



2023 Community Health Needs Assessment
Health Status Assessment

MAPP of the Southern Kenai Peninsula, Alaska

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Welcome To Our Community Health Needs Assessment

MAPP stands for Mobilizing for Action through Planning and Partnerships. MAPP of the Southern Kenai Peninsula (SKP) is a health improvement coalition that facilitates citizens who are committed to making their community a better place for everyone. We accomplish this mission by providing information about emerging health issues and opportunities, convening conversations to develop a shared vision for well-being, by serving as a catalyst for community members to act on projects that support the shared vision, and by monitoring and sharing progress on our shared community measures.

The MAPP of the Southern Kenai Peninsula is proud to present its 2023 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 was 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 the MAPP of the Southern Kenai Peninsula, 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

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

This CHNA was funded in part by MAPP of the SKP, South Peninsula Hospital, and a sub-grant from the State of Alaska, Healthy & Equitable Communities award through the City of Homer.

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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
NACCHO	National Association of County & City Health Officials
SPH	South Peninsula Hospital
SKP	Southern Kenai Peninsula
US	United States

Community Health Assessment Background

In 2008, South Peninsula Hospital initiated the first Community Health Needs Assessment (CHNA) using a framework developed by the Center for Disease Control and Prevention (CDC) and National Association of County and City Health Officials (NACCHO) called Mobilizing for Action through Planning and Partnership (MAPP). Out of this 2008 exercise a local health coalition of community partners actively working together to improve community health was formed, MAPP of the Southern Kenai Peninsula. A CHNA has been conducted every three years¹ to assess the health of the community to inform new and existing community and agency efforts. The CHNA process is composed of six phases and the following four assessments:

- I. Community Themes & Strengths Assessment
Qualitative input from community members to identify the issues they feel are important.
 - a. Perceptions of Community Health Survey
 - b. Wellness Dimension Focus Groups
- II. Community Health Status Assessment
Quantitative community health data (representing cultural, economic, emotional, environmental, intellectual, physical, social, and spiritual wellness) that identifies priority health and quality of life issues.
- III. Forces of Change Assessment
Identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate.
- IV. Local Public Health Assessment
A prescribed performance assessment tool collaboratively developed by national public health partners that measures how well different local public health system partners work together to deliver the 10 Essential Public Health Services.

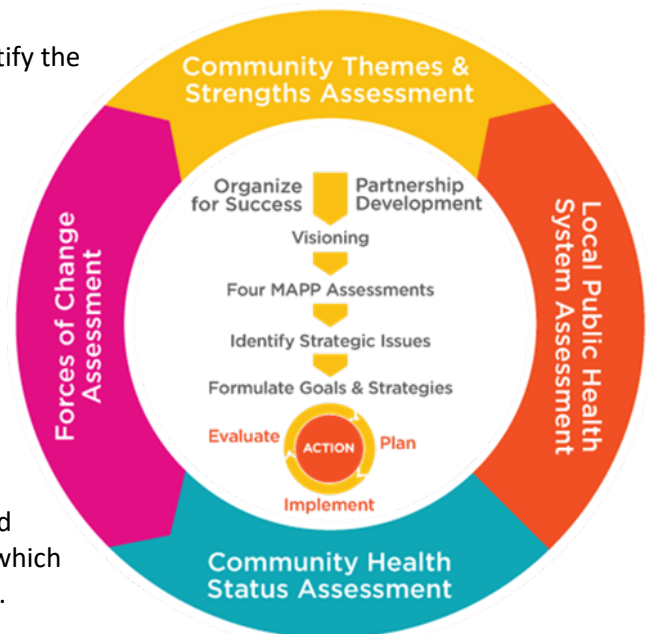


Figure 1: MAPP Framework Flowchart

Themes are identified from each sub-assessment and compared across all four sub-assessments, thus enabling a holistic review of community strengths, needs, and opportunities. Using the combined results/observations from all four sub-assessments, a community process is then used to prioritize the opportunities that community members will collaboratively address for the next few years. However, the results from specific sub-assessments can also be utilized independently to inform organizational and community-level opportunities for improvement.

¹ Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. CHNAs were completed in 2009, 2013, 2016, 2020, and 2023. The 2020 assessment was a minimalized version.

In the summer of 2022, the MAPP Steering Committee learned of a new MAPP 2.0 framework being piloted but not yet available. The committee elected to move forward and use the MAPP 1.0 framework for the 2023 assessment, which appears in Figure 2 below.



Figure 2: MAPP 1.0 Framework

The following is the information obtained as part of the Community Health Status Assessment. To view all assessments and for additional MAPP of the Southern Kenai Peninsula information, please visit www.mappofskp.net. For additional questions, please contact Hannah Gustafson, MAPP of SKP Coordinator, at mappofskp@gmail.com or 907-317-2050.

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 done with the Southern Kenai Peninsula MAPP, of which the South Peninsula Hospital is a member of. The purpose of this CHNA is to identify and prioritize significant health needs of the Southern Kenai Peninsula. The priorities identified in this report help to guide MAPP and its members' 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 2023 Southern Kenai Peninsula MAPP 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, Alaska Department of Labor, 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 was included in Appendix A from South Peninsula Hospital patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.). Demographic data was collected from Claritas-Pop-Facts Premier, Environics Analytics, US Census and Alaska Department of Labor. 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 May 31, 2023, 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 goals, 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 16 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).

The MAPP membership as well as South Peninsula Hospital leadership will meet to discuss the prioritization results and identify priorities for their 2023-2026 Implementation Plan.

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 CHNA report will be adopted by the South Peninsula Hospital Board of Directors on June 28, 2023, and then by MAPP of the SKP in August 2023.

Methodology

To guide this assessment, MAPP formed a CHNA Workgroup of its members who represented the broad interests of their local region. This workgroup met two times per month for the duration of the assessment and included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, those with chronic disease needs, individuals with expertise in public health, and internal program managers. The overarching MAPP Steering Committee met on July 6, 2022, and May 31, 2023, to provide guidance on the various components of the CHNA.

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 MAPP assessment process. The CHNA Workgroup, MAPP Steering Committee members, 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. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input, through extensive use of data and the public health department participation on both the CHNA Workgroup and the MAPP Steering Committee.

The secondary quantitative data collection process included demographic and socio-economic 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, Alaska Department of Labor, the Healthy People 2030 goals 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 was 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 was collected via focus groups, individual stakeholder interviews and a community survey which can be found in the Community Themes and Strengths Assessment.

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 was 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 was obtained from a convenience sample of key informant stakeholders willing to participate.
- Data was largely qualitative.

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, Seldovia² and Voznesenka.



Figure 3: Map of Southern Kenai Peninsula Communities

² Seldovia City is not included in South Peninsula Hospital's service area.

Community Resources

Available community resources can be accessed at <https://skpresourcedirectory.net/>.

Hospital Resources

The following services are available at South Peninsula Hospital:

Table 1: South Peninsula Hospital Resources

Acute Care	Imaging
Addiction Medicine	Laboratory
Birth Center	Long Term Care
Diabetes Education	Outpatient Oncology and Infusion Center
Emergency Department	Rehabilitation Services
Family Care Clinic	Sleep Center
Functional Medicine Clinic	South Peninsula Orthopedics
General Surgery	Specialty Clinic
Home Health Services	Sunrise Medical Weight Loss
Homer Medical Center	Surgery

Evaluation of the 2020 MAPP Implementation Strategies

As a result of the 2020 CHNA, MAPP has been working on improving community health through two community coalitions:

- Southern Kenai Peninsula Resilience Coalition
- All Things Recovery Coalition (formerly the Opioid Task Force and All Things Addiction)

Below is a brief description of each coalition and a summary of the progress and accomplishments made between 2020 and 2022. Note that these efforts took place during and were therefore impacted by COVID-19.

Southern Kenai Peninsula Resilience Coalition

The Southern Kenai Peninsula Resilience Coalition (SKPRC) has a vision that, “Communities on the Southern Kenai Peninsula cultivate healthy relationships and resilient families, free from violence and substance misuse.” In service of this vision, the SKPRC has developed a three-pronged approach: (1) ACEs Communications; (2) Expanding and Supporting the Network of Trauma-Informed Organizations (TIO); and (3) Spreading the Power of Protective Factors (put on hold because of COVID-19). The workgroups convene on a variable and self-determined schedule, from weekly to quarterly. The full coalition meets monthly and other events (such as training and community outreach) occur as needed throughout the year.

Table 2: SKP Resilience Coalition, Evaluation

2020-2021	2021-2022
<ul style="list-style-type: none"> • Welcome Packet created • Created SKPRC products such as stickers and thank you cards • Evolved from TIO to TIA (Trauma-Informed Approach) model • Launched TIA cohort of social service agencies (6 participants) • 63 individuals trained in Trauma Informed Approach • Launched the #ConnectedCommunity Campaign (in response to COVID-19) <ul style="list-style-type: none"> ○ 6,570 postcards distributed with positive messaging ○ 64 road signs posted with positive messaging ○ 54% of survey respondents shared that they encountered the messaging • Built out an inventory of existing and desired local trainings • Provided Logic Model training, with 12 participants, with 100% reporting they felt more knowledgeable about logic models • Workgroups updated individual logic models • Coalition collaboratively created Coalition Agreements 	<ul style="list-style-type: none"> • Welcome Packet printed and distributed • Hosted/participated in the following outreach events: <ul style="list-style-type: none"> ○ March “Meet Your Neighbor” Month in honor of Mr. Rogers <ul style="list-style-type: none"> ▪ Community Walkabout ▪ SPH Wellness Walk ○ Community Yoga ○ Safe & Healthy Kids Fair ○ City Council Presentation ○ Pride/Juneteenth Celebration • Evolved from ACEs Communications to Communications • Launched TIA cohort of youth-serving agencies (10 participants) • Participated in and/or facilitated the following trainings <ul style="list-style-type: none"> ○ Ripple Effects Mapping ○ More Matters: Increasing Protective Factors Among Alaskan Youth ○ Tamarack Reconnect: Making Communities Essential ○ History and Hope (three trainings total) ○ Community Readiness Assessment • Convened two coalition Data Walks

2020-2021	2021-2022
<ul style="list-style-type: none"> Awarded CARES Act funding from the State of Alaska Department of Behavioral Health to address economic needs and social isolation: <ul style="list-style-type: none"> 13 community agencies coordinated to distribute items to community members Family Wellness Packages delivered to 110 families 	<ul style="list-style-type: none"> Convened Youth and Youth Service/Activity Provider Focus Groups <ul style="list-style-type: none"> Community Concern defined as, “There are not enough welcoming, no-cost, safe spaces in Homer for young people to connect with safe and trusted adults, explore and engage in interests, and enjoy free time during after-school and evening hours.” Conducted Community Readiness Assessment on above concern <ul style="list-style-type: none"> Community Readiness Level 4 (Preplanning Stage)

All Things Recovery Coalition

The All Things Recovery (ATR) Coalition has a vision of, “A community free of opioid and substance misuse.” In service of this vision, the ATR has identified three strategic initiatives/workgroups: (1) Navigating the System; (2) Lived Experience; and (3) Family and Youth Support (merged with the Resilience Coalition in late 2022). Each of the workgroups meet monthly. The coalition also hosts monthly sober events as well as Quarterly Coalition Meetings and a Quarterly Speaker Series.

