South Peninsula Hospital

South Peninsula Hospital **Community Health** Needs Assessment **2026**

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Welcome To Our Community Health Needs Assessment

South Peninsula Hospital (SPH) is proud to present its 2026 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic, and other qualitative and quantitative data from the Southern Kenai Peninsula. This report also includes secondary/disease incidence and prevalence data from the Kenai Peninsula Borough, Alaska, and United States. The data were reviewed and analyzed to determine the top priority needs and issues facing the region overall.

The primary purpose of this assessment was to identify the health needs and issues of the Southern Kenai Peninsula community. The CHNA also provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to identify community health priorities, develop interventions, and commit resources to improve the health status of the region more strategically.

Improving the health of the community is the foundation of the mission of South Peninsula Hospital, and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care, and program interventions provided through the hospital, we hope that the information in this CHNA will encourage additional activities and collaborative efforts to improve the health status of the community.

Acknowledgment

South Peninsula Hospital would like to thank the Community Health Needs Assessment (CHNA) Workgroup, Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee, community partners and community residents who participated in the CHNA process.

South Peninsula Hospital retained Strategy Solutions, Inc. (SSI) to assist in the development of this CHNA. SSI had worked with the MAPP Steering Committee to create the 2023 CHNA.

CHNA Workgroup

Derotha Ferraro, South Peninsula Hospital
Annie Garay, South Peninsula Hospital
Emily Sears, Homer Public Health

Community Partners Who Shared Data

Kachemak Bay Family Planning Services
Hospice of Homer
Homer Food Pantry
Haven House
Community Resource Connect

Consultants – Strategy Solutions

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Acronyms

AK	Alaska
CDC	Centers for Disease Control & Prevention
CHNA	Community Health Needs Assessment
HA	Healthy Alaskans
HP	Healthy People
KP	Kenai Peninsula
KPB	Kenai Peninsula Borough
MAPP	Mobilizing for Action through Planning and Partnerships
SPH	South Peninsula Hospital
SKP	Southern Kenai Peninsula
SSI	Strategy Solutions, Inc.
US	United States
USA	United States of America
ZCTA	ZIP Code Tabulation Areas

Executive Summary

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population's health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

This CHNA was conducted by South Peninsula Hospital using internal and secondary data sources, with input from select community partners. While the MAPP Steering Committee was engaged to review findings and provide input during the prioritization phase, this assessment did not utilize the full MAPP framework (e.g., Community Themes and Strengths Assessment, Local Public Health System Assessment, or Forces of Change Assessment). A Public Health representative was actively involved throughout the process and provided ongoing input and perspective. The priorities identified in this report help to guide the hospital and community partners' community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Facilitated by Strategy Solutions, Inc., a planning and research firm with a mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the Southern Kenai Peninsula communities, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2026 South Peninsula Hospital CHNA was conducted to identify primary health issues, current health status, and health needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to establish priorities, develop interventions, and direct resources to improve the health of people living in the community more strategically.

Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Alaska Department of Health, the Alaska Cancer Registry, the Centers for Disease Control, as well as Healthy People 2030, Healthy Alaskans 2030, County Health Rankings and Roadmaps, US Census, and the American Community Survey. Aggregate utilization data were included in Appendix A from South Peninsula Hospital patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.). Demographic data were collected from Claritas-Pop-Facts Premier, Environics Analytics, and US Census. Claritas-Pop Facts Premier, Environics Analytics is a subscription service that compiles data from the US Census Bureau and American Community Survey data that Strategy Solutions, Inc. used to compile demographic data.

On April 15, 2026, the SKP MAPP Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the Southern Kenai Peninsula. Strategy Solutions, Inc. presented the data to the Steering Committee and discussed the needs of the local area, what the MAPP membership, hospital, health district and other providers are currently offering the community and discussed other potential needs that were not reflected in the data collected. A total of 28 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national, Healthy People 2030 Targets, Healthy Alaskans 2030 Targets, negative trends, or growing incidence). Five criteria, including magnitude of the problem, disparities/equity, impact on other health outcomes, capacity to implement evidence-based solutions or promising practices and community collaboration, were identified that the group would use to evaluate identified needs and issues.

Following the meeting, Steering Committee members completed the prioritization exercise via SurveyMonkey to rate each of the needs and issues on a one to ten scale by each of the selected criteria. A total of 7 Steering and CHNA Committee members participated in the prioritization exercise. The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria).

On April 29, 2026, South Peninsula Hospital (SPH) leadership representing various service lines and disciplines across the hospital system met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the Southern Kenai Peninsula. Strategy Solutions, Inc. presented the data to the leadership team and discussed the needs of the local area as well as what they are seeing in their particular discipline. SPH leadership ranked identified health needs by integrating MAPP Steering Committee prioritization results, hospital utilization data, and the organization's ability to impact patient outcomes. Clinical expertise and community context were also considered, with final priorities informed through collaborative discussion among hospital leadership and community partners.

SPH will focus its Implementation Plan on the following priority areas, with the detailed plan being published separately.

- Elder care
- Mental health including suicide
- Access to care including transportation and preventive care
- Chronic disease including preventive care

Review and Approval

Per the Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax exempt hospitals that was published in December 2014, this Community Health Needs Assessment was formally adopted by the South Peninsula Hospital Board of Directors on June 24, 2026.

Methodology

To guide this assessment, South Peninsula Hospital formed a CHNA Workgroup which included hospital staff as well as the local Public Health Nurse. This workgroup met monthly for the duration of the assessment. The overarching MAPP Steering Committee met on April 15, 2026 to review findings and ensure the identified needs aligned with what they are seeing in community and to ensure underrepresented groups were considered.

To examine the health-related needs of the residents of the Southern Kenai Peninsula and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods as part of the CHNA assessment process. The CHNA Workgroup and consulting team made significant efforts to ensure that the entire primary service area, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment to the extent possible given the resource constraints of the project.

The secondary quantitative data collection process included demographic and socioeconomic data obtained from Claritas-Pop-Facts Premier, Environics Analytics; disease incidence and prevalence data obtained from the Alaska Departments of Health; Centers for Disease Control and Prevention; US Census, the Healthy People 2030 Targets from HealthyPeople.gov and the Healthy Alaskans 2030 Targets from healthyalaskans.org. In addition, various health and health related data from the following sources were also utilized for the assessment including County Health Rankings (www.countyhealthrankings.org). Selected Emergency Department and inpatient utilization data from South Peninsula Hospital was also included in Appendix A. Economic data were obtained through the U.S. Census Bureau. Data presented are the most recent published by the source at the time of the data collection and for the available geographic areas.

Primary data were collected via a community survey that was virtually marketed through South Peninsula Hospital. Paper copies of the survey were also available at various SPH community outreach events. The survey was designed to follow the questions used in prior CHNAs to allow for historical comparisons. Respondents had the option to enter into a drawing for a chance to win $25 Homer Bucks as a thank you, with 15 winners selected. A total of 415 individuals completed the survey. Data are reported throughout the report as appropriate with additional findings included in Appendix B.

Data Limitations

There are a variety of limitations to both the secondary and primary data collected and utilized in this study.

The Secondary data may be incomplete and lack accuracy depending on a variety of factors including but not limited to:

- The time lag from the time the data were collected to the time it was reported.
- The research design, methodology, sampling design and sources (target audiences, recruitment methods) do not necessarily match the population of this study and were not consistent.
- Data collection methods (qualitative and quantitative techniques) varied, with a variety of different methodologies used by the sources.

The primary data collection included in the study also has potential limitations that include but are not limited to:

- Data were obtained from a convenience sample of residents willing to participate and is not necessarily representative of the community at large.
- Data were largely qualitative.

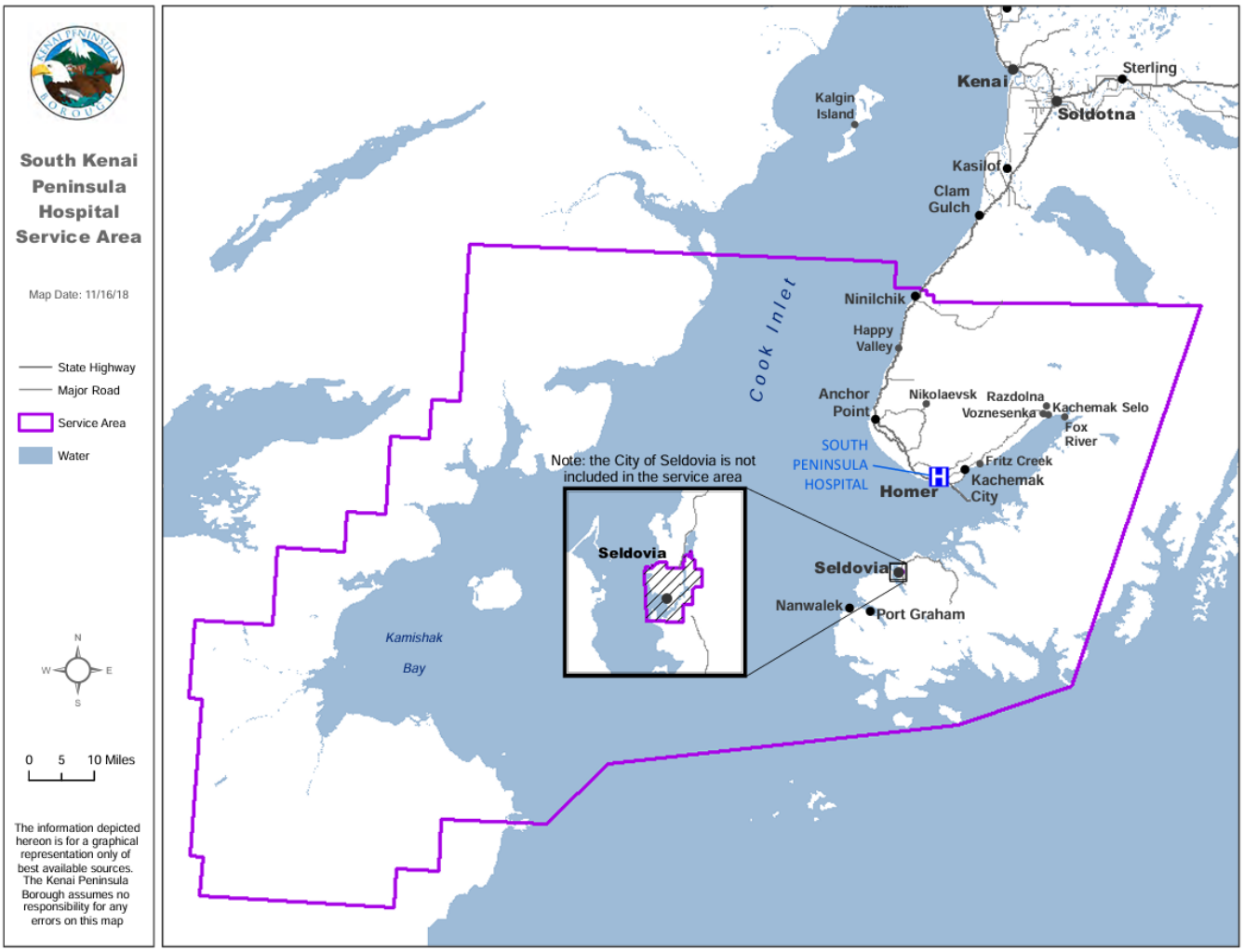
CDC PLACES data provides model-based, small-area estimates for chronic diseases, health risks, and preventive services across the U.S. (counties, places, tracts, ZCTAs). These are not direct surveys but calculated projections combining BRFSS survey data with Census population statistics to identify local health trends and disparities.

Both the primary and secondary data presented in this report via charts, graphs, tables and narrative are based on that unique data source, which may or may not represent a sample size that is representative of the SKP service area. The narrative introducing each chart, graph or table is intended to highlight some of the data that is represented in the respective chart, table or graph from that particular data source, and are not necessarily a finding reflecting the SKP service area.

Map of Southern Kenai Peninsula

The communities that make up the Southern Kenai Peninsula are illustrated in the map below, including Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Halibut Cove, Happy Valley, Homer, Kachemak City, Kachemak Selo, Nanwalek, Nikolaevsk, Ninilchik, Port Graham, Razdolna, Seldovia[1] and Voznesenka.

Figure 1: Map of South Peninsula Hospital Service Area



[1] Seldovia City is not included in South Peninsula Hospital's service area.

Community Resources

Available community resources can be accessed using the following resources:

Seaside Women's Care Resource Guide
Homer Area Support Group
South Peninsula Hospital

Hospital Resources

The following services are available at South Peninsula Hospital:

Table 1: South Peninsula Hospital Resources

Acute Care	**Laboratory**
Behavioral Health	**Long Term Care**
Birthing Center	**Outpatient Oncology and Infusion Center**
Diabetes Education	**Rehabilitation Services**
Emergency Department	**Renew Plastic Surgery and Dermatology**
Family Care Clinic	**Seaside Women's Care**
Functional Medicine Clinic	**Sleep Center**
General Surgery	**South Peninsula Orthopedics**
Home Health Services	**Specialty Clinic**
Homer Medical Center	**Surgery**
Imaging	

Evaluation of the 2023 Implementation Strategies

Introduction

South Peninsula Hospital conducted a community health needs assessment (CHNA) for the southern Kenai Peninsula in 2023, in cooperation with MAPP of SKP Health Coalition, in compliance with IRS Section 501(r). The assessment was adopted by the SPH Board of Directors on June 28, 2023, and made available to the public on the organization's website. Nine priority health needs were identified and implementation strategies were developed to address each. This report summarizes the documented progress and accomplishments across fiscal years 2024, 2025, and 2026. It is important to note that this is not reflected of a full year for 2026 data as the fiscal year has not ended.

Numerous presentations were made of the report findings from June through October, including at meetings of the hospital's Board of Directors, Homer City Council, SPH general hospital staff, SPH general medical staff, Rotary, and MAPP of the Southern Kenai Peninsula local community health coalition made up of twelve partnering local agencies representing the eight dimensions of wellness.

MAPP of Southern Kenai Peninsula health coalition identified as priorities for the Community Health Improvement Plan: (1) Lack of affordable housing concerns and (2) Developing a communications plan to help connect people of the service area to existing resources. Hospital representatives have been actively engaged in these community-wide strategies and solutions.

Health Needs Priorities

The key findings identified in the CHNA, in no particular order, were: Mental Health, Housing, Substance Use, Childcare, Physical Health, Aging Population, Barriers to Care, Social Isolation, and Staff Workforce Shortages.

At a Glance

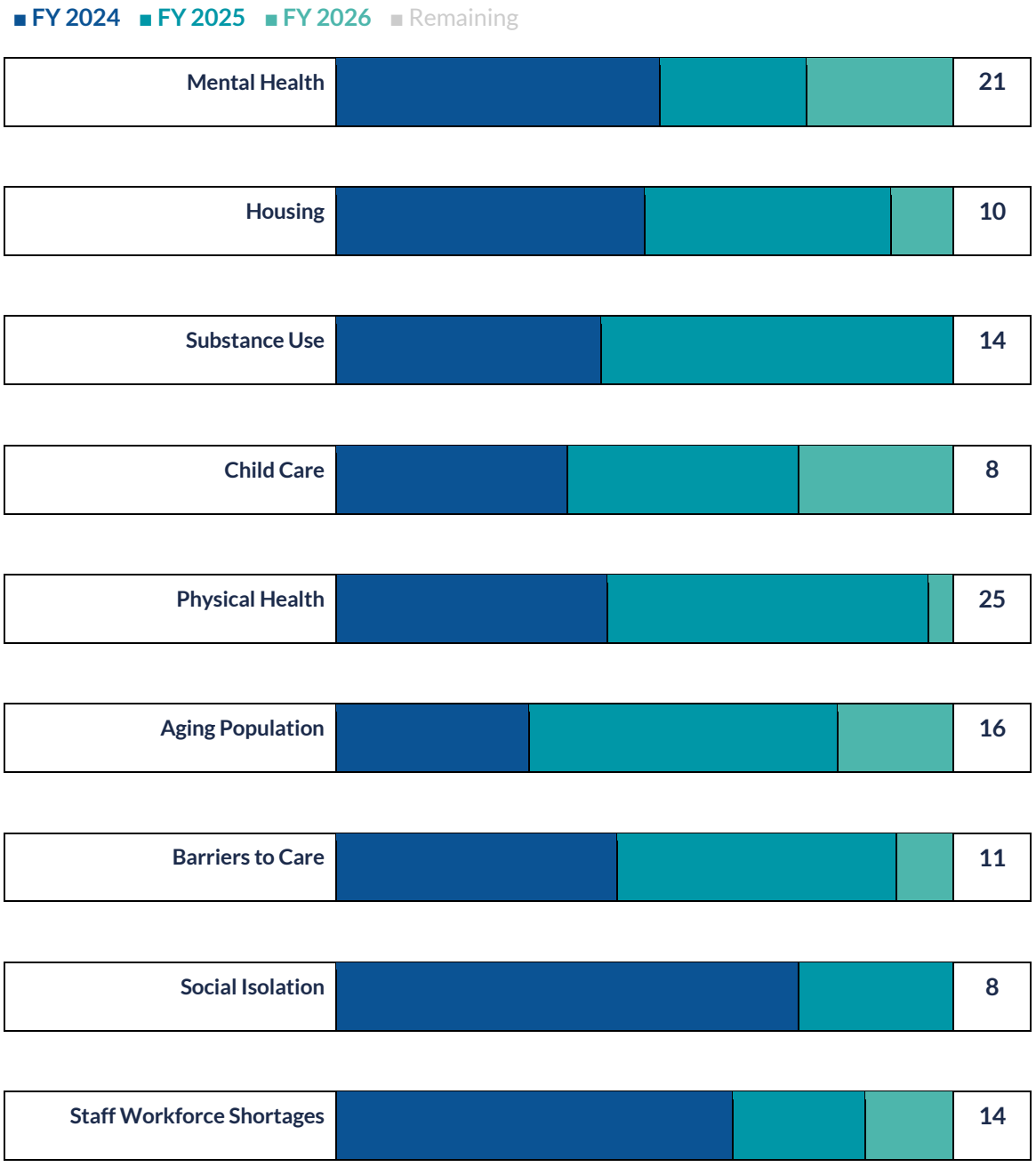
9	62	51	15
PRIORITY AREAS	FY 2024 ACTIONS	FY 2025 ACTIONS	FY 2026 ACTIONS (Partial FY data represented)

Implementation Actions Summary

Priority Area	FY 2024	FY 2025	FY 2026	Total
Mental Health	11	5	5	**21**
Housing	5	4	1	**10**
Substance Use	6	8	0	**14**
Child Care	3	3	2	**8**
Physical Health	11	13	1	**25**
Aging Population	5	8	3	**16**
Barriers to Care	5	5	1	**11**
Social Isolation	6	2	0	**8**
Staff Workforce Shortages	9	3	2	**14**
TOTAL	**61**	**51**	**15**	**127**

Actions by Priority Area & Fiscal Year

The following chart shows the relative distribution of documented implementation actions across all nine priority areas.



Priority Area Details

Each priority area below includes all documented actions and accomplishments organized by fiscal year.

Priority #1: Mental Health

21 total documented actions across three fiscal years

11	5	5
FY 2024 Actions	FY 2025 Actions	FY 2026 Actions
52% of total	*24% of total*	*24% of total*

Key Highlights

FY 2024	**Key:** Updated and circulated community resource guide at 25 partnering agencies 4x/year
FY 2025	**Key:** Hired a Mental Health Nurse Practitioner and Counselor via a state behavioral health grant to plan for integrated behavioral health at Seaside Women's Care
FY 2026	**Key:** Implemented integrated behavioral health services at Seaside Women's Care—including medication management, counseling, care coordination, and support connecting patients to community resources—at no cost to patients through State of Alaska grant funding

FY 2024 Updates

- Updated and circulated community resource guide at 25 partnering agencies 4x/year
- Discussed with South Peninsula Behavioral Health the idea to co-locate some providers
- Applied for a behavioral health grant to add behavioral health component to women's health
- Weekly free community programming offered through various programs including Wellness Wednesday
- Community Health and Wellness Educator Nurse trained in Teen Mental Health First Aid program
- Offered parent nights and trainings to the communities of Nanwalek and Port Graham
- Pediatric Nurse Practitioner offered a six-week "Chaos Compass" mental health training for middle school students
- Continued to lead and grow Safe & Healthy Kids Fair in collaboration with community partners
- Continued to offer activities and lunch and learns with a focus towards mental health
- Added Spring Health employee assistance program
- Continuation of wellness reimbursement program including coverage for a wide array of mental health supports

FY 2025 Updates

- Hired a Mental Health Nurse Practitioner and Counselor via a state behavioral health grant to plan for integrated behavioral health at Seaside Women's Care
- Recruited an additional full-time Psychiatric Mental Health Nurse Practitioner increasing the number of full-time psychiatric providers to three
- Participated in Planet Youth Homer, a data-driven model based on the Icelandic Prevention Model, to help identify and address youth needs
- Streamlined the incident stress debriefing program for staff
- Created a contract position for a chaplain to serve both patients and staff

FY 2026 Updates

- Implemented integrated behavioral health services at Seaside Women's Care—including medication management, counseling, care coordination, and support connecting patients to community resources—at no cost to patients through State of Alaska grant funding
- Working with South Peninsula Behavioral Health to ensure seamless coverage of inpatient and ER patient mental health needs
- Established quarterly mental health provider meet-ups, open to independent and private practice providers, to identify and address service gaps, care coordination challenges, and emerging community needs
- Added free weekly walks at SPARC, the local indoor recreation center
- Hired a new Security Supervisor providing numerous educational offerings for safety in the workplace by introducing the Gracie Medical Defense Training for all

Priority #2: Housing

10 total documented actions across three fiscal years

5	4	1
FY 2024 Actions *50% of total*	FY 2025 Actions *40% of total*	FY 2026 Actions *10% of total*

Key Highlights

FY 2024	**Key:** Solicited for proposals and selected a contractor for a 26-unit housing complex to be leased to SPH; assisted contractor with steps related to getting a conditional use permit
FY 2025	**Key:** Broke ground on the 26-unit housing complex; expected to be completed in spring 2026
FY 2026	**Key:** Participated in the Homer Housing Summit planning process to convene key housing stakeholders and develop actionable, community-driven priorities and next steps for housing solutions in Homer

FY 2024 Updates

- Solicited for proposals and selected a contractor for a 26-unit housing complex to be leased to SPH; assisted contractor with steps related to getting a conditional use permit
- Continued involvement in Guiding Growth forum: an ongoing discussion to inform what is driving change in Homer
- Was a guest speaker at library forum on housing crunch
- Conceptualization of MAPP dashboard as centralized hub for housing solutions and efforts
- Continued to participate and facilitate community meetings regarding housing

FY 2025 Updates

- Broke ground on the 26-unit housing complex; expected to be completed in spring 2026
- Attended a community-wide housing forum
- MAPP coordinator served on borough-wide housing task force
- SPH staff were interviewed by City representatives to ensure medical district was fully accommodated in the comp plan update

FY 2026 Updates

- Participated in the Homer Housing Summit planning process to convene key housing stakeholders and develop actionable, community-driven priorities and next steps for housing solutions in Homer

Priority #3: Substance Use

14 total documented actions across three fiscal years

6	8	0
FY 2024 Actions *43% of total*	FY 2025 Actions *57% of total*	FY 2026 Actions *0% of total*

Key Highlights

FY 2024	**Key:** All Things Recovery Coalition – staff participation and support
FY 2025	**Key:** Megan's Place Needle exchange – SPH continues to provide free facility, advocacy assistance, and support

FY 2024 Updates

- All Things Recovery Coalition – staff participation and support
- Megan's Place Needle exchange – SPH provides free facility, advocacy assistance, and support
- Kachemak Bay Recovery Connection – SPH provided a grant writer who successfully wrote an opioid settlement grant application to expand recovery efforts; SPH has a representative on the board and provides funding for administrative support
- MAT nurse staffed the community resource (homeless) connect, the food pantry, the rotary health fair and the Kenai Peninsula Fair
- Hosted a training at the local movie theater in advance of the movie
- Continuation of harm reduction trainings both planned as well as offered upon request

FY 2025 Updates

- Megan's Place Needle exchange – SPH continues to provide free facility, advocacy assistance, and support
- Kachemak Bay Recovery Connection – SPH has a representative on the board and provides funding for administrative support for additional grant acquisition and management
- MAT was featured at booth at Kenai Peninsula Fair
- Expanded the number of primary care providers providing MAT
- EPIC electronic health record training happened in spring 2025, ensuring all staff will have access to up-to-date resources
- Implemented a protocol to allow staff to distribute Naloxone kits to patients and community members
- Trained Acute Care staff on Naloxone administration and kit distribution procedures
- Provided overdose response trainings at numerous community events and festivals

FY 2026 Updates

- Naloxone kits distributed at SPH main entrance desk
- Hosted a training at Kachemak Bay Recovery Connection

Priority #4: Child Care

8 total documented actions across three fiscal years

3	3	2
FY 2024 Actions *38% of total*	FY 2025 Actions *38% of total*	FY 2026 Actions *24% of total*

Key Highlights

FY 2024	**Key:** Construction delays moved the opening of the SPH childcare facility to summer 2025
FY 2025	**Key:** Renovations were finalized by end of June 2025; New Childcare Center administrative staff were hired; several center staff were hired and trained; state-of-the-art furnishings and equipment were acquired; curriculum and policies were established; state licensure was applied for
FY 2026	**Key:** State licensure was acquired; the center was opened in fall 2025; the center is licensed for up to 62 children ages 3 months to 6 years old

FY 2024 Updates

- Construction delays moved the opening of the SPH childcare facility to summer 2025
- Hired an administrator and assistant administrator using thread grant funding
- Four Safe Sitter babysitting course trainings were offered at SPH; and one in the village for 2024 and 2025

FY 2025 Updates

- Renovations were finalized by end of June 2025; New Childcare Center administrative staff were hired; several center staff were hired and trained; state-of-the-art furnishings and equipment were acquired; curriculum and policies were established; state licensure was applied for
- Three Safe Sitter trainings were offered at SPH; and one in the village
- SPH staff and MAPP staff were active in a local childcare solutions workgroup, and sponsored the first “networking” breakfast that brought together childcare providers across the service area

FY 2026 Updates

- State licensure was acquired; the center was opened in fall 2025; the center is licensed for up to 62 children ages 3 months to 6 years old
- Reached 50% staffing levels by July 1, 2025, filling numerous entry-level positions in time to provide training in advance of opening, thus expanding the workforce

Priority #5: Physical Health

25 total documented actions across three fiscal years

11	13	1
FY 2024 Actions *44% of total*	FY 2025 Actions *52% of total*	FY 2026 Actions *4% of total*

Key Highlights

FY 2024	**Key:** Hired full-time in-house marketing assistant with focus on marketing/outreach expansion efforts
FY 2025	**Key:** Contracted a social media manager to do more regular health screening promotions and wellness tips
FY 2026	**Key:** Opened the new Seaside Women's Care; sponsoring an open house in May

FY 2024 Updates

- Hired full-time in-house marketing assistant with focus on marketing/outreach expansion efforts
- Increased announcements of available PCPs and evening clinic offerings
- Hosted Brake for Breakfast in October, giving out free breakfast with important health tips including breast health and cancer prevention
- Hired additional PCP to meet growing demand of clinic visits
- Offered free vaccines during health fair blood draws
- Contract with Kachemak Bay Family Planning to offer free STD testing at the clinic and at the needle exchange
- Clinics offered free kids flu shots during designated hours
- Weekly Wellness Wednesday programming, free and open to all, includes a health presentation, a meal, and movement activity
- Hosted Homer Steps Up free walking challenge, where over 700 individuals enrolled
- Sunrise Medical Weight Loss offered community education presentations
- Certified Diabetes Educator nurse at Homer Medical

FY 2025 Updates

- Contracted a social media manager to do more regular health screening promotions and wellness tips
- Worked on a plan to merge OB/GYN and Midwifery as one clinic, in one location; set to move in July 2025
- Increased marketing for the under-utilized Family Care Clinic and walk-in laboratory
- Opened the Renew Clinic, staffed by a full-time plastic surgeon and dedicated care team, to expand access to specialized physical health services
- Added a full-time Nurse Practitioner and Nurse to the Seaworthy Functional Medicine team
- Started promoting the "Medicare Wellness Visits" at Homer Medical Center
- Offered free vaccines at health fair blood draws, health fair, and numerous times at food pantry
- Integrated clinic data with state vaccine tracking to reduce need for manual entry
- Provided "roving" vaccine stations within the hospital for employee ease of vaccinations
- Added the use of video to social media to share pertinent messages from subject matter experts (e.g., colonoscopy screening, heart health, kidney health)
- Added video health educational segments at local movie theater pre-movie screenings
- Hired a second full-time nutritionist
- Launched a free weekly community walking group at the SPARC to support physical activity and wellness

FY 2026 Updates

- Opened the new Seaside Women's Care; sponsoring an open house in May

Priority #6: Aging Population

16 total documented actions across three fiscal years

5	8	3
FY 2024 Actions	FY 2025 Actions	FY 2026 Actions
31% of total	*50% of total*	*19% of total*

Key Highlights

FY 2024	**Key:** Wound care clinic being formulated within the primary care clinic; set to relocate in 2025
FY 2025	**Key:** Though the community voted down the general obligation bond to fund expanded Oncology/Infusion Clinic, the hospital is seeking other funding for this project
FY 2026	**Key:** RHTF application submitted for potential funding for expanded Oncology/Infusion Clinic

FY 2024 Updates

- Wound care clinic being formulated within the primary care clinic; set to relocate in 2025
- Audiology has joined the specialty clinic; an upper extremity expert joined orthopedics; a full-time neurologist started a practice
- Worked with the local senior center to develop solid infrastructure during turbulent times with their administration
- Rehabilitation clinic relocated to downtown location
- Continuation of Senior Day at fair, and senior-focused offerings through Health Fair and Wellness Wednesdays

FY 2025 Updates

- Though the community voted down the general obligation bond to fund expanded Oncology/Infusion Clinic, the hospital is seeking other funding for this project
- Architectural drawings were completed for expanded Oncology/Infusion Clinic
- Numerous community meetings took place to share information and generate continued support
- Plastic Surgery opened
- Dermatology recruited
- Launched an annual senior-centered wellness fair to improve access to health education, screenings, and community resources
- Expanded collaboration with the Senior Center to better coordinate services and strengthen supports for older adults
- Sponsored Senior Day at the Kenai Peninsula State Fair to increase outreach and health messaging to the senior population

FY 2026 Updates

- RHTF application submitted for potential funding for expanded Oncology/Infusion Clinic
- Dermatology opened
- Recruited full-time ENT; scheduled to start summer 2026

Priority #7: Barriers to Care

11 total documented actions across three fiscal years

5	5	1
FY 2024 Actions *45% of total*	FY 2025 Actions *45% of total*	FY 2026 Actions *10% of total*

Key Highlights

FY 2024	**Key:** Training and planning was conducted for SDOH data collection project
FY 2025	**Key:** SDOH data collection was initiated; continued routine collection of social determinants of health data at time of acute care admission to support discharge planning and connection to community resources
FY 2026	**Key:** Improved the Rotary Health Fair discounted lab draw program, significantly reducing the cost of blood tests for community members, increasing the number of people reached and increasing the fundraising ability for Rotary

FY 2024 Updates

- Training and planning was conducted for SDOH data collection project
- Numerous financial navigators were hired; advertising has started; brochures are at registration windows
- The foundation has developed the Patient Assistance fund; eligibility guidelines are still being finalized
- Blood draws were offered, with over 800 individuals taking advantage in 2023
- Implementation of upgraded signage system throughout SPH campus and outbuildings, creation of a campus map

FY 2025 Updates

- SDOH data collection was initiated; continued routine collection of social determinants of health data at time of acute care admission to support discharge planning and connection to community resources
- Radio and newspaper advertising was launched for financial assistance, and a new brochure created and distributed
- Eligibility guidelines were finalized for Patient Assistance fund and vouchers were distributed to all outpatient services and clinics
- 714 individuals took part in the 2024 blood draws, and over 400 attended the one-day fair
- Updated campus and outpatient building signage to improve wayfinding and enhance the overall patient experience

FY 2026 Updates

- Improved the Rotary Health Fair discounted lab draw program, significantly reducing the cost of blood tests for community members, increasing the number of people reached and increasing the fundraising ability for Rotary
- Plans are underway to open an Urgent Care Clinic six days a week, 12 hours a day, to improve access to affordable care

Priority #8: Social Isolation

8 total documented actions across three fiscal years

6	2	0
FY 2024 Actions *75% of total*	FY 2025 Actions *25% of total*	FY 2026 Actions *0% of total*

Key Highlights

FY 2024	**Key:** Wellness Wednesday attendance fluctuates between 30 and 50 at this popular event
FY 2025	**Key:** Over 700 in the 2024 Homer Steps Up event

FY 2024 Updates

- Wellness Wednesday attendance fluctuates between 30 and 50 at this popular event
- The hospital cafeteria is growing in popularity, becoming a senior gathering place
- Over 700 were in the 2023 Homer Steps Up event
- Two employees are on the MAPP coalition; numerous others serve on committees and help with the CHNA
- Gift shop, pet therapy, long-term care visitors and event assistance are among the volunteer opportunities
- Established a Healing Environment Committee; group working on a policy, color palette and framework to guide future decisions based on healing arts best practices

FY 2025 Updates

- Over 700 in the 2024 Homer Steps Up event
- A new volunteer position was created to be a companion to swing bed patients hospitalized

FY 2026 Updates

- Continued annual Senior Wellness Day at Kachemak Bay Campus
- Launched annual Senior Wellness Fair at Homer Senior Citizens Center

Priority #9: Staff Workforce Shortages

14 total documented actions across three fiscal years

9	3	2
FY 2024 Actions *64% of total*	FY 2025 Actions *21% of total*	FY 2026 Actions *15% of total*

Key Highlights

FY 2024	**Key:** National Hospital Week gifts; Nurses Day gifts; Thanksgiving and Christmas bonuses
FY 2025	**Key:** Hosted three high school career site visits
FY 2026	**Key:** A generous and attractive employee retention program continues; added off-hours offerings, like free family passes to SPH employee events at ice rink, movie theater, etc.

FY 2024 Updates

- National Hospital Week gifts; Nurses Day gifts; Thanksgiving and Christmas bonuses
- Increased staffing for Human Resources and Education to help
- Added an internal C.N.A. earn-to-learn program; around 6 students per semester
- Ran a radio campaign in Anchorage and valley to recruit nurses
- Offered temporary housing and a sign-on bonus
- Continued support for Kachemak Bay Campus C.N.A., nursing and allied health curriculums and clinical rotations each semester
- Hosted three high school career site tours
- Trained six C.N.A. students per semester, two total cohorts
- 17 students participated in the AHEC career boot camp for a one-day job shadow program

FY 2025 Updates

- Hosted three high school career site visits
- 12 students participated in the 2025 AHEC boot camp; one of whom now works at the facility
- Expanded Human Resources staffing and consolidated HR operations into a new, centralized office space to improve organizational structure, accessibility, and support for staff needs

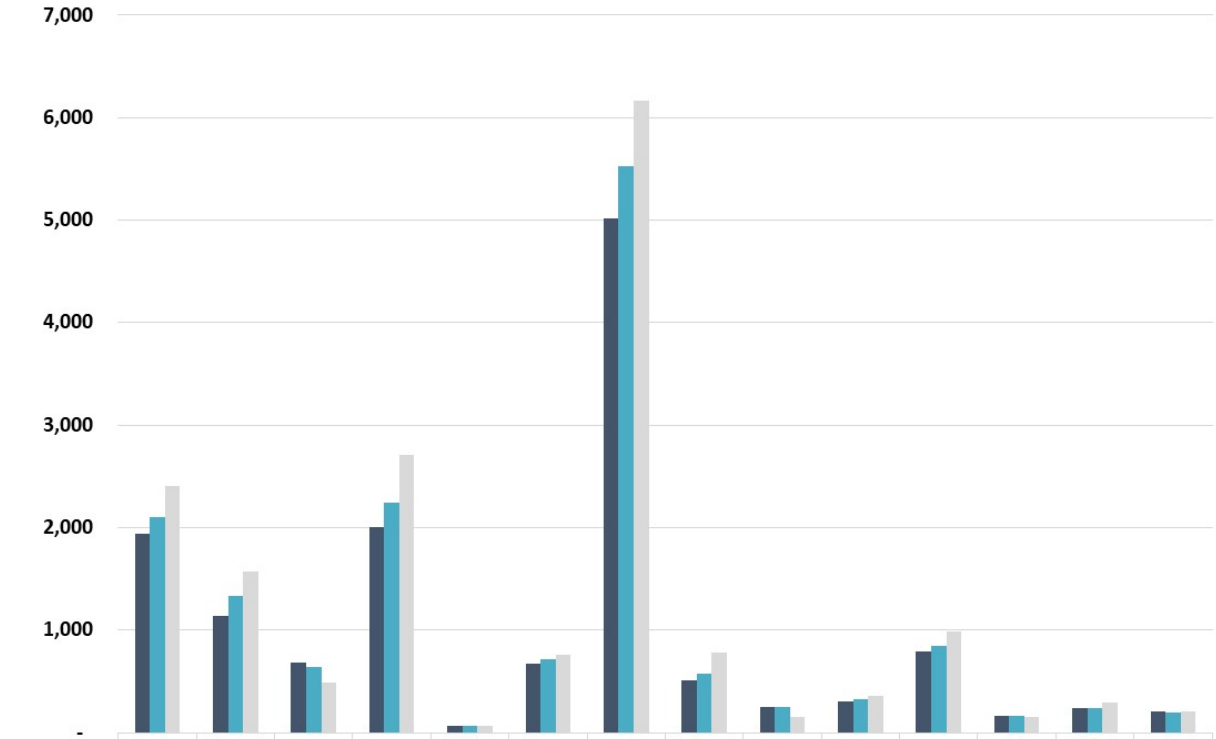
FY 2026 Updates

- A generous and attractive employee retention program continues; added off-hours offerings, like free family passes to SPH employee events at ice rink, movie theater, etc.
- Trained six C.N.A. students per semester, two total cohorts

Demographics

The population of the majority of the Southern Kenai Peninsula communities had increased and are estimated to continue to do so. The communities range from populations of 62 to 6,168. The communities of Anchor Point, Fritz Creek and Homer account for 66% of the Southern Kenai Peninsula Population. The numbers can also be found in Table 2.

Figure 2: Southern Kenai Peninsula Population by Community, 2010, 2020 and 2025 Estimates



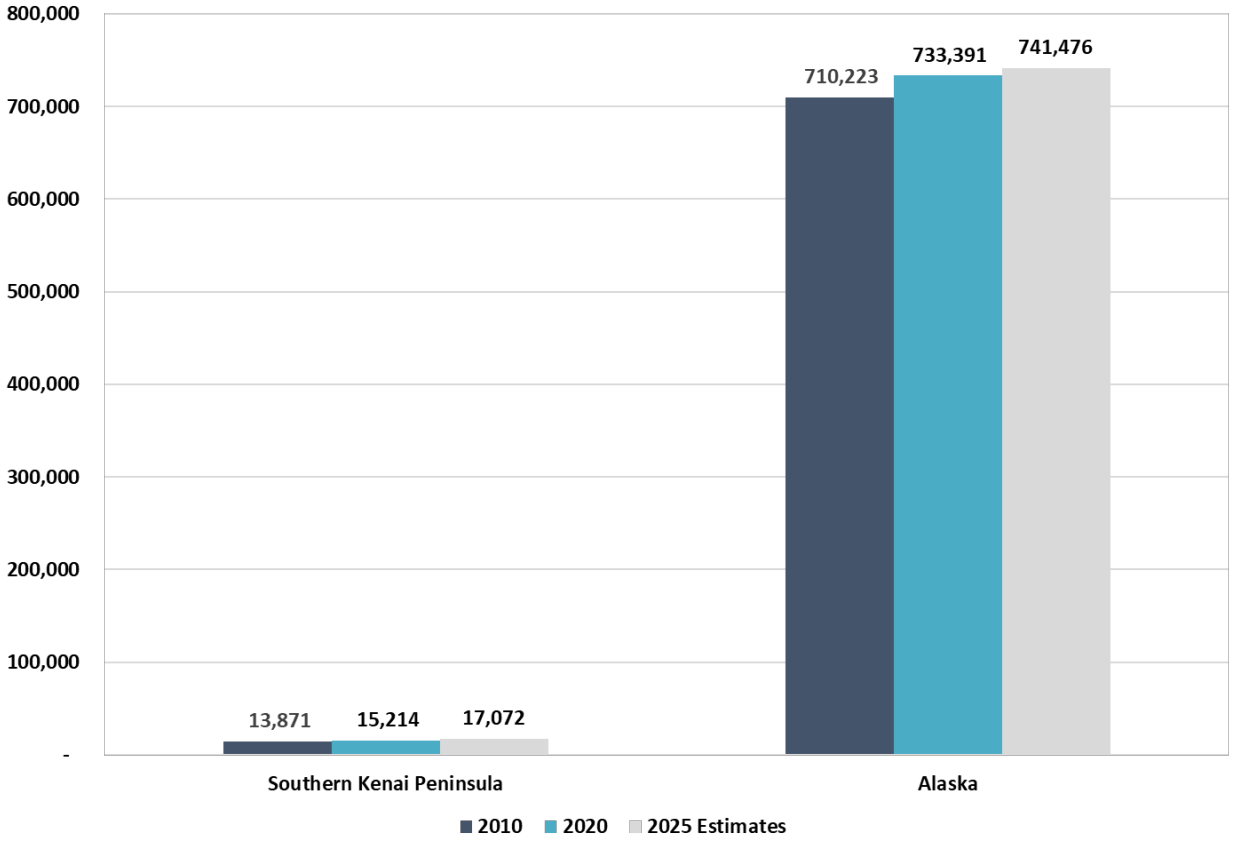
	Anchor Point	Diamond Ridge	Fox River	Fritz Creek	Halibut Cove	Happy Valley	Homer	Kachemak City	Nanwalek	Nikolaevsk	Ninilchik	Port Graham	Seldovia City	Seldovia Village
2010	1,940	1,142	685	2,002	61	670	5,016	513	254	308	794	164	237	201
2020	2,105	1,330	644	2,248	60	713	5,522	576	247	328	845	162	235	199
2025 Estimates	2,400	1,570	488	2,704	62	762	6,168	778	152	359	981	147	294	207

Source: Claritas Environics/United States Census Bureau

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The population in the Southern Kenai Peninsula has been growing and it projected to continue to grow, which matches the growth pattern for Alaska. The numbers can also be found in Table 2.

Figure 3: Southern Kenai Peninsula Population, 2010, 2020 and 2025 Estimates



Source: Claritas Environics/United States Census Bureau

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The Southern Kenai Peninsula Population is estimated to be 16,218 and has been increasing. The Southern Kenai Peninsula accounts for 2.2% of Alaska's overall population.

Table 2: Southern Kenai Population by Community, 2010, 2020 and 2025 Estimates

Community	2010	2020	2025 Estimates
Anchor Point	1,940	2,105	2,400
Diamond Ridge	1,142	1,330	1,570
Fox River	685	644	488
Fritz Creek	2,002	2,248	2,704
Halibut Cove	61	60	62
Happy Valley	670	713	762
Homer	5,016	5,522	6,168
Kachemak City	513	576	778
Nanwalek	254	247	152
Nikolaevsk	308	328	359
Ninilchik	794	845	981
Port Graham	164	162	147
Seldovia City	237	235	294
Seldovia Village	201	199	207
Southern Kenai Peninsula	13,871	15,214	17,072
Alaska	710,223	733,391	741,476

Source: Claritas Environics/United States Census Bureau

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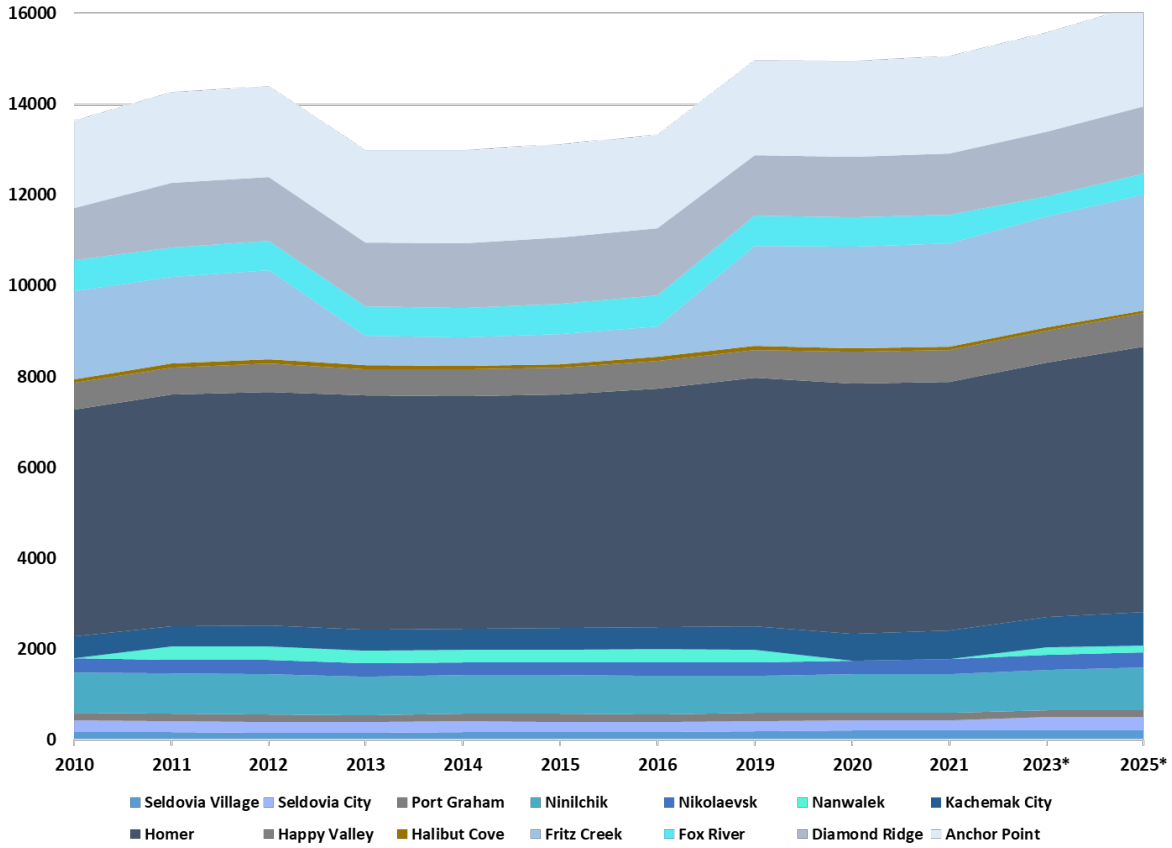
As seen in Figure 3, Anchor Point, Diamond Ridge, Fox River and Fritz Creek experienced a population decline between 2013 and 2016, after which time they leveled off before experiencing growth. Homer and Fritz Creek experienced a decline in population in 2021, but both have seen an increase in population ever since. The others had been fairly stable with slight population fluctuations.

Figure 4: Southern Kenai Peninsula Historical Population by Community, 2010 through 2025



Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Between 2020 and 2025 the Southern Kenai Peninsula experienced population growth (6.6%) six times that of Alaska (0.2%) and three times that of the United States (1.9%), with projected growth continued at 5.3% between 2025 and 2030. Population grew the most in Kachemak City (27.3%) and Seldovia (26.0%) between 2020 and 2025, while Nanwalek (-38.1%) and Fox River (-28.6%) saw the greatest decline. Looking ahead to projected growth between 2025 and 2030 Fox River and Fritz Creek are projected to have the greatest population growth (6.1%), while Seldovia Village is projected to experience the greatest population decline (-1.0%).

Table 3: Southern Kenai Peninsula Population Change by Community, 2010 through 2030

	Growth 2010-2020	Growth 2020-2025	Growth 2025-2030
Anchor Point	8.5%	7.8%	5.7%
Diamond Ridge	16.5%	11.4%	6.0%
Fox River	12.2%	-28.6%	6.1%
Fritz Creek	12.3%	13.4%	6.1%
Halibut Cove	-1.6%	3.3%	0.0%
Happy Valley	6.4%	2.1%	4.7%
Homer	10.1%	6.0%	5.4%
Kachemak City	12.3%	27.3%	6.1%
Nanwalek	-0.8%	-38.1%	-0.7%
Nikolaevsk	6.5%	3.7%	5.6%
Ninilchik	6.4%	10.9%	4.7%
Port Graham	-1.2%	-8.6%	-0.7%
Seldovia	-0.8%	26.0%	-0.7%
Seldovia Village	-1.0%	5.0%	-1.0%
SKP	9.7%	6.6%	5.3%
Alaska	3.3%	0.2%	0.9%
USA	7.4%	1.9%	2.4%

Source: Claritas Environics/United States Census Bureau

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The Kenai Peninsula Borough, which includes the Southern Kenai Peninsula communities, has a total population of 60,413 which accounts for 8.2% of the state's population. It consists of 16,017 square miles with 3.8 people per square mile.

Table 4: Population Density, 2024

	Total Population	Total Land Area (square miles)	Population Density (people per square mile)
Kenai Peninsula Borough (KPB)	60,413	16,017	3.8
Alaska (AK)	740,133	571,051	1.3
United States (US)	340,110,980	3,537,494	96.1

Source: US Census Bureau, American Community Survey

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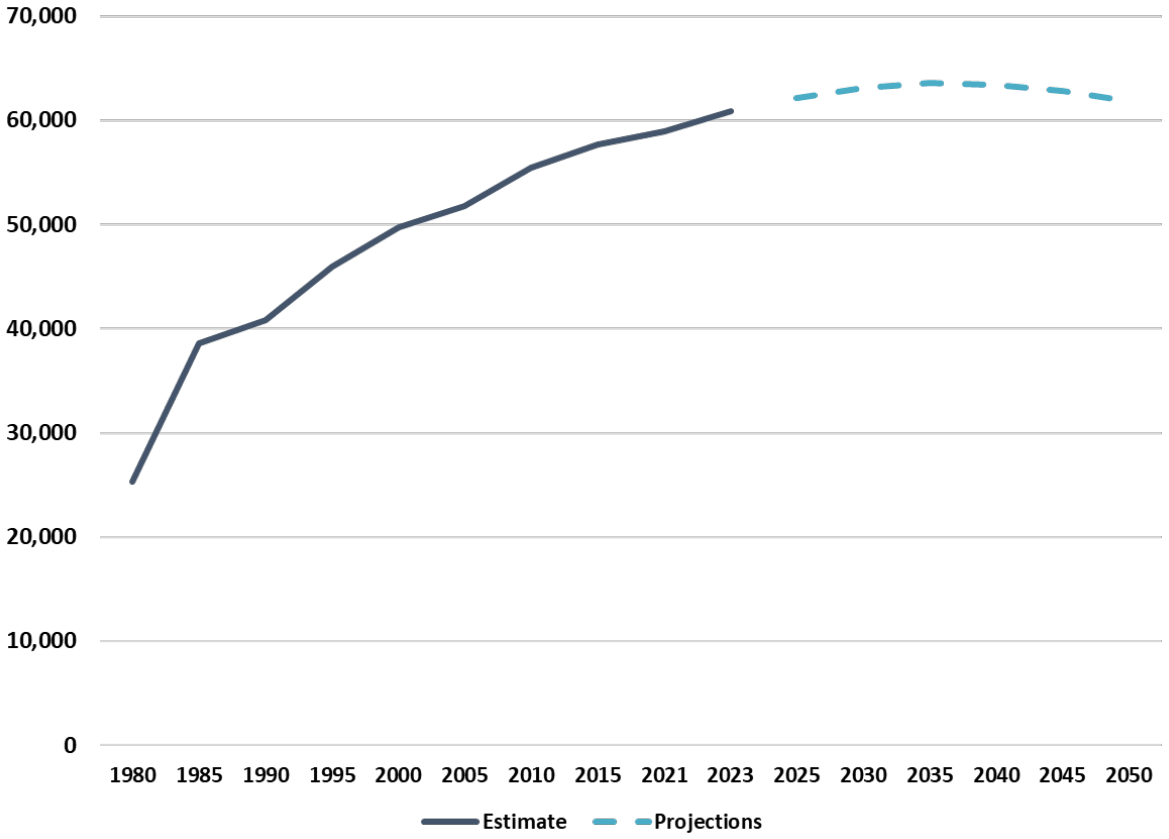
The population of the Kenai Peninsula Borough has been increasing since 1980 but is projected to begin to decline in 2040.

Figure 5: Kenai Peninsula Borough Population Projections, 1980 through 2050



Source: Alaska Department of Labor and Workforce Development
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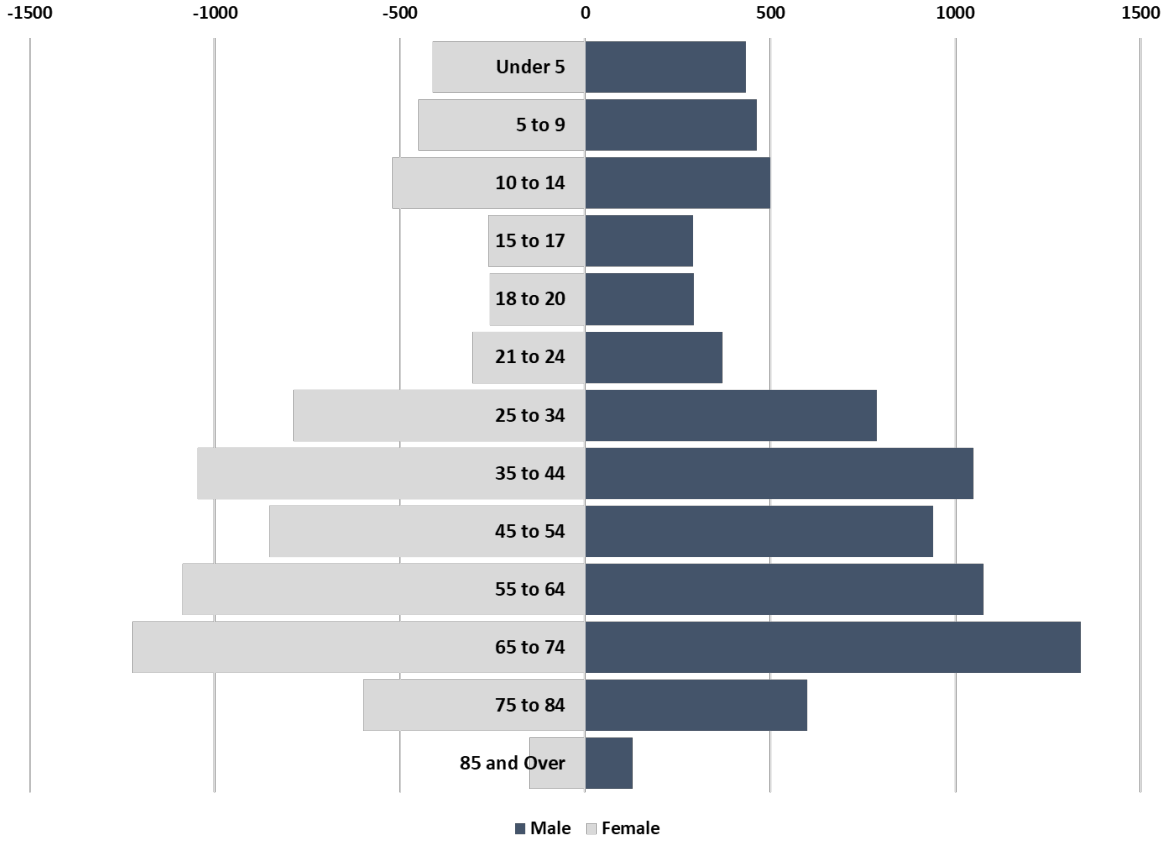
There are more males than females in the Southern Kenai Peninsula in almost all age categories.

Figure 6: Southern Kenai Peninsula Age and Sex Distribution, 2025



Source: Environics Analytics, US Census Bureau

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Table 5: Southern Kenai Peninsula Age and Distribution, 2025

Age	Male		Female	
	Total	Percent	Total	Percent
Under 5	434	5.2%	412	5.2%
5-9	463	5.6%	449	5.6%
10-14	501	6.1%	520	6.5%
15-17	291	3.5%	261	3.3%
18-20	293	3.5%	256	3.2%
21-24	370	4.5%	305	3.8%
25-34	788	9.5%	787	9.9%
35-44	1,048	12.7%	1,046	13.2%
45-54	939	11.4%	853	10.7%
55-64	1,076	13.0%	1,086	13.7%
65-74	1,339	16.2%	1,222	15.4%
75-84	600	7.3%	600	7.5%
85 and over	128	1.5%	151	1.9%
Total	8,270		7,948	

Source: Environics Analytics, US Census Bureau

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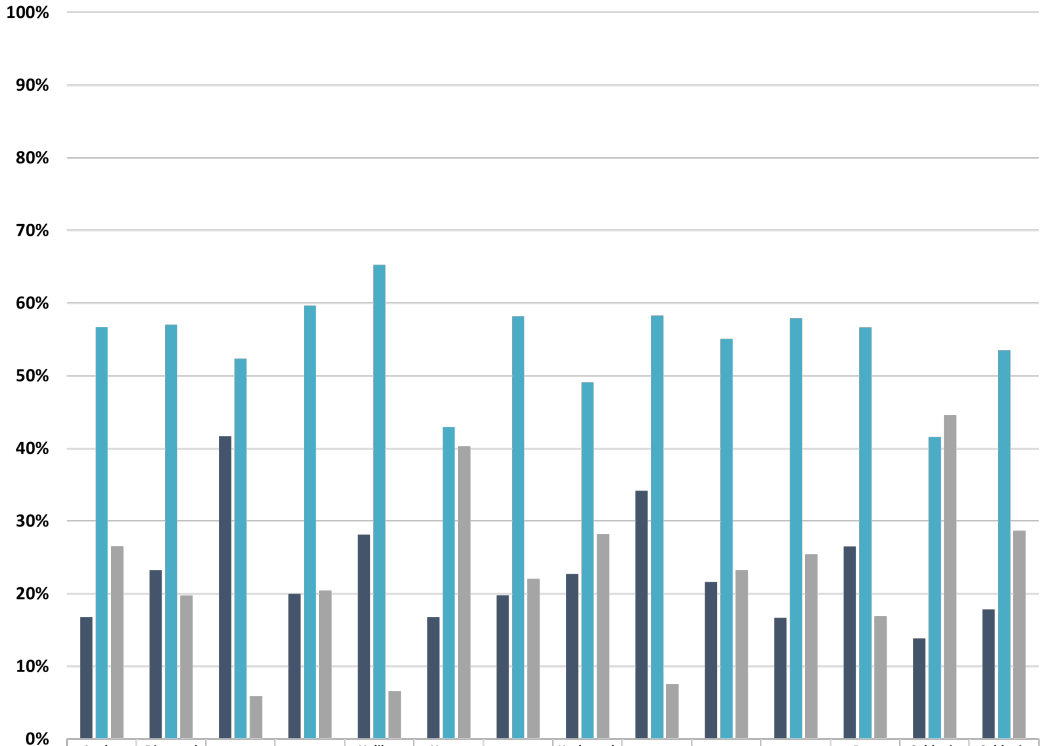
In most communities the largest population is between the ages of 18 and 64, with the exception of Seldovia City which has a higher percentage who are 65 years of age and older.

Figure 7: Southern Kenai Peninsula Population by Age and Community, 2024



	Anchor Point	Diamond Ridge	Fox River	Fritz Creek	Halibut Cove	Happy Valley	Homer	Kachemak City	Nanwalek	Nikolaevsk	Ninilchik	Port Graham	Seldovia City	Seldovia Village
Under 18 years	16.8%	23.3%	41.7%	20.0%	28.1%	16.8%	19.8%	22.7%	34.2%	21.6%	16.7%	26.5%	13.9%	17.8%
18-64 years (working age)	56.7%	57.0%	52.4%	59.6%	65.3%	43.0%	58.2%	49.1%	58.3%	55.1%	57.9%	56.6%	41.6%	53.5%
65+	26.5%	19.7%	5.9%	20.4%	6.6%	40.3%	22.1%	28.2%	7.5%	23.3%	25.4%	16.9%	44.6%	28.6%

Source: US Census Bureau

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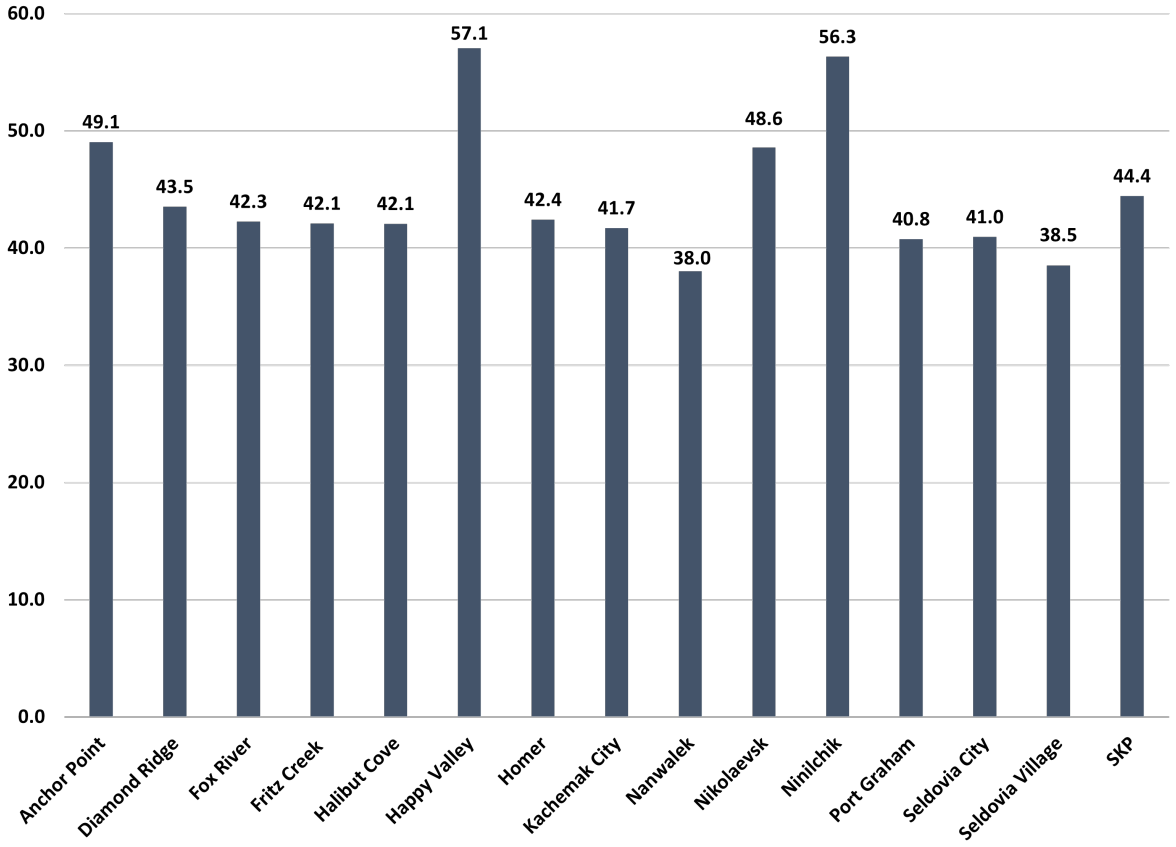
Happy Valley (57.1) and Ninilchik (56.3) had the highest median ages among the communities in the Southern Kenai Peninsula, while Nanwalek (38.0) and Seldovia Village (38.5) had the lowest median age.

Figure 8: Southern Kenai Peninsula Median Age, by Community, 2025 Estimates



Source: Claritas Environics/United States Census Bureau

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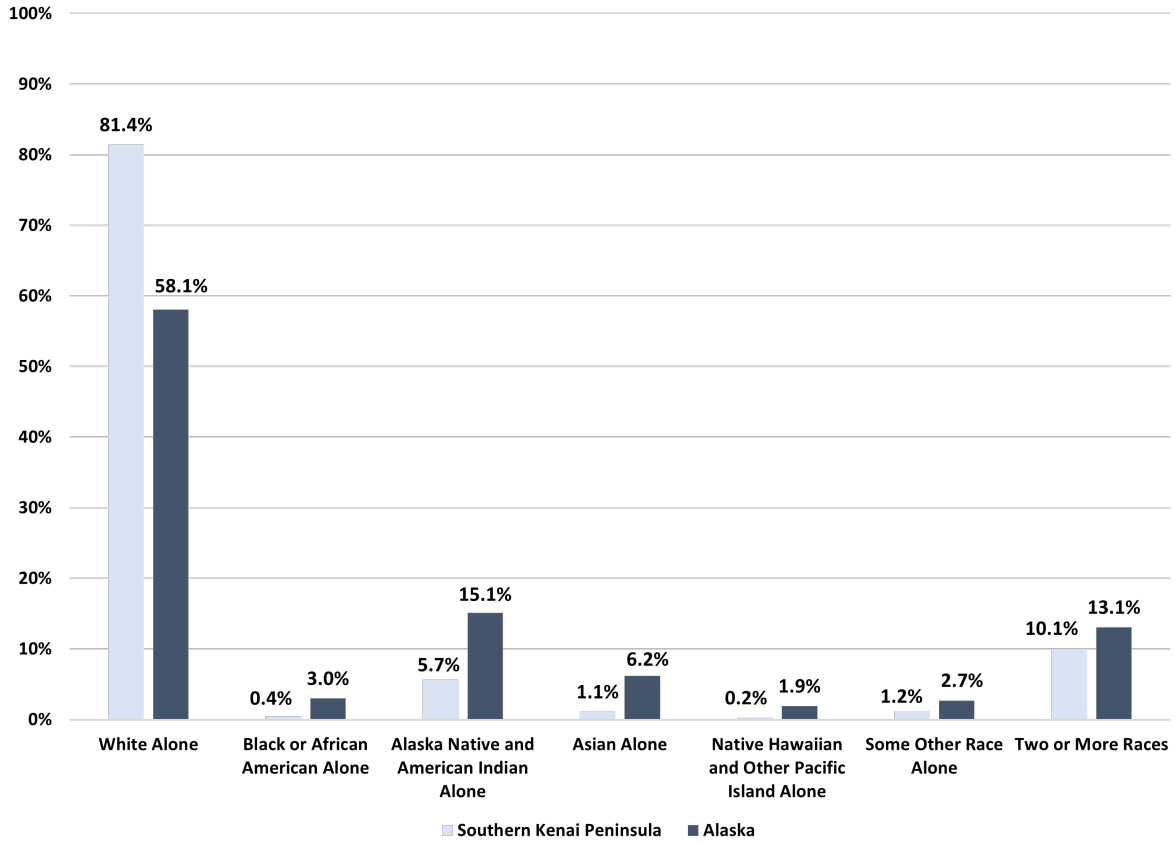
The Southern Kenai Peninsula Population is predominantly white (81.4%) and is less diverse in comparison to the state.

