medicine program to include a newly remodeled and dedicated area for sleep clinics, sleep studies and neurology clinic.
- Actively promote and utilize Home Health Services to decrease hospitalization due to chronic disease.

- South Peninsula Hospital will continue as a lead agency with Homer/Kachemak Bay Rotary Club to organize an annual community Health Fair that offers free and reduced rate screenings.
- Tailor hospital offerings at fair to address chronic illness and those affecting the senior population, such as swallowing, arthritis, diabetes, etc.
- Renovate the surgery department to offer modern heating, air conditioning and ventilation to meet the current and expected increased demand on the department for in- and outpatient procedures.
- Strengthen immunization and vaccination programs for volunteers, students, contractors and staff to improve health and reduce the spread of preventable diseases and actively participate in statewide antimicrobial stewardship program.
- Offer disease management presentations and referrals to support groups.
- Heart Disease – Cardiology and pacemaker clinics will be offered. The hospital will run specials for calcium scoring CTs and continue to offer American Heart Association CPR/AED classes. The Education Department will create a map of the community locating all publicly accessed AEDs in the community and make that widely available.
- Cancer – Part time oncology and a fully staffed infusion clinic which offers chemotherapy four days a week will be provided. Chemotherapy availability will be added as driven by the need, and the oncology care can be increased as determined by demand. On-site pharmaceutical, surgical services, advanced diagnostic imaging, on site laboratory and an equipment loan program are all in existence for rapid cancer diagnosis and treatment, and screenings are promoted on an ongoing basis.
- Research the feasibility of adding nuclear medicine to the Imaging Department scope of service, based on demand, sustainability and radiologist’s desire and specialty.
- Addressing chronic illness has been identified specifically as an FY 18 Strategic Action Item in support of the five-year strategic plan.

Health Outcomes 2016-2019

The following health indicators were identified for an Aging Population and Physical Health.

Health Indicator	Prior	Current	Change	Data Source
Percentage of SKP population over age 45.	47.7% (2014)	47.3% (2018)	0.4% ↓	US Census Bureau, ACS
Leading causes of death.	heart disease and cancer (2014)	Cancer and heart disease (2018)	No change	Alaska Bureau of Vital Statistics (ABVS)
KPB cancer mortality rate (per 100,000 population, age-adjusted).	168.2 (2014)	176.4 (2018)	8.2 ↑	Healthy Alaskans Leading Indicator #1 (ABVS)

Health Indicator	Prior	Current	Change	Data Source
KPB heart disease mortality rate per 100,000 (per 100,000 population, age-adjusted).	127.5 (2014)	149.3 (2018)	21.8 ↑	Alaska Bureau of Vital Statistics (ABVS)
Percentage of adults (aged 18 years and older) who meet criteria for overweight (body mass index of ≥ 25.0 and < 30 kg/m ²) or obesity (body mass index of ≥ 30 kg/m ²).	70.3% (2014)	70.9% (2018)	0.6% ↑	Healthy Alaskans Leading Indicator #4 (BRFSS)
Percentage of adolescents (high school students in grades 9-12) who meet criteria for overweight (age and sex specific body mass index of ≥ 85 th and < 95 th percentile).	15.3% (2015)	12.7% (2017)	2.6% ↓	Healthy Alaskans Leading Indicator #5 (YRBS)
Percentage of adolescents (high school students in grades 9-12) who meet criteria for obesity (age and sex specific body mass index of ≥ 95 th percentile).	7.6% (2015)	16.1% (2017)	8.5% ↑	Healthy Alaskans Leading Indicator #5 (YRBS)
Percentage of children (students in grades K-8) who meet criteria for overweight (age and sex specific body mass index of ≥ 85 th and < 95 th percentile).	17.0% (2014-15)	17.7% (2018-19)	0.7% ↑	Healthy Alaskans Leading Indicator #5 (AK Student BMI Surveillance System)
Percentage of children (students in grades K-8) who meet criteria for obesity (age and sex specific body mass index of ≥ 95 th percentile).	15.2% (2014-15)	13.6% (2018-19)	1.6% ↓	Healthy Alaskans Leading Indicator #5 (AK Student BMI Surveillance System)
Percentage of adults (aged 18 years and older) who meet 2008 CDC Physical Activity Guidelines: who do 150 minutes or more total minutes per week of moderate exercise or vigorous exercise where each minute of vigorous exercise contributes two minutes to the total. (Kenai Peninsula ²⁸)	62.7% (2015)	57.9% (2017)	4.8% ↓	Healthy Alaskans Leading Indicator #6 (BRFSS)
Percentage of adolescents (high school students in grades 9-12) who meet 2008 CDC Physical Activity Guidelines: who do at least 60 minutes of physical activity, every day of the week.	24.4% (2015)	28.1% (2017)	3.7% ↑	Healthy Alaskans Leading Indicator #6 (YRBS)