Table 3: All Things Recovery, Evaluation

2020-2021	2021-2022
<ul style="list-style-type: none"> Evolved from Opioid Task Force to All Things Addiction <ul style="list-style-type: none"> launched www.allthingsaddiction.net Set Free Alaska Residential Treatment Program opened its doors with an open house on July 25th, 2020. Formed a detox workgroup who worked with South Peninsula Hospital to add additional detox services and increased training to hospital staff to care for acute withdrawal for patients. Plans to create warm hand offs between hospital and treatment services were implemented. Expanded local treatment services in the area by partnering with statewide agencies to offer increased telehealth services. Worked with local pharmacies to ensure that adequate access to treatment medications were available. Collaborated with local providers to offer a destigmatizing & education presentation at local pharmacies to decrease dispensing hesitancy. 	<ul style="list-style-type: none"> Engaged with Opioid Response Network for Technical Assistance to assess community’s No Wrong Door policy. Conducted activities, outreach and communications through those with lived experience. Worked with Resilience Coalition to bring the lens of SUD and challenges related to families affected by SUD. Evolved from All Things Addiction to All Things Recovery. Passage of a KPB Resolution honoring September as Recovery month. Partnered with Megan’s Place (the December 2021 100 Women Who Care recipient) to distribute 100 “Hope for the Holidays” holiday gift bags to people accessing treatment and harm reduction services throughout the community. Supported the formation of a local Recovery Community Organization, a new local non-profit called Kachemak Bay Recovery Connection

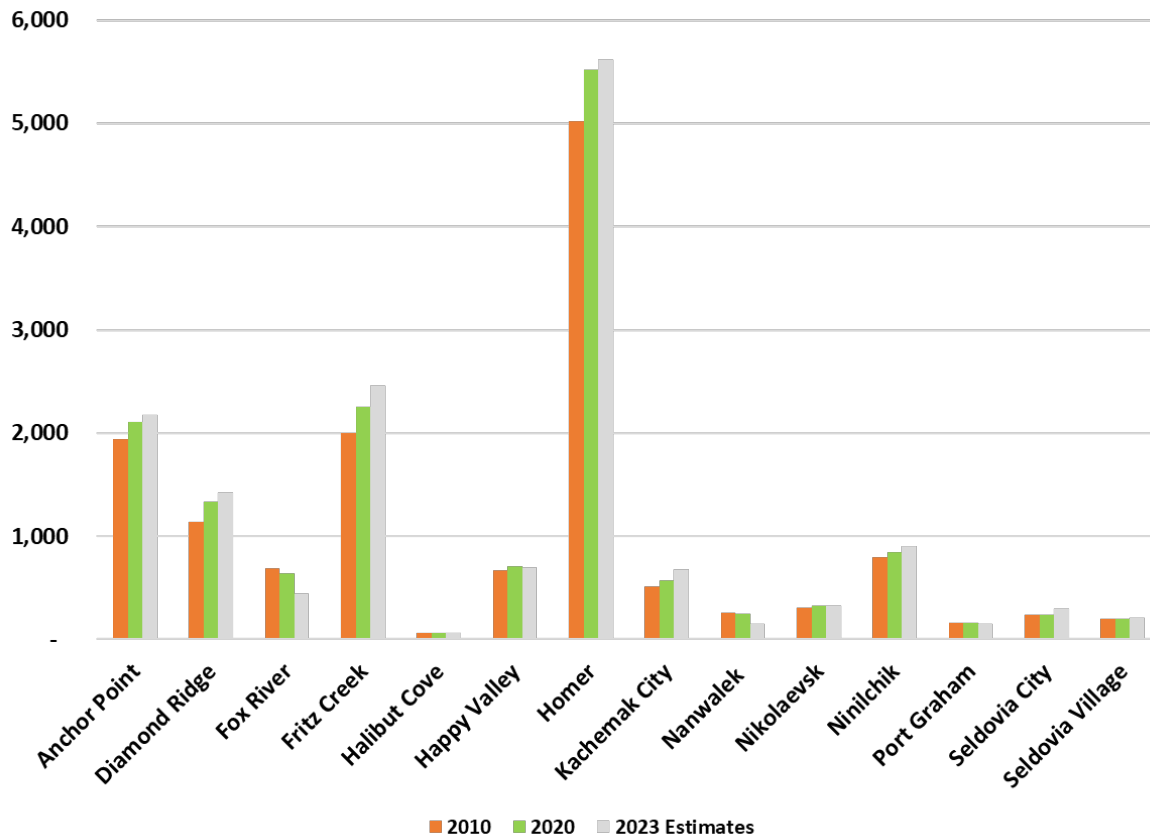
2020-2021	2021-2022
<ul style="list-style-type: none"> Completed 1st Social Media Campaign on Facebook. Partnered with The Alliance to identify PSAs for the Kenai Peninsula with messages for reducing stigma, inclusion, prevention, alcohol misuse, harm reduction and treatment for substance misuse. Participated in community events: <ul style="list-style-type: none"> Monthly Coffee Connections Partnered with Golden Willow Retreats to do presentation on Loss & Grief, Addiction & Recovery and the Parallels during COVID Hosted OSMAP presentation on Alaskan Data Trends and Information related to substance misuse and overdose Help is Here: Virtual Treatment Provider Panel Sponsored Sober Garden at Salmonfest Music Festival Hosted Adventures in Sobriety: Recovery Trails Day Statewide Collaboration <ul style="list-style-type: none"> Presentation at the Regional All member Coalition Meeting Mat-Su Opioid Task Force presentation Facilitator participated on Steering Committee for statewide Alaskan opioid coalition network Participated in statewide initiatives including: The Alliance, Change4Kenai Coalition, Kenai Peninsula Reentry Coalition, Alaska Wellness Coalition, Alaskan Opioid Coalition Network 	<ul style="list-style-type: none"> Participated in KPB dialogues on establishing a program for the borough's portion of the state's opioid settlement. Provided quarterly updates to the Homer City Council. Hosted/participated in the following outreach events: <ul style="list-style-type: none"> Monthly: <ul style="list-style-type: none"> Coalition Coffee Connections Discovering Recovery Dialogues Annual <ul style="list-style-type: none"> Safe & Healthy Kids Fair Concert on the Lawn Salmonfest Sober Garden Project Homeless Connect Burning Basket "Recover" honoring National Recovery Month

Please refer to Appendix B for an evaluation of South Peninsula Hospital's Implementation Strategies.

Demographics

The population of the majority of the Southern Kenai Peninsula communities have increased and are estimated to continue to do so. The communities range from populations 59 to 5,614. The communities of Anchor Point, Fritz Creek and Homer account for 66% of the Southern Kenai Peninsula Population.

Figure 4: Southern Kenai Peninsula Population by Community, 2010, 2020 and 2023 Estimates



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 14 for additional information.

The Southern Kenai Peninsula Population is estimated to be 15,575 and has been increasing. The Southern Kenai Peninsula accounts for 2.1% of Alaska's overall population.

Table 4: Southern Kenai Population by Community, 2010, 2020 and 2023 Estimates

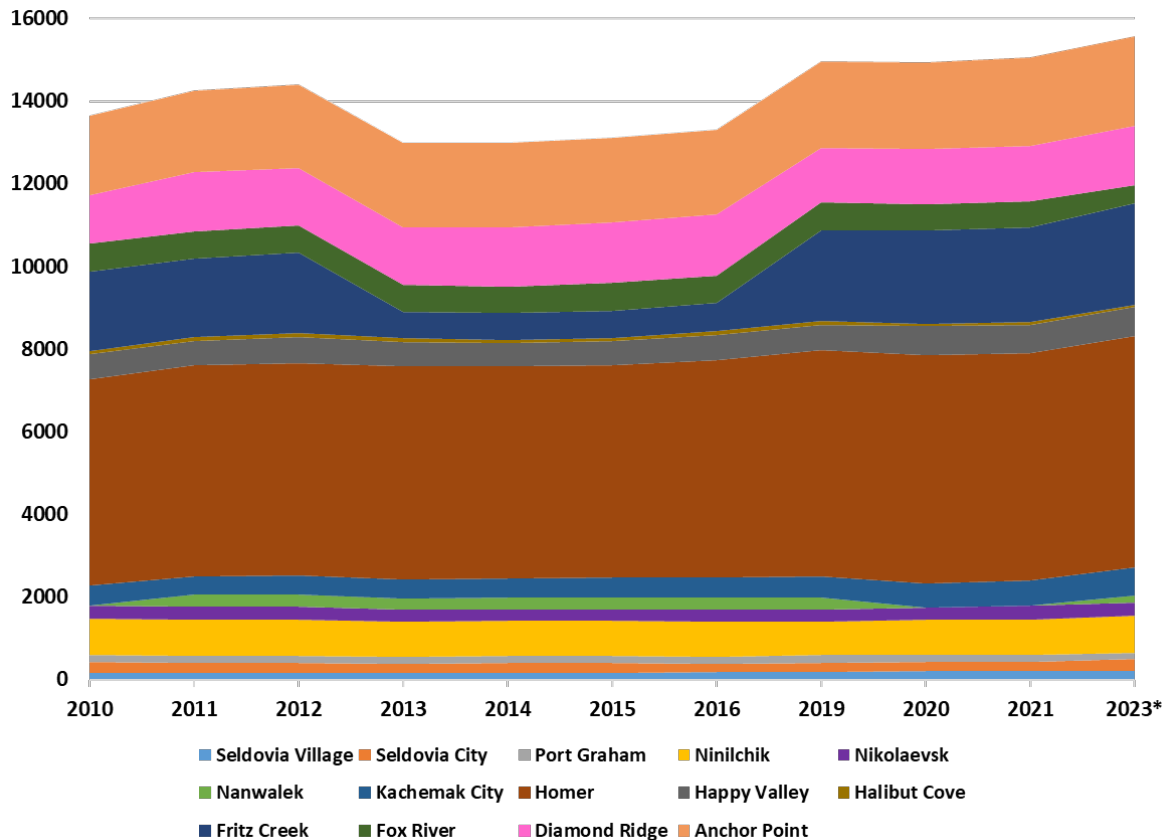
Community	2010	2020	2023 Estimates
Anchor Point	1,940	2,105	2,174
Diamond Ridge	1,142	1,330	1,421
Fox River	685	644	444
Fritz Creek	2,002	2,248	2,456
Halibut Cove	61	60	59
Happy Valley	670	713	702
Homer	5,016	5,522	5,614
Kachemak City	513	576	676
Nanwalek	254	247	153
Nikolaevsk	308	328	329
Ninilchik	794	845	901
Port Graham	164	162	147
Seldovia City	237	235	294
Seldovia Village	201	199	205
Southern Kenai Peninsula	13,871	15,214	15,575
Alaska	710,223	733,391	734,544

Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor

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As seen in Figure 5, Anchor Point, Diamond Ridge, Fox River and Fritz Creek experienced a population decline between 2013 and 2016, after which time they experienced growth. The others have been fairly stable with slight population fluctuations.

Figure 5: Southern Kenai Peninsula Historical Population by Community, 2010-2023



Source: Claritas Environics/United States Census Bureau, Alaska Department of Labor

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Between 2020 and 2023 the Southern Kenai Peninsula experienced population growth (2.4%) two times that of both Alaska (0.20%) and the United States (0.90%), with projected growth increasing to 4.2% between 2023 and 2028. Population grew the most in Seldovia (25.1%) and Kachemak (17.4%) between 2020 and 2023, while Nanwalek (-38.1%) and Fox River (-30.8%) saw the greatest decline. Looking ahead to projected growth between 2023 and 2028 Fox River is projected to have the greatest population growth (5.6%), while Halibut Cove is projected to experience the greatest population decline (-1.7%).