Figure 9: Southern Kenai Peninsula Population by Race, 2025 Estimates



Source: Claritas Environics/United States Census Bureau
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There has been a slight increase in family households with children under the age of 18 in the Kenai Peninsula Borough since 2022, while the state and nation saw a decrease during this time.

Table 6: Family Households with Children Under Age 18, 2020 through 2024

	2020	2021	2022	2023	2024
Kenai Peninsula Borough	26.6%	25.4%	24.8%	25.7%	26.1%
Alaska	34.1%	33.8%	32.7%	31.9%	31.6%
US	30.7%	30.6%	30.2%	29.9%	29.5%

Source: US Census Bureau, American Community Survey
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In the Kenai Peninsula there was a slight decrease in the percentage of children aged 0-17 from 21.3% in 2022 to 20.5% in 2024, lower than the state and comparable to the nation. During this time the percentage also decreased in Alaska and the US.

Table 7: Children 3 through Age 17, 2014 through 2024

	2014	2018	2020	2022*	2024*
Southern Kenai Peninsula	-	-	-	21.3%	20.5%
Kenai Peninsula Borough	23.3%	22.8%	19.1%	-	-
Alaska	25.7%	25.1%	20.8%	24.1%	23.3%
US	23.4%	22.7%	18.5%	21.8%	21.0%

Source: US Census Bureau, Environ Analytics
**Data are for children ages 0-17*
Note data came from two different sources and is reported for years available at each level.
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

In the Kenai Peninsula Borough, the population of adults between the ages of 65 and 74 is projected to decline between 2020 and 2045, with large growth expected for those age 85 and older.

While not noted in the table, the median age in the Southern Kenai Peninsula is 44.4, with 25.0% of the population age 65 and older.

Table 8: Projected Population 65+, Kenai Peninsula, 2020 through 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%

Source: US Census Bureau

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The veteran population has declined slightly in the Southern Kenai Peninsula, Kenai Peninsula Borough, Alaska and United States. Just under one in ten residents in the Southern Kenai Peninsula are veterans (9.3%), just below that of the state (10.7%).

Table 9: Veterans Population, 2020 through 2024

	2020	2021	2022	2023	2024
Southern Kenai Peninsula	10.9%	10.7%	10.8%	10.0%	9.3%
Kenai Peninsula Borough	10.4%	10.4%	10.5%	10.4%	10.0%
Alaska	12.1%	11.8%	11.5%	11.0%	10.7%
US	7.1%	6.9%	6.6%	6.4%	6.2%

Source: US Census Bureau, American Community Survey

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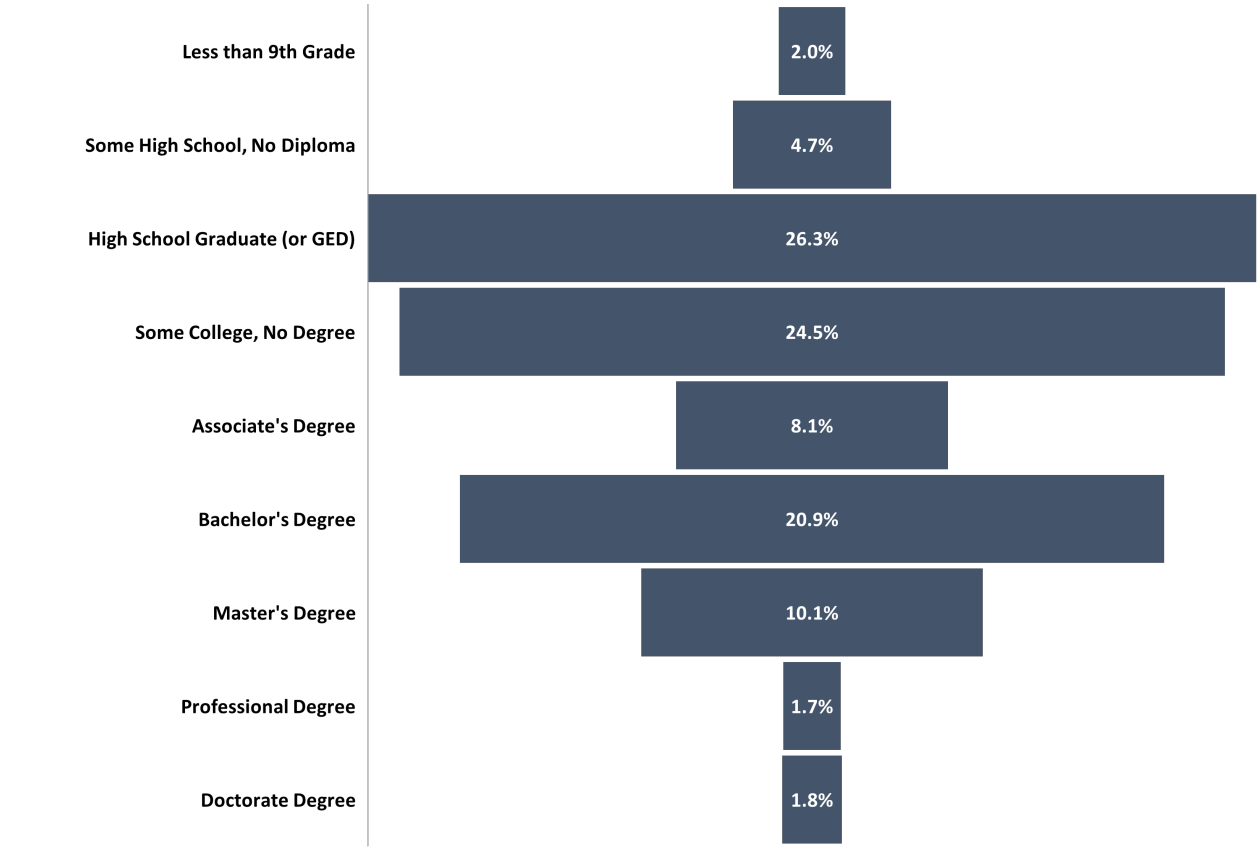
When looking at the highest level of educational attainment in the Southern Kenai Peninsula, 26.3% have only a high school diploma or equivalent while 24.5% had completed some college, but do not have a degree. Just over a third (34.5%) had a bachelor's degree or higher as their highest level of educational attainment.

Figure 10: Educational Attainment, Southern Kenai Peninsula, 2025 Estimates



Source: Claritas Environics/United States Census Bureau

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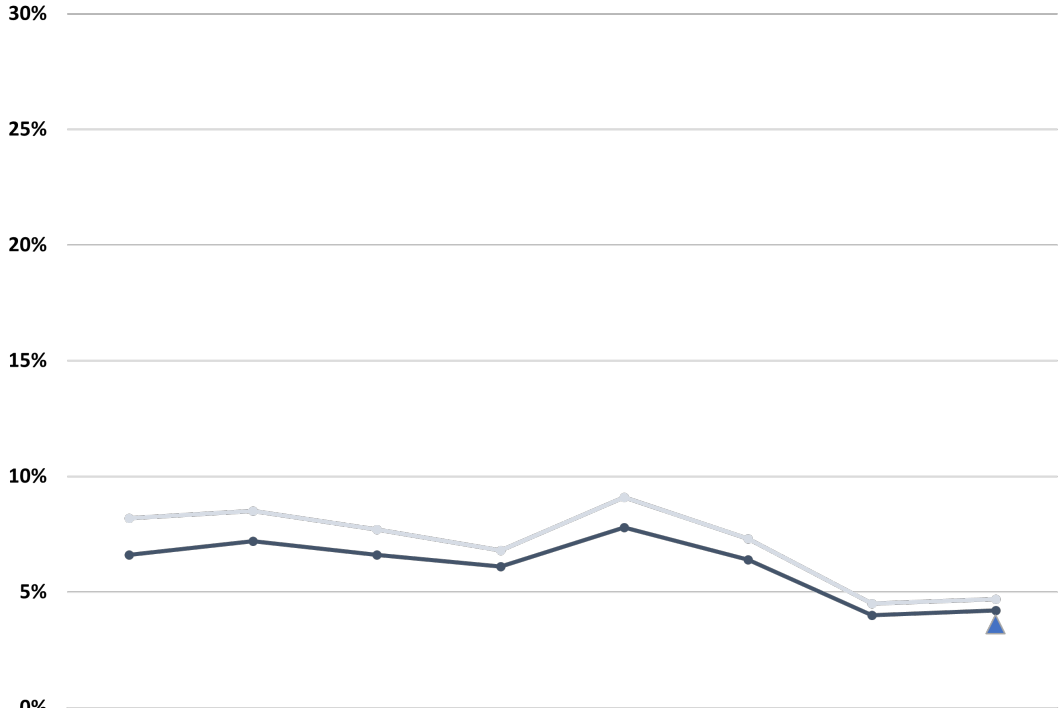
The percentage of adults who were unemployed had fluctuated with a decrease seen in both the Kenai Peninsula and state from 2022 to 2024, with the percentages in 2025 comparable to those in 2024, with the KP percentage slightly higher. In 2025, the Kenai Peninsula (4.7%) and state (4.2%) were higher in comparison to the nation (3.6%).

Figure 11: Unemployed Adults, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	8.2%	8.5%	7.7%	6.8%	9.1%	7.3%	4.5%	4.7%
Alaska	6.6%	7.2%	6.6%	6.1%	7.8%	6.4%	4.0%	4.2%
US								3.6%

Source: County Health Rankings and Roadmaps

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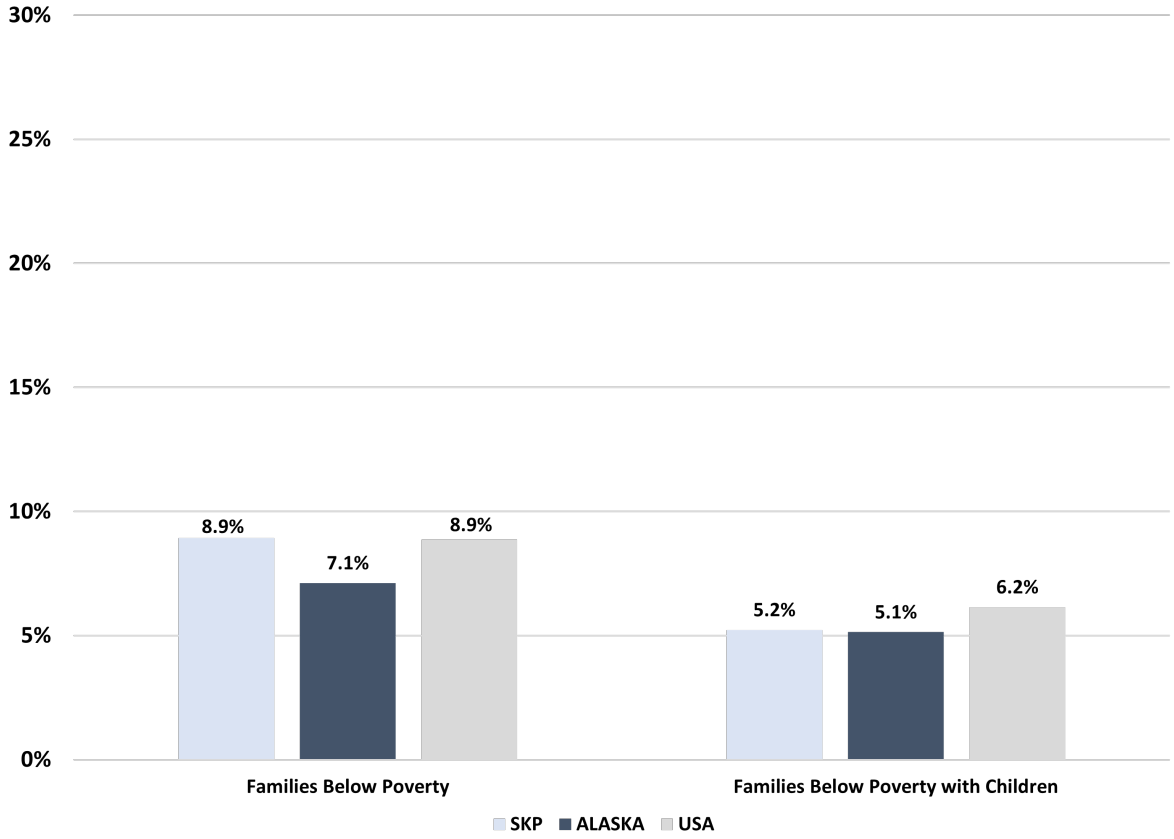
It is estimated that in 2025, 8.9% of families in Southern Kenai Peninsula are living below poverty and 5.2% of families with children are living below poverty. This is lower in comparison to the state. A comparable percentage of families are living below poverty in SKP compared to the nation.

Figure 12: Families Living Below Poverty, 2025 Estimates



Source: Claritas Environics/United States Census Bureau

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The community with the highest percentage of families living below poverty is Nikolaevsk (22.5%) and families with children living below poverty (13.5)%, while Halibut Cove has the lowest (0.0%).

Table 10: Families Living in Poverty by Community, 2025 Estimates

	% 2025 Families Below Poverty	% 2025 Families Below Poverty with Children
Anchor Point	11.0%	3.9%
Diamond Ridge	6.3%	2.5%
Fox River	10.2%	7.8%
Fritz Creek	10.0%	7.8%
Halibut Cove	0.0%	0.0%
Happy Valley	8.3%	3.4%
Homer	7.7%	4.7%
Kachemak City	9.3%	7.4%
Nanwalek	11.1%	8.3%
Nikolaevsk	22.5%	13.5%
Ninilchik	8.3%	3.8%
Port Graham	5.7%	5.7%
Seldovia	8.6%	5.7%
Seldovia Village	8.0%	6.0%
Southern Kenai Peninsula	8.9%	5.2%
Alaska	7.1%	5.1%
USA	8.9%	6.2%

Source: Claritas Environics/United States Census Bureau

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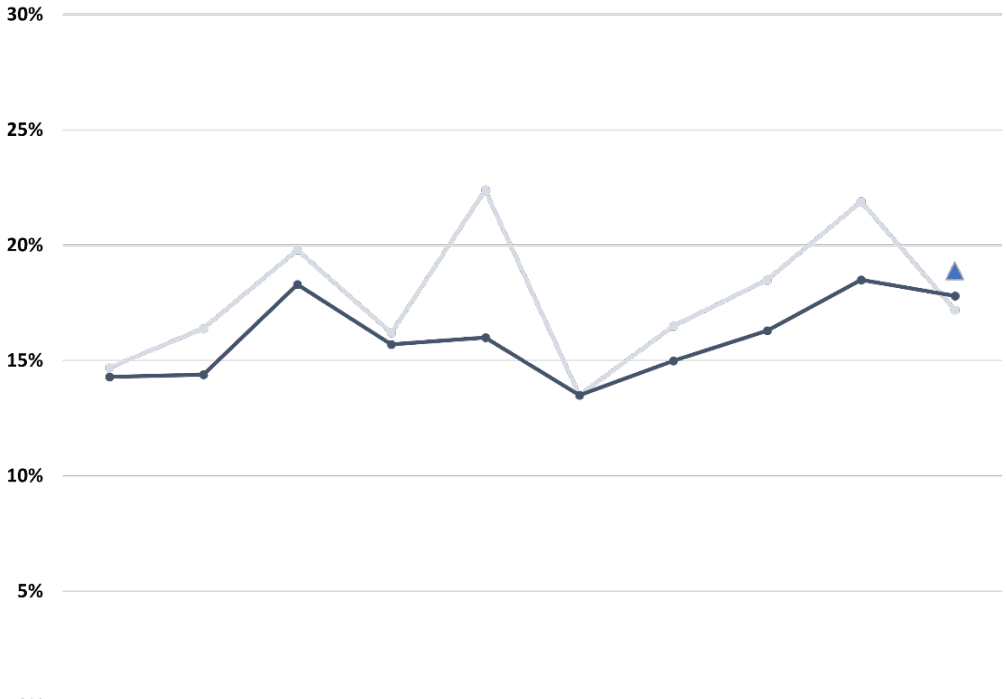
General Findings

Health Status

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention[2].

The percentage of the population who rate their health as fair or poor had been increasing in the Kenai Peninsula between 2020 (13.5%) and 2023 (21.9%), as well as in Alaska (13.5% to 18.5%), at which time both experienced a decrease in 2024 (17.2% for the Kenai Peninsula and 17.8% for Alaska). In 2024, the Kenai Peninsula had a slightly lower percentage of the population rate their health as fair or poor (17.2%) compared to the state (17.8%), with both lower than the nation (18.9%).

Figure 13: Health Fair or Poor, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	14.7%	16.4%	19.8%	16.2%	22.4%	13.5%	16.5%	18.5%	21.9%	17.2%
Alaska	14.3%	14.4%	18.3%	15.7%	16.0%	13.5%	15.0%	16.3%	18.5%	17.8%
US										18.9%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

[2] https://www.epa.gov/report-environment/health-status#:~:text=The%20health%20status%20of%20a,accessibility%20of%20health%20personnel%20and

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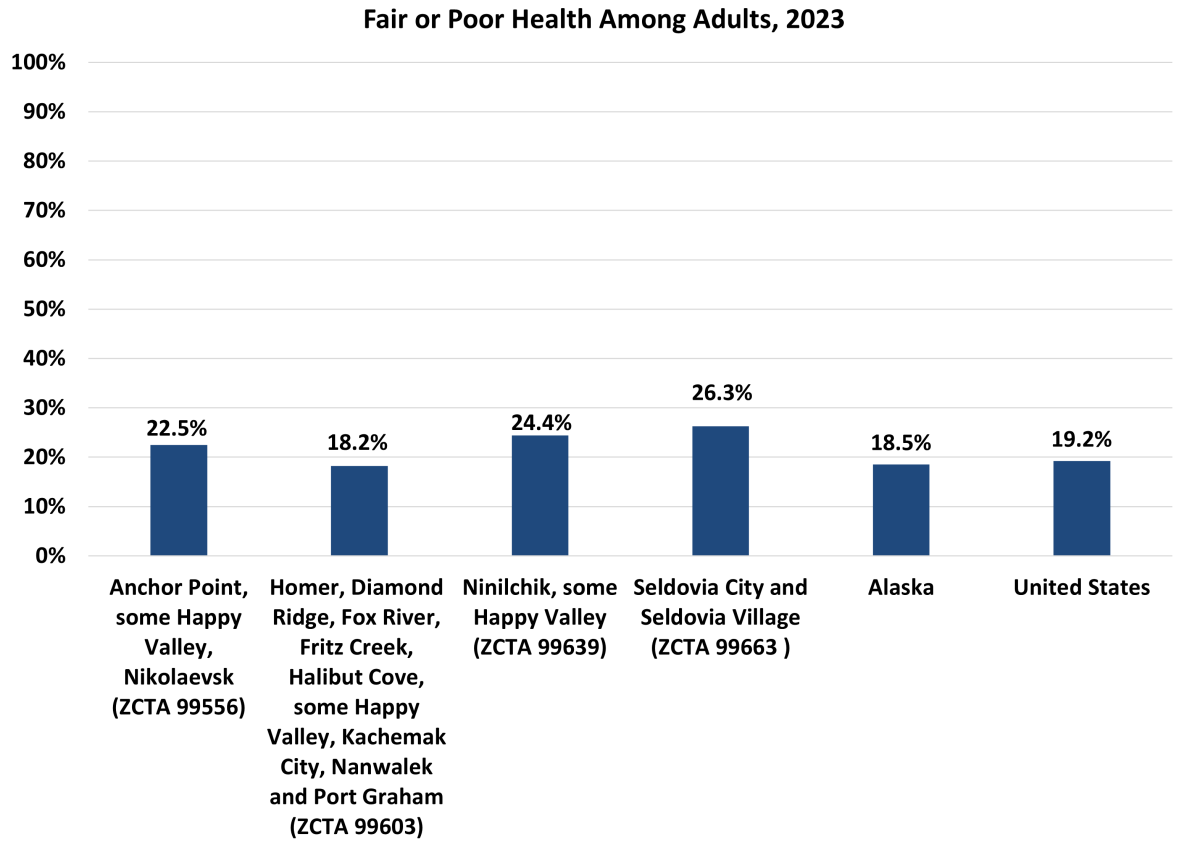
With the exception of the combined Homer ZCTA, all others had a higher percentage of adults who report their health as fair or poor in comparison to the state (18.5%) and nation (19.2%).

Figure 14: Fair or Poor Health Among Adults, 2023

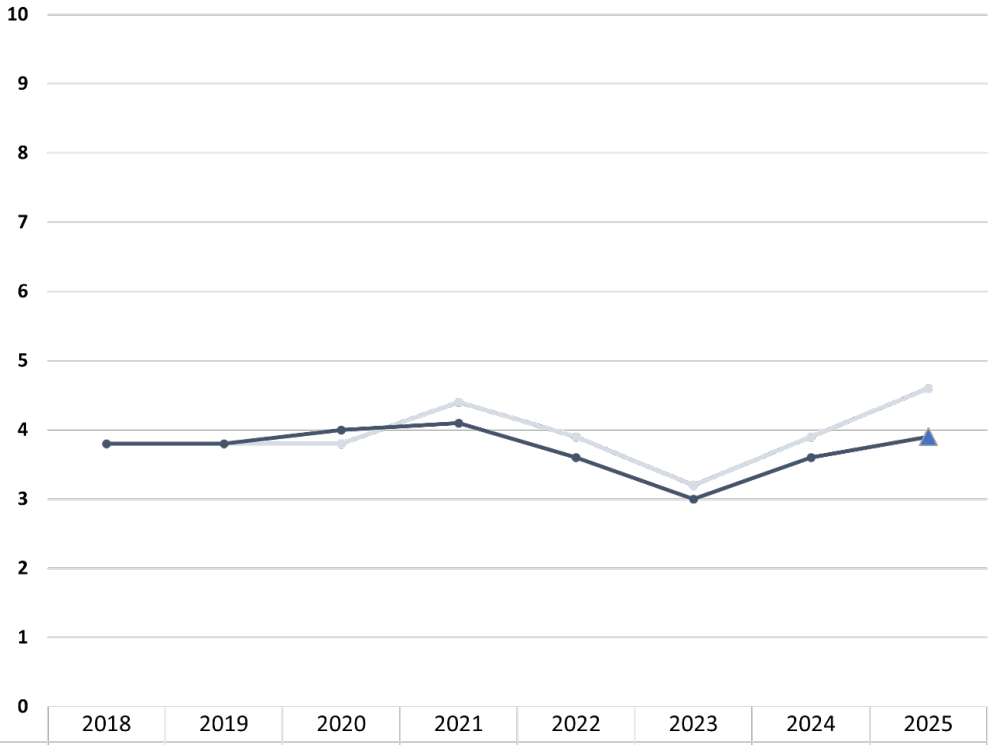


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The average number of days adults in the Kenai Peninsula (3.2 to 4.6) and Alaska (3.0 to 3.9) report that their physical health was not good has increased between 2023 and 2025, after decreasing for three years prior. In 2025, the average number of days physical health was not good in Kenai Peninsula (4.6) was higher in comparison to the state (3.9) and nation (3.9).

Figure 15: Average Number of Days Physical Health Not Good, 2018 through 2025



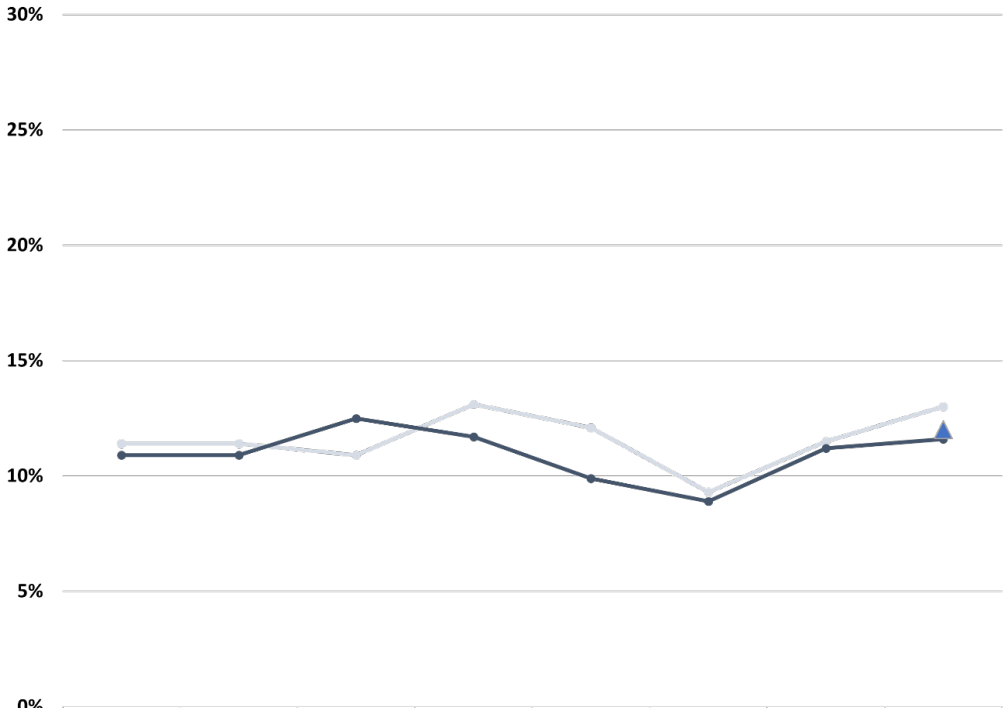
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	3.8	3.8	3.8	4.4	3.9	3.2	3.9	4.6
Alaska	3.8	3.8	4.0	4.1	3.6	3.0	3.6	3.9
US								3.9

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults in the Kenai Peninsula (9.3% to 13.0%) and Alaska (8.9% to 11.6%) who report frequent physical distress increased between 2023 and 2025 after a three-year decrease, with the Kenai Peninsula (13.0%) higher than Alaska (11.6%) and the US (12.0%) in the most recent year.

Figure 16: Frequent Physical Distress, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	11.4%	11.4%	10.9%	13.1%	12.1%	9.3%	11.5%	13.0%
Alaska	10.9%	10.9%	12.5%	11.7%	9.9%	8.9%	11.2%	11.6%
US								12.0%

Source: County Health Rankings and Roadmaps

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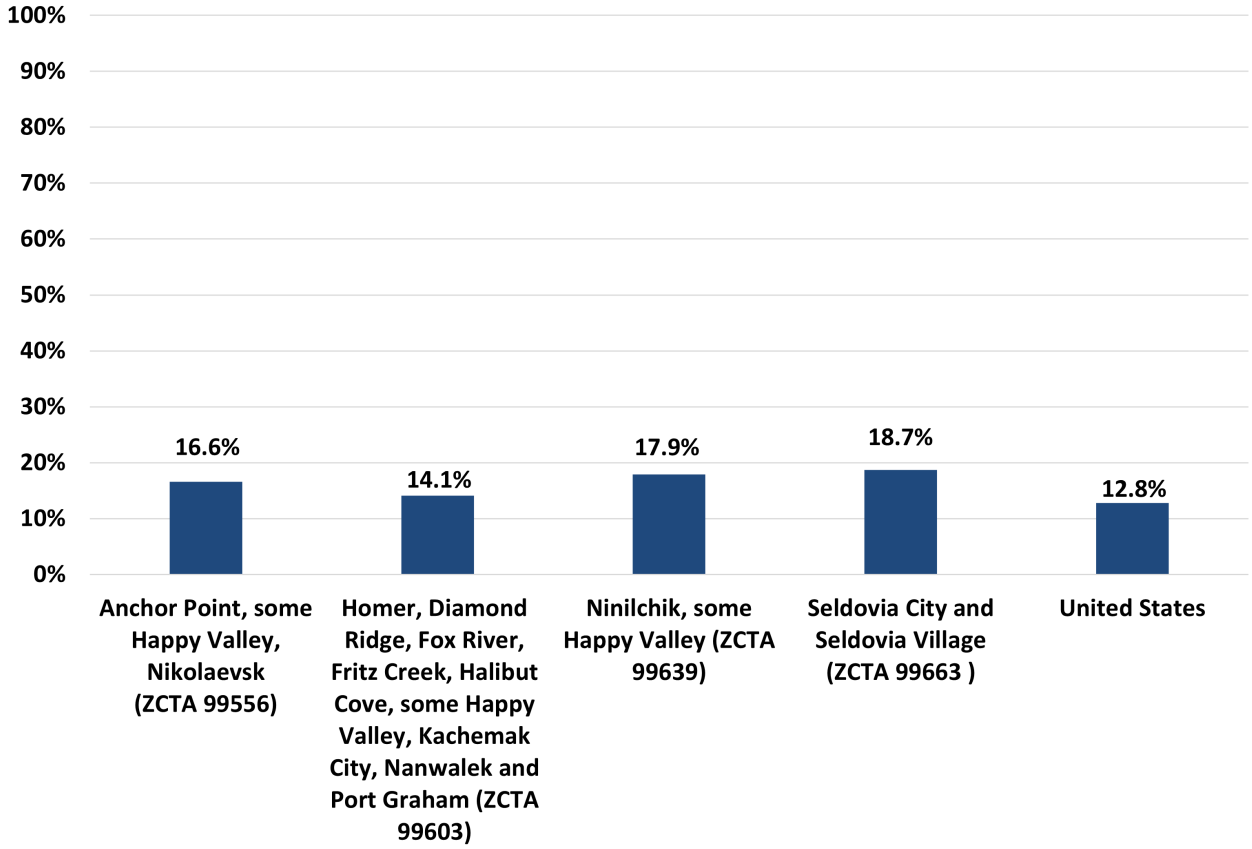
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults who report frequent physical distress compared to the nation (12.8%).

Figure 17: Frequent Physical Distress Among Adults, 2023



Source: Centers for Disease Control, PLACES data

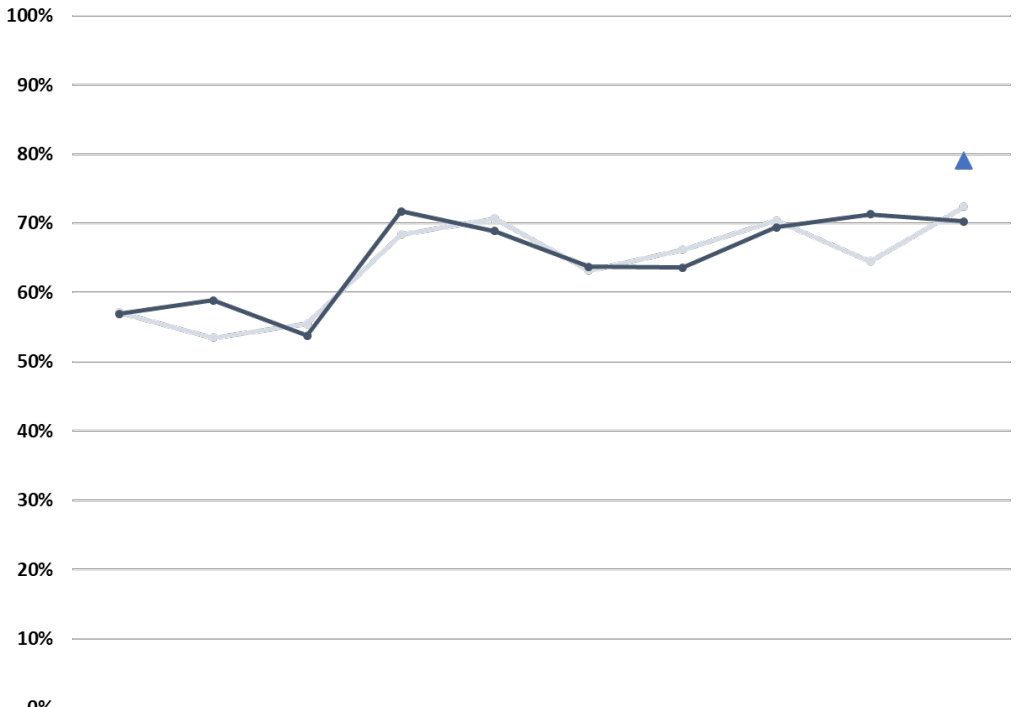
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Access to Quality Health Services

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community[3].

The percentage of adults who had a routine checkup in the past year has increased in the Kenai Peninsula (64.5% to 72.4%) between 2023 and 2024, with the Kenai Peninsula having a slightly higher percentage in comparison to the state (70.3%). In 2024, both the Kenai Peninsula (72.4%) and Alaska (70.3%) were lower in comparison to the US (79.1%).

Figure 18: Routine Checkup, Past Year, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	57.1%	53.5%	55.5%	68.4%	70.7%	63.2%	66.2%	70.4%	64.5%	72.4%
Alaska	56.9%	58.9%	53.8%	71.7%	68.9%	63.7%	63.6%	69.4%	71.3%	70.3%
US										79.1%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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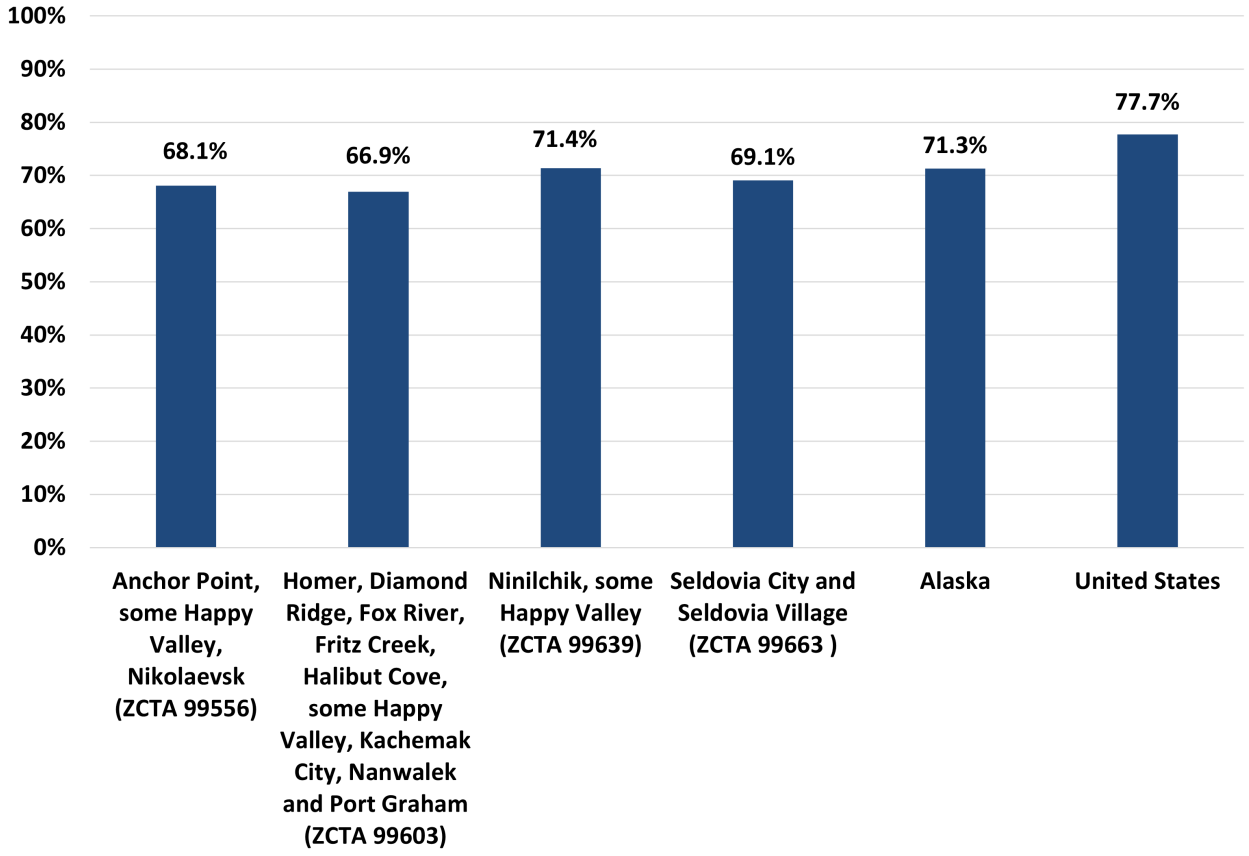
[3] https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality

Almost all ZIP Code Tabulation Areas (ZCTAs) had a lower percentage of adults who had a routine checkup in the past year compared to Alaska (71.3%) and all were lower in comparison to the nation (77.7%).

Figure 19: Routine Checkup Within the Past Year Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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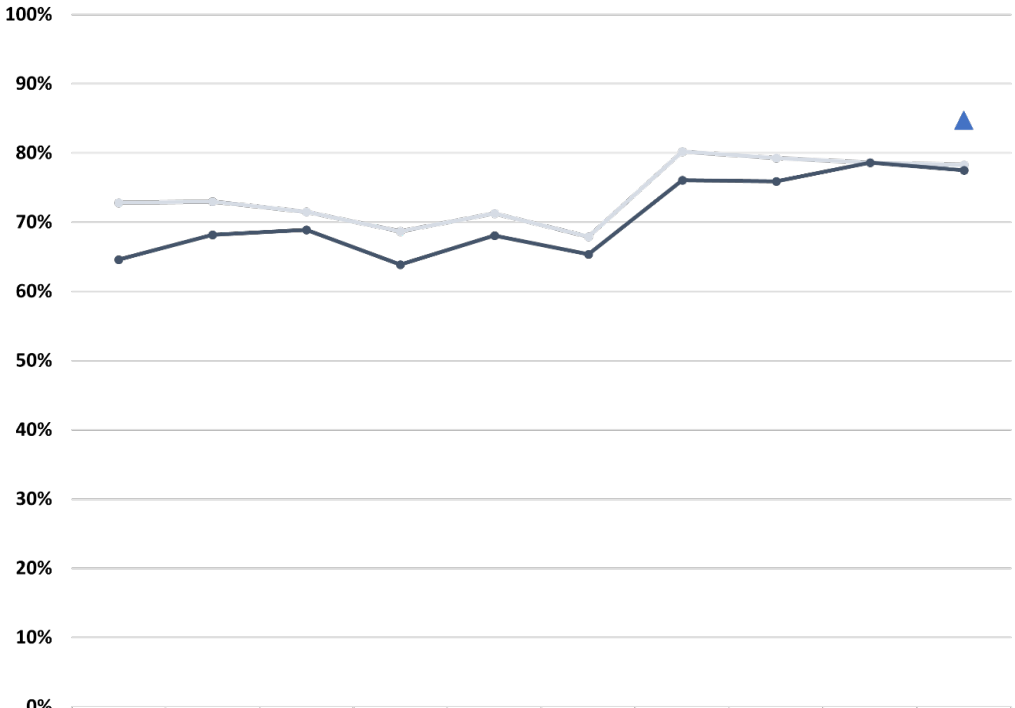
The percentage of adults with a personal care provider has decreased in the Kenai Peninsula since 2021 from a high of 80.2% to 78.3% in 2024, with the state also seeing a decrease in most recent years (78.6% in 2023 to 77.5% in 2024). In 2024, the percentage of adults with a personal care provider was higher in the Kenai Peninsula (78.3%) in comparison to the state (77.5%), both lower than the nation (84.7%).

Figure 20: Have Personal Care Provider, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	72.8%	73.0%	71.5%	68.7%	71.3%	67.9%	80.2%	79.3%	78.6%	78.3%
Alaska	64.6%	68.2%	68.9%	63.9%	68.1%	65.4%	76.1%	75.9%	78.6%	77.5%
US										84.7%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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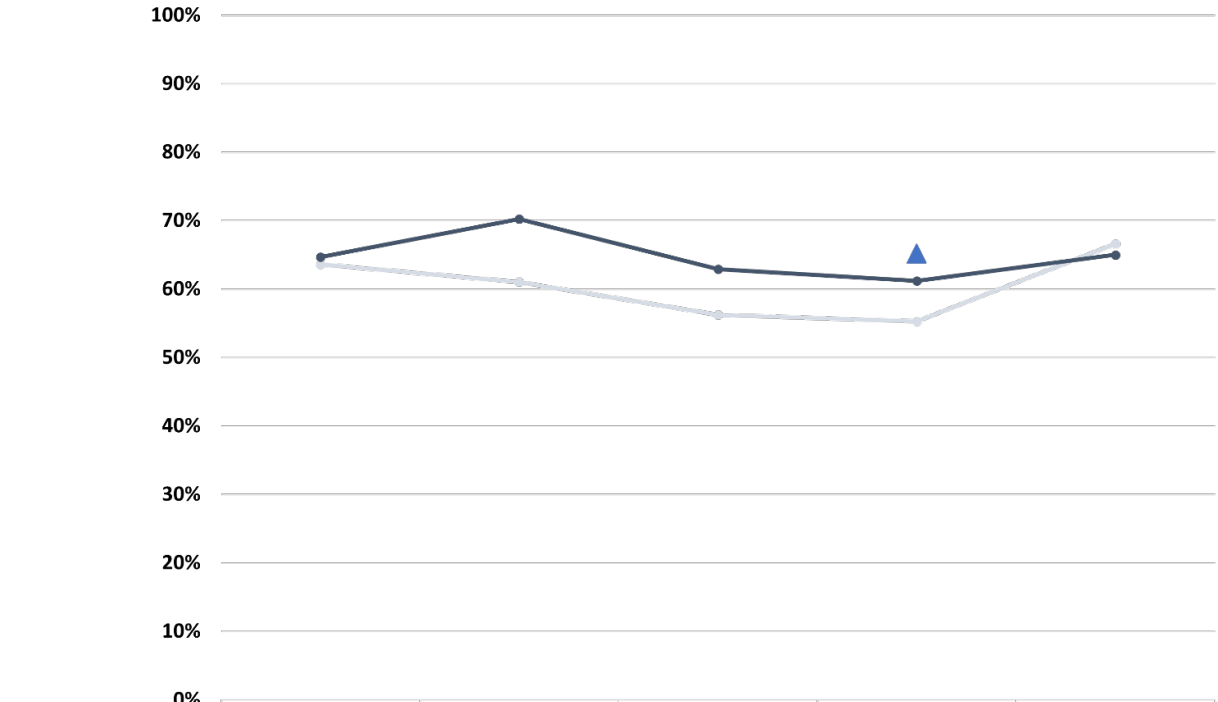
The percentage of adults who had a dental visit in the past year increased in the Kenai Peninsula from 55.3% in 2022 to 66.6% in 2024, with the state also increasing during this time (61.2% to 65.0%). The last available year for the nation was 2022, at which time the Kenai Peninsula (55.3%) and state (61.2%) were lower in comparison to the nation (65.2%).

Figure 21: Dental Visit, Past Year, 2016 through 2024



	2016	2018	2020	2022	2024
Kenai Peninsula	63.6%	61.0%	56.2%	55.3%	66.6%
Alaska	64.7%	70.2%	62.9%	61.2%	65.0%
US				65.2%	

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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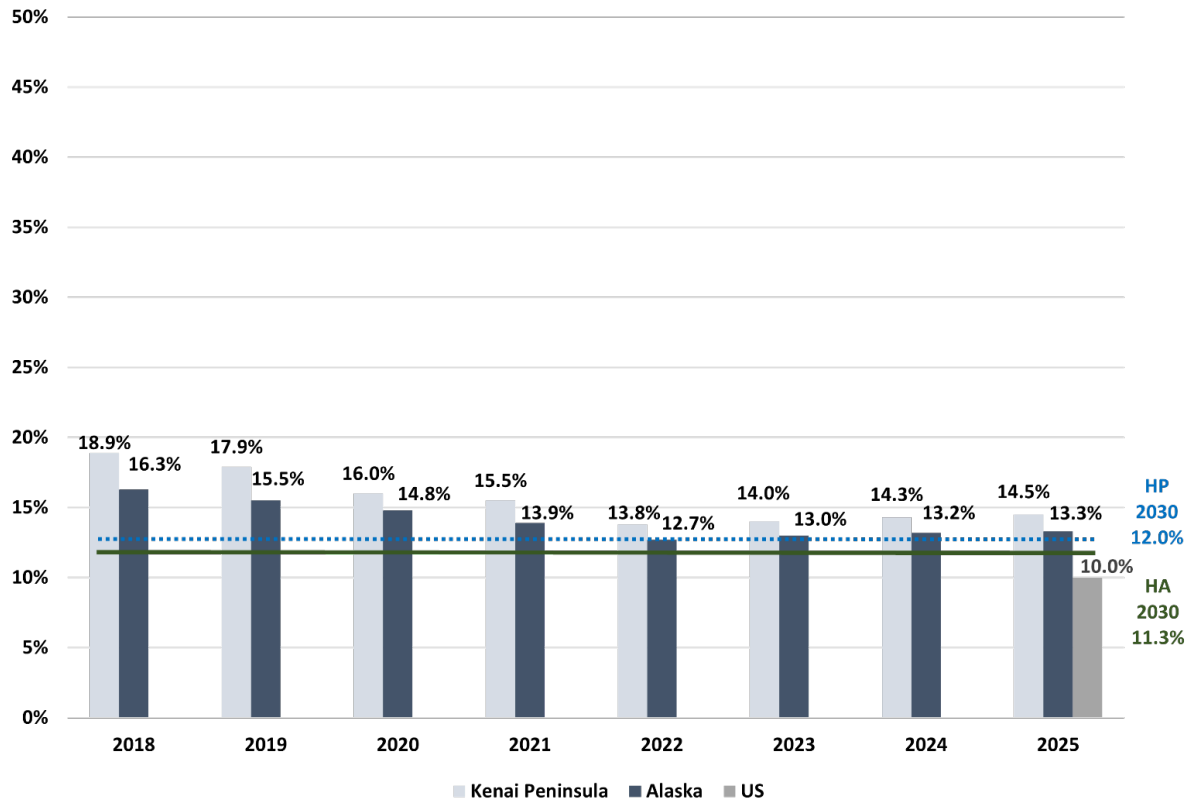
The percentage of the population that is currently uninsured has remained fairly steady in the Kenai Peninsula and Alaska over the past several years. In 2025, the Kenai Peninsula has a slightly higher percentage of adults uninsured (14.5%) compared to the state (13.3%) with both falling above the Healthy Alaskans 2030 Target of 11.3% and Healthy People 2030 Target of 12.0% uninsured. In comparison the percentage of uninsured adults in the US was 10.0% lower than the KP and state and meeting both the Healthy Alaskans 2030 Target (11.3%) and the Healthy People 2030 Target (12.0%).

Figure 22: Uninsured Adults, 2018 through 2025



Source: County Health Rankings and Roadmaps

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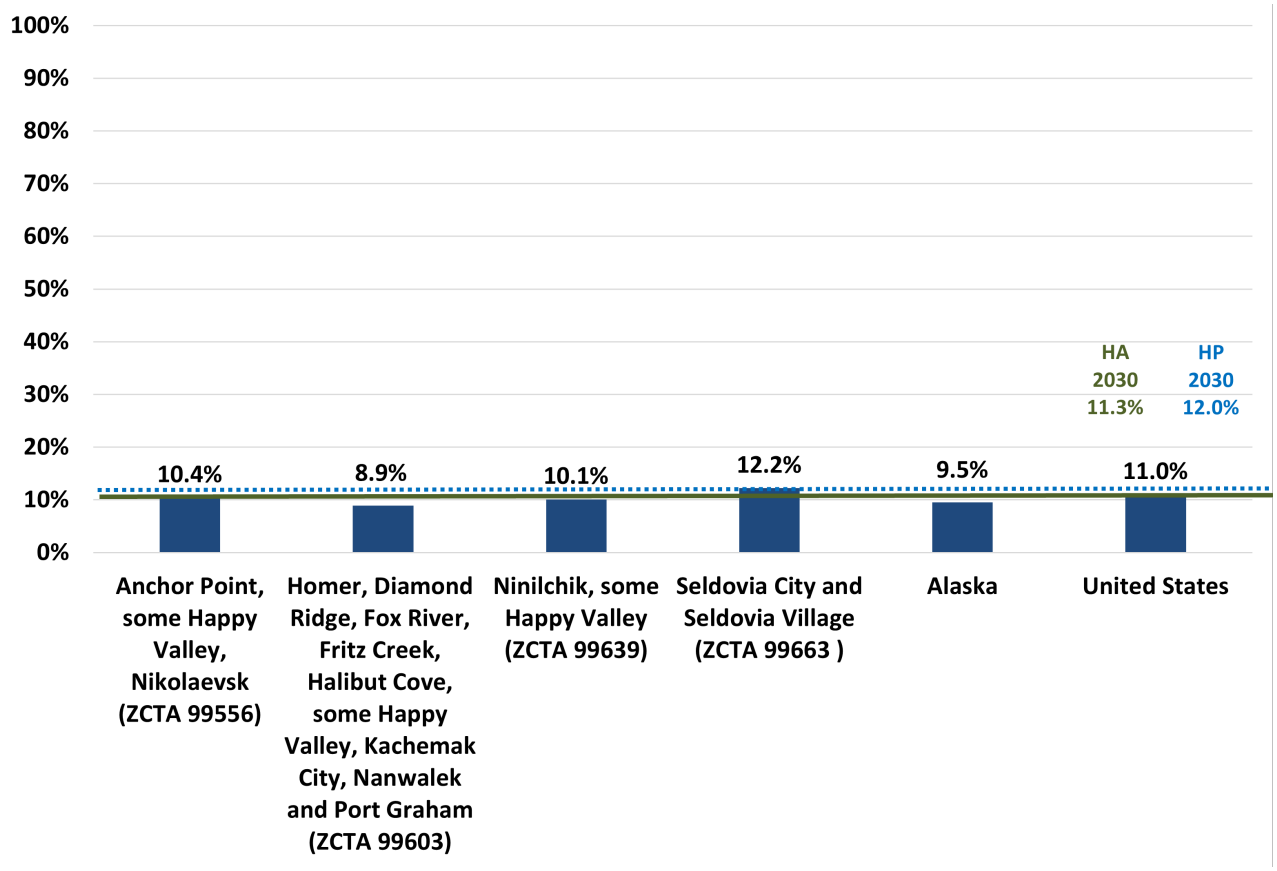
Seldovia City and Seldovia Village (12.2%); Anchor Point, some Happy Valley, Nikolaevsk (10.4%); and Ninilchik, some Happy Valley (10.1%) ZIP Code Tabulation Areas had a higher percentage of adults aged 18-64 who lack health insurance in comparison to the state (9.5%). Seldovia City and Seldovia Village was also higher than the nation (11.0%), Healthy Alaskans 2030 Target (11.3%) and Healthy People 2030 Target (12.0%).

Figure 23: Lack of Health Insurance Among Adults Aged 18-64, 2023



Source: Centers for Disease Control, PLACES data

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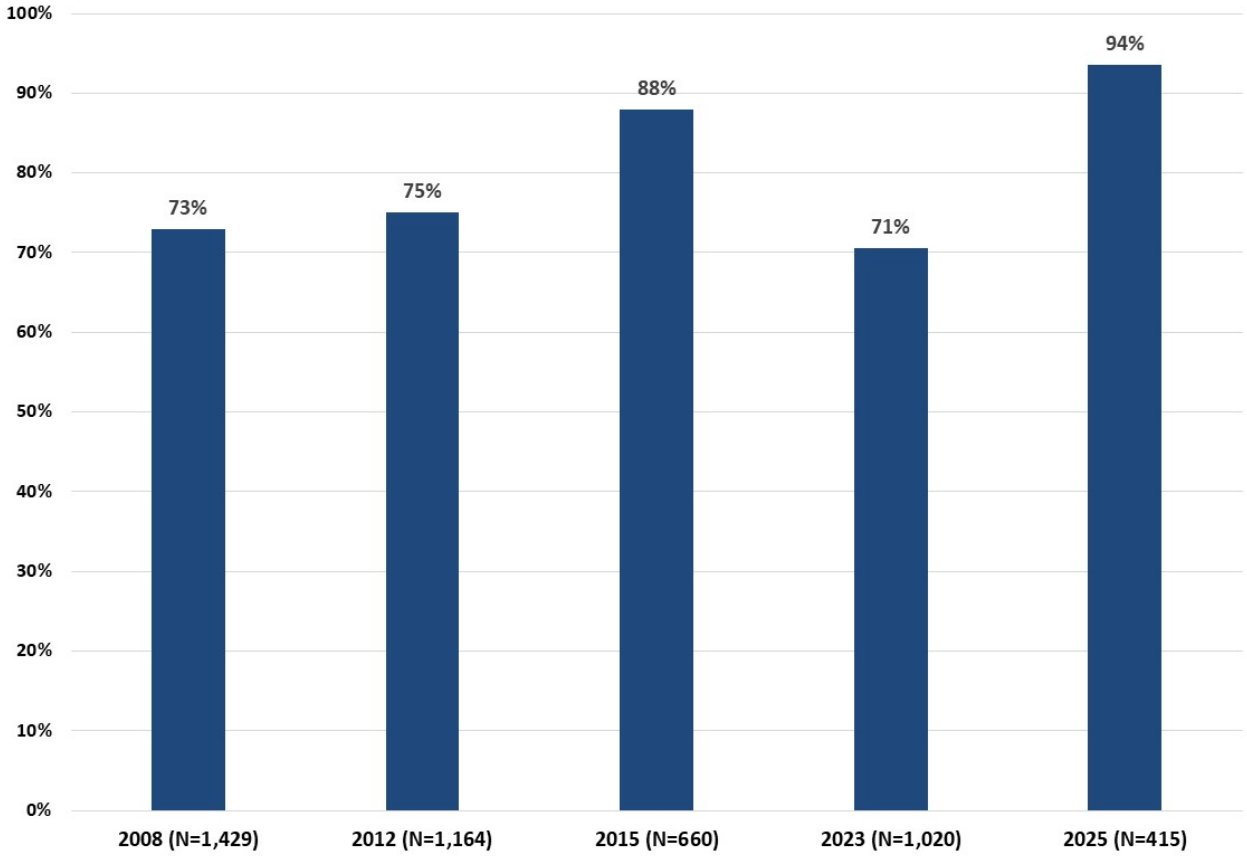
The percentage of community survey respondents who have health insurance was the highest in the most recent year (94%).

Figure 24: Perceptions of Community Health Survey Respondents with Health Insurance, 2008 through 2025



Source: Perceptions of Community Health Survey

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Barriers to Healthcare

According to Healthy People 2030, social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the barriers of health—including both social and physical determinants[4].

Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first 4 decades. Healthy People 2030 objectives were carefully chosen based on national data. Where available, data are compared to the Healthy People 2030 Goal. All Healthy People 2030 Targets can be found at https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives.

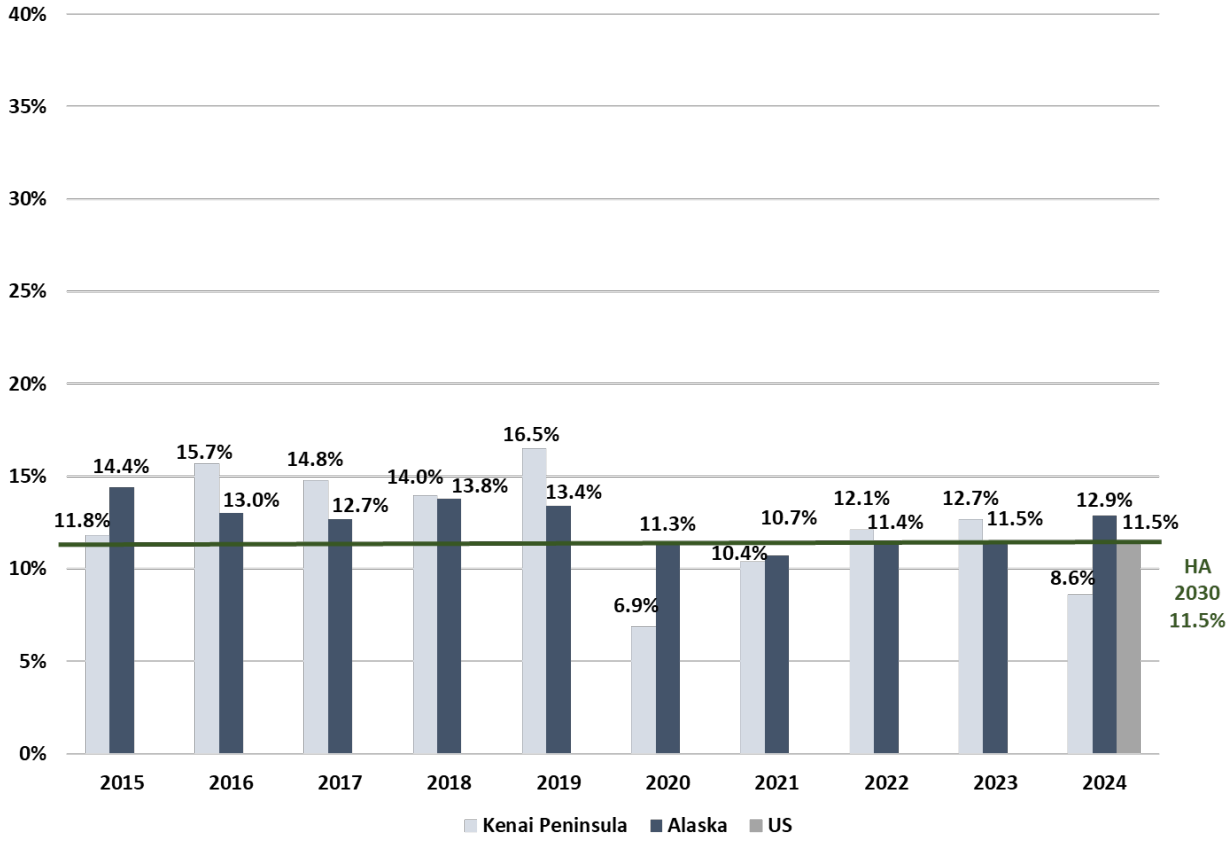
Alaska's state health improvement plan, Healthy Alaskans, is developed by teams from different sectors across the state of Alaska who are working in areas that impact health. The Healthy Alaskans effort is led jointly by the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium. The goal of Healthy Alaskans is to improve health and ensure health equity for all Alaskans through shared goals, united efforts, and collective accountability.

Healthy Alaskans 2030 is the latest iteration of the plan which contains 30 health objectives organized within 15 priority health topics. These priority health topics cover a wide range, from chronic disease to social determinants of health to environmental health and more. Each health objective has a target to reach by 2030 and a set of evidence-based and expert informed strategies that can be used to achieve it. Priorities and data can be found at: https://www.healthyalaskans.org/.

[4] https://health.gov/healthypeople/priority-areas/social-determinants-health

The percentage of adults in the Kenai Peninsula with an unmet medical need due to cost in the past year decreased from 12.7% in 2023 to 8.6% in 2024, lower than the state (12.9%) and nation (11.5%) but exceeds the Healthy Alaskans 2030 Target of 11.5%.

Figure 25: Unmet Medical Need Due to Cost, Past Year, 2015 through 2024



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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The top reasons community survey respondents delayed healthcare were due to the fact that they could not get an appointment (57%), the cost (51%) or that they did not have insurance (26%).

Table 11: Reasons for Delayed Healthcare, Perceptions of Community Health Survey, 2008 through 2025

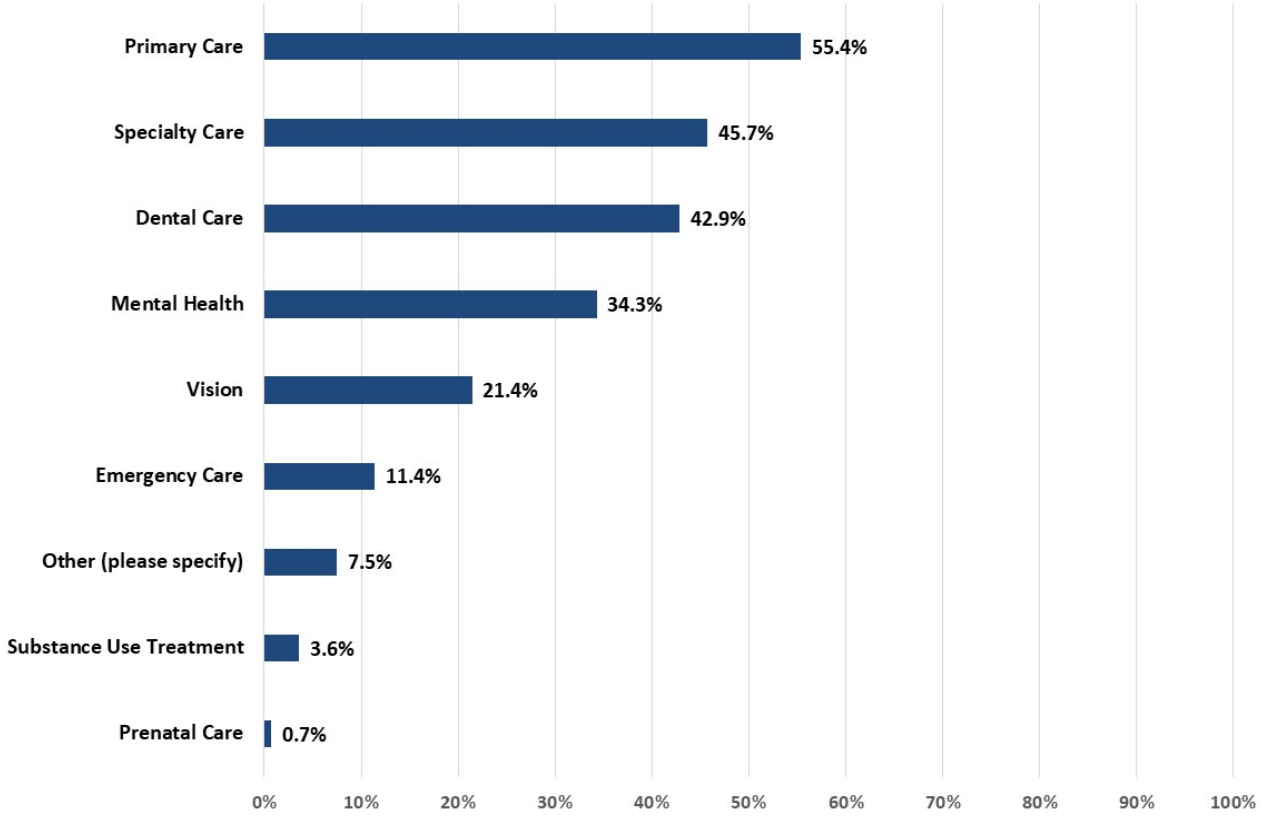
Reasons for Delayed Healthcare, Past 12 Months						
	2008 Perceptions Survey (831 responses)	**2012 Perceptions Survey (886 responses)**	**2015 Perceptions Survey (567 responses)**	**2019/2020 Perceptions Survey (402 responses)**	**2023 Perceptions Survey (1,020 responses)**	**2025 Perceptions Survey (415 responses)**
1	Cost	Cost (47%)	Cost (51%)	Cost (53%)	Cost (33%)	Couldn't get an appointment (57%)
2	Transportation	Schedule conflicts (42%)	Not enough time (38%)	Schedule conflicts (47%)	Schedule conflicts (33%)	Cost (51%)
3	Distrust agency or provider	Not enough time (36%)	Schedule conflicts (38%)	Not enough time (39%)	Not enough time (26%)	No Insurance/Uninsured (26%)
4	Confidentiality	Lack of anonymity (14%)	Lack of anonymity (16%)	Lack of anonymity (18%)	Transportation (12%)	Fear/Distrust of medical system (20%)
5	Lack of anonymity	Distrust agency/provider (13%)	Transportation (15%)	Awareness (15%)	Awareness (12%)	Childcare Issues (10%)

Source: Perceptions of Community Health Survey

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The most common type of healthcare that community survey respondents delayed was primary care (55.4%), specialty care (45.7%) or dental care (42.9%).

Figure 26: Type of Healthcare Delayed, Perceptions of Community Health Survey, 2025



Source: Perceptions of Community Health Survey, (N=280)

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Chronic Disease

Conditions that are long-lasting, relapse, in remission and have continued persistence are categorized as chronic diseases[5].

In 2024, the leading causes of death in the Southern Kenai Peninsula were malignant neoplasms (42), diseases of the heart (30), accidents (20), diabetes mellitus (7), and intentional self-harm (<6).