²⁸ BRFSS data was only available for the Kenai Peninsula

Health Indicator	Prior	Current	Change	Data Source
Percentage of adolescents (high school students in grades 9-12) who have not smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days.	78.6% (2015)	79.6% (2017) ²⁹	1% ↑	Healthy Alaskans Leading Indicator #2 (YRBS)
Percentage of adults (aged 18 years and older) who currently do not smoke cigarettes. (Kenai Peninsula)	81.3% (2014)	79.2% (2018)	2.1% ↓	Healthy Alaskans Leading Indicator #3 (BRFSS)
Percent respondents who indicated Healthy Lifestyle opportunities is one of SKP's greatest community strengths.	19.0% (2015)	6.6% (2019)	12.4% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Elder Care is one of SKP's greatest community strengths.	6.3% (2015)	1.8% (2019)	4.5% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Physical Health is a factor that most negatively affects their (and their family's) health.	86.2% (2015)	21.4% (2019)	64.8% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Physical Health is a factor that most negatively affects the health of the community.	26.7% (2015)	4.0% (2019)	22.7% ↓	Perceptions of Community Health Survey



Healthcare Professionals Recruitment and Retention

High costs of recruitment, lack of applicants and high turnover were just a few of the hurdles in maintaining the broad spectrum of professionals needed for a local healthcare system.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address the Recruitment and Retention of Healthcare Professionals:

- Work with local providers to share recruiting strategies and costs.
- Create and implement a more robust and user-friendly relocation program.
- Increase utilization of electronic, web and social media recruitment practices.
- Support a nurse residence program.

²⁹ 2017 SKP percentage represents total students (100%) less 14.6% students who have used cigarettes, cigars or smokeless tobacco (including Iqmik), 5.8% students who have used chewing tobacco, snuff or dip, and 10.7% students who have used an electronic vaping product on one or more of the past 30 days. Electronic vaping products are relatively new and might not be captured in previous-year survey data. Without the electronic vaping products, the 2017 SKP percentage would be **68.9%**.

- Improve job retention by sending nursing staff to various consortium for training in hard-to-place specialties.
- Improve and monitor employee engagement through two-way communication, promotion of employee benefits and compensation and use of organizational values.

Health Outcomes 2016-2019

Indicator data were not available for Recruitment and Retention of Healthcare Professionals.



Poor Local Economy / Lack of Jobs

SPH Actions to Address

SPH is the area’s largest employer, contributing over \$20,000,000 annually into the local economy in payroll alone. That, combined with service contracts, materials acquisition and leases, creates significant impact to the southern peninsula’s economic well-being. The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address a poor local economy and lack of jobs:

- Information on self-pay and prompt pay discounts, and financial assistance will be made readily available, including posting of the applications and policies on the hospital’s website.
- Improve marketing and health education will take place in outlying areas to be sure all discounts, offerings and programs are well communicated.
- Offer monthly “specials” on vital screenings or services and communicate those in an effective manner to uninsured population.
- Work with SPH Foundation to ensure continuation of scholarships for allied health, C.N.A.
- Promote and train entry level positions locally, including aids, housekeeping, dietary and more.
- Develop internships to transition students-to-work.
- Continue supporting the Kachemak Bay Campus in their C.N.A., nursing and allied health curriculums and clinical rotations.

Health Outcomes 2016-2019

The following health indicators were identified for a poor local economy and lack of jobs.

Health Indicator	Prior	Current	Change	Data Source
Percentage of the SKP population that receives Medicaid. ³⁰	18.2% (2015)	23.5% (2018)	5.3% ↑	U.S. Census Bureau, ACS

³⁰ The percentage of the Southern Kenai Peninsula (SKP) service area that received Medicaid was higher than the percentage of the Kenai Peninsula Borough (KPB) that received Medicaid in 2015 and 2018 (U.S. Census Bureau, 2015 and 2018 ACS 5-Year Estimates): In 2015, 18.2% of the SKP civilian noninstitutionalized population were Medicaid recipients compared to 15.6% of the comparable KPB population. In 2018, 23.5% of the SKP civilian noninstitutionalized population were Medicaid recipients compared to 19.9% of the comparable KPB population.