Table 5: Southern Kenai Peninsula Population Change by Community

	Growth 2010-2020	Growth 2020-2023	Growth 2023-2028
ANCHOR POINT	8.5%	3.3%	4.8%
DIAMOND RIDGE	16.5%	6.8%	5.1%
FOX RIVER	12.2%	-30.8%	5.6%
FRITZ CREEK	12.3%	9.3%	5.0%
HALIBUT COVE	-4.2%	-1.7%	-1.7%
HAPPY VALLEY	6.4%	-1.5%	3.6%
HOMER	10.1%	1.7%	4.3%
KACHEMAK	12.3%	17.4%	5.0%
NANWALEK	-0.8%	-38.1%	-1.3%
NIKOLAEVSK	6.5%	0.3%	4.3%
NINILCHIK	6.4%	6.6%	3.4%
PORT GRAHAM	-1.2%	-9.3%	-1.4%
SELDOVIA	-0.8%	25.1%	-1.4%
SELDOVIA VILLAGE	-1.0%	3.0%	-1.5%
SKP	9.7%	2.4%	4.2%
ALASKA	3.3%	0.2%	0.9%
USA	7.4%	0.9%	2.1%

Source: Claritas Envirionics/United States Census Bureau, Alaska Department of Labor

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The Kenai Peninsula Borough, which includes the Southern Kenai Peninsula communities, has a total population of 59,797 with accounts for 8.1% of the state's population. It consists of 16,017 square miles with 3.7 people per square mile.

Table 6: Population Density, 2021

	Total Population	Total Land Area (square miles)	Population Density (people per square mile)
Kenai Peninsula Borough (KPB)	59,797	16,017	3.7
Alaska (AK)	736,990	665,400	1.2
United States (US)	335,241,595	3,531,837	94

Source: USA Facts

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Between 2020-2022 the Kenai Peninsula Borough experienced a population increase of 1.6% based on population in/out migration while the state experienced a 0.7% decrease in population.

Table 7: Population Geographic Mobility, 2020-2022

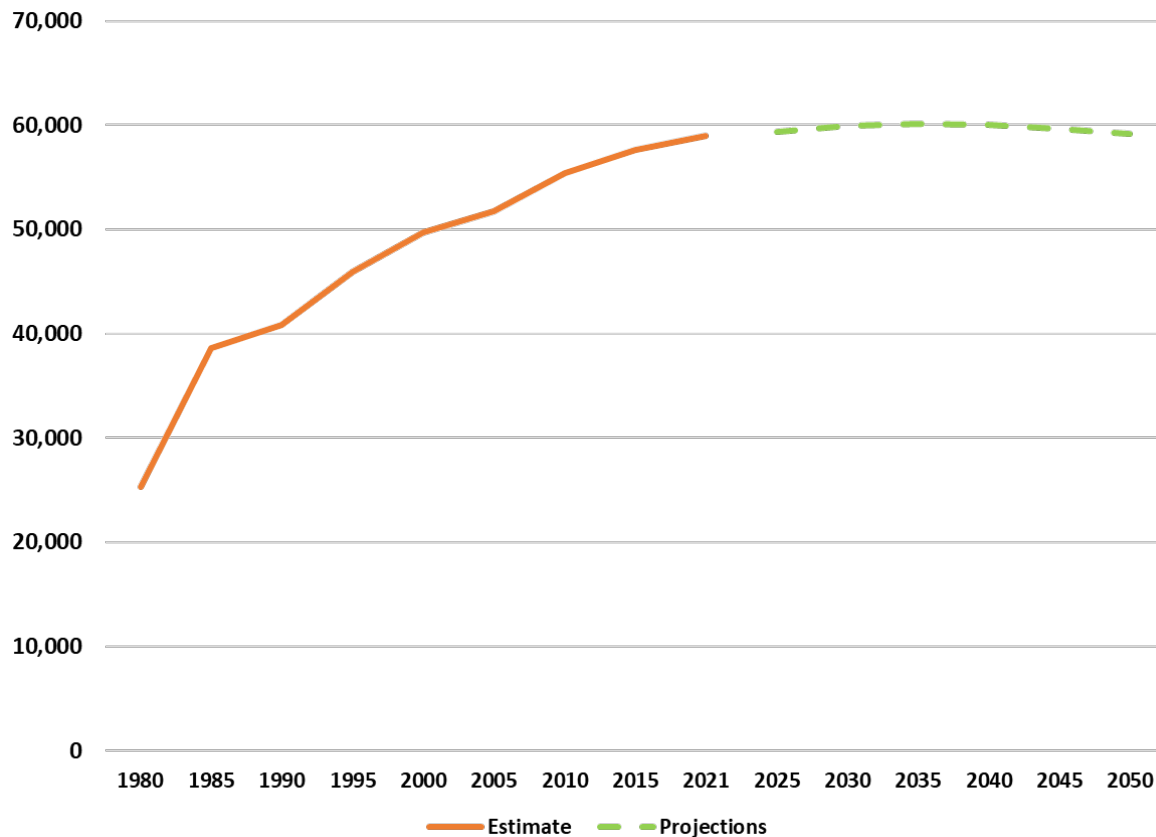
	Total Population (July 2022)	Population In/Out Migration (2020-2022)	Percent In/Out Migration (2020-2022)
Kenai Peninsula Borough (KPB)	60,017	965	1.6%
Alaska (AK)	736,556	-5,057	-0.7%

Source: Alaska Department of Labor and Workforce Development

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The population of the Kenai Peninsula Borough has been increasing since 1980 but is projected to begin to level off around 60,000 in 2025.

Figure 6: Kenai Peninsula Borough Population Projections, 1980-2050

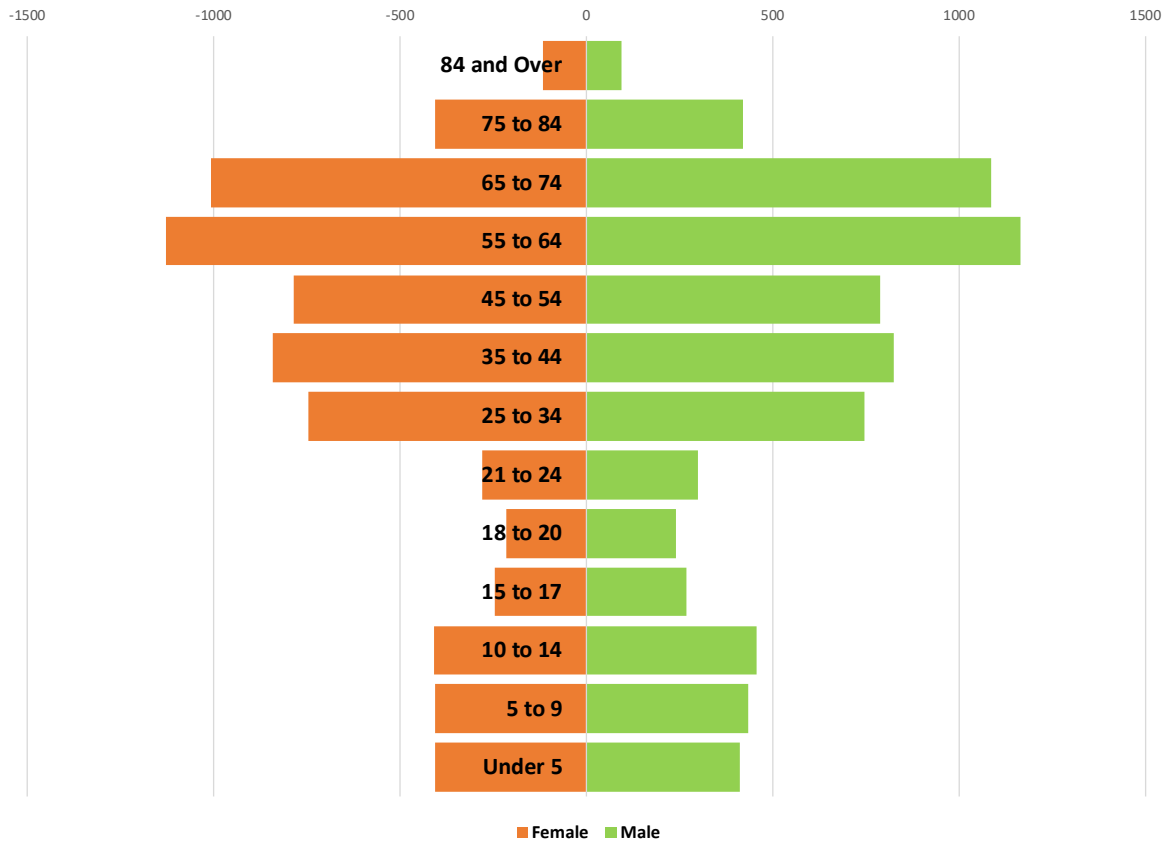


Source: Alaska Department of Labor and Workforce Development

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There are more males than females in the Southern Kenai Peninsula in almost all age categories.

Figure 7: Southern Kenai Peninsula Age and Sex Distribution, 2022



Source: Environics Analytics, US Census Bureau

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Table 8: Southern Kenai Peninsula Age and Distribution, 2022

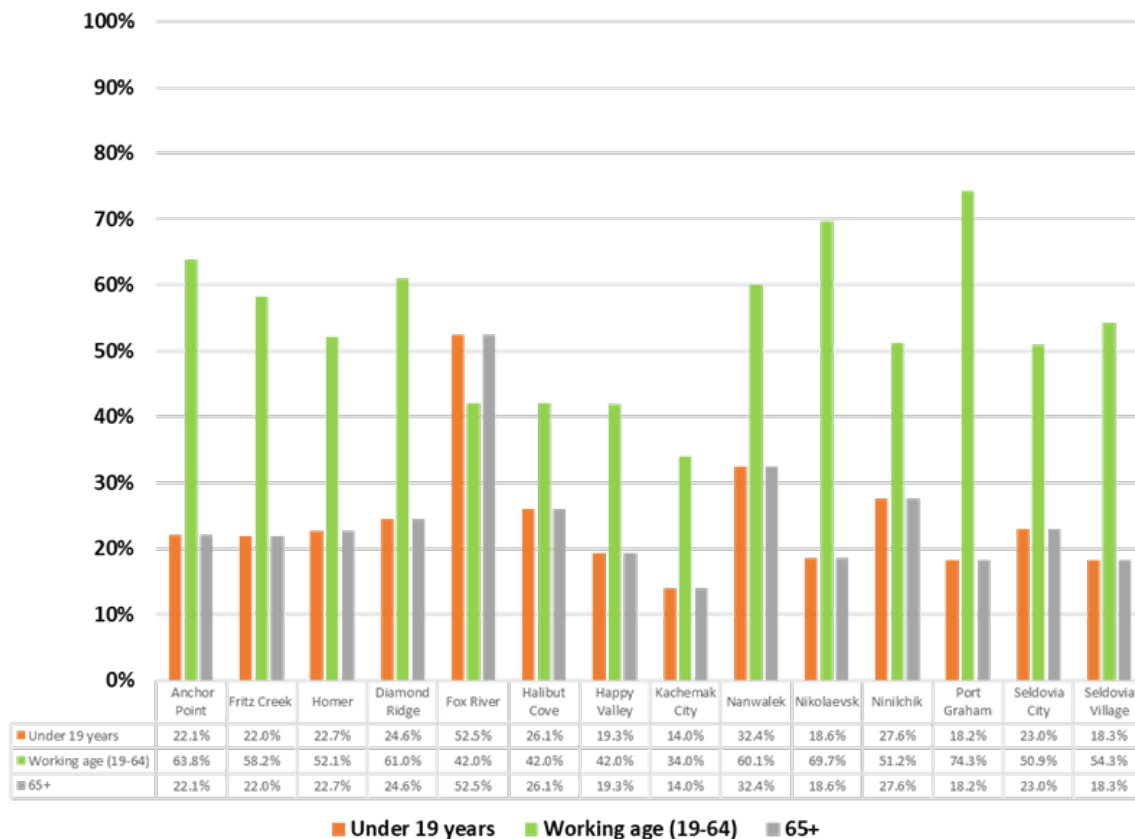
Age	Male		Female	
	Total	Percent	Total	Percent
Under 5	412	5.7%	405	5.8%
5-9	435	6.0%	407	5.8%
10-14	456	6.3%	410	5.9%
15-17	267	3.7%	245	3.5%
18-20	239	3.3%	216	3.1%
21-24	299	4.1%	279	4.0%
25-34	746	10.3%	745	10.7%
35-44	825	11.4%	842	12.0%
45-54	789	10.9%	787	11.3%
55-64	1,164	16.1%	1,128	16.1%
65-74	1,085	15.0%	1,008	14.4%
75-84	421	5.8%	407	5.8%
85 and over	94	1.3%	116	1.7%
Total	7,232	100%	6,995	100%