Table 12: Southern Kenai Peninsula Leading Causes of Death by Year, 2015 through 2024

Year	Rank	Cause of Death	Deaths
2015	1	Malignant neoplasms	40
	2	Diseases of heart	23
	3	Accidents	11
	4	Cerebrovascular diseases	<6
	5	Intentional self-harm	<6
2016	1	Malignant neoplasms	36
	2	Diseases of heart	34
	3	Accidents	13
	4	Cerebrovascular diseases	8
	5	Alzheimer's disease	<6
2017	1	Malignant neoplasms	33
	2	Diseases of heart	31
	3	Accidents	10
	4	Intentional self-harm	8
	5	Diabetes mellitus	7
2018	1	Malignant neoplasms	34
	2	Diseases of heart	32
	3	Cerebrovascular diseases	11
	4	Accidents	6
	5	Chronic liver diseases and cirrhosis	<6
2019	1	Malignant neoplasms	39
	2	Diseases of heart	27
	3	Chronic lower respiratory diseases	9
	4	Accidents	9
	5	Cerebrovascular diseases	8
2020	1	Malignant neoplasms	30
	2	Diseases of heart	30
	3	accidents	9
	4	Diabetes mellitus	8
	5	Cerebrovascular diseases	8
2021	1	Diseases of heart	38
	2	Malignant neoplasms	37
	3	Covid-19	25
	4	Accidents	11
	5	Diabetes mellitus	10
2022	1	Disease of the heart	33
	2	Malignant neoplasms	29
	3	Accidents	15
	4	Cerebrovascular Diseases	9
	5	Intentional self-harm	9
2023	1	Malignant neoplasms	36
	2	Disease of the heart	25
	3	Accidents	15
	4	Chronic lower respiratory diseases	7
	5	Cerebrovascular diseases	6
2024	1	Malignant neoplasms	42
	2	Disease of the heart	30
	3	Accidents	20
	4	Diabetes mellitus	7
	5	Intentional self-harm	<6

Source: Alaska Division of Public Health, Health Analytics and Vital Records Section
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[5] https://www.cdc.gov/chronicdisease/about/index.htm

The cumulative leading cause of death for the Southern Kenai Peninsula for years 1999 to 2024 were malignant neoplasms (655) and diseases of the heart (609).

Table 13: Southern Kenai Peninsula Leading Causes of Death, Cumulative 1999-2024

Cause of Death	Deaths
Malignant neoplasms	655
Diseases of heart	609
Accidents	213
Cerebrovascular diseases	100
Diabetes mellitus	57
Chronic lower respiratory diseases	56
Alzheimer's Diseases	53
Intentional self-harm	47
Covid-19	25
Chronic liver diseases and cirrhosis	22
Influenza and Pneumonia	10

Source: Alaska Department of Health
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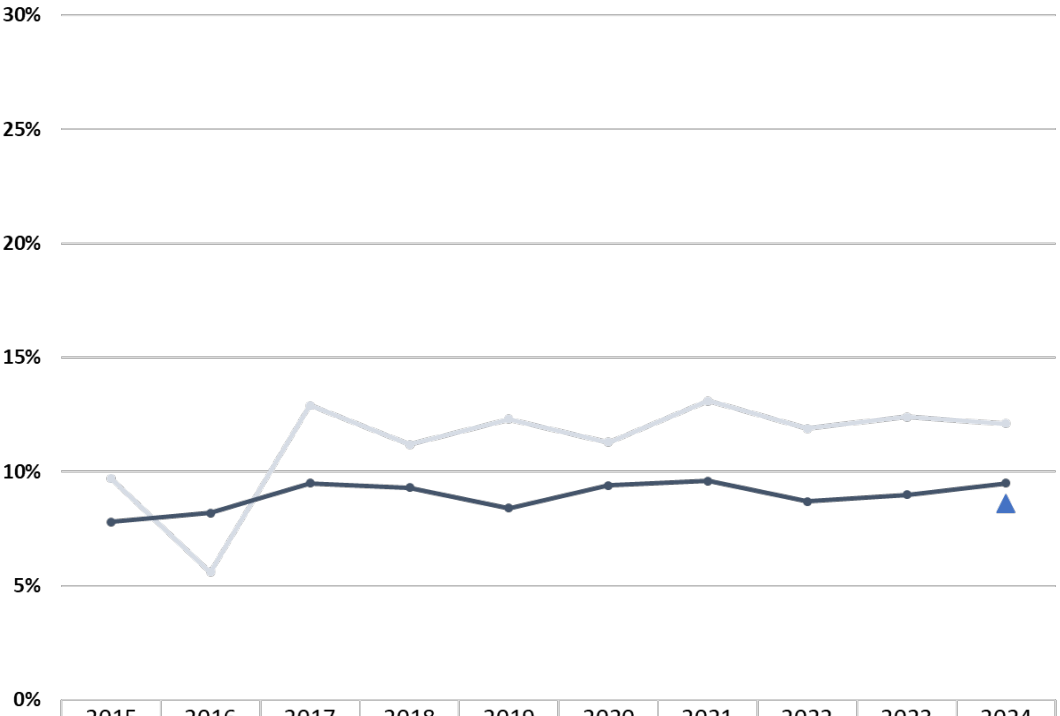
The percentage of adults who had received a cancer diagnosis has remained fairly steady in the Kenai Peninsula and Alaska, with the Kenai Peninsula having a slight decrease from 12.4% in 2023 to 12.1% in 2024, while the state saw a slight increase (9.0% to 9.5%). In 2024, the Kenai Peninsula had a higher percentage of adults who received a cancer diagnosis (12.1%) in comparison to the state (9.5%) and nation (8.6%).

Figure 27: Cancer Diagnosis, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	9.7%	5.6%	12.9%	11.2%	12.3%	11.3%	13.1%	11.9%	12.4%	12.1%
Alaska	7.8%	8.2%	9.5%	9.3%	8.4%	9.4%	9.6%	8.7%	9.0%	9.5%
US										8.6%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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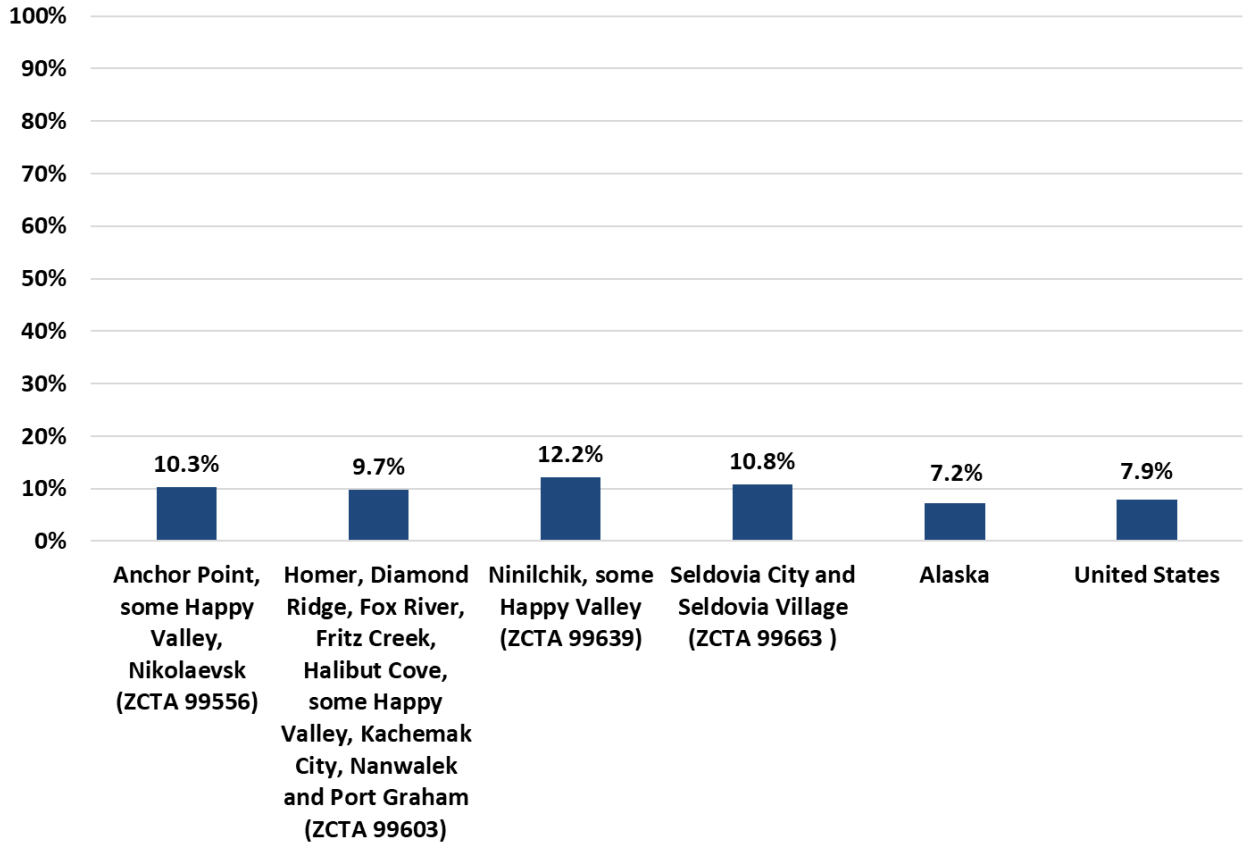
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with cancer in comparison to the state (7.2%) and nation (7.9%).

Figure 28: Cancer (non-skin) or Melanoma Among Adults, 2023

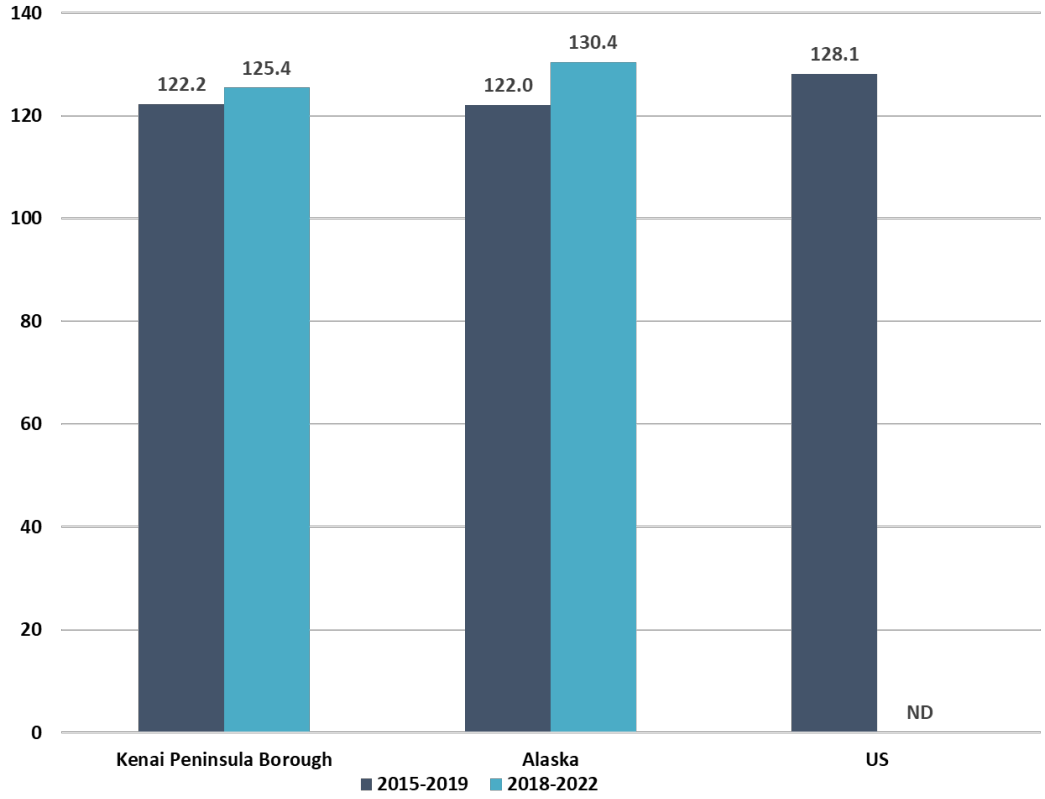


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The breast cancer incidence rate per 100,000 increased in the Kenai Peninsula from 122.2 in 2015-2019 to 125.4 in 2018-2022, the rate also increased for the state during that time (122.0 to 130.4 respectively). In 2018-2022, the breast cancer incidence rate per 100,000 was lower in the Kenai Peninsula (125.4) than the state (130.4).

Figure 29: Breast Cancer Incidence Rate Per 100,000, 2015-2019 and 2018-2022



Source: Alaska Cancer Registry

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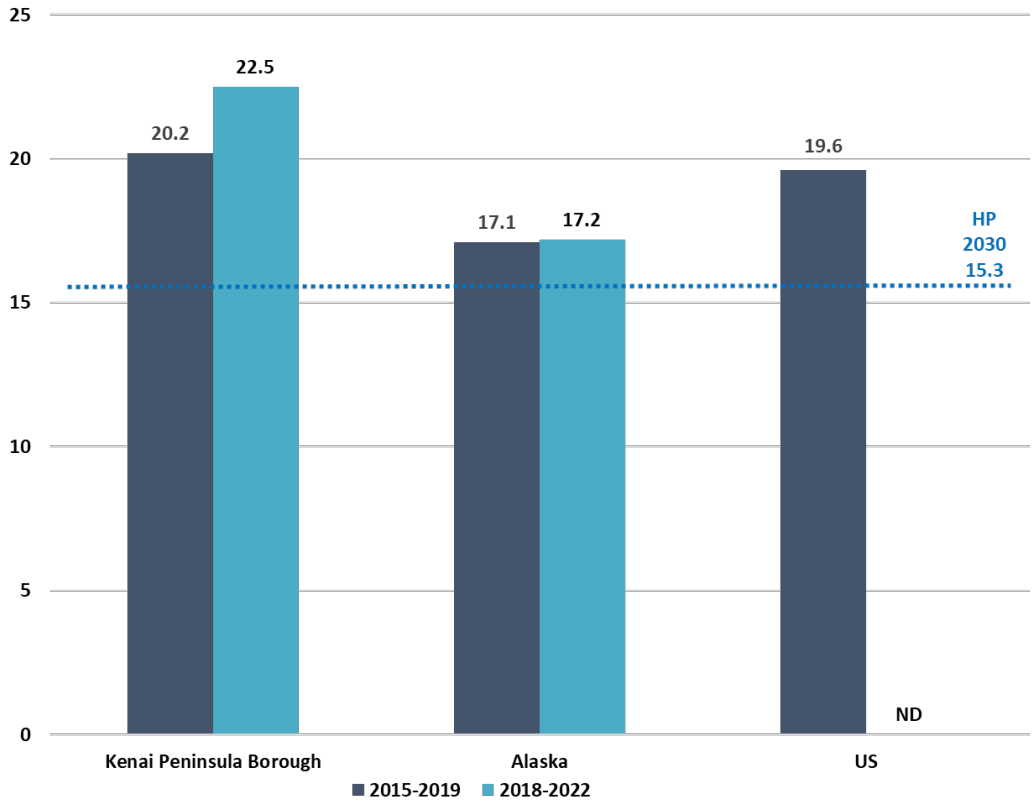
The breast cancer mortality rate per 100,000 in the Kenai Peninsula Borough increased from 20.2 in 2015-2019 to 22.5 in 2018-2022, higher than the state (17.1 and 17.2 respectively). In 2018-2022, both the Kenai Peninsula Borough (22.5) and Alaska (17.2) were higher than the Healthy People 2030 Target of 15.3.

Figure 30: Breast Cancer Mortality Rate Per 100,000, 2015-2019 and 2018-2022



Source: Alaska Cancer Registry

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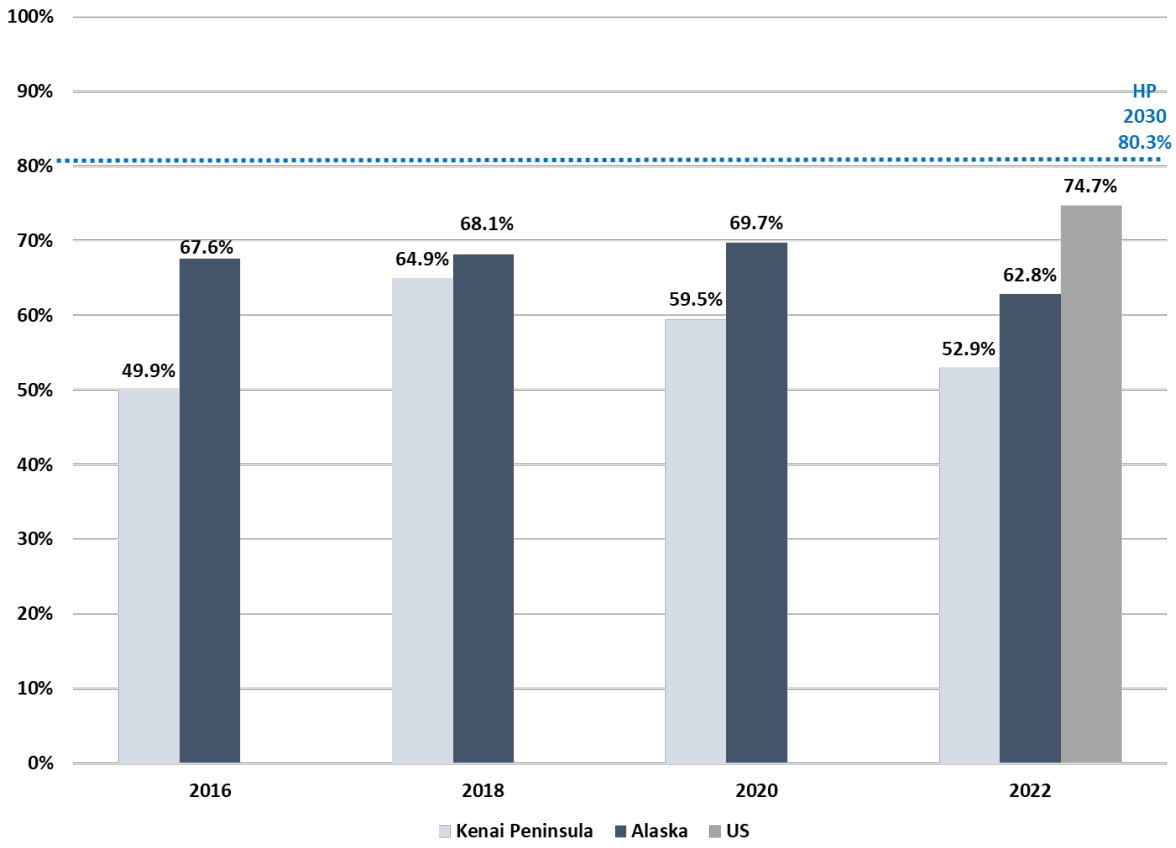
The percentage of females aged 40 and older who received a mammogram in the past two years has been decreasing in the Kenai Peninsula from 64.9% in 2018 to 52.9% in 2022. The state also saw a decrease from 69.7% in 2020 to 62.8% in 2022. In 2022, the Kenai Peninsula had a lower percentage of females aged 40 and older who receive a mammogram (52.9%) compared to the state (62.8%) and nation (74.7%) with all falling below the Healthy People 2030 Target of 80.3%. It is important to note that Table 14 below shows that the number of mammograms completed at South Peninsula Hospital is increasing.

Figure 31: Mammogram, Females Age 40+, Past 2 Years, 2016 through 2022



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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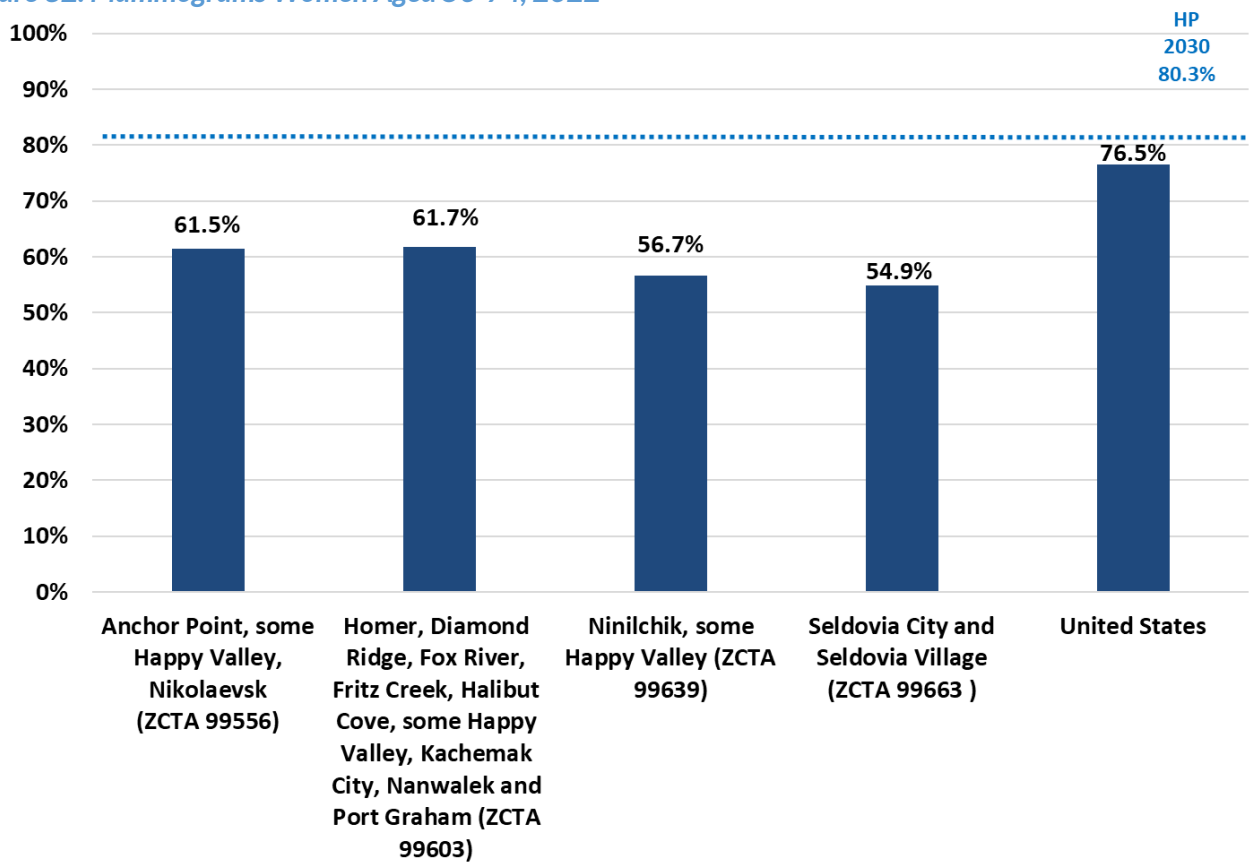
All ZIP Code Tabulation Areas (ZCTAs) had a lower percentage of women aged 50-74 who had a mammogram in comparison to the nation (76.5%) and are well below the Healthy People 2030 Target (80.3%).

Figure 32: Mammograms Women Aged 50-74, 2022



Source: Centers for Disease Control, PLACES data

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The number of mammograms performed at South Peninsula Hospital increased beginning in FY2022 (1,159) to 1,453 in FY2025.

Table 14: Mammograms, South Peninsula Hospital, 2018 through 2025

Mammograms							
FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
1,088	1,088	947	1,250	1,159	1,250	1,365	1,453

Source: South Peninsula Hospital

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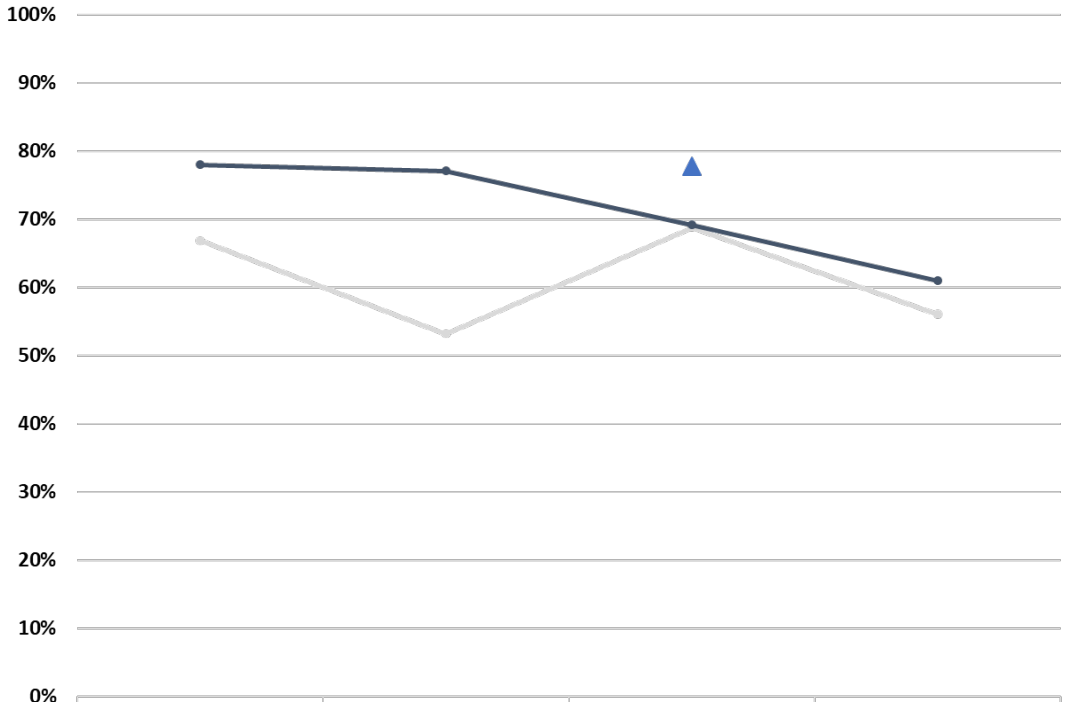
The percentage of females ages 21 to 65 who had a pap test in the past 3 years has decreased in the Kenai Peninsula from 68.8% in 2020 to 56.1% in 2024, which is concerning as the definition was expanded to include other cervical cancer screenings. The percentage has been decreasing at the state level since 2016, although the state has remained higher than the Kenai Peninsula. 2020 was the last year data was reported for the US (77.7%) which had a higher percentage receiving the screening in comparison to the Kenai Peninsula (68.8%) and state (69.2%).

Figure 33: Pap Test, Females Ages 21 to 65, Past 3 Years, 2016 through 2024



	2016	2018	2020	2024*
Kenai Peninsula	66.9%	53.2%	68.8%	56.1%
Alaska	78.0%	77.1%	69.2%	61.0%
US			77.7%	

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

*In 2024, the BRFSS question was broadened to include HPV testing

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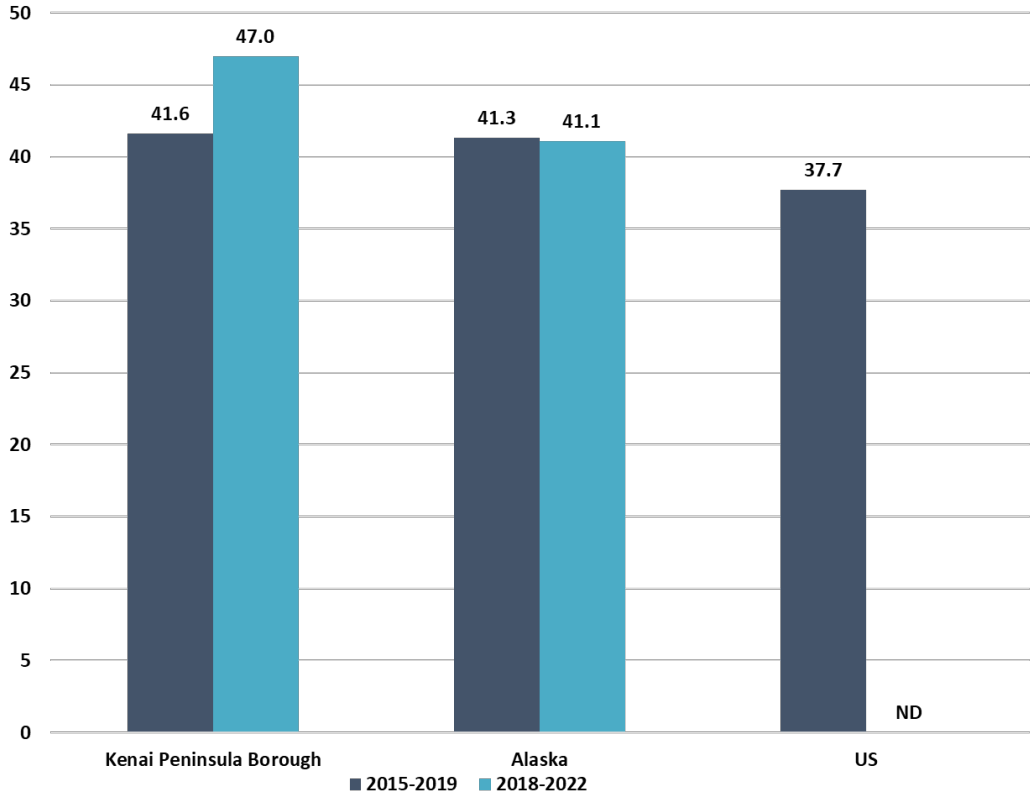
In the Kenai Peninsula Borough, the colon and rectum cancer incidence rate increased from 41.6 in 2015-2019 to 47.0 in 2018-2022, higher in comparison to the state (41.1) the most recent year.

Figure 34: Colon and Rectum Cancer Incidence Per 100,000, 2015-2019 and 2018-2022

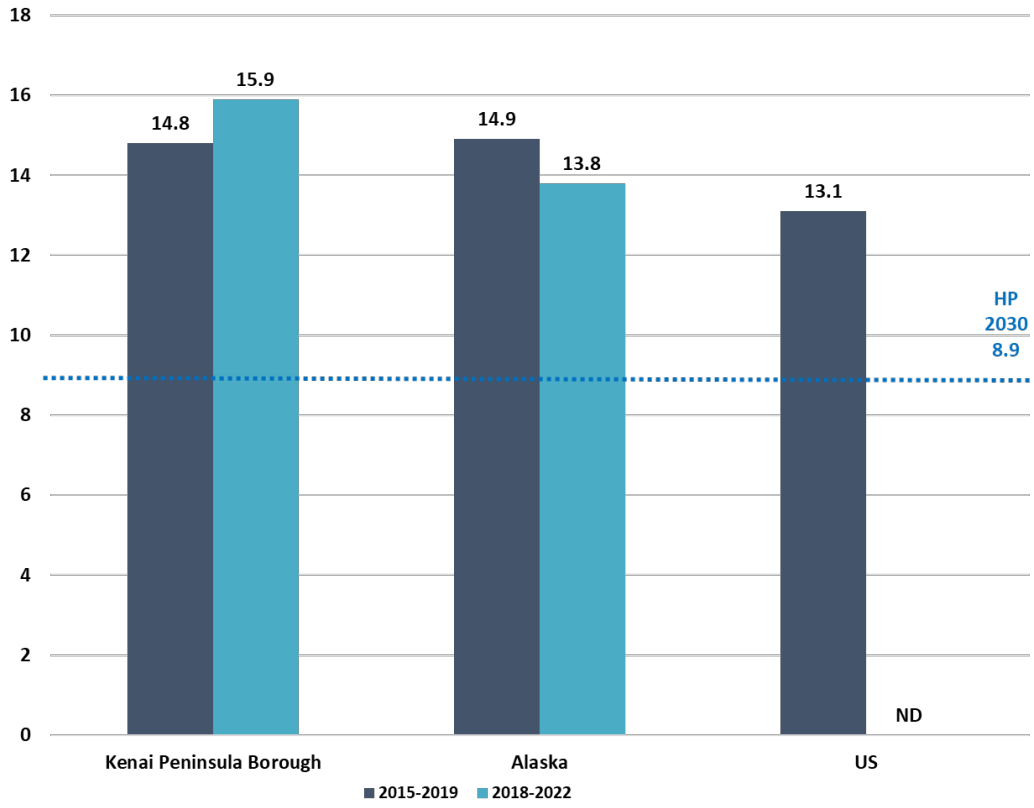


Source: Alaska Cancer Registry

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The colon and rectum cancer mortality rate increased in the Kenai Peninsula Borough from 14.8 in 2015-2019 to 15.9 in 2018-2022, which was higher than the state (13.8). Both the Kenai Peninsula Borough and Alaska are above the Healthy People 2030 Target of 8.9.

Figure 35: Colon and Rectum Cancer Mortality Rate Per 100,000, 2015-2019 and 2018-2022

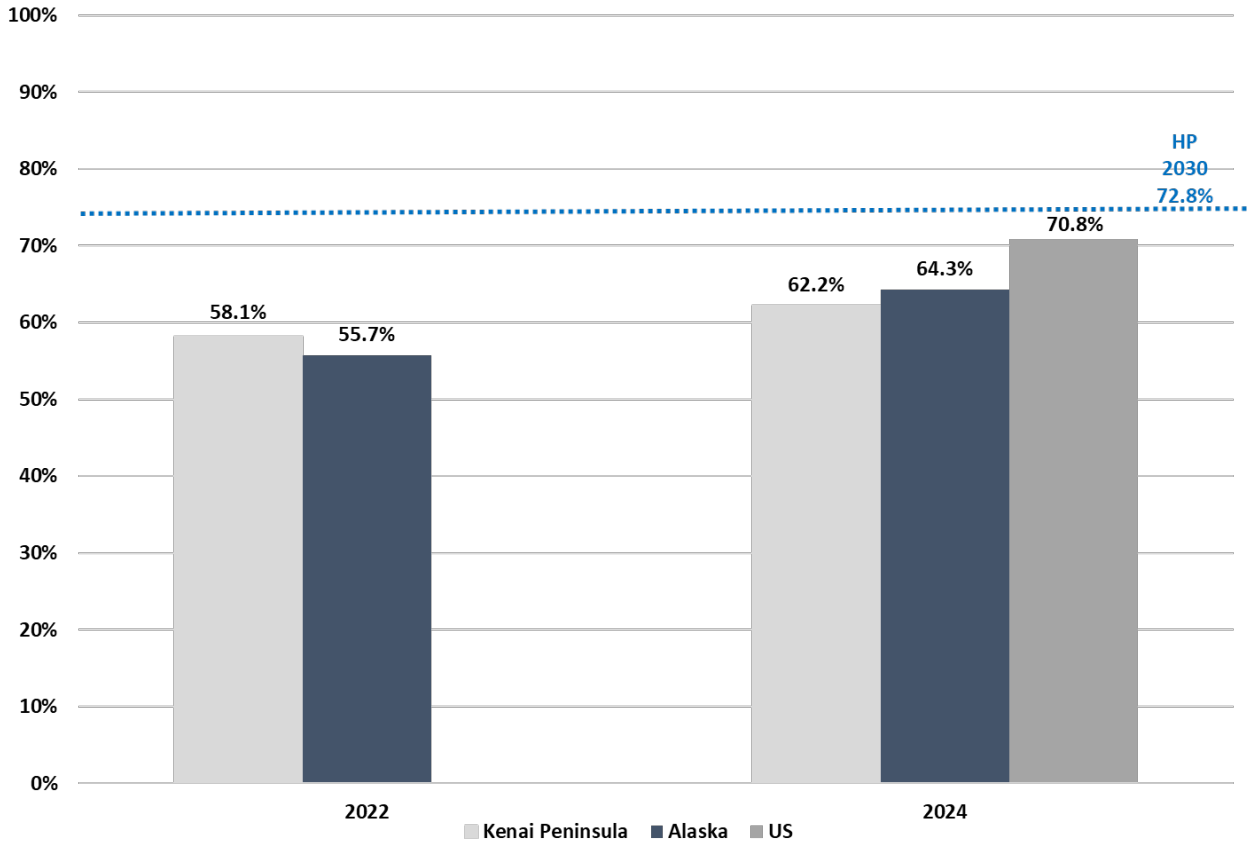


Source: Alaska Cancer Registry

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Between 2022 and 2024, the percentage of adults aged 40 to 75 who met the USPSTF colorectal cancer screening guidelines increased in both the Kenai Peninsula (58.1% to 62.2%) and Alaska (55.7% to 64.3%), although it fell below the Healthy People 2030 Target of 72.8%. In 2024, a slightly lower percentage had met the screening guidelines in the Kenai Peninsula (62.2%) in comparison to the state (64.3%) with both lower than the US (70.8%).

Figure 36: Met USPSTF Colorectal Cancer Screening Guidelines, Adults Ages 45 to 75, 2022 and 2024



Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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South Peninsula Hospital saw an increase in the number of colonoscopies between 2022 (284) and 2025 (435).

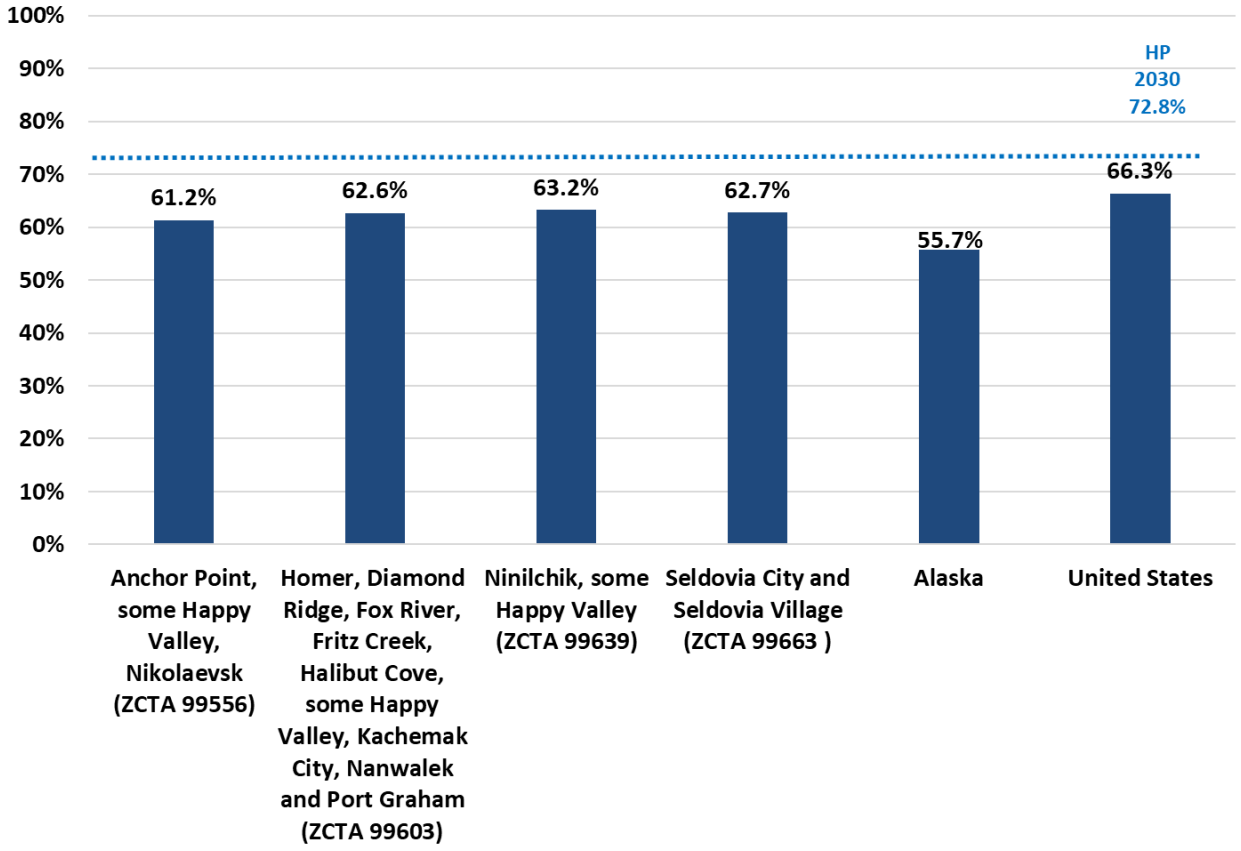
Table 15: Colonoscopies, South Peninsula Hospital, 2018 through 2025

Colonoscopies							
2018	2019	2020	2021	2022	2023	2024	2025
276	290	222	304	284	341	375	435

Source: South Peninsula Hospital
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults aged 45-75 who had been screened for colon cancer in comparison to the state (55.7%), although all were lower than the nation (66.3%) and Healthy People 2030 Target (72.8%).

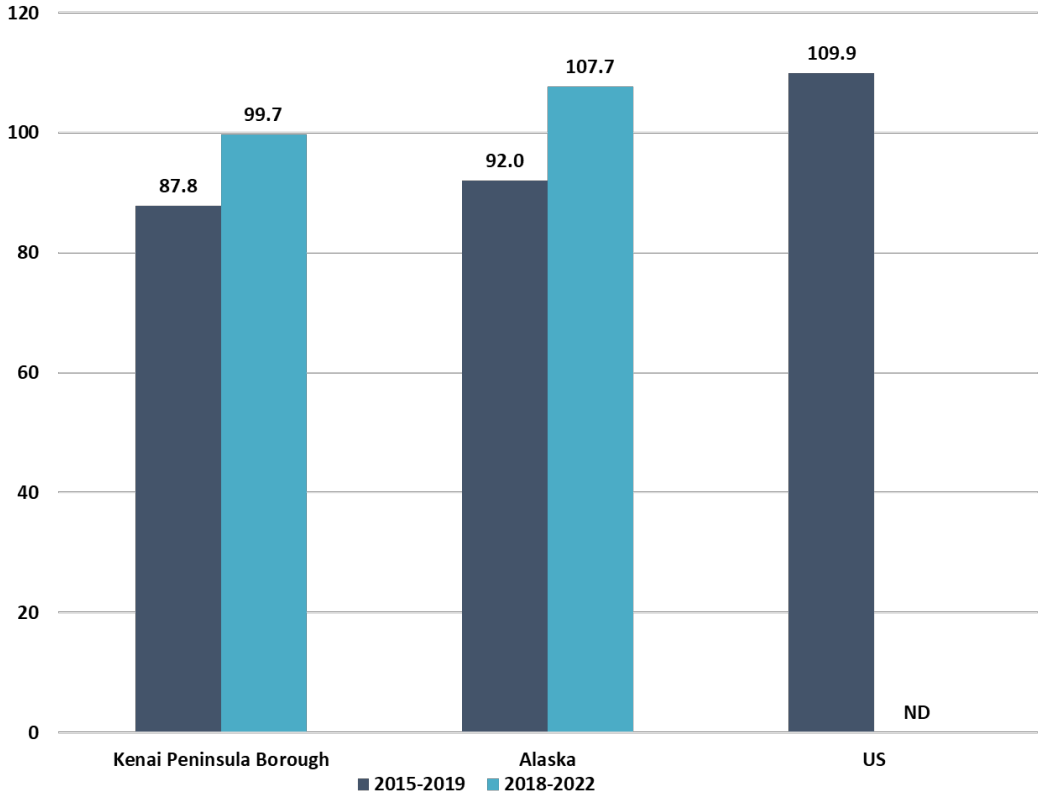
Figure 37: Colorectal Cancer Screening Among Adults Aged 45-75, 2022



Source: Centers for Disease Control, PLACES data
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The prostate cancer incidence rate per 100,000 increased in the Kenai Peninsula Borough (87.8 to 99.7) and the state of Alaska (92.0 to 107.7) between 2015-2019 and 2018-2022, with the borough having a lower rate in comparison to the state.

Figure 38: Prostate Cancer Incidence Rate Per 100,000, 2015-2019 and 2018-2022

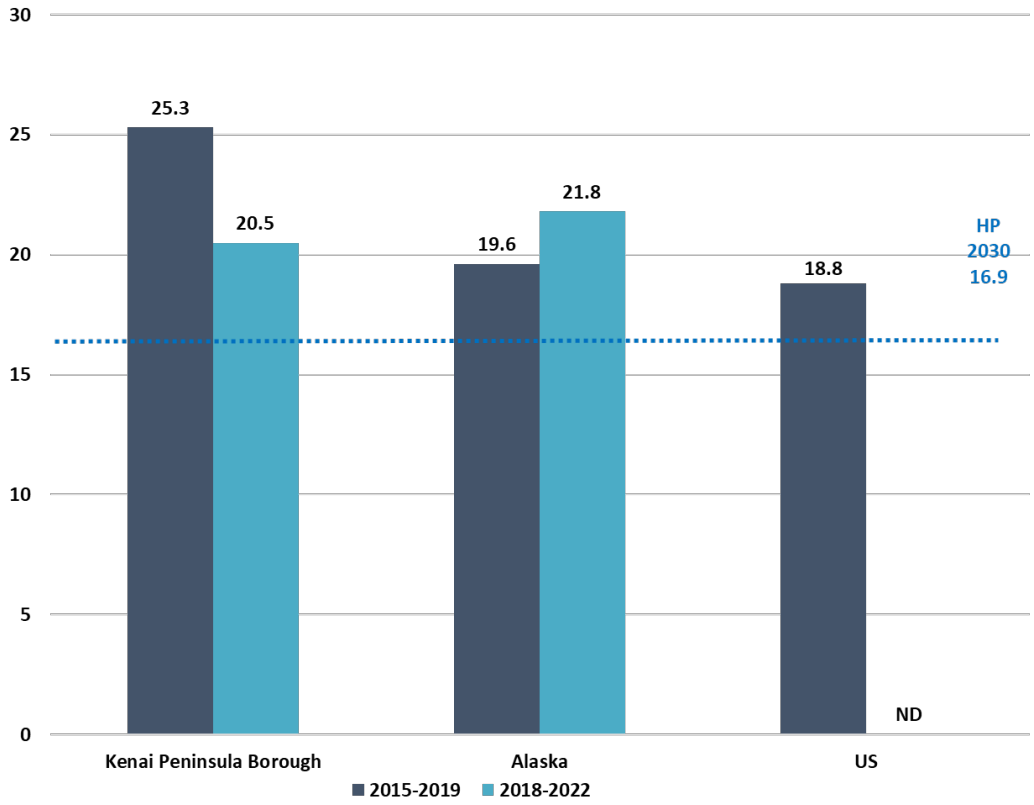


Source: Alaska Cancer Registry

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

In the Kenai Peninsula Borough, the prostate cancer mortality rate per 100,000 decreased from 25.3 in 2015-2019 to 20.5 in 2018-2022, just below the state (21.8) in the most recent year but above the Healthy People 2030 Target of 16.9.

Figure 39: Prostate Cancer Mortality Rate Per 100,000, 2015-2019 and 2018-2022

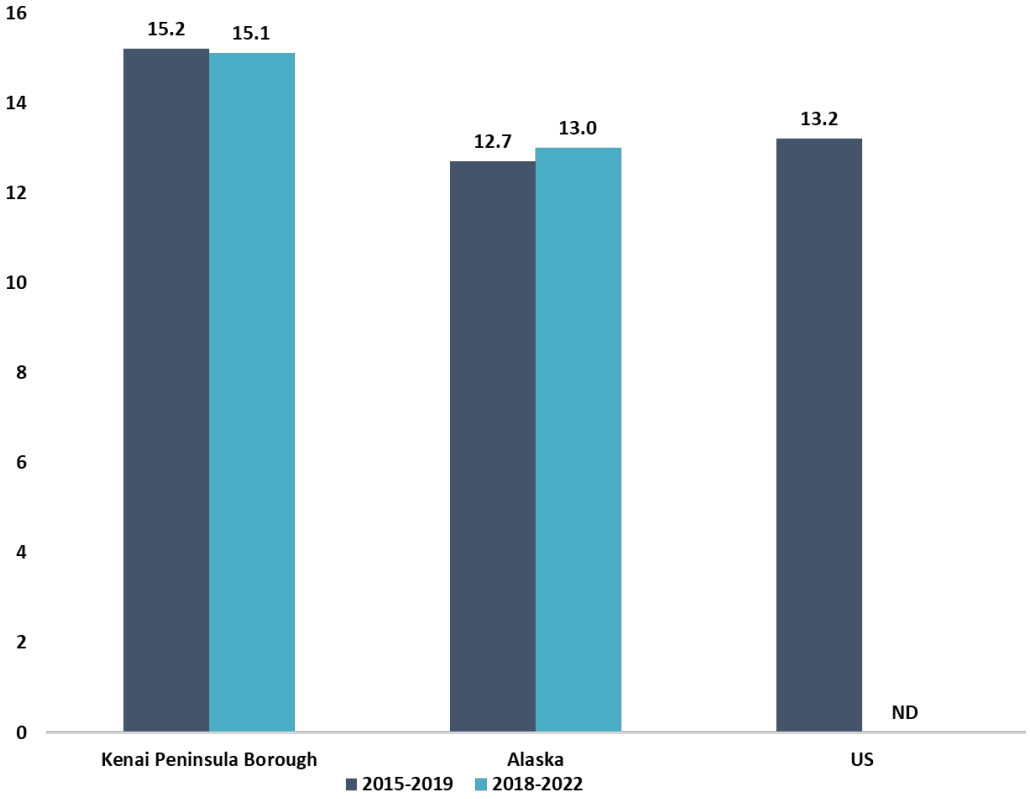


Source: Alaska Cancer Registry

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The pancreatic cancer incidence rate per 100,000 has remained fairly steady in the Kenai Peninsula Borough and was higher in 2015-2019 (15.2) and 2018-2022 (15.1) in comparison to the state (12.7 and 13.0 respectively).

Figure 40: Pancreatic Cancer Incidence Rate Per 100,000, 2015-2019 and 2018-2022



Source: Centers for Disease Control, National Cancer Institute

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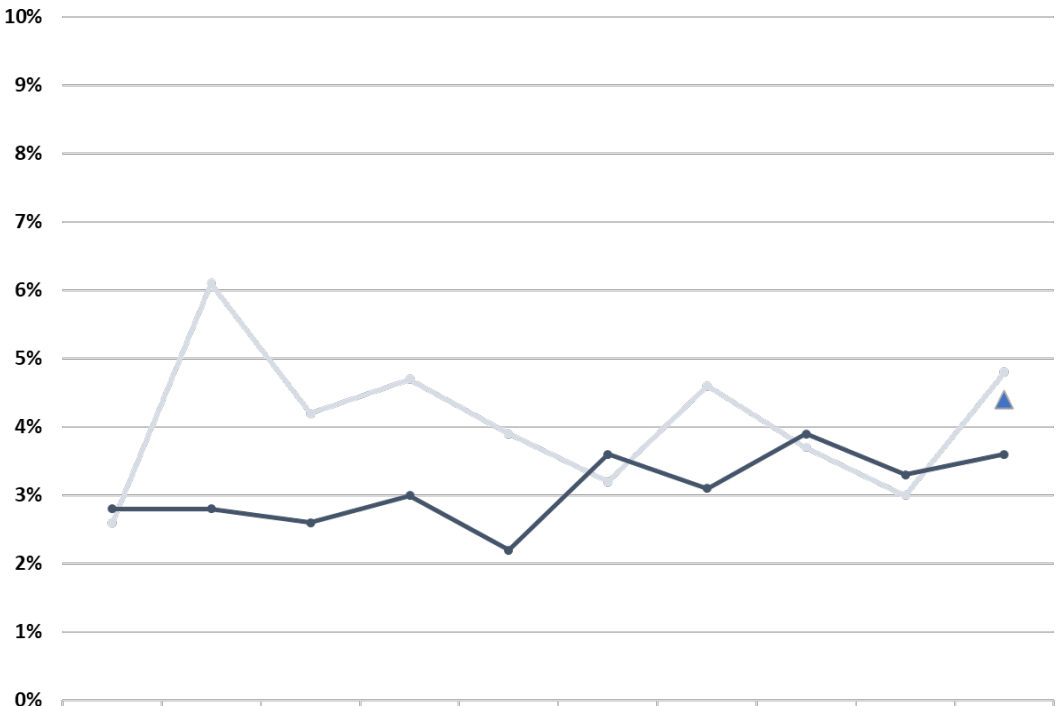
The percentage of adults in the Kenai Peninsula Borough with Coronary Heart Disease had decreased from 4.6% in 2021 to 3.0% in 2023, then increased to 4.8% in 2024, which was higher than Alaska (3.6%) and nation (4.4%).

Figure 41: Coronary Heart Disease, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	2.6%	6.1%	4.2%	4.7%	3.9%	3.2%	4.6%	3.7%	3.0%	4.8%
Alaska	2.8%	2.8%	2.6%	3.0%	2.2%	3.6%	3.1%	3.9%	3.3%	3.6%
US										4.4%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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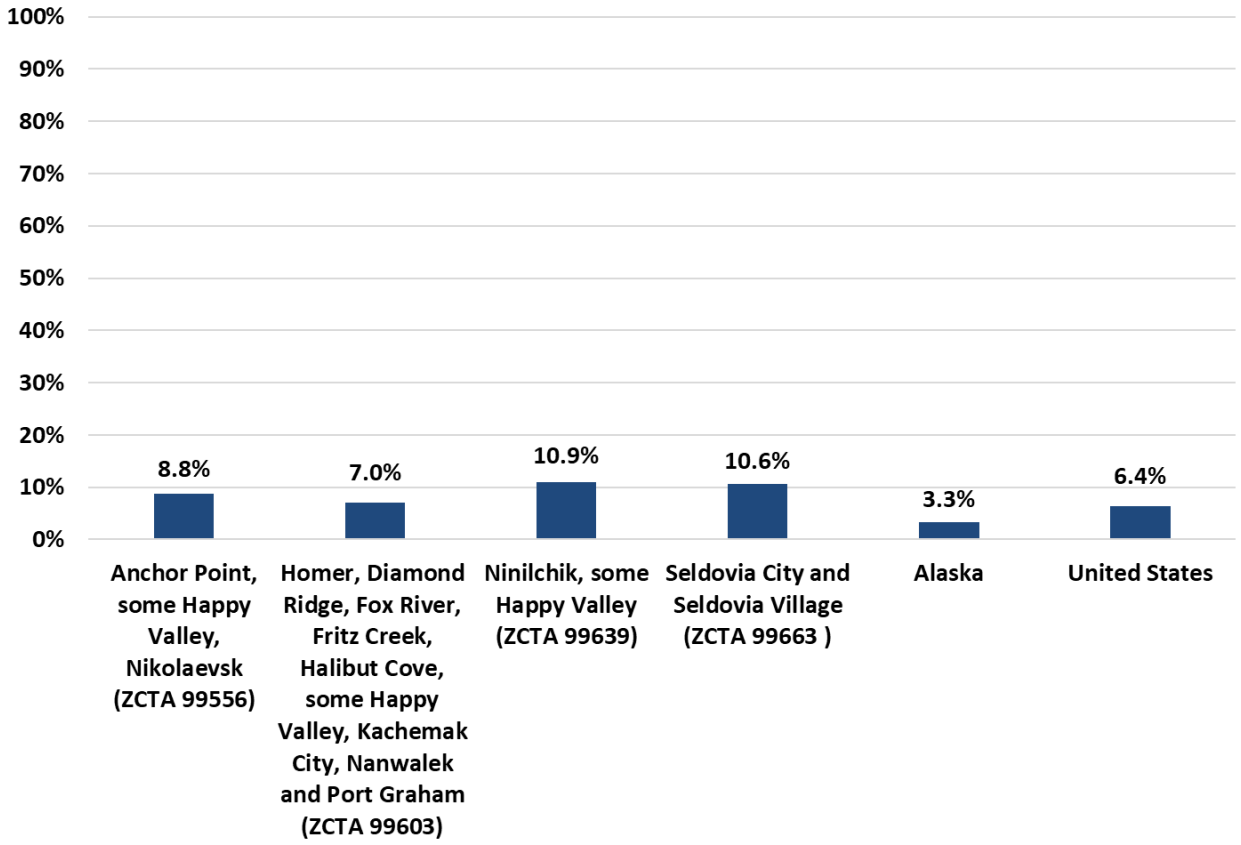
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with coronary heart disease in comparison to the state (3.3%) and nation (6.4%).

Figure 42: Coronary Heart Disease Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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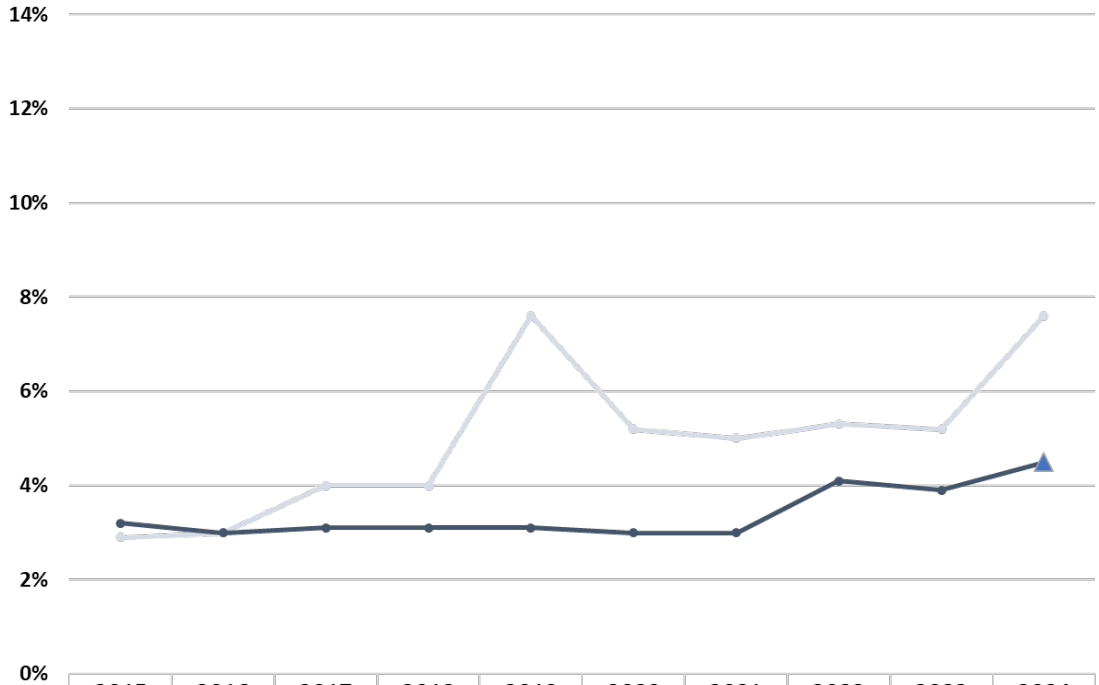
The percentage of adults who had a heart attack in the Kenai Peninsula increased from 5.2% in 2023 to 7.6% in 2024, which was higher than the state (4.5%), which also experienced an increase. In 2024, the KP percentage was also higher in comparison to the nation (4.5%).

Figure 43: Heart Attack, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	2.9%	3.0%	4.0%	4.0%	7.6%	5.2%	5.0%	5.3%	5.2%	7.6%
Alaska	3.2%	3.0%	3.1%	3.1%	3.1%	3.0%	3.0%	4.1%	3.9%	4.5%
US										4.5%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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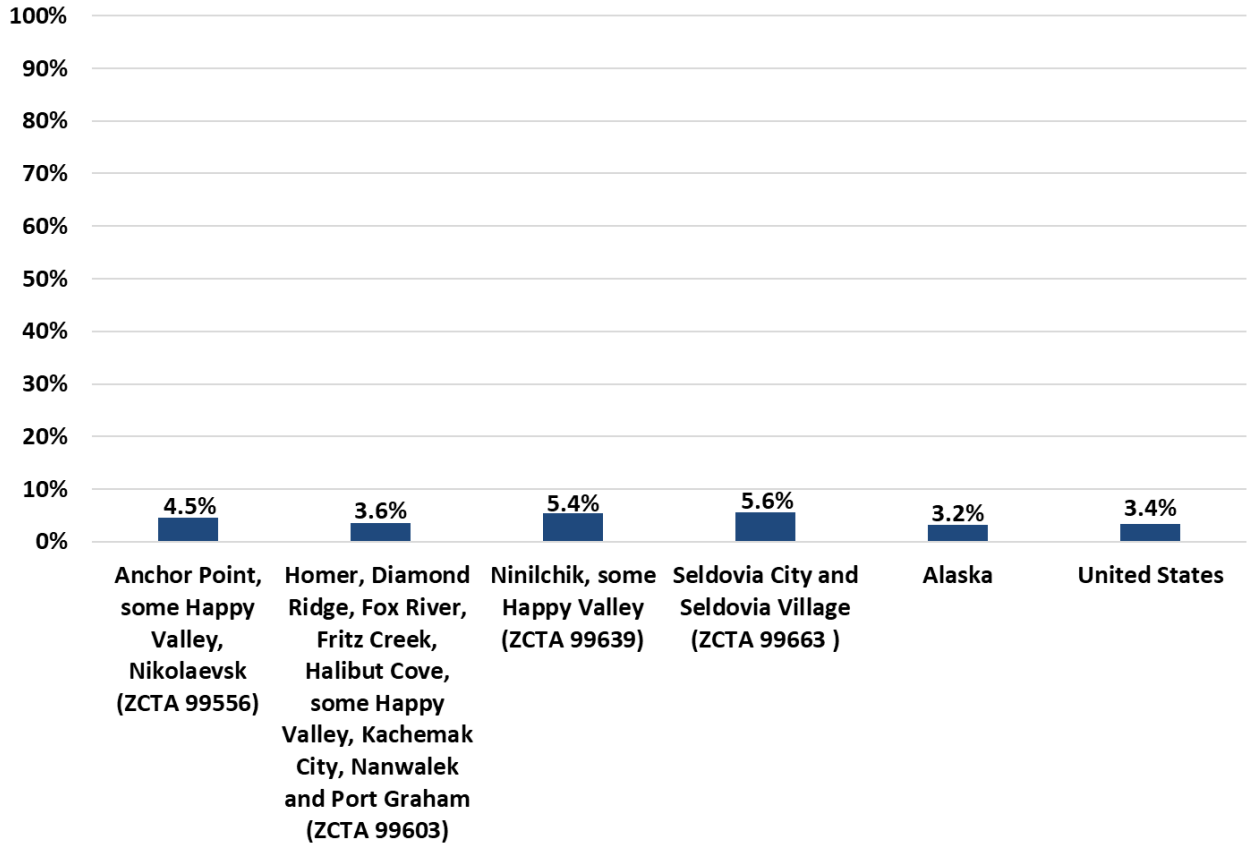
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults who had a stroke in comparison to the state (3.2%) and nation (3.4%).

Figure 44: Stroke Among Adults, 2023

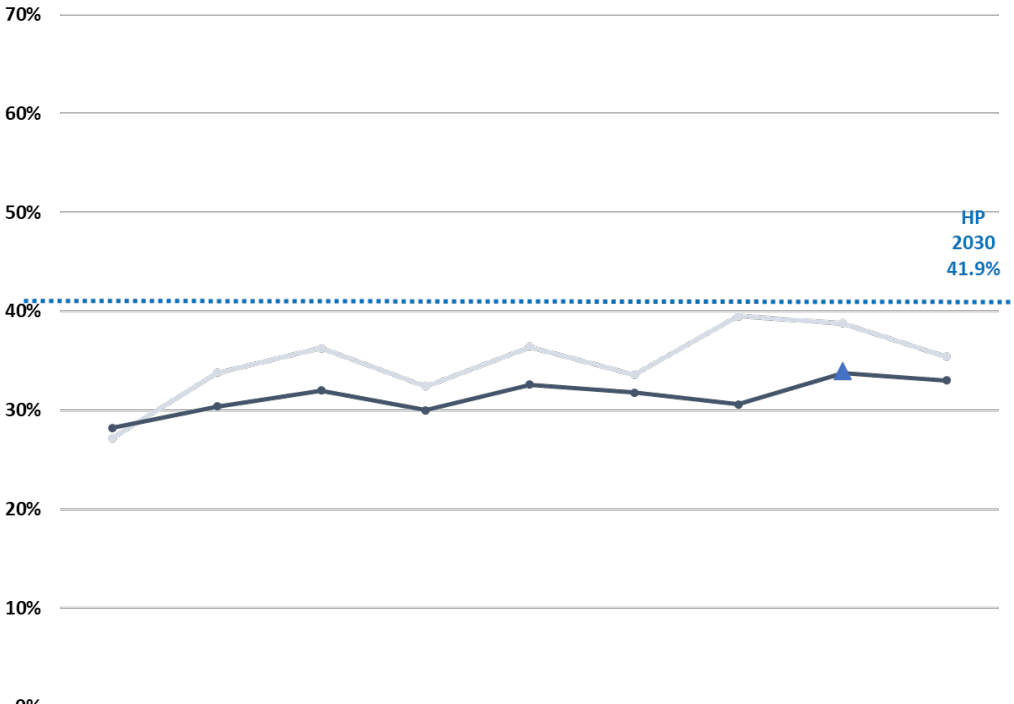


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults with high blood pressure has been decreasing since 2021 (39.5%) and in 2024 (35.4%) remains higher in comparison to Alaska (33.0%) with both meeting the Healthy People 2030 Target (41.9%). The last reported data for the US was in 2023 (34.0%) with the Kenai Peninsula (38.8%) having a higher percentage of adults with higher blood pressure in comparison.