Health Indicator	Prior	Current	Change	Data Source
Percentage of the SKP population that reports having no medical insurance.	26.4% (2014)	17.3% (2018)	9.1% ↓	U.S. Census Bureau, ACS
Percent of SKP students Eligible for the Free and Reduced-Price Lunch Program.	38.0% (2013-14)	44.9% (2019-20)	6.9% ↑	Alaska Department of Education and Early Development Child Nutrition Program
Percentage of SKP residents (all ages) living above the federal poverty level (as defined for Alaska).	80.8% (2014)	84.9% (2018)	4.1% ↑	Healthy Alaskans Leading Indicator #24 (U.S. Census Bureau, ACS)
Percentage of SKP 18-24 year-olds with high school diploma or equivalency.	78.9% (2014)	82.0% (2018)	3.1% ↑	Healthy Alaskans Leading Indicator #25 (U.S. Census Bureau, ACS)
Jobs and Economic Health				
Percent respondents who indicated Jobs and Economic Opportunities is one of SKP's greatest community strengths.	2.5% (2015)	0.8% (2019)	1.7% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Jobs and Economic Opportunities is an aspect of the SKP community most in need of improvement.	47.5% (2015)	12.9% (2019)	34.6% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Economic Opportunities is a factor that most negatively affects their (and their family's) health.	71.7% (2015)	22.2% (2019)	49.5% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Economic Opportunities is a factor that most negatively affects the health of the community.	71.5% (2015)	17.2% (2019)	54.3% ↓	Perceptions of Community Health Survey
Access to Job Training and Higher Education				
Percent respondents who indicated Access to Job Training and Higher Education is one of SKP's greatest community strengths.	2.4% (2015)	1.1% (2019)	1.3% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Access to Job Training and Higher Education is an aspect of the SKP community most in need of improvement.	16.6% (2015)	6.9% (2019)	9.7% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Education costs and availability is a factor that most negatively affects their (and their family's) health.	73.1% (2015)	14.4% (2019)	58.7% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Education costs and availability is a factor that most negatively affects the health of the community.	56.0% (2015)	9.5% (2019)	46.5% ↓	Perceptions of Community Health Survey

Health Indicator	Prior	Current	Change	Data Source
Percent respondents who indicated that costs prevented them from using services or activities available in the community.	51.0% (2015)	19.8% (2019)	31.2% ↓	Perceptions of Community Health Survey



Partnerships and Collaborations

Several findings pointed back to opportunities that might be found in improved local and borough-wide partnerships and collaborations.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address partnerships and collaborations:

- Improved partnerships and collaborations has been identified specifically as an FY 18 Strategic Action Item in support of the five year strategic plan.
- Hospital representatives will continue to work on collective improved community health through participation in MAPP of the Southern Kenai Peninsula, our local coalition working to improve community health which utilizes the MAPP framework (Mobilizing to Action through Planning and Partnerships).
- Continue offering trainings to local agencies as needed, including BLS to The Center, basic body mechanics and safety in transfers for hospice volunteers.
- Continue our collaboration with the college for student trainings, certifications and degrees related to healthcare.

Health Outcomes 2016-2019

Indicator data were not available for partnerships and collaborations.



Environmental Concerns

Environmental health was a top concern in two of the four sub-assessments, related to half of all factors identified in the Forces of Change.

SPH Actions to Address

The 2017 SPH CHNA Implementation Strategy identifies the following actions for the hospital to address Environmental Concerns:

- All florescent lighting will be upgraded to LED tubes. Loading dock has 15 fixtures to upgrade from 150-watt sodium to 18-watt LED tubes. 35% complete. Should be complete by the end of 2018. All new construction utilizes LED.

- Staff will participate in the Woodard Creek Coalition, and support and adopt the strategies identified in the Woodard Creek Strategic Plan, intended to protect and enhance the neighboring Woodard Creek and watershed.
- Pneumatic controlled thermostats will be replaced with digital controls which provides flexibility for unoccupied and night setbacks and leads to energy savings.
- Auto shutoff mechanisms will be installed on all lighting in any new construction or remodeled areas so lights will go out when room is not in use.
- Reuse, reduce and recycle will be utilized where possible, and a focus to specifically reduce paper remains underway.

Health Outcomes 2016-2019

The following health indicators were identified for Environmental Concerns:

Health Indicator	Prior	Current	Change	Data Source
Percent respondents who indicated Environmental Health is one of SKP’s greatest community strengths.	7.4% (2015)	2.4% (2019)	5% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Environmental Health is an aspect of the SKP community most in need of improvement.	4.4% (2015)	1.7% (2019)	2.7% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Environmental Health is a factor that most negatively affects their (and their family’s) health.	73.4% (2015)	11.5% (2019)	61.9% ↓	Perceptions of Community Health Survey
Percent respondents who indicated Environmental Health is a factor that most negatively affects the health of the community.	48.1% (2015)	6.2% (2019)	41.9% ↓	Perceptions of Community Health Survey