Source: Environics Analytics, US Census Bureau

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In most communities the largest population is between the ages of 19 and 64, with the exception of Fox River which has a higher percentage who are either under 19 years of age or 65 years of age and older.

Figure 8: Southern Kenai Peninsula Population by Age and Community, 2021

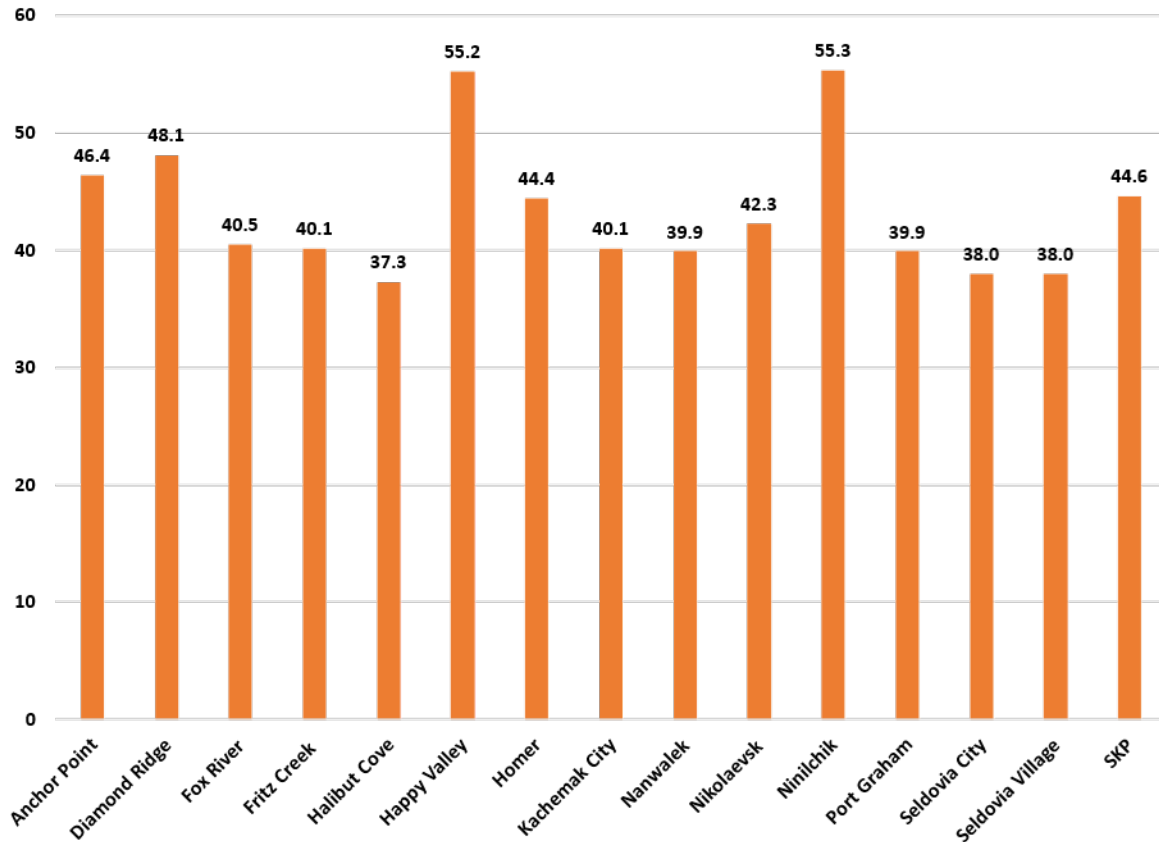


Source: US Census Bureau

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Ninilchik (55.3) and Happy Valley (55.2) have the highest median ages among the communities in the Southern Kenai Peninsula, which Halibut Cove (37.3), Seldovia City (30.0) and Seldovia Village (38.0) have the lowest median age.

Figure 9: Southern Kenai Peninsula Median Age, by Community, 2023 Estimates

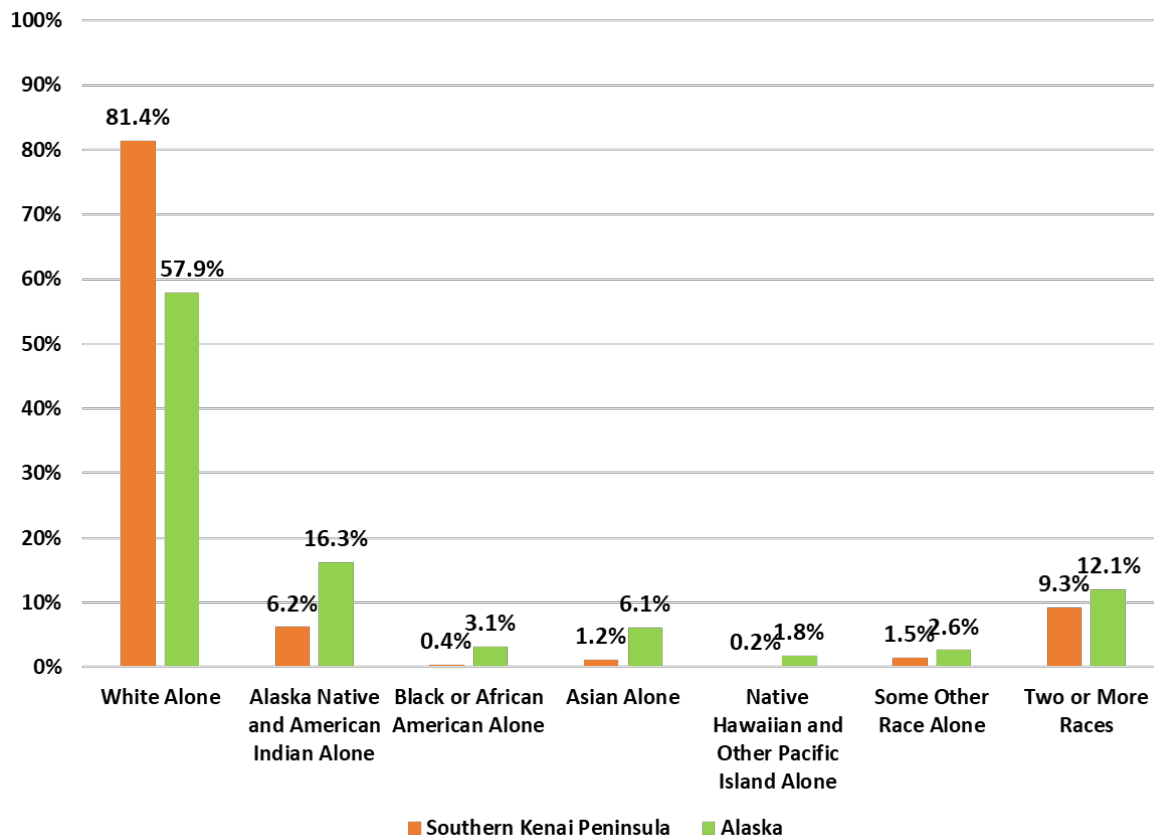


Source: Claritas Environics/United States Census Bureau

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

Figure 10: Southern Kenai Peninsula Population by Race, 2023 Estimates

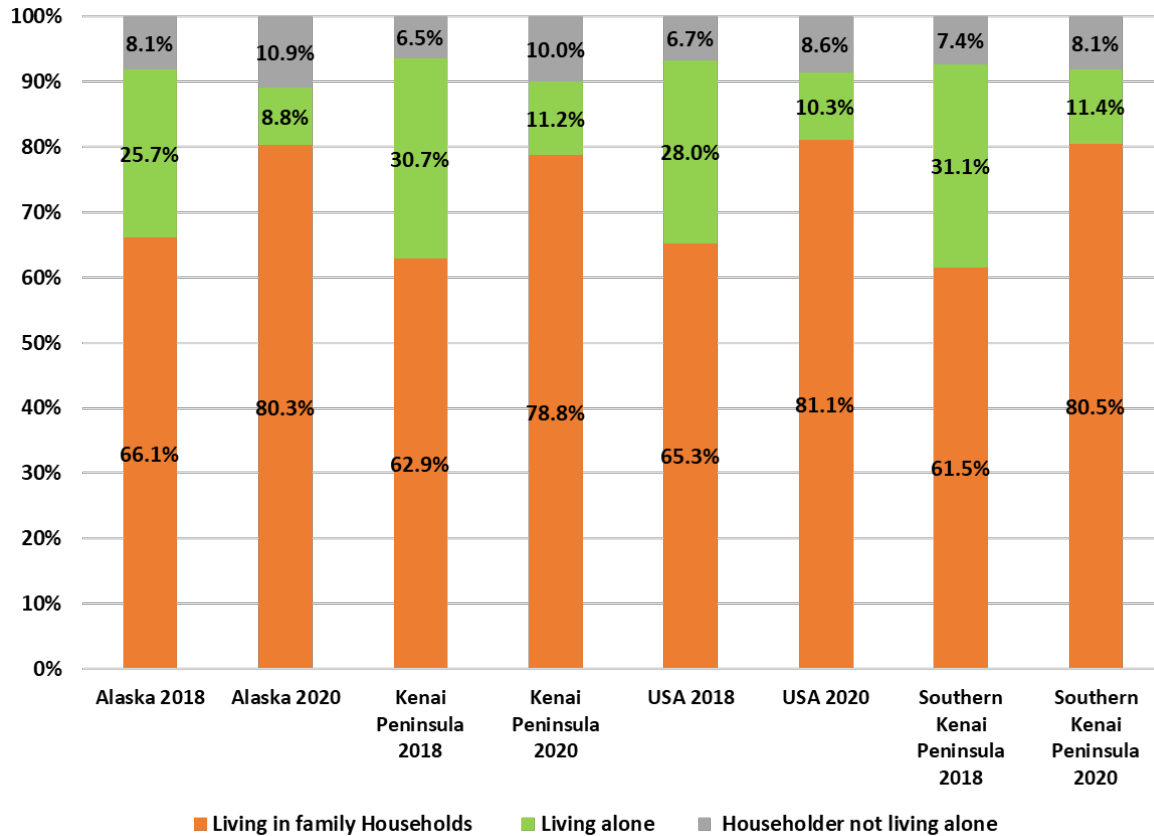


Source Claritas Environics/United States Census Bureau

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There has been an increase in individuals living in family households for the Southern Kenai Peninsula, Kenai Peninsula, state and nation between 2018 and 2020. The majority of individuals in the Southern Kenai Peninsula live in family households (80.5%).