Figure 45: Adults with High Blood Pressure, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2023	2024
Kenai Peninsula	27.2%	33.8%	36.3%	32.4%	36.4%	33.6%	39.5%	38.8%	35.4%
Alaska	28.2%	30.4%	32.0%	30.0%	32.6%	31.8%	30.6%	33.8%	33.0%
US								34.0%	

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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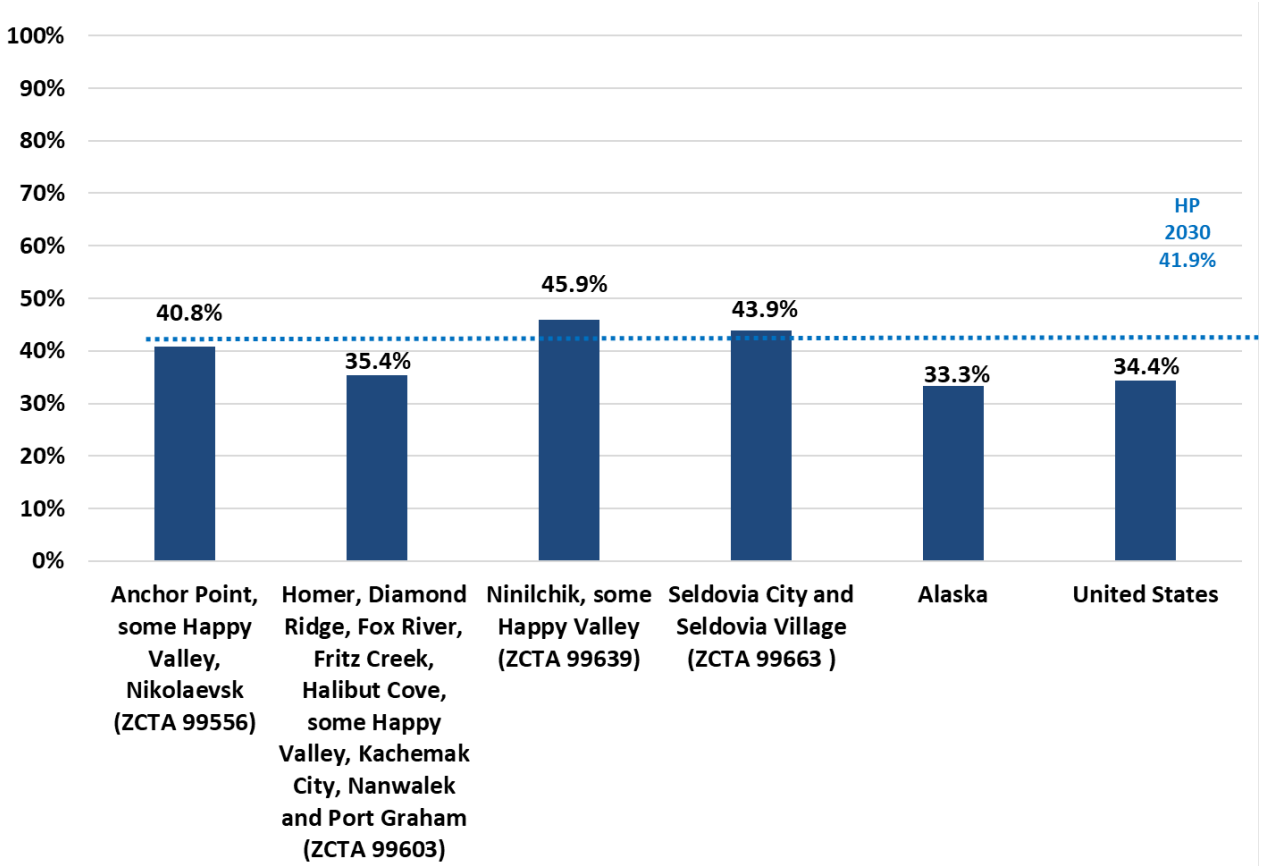
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with high blood pressure in comparison to the state (33.3%) and nation (34.4%).

Figure 46: High Blood Pressure Among Adults, 2023

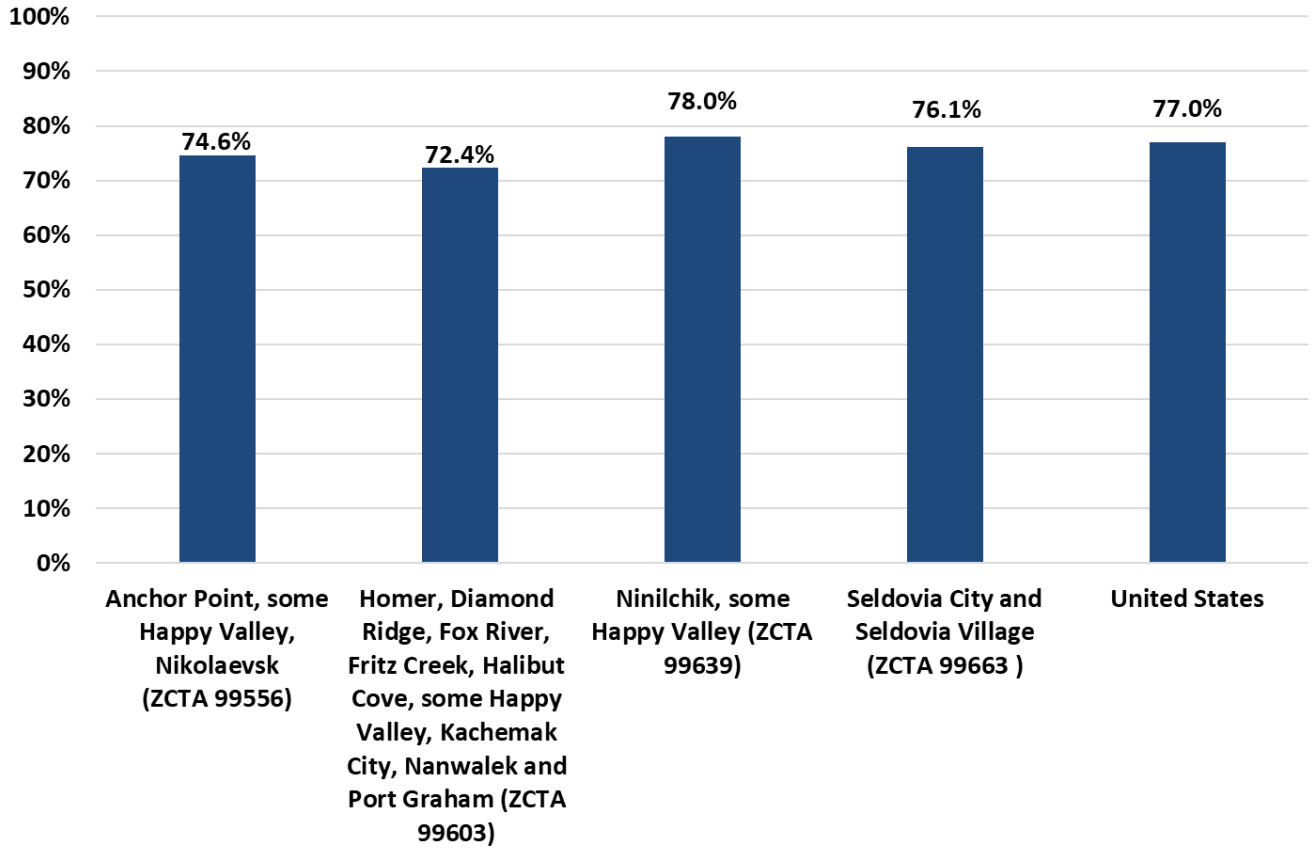


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The majority of adults with high blood pressure in the ZIP Code Tabulation Areas (ZCTAs) are taking medicine to control their high blood pressure, although Ninilchik, some of Happy Valley (78.0%) is the only area higher than the nation (77.0%).

Figure 47: Prevalence of Taking Medicine to Control High Blood Pressure Among Adults with High Blood Pressure, 2023



Source: Centers for Disease Control, PLACES data

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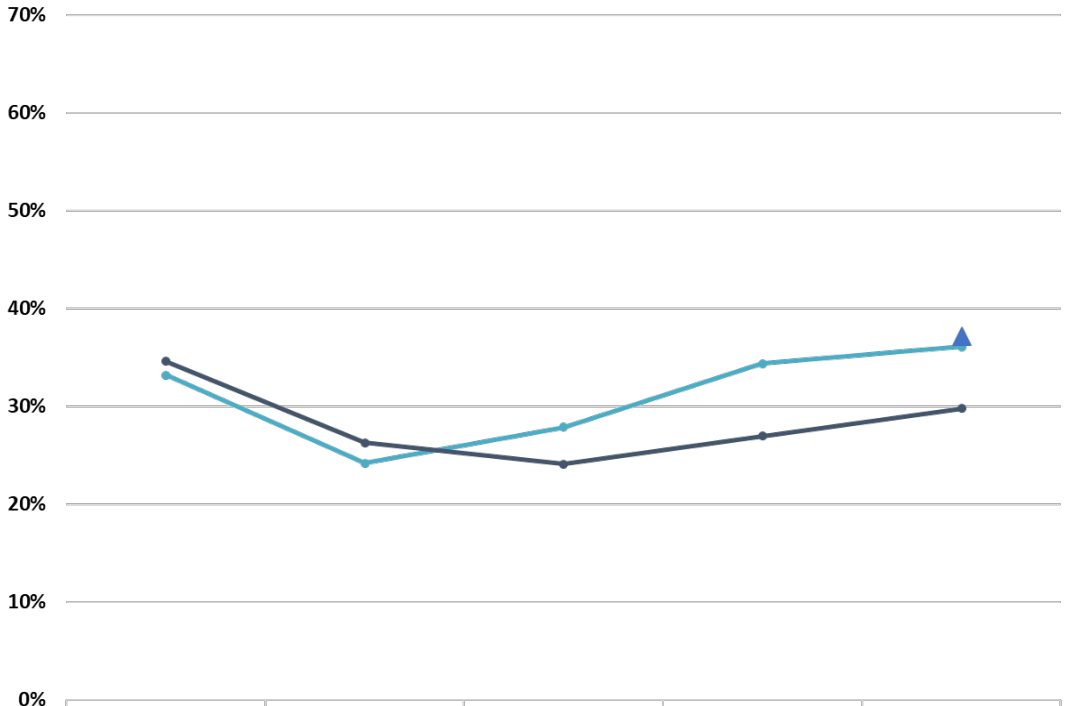
The percentage of adults with high cholesterol has been increasing in the Kenai Peninsula from 24.2% in 2017 to 36.1% in 2023, higher in comparison to the state (29.8%) and just below that of the nation (37.2%). The state also saw an increase from 24.1% in 2019 to 29.8% in 2023.

Figure 48: Adults with High Cholesterol, 2015-2023



	2015	2017	2019	2021	2023
Kenai Peninsula	33.2%	24.2%	27.9%	34.4%	36.1%
Alaska	34.6%	26.3%	24.1%	27.0%	29.8%
US					37.2%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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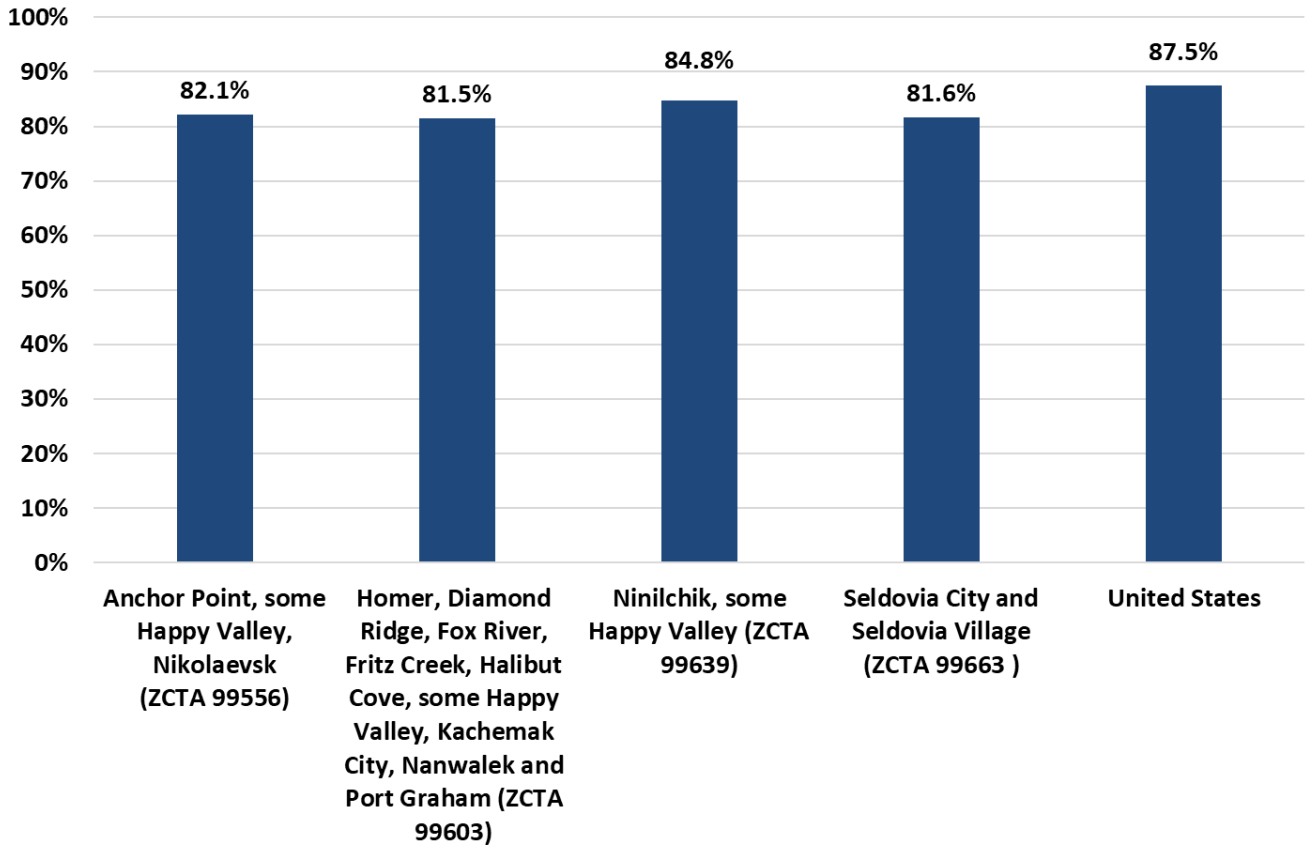
All ZIP Code Tabulation Areas (ZCTAs) had a lower percentage of adults who had a cholesterol screening in the past 4 years in comparison to the nation (87.5%).

Figure 49: Prevalence of Cholesterol Screening Within Past 5 Years Among Adults, 2023

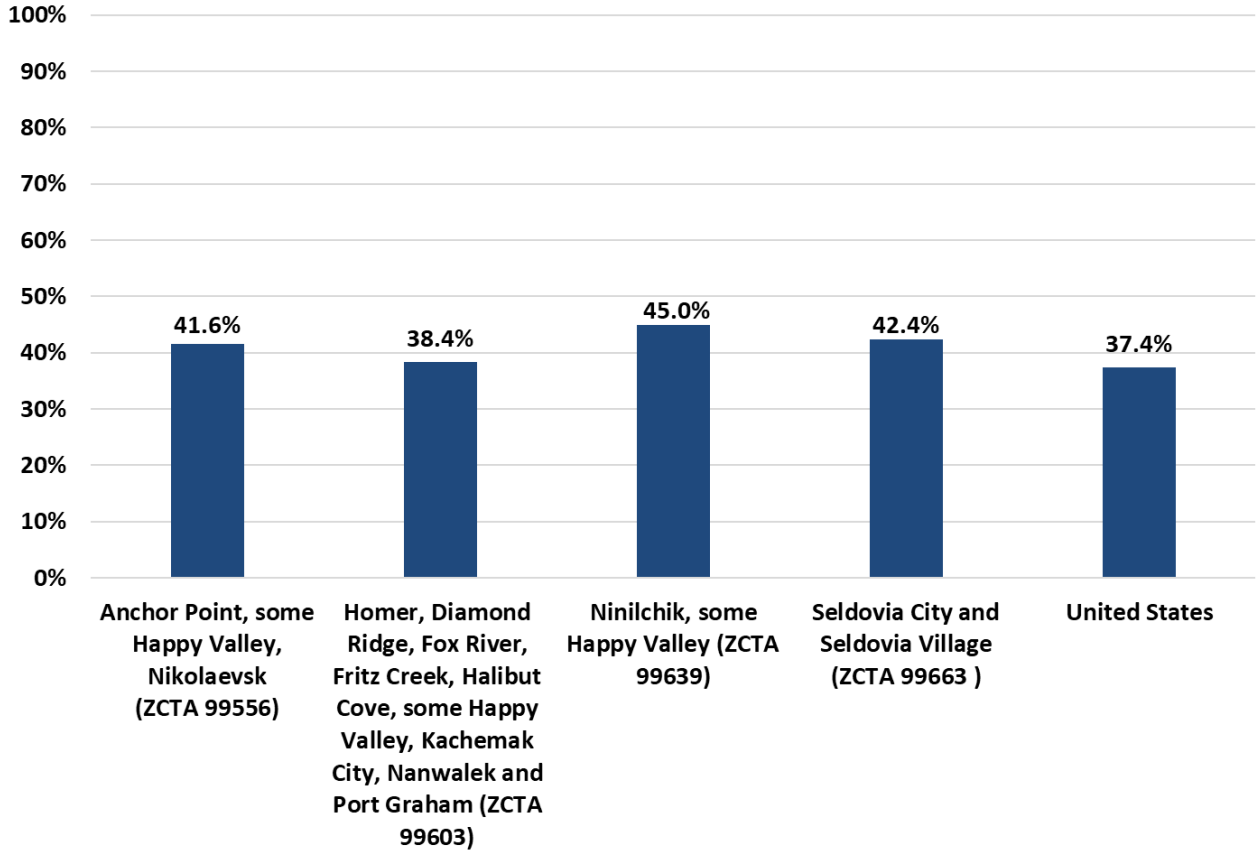


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with high cholesterol in comparison to the nation (37.4%).

Figure 50: High Cholesterol Among Adults Who Have Been Screened, 2023

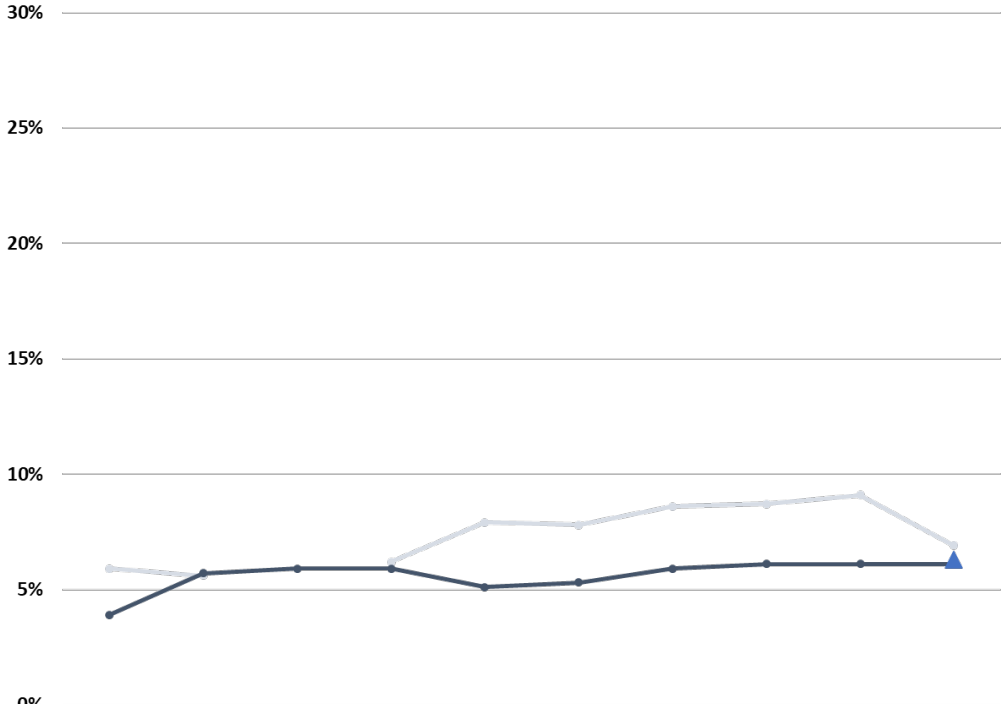


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Although the percentage of adults with COPD had been increasing in the Kenai Peninsula, the most recent year saw a decrease from 9.1% in 2023 to 6.9% in 2024, which was just above the state (6.1%) and nation (6.3%).

Figure 51: Adults with Chronic Obstructive Pulmonary Disease (COPD), 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	5.9%	5.6%	ND	6.2%	7.9%	7.8%	8.6%	8.7%	9.1%	6.9%
Alaska	3.9%	5.7%	5.9%	5.9%	5.1%	5.3%	5.9%	6.1%	6.1%	6.1%
US										6.3%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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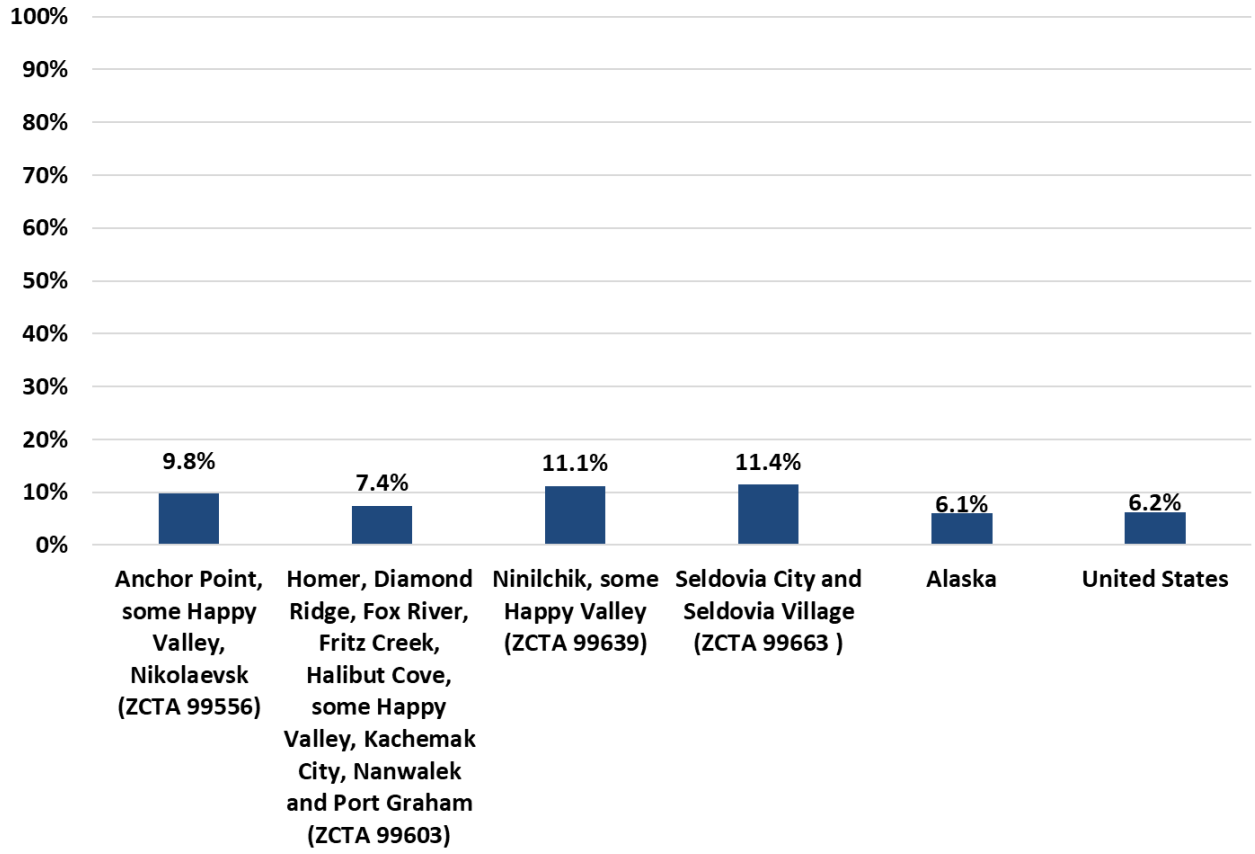
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with COPD in comparison to the state (6.1%) and nation (6.2%).

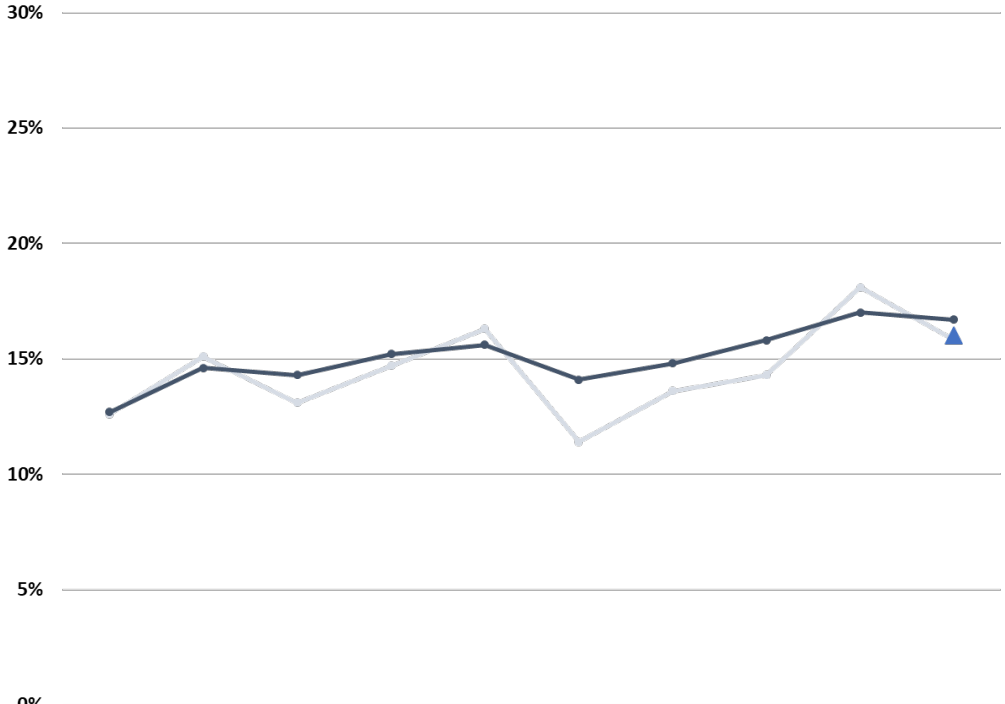
Figure 52: Adults with Chronic Obstructive Pulmonary Disease (COPD), 2023



Source: Centers for Disease Control, PLACES data
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults with Asthma has fluctuated in the Kenai Peninsula with a decrease in most recent years from a high of 18.1% in 2023, down to 15.8% in 2024. In 2024 the percentage in the Kenai Peninsula (15.8%) was just below the state (16.7%) and was comparable to the nation (16.0%).

Figure 53: Adults with Asthma, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	12.6%	15.1%	13.1%	14.7%	16.3%	11.4%	13.6%	14.3%	18.1%	15.8%
Alaska	12.7%	14.6%	14.3%	15.2%	15.6%	14.1%	14.8%	15.8%	17.0%	16.7%
US										16.0%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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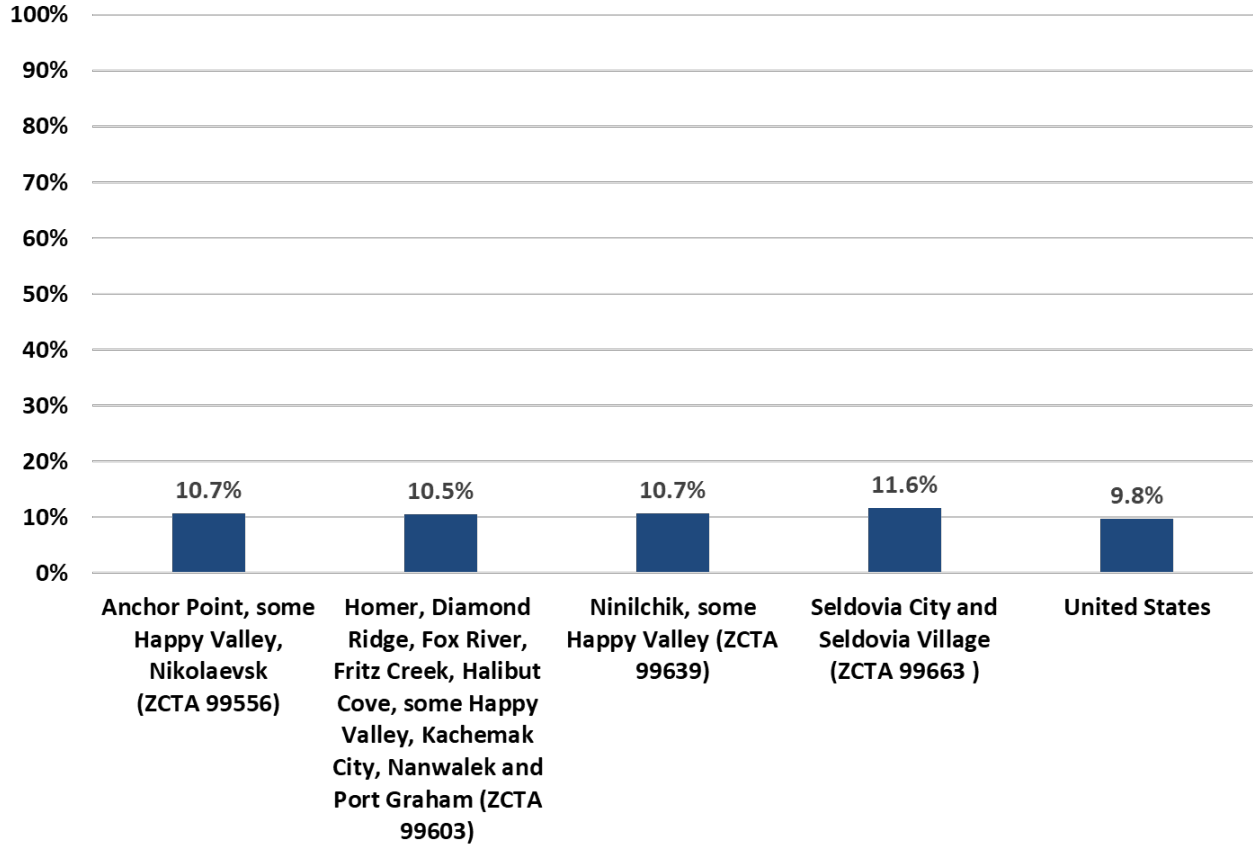
All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults who currently have asthma in comparison to the nation (9.8%).

Figure 54: Current Asthma Among Adults, 2023

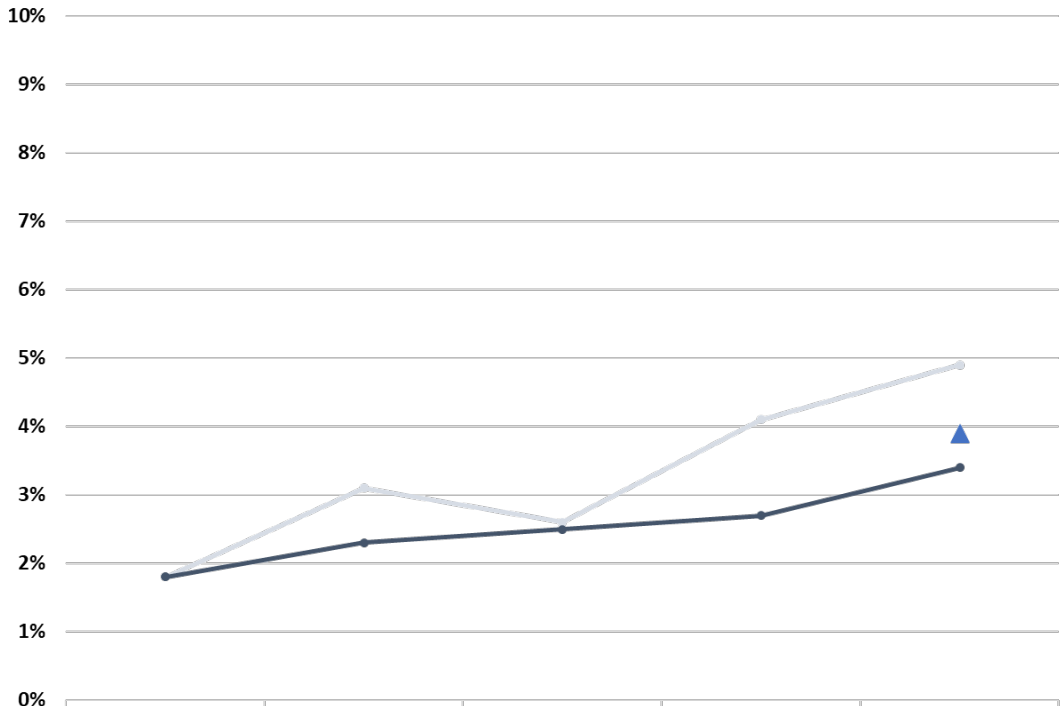


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults with kidney disease increased for both the Kenai Peninsula (2.6% to 4.9%) and Alaska (2.5% to 3.4%) between 2022 and 2024, with the Kenai Peninsula having a higher percentage in comparison to the state (3.4%) and nation (3.9%).

Figure 55: Adults with Kidney Disease, 2020 through 2024



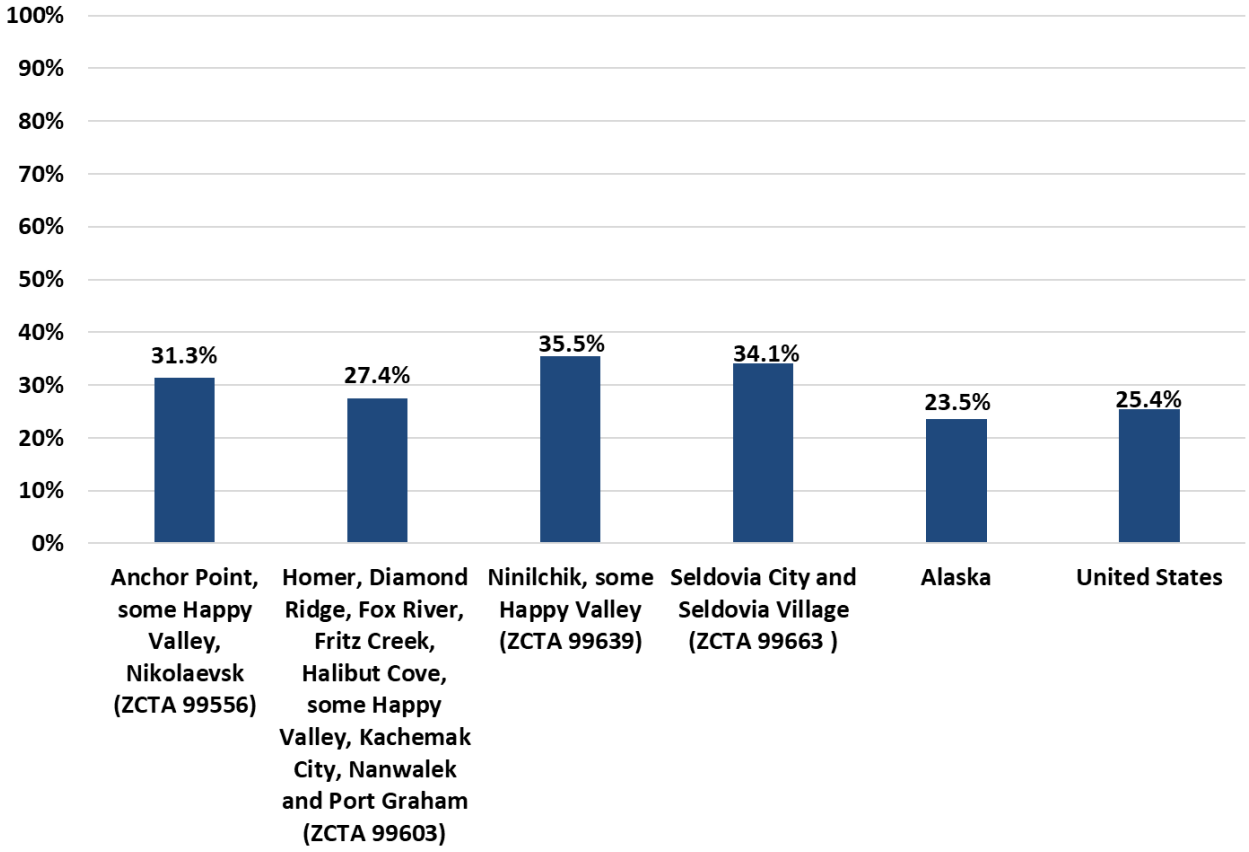
	2020	2021	2022	2023	2024
Kenai Peninsula	1.8%	3.1%	2.6%	4.1%	4.9%
Alaska	1.8%	2.3%	2.5%	2.7%	3.4%
US					3.9%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All of the ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with arthritis in comparison the state (23.5%) and nation (25.4%).

Figure 56: Arthritis Among Adults, 2023

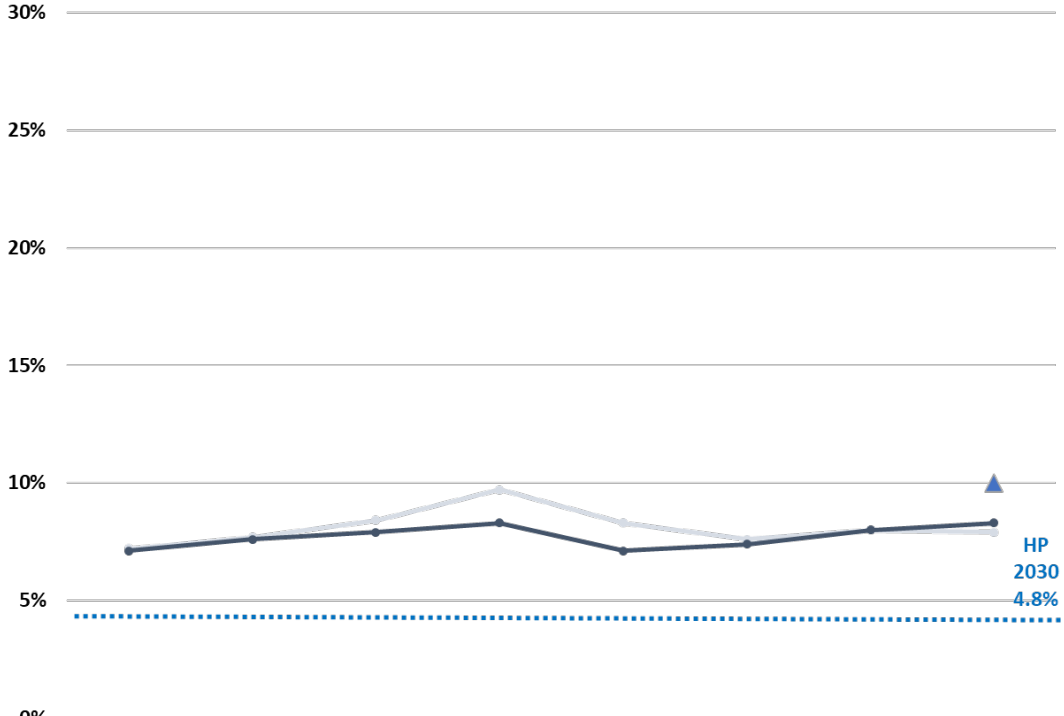


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults with diabetes fluctuated with little change in recent years. In 2025 the percentage in the Kenai Peninsula (7.9%) was just below the state (8.3%) and nation (10.0%) with all above the Healthy People 2030 Target of 4.8%.

Figure 57: Diabetes Prevalence, 2018 through 2025



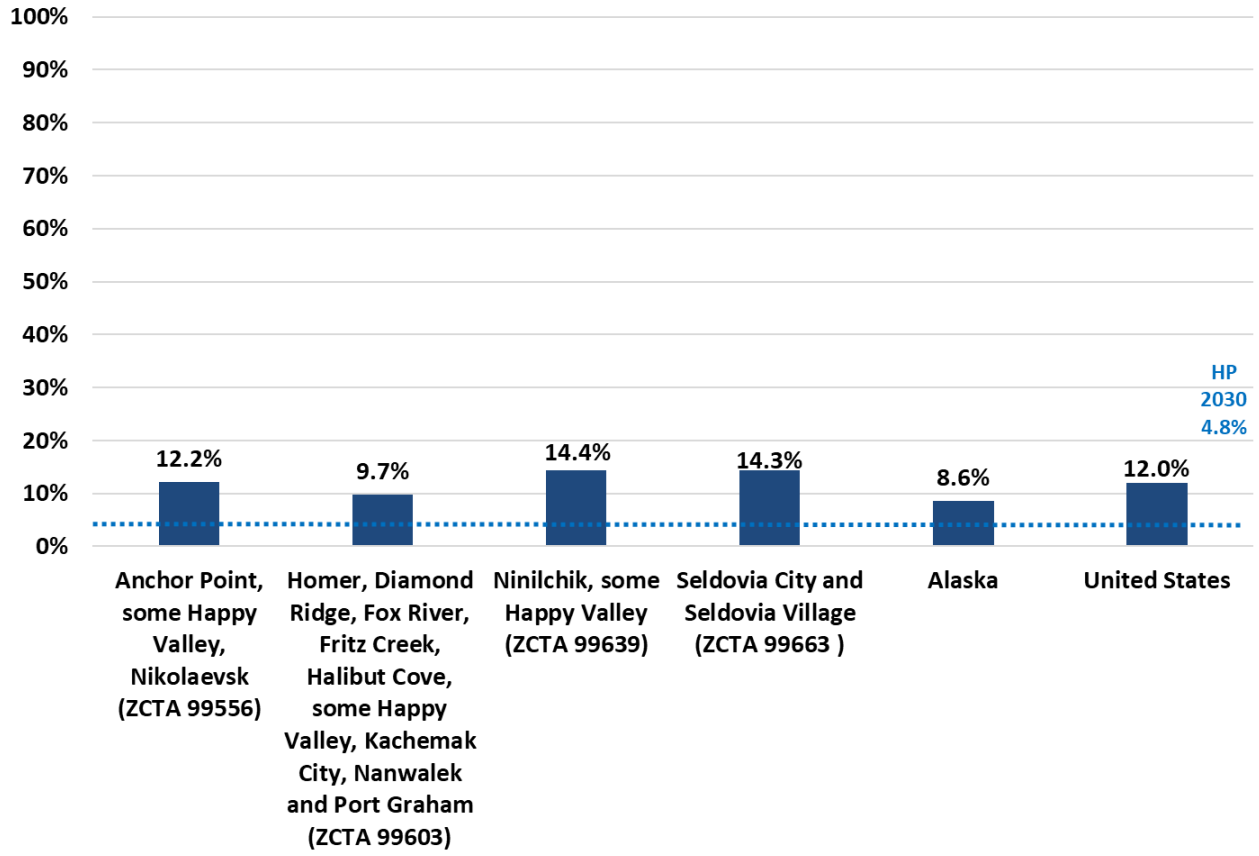
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	7.2%	7.7%	8.4%	9.7%	8.3%	7.6%	8.0%	7.9%
Alaska	7.1%	7.6%	7.9%	8.3%	7.1%	7.4%	8.0%	8.3%
US								10.0%

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults diagnosed with diabetes in comparison to the state (8.6%), and all are above the Healthy People 2030 Target of 4.8%.

Figure 58: Diagnosed Diabetes Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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Ambulatory Care Sensitive Conditions (ACSCs) are health conditions for which adequate management, treatment and interventions delivered in the ambulatory care setting could potentially prevent hospitalization. The table below shows data available for South Peninsula Hospital. The following increased between 2024 and 2025: dizziness and giddiness, essential (primary) hypertension, hypertensive heart disease, and sepsis, unspecified organism. All others decreased between 2024 and 2025. The table is sorted high to low based on 2025.

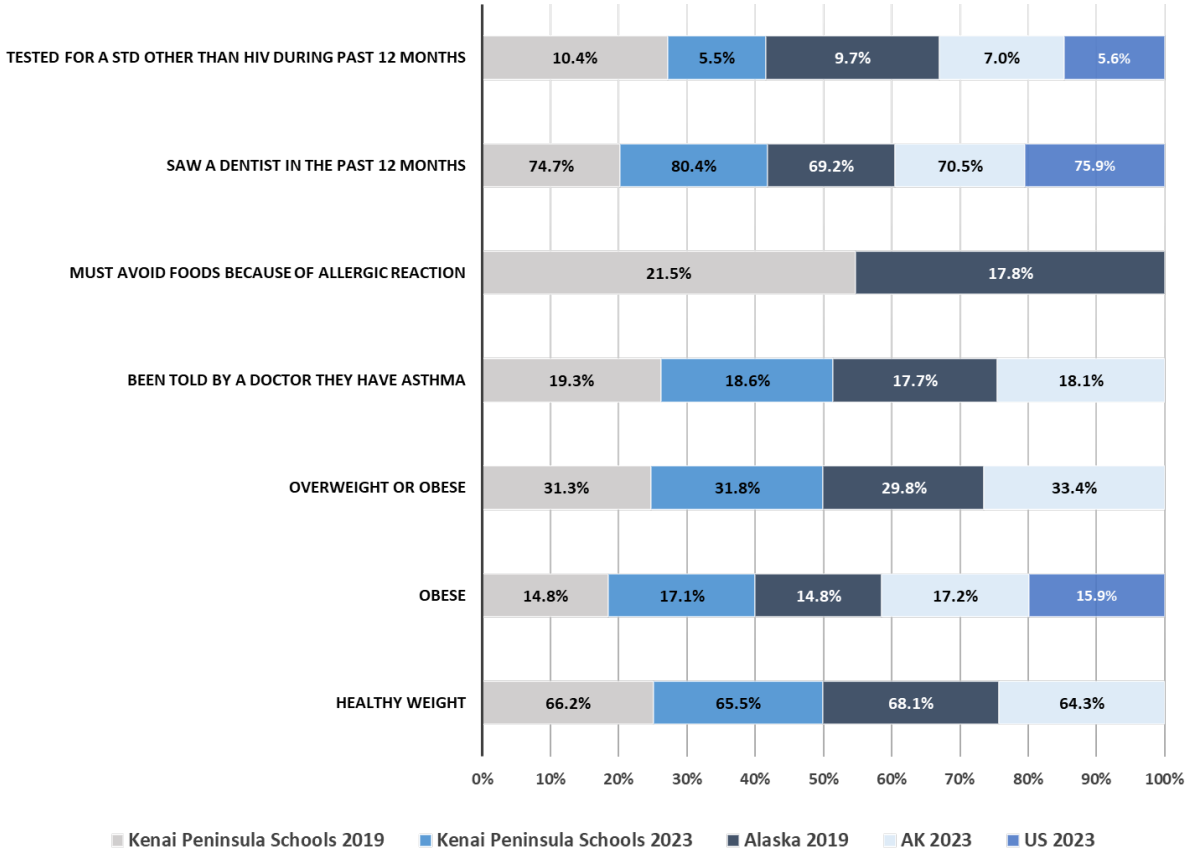
Table 16: Ambulatory Care Sensitive Conditions, South Peninsula Hospital, 2023-2025

	2023	2024	2025
Essential (primary) hypertension	701	812	848
Diabetes	680	770	536
Chest pain, unspecified	282	370	228
Urinary tract infection	249	327	183
Dizziness and giddiness	133	144	154
Acute upper respiratory infection,	121	223	120
Pneumonia	118	128	116
Acute pharyngitis, unspecified	135	130	111
Congestive Heart failure	113	119	101
Chronic obstructive pulmonary disease	131	153	93
Cerebral infarction, unspecified	124	139	90
Unspecified atrial fibrillation	91	105	84
Cellulitis	103	120	79
Headache, unspecified	135	124	72
Non-infective gastroenteritis	63	63	59
Acute bronchitis	82	80	55
Sepsis, unspecified organism	41	27	53
Unspecified asthma	53	91	52
Epilepsy, unspecified, not intractable	110	74	39
Hypertensive heart disease	22	22	27
Hypertensive urgency	31	22	18
Non-ST elevation (NSTEMI) myocardia	13	25	13
Pressure ulcer	6	29	11

Source: South Peninsula Hospital

According to the most recent Youth Risk Behavior Survey (2023), students in the Kenai Peninsula Schools were more likely to have seen a dentist in the past 12 months (80.4%) and be a healthy weight (65.5%) compared to the state (70.5% and 64.3%). Students in the Kenai Peninsula Schools were less likely to be overweight or obese (31.8%) compared to the state (33.4%), although a higher percentage was obese (17.1%) compared to the nation (15.9%).

Figure 59: Student Health, 2019 and 2023



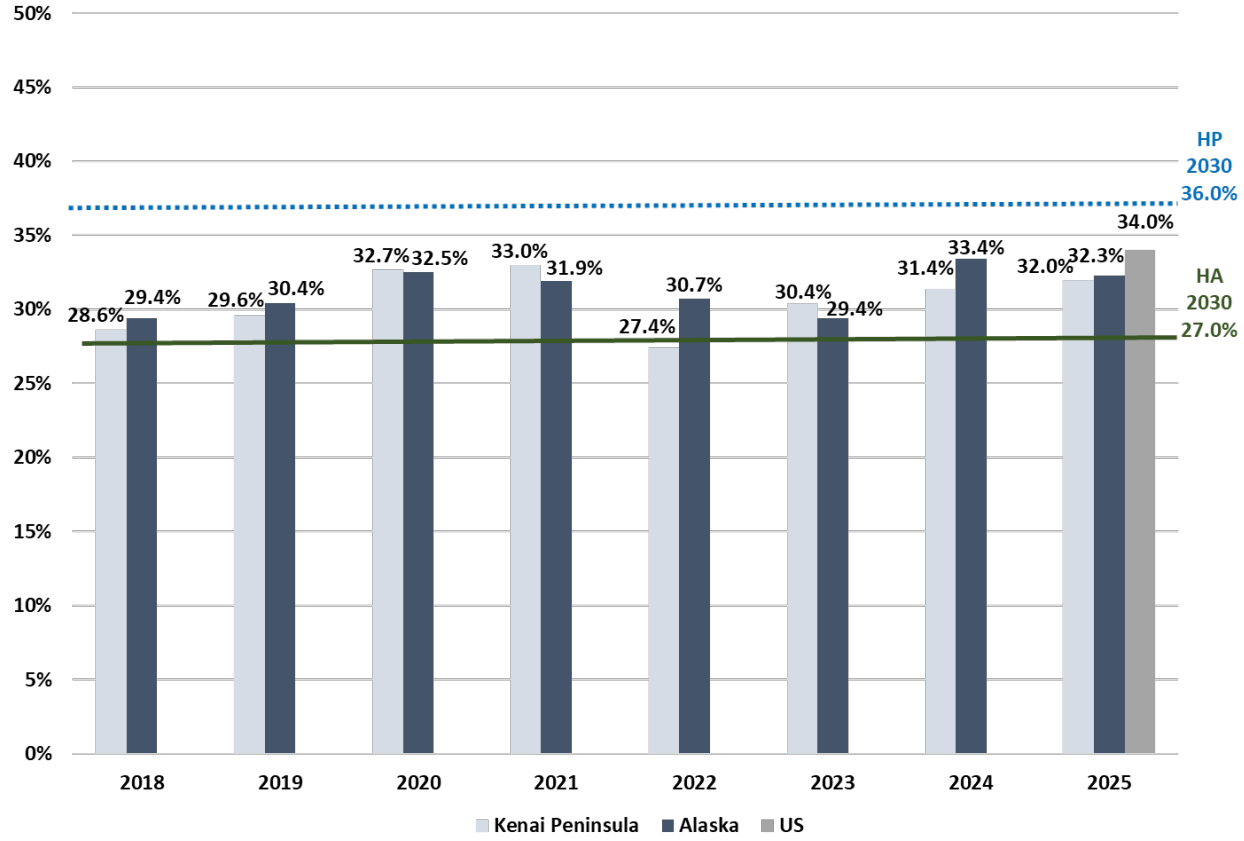
Source: Alaska Youth Risk Behavior Survey
**Questions related to food allergies was not asked in 2023*
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health[6].

The percentage of obese adults in the Kenai Peninsula increased slightly from 31.4% in 2024 to 32.0% in 2025, comparable to the state (32.3%), and lower than the nation (34.0%). All fall below the Healthy People 2030 Target (36.0%).

Figure 60: Obese Adults, 2018 through 2025

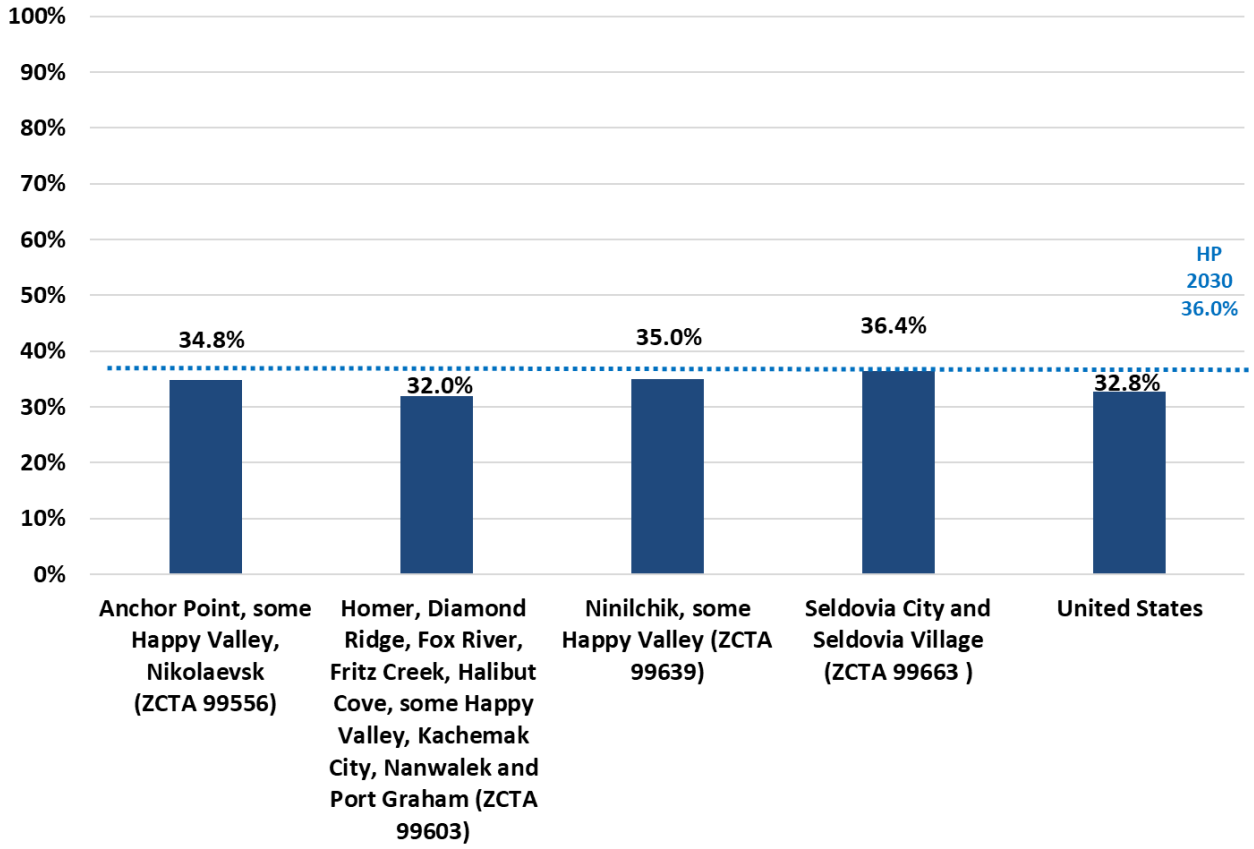


Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

[6] https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm

With the exception of the combined Homer ZCTA, all other ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of obese adults compared to the nation (32.8%), although most were below the Healthy People 2030 Target (36.0%).

Figure 61: Obesity Among Adults, 2023

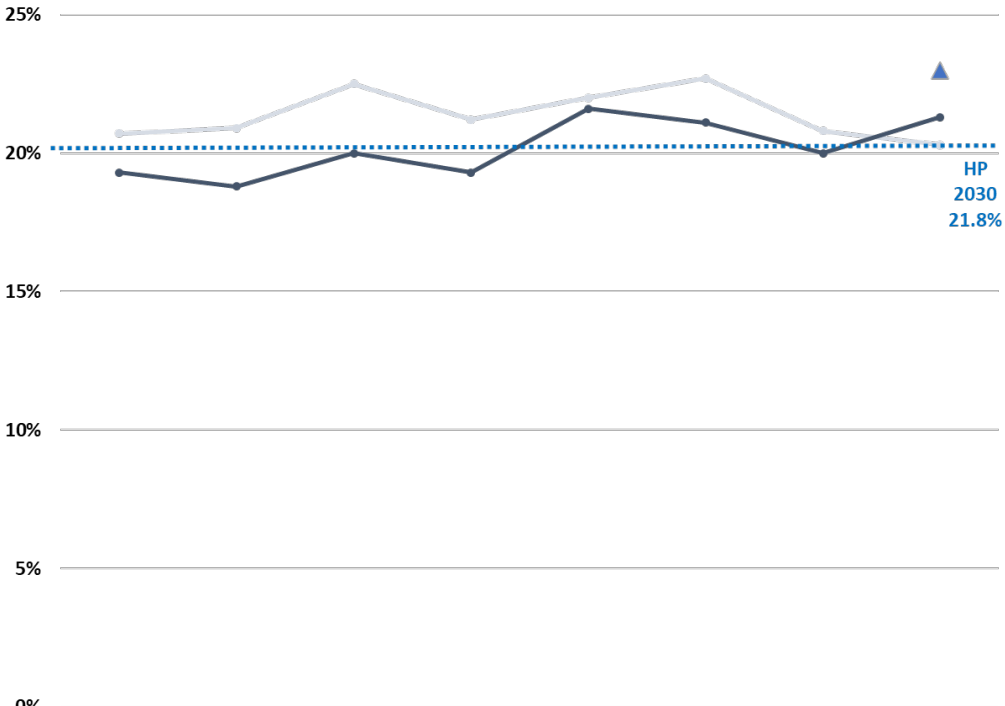


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults reporting physical inactivity has decreased in the Kenai Peninsula from 22.7% in 2023 to 20.3% in 2025, which was just below the state (21.3%), nation (23.0%) and the Healthy People 2030 Target (21.8%).

Figure 62: Physical Inactivity, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	20.7%	20.9%	22.5%	21.2%	22.0%	22.7%	20.8%	20.3%
Alaska	19.3%	18.8%	20.0%	19.3%	21.6%	21.1%	20.0%	21.3%
US								23.0%

Source: County Health Rankings and Roadmaps

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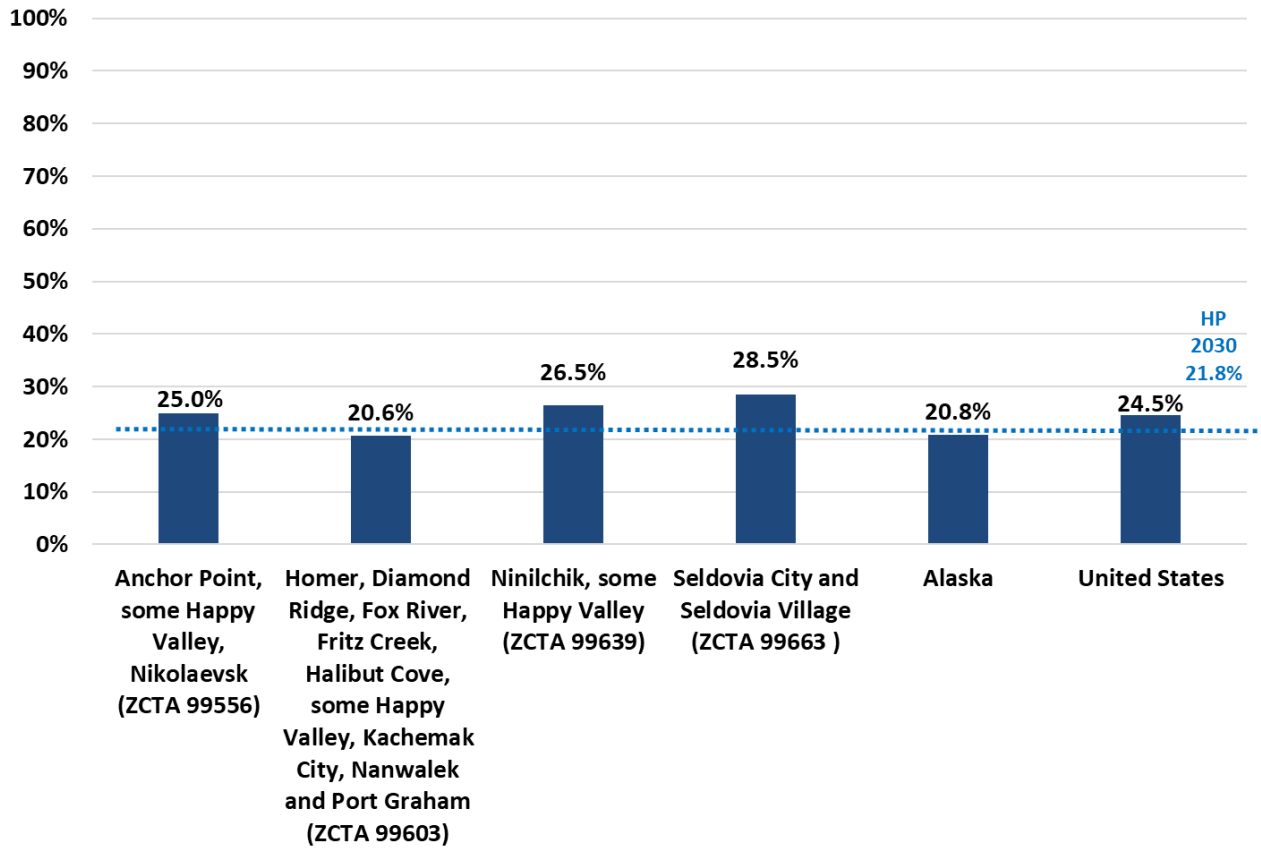
Almost all ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults reporting no leisure-time physical activity compared to the state (20.8%). The combined Homer ZCTA (20.6%) was lower in comparison to the state and nation (24.5%) but still fell below the Healthy People 2030 Target (21.8%).

Figure 63: No Leisure-Time Physical Activity Among Adults, 2023

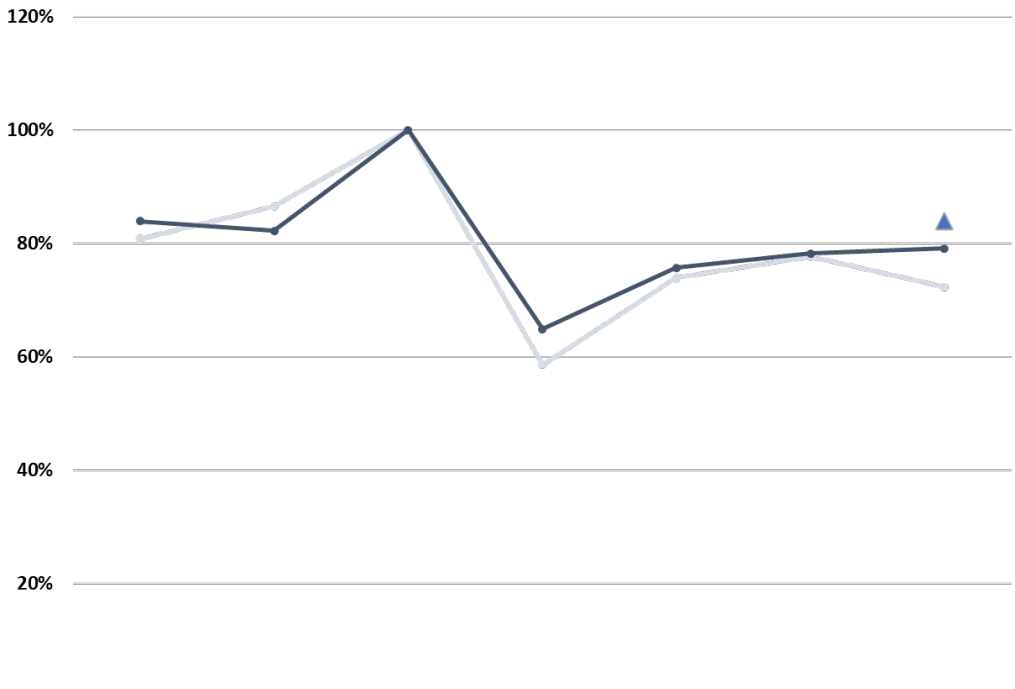


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults with access to exercise opportunities in the Kenai Peninsula decreased from 77.7% in 2024 to 72.3%, which was lower in comparison to Alaska (79.1%) and the US (84.0%). The percentage has been steadily increasing in Alaska from 64.9% in 2022 to 79.1% in 2025.

Figure 64: Access to Exercise Opportunities, 2018 through 2025



	2018	2019	2021	2022	2023	2024	2025
Kenai Peninsula	80.8%	86.5%	100.0%	58.6%	73.9%	77.7%	72.3%
Alaska	83.9%	82.2%	100.0%	64.9%	75.7%	78.2%	79.1%
US							84.0%

Source: County Health Rankings and Roadmaps

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The percentage of students in the Kenai Peninsula Schools who report consuming soda, energy drinks, sugar sweetened beverages or coffee one or more times per day increased from 47.6% in 2019 to 58.3% in 2023, across the state the percentage of consumption also increased (49.1% to 53.1%), with the Kenai Peninsula Schools higher in comparison to the state. Students who report consuming soda/pop one or more times daily also increased for KP Schools (10.3% to 11.9%) and schools across the state as a whole (13.6% to 14.3%), with the state (14.3%) and nation (14.5%) having a higher percentage in comparison to KP. In contrast the percentage of students who eat fruits and vegetables daily decreased in both KP (10.6% to 8.8%) and the state (9.5% to 7.6%), with the KP schools just above that of the state overall.