Figure 11: Household Composition, 2018 vs. 2020



Source: US Census Bureau

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There has been a decrease in family households with children under the age of 18 in the Kenai Peninsula Borough, state and nation.

Table 9: Family Households with Children Under Age 18, 2014-2020

	2014	2018	2020
Kenai Peninsula Borough	27.3%	26.0%	22.4%
Alaska	33.0%	31.4%	24.9%
US	29.2%	27.9%	22.0%

Source: US Census Bureau

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According to the most recent census, there has been a decrease in the number of children age three through 17 in the Kenai Peninsula Borough, state and nation. In 2022, the Southern Kenai Peninsula has a lower percentage of children under the age of 18 (21.3%) in comparison to the state (24.1%).

Table 10: Children 3 through Age 17, 2014-2020

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

Source: US Census Bureau, Environ Analytics

*Data is for children ages 0-17

Note data came from two different sources and is reported for years available at each level.

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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 44.3 and in five years is projected to be 45.1, with 22.1% of the population age 65 and older.

Table 11: Projected Population 65+, Kenai Peninsula, 2020-2045

Age Group	Kenai Peninsula Borough						% Change 2020-2030	% Change 2020-2045
	2020	2025	2030	2035	2040	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 in the Southern Kenai Peninsula while remaining the same in the Kenai Peninsula Borough, Alaska and United States. About a one in ten residents (10.8%) are veterans.

Table 12: Veterans Population, 2014, 2018, 2020

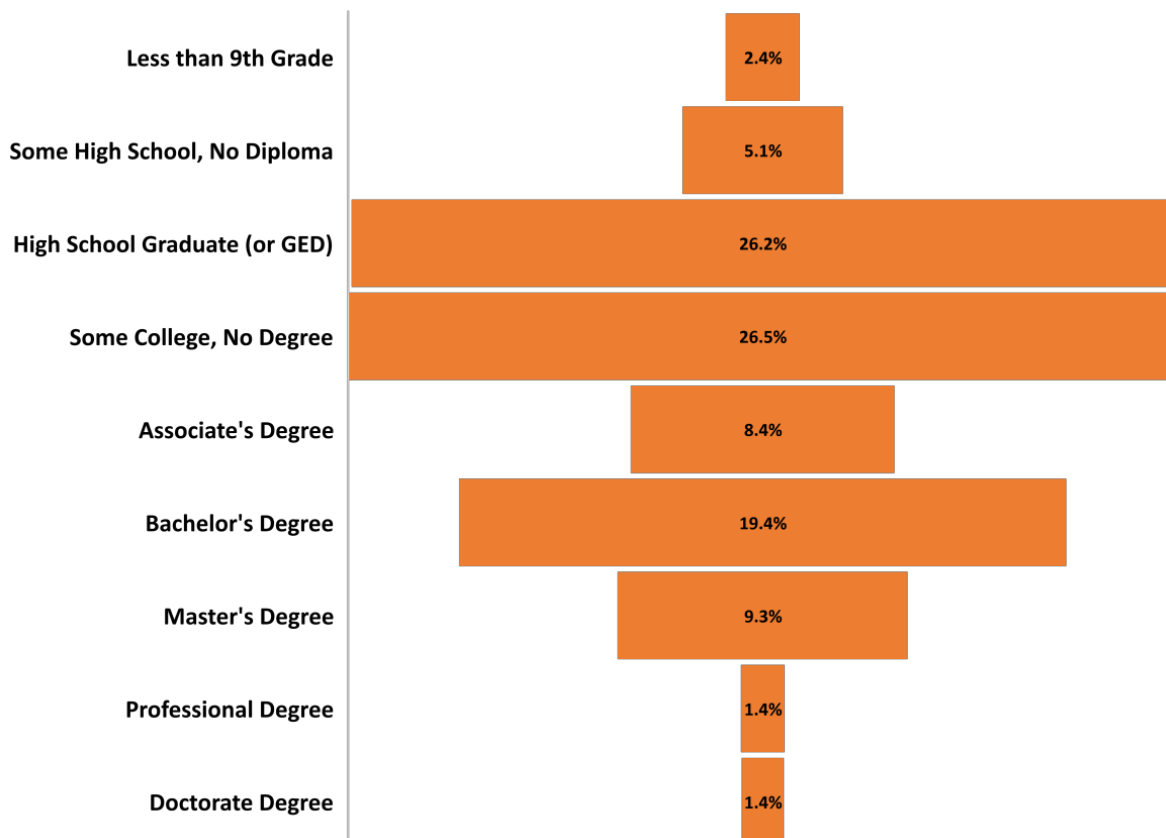
	2014	2018	2020
Southern Kenai Peninsula	14.3%	11.1%	10.8%
Kenai Peninsula Borough	13.7%	11.3%	11.3%
Alaska	13.4%	12.6%	12.6%
US	8.7%	7.5%	7.5%

Source: US Census Bureau

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When looking at the highest level of educational attainment in the Southern Kenai Peninsula, 26.2% have only a high school diploma or equivalent while 26.5% have completed some college, but do not have a degree. Just under a third (31.5%) have a bachelor's degree or higher as their highest level of educational attainment.

Figure 12: Educational Attainment, Southern Kenai Peninsula, 2023 Estimates

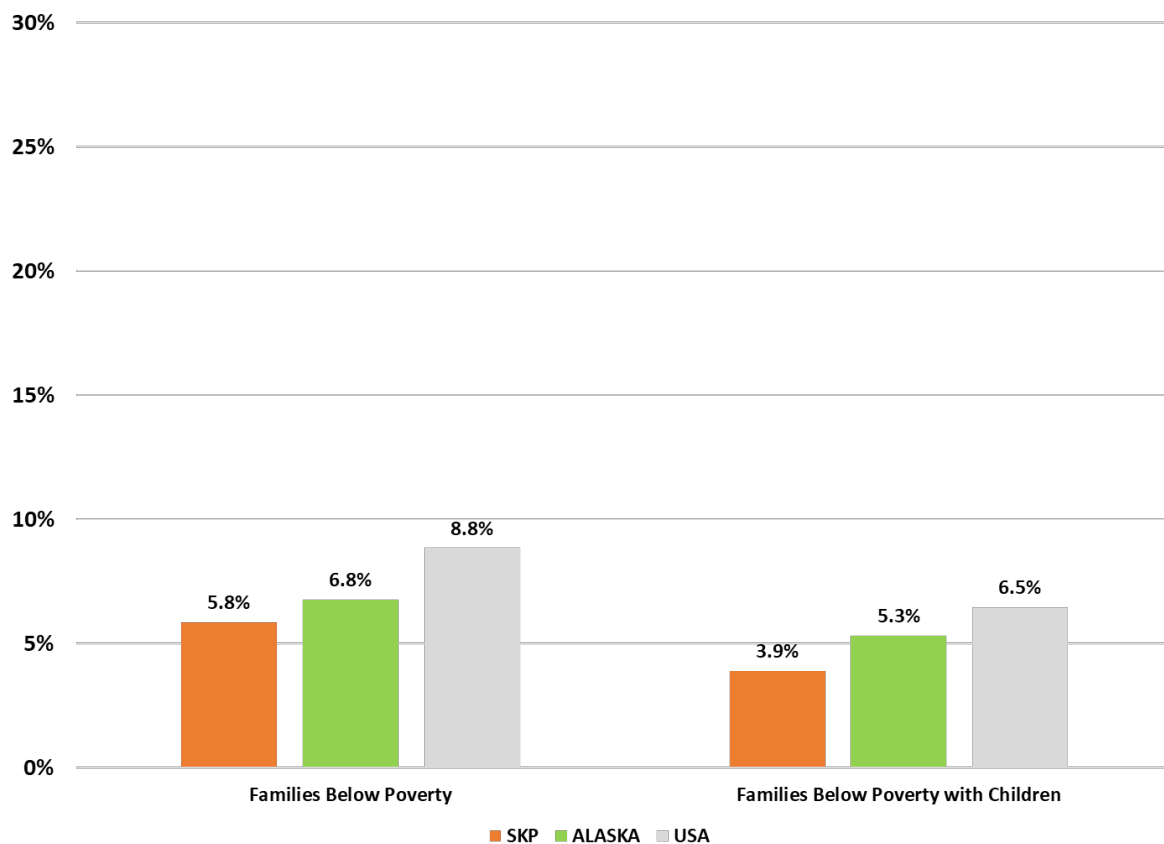


Source: Claritas Environics/United States Census Bureau

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It is estimated that in 2023, 5.8% of families in Southern Kenai Peninsula are living below poverty with 3.9% having children. This is lower in comparison to both the state and nation.

Figure 13: Families Living Below Poverty, 2023 Estimates



Source: Claritas Environics/United States Census Bureau

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The community with the highest percentage of families living below poverty is Nikolaevsk (12.8%), while Diamond Ridge has the lowest (2.6%).

Table 13: Families Living in Poverty by Community, 2023 Estimates

	% 2023 Families Below Poverty	% 2023 Families Below Poverty with Children
Anchor Point	4.5%	2.4%
Diamond Ridge	2.6%	1.1%
Fox River	6.1%	4.4%
Fritz Creek	6.8%	5.4%
Halibut Cove	7.1%	7.1%
Happy Valley	7.3%	3.4%
Homer	5.7%	4.1%
Kachemak	6.4%	4.6%
Nanwalek	8.3%	8.3%
Nikolaevsk	12.8%	5.3%
Ninilchik	7.2%	3.8%
Port Graham	5.7%	5.7%
Seldovia	7.1%	7.1%
Seldovia Village	6.1%	6.1%
Southern Kenai Peninsula	5.8%	3.9%
Alaska	6.8%	5.3%
USA	8.8%	6.5%

Source: Claritas Environics/United States Census Bureau

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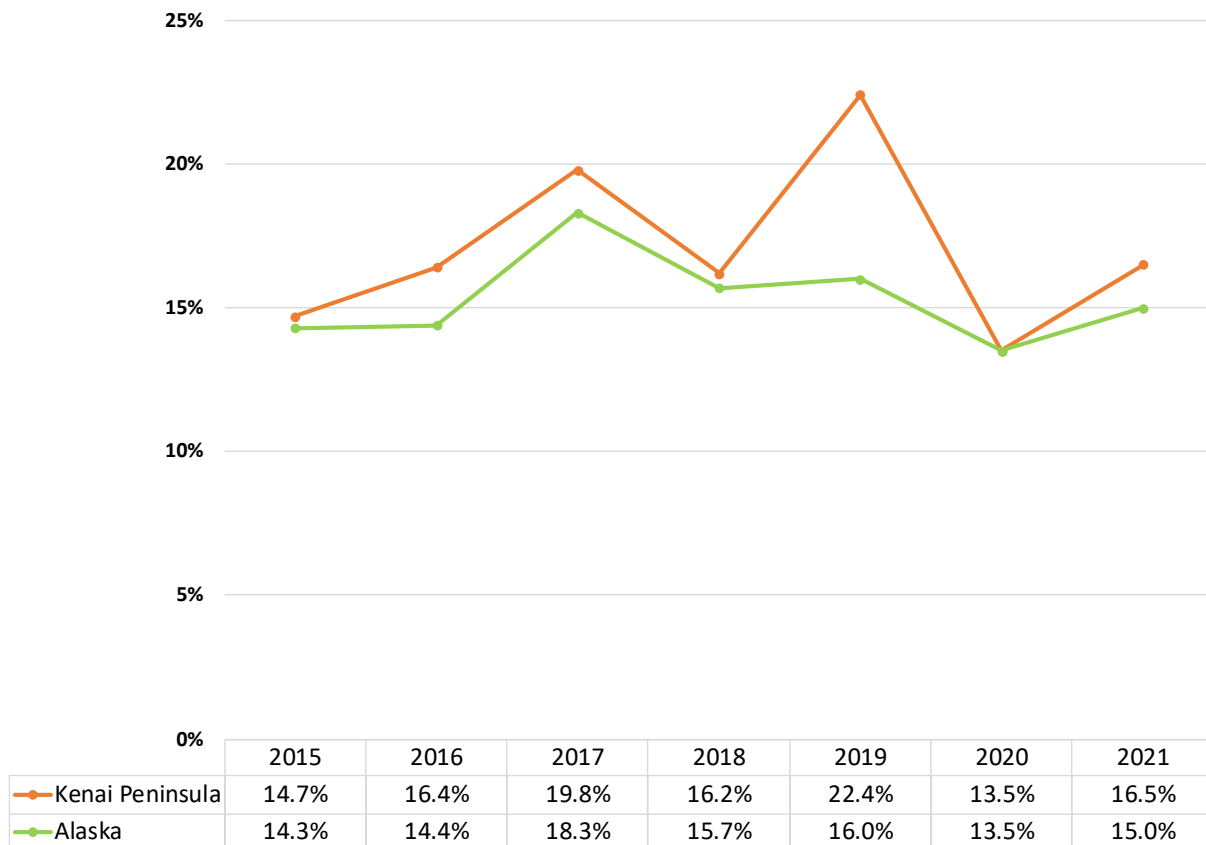
General Findings

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 prevention³.

The percentage of the population who rate their health as fair or poor increased in the Kenai Peninsula between 2020 (13.5%) and 2021 (16.5%), as well as in Alaska (13.5% to 15.0%). The Kenai Peninsula had a slightly higher percentage rate their health as fair or poor (16.5%) compared to the state (15.0%).

Figure 14: Health Fair or Poor, 2015-2021



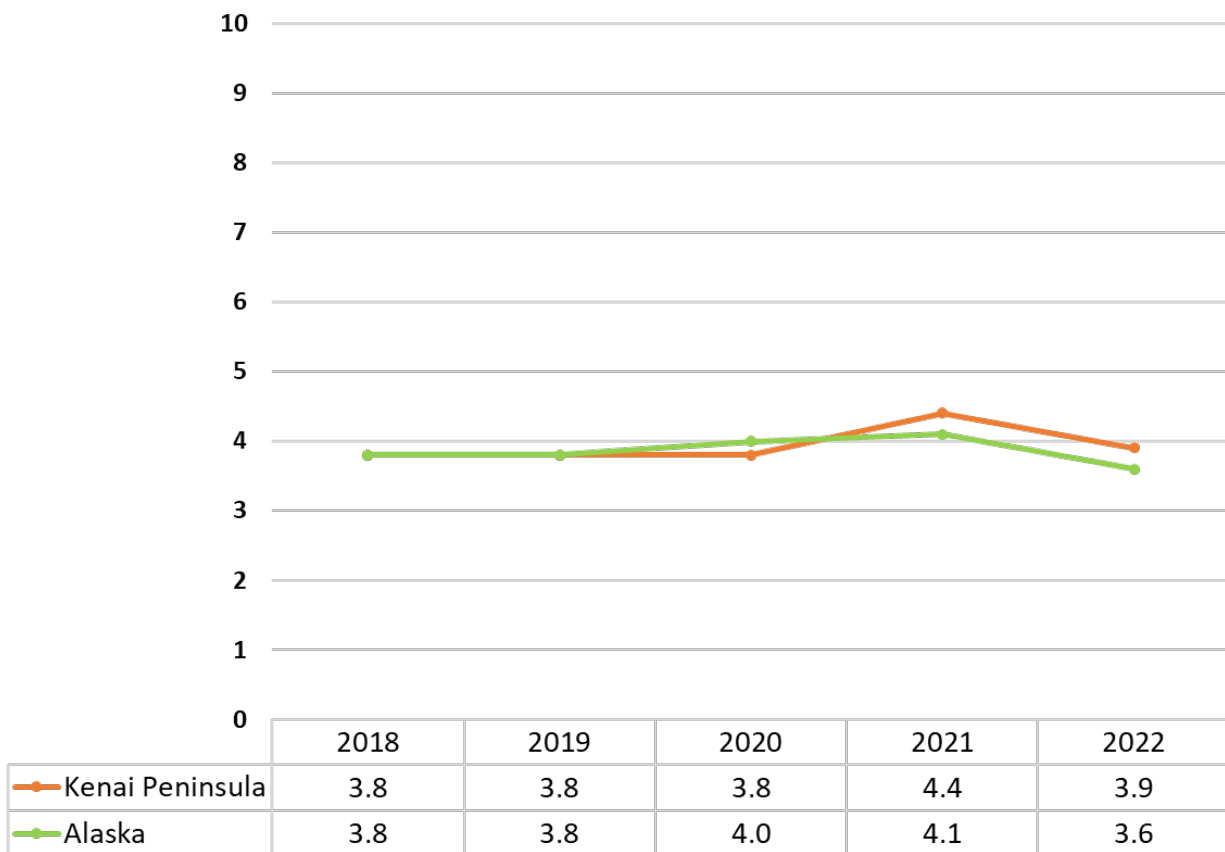
Source: County Health Rankings and Roadmaps

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 14 for additional information.

³ <https://www.epa.gov/report-environment/health-status#:~:text=The%20health%20status%20of%20a,accessibility%20of%20health%20personnel%20and>

The average number of days adults in the Kenai Peninsula (4.4 to 3.9) and Alaska (4.1 to 3.6) report their physical health was not good has decreased between 2021 and 2022.

Figure 15: Average Number of Days Physical Health Not Good, 2018-2022

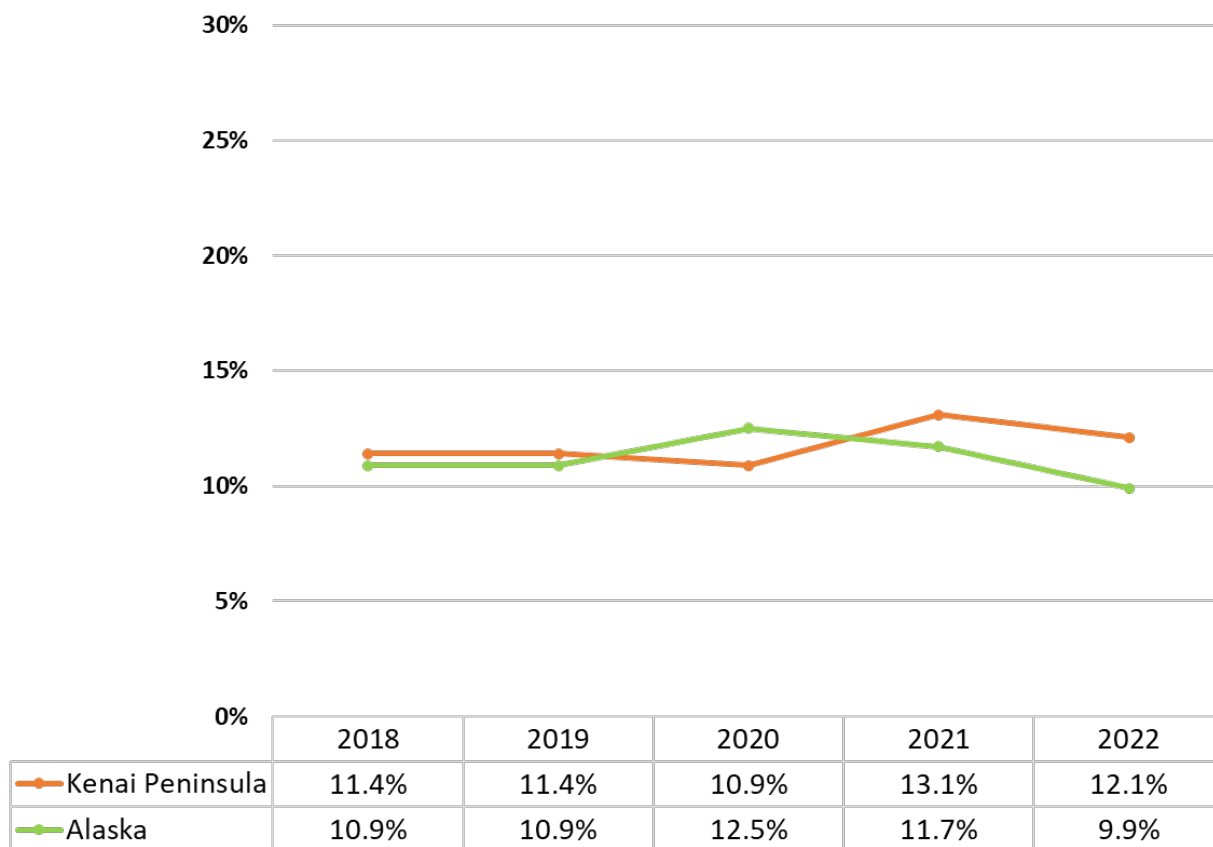


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The percentage of adults in the Kenai Peninsula (13.1% to 12.1%) and Alaska (11.7% to 9.9%) who report frequent physical distress has decreased between 2021 and 2022, with the Kenai Peninsula (12.1%) higher than Alaska (9.9%) in the most recent year.