Figure 65: Student Nutrition, 2019 and 2023

Source: Alaska Youth Risk Behavior Survey

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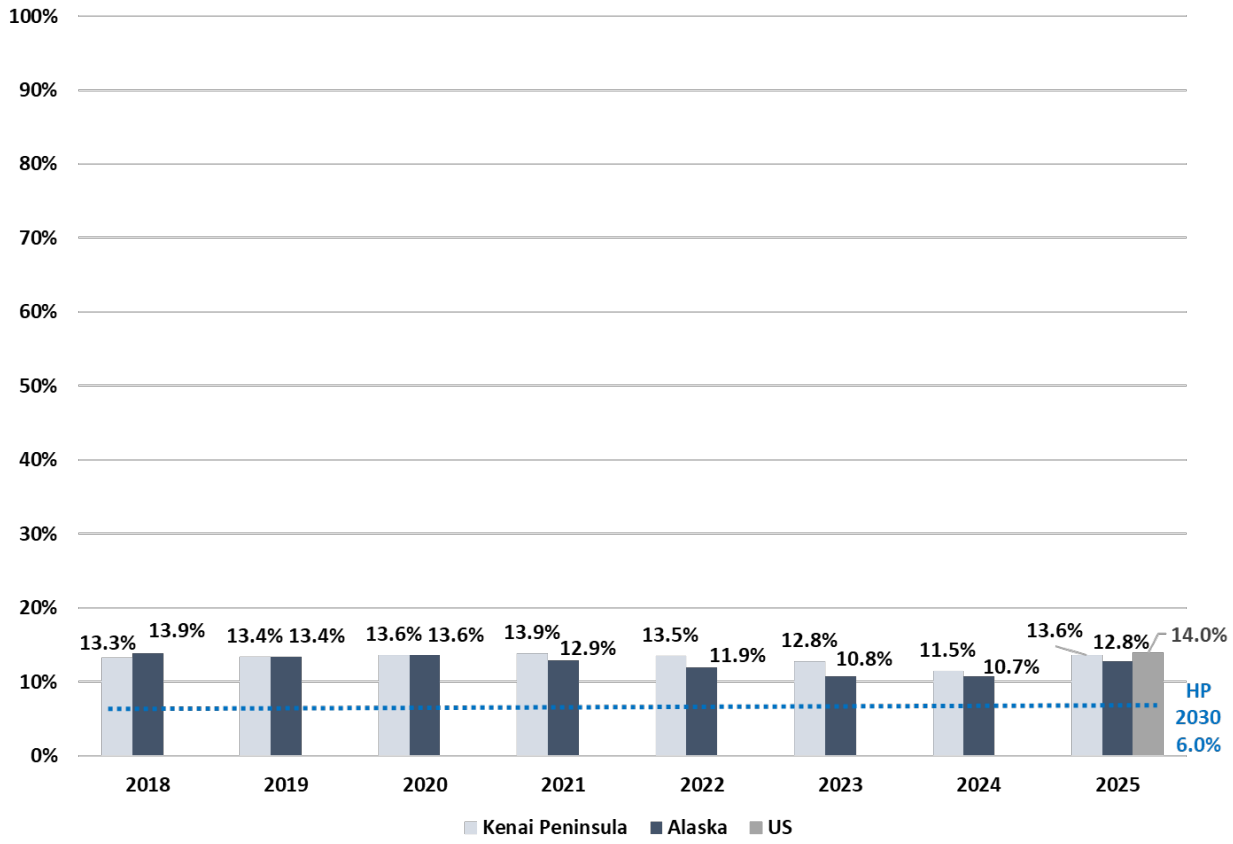
The Kenai Peninsula population who reports food insecurity had remained fairly steady until 2022 when the percentage began to decline until 2025 when the percentage increased to 13.6%. The state followed a similar trend. In 2025, the Kenai Peninsula (13.6%), Alaska (12.8%), and the US (14.0%) are double that of the Healthy People 2030 Target (6.0%).

Figure 66: Food Insecurity, 2018 through 2025



Source: County Health Rankings and Roadmaps

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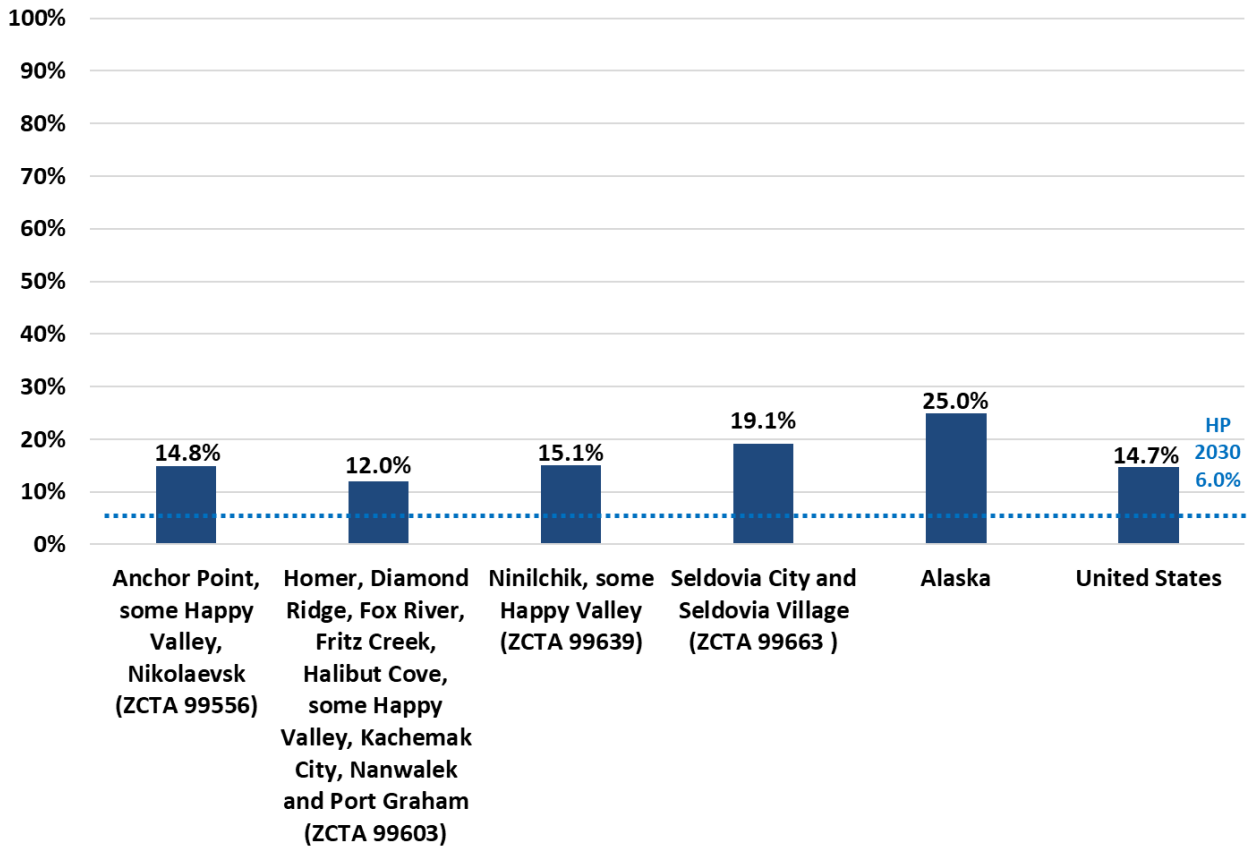
All the ZIP Code Tabulation Areas (ZCTA) had a lower percentage of adults with food insecurity compared to the state (25.0%), and most were higher than the nation (14.7%). All the ZCTAs were double or more that of the Healthy People 2030 Target (6.0%).

Figure 67: Food Insecurity Among Adults in the Past 12 Months, 2023



Source: Centers for Disease Control, PLACES data

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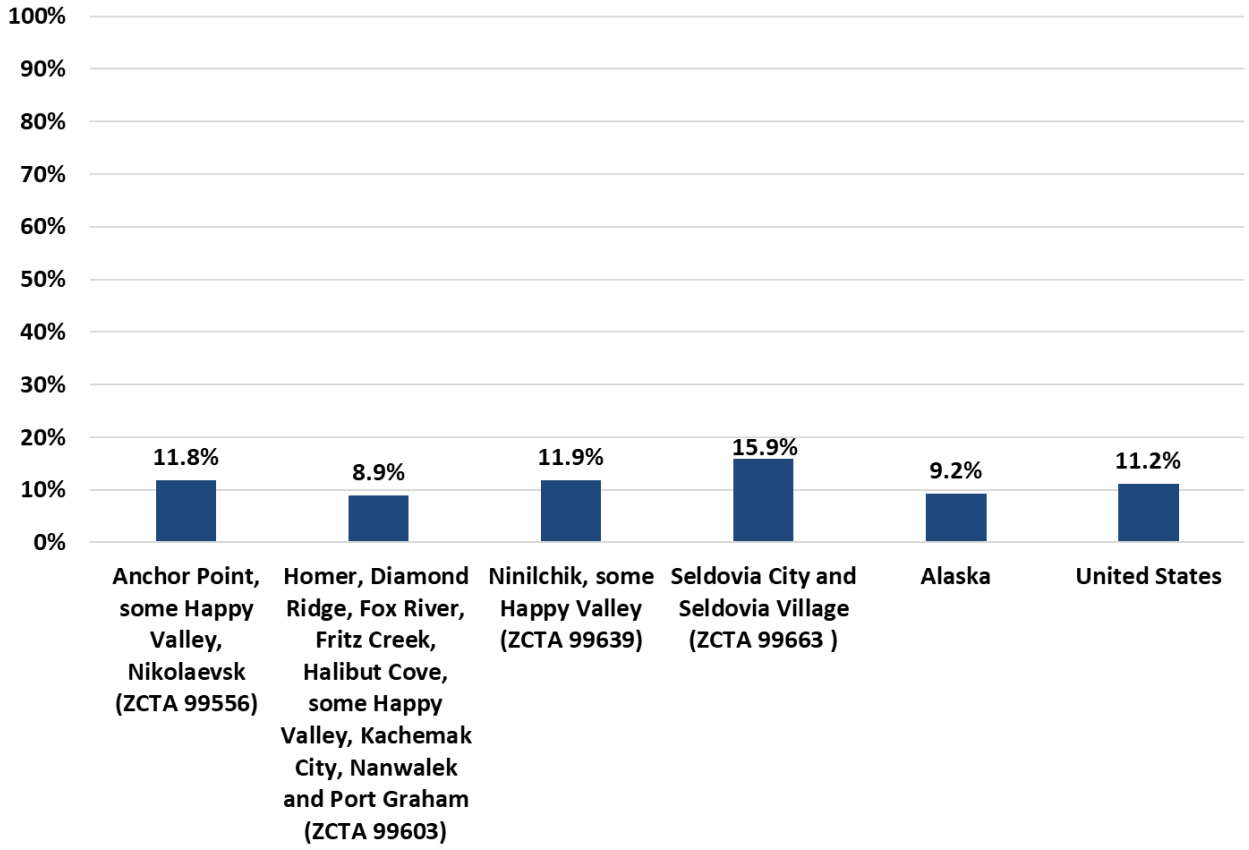
With the exception of the combined Homer ZCTA, all others had a higher percentage of adults who received food stamps in comparison to the state (9.2%) and nation (11.2%).

Figure 68: Adults Who Received Food Stamps in the Past 12 Months, 2023

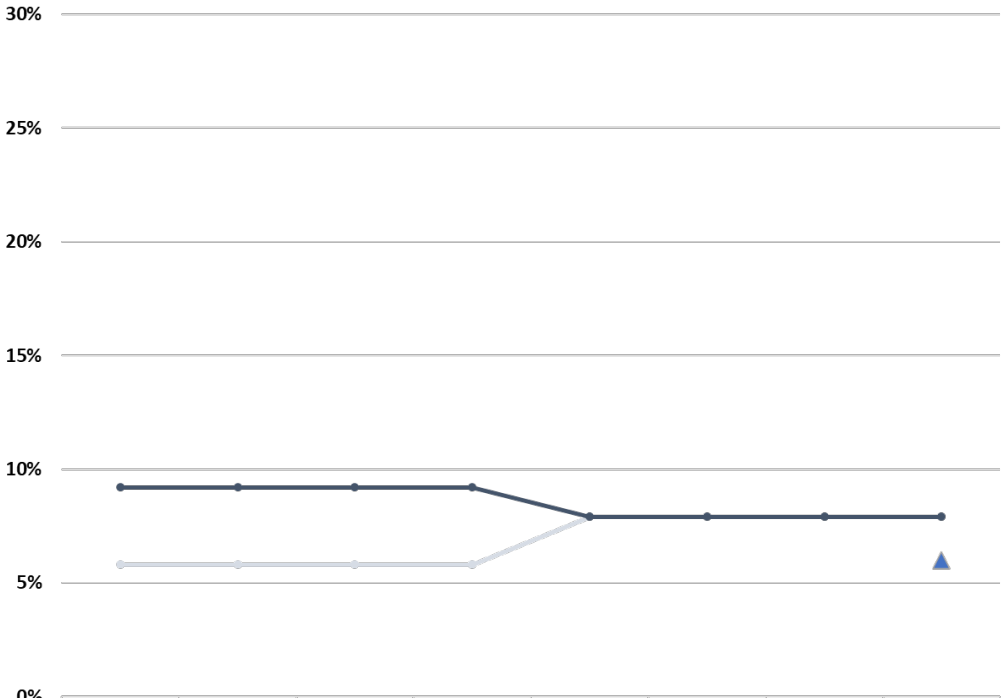


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of residents with limited access to healthy food increased in the Kenai Peninsula between 2021 (5.8%) and 2022 (7.9%), while the percentage decreased in Alaska (9.2% to 7.9%). Both remained at 7.9% for the past several years, comparable to the nation (6.0%).

Figure 69: Limited Access to Healthy Food, 2018 through 2025



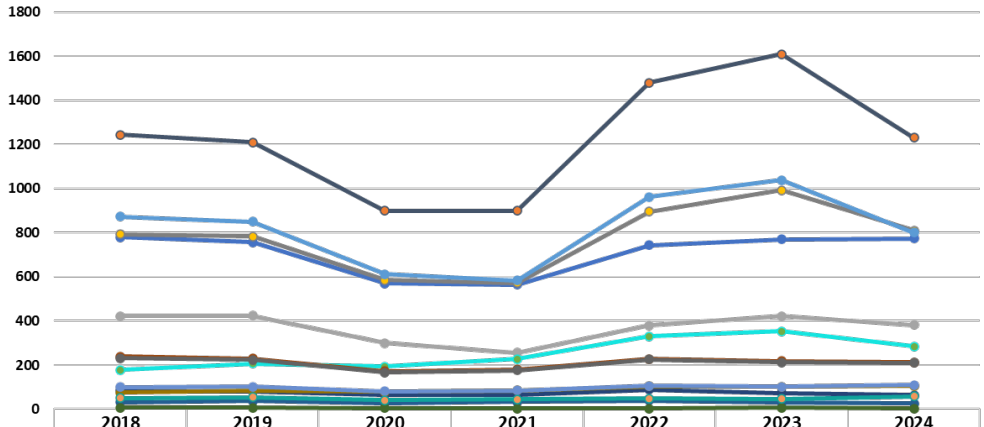
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	5.8%	5.8%	5.8%	5.8%	7.9%	7.9%	7.9%	7.9%
Alaska	9.2%	9.2%	9.2%	9.2%	7.9%	7.9%	7.9%	7.9%
US								6.0%

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The total number of unique households served increased from 770 in 2023 to 774 in 2024, while most groups saw a decrease.

Figure 70: Unique Persons Served by Homer Community Food Pantry, 2018 through 2024



	2018	2019	2020	2021	2022	2023	2024
Households	780	757	571	564	744	770	774
Adults	1245	1210	899	900	1481	1611	1232
Children	422	424	299	256	380	421	381
Females	793	784	586	572	896	993	811
Males	874	850	612	584	963	1038	800
Seniors	178	207	194	227	331	354	285
Total Veterans	84	81	65	65	89	74	64
Total Disabled	239	229	172	179	228	218	213
Disabled Adults	232	223	167	176	225	212	210
Disabled Seniors	75	83	78	84	103	101	105
Disabled Veterans	31	37	28	34	39	30	26
Disabled Children	7	6	5	3	3	6	3
Female Single-Parent	99	102	80	85	105	102	109
Male Single-Parent	50	55	40	45	49	46	58

Source: Homer Community Food Pantry

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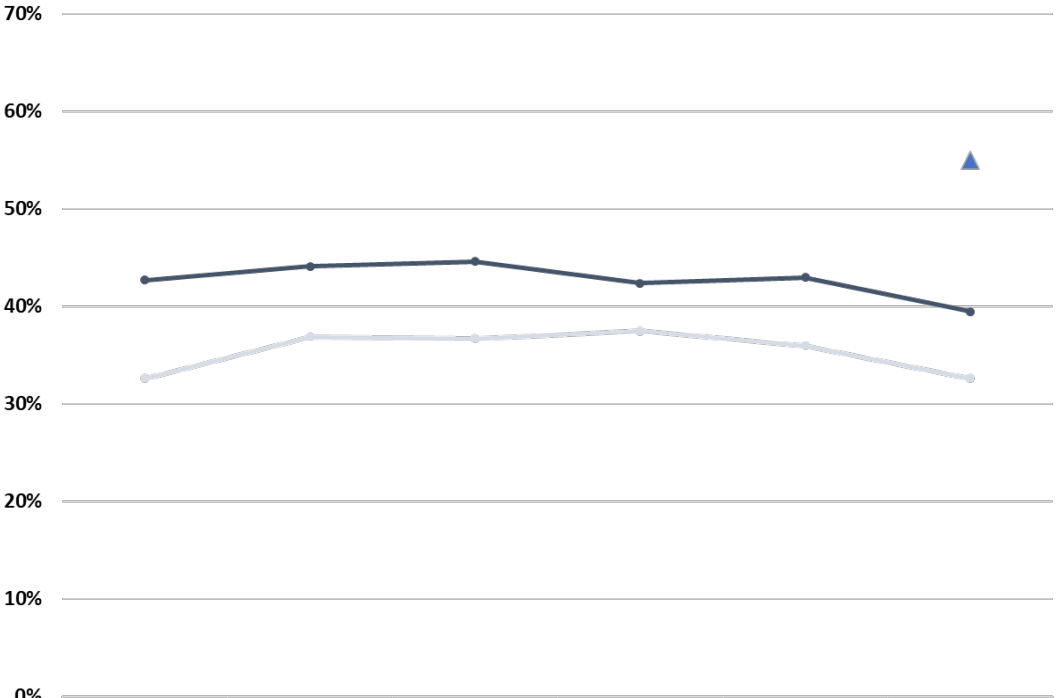
The percentage of students in the Kenai Peninsula eligible for free or reduced lunch has fluctuated since 2018 and has remained lower than the state from 2018 to 2025. The percentage for the Kenai Peninsula decreased from 36.0% in 2022 to 32.6% in 2025, while the state decreased from 43.0% to 39.5%. In 2025, the KP (32.6%) had a lower percentage of students eligible to receive free or reduced lunch compared to the state (39.5%) and nation (55.0%).

Figure 71: Students Eligible for Free or Reduced Lunch, 2018 through 2025



	2018	2019	2020	2021	2022	2025
Kenai Peninsula	32.6%	36.9%	36.7%	37.5%	36.0%	32.6%
Alaska	42.7%	44.1%	44.6%	42.4%	43.0%	39.5%
US						55.0%

Source: County Health Rankings and Roadmaps

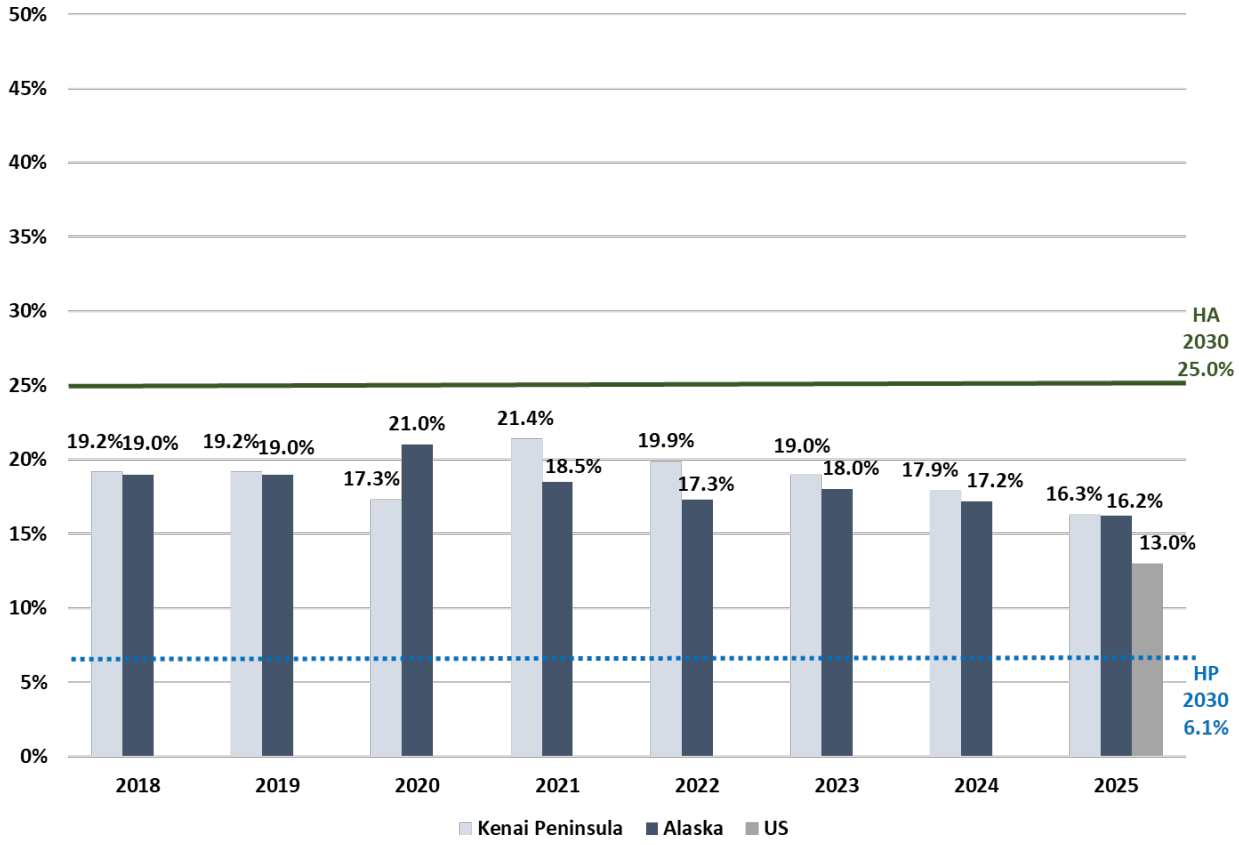
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Tobacco Use

Tobacco use is an important public health indicator as it relates to a number of chronic disease issues and conditions.

The percentage of adults who report being a current smoker has been on the decline over the past several years for both the Kenai Peninsula and Alaska. The high in the Kenai Peninsula was 21.4% in 2021, which continued to decline to 16.3% in 2025. In 2025, the Kenai Peninsula and state were comparable with both higher than the nation (13.0%) and well above the Healthy People 2030 Target of 6.1%, while below the Healthy Alaskans 2030 Target (25.0%).

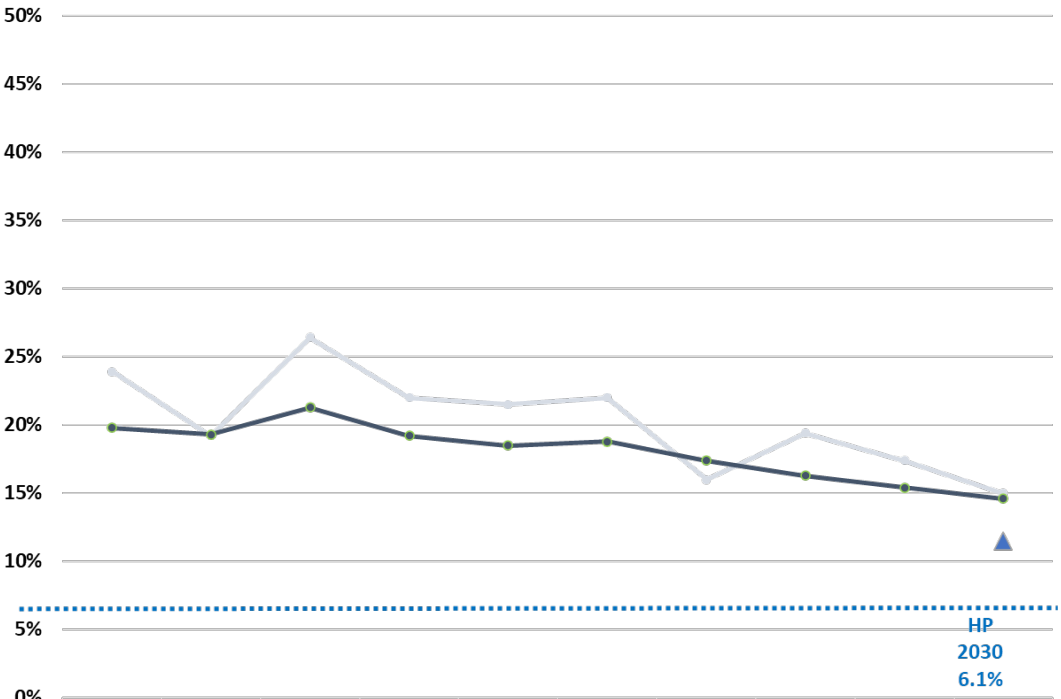
Figure 72: Adults Who Are Current Smokers, 2018 through 2025



Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults who report current cigarette use has fluctuated in the Kenai Peninsula and Alaska. In most recent years current cigarette use decreased in both the Kenai Peninsula (19.4% in 2022 to 15.0% in 2024) and Alaska (18.8% in 2020 to 14.6% in 2024). In 2024 the percentage of current smokers in the Kenai Peninsula (15.0%) was comparable to the state (14.6%), both more than double that of the Healthy People 2030 Target (6.1%) and higher in comparison to the US (11.5%).

Figure 73: Current Cigarette Use, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	23.9%	19.2%	26.4%	22.0%	21.5%	22.0%	16.0%	19.4%	17.4%	15.0%
Alaska	19.8%	19.3%	21.3%	19.2%	18.5%	18.8%	17.4%	16.3%	15.4%	14.6%
US										11.5%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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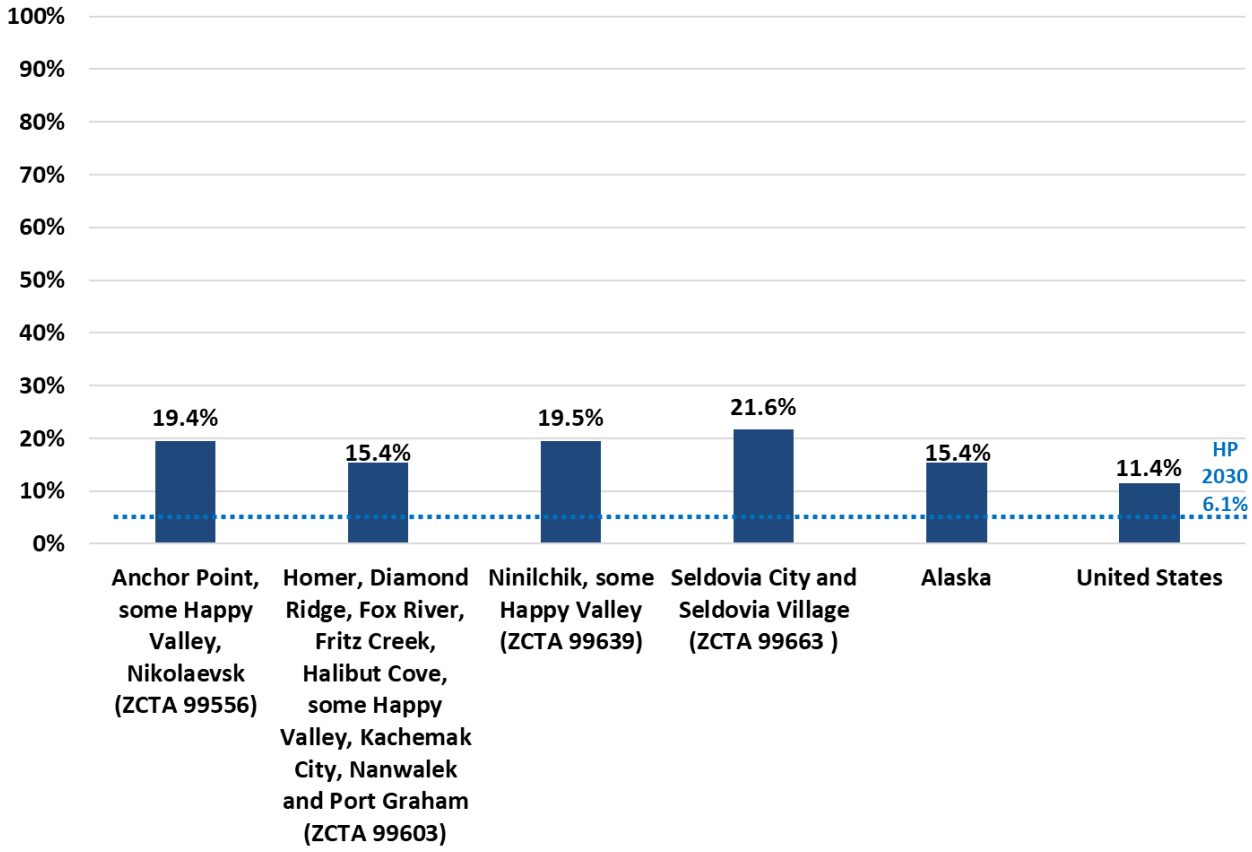
Almost all ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults who currently smoke cigarettes compared to the state (15.4%). They are all above the nation (11.4%) and Healthy People 2030 Target (6.1%).

Figure 74: Prevalence of Current Cigarette Smoking Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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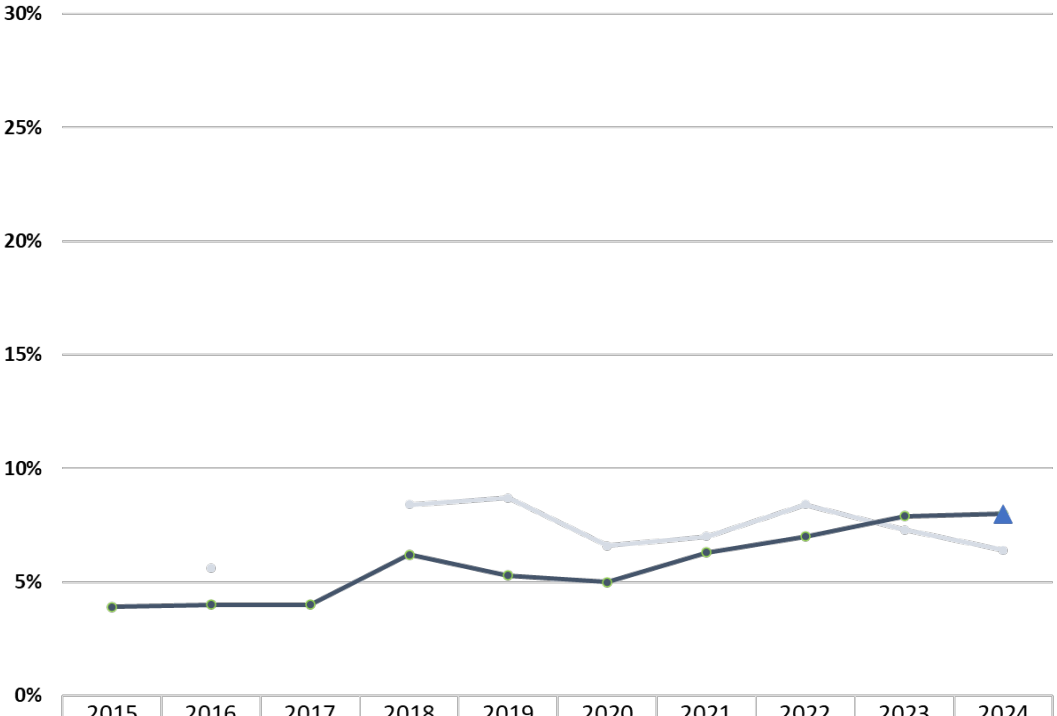
The percentage of adults in the Kenai Peninsula who report current E-Cigarette use has decreased from 8.4% in 2022 to 6.4% in 2024, while the state has seen an increase from 5.0% in 2020 to 8.0% in 2024. In 2024, the percentage of E-Cigarette users was lower in the Kenai Peninsula (6.4%) in comparison to the state (8.0%) and nation (8.0%).

Figure 75: Current E-Cigarette Use, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	ND	5.6%	ND	8.4%	8.7%	6.6%	7.0%	8.4%	7.3%	6.4%
Alaska	3.9%	4.0%	4.0%	6.2%	5.3%	5.0%	6.3%	7.0%	7.9%	8.0%
US										8.0%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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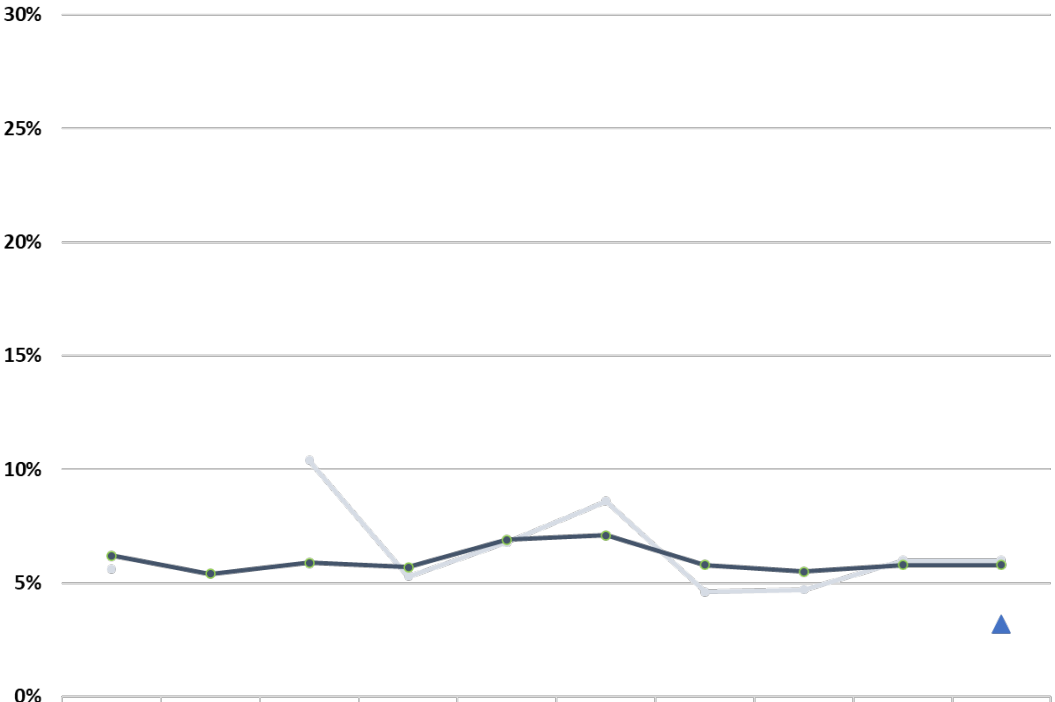
The percentage of adults in the Kenai Peninsula who report current smokeless tobacco use increased from 4.6% in 2021 to 6.0% in 2024, which was comparable to the state (5.8%) but almost twice that of the nation (3.2%).

Figure 76: Current Smokeless Tobacco Use, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	5.6%	ND	10.4%	5.3%	6.8%	8.6%	4.6%	4.7%	6.0%	6.0%
Alaska	6.2%	5.4%	5.9%	5.7%	6.9%	7.1%	5.8%	5.5%	5.8%	5.8%
US										3.2%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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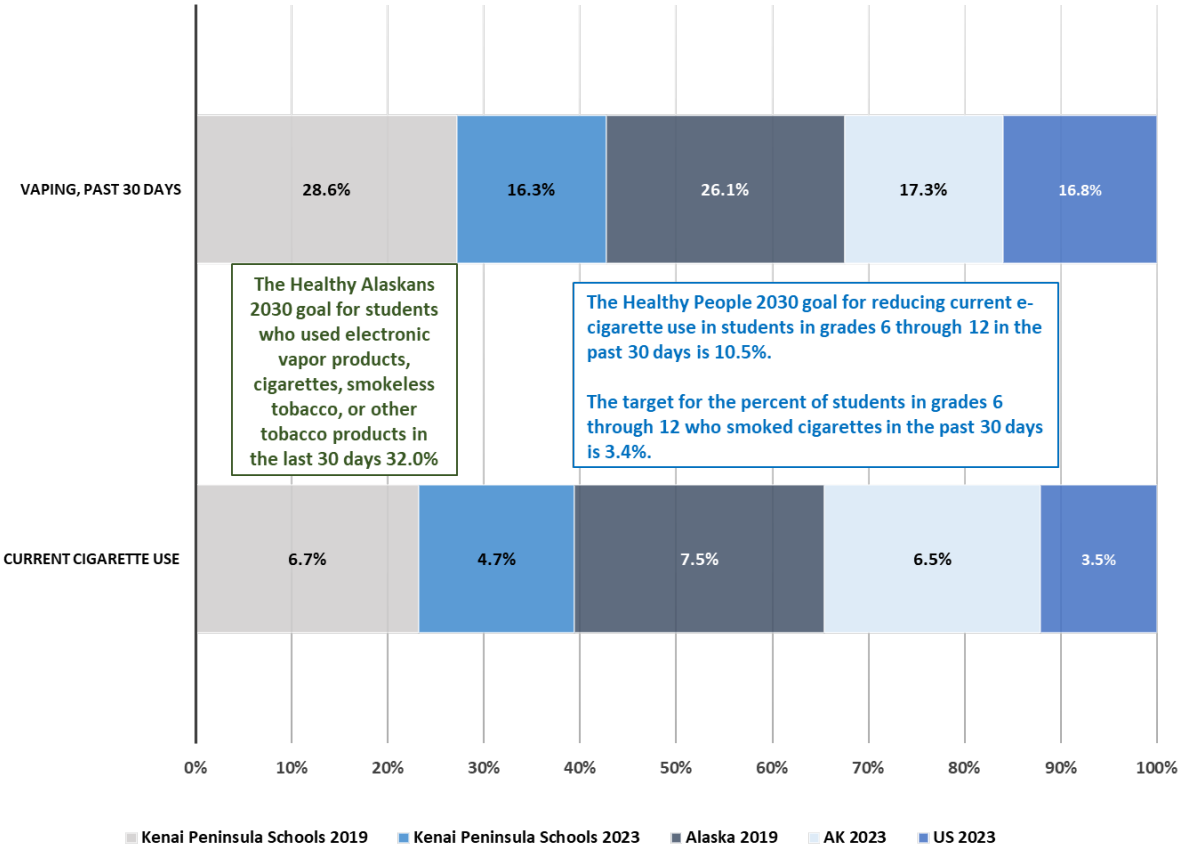
The percentage of students in the Kenai Peninsula schools who report vaping in the past 30 days decreased from 28.6% in 2019 to 16.3% in 2023, which was just below the state (17.3%) and nation (16.8%). The percentage of students who reported current cigarette use also decreased from 6.7% to 4.7%, which was lower than the state (6.5%) and nation (3.5%). Students in the Kenai Peninsula and the state are vaping and using cigarettes at percentages above the Healthy People 2030 and Healthy Alaskans Targets.

Figure 77: Student Tobacco Use, 2019 and 2023



Source: Alaska Youth Risk Behavior Survey
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Mental Health and Substance Use Disorder

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders[7]. According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs[8].

When looking at available data from South Peninsula Hospital, ER visits related to the following mental health conditions increased between 2023 and 2025: major depressive disorder, bipolar disorder, and post-traumatic stress disorder. During this timeframe, inpatient or outpatient discharges increased for: alcohol abuse/dependence, major depressive disorder, bipolar disorder, post-traumatic stress disorder, opioid dependence and adjustment disorder. Due to the nature of these conditions and visits, the data is based on primary, secondary and tertiary diagnosis. The table is sorted by total inpatient/outpatient visits for 2025, with the highest total at the top of the table. The table is sorted high to low based on 2025 ER data.

Table 17: Mental Health Discharges: Emergency Department, Inpatient and Outpatient, South Peninsula Hospital, 2023-2025

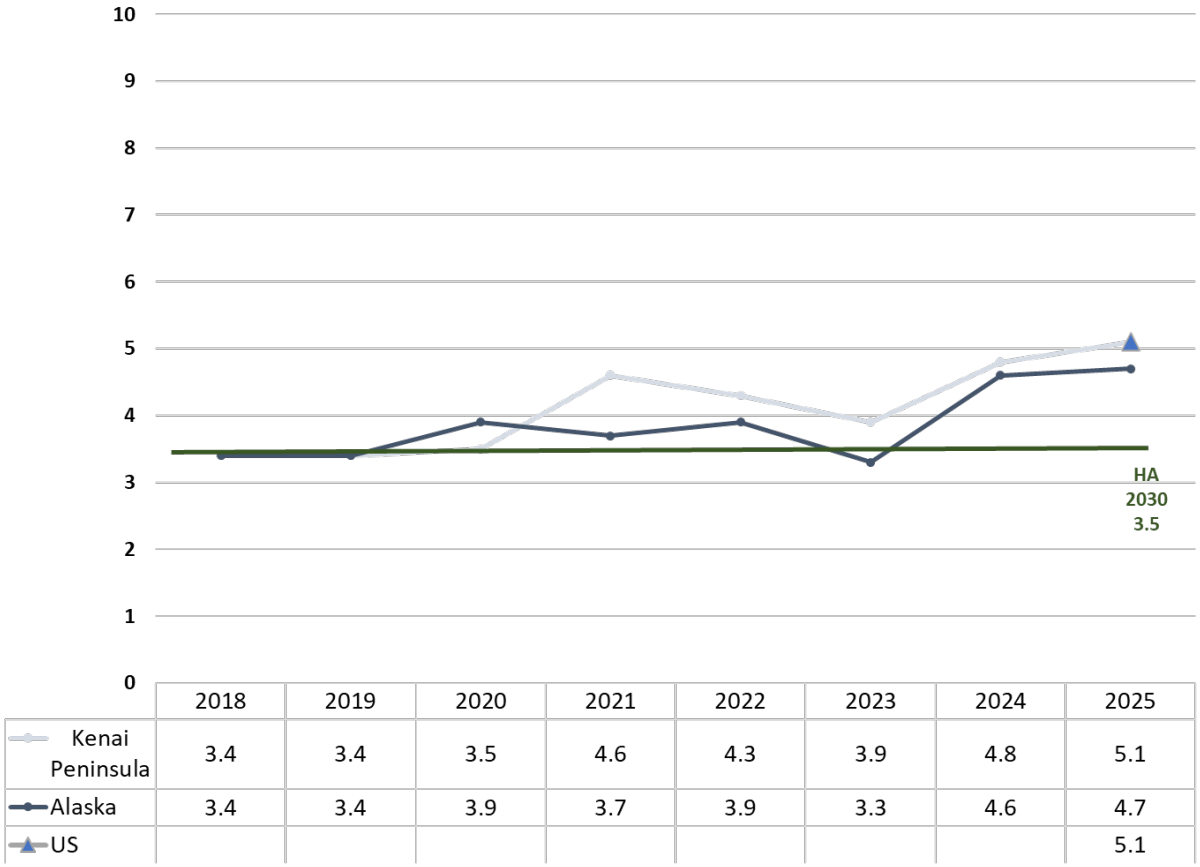
	ER				Inpatient/Outpatient		
	2023	2024	2025		2023	2024	2025
Alcohol Abuse/Dependance	274	261	154		30	26	40
Anxiety Disorder	188	174	147		33	21	65
Major depressive disorder	45	34	56		19	8	42
Suicidal ideations/Attempts	47	40	27		34	32	18
Altered mental status, unspecified	51	39	25		20	10	15
Post-traumatic stress disorder	13	11	22		4	6	18
Bipolar Disorder	18	17	20		9	9	15
Opioid Dependence	29	29	19		2	9	11
Schizoaffective disorder	19	12	6		11	7	2
Adjustment disorder	10	1	4		1	0	2

Source: South Peninsula Hospital

[7] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
[8] https://www.afro.who.int/health-topics/substance-abuse#:~:text=Substance%20abuse%20refers%20to%20the,on%20individuals%2C%20families%20and%20society

The average number of days adults reported that their mental health was not good had increased in the Kenai Peninsula from 3.9 in 2023 to 5.1 in 2025 and the state from 3.3 to 4.7. In 2025, the average number of days mental health was not good in the Kenai Peninsula (5.1) was comparable to the US (5.1) and just higher than the state (4.7), with all above the Healthy Alaskans 2030 Target of 3.5.

Figure 78: Average Number of Days Mental Health Not Good, 2018 through 2025

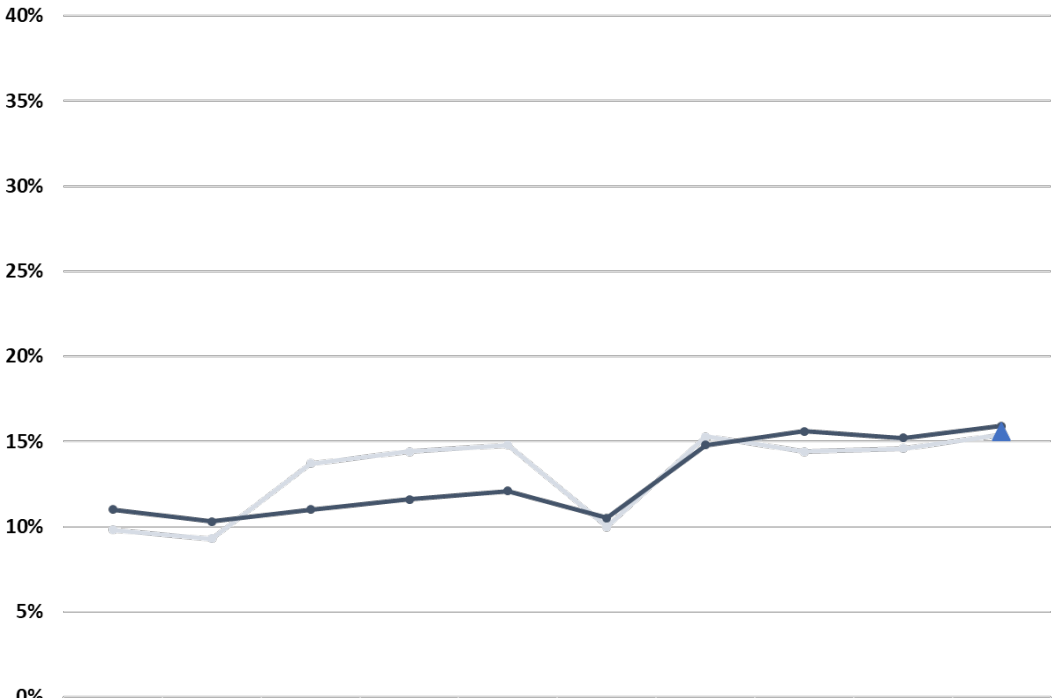


	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	3.4	3.4	3.5	4.6	4.3	3.9	4.8	5.1
Alaska	3.4	3.4	3.9	3.7	3.9	3.3	4.6	4.7
US								5.1

Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults who report their mental health was not good two or more weeks in the past 30 days remained steady in the Kenai Peninsula (14.4% in 2022 to 14.6% in 2023) and Alaska (15.6% to 15.2%) in most recent years. In 2024, the percentage in the Kenai Peninsula (15.4%) was comparable to Alaska (15.9%) and the US (15.6%).

Figure 79: Mental Health Not Good 2+ Weeks, Past 30 Days, 2015 through 2023



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	9.8%	9.3%	13.7%	14.4%	14.8%	10.0%	15.3%	14.4%	14.6%	15.4%
Alaska	11.0%	10.3%	11.0%	11.6%	12.1%	10.5%	14.8%	15.6%	15.2%	15.9%
US										15.6%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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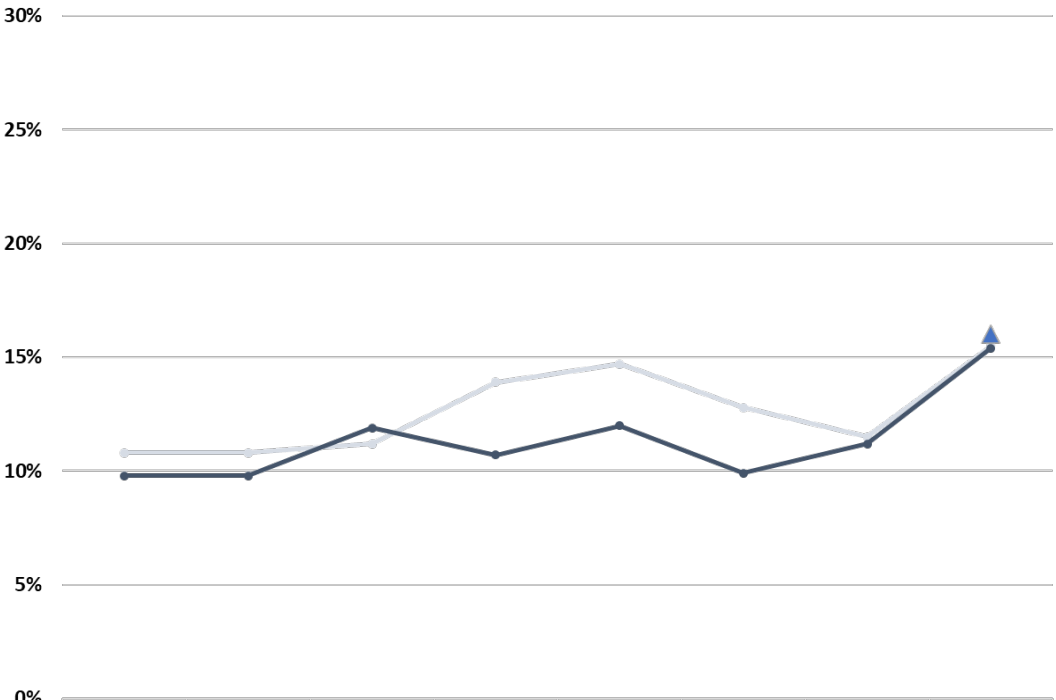
The percentage of adults who report frequent mental distress has been increasing in the Kenai Peninsula from 11.5% in 2024 to 15.5% in 2025, this follows a decline from 2022 to 2024. The percentage also increased for Alaska between 2023 (9.9%) and 2025 (15.4%). In 2022, the Kenai Peninsula (15.5%) had a comparable percentage report frequent mental distress to Alaska (15.4%) and the US (16.0%).

Figure 80: Frequent Mental Distress, 2018 through 2025

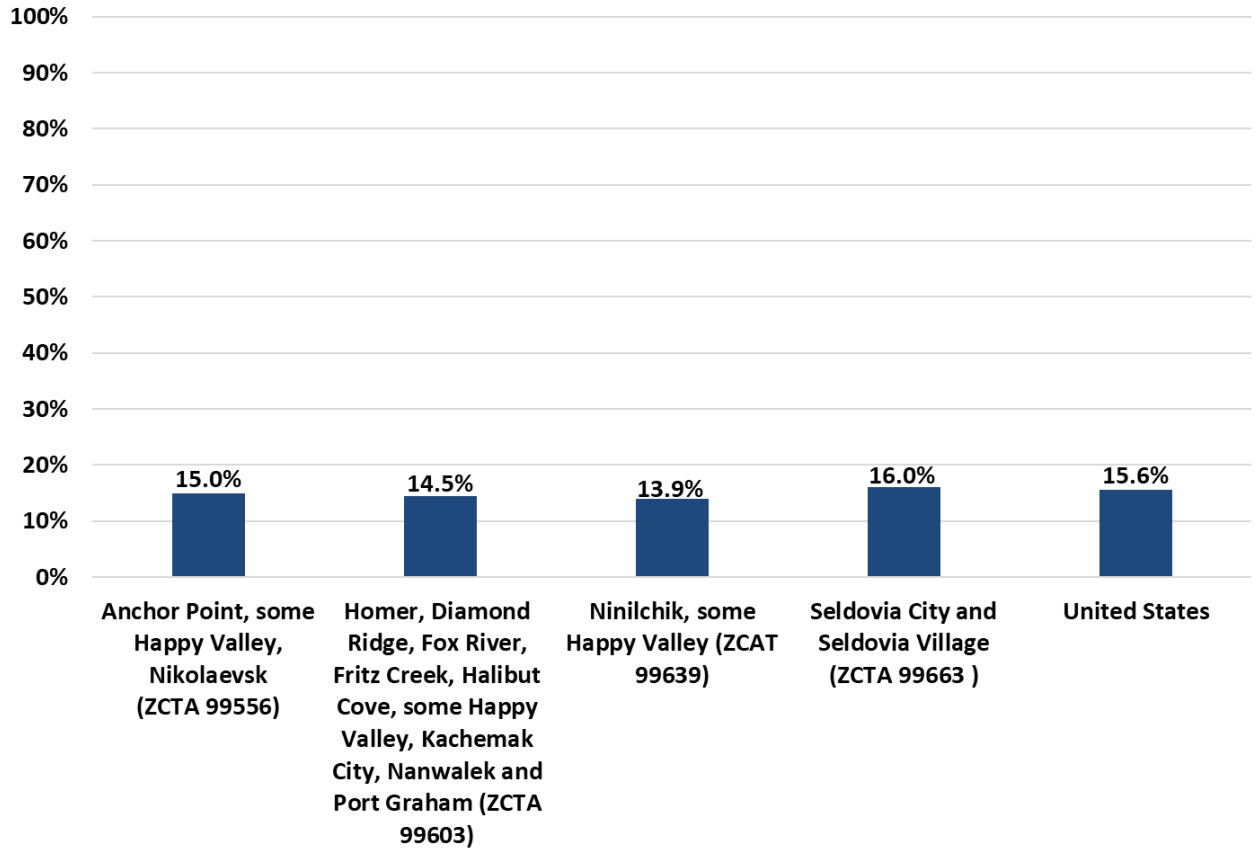


	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	10.8%	10.8%	11.2%	13.9%	14.7%	12.8%	11.5%	15.5%
Alaska	9.8%	9.8%	11.9%	10.7%	12.0%	9.9%	11.2%	15.4%
US								16.0%

Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Seldovia City and Seldovia Village ZCTA (16.0%) had a higher percentage of adults who report frequent mental distress in comparison to the nation (15.6%).

Figure 81: Frequent Mental Distress Among Adults, 2023



Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Due to the small numbers, suicide data are reported in the aggregate for 10 years of rolling data. The number of suicide deaths has been steadily increasing in the Southern Kenai Peninsula, with a slight decrease between 2010-2019 (51) and 2011-2020 (49) with 2015-2024 having the highest number of suicide deaths (69).

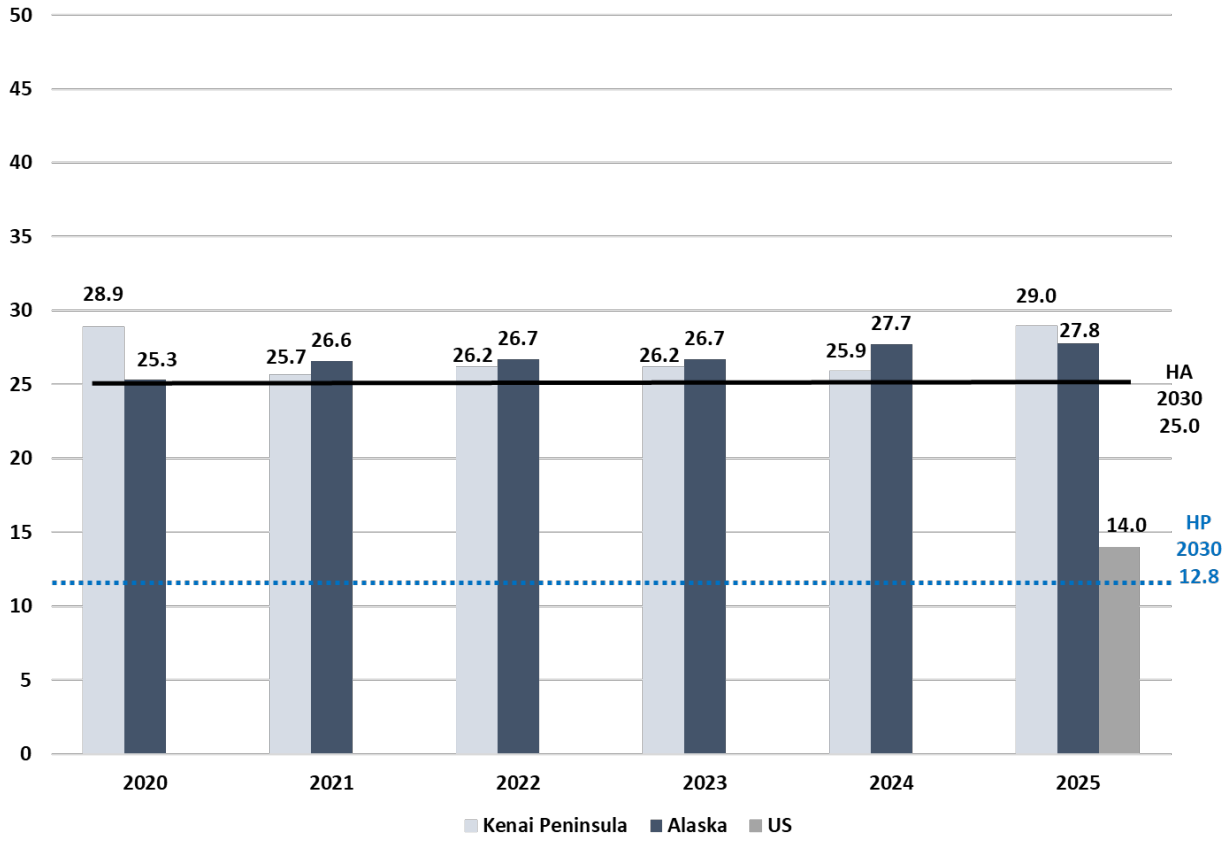
Table 18: Southern Kenai Peninsula Resident Intentional Self-Harm (Suicide) Deaths, 1999-2008 through 2015-2024

Year	Deaths
1999-2008	22
2000-2009	20
2001-2010	20
2002-2011	25
2003-2012	29
2004-2013	32
2005-2014	37
2006-2015	41
2007-2016	44
2008-2017	48
2009-2018	48
2010-2019	51
2011-2020	49
2012-2021	51
2015-2024	69

Source: Alaska Division of Public Health, Health Analytics and Vital Records Section
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The suicide mortality rate per 100,000 increased in the Kenai Peninsula between 2024 (25.9) and 2025 (29.0), while the state rate remained steady. In 2025, the Kenai Peninsula and Alaska were above the Healthy Alaskans 2030 Target of 25.0 and Healthy People 2030 Target of 12.8 and double the rate for the US (14.0).

Figure 82: Suicide Mortality Rate, Per 100,000, 2020 through 2025

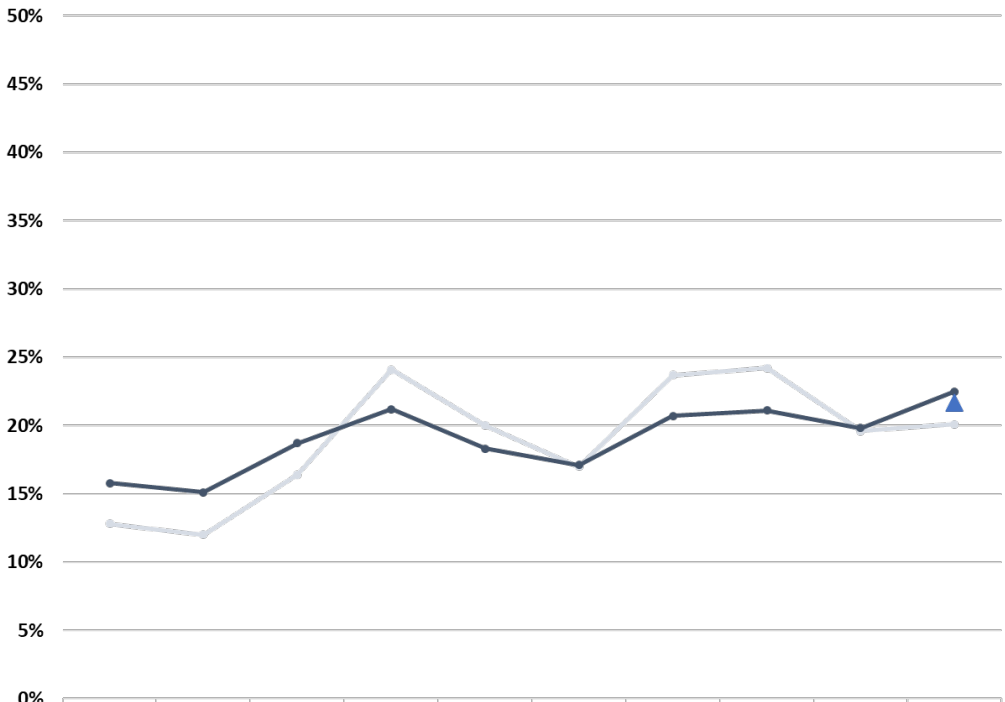


Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Between 2022 and 2023, the percentage of adults diagnosed with depressive disorder decreased in both the Kenai Peninsula (24.2% to 19.6%) and Alaska (21.1% to 19.8%). In 2024, the percentage in the Kenai Peninsula (20.1%) was lower in comparison to the state (22.5%) and nation (21.7%).

Figure 83: Adults Diagnosed with Depressive Disorder, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	12.8%	12.0%	16.4%	24.1%	20.0%	17.0%	23.7%	24.2%	19.6%	20.1%
Alaska	15.8%	15.1%	18.7%	21.2%	18.3%	17.1%	20.7%	21.1%	19.8%	22.5%
US										21.7%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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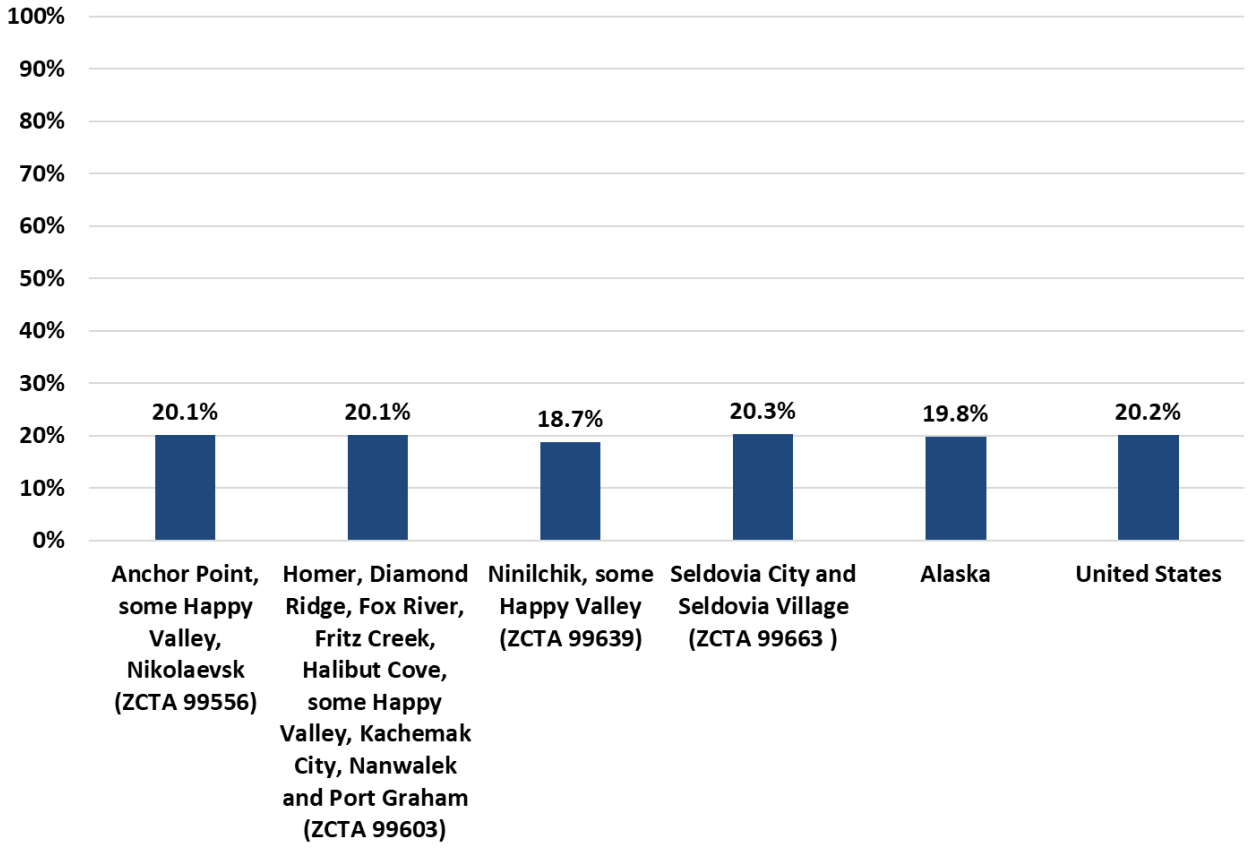
With the exception of Ninilchik, some Happy Valley; all ZIP Code Tabulation Areas (ZCTAs) had a higher percentage of adults with depression in comparison to the state (19.8%) and most were comparable to the nation (20.2%).