Figure 16: Frequent Physical Distress, 2018-2022



Source: County Health Rankings and Roadmaps

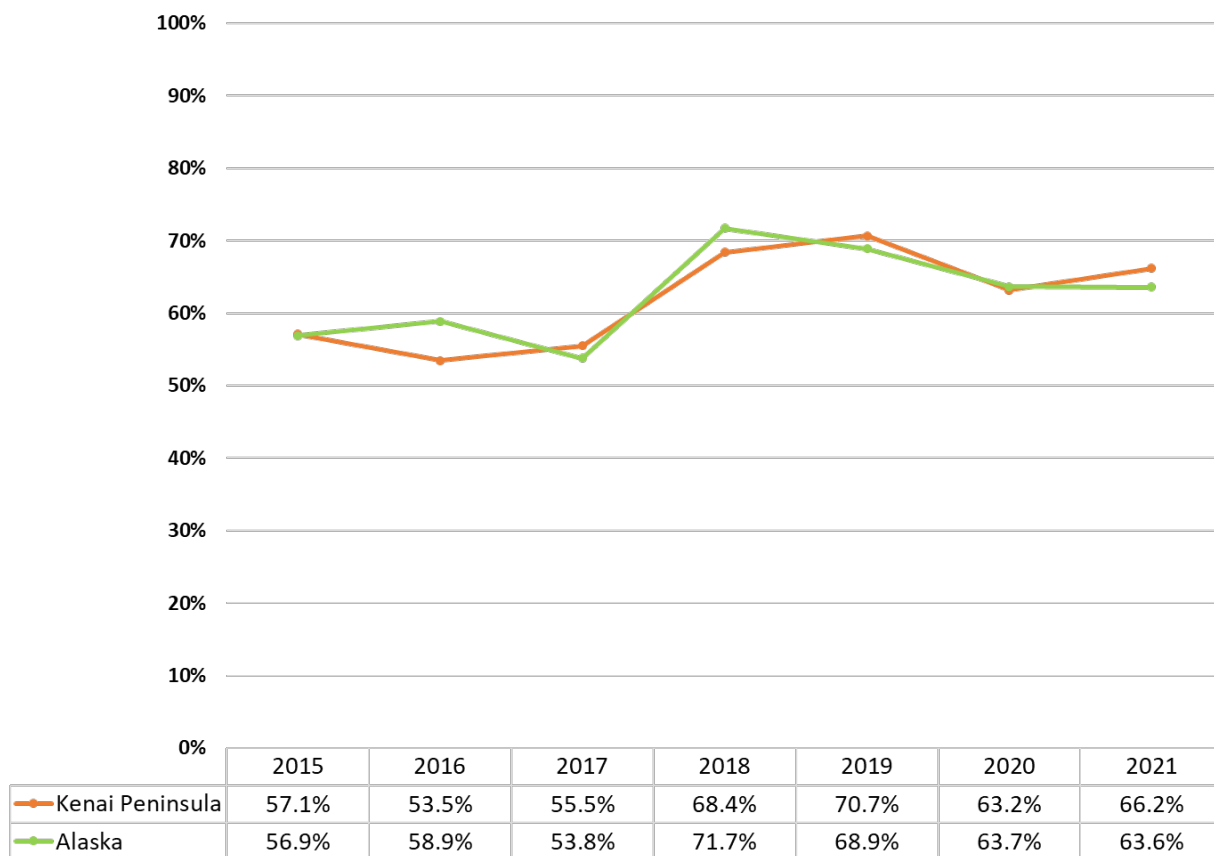
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Access to Quality Health Services

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 community⁴.

The percentage of adults who had a routine checkup in the past year has increased in the Kenai Peninsula (63.2% to 66.2%) between 2020 and 2021, with the Kenai Peninsula having a slightly higher percentage in comparison to the state (63.6%).

Figure 17: Routine Checkup, Past Year, 2015-2021



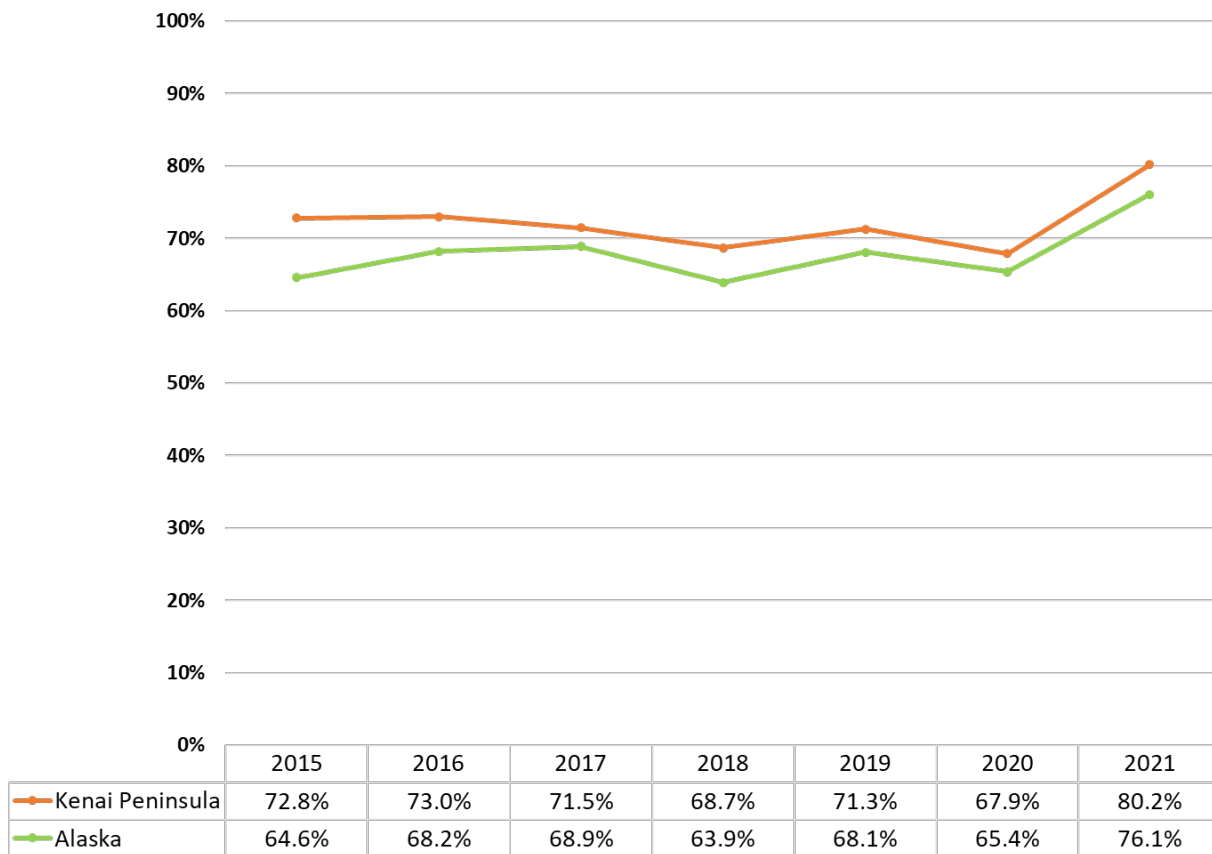
Source: Alaska Behavioral Risk Factor Surveillance System Survey

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 14 for additional information.

⁴ <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

The percentage of adults with a personal care provider has increased in the Kenai Peninsula (67.9% to 80.2%) and Alaska (65.4% to 76.1%) between 2020 and 2021, with the Kenai Peninsula having a higher percentage compared to the state.

Figure 18: Have Personal Care Provider, 2015-2021

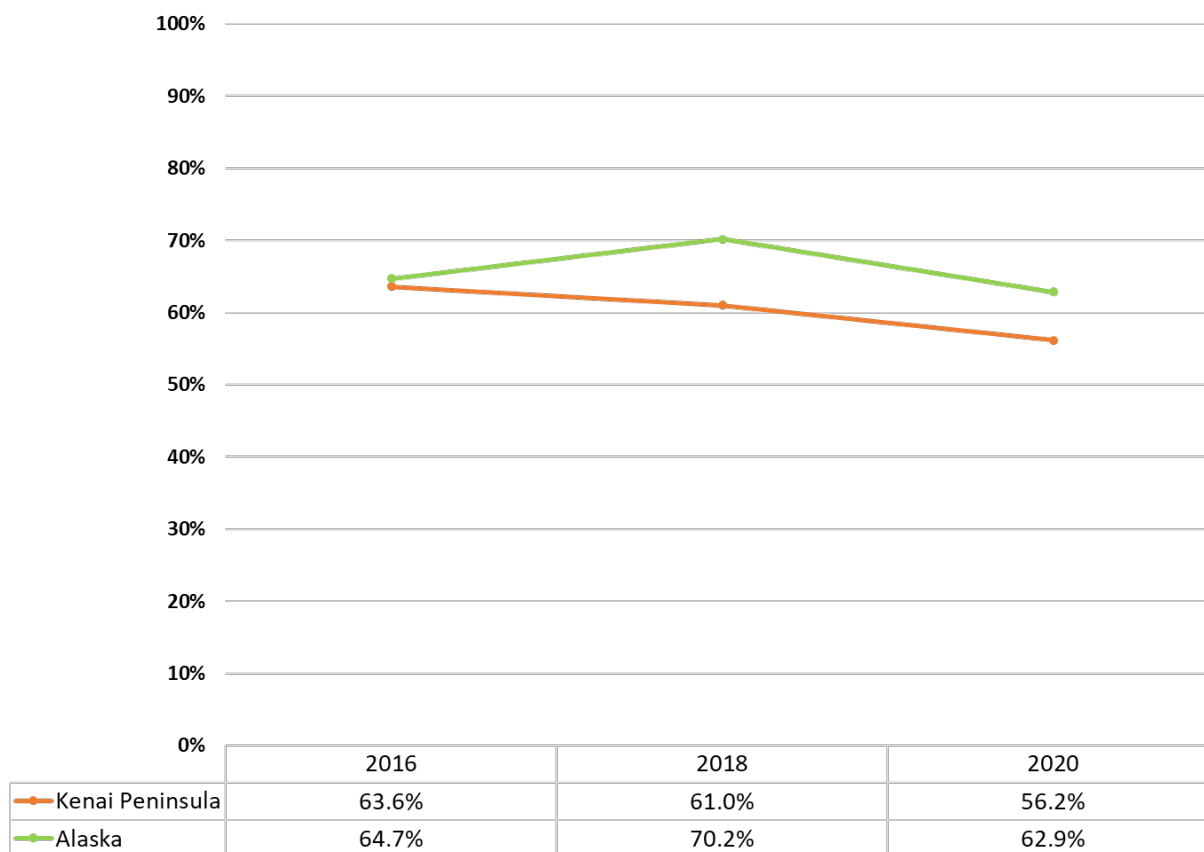


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The percentage of adults who had a dental visit in the past year decreased between 2018 and 2020 in the Kenai Peninsula (61.0% to 56.2%) and Alaska (70.2% to 62.9%), with the Kenai Peninsula having a lower percentage in comparison to the state.