Figure 84: Depression Among Adults, 2023

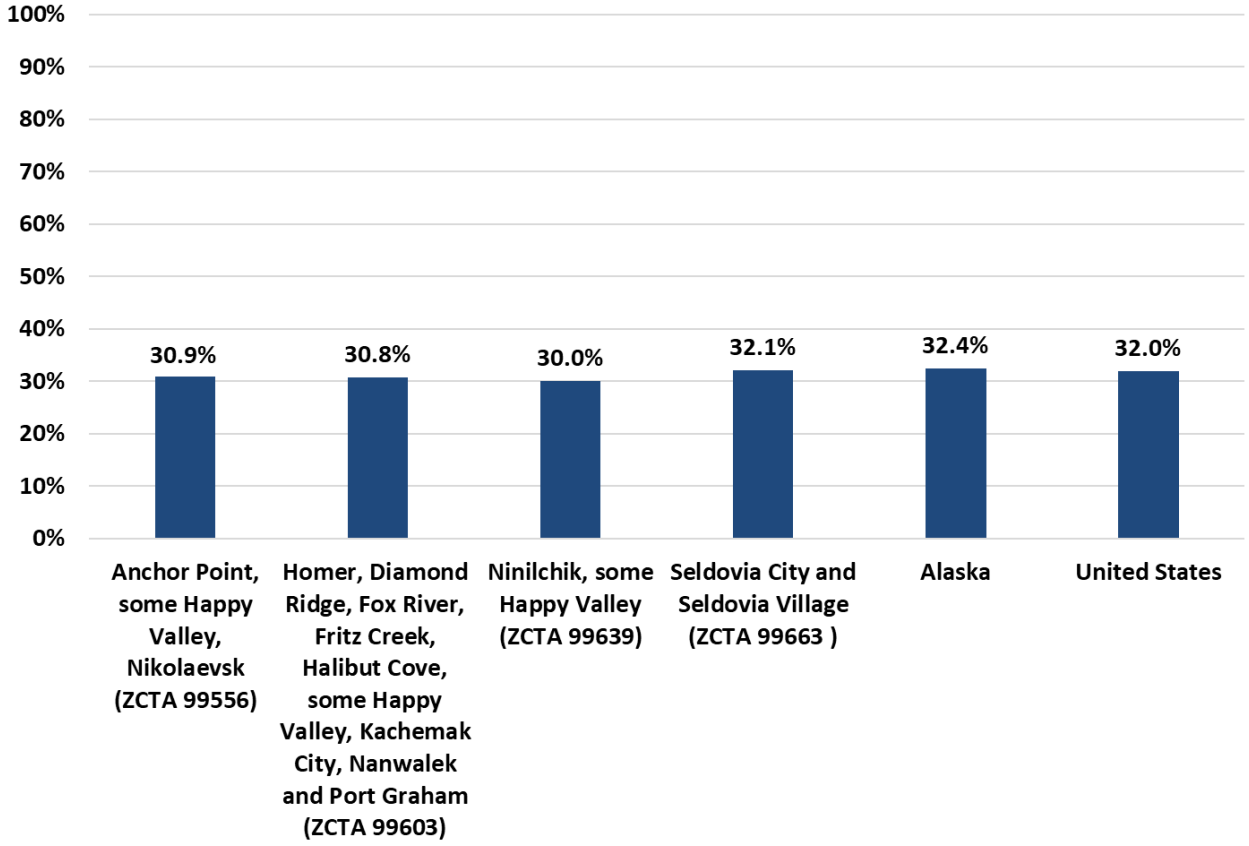


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All the ZIP Code Tabulation Areas (ZCTA) had a lower percentage of adults who report loneliness in comparison to the state (32.4%) and most were also lower than the nation (32.0%).

Figure 85: Loneliness Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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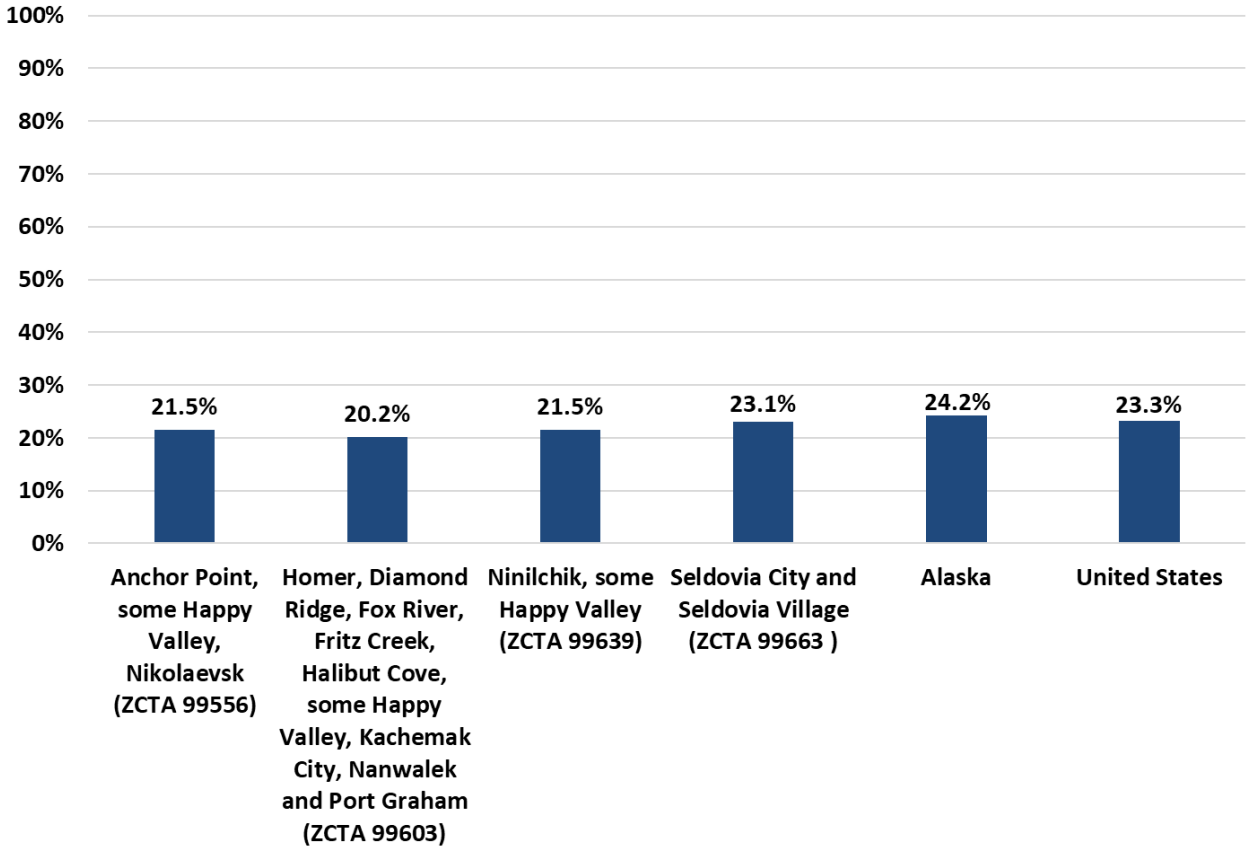
All the ZIP Code Tabulation Areas (ZCTA) had a lower percentage of adults who report they lack social and emotional support in comparison to the state (24.2%) and nation (23.3%).

Figure 86: Lack of Social and Emotional Support Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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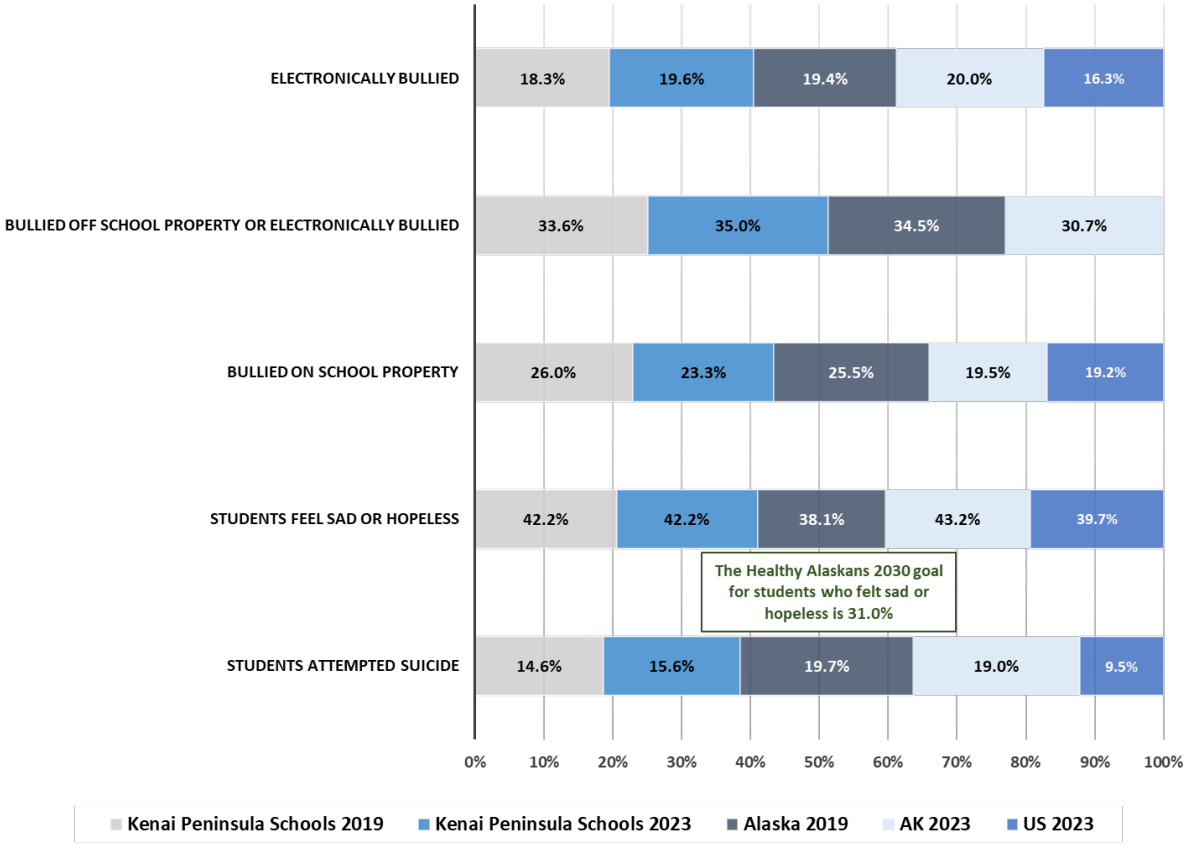
In 2023, students in the Kenai Peninsula Schools were more likely to be bullied off school property (35.0% vs. 30.7%) or be bullied on school property (23.3% vs. 19.5%) compared to students across the state. Students in the Kenai Peninsula had lower scores for all other statements compared to the state as a whole. There was an increase in the percentage of students in the Kenai Peninsula Schools who were electronically bullied (18.3% to 19.6%), bullied off school property or electronically bullied (33.6% to 35.0%) or attempted suicide (14.6% to 15.6%). A higher percentage of students in the Kenai Peninsula felt sad or hopeless (42.2%) and the state (43.2%) in comparison to the Healthy Alaskans 2030 Target (31.0%). In comparison to the nation KP schools had higher percentages of students who report being electronically bullied, bullied on school property, feeling sad or hopeless, or attempted suicide.

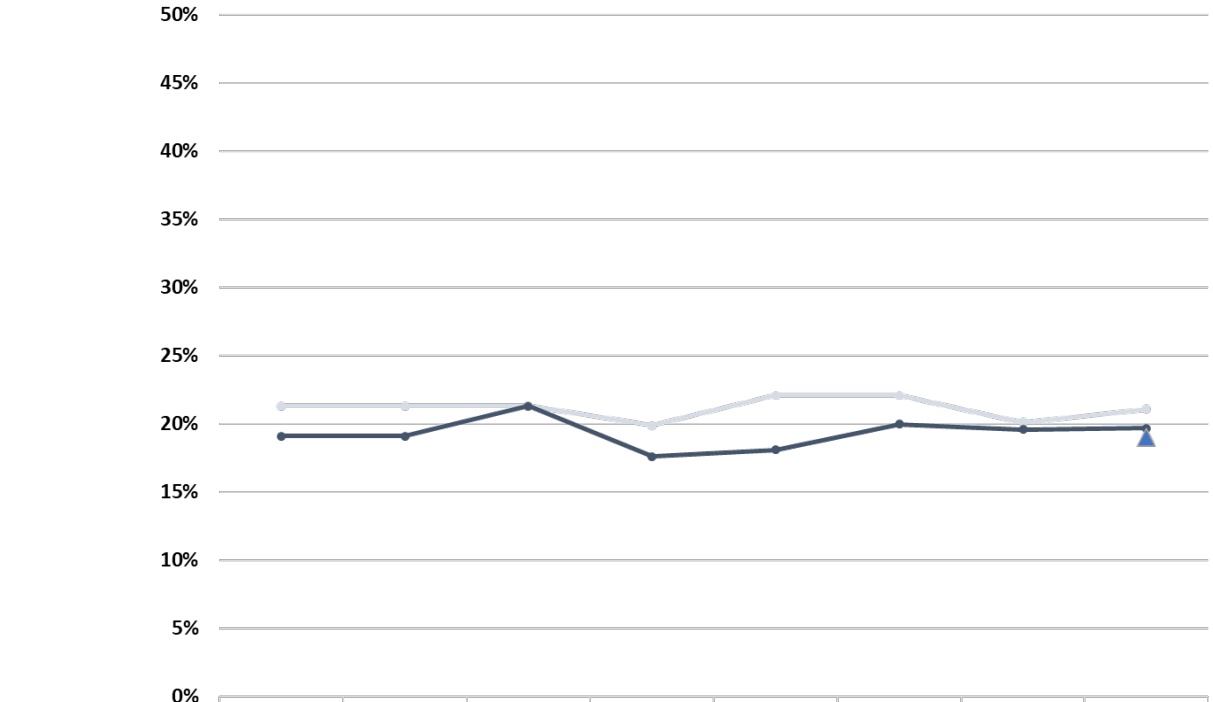
Figure 87: Student Mental Health, 2019 and 2023



Source: Alaska Youth Risk Behavior Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults who report excessive drinking increased in the Kenai Peninsula from 20.1% in 2024 to 21.1% in 2025, which was higher than Alaska (19.7%) and the US (19.0%).

Figure 88: Excessive Drinking, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	21.3%	21.3%	21.3%	19.9%	22.1%	22.1%	20.1%	21.1%
Alaska	19.1%	19.1%	21.3%	17.6%	18.1%	20.0%	19.6%	19.7%
US								19.0%

Source: County Health Rankings and Roadmaps

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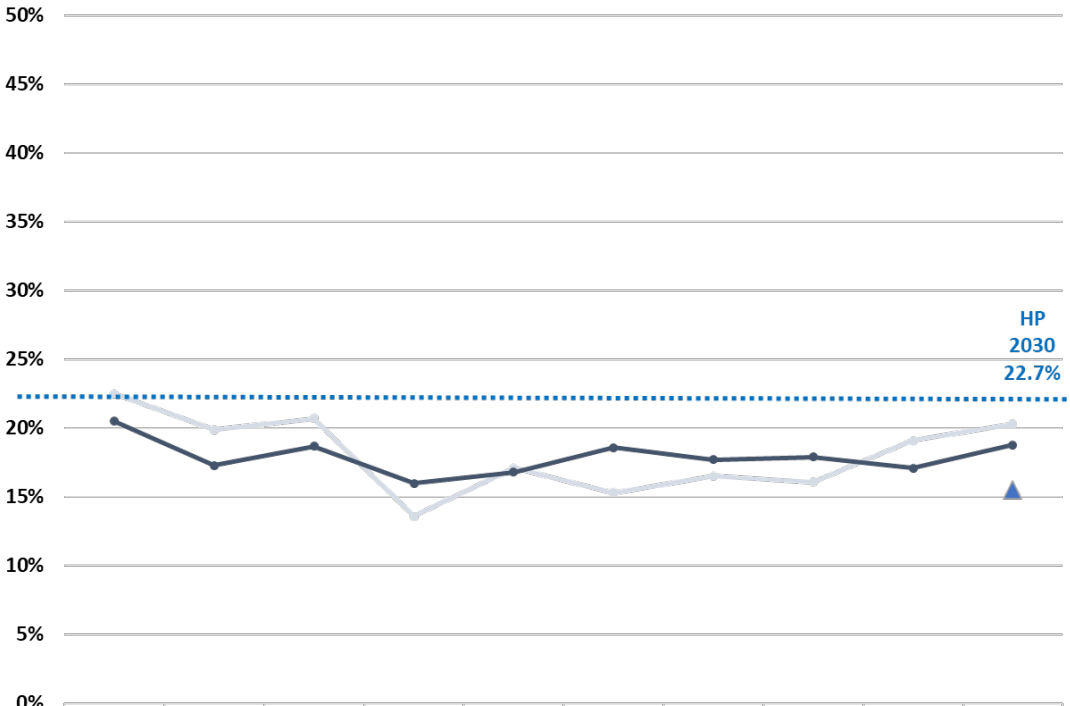
The percentage of adults who report binge drinking in the Kenai Peninsula increased from 16.1% in 2022 to 20.3% in 2024, although overall it is lower than it had been in 2015 (22.5%). The percentage for Alaska increased from 17.1% in 2023 to 18.8% in 2024, still lower than the Kenai Peninsula. Both fall below the Healthy People 2030 Target of 22.7% and are higher in comparison to the US (15.5%).

Figure 89: Binge Drinking, Past 30 Days, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	22.5%	19.9%	20.7%	13.6%	17.1%	15.3%	16.5%	16.1%	19.1%	20.3%
Alaska	20.5%	17.3%	18.7%	16.0%	16.8%	18.6%	17.7%	17.9%	17.1%	18.8%
US										15.5%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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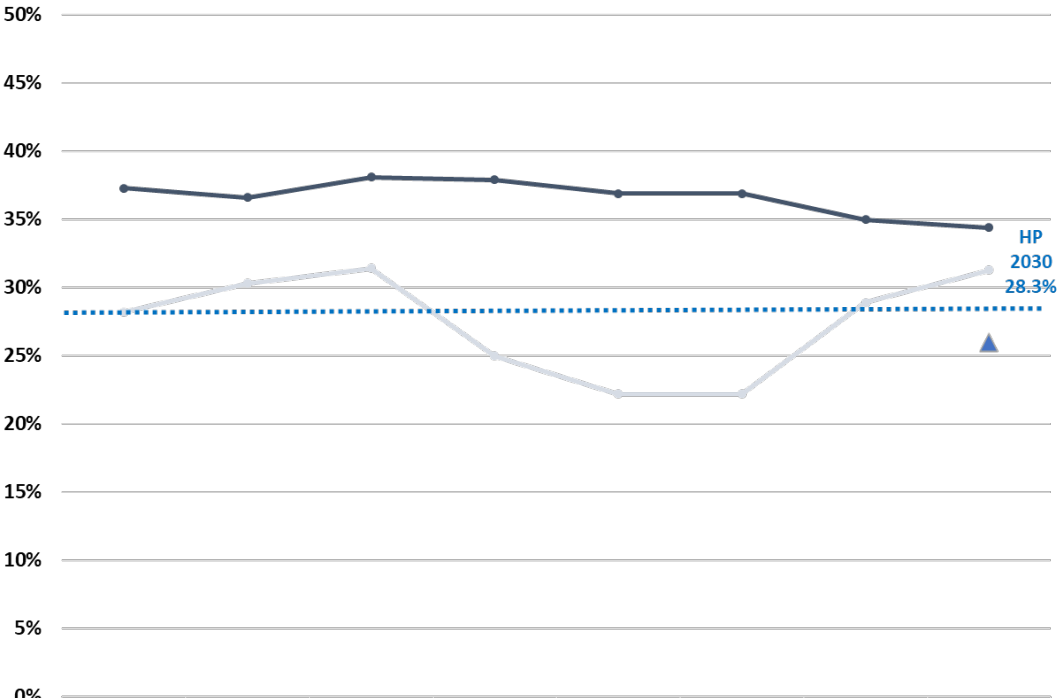
The percentage of driving deaths with alcohol involved has been increasing in the Kenai Peninsula since 2023 (22.2%) to 2025 (31.3%), while the state has seen a decrease during this time (36.9% to 34.4%). In 2025, the percentage was lower in the Kenai Peninsula (31.3%) in comparison to the state (34.4%), with both above the Healthy People 2030 Target of 28.3% and higher than the nation (26.0%).

Figure 90: Driving Deaths with Alcohol Involved, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	28.2%	30.3%	31.4%	25.0%	22.2%	22.2%	28.9%	31.3%
Alaska	37.3%	36.6%	38.1%	37.9%	36.9%	36.9%	35.0%	34.4%
US								26.0%

Source: County Health Rankings and Roadmaps

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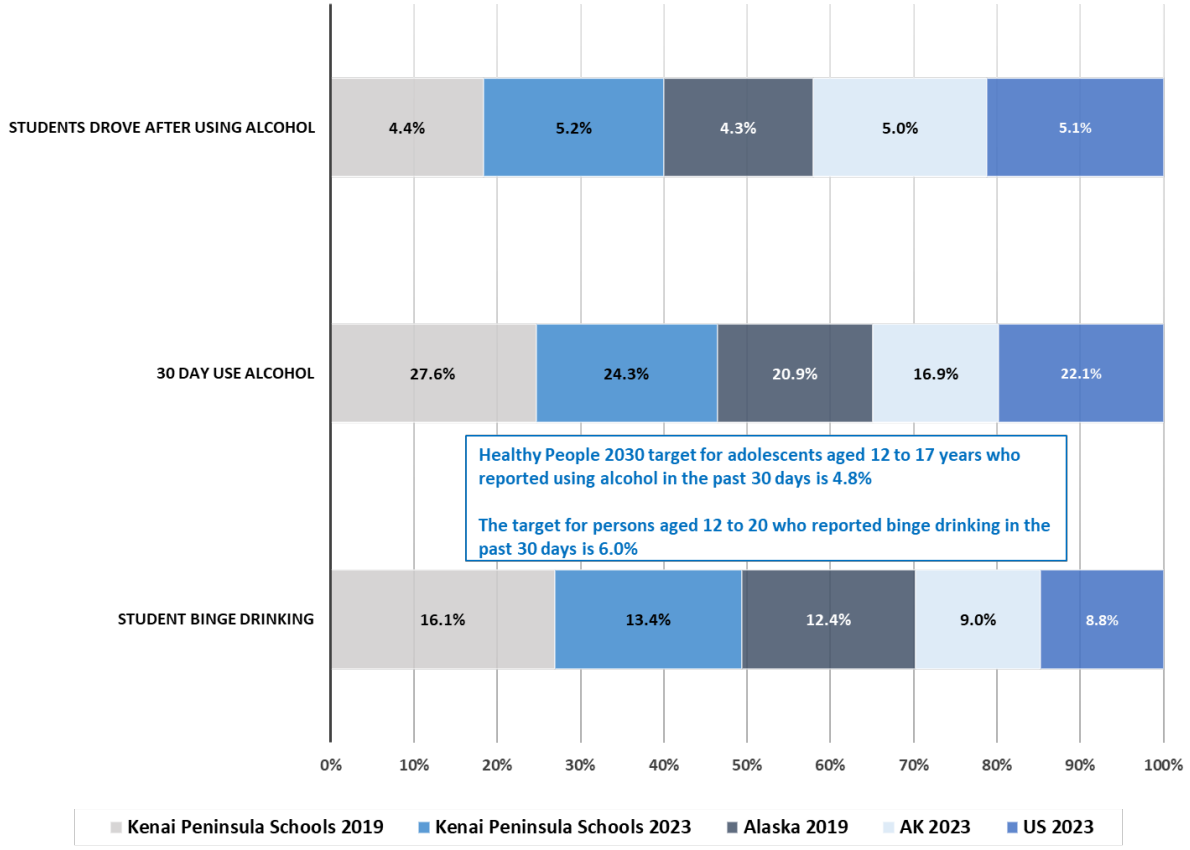
The percentage of students in the Kenai Peninsula Schools who drove after using alcohol increased from 4.4% in 2019 to 5.2% in 2023, which was comparable to the state (5.0%) and nation (5.1%). All other alcohol related indicators decreased in the Kenai Peninsula Schools, as well as the state, with the KP Schools lower in comparison. A higher percentage of students in the Kenai Peninsula and state report 30-day alcohol use or binge drinking than the Healthy People 2030 Targets. Alcohol use and binge drinking was higher in the KP Schools in comparison to the nation.

Figure 91: Student Alcohol Use, 2019 and 2023



Source: Alaska Youth Risk Behavior Survey

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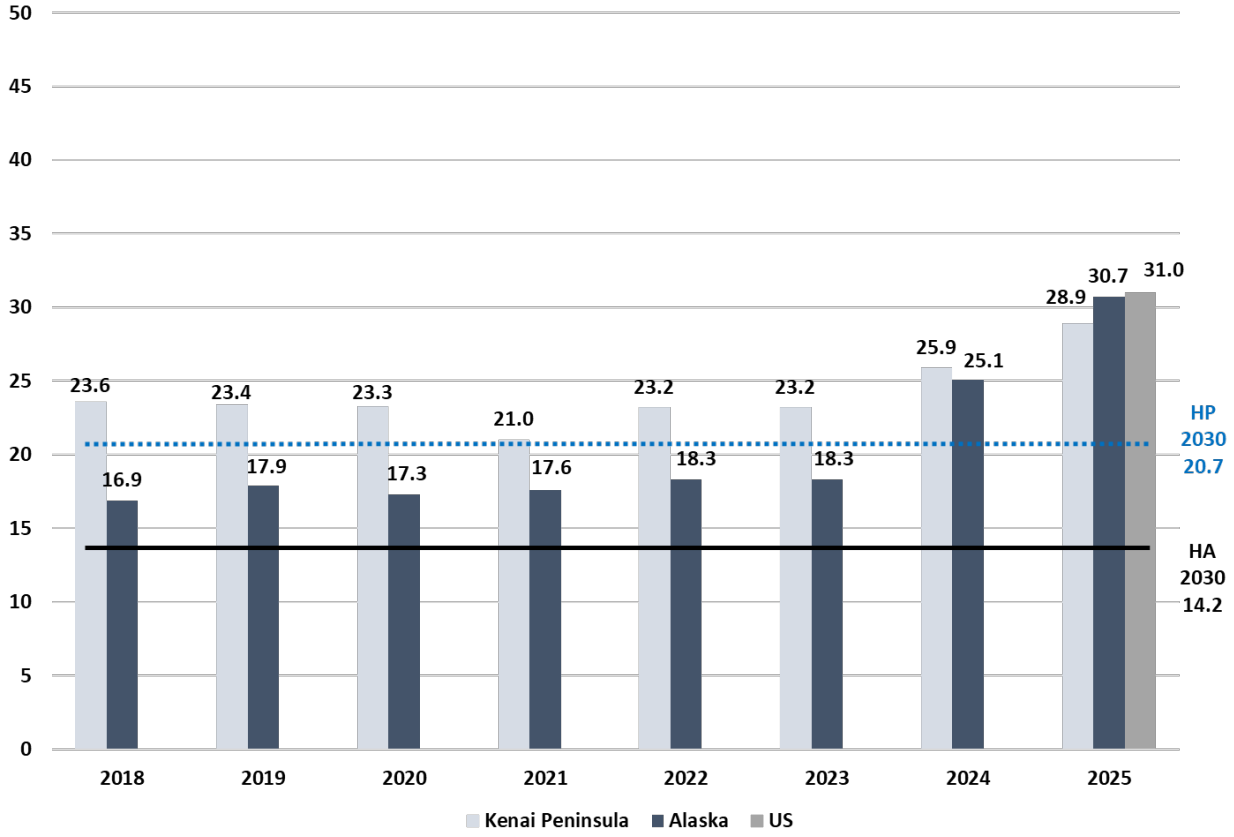
The drug-induced mortality rate per 100,000 has fluctuated in the Kenai Peninsula, with an increase in recent years from 23.2 in 2023 to 28.9 in 2025. During this time the rate also increased for the state (18.3 to 30.7). In 2025, the rate for the Kenai Peninsula (28.9) was lower than Alaska (30.7), and the US (31.0) with all well above the Healthy Alaskans 2030 Target of 14.2 and Healthy People 2030 Target of 20.7.

Figure 92: Drug-Induced Mortality Rate, Per 100,000, 2018 through 2025

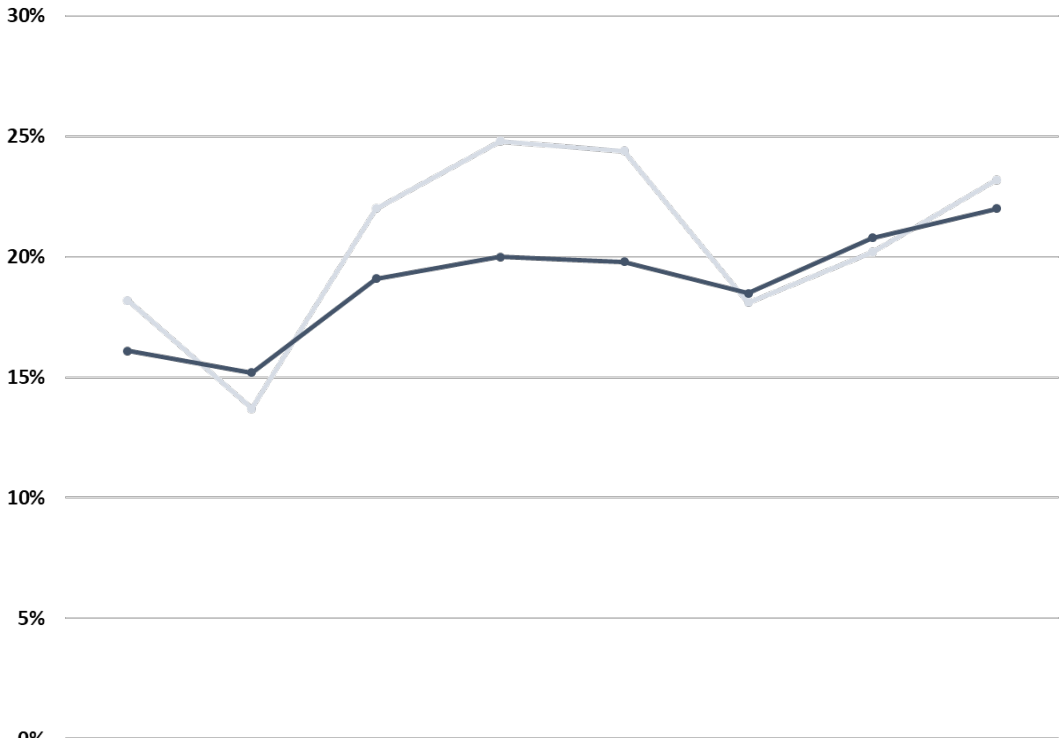


Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Between 2020 and 2023 the percentage of adults who report marijuana use in the past 30 days increased in both the Kenai Peninsula (18.1% to 23.2%) and Alaska (18.5% to 22.0%), with the KP just above that of the state in the most recent year.

Figure 93: Marijuana Use, Past 30 Days, 2015 through 2023



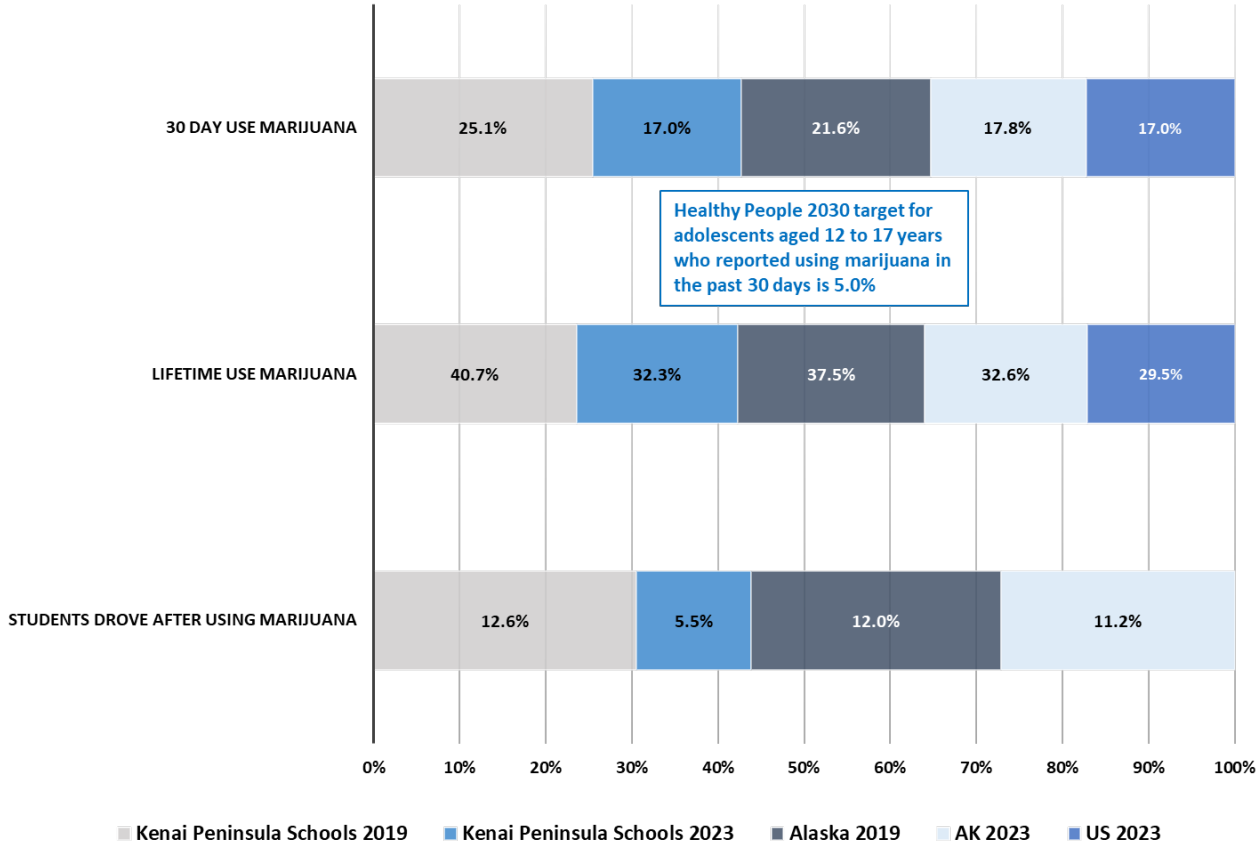
	2015	2016	2017	2018	2019	2020	2021	2023
Kenai Peninsula	18.2%	13.7%	22.0%	24.8%	24.4%	18.1%	20.2%	23.2%
Alaska	16.1%	15.2%	19.1%	20.0%	19.8%	18.5%	20.8%	22.0%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of students in the Kenai Peninsula Schools as well as state as a whole who used marijuana or drove after using marijuana decreased from 2019 to 2023. The percentage of students in the KP Schools who used marijuana was comparable to the state, while those who drove after using marijuana was much lower in the KP Schools (5.5% vs. 11.2%). The percentage of students using marijuana in the KP Schools and state remained higher than the Healthy People 2030 Target (5.0%). The KP Schools had a higher percentage of youth reporting having used marijuana (32.3%) compared to the US (29.5%).

Figure 94: Student Marijuana Use, 2019 and 2023



Source: Alaska Youth Risk Behavior Survey

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The Gulf Coast Region saw a decrease in opioid-related Emergency Department visits and overdose deaths between 2021-2022 and 2024-2025, although remained lower in comparison to the state rate.

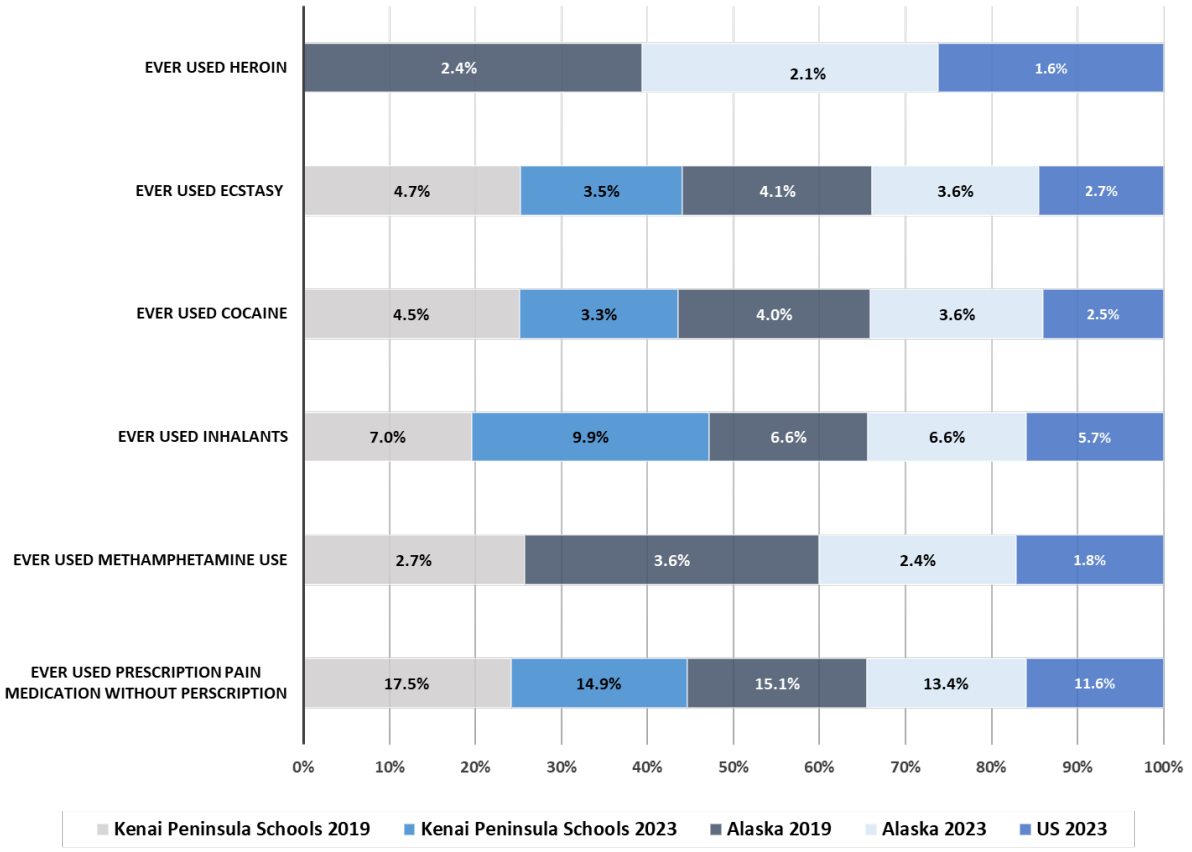
Table 19: Opioid Related Data, Gulf Coast Region, 2021-2022 and 2024-2025

	2021-2022		2024-2025	
	Opioid-Related ED Visits, Rate Per 10,000 Visits	Opioid-Related Overdose Deaths, Rate Per 10,000	Opioid-Related ED Visits, Rate Per 10,000 Visits	Opioid-Related Overdose Deaths, Rate Per 10,000
Gulf Coast Region	14.3	1.7	8.5	1.4
Alaska	25.2	2.3	26.5	3.3

Source: Alaska Department of Health, Opioid Data Dashboard
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Students in the Kenai Peninsula Schools were more likely to have used inhalants or prescription medications without a prescription than peers across the state. The percentage of students who report using inhalants increased in the Kenai Peninsula Schools from 7.0% in 2019 to 9.9% in 2023, with all other indicators showing a decrease. The KP Schools and state meet the Healthy People 2030 target of 6.3% who report using illicit drugs. In 2023, students in the KP Schools reported higher usage of ecstasy, cocaine, inhalants and prescription medication without a prescription compared to schools across the nation.

Figure 95: Student Drug Use, 2019 and 2023



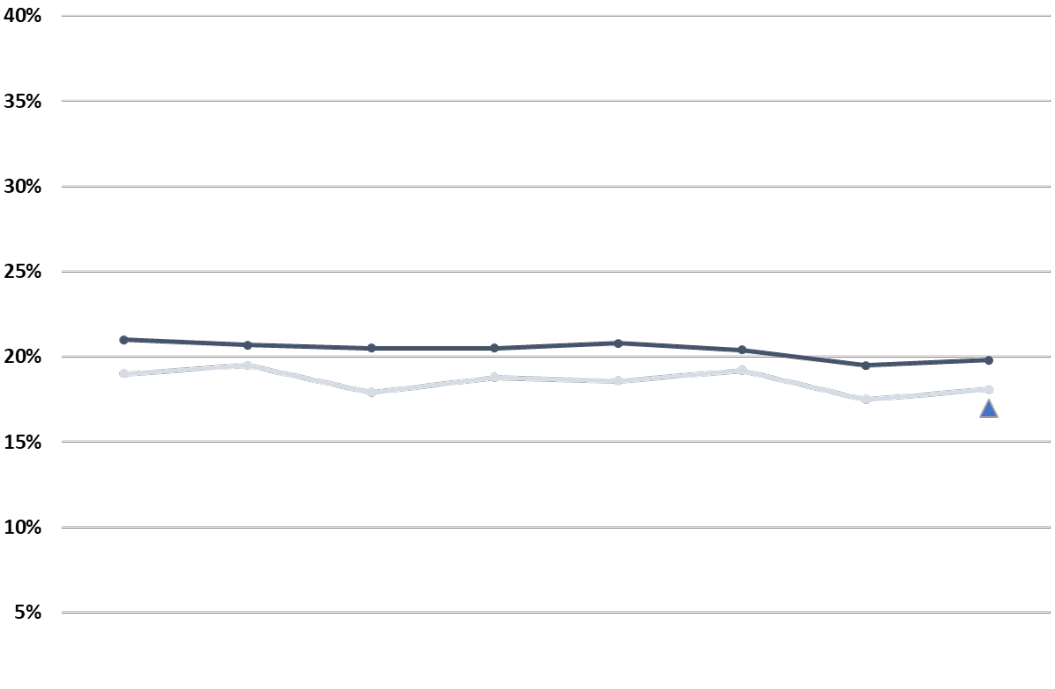
Source: Alaska Youth Risk Behavior Survey
**Data is suppressed for the Kenai Peninsula Schools due to low N-size for heroin use in 2019 and 2023 and methamphetamine use in 2023.*
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Built Environment

The built environment, encompassing physical structures such as housing, transportation systems, and access to technology, plays a critical role in shaping public health outcomes. As urbanization and development continue to expand, it is increasingly evident that the design and quality of neighborhoods can significantly influence the well-being of residents. Housing quality affects both mental and physical health, transportation access determines mobility and social participation, and internet connectivity impacts health education and service accessibility. According to the World Health Organization (WHO), the built environment is a key determinant of health, contributing to a range of outcomes from chronic diseases to mental health disparities[9].

The percentage of households with severe housing problems has had minimal fluctuation in the Kenai Peninsula and Alaska, and in 2025 the percentage was lower in the Kenai Peninsula (18.1%) in comparison to the state (19.8%), with both higher than the US (17.0%).

Figure 96: Severe Housing Problems, 2018 through 2025



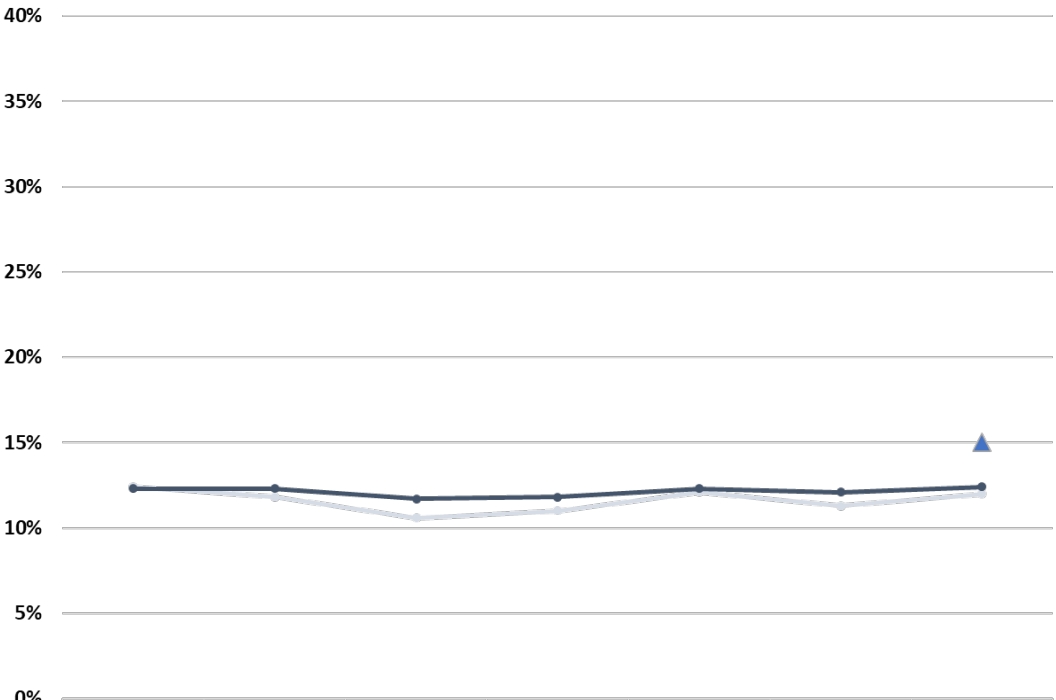
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	19.0%	19.5%	17.9%	18.8%	18.6%	19.2%	17.5%	18.1%
Alaska	21.0%	20.7%	20.5%	20.5%	20.8%	20.4%	19.5%	19.8%
US								17.0%

Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

[9] https://www.euro.who.int/__data/assets/pdf_file/0005/321071/Urban-green-spaces-and-health-review-evidence.pdf

The percentage of households who are severely cost burdened has had minimal fluctuation in the Kenai Peninsula and Alaska and in 2025 the percentages were comparable (12.0% and 12.4% respectively). In 2025, the Kenai Peninsula (12.0%) and Alaska (12.4%) had a lower percentage of households who were severely cost burdened in comparison to the US (15.0%).

Figure 97: Severe Housing Cost Burdened, 2019 through 2025



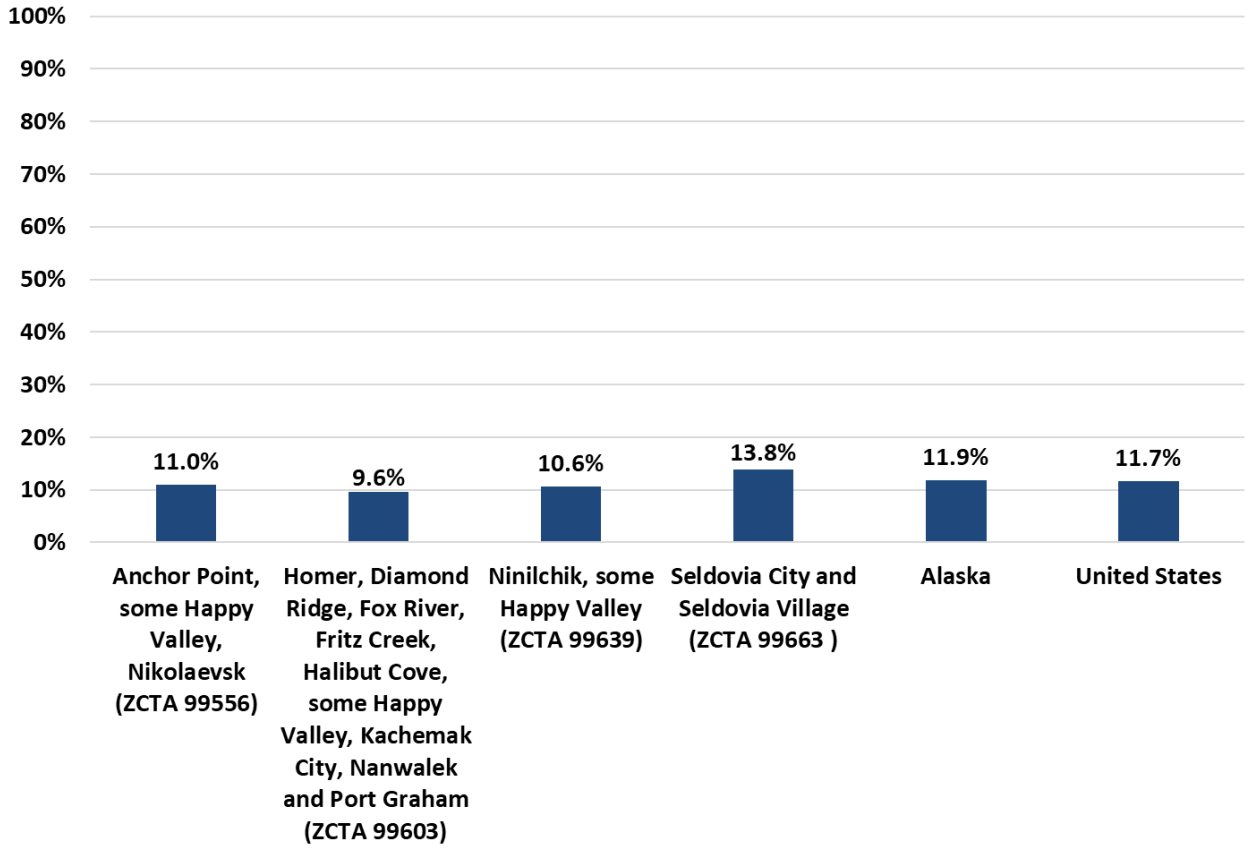
	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	12.4%	11.8%	10.6%	11.0%	12.1%	11.3%	12.0%
Alaska	12.3%	12.3%	11.7%	11.8%	12.3%	12.1%	12.4%
US							15.0%

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Seldovia City and Seldovia Village (13.8%) had a higher percentage of adults who experienced housing insecurity in the past 12 months in comparison to the state (11.9%) and nation (11.7%).

Figure 98: Housing Insecurity Among Adults in the Past 12 Months, 2023

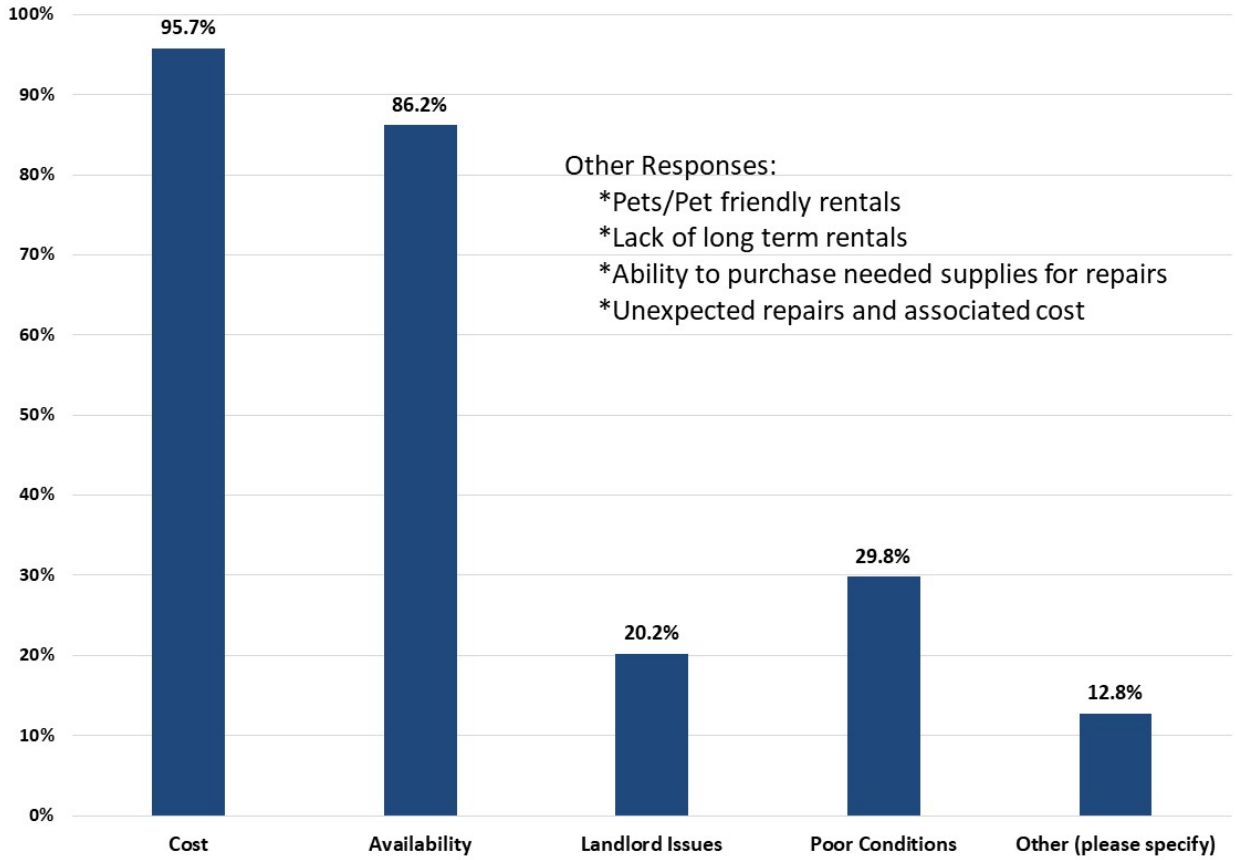


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

One in four (25.6%) community survey respondents had difficulty finding or keeping safe and affordable housing. The most common barriers were cost (95.7%) and availability (86.2%).

Figure 99: Barriers to Safe and Affordable Housing, Perceptions of Community Health Survey, 2025

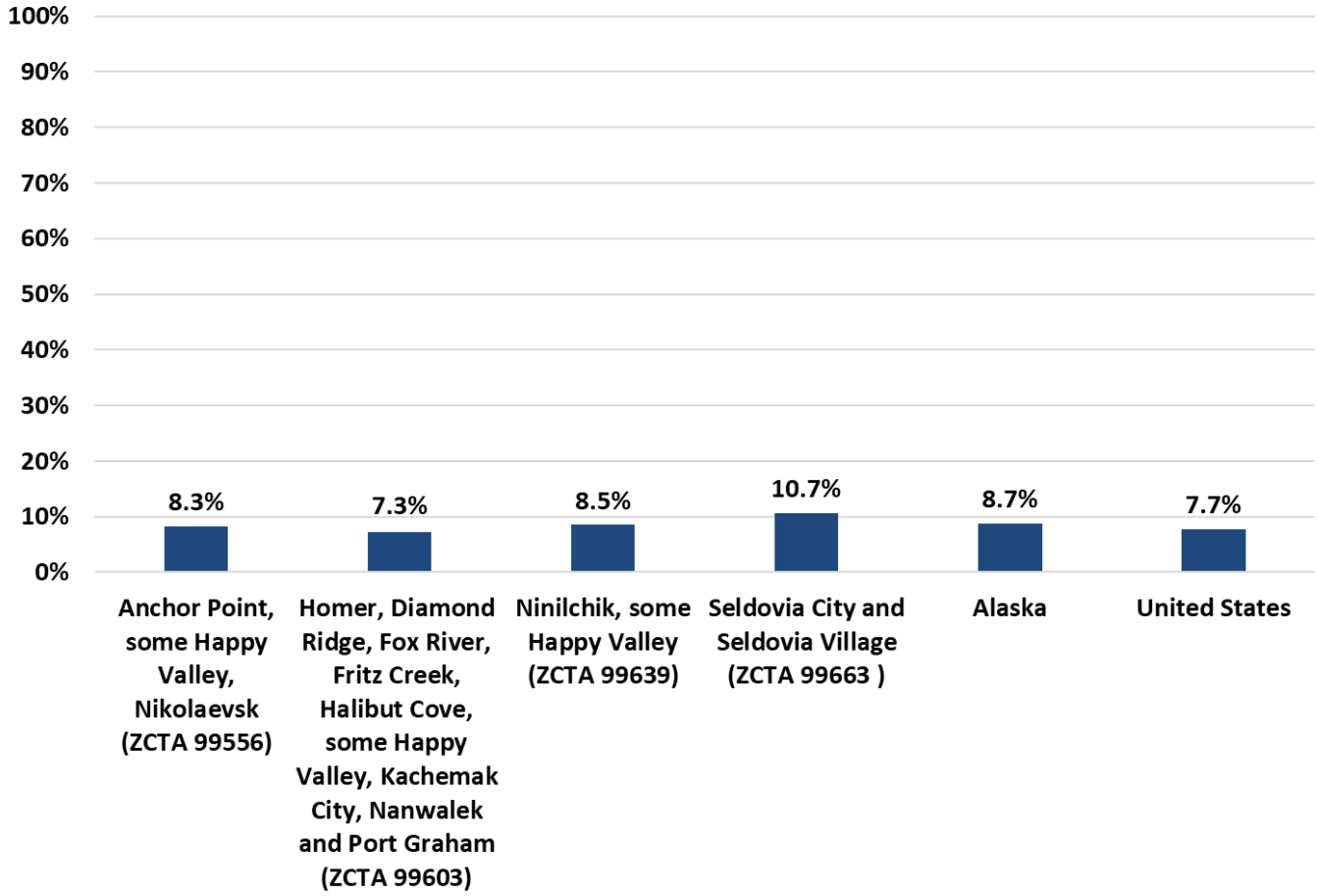


Source: Perceptions of Community Health Survey, (N=94)

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

A higher percentage of adults in Seldovia City and Seldovia Village (10.7%) lacked transportation in the past 12 months in comparison to the state (8.7%). All other ZCTAs were also higher than the nation (7.7%), with the exception being the Homer area which was lower than all (7.3%).

Figure 100: Lack of Transportation in the Past 12 Months, 2023

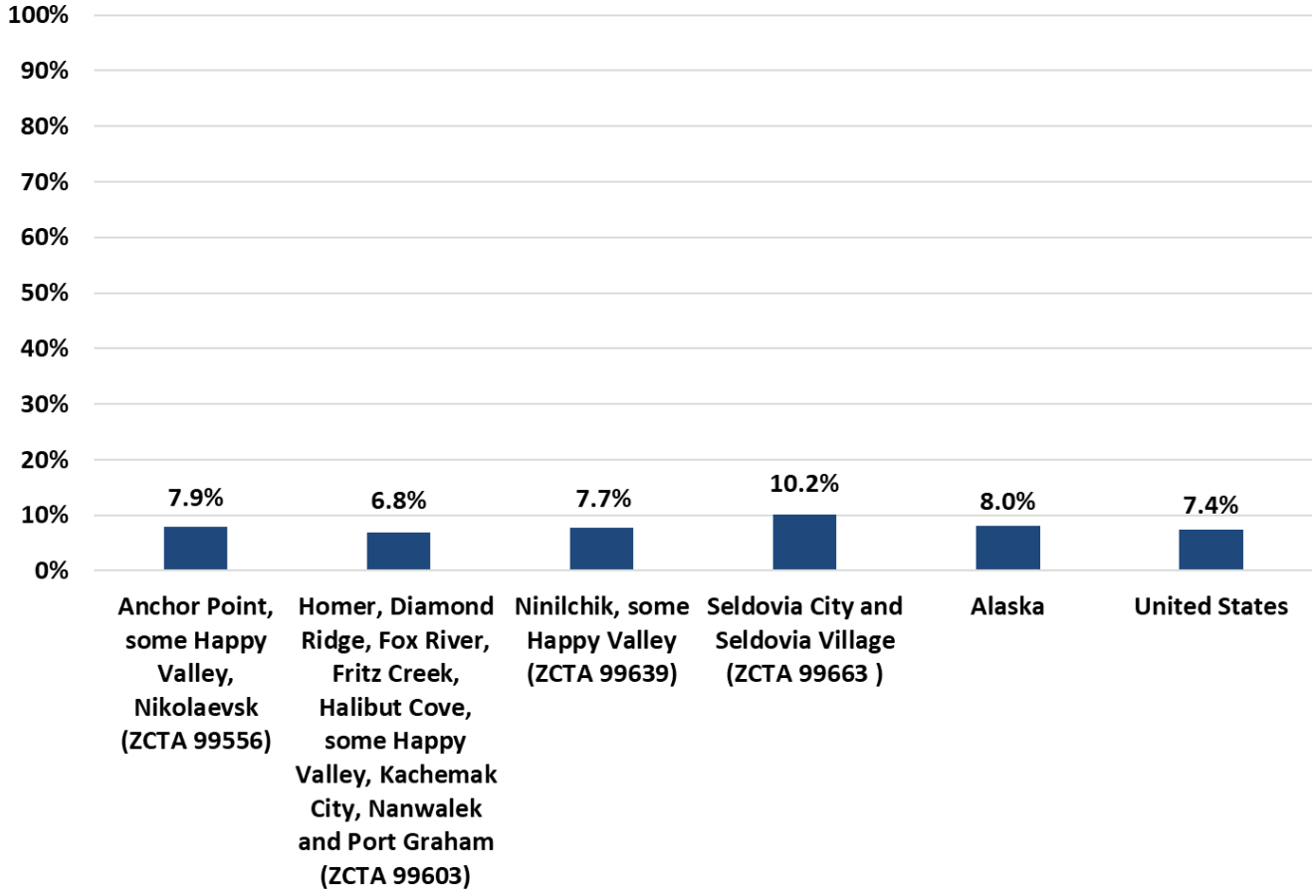


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Seldovia City and Seldovia Village (10.2%) had a higher percentage of adults with a utility service threat in the past 12 months in comparison to the state (8.0%) and nation (7.4%).

Figure 101: Utility Service Threat in the Past 12 Months, 2023



Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Annually Community Resource Connect performs a point-in-time count representing one night out of the year, where participants are asked where they slept the previous night. Based on the most recent Homer Area Community Resource Connect report, 64.1% of individuals slept in their apartment or home (up from 50% in 2025), while 11.3% doubled up and 3.8% slept in a vehicle/car. A small number slept on the streets or in a homeless camp (3.8%), down from prior years.

Other responses included: trailer/motorhome/RV, couch surfing, boat, or work housing.

Table 20: Where Individuals Slept Last Night, January 2024-2026

	2024		2025		2026	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
On streets/homeless camp	9	6.5%	7	6.4%	4	3.8%
Abandoned property (not meant for habitation)	1	0.7%	2	1.8%	0	0.0%
Vehicle/car	13	9.1%	11	10.0%	4	3.8%
Local homeless shelter	3	2.1%	5	4.5%	5	4.7%
Friends/family (doubled up)	30	21.0%	20	18.0%	12	11.3%
My apartment/house	66	46.2%	55	50.0%	68	64.1%
Hotel/motel	6	4.2%	0	0.0%	2	1.9%
Jail/institutional setting	0	0.0%	0	0.0%	0	0.0%
Other (specify)	9	6.5%	9	8.4%	11	10.4%
No answer	6	4.2%	1	0.9%	0	0.0%
Total	143*	100.5%*	110*	100%	106	100%

Source: Community Resource Connect

**Based on total number of responses, some participants chose more than one option.*

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Of those who reported being homeless and provided a response, 24.5% had been homeless for one year or more, and 17.9% had been homeless for less than 1 year. In comparison, the prior years a higher percentage had been homeless for 1 year or more.

Table 21: Length of Time Homeless, January 2024-2026

	2024		2025		2026	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than 1 year	19	13.5%	11	10.5%	19	17.9%
1 year or more	39	28.0%	31	29.5%	26	24.5%
Don't know/no answer	82	58.5%	63	60.0%	50	47.2%
Prefer not to answer	ND	ND	ND	ND	11	10.4%
Total	140	100%	105	100%	106	100%

Source: Community Resource Connect

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Of those who report being homeless and provided a response, 15.1% had been homeless more than once, with 34.0% reporting this was their first time. The percentage of individuals reporting being homeless for the first time was almost five times higher than the prior year.

Table 22: Number of Times Been Homeless in Past 3 Years, January 2024-2026

	2024		2025		2026	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
This is the first time	23	16.5%	7	7.0%	36	34.0%
Two to three times	28	20.0%	19	19.0%	11	10.4%
Four or more times	22	15.5%	21	21.0%	5	4.7%
Don't know/no answer	67	48.0%	53	53.0%	46	43.4%
Prefer not to answer	ND	ND	ND	ND	8	7.5%
Total	140	100%	100	100%	106	100%

Source: Community Resource Connect

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Of those who report being homeless in 2026, 22.3% report having a physical disability and 13.2% report having a mental health disorder, which were the highest reported conditions. The percentage of individuals with a disabling condition has been fairly consistent.

Table 23: Disabling Condition, Homeless Population, 2024-2026

	2024		2025		2026	
	Number	Percent	Number	Percent	Number	Percent
Alcohol use disorder	9	6.5%	5	4.3%	7	5.8%
Chronic health condition	11	8.0%	9	7.7%	8	6.6%
Developmental	1	0.7%	6	5.1%	4	3.3%
Drug use disorder	13	9.1%	1	0.9%	4	3.3%
HIV/AIDS	0	0.0%	1	0.9%	0	0.0%
Mental health disorder	26	18.6%	22	18.8%	16	13.2%
Physical disability	46	33.0%	27	23.0%	27	22.3%
None	58	41.5%	40	34.2%	50	41.3%
Don't know/no answer	12	8.6%	6	5.1%	5	4.2%
Total	176*	126.0%*	117*	100%	121*	100%

Source: Community Resource Connect

**Total is based on total number of responses, some participants chose more than 1 response*

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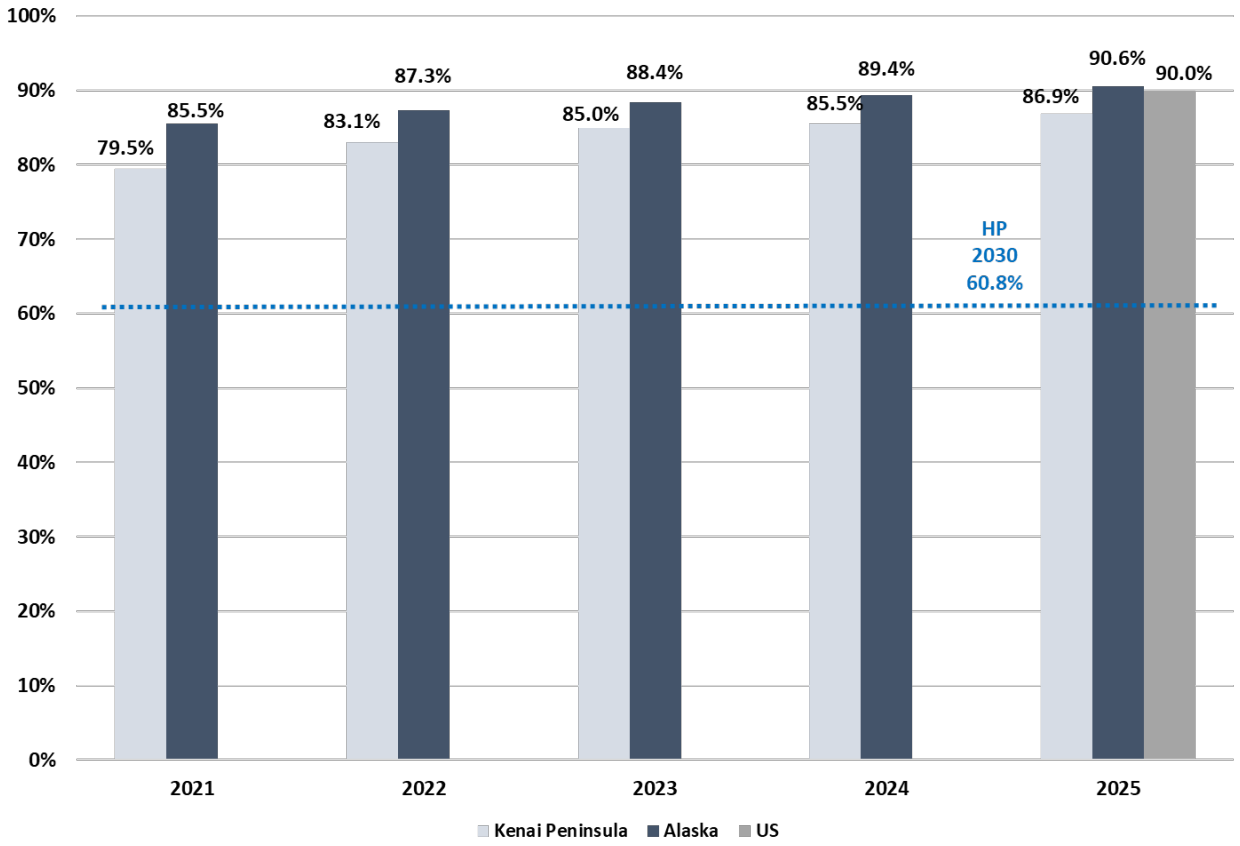
Residents in the Kenai Peninsula and Alaska with broadband access has increased, although in 2025 fewer residents had access in the Kenai Peninsula (86.9%) than the state (90.6%) and nation (90.0%), all well above the Healthy People 2030 Target of 60.8%.

Figure 102: Broadband Access, 2021 through 2025

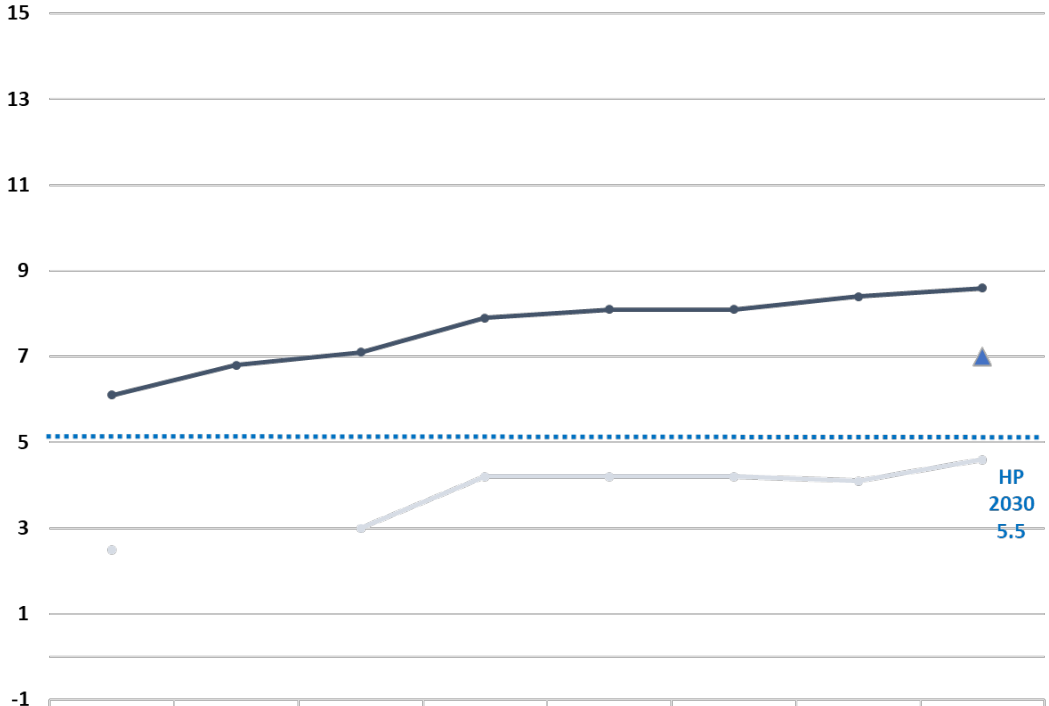


Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The homicide mortality rate per 100,000 in the Kenai Peninsula increased from 4.1 in 2024 to 4.6 in 2025, while the state has seen an increase since 2023 (8.1 to 8.6). In 2025, the rate for the Kenai Peninsula (4.6) was lower than the state (8.6), nation (7.0) and the Healthy People 2030 Target of 5.5.

Figure 103: Homicide Mortality Rate, Per 100,000, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	2.5	ND	3.0	4.2	4.2	4.2	4.1	4.6
Alaska	6.1	6.8	7.1	7.9	8.1	8.1	8.4	8.6
US								7.0

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The total number of reported incidents has decreased in Homer overall since 2016 and has been on a steady decline since 2019. In 2024 the most frequent incidents included: welfare checks, disturbances, and civil issues.

Table 24: Total Reported Incidents, Homer Police Department, 2016 through 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Homer	7,338	7,025	6,933	7,147	3,983	3,373	3,187	2,664	2,544

Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The total arrest charges in Homer for years 2016-2024. The number had decreased in 2023, only to see an increase in 2024. In 2024 the most frequent arrest charges included violations of conditions of release, driving while intoxicated, and traffic offenses.

Table 25: Total Arrest Charges, Homer Police Department, 2016 through 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Homer	468	489	542	522	328	566	617	447	457

Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The total number of persons arrested in Homer has decreased overall since 2016, although saw an increase from 254 in 2023 to 282 in 2024.

Table 26: Number of Persons Arrested, Homer Police Department, 2016 through 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Homer	332	337	353	328	204	338	264	254	282

Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The majority of arrests in Homer are adults, with variations on the numbers year to year, with juvenile arrests seeing a decrease from 17 in 2022 to 13 in 2024, while adult arrests increased from 433 in 2023 to 444 in 2024.

Table 27: Arrest Charge by Group, Homer Police Department, 2020 through 2024

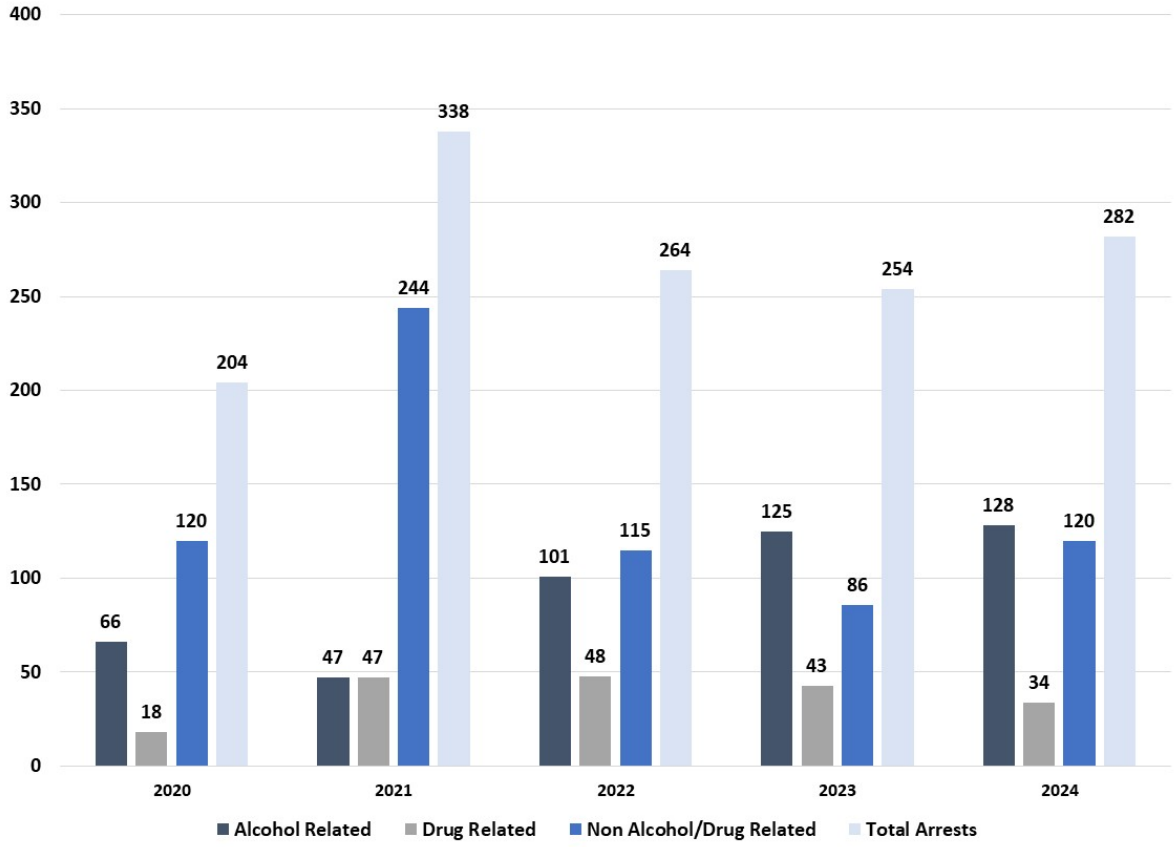
	2020	2021	2022	2023	2024
Juvenile	5	9	17	14	13
Adult	323	557	600	433	444

Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

A higher number of arrests in Homer are alcohol related in comparison to drug related, with the exception of 2021 when they were the same. Overall, the number of arrests that are drug related has been decreasing since 2022, while alcohol related arrest have been increasing since 2021.

Figure 104: Alcohol and Drug Related Arrests, Homer Police Department, 2020 through 2024



Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The majority of crimes in Homer are property crimes, with an increase in both types of crime between 2023 and 2024.

Table 28: Crimes by Type of Crime, Homer Police Department, 2020 through 2024

	Property Crimes	Violent Crimes
2020	332	59
2021	293	69
2022	258	62
2023	229	70
2024	322	75

Source: Homer Police Annual Reports
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The number of traffic citations has fluctuated year to year, with a decrease from 152 in 2023 to 145 in 2024.

Table 29: Traffic Citations, Homer Police Department, 2016 through 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Homer	442	1,097	613	866	111	80	103	152	145

Source: Homer Police Annual Reports
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The total number of motor vehicle accidents in Homer has fluctuated year to year, with a decrease in the most recent year from 146 in 2023 to 130 in 2024.

Table 30: Motor Vehicle Accidents, Homer Police Department, 2016 through 2024

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Homer	112	103	100	91	129	158	91	146	130

Source: Homer Police Annual Reports
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The total number of prisoners in the Homer Community Jail decreased in the most recent year from 485 in 2023 to 439 in 2024.

Table 31: Prisoners, Homer Community Jail, 2019 through 2024

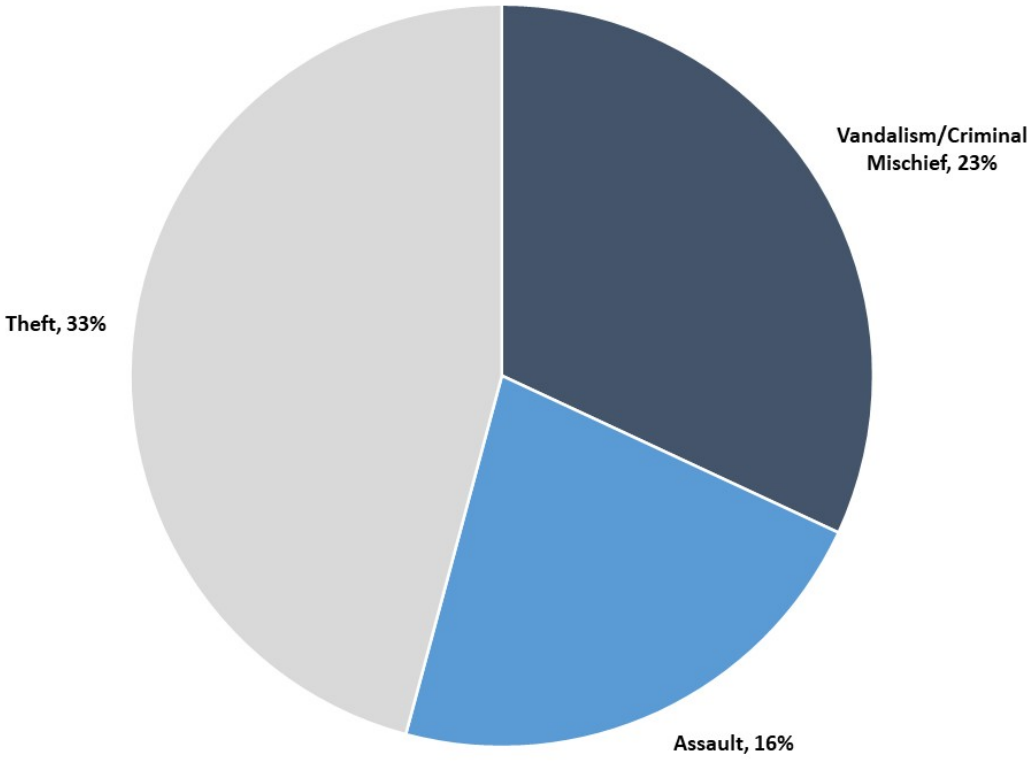
	2019	2020	2021	2022	2023	2024
Homer	458	375	484	519	485	439

Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

In 2024, there were 274 offenses, one third (33%) of major offenses are theft, followed by vandalism/criminal mischief (23%) and assault (16%).

Figure 105: Major Offense by Charge, Homer Police Department, 2024



Source: Homer Police Annual Reports

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

In 2024, the Kenai Peninsula had a much higher drinking water violation rate (71.62) when compared to the state (8.91), nation (5.76) and peer groups (7.82).

Table 32: Environmental Risks, 2024

	Kenai Peninsula	U.S.	Peer Group	Alaska
Airborne Cancer Risk[10]	14.77	21.67	17.21	26.04
Air Quality Hazard[11]	0.20	0.25	0.19	0.34
Drinking Water Violation Rate Per 1,000[12]	71.62	5.76	7.82	8.91
Toxic Release Index Score[13]	0.00	1.60	0.27	0.02

Source: U.S. News and World Report

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

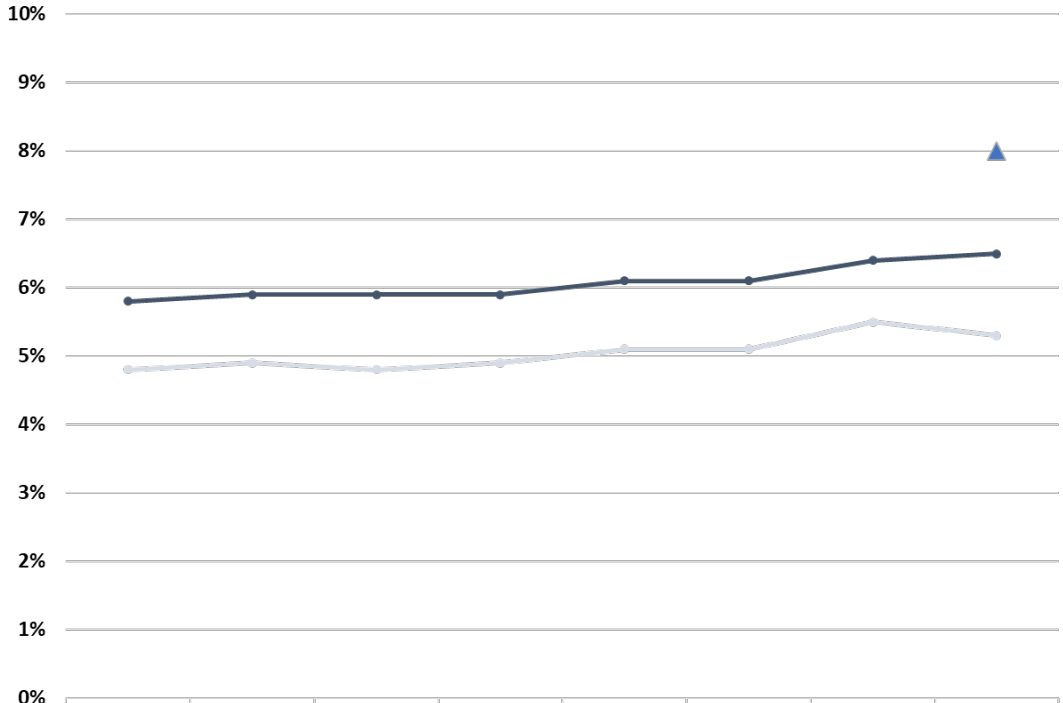
[10] Probability of contracting cancer over the course of a lifetime based on air toxics health risks; per 1M population
[11] Potential risk of developing serious respiratory complications over the course of a lifetime; smaller values indicate reduced risk
[12] Violation points, according to EPA standards, per 1,000 population
[13] Relative health risk from exposure to toxic chemicals

Healthy Women, Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community[14].

The percentage of babies born at low birthweight has remained fairly steady in both the Kenai Peninsula and Alaska. Between 2024 and 2025 the Kenai Peninsula saw a slight decrease (5.5% to 5.3%) while Alaska saw a slight increase (6.4% to 6.5%). The Kenai Peninsula has remained lower in comparison to the state and in 2025, both were lower than the nation (8.0%).

Figure 106: Babies Born at Low Birthweight, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	4.8%	4.9%	4.8%	4.9%	5.1%	5.1%	5.5%	5.3%
Alaska	5.8%	5.9%	5.9%	5.9%	6.1%	6.1%	6.4%	6.5%
US								8.0%

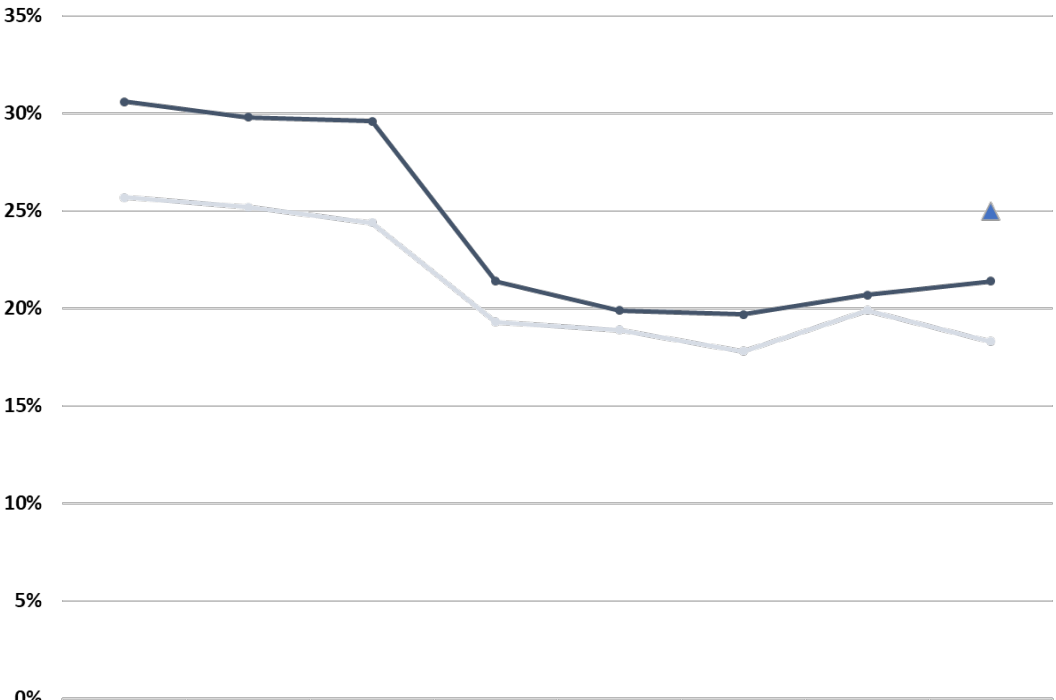
Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

[14] https://health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup

The percentage of children living in single parent households has fluctuated in the Kenai Peninsula with a slight decrease in recent years (19.9% in 2024 to 18.3% in 2025), with the state seeing an increase from 19.7% in 2023 to 21.4% in 2025. The Kenai Peninsula has remained lower in comparison to the state for all reported years and in 2025, both were lower in comparison to the US (25.0%).

Figure 107: Children Living in Single Parent Households, 2018 through 2025



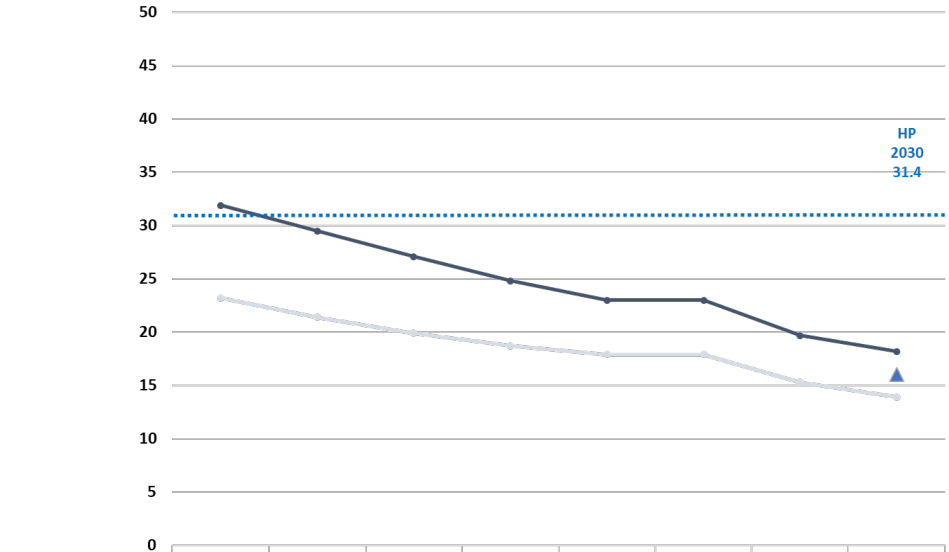
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	25.7%	25.2%	24.4%	19.3%	18.9%	17.8%	19.9%	18.3%
Alaska	30.6%	29.8%	29.6%	21.4%	19.9%	19.7%	20.7%	21.4%
US								25.0%

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The teen birth rate per 1,000 female population ages 15-19 has been decreasing in the Kenai Peninsula and Alaska since 2018, with the Kenai Peninsula rate lower than the state for all years and both below the Healthy People 2030 Target of 31.4. In 2025, the rate in the Kenai Peninsula (13.9) was also lower than the nation (16.0).

Figure 108: Teen Birth Rate, Per 1,000 Females Ages 15-19, 2018 through 2025



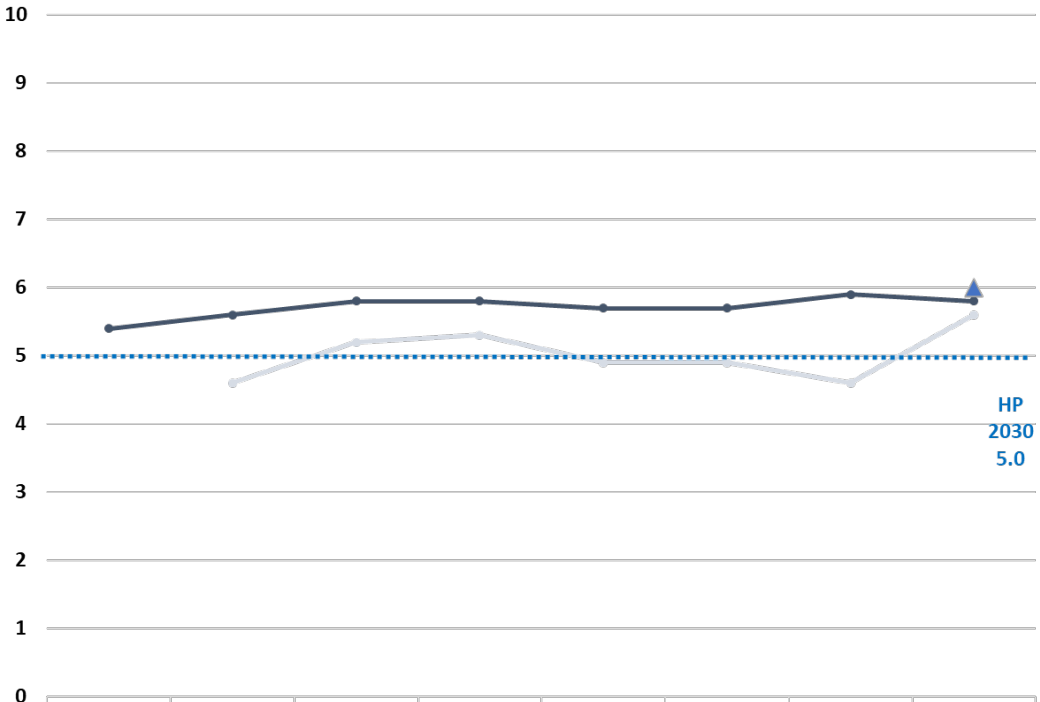
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	23.2	21.4	19.9	18.7	17.9	17.9	15.3	13.9
Alaska	31.9	29.5	27.1	24.8	23.0	23.0	19.7	18.2
US								16.0

Source: County Health Rankings and Roadmaps

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The infant mortality rate per 1,000 live births increased in the Kenai Peninsula from 4.6 in 2024 to 5.6 in 2025, while the state rate remained steady (5.9 to 5.8). In 2025, the rate in the Kenai Peninsula was comparable to the state and nation, with all slightly missing the Healthy People 2030 target of 5.0.

Figure 109: Infant Mortality Rate, Per 1,000 Live Births, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	ND	4.6	5.2	5.3	4.9	4.9	4.6	5.6
Alaska	5.4	5.6	5.8	5.8	5.7	5.7	5.9	5.8
US								6.0

Source: County Health Rankings and Roadmaps

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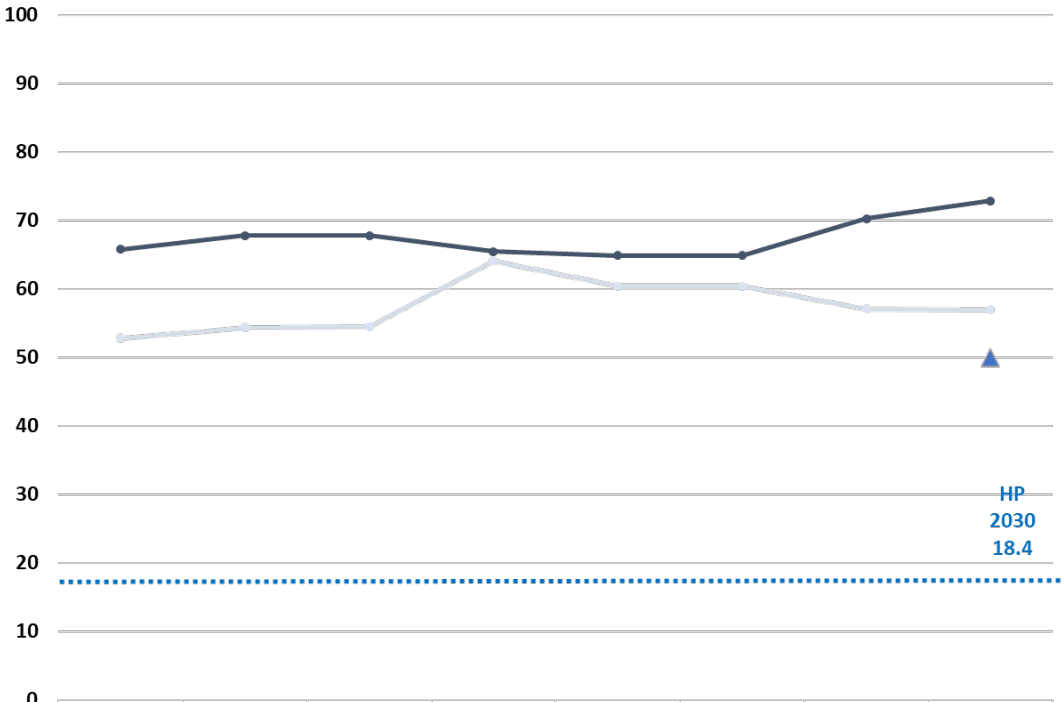
The child mortality rate among residents under age 20 per 100,000 population has been decreasing in the Kenai Peninsula from 60.4 in 2023 to 57.0 in 2025. The state rate has been increasing over the same period (64.9 to 72.9) and has remained higher in comparison to the Kenai Peninsula. Both are well above the Healthy People 2030 target of 18.4 and higher in comparison to the US (50.0).

Figure 110: Child Mortality Rate, Per 100,000 Under the Age of 20, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	52.8	54.4	54.5	64.1	60.4	60.4	57.1	57.0
Alaska	65.8	67.8	67.8	65.5	64.9	64.9	70.3	72.9
US								50.0

Source: County Health Rankings and Roadmaps

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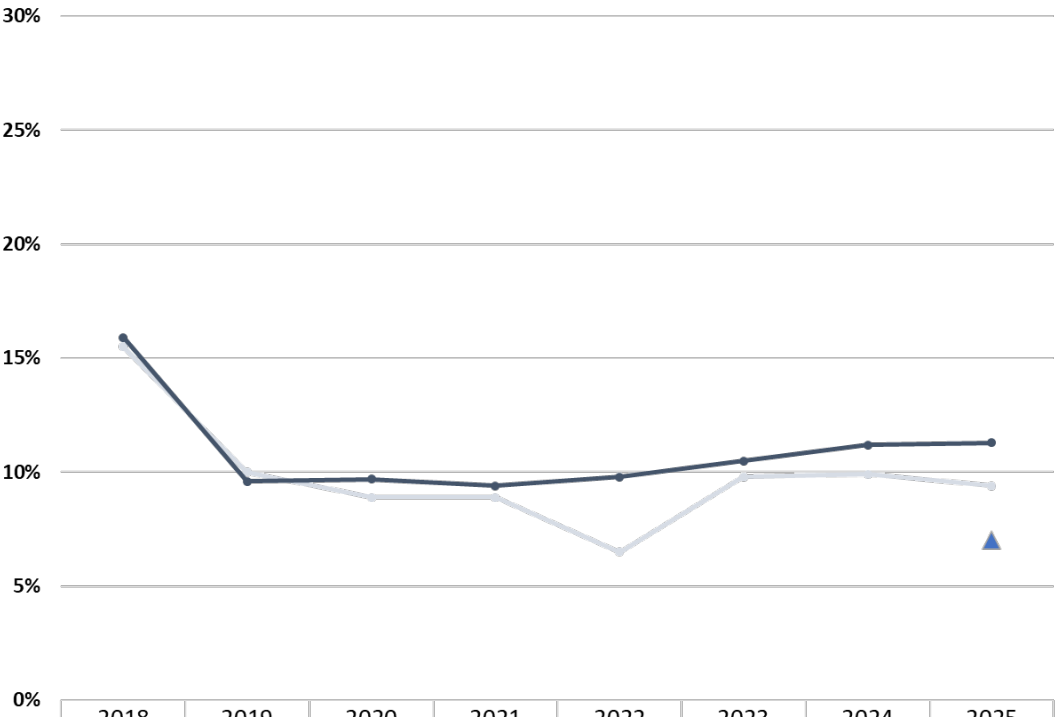
Disconnected youth are teens and young adults ages 16-19 who are neither working nor in school. The percentage of disconnected youth has fluctuated in the Kenai Peninsula with a high of 15.5% in 2018, to a low of 6.5% in 2022. The percentage decreased slightly in recent years from 9.9% in 2024 to 9.4% in 2025. In comparison, the percentage for the state has steadily been increasing since 2021 (9.4%) and in 2025 (11.3%) is higher than the Kenai Peninsula. In 2025, both the Kenai Peninsula (9.4%) and Alaska (11.3%) have a higher percentage of disconnected youth than the US (7.0%).

Figure 111: Disconnected Youth, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	15.5%	10.0%	8.9%	8.9%	6.5%	9.8%	9.9%	9.4%
Alaska	15.9%	9.6%	9.7%	9.4%	9.8%	10.5%	11.2%	11.3%
US								7.0%

Source: County Health Rankings and Roadmaps

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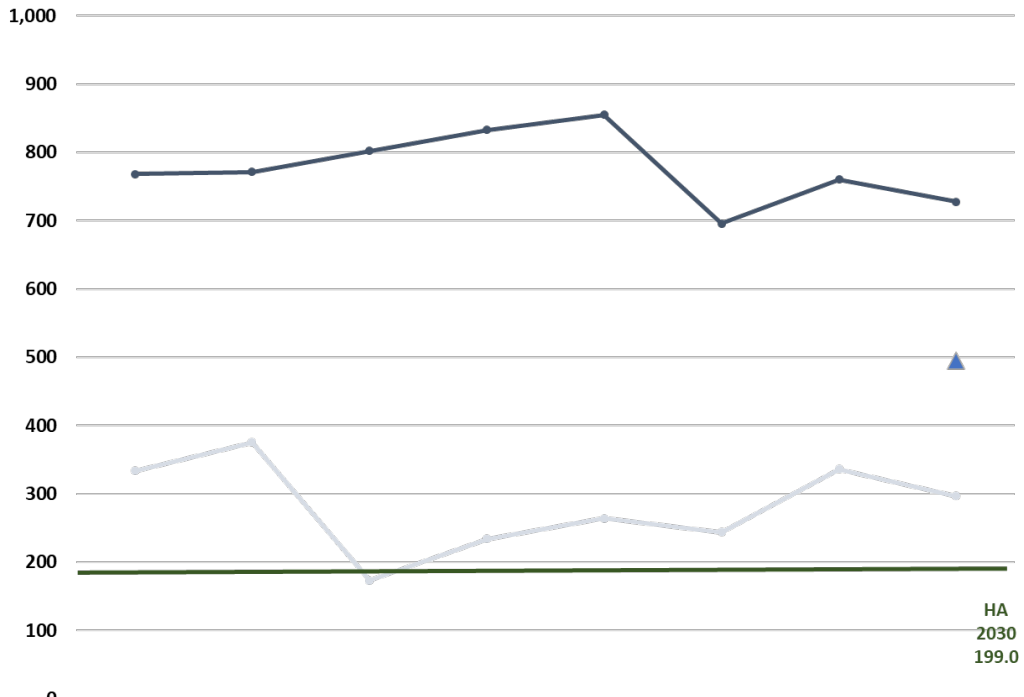
Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions[15].

The chlamydia rate per 100,000 has fluctuated in both the Kenai Peninsula and state, with both seeing a decrease between 2024 and 2025. The rate in the Kenai Peninsula has remained well below that of Alaska although it is still above the Healthy Alaskans 2030 Target of 199.0. In 2025 the rate for the Kenai Peninsula (296.6) was lower in comparison to the US (495.0).

Figure 112: Chlamydia Rate, Per 100,000, 2018 through 2025



	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	333.4	375.5	173.0	233.7	264.0	243.6	336.3	296.6
Alaska	768.3	771.6	802.1	832.5	854.9	695.8	760.4	727.7
US								495.0

Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

[15] https://www.emro.who.int/health-topics/infectious-diseases/index.html

Kachemak Bay Family Planning reported an increase in the number of STI tests completed in 2024 in comparison to prior years. The percentage of positive Herpes tests remained consistent between 2023 (38%) and 2024 (37%), with both years representing an increase from 2022 (14%). In 2024 1% of tests were positive for Hep C, 5% for Syphilis and 3% for Chlamydia/Gonorrhea.

Table 33: Positive STI Tests, Kachemak Bay Family Planning Clinic, 2021 through 2024

	2021			2022			2023			2024		
STI	# of tests	#	%	# of tests	#	%	# of Tests	#	%	# of Tests	#	%
Hep A							1	0	0%	1	1	100%
Hep C Rapid	30	0	0%	148	3	2%	207	6	3%	231	2	1%
Hep C	46	0	0%	36	1	3%	21	1	5%	30	0	0%
Syphilis Rapid				53	1	2%	154	0	0%	243	6	2%
Syphilis	47	0	0%	33	0	0%	15	0	0%	35	1	3%
Herpes	16	7	44%	29	4	14%	21	8	38%	19	7	37%
Chlamydia/ Gonorrhea	203	20	10%	371	17	5%	500	16	3%	403	14	3%
Hep B	43	0	0%	32	0	0%	18	0	0%	26	0	0%
HIV Rapid	67	0	0%	155	0	0%	229	0	0%	247	0	0%
HIV	48	0	0%	35	0	0%	17	0	0%	28	0	0%
Mgen							1	0	0%	2	0	0%
Trich							119	7	6%	253	7	3%
	500	**27**	**5.4%**	**892**	**26**	**2.9%**	**1,303**	**38**	**2.9%**	**1,518**	**38**	**2.5%**

Source: Kachemak Bay Family Planning Clinic

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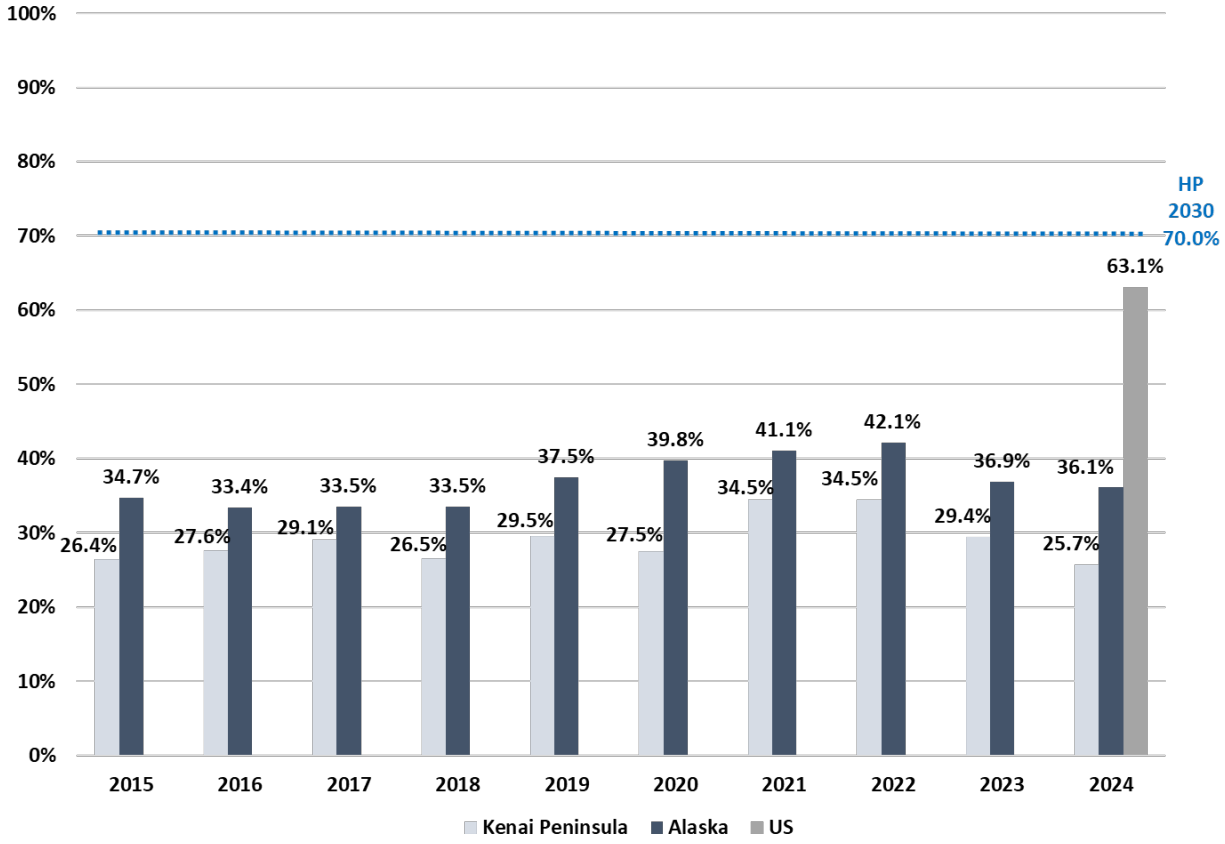
The percentage of adults who received an annual flu vaccine decreased in the Kenai Peninsula from 34.5% in 2022 to 25.7% in 2024, well below that of the state (36.1%) and Healthy People 2030 Target of 70.0%. During this timeframe the percentage also decreased for the state from 42.1% to 36.1%. In 2024, the Kenai Peninsula (25.7%) and state (36.1%) are well below the US (70.0%) for flu vaccinations.

Figure 113: Annual Flu Vaccine, 2015 through 2024

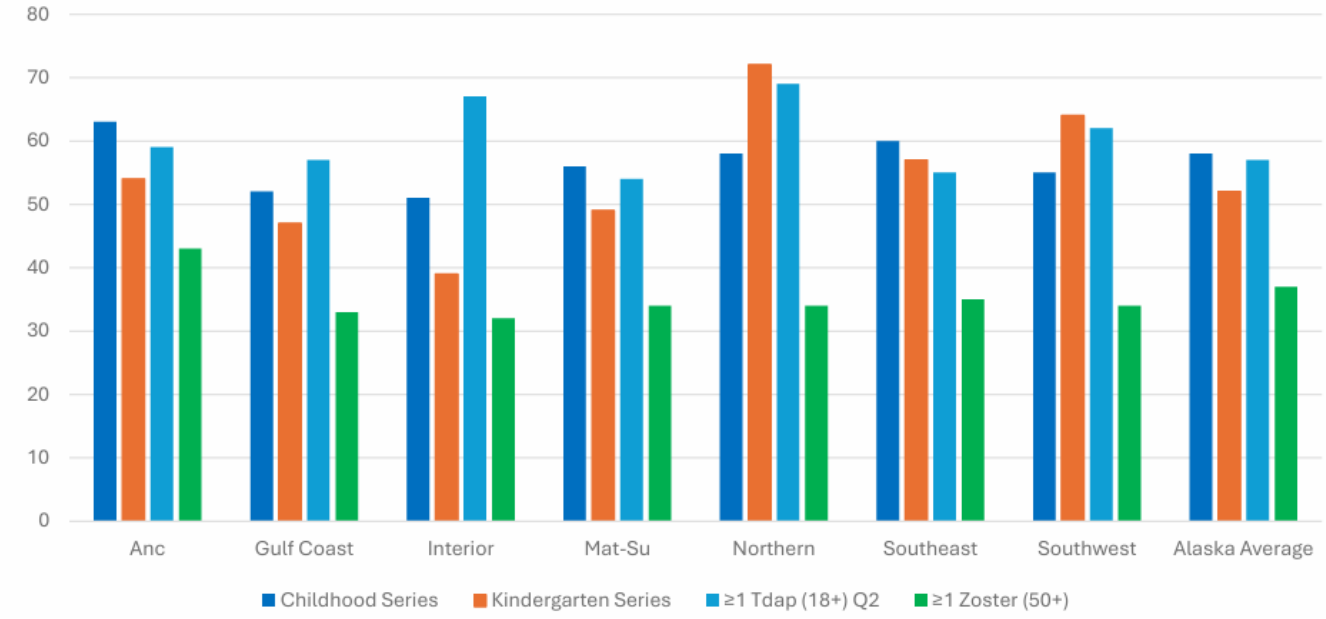


Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of children who received their vaccinations in quarter three of 2025 was lower in the Gulf Coast compared to most regions as well as the state overall.

Figure 114: Childhood Vaccination Series, Q3 2025

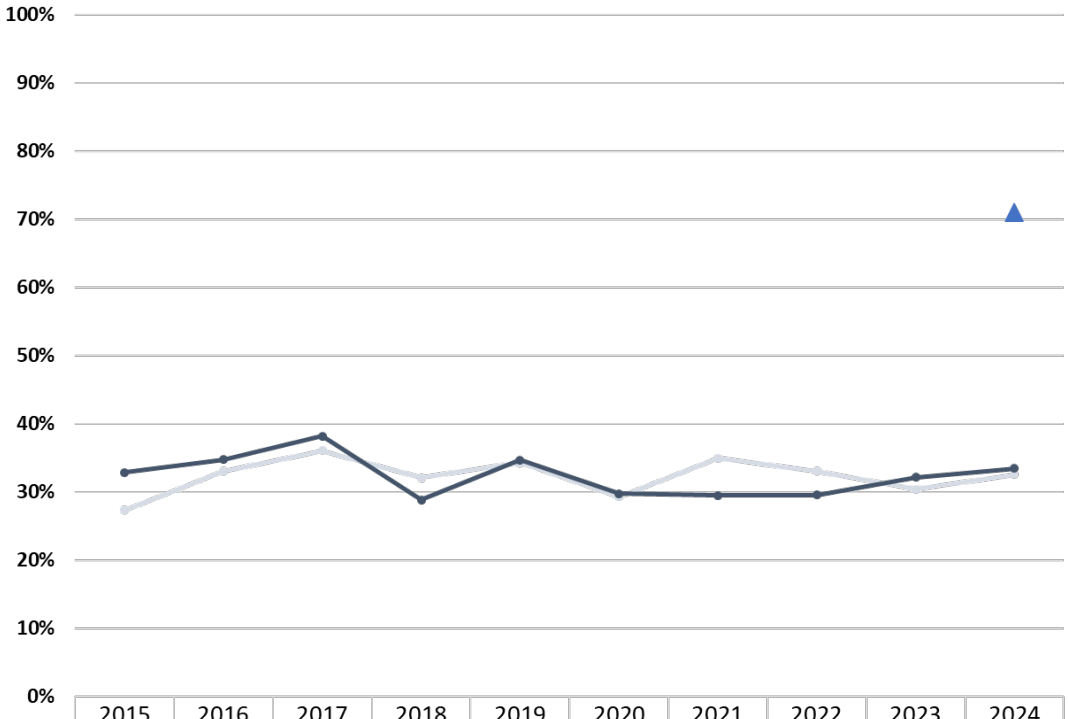


Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The percentage of adults aged 65 and older in both the Kenai Peninsula and Alaska who received the pneumonia vaccine has fluctuated between 2015 and 2024, with both seeing an increase in recent years. The percentage in the Kenai Peninsula increased from 30.4% in 2023 to 32.6% in 2024 and from 29.6% in 2022 in the state to 33.5% in 2024. In 2024, the Kenai Peninsula (32.6%) was just below the state (33.5%), with both twice as low as the US (71.1%).

Figure 115: Pneumonia Vaccine, Adults 65+, 2015 through 2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Kenai Peninsula	27.4%	33.1%	36.1%	32.1%	34.3%	29.3%	35.0%	33.1%	30.4%	32.6%
Alaska	32.9%	34.8%	38.2%	28.9%	34.7%	29.8%	29.5%	29.6%	32.2%	33.5%
US										71.1%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

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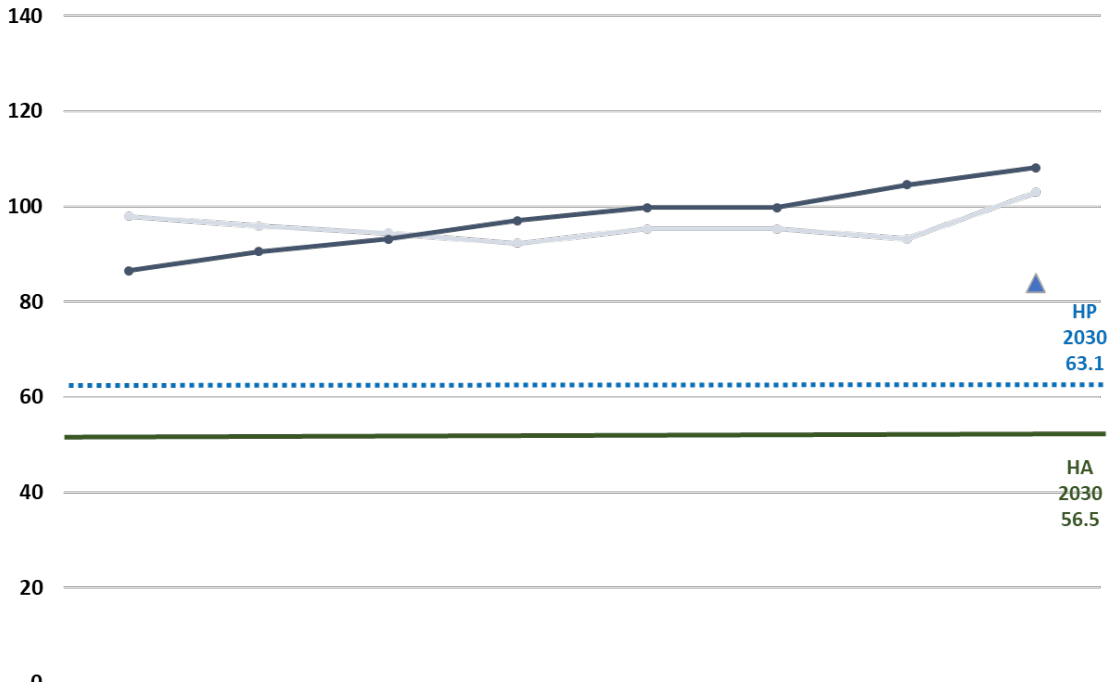
Injury

The topic of injury relates to any intentional[16] or unintentional[17] injuries that can be suffered by individuals.

The injury death rate per 100,000 has fluctuated in the Kenai Peninsula and saw an increase between 2024 (93.2) and 2025 (103.0) where the highest rate of all years was reported. The state rate has also been increasing (99.8 in 2023 to 108.2 in 2025). In 2025, the rate for the Kenai Peninsula was just below the state with both higher than the US (84.0), and above the Healthy People 2030 target (63.1) and Healthy Alaskans 2030 target (56.5).

Figure 116: Injury Death Rate, Per 100,000, 2018 through 2025



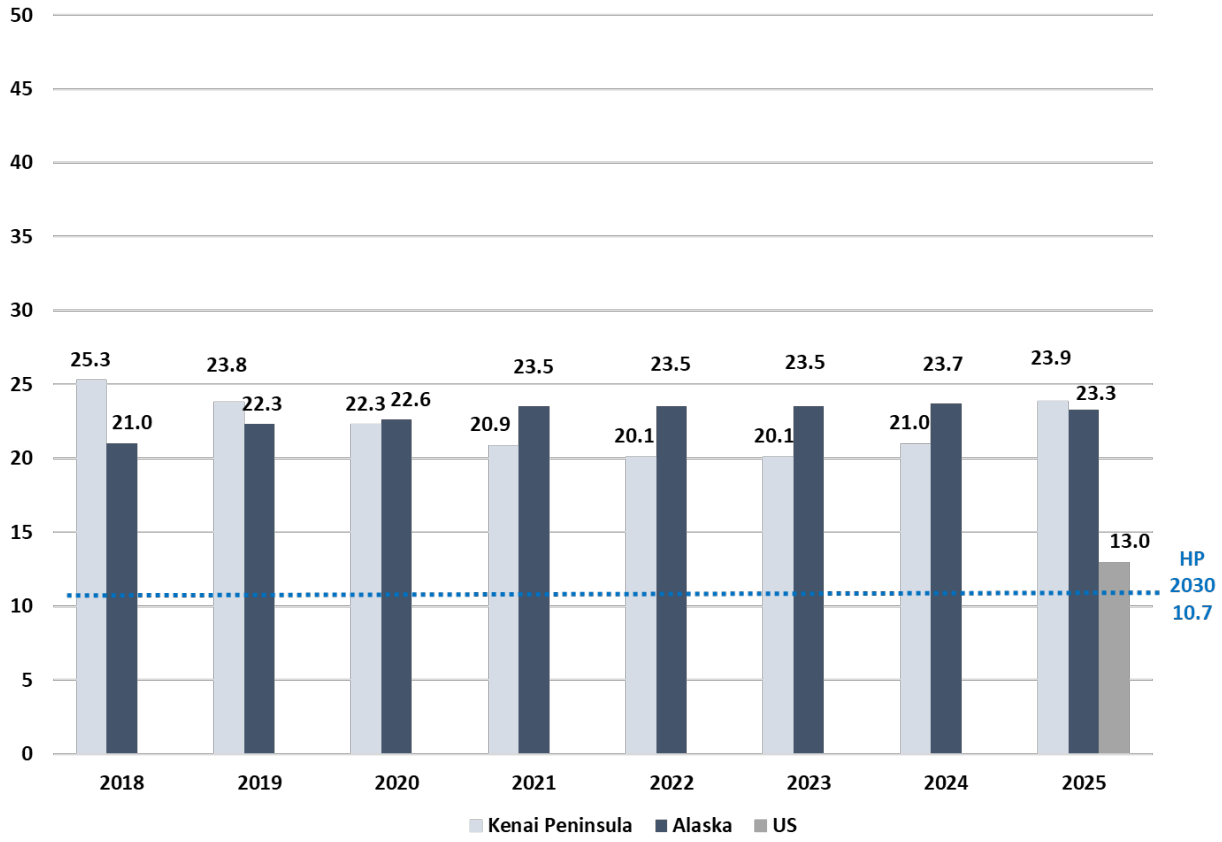
	2018	2019	2020	2021	2022	2023	2024	2025
Kenai Peninsula	97.9	95.9	94.4	92.3	95.3	95.3	93.2	103.0
Alaska	86.6	90.5	93.2	97.1	99.8	99.8	104.6	108.2
US								84.0

Source: County Health Rankings and Roadmaps
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

[16] https://www.maine.gov/dhhs/mecdc/population-health/inj/intentional.html#:~:text=The%20term%20%22intentional%22%20is%20used,violence%20intended%20to%20cause%20harm.
[17] https://www.maine.gov/dhhs/mecdc/population-health/inj/unintentional.html

The firearm mortality rate per 100,000 increased in the Kenai Peninsula from 21.0 in 2024 to 23.9 in 2025, while the rate decreased for the state during this time (23.7 to 23.3). In 2025, the rate in the Kenai Peninsula was comparable to the state and twice that of the Healthy People 2030 target of 10.7 as well as higher than the nation (13.0).

Figure 117: Firearm Mortality Rate, Per 100,000, 2018 through 2025



Source: County Health Rankings and Roadmaps

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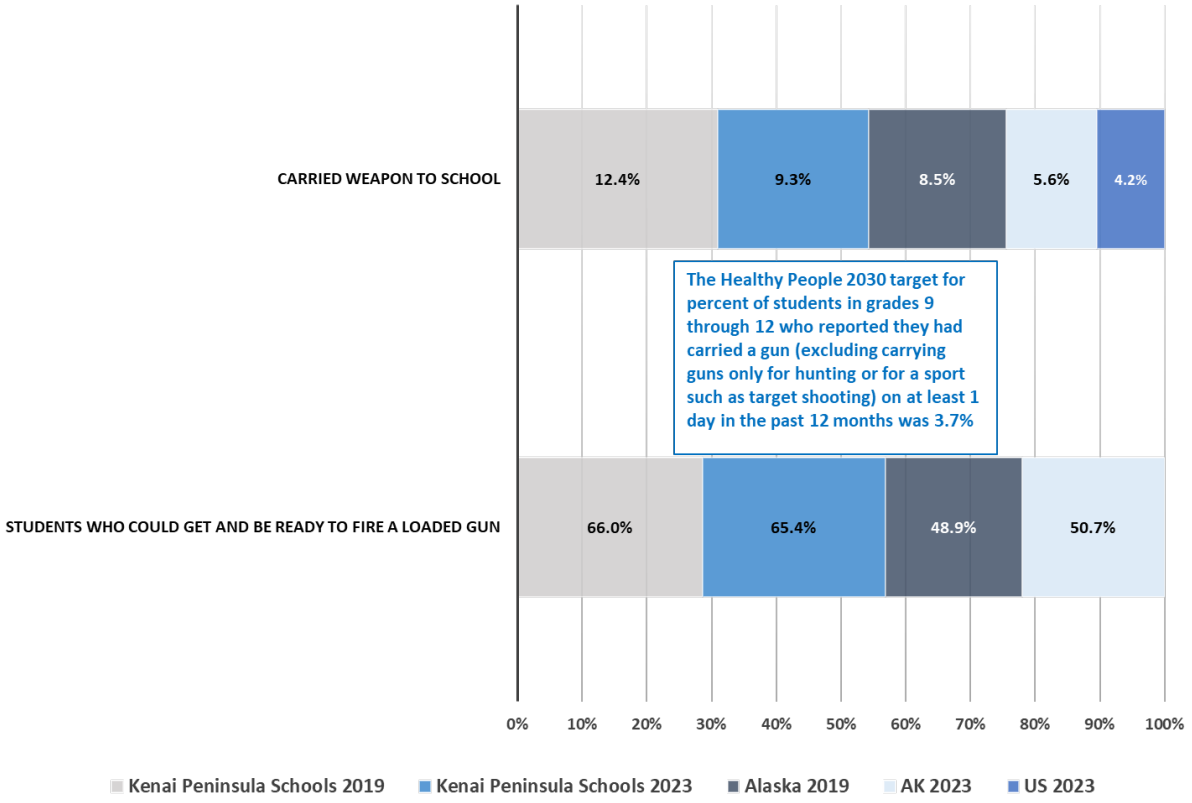
The percentage of students in the Kenai Peninsula who carried a weapon to school decreased from 12.4% in 2019 to 9.3% in 2023, although in 2023 it was higher than peers across the state (5.6%), nation (4.2%), and the Healthy People 2030 Target of 3.7%. The percentage of students who could get and be ready to fire a loaded gun barely changed (66.0% to 65.4%) between 2019 and 2023 but remained higher in comparison to the state (50.7%).

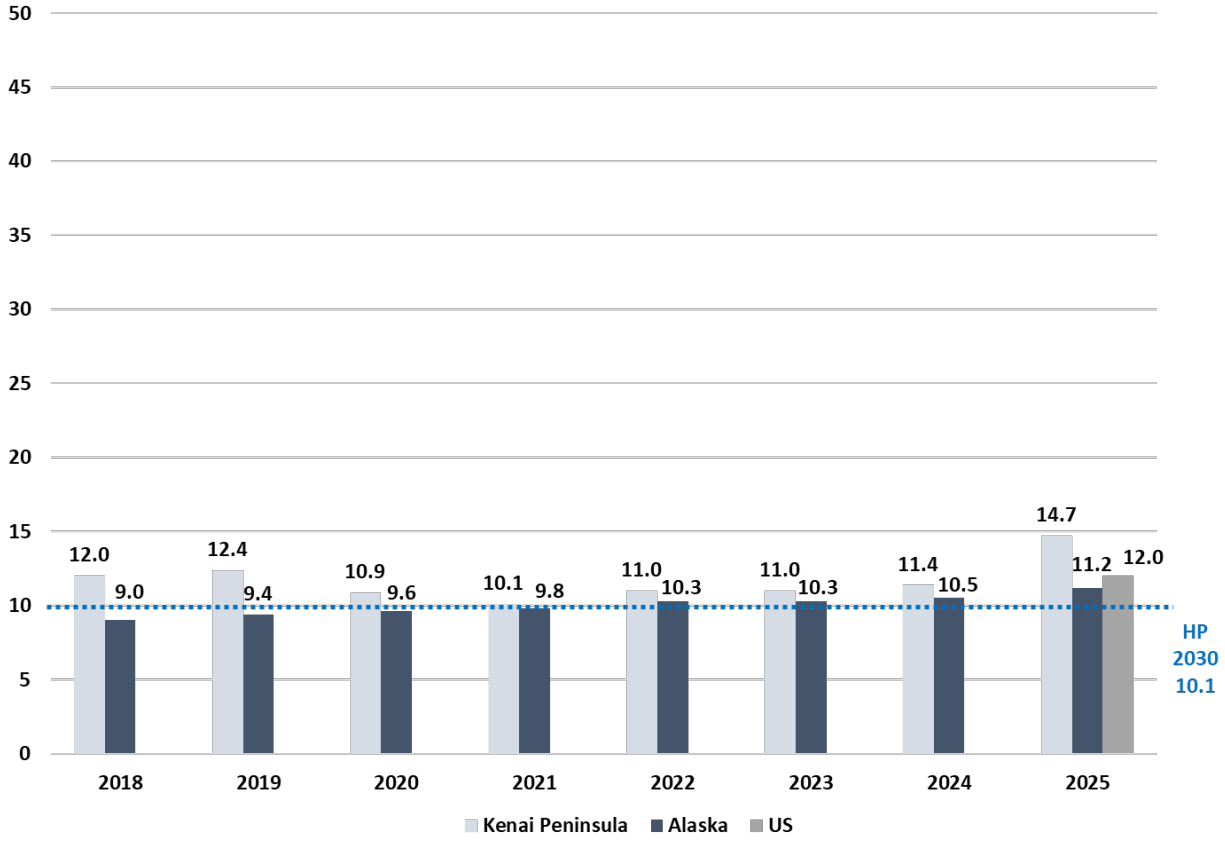
Figure 118: Student Safety, 2019 and 2023



Source: Alaska Youth Risk Behaviors Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Between 2024 and 2025 the motor vehicle mortality rate increased from 11.4 to 14.7 in the Kenai Peninsula and 10.5 to 11.2 in the state, both above the Healthy People 2030 target of 10.1. In 2025, the rate in the Kenai Peninsula (14.7) was also higher than the US rate of 12.0.

Figure 119: Motor Vehicle Mortality Rate, Per 100,000, 2018 through 2025



Source: County Health Rankings and Roadmaps

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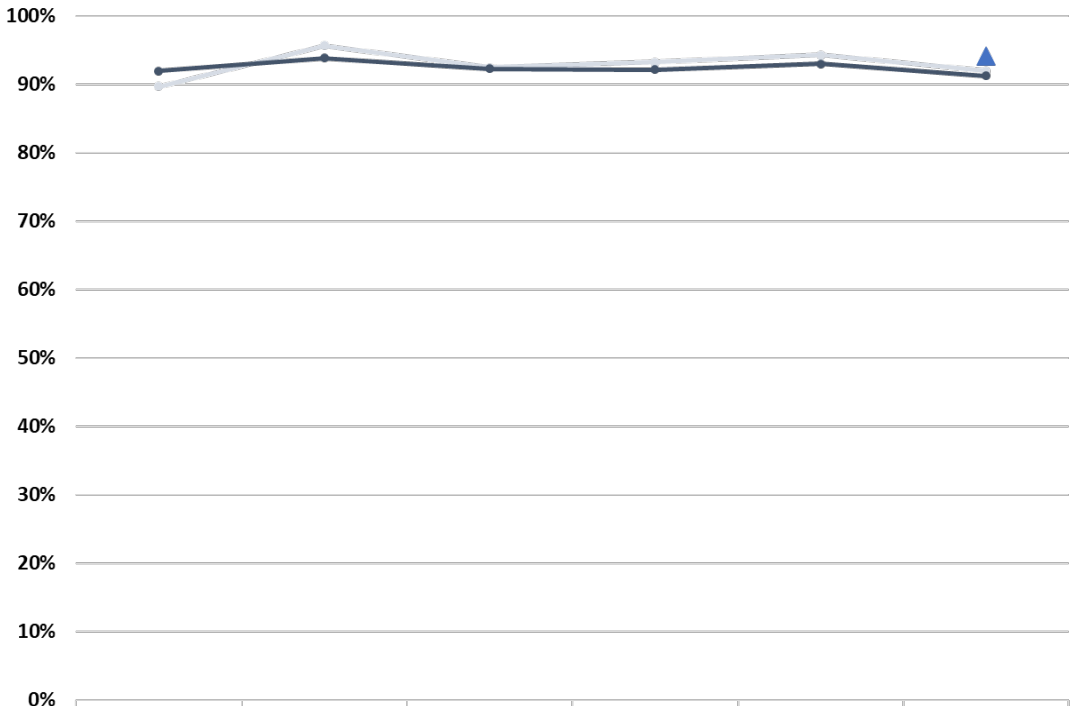
The percentage of adults who report that they always or almost always wear their seatbelt is comparable in the Kenai Peninsula and Alaska, with both seeing a slight decrease from 2020 to 2023 (94.3% to 92.0% and 93.0% to 91.3% respectively). In 2023, both were also lower in comparison to the US (94.1%).

*Figure 120: Always or Almost Always Wear Seatbelt, 2015 through 2023**



	2015	2016	2017	2018	2020	2023
Kenai Peninsula	89.7%	95.7%	92.5%	93.3%	94.3%	92.0%
Alaska	92.0%	93.9%	92.3%	92.2%	93.0%	91.3%
US						94.1%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

**This question was not asked in 2019, 2021 or 2022*

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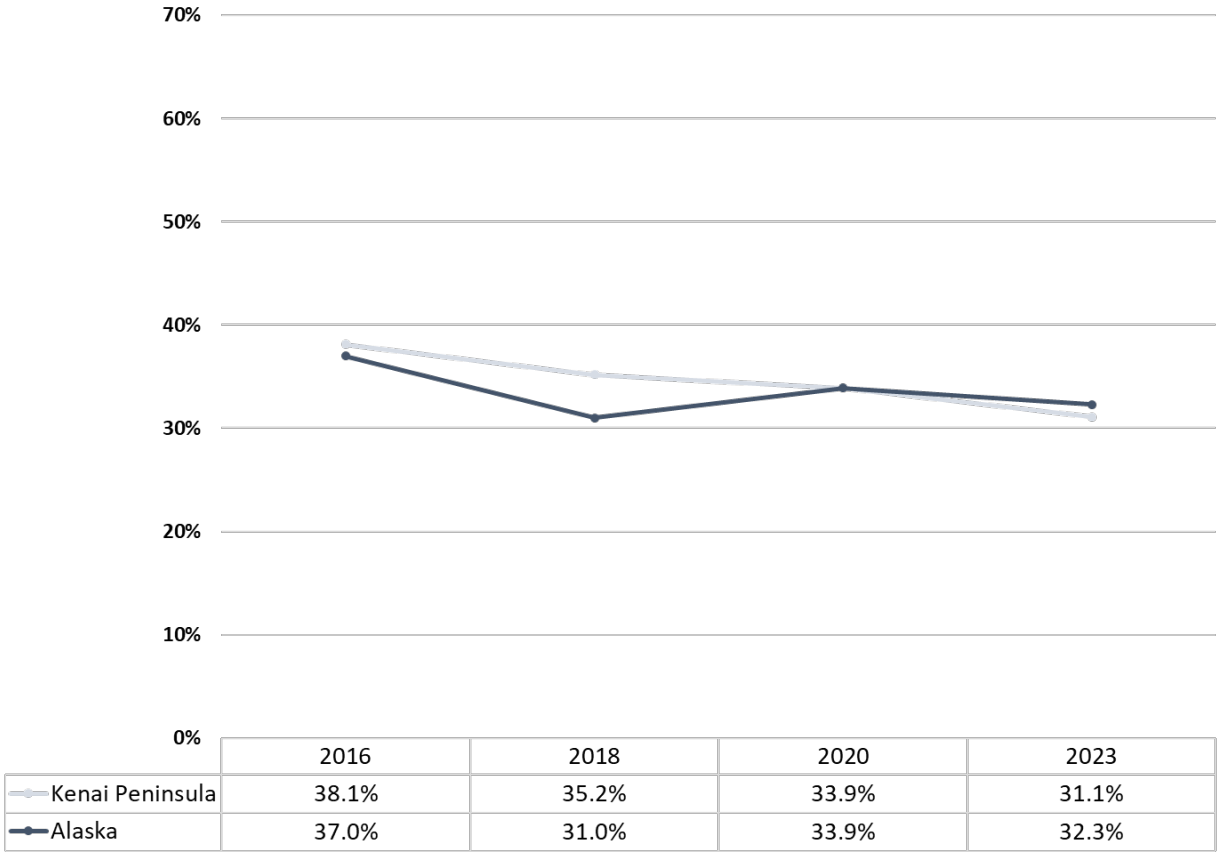
The percentage of adults aged 45 and older who report a fall in the Kenai Peninsula decreased from 38.1% in 2016 to 31.1% in 2023, which was just below the state (32.3%). The percentage of adults aged 45 and older in Alaska who report a fall increased from 31.0% in 2018 to 33.9% in 2020 before decreasing to 32.3% in 2023.

*Figure 121: Falls, Adults Age 45+, 2016 through 2023**



	2016	2018	2020	2023
Kenai Peninsula	38.1%	35.2%	33.9%	31.1%
Alaska	37.0%	31.0%	33.9%	32.3%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

**This question was not asked in 2017, 2019, 2021 or 2022*

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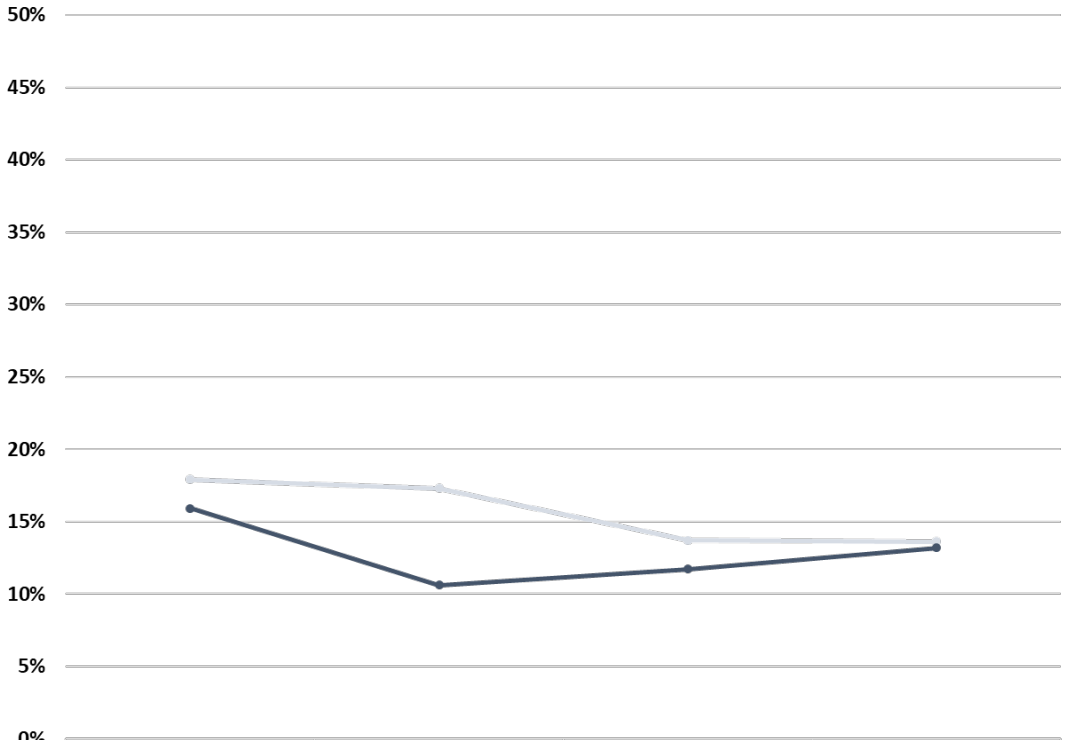
Between 2016 (17.9%) and 2023 (13.6%) the percentage of falls with injury for adults aged 45 and older in the Kenai Peninsula decreased. In contrast, the percentage has been increasing in the state from 10.6% in 2018 to 13.2% in 2023. In 2023, the percentage in the Kenai Peninsula was comparable to the state.

*Figure 122: Falls with Injury, Adults Age 45+, 2016 through 2023**



	2016	2018	2020	2023
Kenai Peninsula	17.9%	17.3%	13.7%	13.6%
Alaska	15.9%	10.6%	11.7%	13.2%

Source: Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion, BRFSS

**This question was not asked in 2017, 2019, 2021 or 2022*

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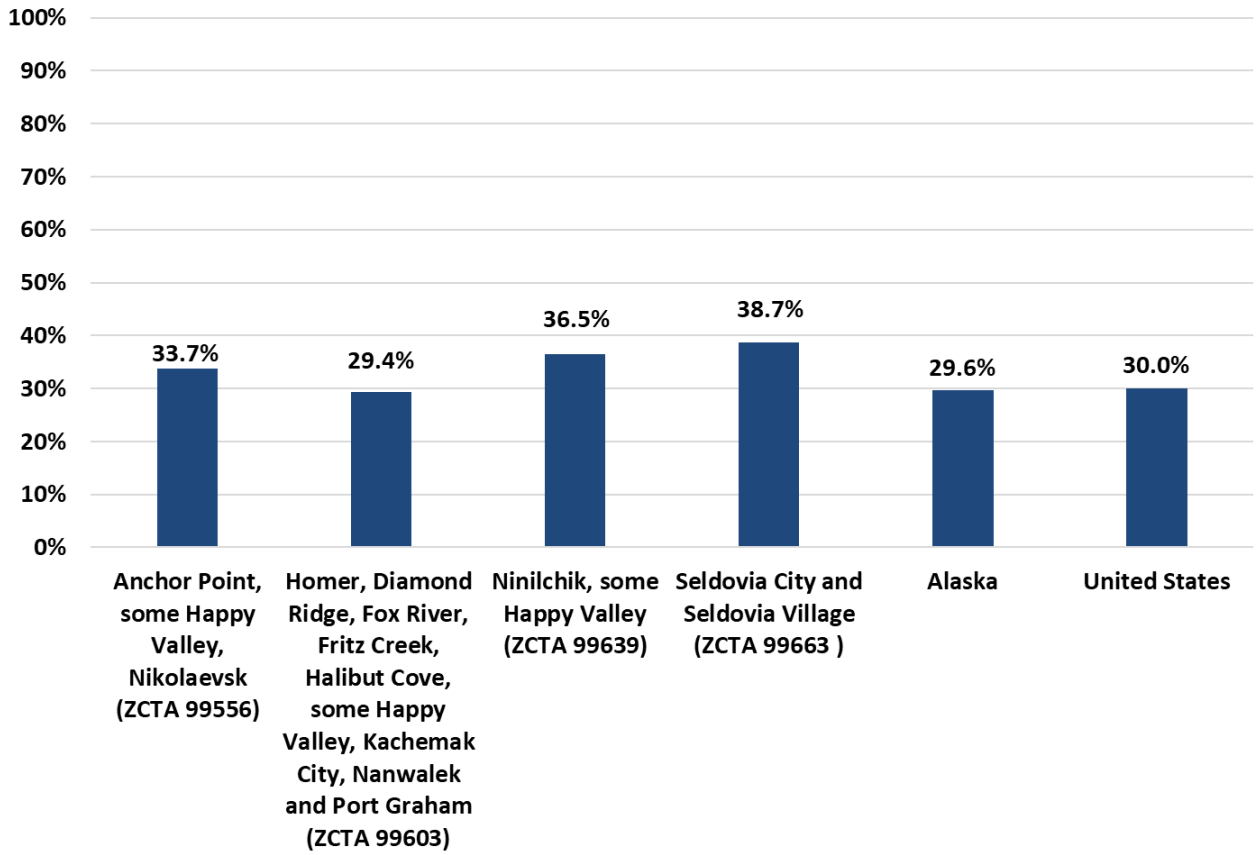
Disabilities

People with disabilities represent a significant and diverse segment of the population, and their experiences are closely intertwined with overall health and well-being. In the United States, more than one in four adults—over 60 million people—live with a disability, encompassing a wide range of physical, cognitive, sensory, and functional conditions. These individuals are more likely to experience disparities in health outcomes, including higher rates of chronic conditions such as heart disease, diabetes, and depression, as well as barriers to accessing timely and appropriate health care. Disability itself is not a determinant of poor health; rather, inequities often arise from systemic, environmental, and social barriers that limit opportunities for prevention, care, and healthy living [18].

Seldovia City and Seldovia Village (38.7%) had the highest percentage of residents with a disability among select ZIP Code Tabulation Areas (ZCTA) and were higher in comparison to the state (29.6%) and nation (30.0%).

Figure 123: Any Disability Among Adults, 2023



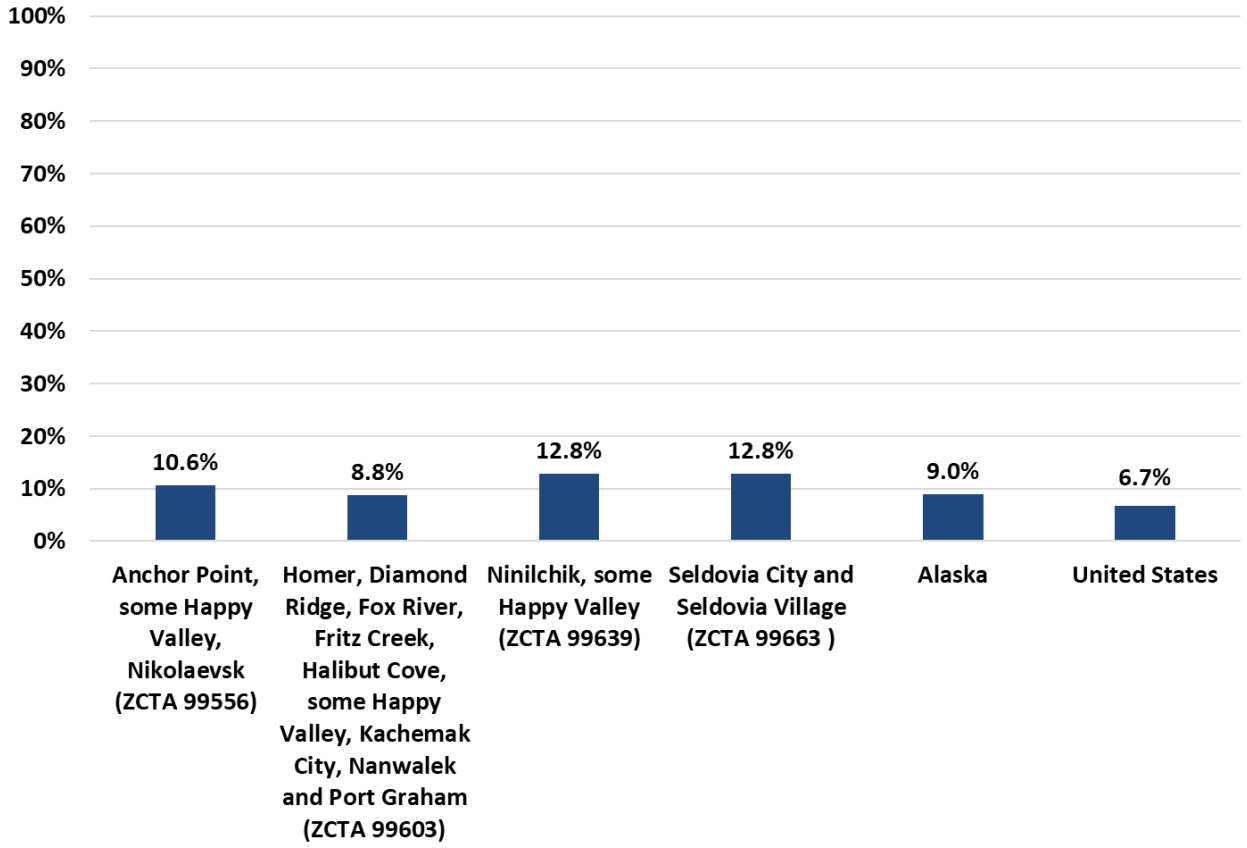
Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

[18] https://www.cdc.gov/disability-and-health/articles-documents/disability-and-health-data-now.html

Ninilchik, some of Happy Valley (12.8%); and Seldovia City and Seldovia Village (12.8%) had the highest percentage of residents with a hearing disability among select ZIP Code Tabulation Areas (ZCTA) and are higher in comparison to the state (9.0%) and nation (6.7%).

Figure 124: Hearing Disability Among Adults, 2023



Source: Centers for Disease Control, PLACES data

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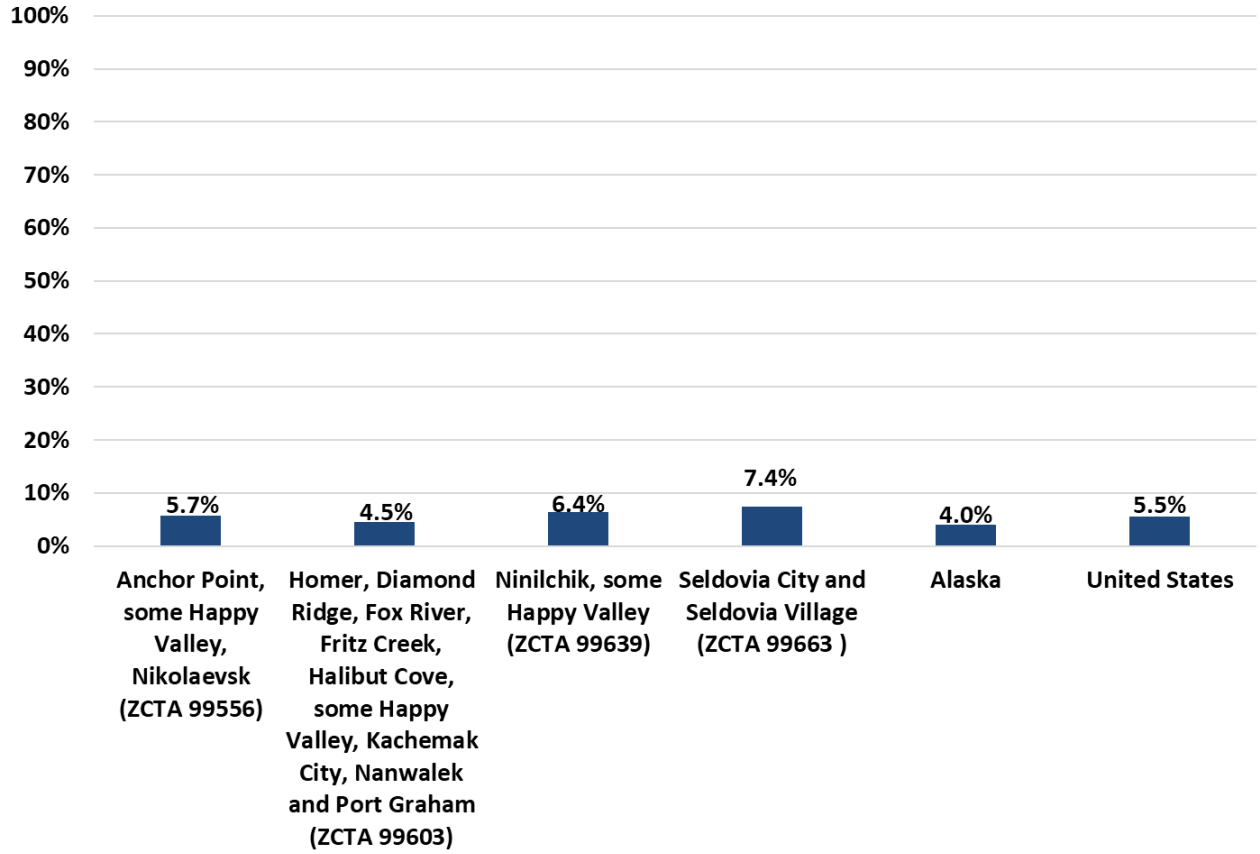
Seldovia City and Seldovia Village (7.4%); Ninilchik, some of Happy Valley (6.4%); and Anchor Point, some of Happy Valley and Nikolaevsk (5.7%) had the highest percentage of residents with a vision disability among select ZIP Code Tabulation Areas (ZCTA), and are higher in comparison to the state (4.0%) and nation (5.5%).

Figure 125: Vision Disability Among Adults, 2023

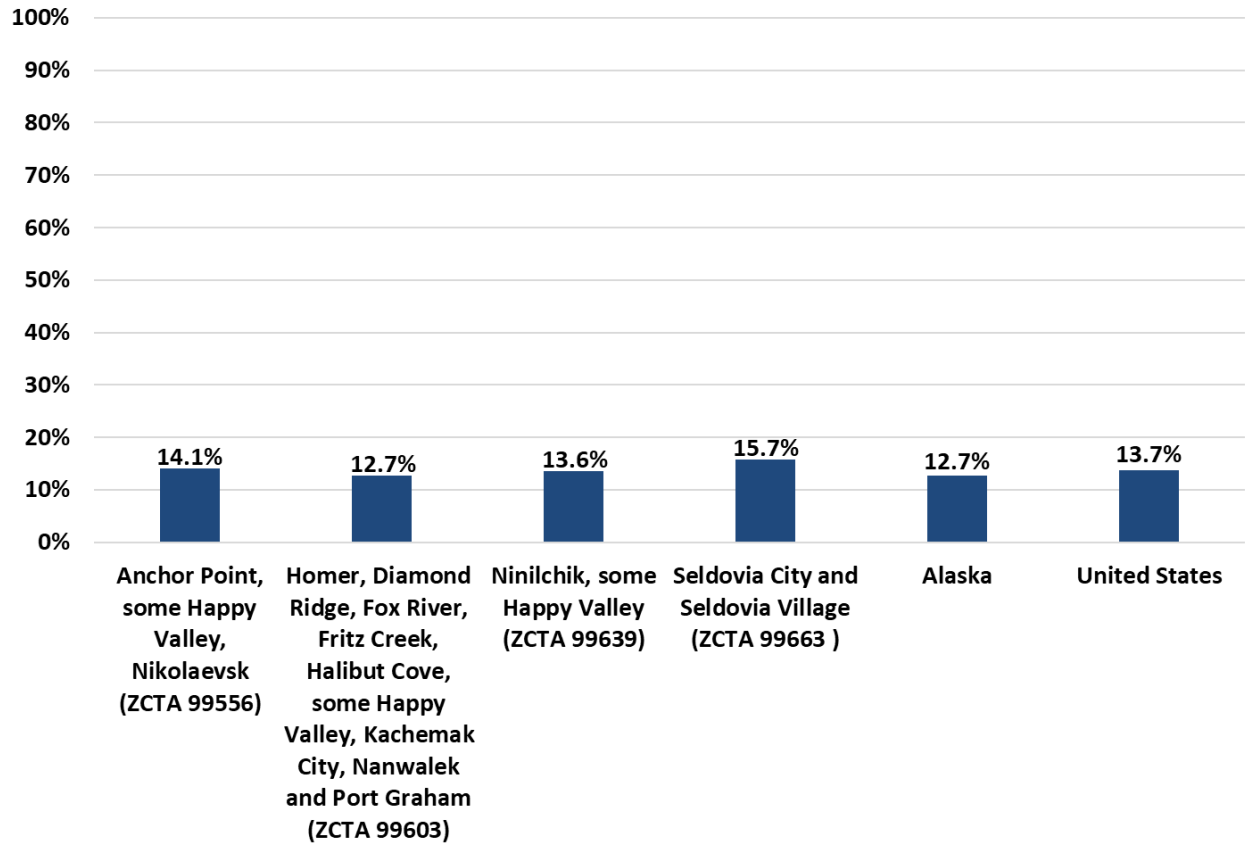


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Seldovia City and Seldovia Village (15.7%); Anchor Point, some of Happy Valley and Nikolaevsk (14.1%); and Ninilchik, some of Happy Valley (13.6%) had the highest percentage of residents with a cognitive disability among select ZIP Code Tabulation Areas (ZCTA), and are higher in comparison to the state (12.7%).

Figure 126: Cognitive Disability Among Adults, 2023

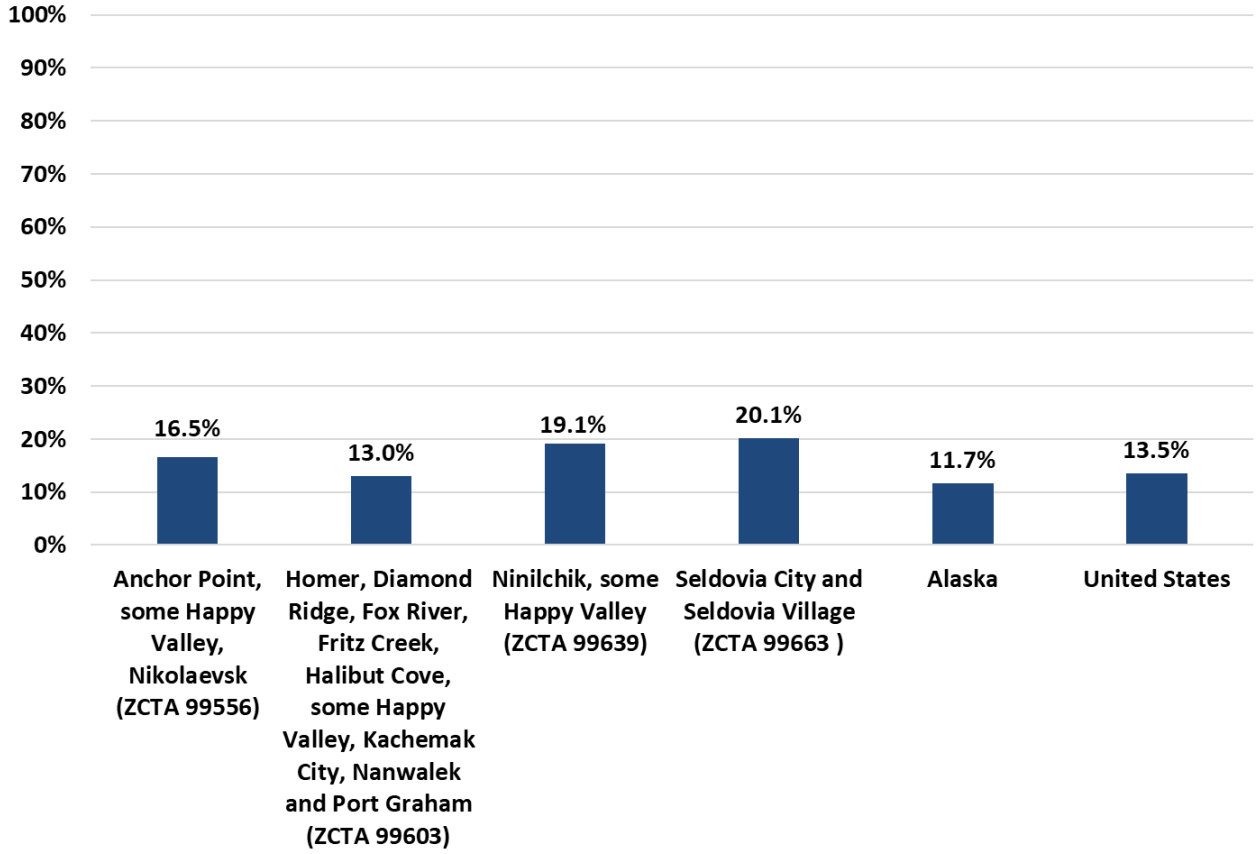


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All reported ZIP Code Tabulation Areas (ZCTA) had a higher percentage of residents with a mobility disability in comparison to the state (11.7%) and all but one were higher than the nation also (13.5%).

Figure 127: Mobility Disability Among Adults, 2023

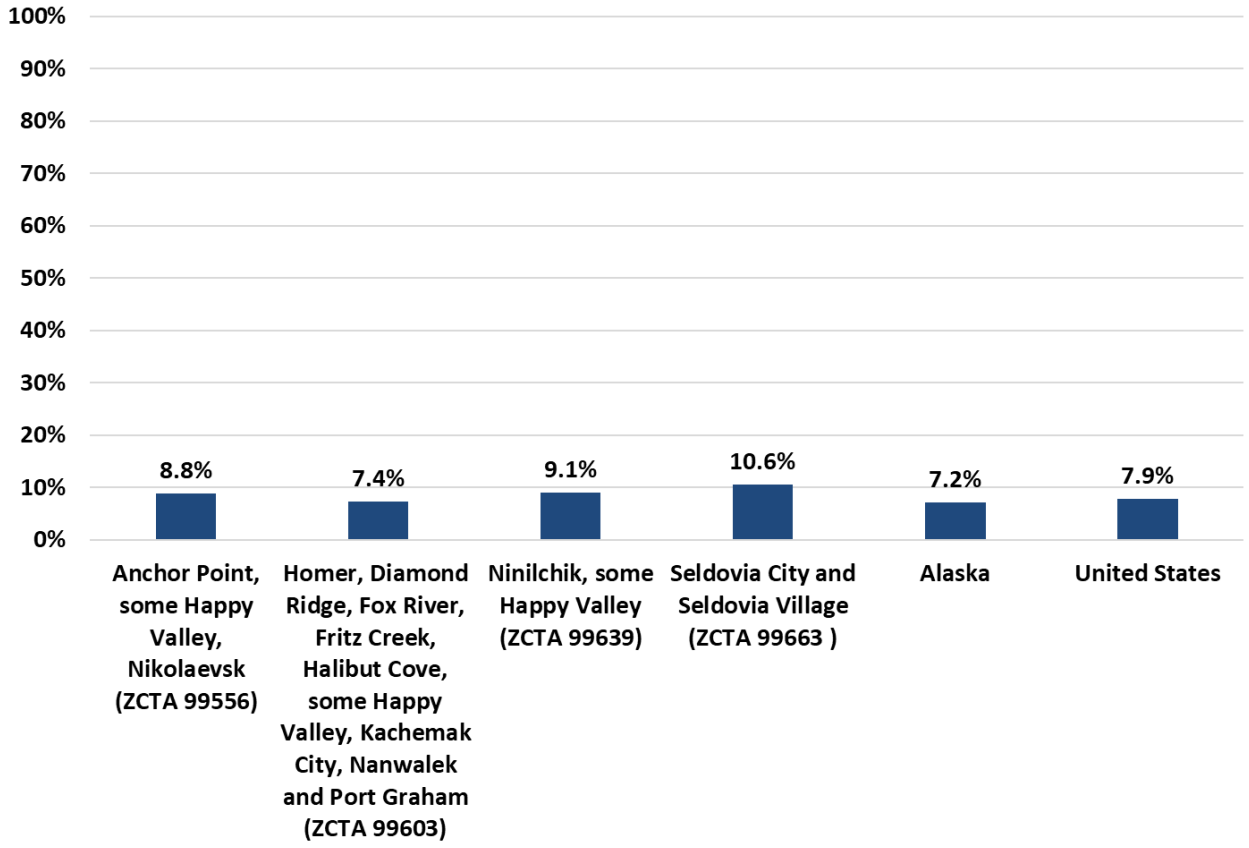


Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

All reported ZIP Code Tabulation Areas (ZCTA) had a higher percentage of residents with an independent living disability in comparison to the state (7.2%) and all but one were higher than the nation as well (7.9%).

Figure 128: Independent Living Disability, 2023



Source: Centers for Disease Control, PLACES data

NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Prioritization

On April 15, 2026, the Southern Kenai Peninsula MAPP Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the Southern Kenai Peninsula. Strategy Solutions, Inc. presented the data to the SKP MAPP Steering Committee and facilitated discussion about the needs of the local area and identified other potential needs that were not reflected in the data collected. A total of 28 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2030 goals, Healthy Alaskans 2030, negative trends, or growing incidence). Five criteria, including magnitude of the problem, disparities/equity, impact on other health outcomes, capacity to implement evidence-based solutions or promising practices and community collaboration, were identified that the group would use to evaluate identified needs and issues.

Table 34: Prioritization Criteria

		Scoring		
Item	Definition	Low (1)	Medium	High (10)
1. Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
2. Disparities/ Inequity	The degree to which there are disparities within particular populations and/or inequitable access to prevention and/or treatment resources	There are minimal disparities and generally equal access	There are some disparities and/or access challenges	There are significant disparities and/or inequities in access
3. Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	There is minimal impact on health outcomes or other conditions	There is some impact on health outcomes or other conditions	There is significant impact on health outcomes or other conditions
4. Capacity to implement evidence based solutions or promising practices	This considers the capacity of existing systems and resources available	There is little or no capacity to implement evidence based solutions or promising practices	There is some capacity to implement evidence based solutions or promising practices	There is ample capacity to implement evidence based solutions or promising practices
5. Community collaboration	The extent to which there is opportunity for community collaboration and buy-in to address this issue	There is little or no opportunity for community collaboration	There is some opportunity for community collaboration	There is ample opportunity for community collaboration

Following the meeting, Steering Committee members completed the prioritization exercise using SurveyMonkey to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. A total of 7 members completed the prioritization survey. The results appear in the table below.

Table 35: Prioritization Results

	Magnitude of the Problem	Disparities/ Inequity	Impact on Health Outcomes	Capacity to Implement Evidenced Based Solutions	Community Collaboration	Total	Rank
Transportation	8.86	8.71	8.43	7.00	7.29	40.29	1
Elder Care Services	8.00	8.57	8.29	7.29	7.67	39.81	2
Food Insecurity / Access to Healthy Food	7.86	8.57	7.86	7.14	7.57	39.00	3
Housing	8.71	8.57	7.86	6.29	7.43	38.86	4
Substance Use	7.57	7.14	7.86	8.00	7.71	38.29	5
Access to Care / Delayed Care	7.57	8.14	9.00	6.71	6.57	38.00	6
Mental Health	8.00	8.29	7.57	6.57	6.86	37.29	7
Community connection/belonging	6.71	7.43	6.29	8.14	7.29	35.86	8
Cancer (overall, pancreatic, prostate, breast, colorectal)	7.43	7.00	7.71	5.57	6.43	34.14	9
Physical Distress / Physical Health Impacting Life	6.14	7.00	7.29	6.14	6.86	33.43	10
Interpersonal Violence	6.29	7.29	7.14	5.86	6.57	33.14	11
Heart Related Conditions	6.86	6.86	7.86	5.00	6.00	32.57	12
Suicide	5.86	6.43	7.00	6.14	6.86	32.29	13
Unemployment	6.71	6.71	7.00	6.00	5.57	32.00	14
Diabetes	6.00	6.57	7.86	5.29	5.86	31.57	15
Schools/Education Support	6.14	6.29	6.00	5.86	6.71	31.00	16
Uninsured	5.57	7.43	7.71	4.86	5.29	30.86	17
Chronic Lower Respiratory Disease	5.71	6.29	6.29	5.43	6.00	29.71	18
STD	5.57	5.71	5.29	5.71	7.17	29.45	19
Childhood Obesity	4.57	6.29	6.43	6.33	5.29	28.90	20
Accidents / Injury Deaths	6.57	5.00	4.86	4.71	5.29	26.43	21

	Magnitude of the Problem	Disparities/ Inequity	Impact on Health Outcomes	Capacity to Implement Evidenced Based Solutions	Community Collaboration	Total	Rank
Flu Vaccinations	4.14	4.00	5.14	6.14	5.00	24.43	22
Tobacco Use	4.14	3.29	6.00	6.14	3.86	23.43	23
Kidney Disease	4.57	4.43	6.14	3.86	4.29	23.29	24
Motor Vehicle Mortality	5.57	3.43	4.33	3.86	4.00	21.19	25
Firearm Mortality	5.43	2.43	4.57	4.29	4.14	20.86	26
Infant Mortality	3.14	4.14	3.43	3.86	3.71	18.29	27
Child Mortality	2.71	4.00	3.43	3.86	3.71	17.71	28

Source: 2025 MAPP Steering Committee Prioritization, Strategy Solutions, Inc.
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

On April 29, 2026, South Peninsula Hospital (SPH) leadership representing various service lines and disciplines across the hospital system met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the Southern Kenai Peninsula. Th following individuals participated in the prioritization process from SPH: Infection Prevention Nurse, Outpatient Clinic Director, Emergency Department Director, Home Health Director, Community Health and Wellness Nurse, Public Information Officer.

Strategy Solutions, Inc. presented the data to the leadership team and discussed the needs of the local area as well as what they are seeing in their particular discipline. SPH leadership ranked identified health needs by integrating MAPP Steering Committee prioritization results, hospital utilization data, and the organization's ability to impact patient outcomes. Clinical expertise and community context were also considered, with final priorities informed through collaborative discussion among hospital leadership and community partners.

SPH will focus its Implementation Plan on the following priority areas, with the detailed plan being published separately.

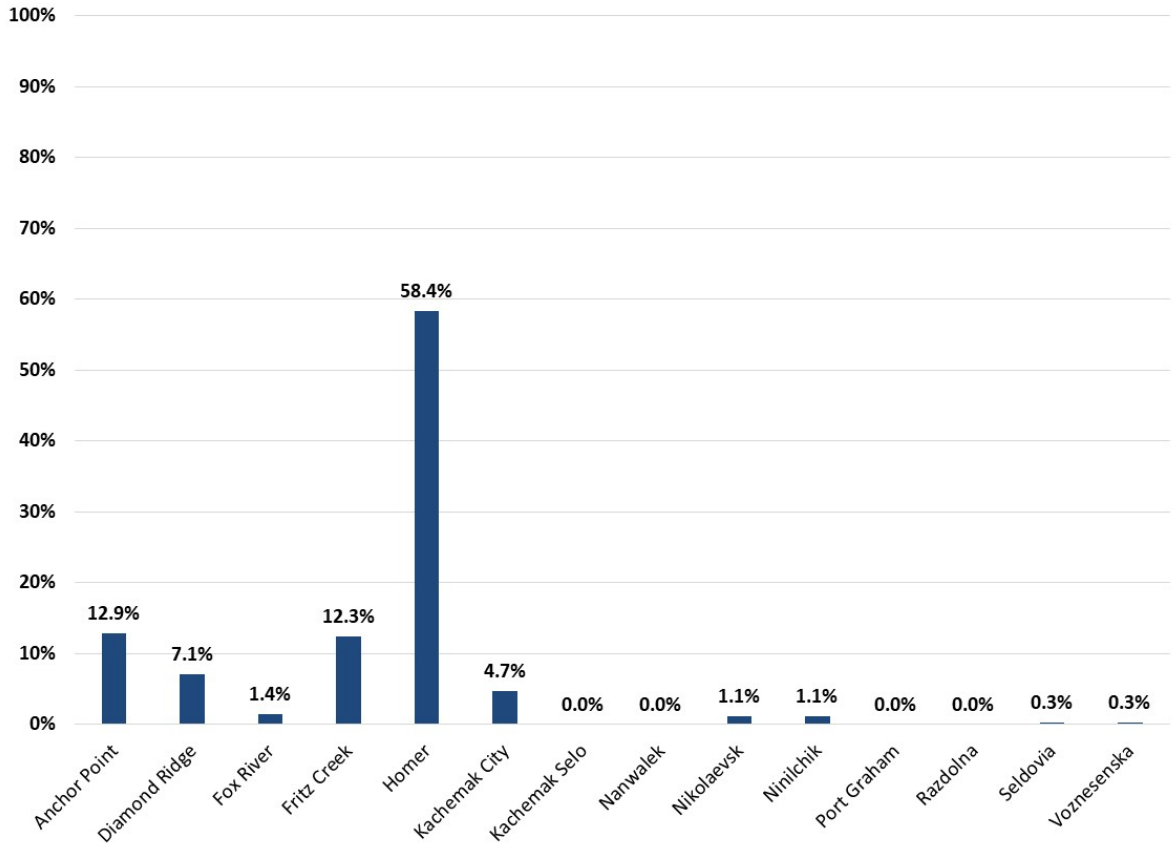
- Elder care
- Mental health including suicide
- Access to care including transportation and preventive care
- Chronic disease including preventive care

Appendix A: Additional Perceptions of Community Health Survey Results

A total of 415 community members completed the Perceptions of Community Health Survey in 2025. Results are embedded in the report where applicable, additional responses appear below. A copy of the survey can be accessed here.

Over half (58.4%) of community survey respondents live in Homer. There were no responses from Kachemak Selo, Nanwalek, Port Graham or Razdolna.

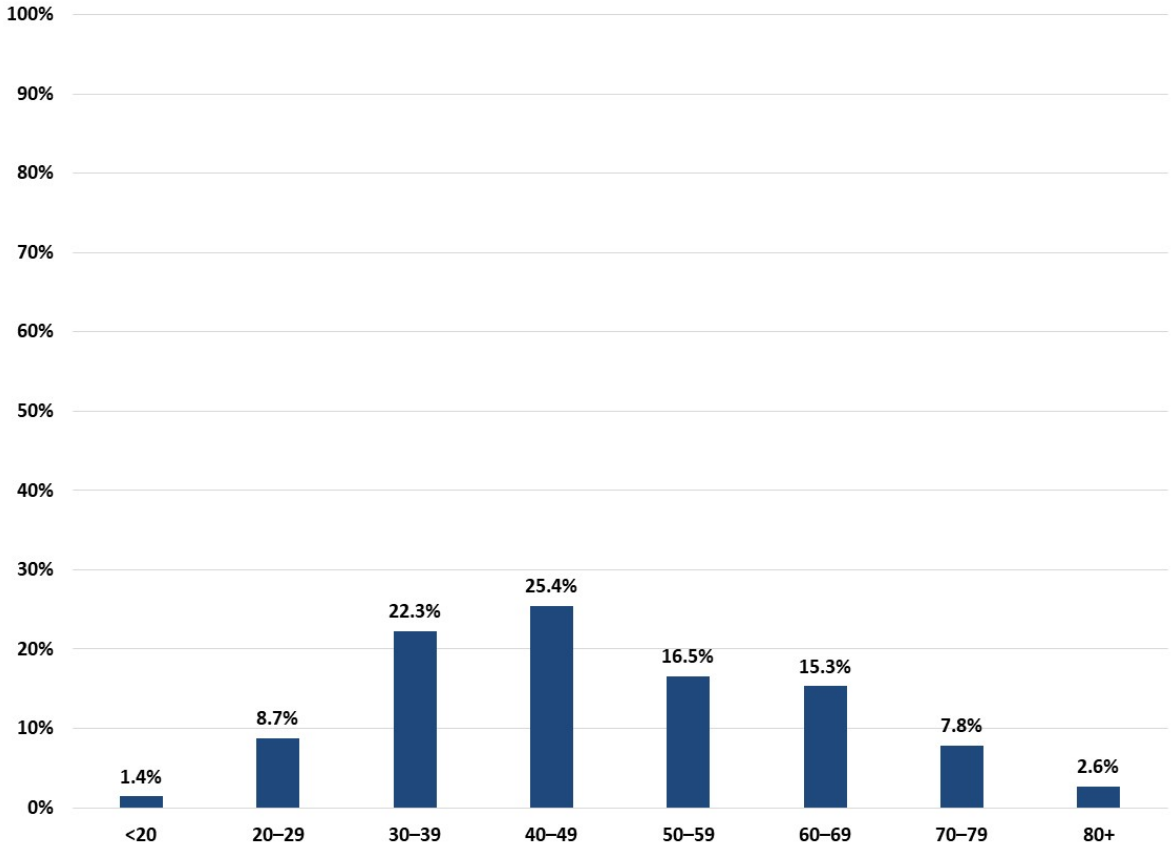
Figure 129: Perceptions of Community Health Community Respondents Live In, 2025



Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Age varied for community respondents and ranged from 18 to 91, with 57.8% under the age of 50 and 42.2% over.

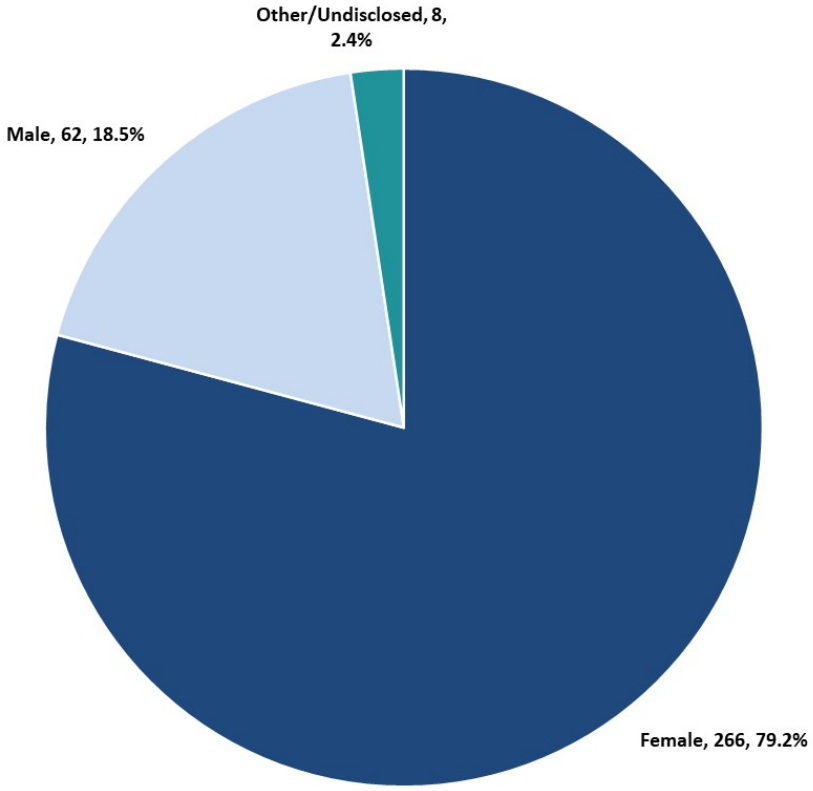
Figure 130: Perceptions of Community Health Community Respondents Age, 2025



Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The majority of community survey respondents were female (79.2%).

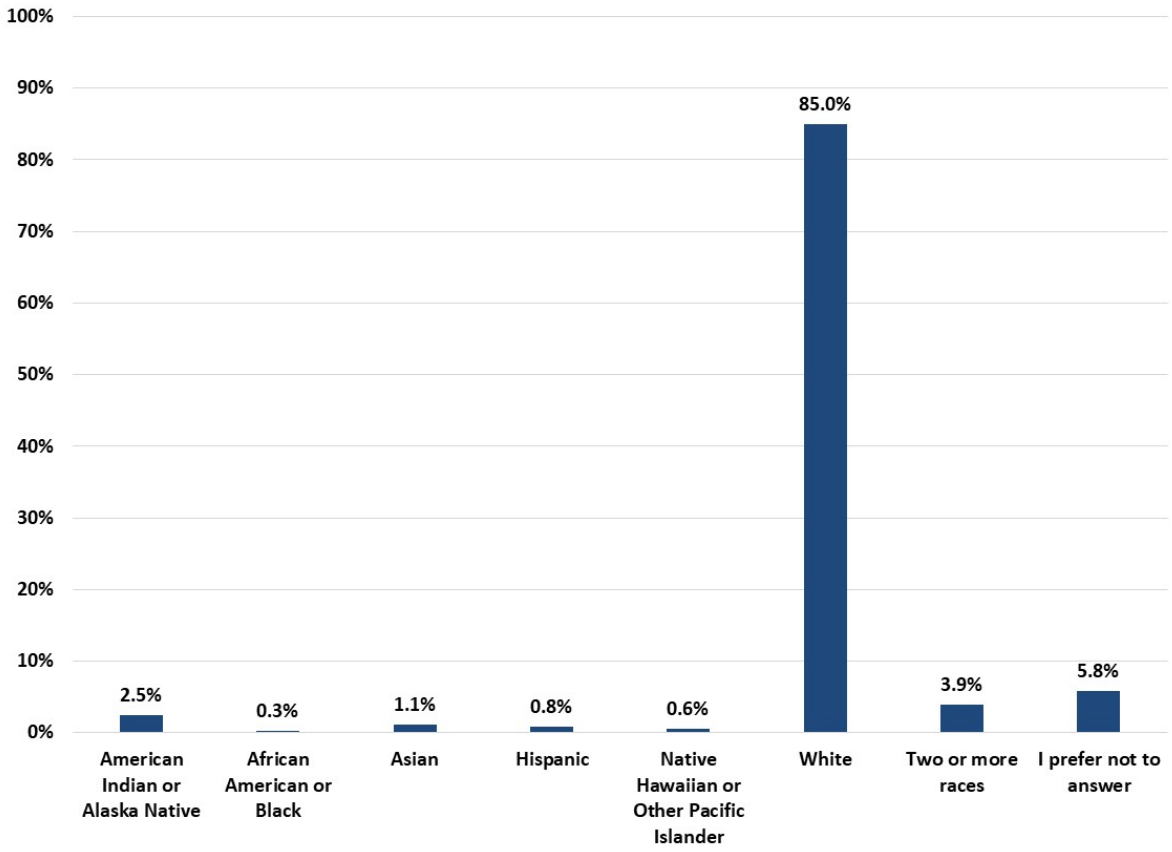
Figure 131: Perceptions of Community Health Community Respondents Gender, 2025



Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The majority of community survey respondents were White (85.0%).

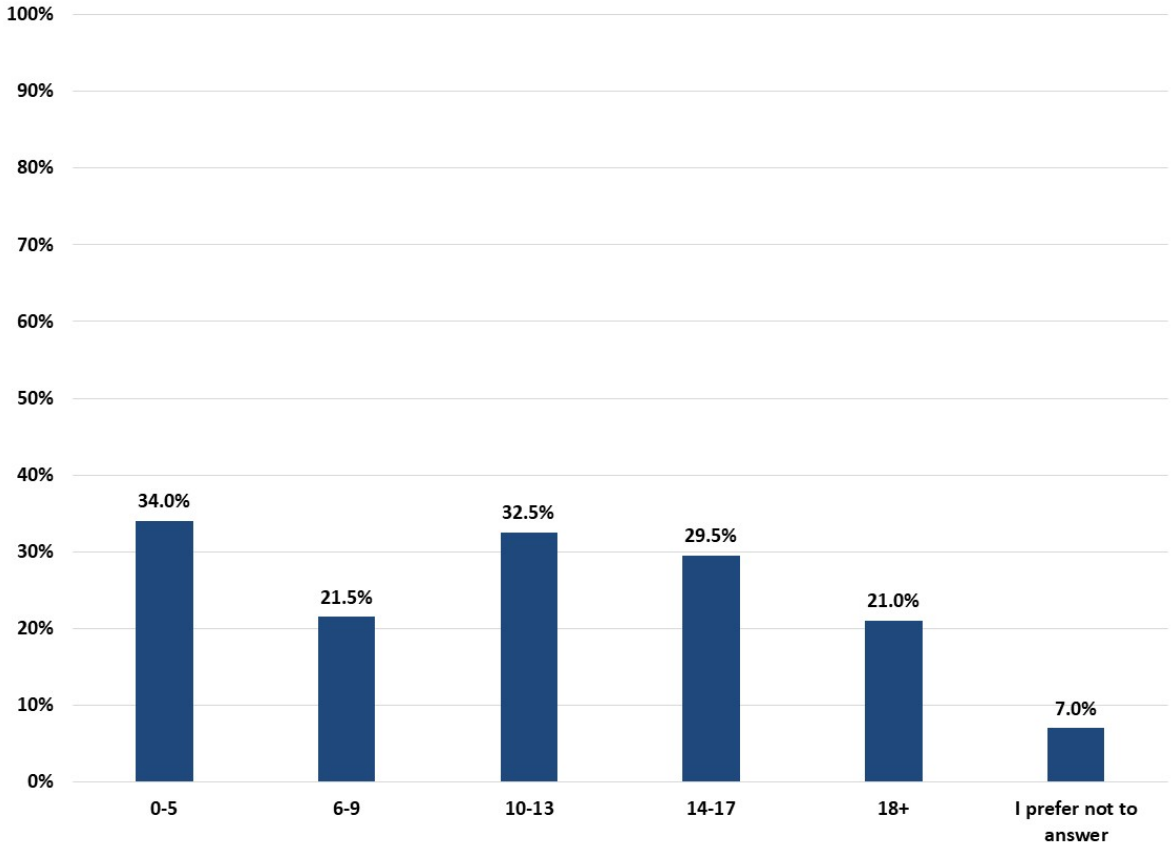
Figure 132: Perceptions of Community Health Community Respondents Race, 2025



Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Of the respondents who answered the question, there was a mixed range of children residing in the homes of the community survey respondents.

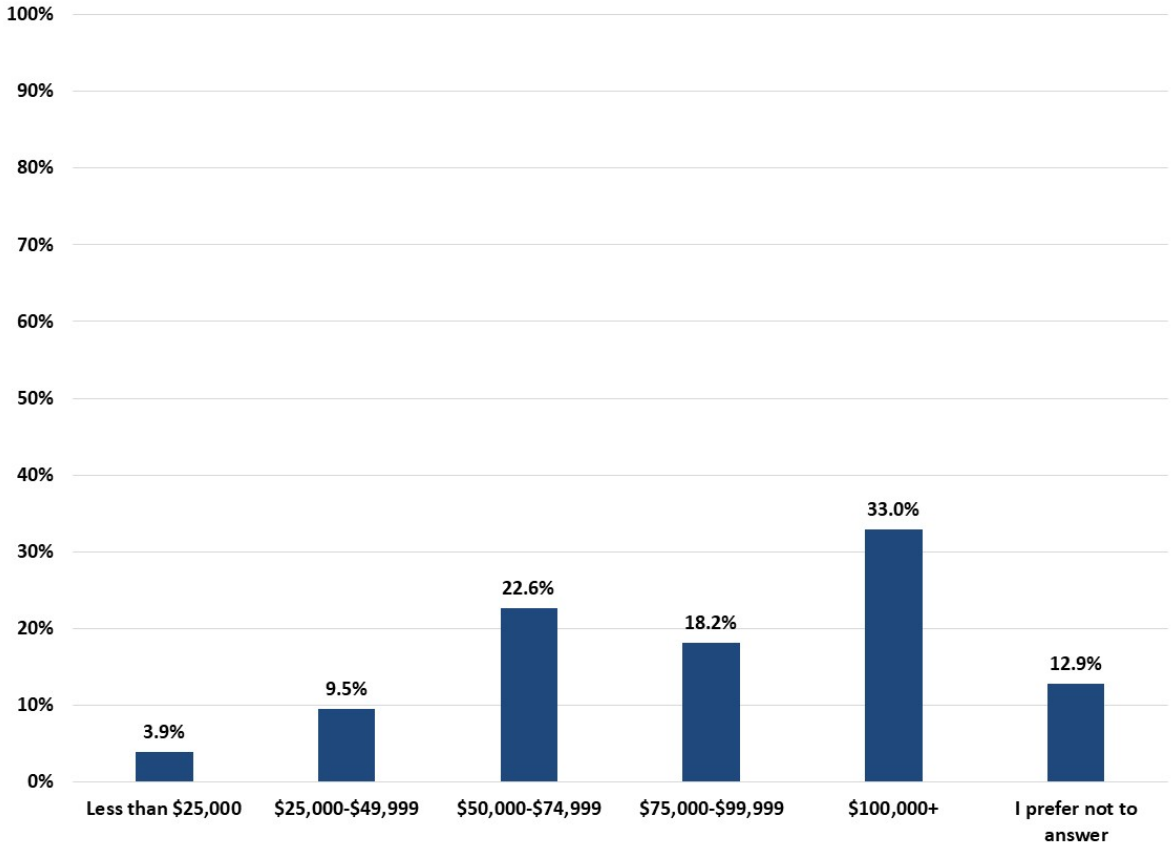
Figure 133: Perceptions of Community Health Community Respondents Age of Children, 2025



Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Household income varied among survey respondents, with a third (33.0%) having incomes of $100,000 or greater and 13.4% had incomes below $50,000.

Figure 134: Perceptions of Community Health Community Respondents Household Income, 2025



Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Natural beauty continued to be the top community strength identified by community survey respondents (69%) followed by cultural/arts opportunities (31%) and recreational opportunities (29%).

Table 36: Top 5 Greatest Community Strengths, Perceptions of Community Health Survey, 2008 through 2025

	2008 Perceptions Survey (831 responses)	2012 Perceptions Survey (1,171 responses)	2015 Perceptions Survey (680 responses)	2019/2020 Perceptions Survey (469 responses)	2023 Perceptions Survey (1,020 responses)	2025 Perceptions Survey (415 responses)
1	People help each other	Natural beauty (79%)	Natural beauty (63%)	Natural beauty (21%)	Natural beauty (56%)	Natural beauty (69%)
2	Respect for varied viewpoints	People help each other (68%)	People help each other (36%)	People help each other (11%)	People help each other (28%)	Cultural/arts opportunities (31%)
3	Natural beauty	Healthy environment (53%)	Cultural/arts opportunities (29%)	Schools (10%	Recreational opportunities (25%)	Recreational opportunities (29%)
4	Diverse private/public nonprofit organizations	Schools (48%)	School (27%)	Cultural/arts opportunities (8%)	Cultural/arts opportunities (25%)	People help each other (27%
5	Other	Cultural/arts opportunities (47%)	Recreational opportunities (24%)	Access to health care (8%)	Schools (21%)	Healthy lifestyle opportunities (21%)

Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Housing has been the top identified area for improvement for the past two surveys, with a slightly higher percentage in 2025 (62%). Elder care and schools are new areas identified for improvement in 2025 as they had previously been identified as community strengths.

Table 37: Top 5 Areas for Community Improvement, Perceptions of Community Health Survey, 2008 through 2025

	2015 Perceptions Survey (590 responses)	2019/2020 Perceptions Survey (469 responses)	2023 Perceptions Survey (1,020 responses)	2025 Perceptions Survey (415 responses)
1	Jobs and economic opportunities (48%)	Jobs and economic opportunities (13%)	Housing (58%)	Housing (62%)
2	Public transport (38%)	Substance abuse treatment (13%)	Public transportation (24%)	Jobs and economic opportunities (30%)
3	Substance abuse treatment (36%)	Housing (12%)	Jobs and economic opportunities (20%)	Public transportation (28%)
4	Housing (26%)	Public transportation (12%)	Substance abuse treatment (17%)	Elder care (21%)
5	Access to job training and higher education (17%)	Respect for varied viewpoints (10%)	Behavioral health services (17%)	Schools (19%)

Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Physical health (81%) was the top thing that negatively impacted community survey respondents and their family, followed by economic health (70%) and education/cost and availability (69%).

Table 38: Factors Negatively Impacting Individual and Their Family, Perception of Health Community Survey, 2008 through 2025

	2008 Perceptions Survey (834 responses)	2012 Perceptions Survey (506 responses)	2015 Perceptions Survey (649 responses)	2019/2020 Perceptions Survey (444 responses)	2023 Perceptions Survey (1,020 responses)	2025 Perceptions Survey (415 responses)
1	Economic costs	Economic costs (73%)	Physical health (86%)	Economic health (68%)	Economic health (36%)	Physical health (81%)
2	Physical health	Physical health (68%)	Environmental health (73%)	Physical health (88%)	Mental/emotional health (36%)	Economic health (70%)
3	Education and training costs	Mental/emotional health (47%)	Education/cost and availability (73%)	Mental/emotional health (57%)	Physical health (35%)	Education/cost and availability (69%)

Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Substance abuse (97%) has continued to remain the top factor negatively impacting the community, and in 2025 was tied with interpersonal violence (97%).

Table 39: Factors Negatively Impacting Community, Perception of Health Community Survey, 2008 through 2025

	2008 Perceptions Survey (834 responses)	2012 Perceptions Survey (454 responses)	2015 Perceptions Survey (649 responses)	2019/2020 Perceptions Survey (444 responses)	2023 Perceptions Survey (1,020 responses)	2025 Perceptions Survey (415 responses)
1	Substance abuse	Substance abuse (79%)	Substance abuse (97%)	Substance abuse (97%)	Substance abuse (66%)	Substance abuse (97%)
2	Economic costs	Economic costs (54%)	Interpersonal violence (96%)	Mental/emotional health (82%)	Mental/emotional health (54%)	Interpersonal violence (97%)
3	Mental/emotional health	Mental/emotional health (52%)	Mental/emotional health (75%)	Economic health (72%)	Economic health (41%)	Mental/emotional health (80%)

Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

In comparison to the 2023 survey, all questions related to the eight dimensions of wellness scored lower in 2025. Most respondents (82%) report that their surroundings are adequate for them and that they have a sense of purpose and meaning in their life (78%). Responses to all questions have been declining since 2019.

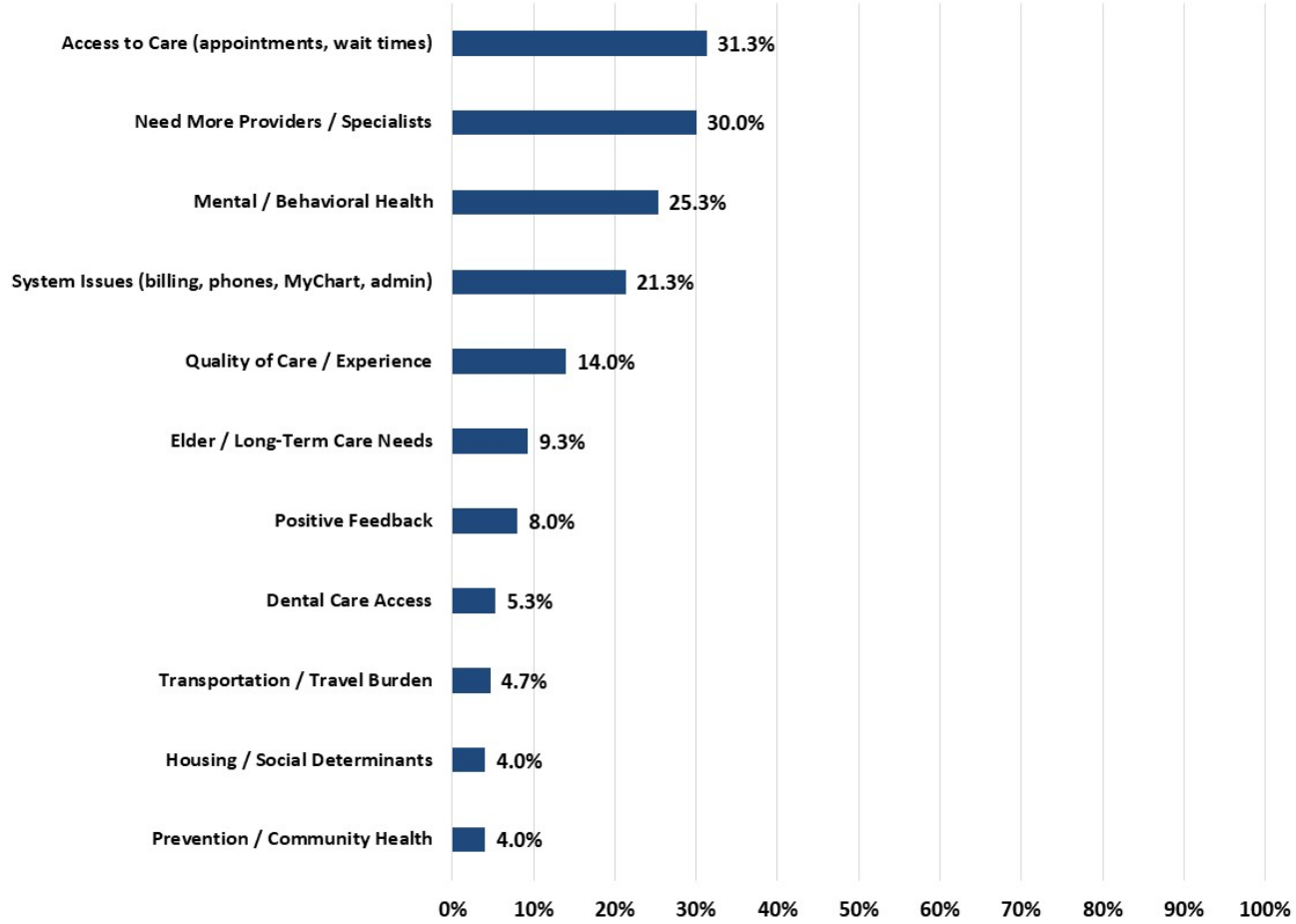
Table 40: Eight Dimensions of Wellness, Perception of Health Community Survey, 2015 through 2025

Eight Dimensions of Wellness % Always or Frequently	2015 Perceptions Survey (567 responses)	2019/2020 Perceptions Survey (402 responses)	2023 Perceptions Survey (1,020 responses)	2025 Perceptions Survey (415 responses)
I have a sense of purpose and meaning in my life.	80%	89%	84%	78%
I have a sense of connection, belonging, safety, and a reliable support system.	89%	85%	80%	74%
I have the ability to perform daily activities without undue fatigue or physical stress.	77%	83%	79%	75%
I have the opportunity to expand my knowledge and skills and use my creative abilities.	ND	80%	74%	70%
I can cope effectively with life stresses, and my work and relationships are enriching.	84%	81%	76%	71%
My surroundings are adequate for me (from my home to the wider community or environment)	71%	88%	83%	82%
I have enough money for my basic needs, and I can adapt for unplanned expenses.	78%	75%	69%	67%
I am connected to my own culture and traditions, and I see the diversity and richness of other cultures.	ND	77%	75%	70%

Source: Perceptions of Community Health Survey
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

Respondents were given the opportunity to share any suggestions, concerns, or feedback they had about local health care services or their personal health needs. The following are the key themes from those comments.

Figure 135: Perceptions of Community Health Survey Themes to Open Ended Feedback, 2025



Source: Perceptions of Community Health Survey, (N=142)
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 13 for additional information.

The following is a summary of the open-ended responses received from respondents. Individual responses can be accessed here.

Community Perspectives on Healthcare Needs and Barriers

Community feedback reveals a healthcare system that is highly valued for its presence and capabilities, yet increasingly strained by issues related to cost, access, workforce capacity, and system complexity. While many respondents expressed appreciation for the quality of care available locally, the dominant themes reflect structural barriers that limit residents' ability to fully utilize services.

Affordability and Cost Burden

The most prominent concern across responses is the high cost of care. Residents consistently described healthcare as unaffordable, even for those with insurance. Many reported delaying or foregoing care due to financial constraints, highlighting difficult tradeoffs between medical needs and basic living expenses. One respondent shared, “I have to decide if I can finally get that MRI… or if I can only grocery shop once this week.” Others pointed to significant regional cost disparities, noting that services in Homer can cost substantially more than in Anchorage or other areas, sometimes even when accounting for travel expenses.

In addition to high prices, a lack of cost transparency and billing complexity exacerbates financial stress. Unexpected charges and delayed billing were common concerns, contributing to a broader sense of distrust and uncertainty in navigating the healthcare system.

Access to Care and Timeliness

Closely tied to affordability is the challenge of accessing timely care. Many respondents described long wait times for appointments, often extending weeks or even months, particularly for primary care and specialty services. Same-day or urgent access has become increasingly limited, with some residents reporting being directed to the emergency department for non-emergent issues due to lack of alternatives.

This delay in care not only affects health outcomes but also discourages individuals from seeking care altogether. As one respondent noted, “When it is difficult to get an answer, I tend not to try.” For some, especially those managing chronic conditions, these delays can compound over time and lead to more serious health concerns.

Workforce Shortages and Limited Specialty Care

A significant driver of both cost and access challenges is the shortage of healthcare providers, particularly specialists. Residents identified gaps in services such as oncology, behavioral health, audiology, nephrology, and dental care. As a result, many must travel to Anchorage or beyond for care, adding financial, logistical, and emotional burdens.

The lack of local specialty care is especially challenging for individuals requiring ongoing treatment, such as cancer care, where repeated travel can be both exhausting and costly. Community members expressed a strong desire to expand local provider capacity to reduce reliance on distant services.

Mental and Behavioral Health Needs

Mental and behavioral health services emerged as a critical area of unmet need. Respondents frequently cited long waitlists, limited availability of providers, and insufficient services for children and non-crisis situations. While acute care may be accessible in emergencies, preventative and ongoing mental health support remains difficult to obtain.

This gap is particularly concerning given the broader context of community well-being. Residents emphasized the importance of expanding services across the continuum of care, from early intervention to long-term support, to better meet the needs of individuals and families.

System Navigation and Administrative Barriers

Beyond clinical care, many respondents described frustration with the systems surrounding healthcare delivery. Challenges with billing processes, unanswered phone calls, and difficulties using patient portals such as MyChart were frequently cited. These administrative barriers often act as deterrents to care, particularly for individuals already navigating complex health conditions or financial stress.

One respondent summarized this experience by noting that system inefficiencies are "discouraging and cause people to seek services elsewhere when possible." Improving communication, transparency, and ease of navigation could significantly enhance the overall patient experience.

Quality of Care and Patient Experience

Feedback on quality of care was mixed. While many respondents praised the clinical expertise and lifesaving care provided, others expressed concern about rushed appointments and a perceived decline in personalized care. Some noted a shift away from the "small-town" feel of healthcare, where providers had more time to build relationships with patients.

This tension suggests an opportunity to balance system efficiency with patient-centered care, ensuring that growth and expansion do not come at the expense of the patient experience.

Aging Population and Long-Term Care Needs

As the community's population ages, respondents highlighted a growing need for services that support older adults. This includes in-home care, assisted living options, long-term care beds, and specialized geriatric services. Several respondents expressed concern that the current system is not adequately prepared to meet these needs, emphasizing the importance of proactive planning.

Broader Social and Economic Factors

Many responses underscored the connection between health and broader social determinants, including housing, childcare, food access, and transportation. Residents noted that challenges in these areas can directly impact their ability to seek and receive care. For example, lack of affordable childcare or transportation can prevent individuals from attending appointments, while housing instability contributes to overall health risk.