Figure 19: Dental Visit, Past Year, 2016, 2018, 2020

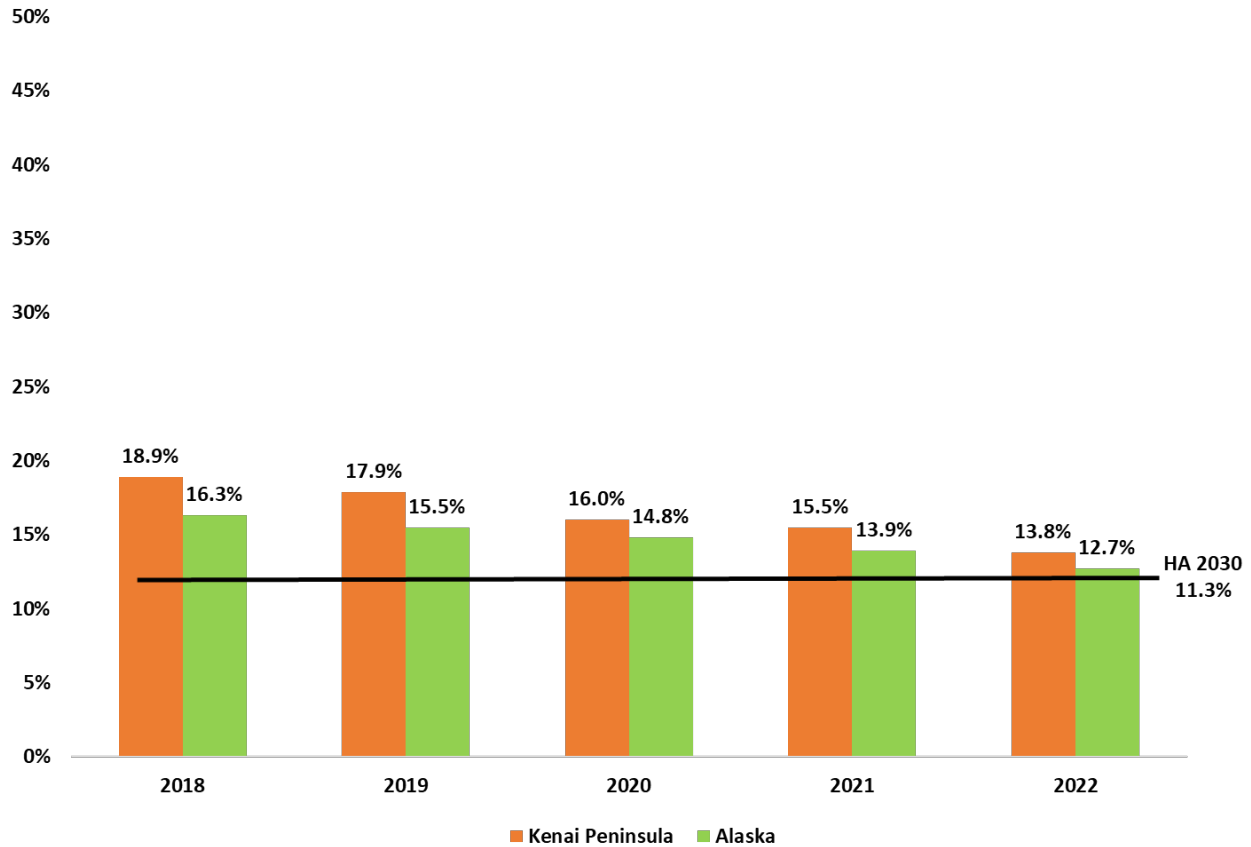


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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 14 for additional information.

The percentage of the population that is currently uninsured decreased in the Kenai Peninsula (15.3% to 13.8%) and Alaska (13.9% to 12.7%) between 2021 and 2022. In 2022, both the Kenai Peninsula (13.9%) and state (12.7%) fell above the Healthy Alaskans 2030 Target of 11.3% uninsured.

Figure 20: Uninsured Adults, 2018 - 2022



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 14 for additional information.

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 determinants⁵.

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 is compared to the Healthy People 2030 Goal. All Healthy People 2030 Goals can be found at <https://health.gov/healthypeople/objectives-and-data/browse-objectives>.

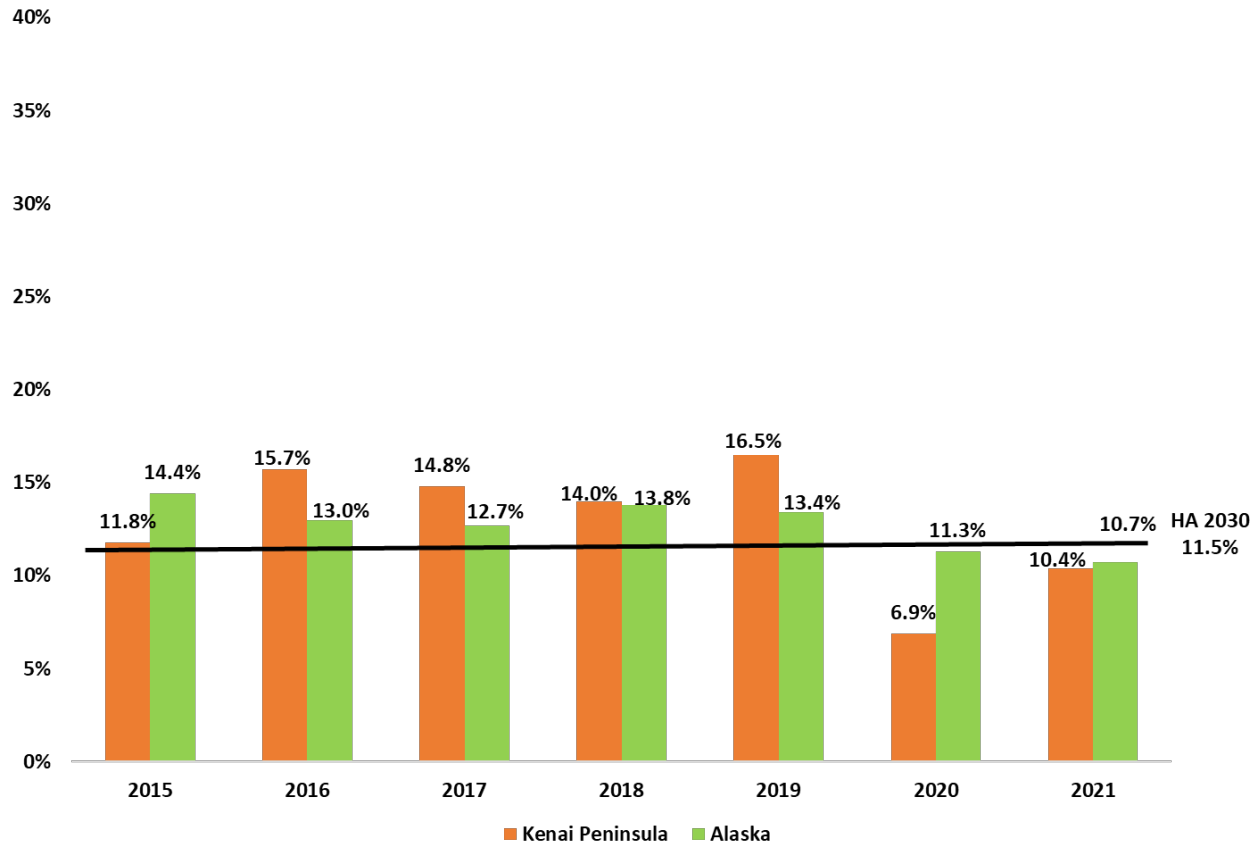
Alaska’s state health improvement plan, Healthy Alaskans, is developed by teams from different sectors across the state of Alaska who are working in areas that impact health. The Healthy Alaskans effort is led jointly by the State of Alaska Department of Health and Social Services and the Alaska Native 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/>.

⁵ <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 has increased in the Kenai Peninsula from 6.9% in 2020 to 10.4% in 2021, which is comparable to the state (10.7%) and just below the Healthy Alaskans 2030 Target of 11.5%.

Figure 21: Unmet Medical Need Due to Cost, Past Year, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System Survey

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Chronic Disease

Conditions that are long-lasting, relapse, in remission and have continued persistence are categorized as chronic diseases⁶.

In 2021, the leading causes of death in the Southern Kenai Peninsula were diseases of the heart (38 deaths), malignant neoplasms (37 deaths) and COVID-19 (25 deaths).

Table 14: Southern Kenai Peninsula Leading Causes of Death by Year, 2000-2021

Year	Rank	Cause of Death	Deaths	Year	Rank	Cause of Death	Deaths
2000	1	Diseases of Heart	23	2011	1	Diseases of heart	23
	2	Malignant Neoplasms	17		2	Malignant neoplasms	16
	3	Cerebrovascular Diseases	6		3	Chronic lower respiratory diseases	10
	4	Alzheimer Disease	<6		4	accidents	6
	5	Chronic Lower Respiratory Diseases	<6		5	Intentional self harm	<6
2001	1	Malignant Neoplasms	14	2012	1	Diseases of heart	27
	2	Diseases of Heart	14		2	Malignant neoplasms	23
	3	Cerebrovascular Diseases	7		3	Alzheimer's diseases	8
	4	Accidents	7		4	Diabetes mellitus	7
	5	Chronic Liver Disease and Cirrhosis	<6		5	Intentional self harm	7
2002	1	Diseases of Heart	21	2013	1	Malignant neoplasms	30
	2	Malignant Neoplasms	13		2	Diseases of heart	22
	3	Cerebrovascular Diseases	<6		3	Accidents	13
	4	Alzheimer Disease	<6		4	Alzheimer's diseases	8
	5	Chronic lower respiratory diseases	<6		5	Cerebrovascular diseases	7
2003	1	Diseases of Heart	19	2014	1	Malignant neoplasms	40
	2	Malignant Neoplasms	12		2	Diseases of heart	23
	3	Accidents	10		3	Accidents	11
	4	Alzheimer Disease	<6		4	Alzheimer's diseases	<6
	5	Diabetes Mellitus	<6		5	Cerebrovascular diseases	<6
2004	1	Malignant Neoplasms	12	2015	1	Malignant neoplasms	36
	2	Diseases of Heart	9		2	Diseases of heart	34
	3	Cerebrovascular Diseases	<6		3	Accidents	13
	4	Accidents	<6		4	Cerebrovascular diseases	8
	5	Diabetes Mellitus	<6		5	Intentional self harm	<6
2005	1	Diseases of Heart	13	2016	1	Malignant neoplasms	33
	2	Malignant Neoplasms	9		2	Diseases of heart	31
	3	Accidents	9		3	Accidents	10
	4	Alzheimer Disease	<6		4	Cerebrovascular diseases	8
	5	Cerebrovascular Diseases	<6		5	Alzheimer's disease	7
2006	1	Malignant Neoplasms	21	2017	1	Malignant neoplasms	34
	2	Diseases of heart	15		2	Diseases of heart	32
	3	Accidents	10		3	Accidents	11

⁶ <https://www.cdc.gov/chronicdisease/about/index.htm>

Year	Rank	Cause of Death	Deaths
2007	4	Chronic Lower Respiratory Diseases	7
	5	Alzheimer's Diseases	<6
	1	Malignant Neoplasms	25
	2	Diseases of heart	10
	3	Accidents	<6
2008	4	Cerebrovascular diseases	<6
	5	Influenza and Pneumonia	<6
	1	Diseases of heart	20
	2	Malignant neoplasms	12
	3	Accidents	6
2009	4	Diabetes Mellitus	<6
	5	Intentional self -harm	<6
	1	Malignant neoplasms	29
	2	Diseases of heart	23
	3	Chronic lower respiratory diseases	8
2010	4	Chronic liver diseases and cirrhosis	<6
	5	Diabetes mellitus	<6
	1	Diseases of heart	26
	2	Malignant neoplasms	19
	3	Intentional self harm	<6
2011	4	Accidents	<6
	5	Chronic liver diseases and cirrhosis	<6

Year	Rank	Cause of Death	Deaths
2012	4	Intentional self harm	6
	5	Diabetes mellitus	<6
	1	Malignant neoplasms	37
	2	Diseases of heart	29
	3	Cerebrovascular diseases	8
2013	4	Accidents	8
	5	Chronic liver diseases and cirrhosis	7
	1	Malignant neoplasms	39
	2	Diseases of heart	27
	3	Chronic lower respiratory diseases	9
2014	4	Accidents	9
	5	Cerebrovascular diseases	8
	1	Malignant neoplasms	30
	2	Diseases of heart	30
	3	accidents	9
2015	4	Diabetes Mellitus	8
	5	Cerebrovascular diseases	8
	1	Diseases of heart	38
	2	Malignant neoplasms	37
	3	Covid-19	25
2016	4	Accidents	11
	5	Diabetes Mellitus	10

Source: Alaska Division of Public Health, Health Analytics and Vital Records Section

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The cumulative leading cause of death for the Southern Kenai Peninsula for years 2000 to 2021 were malignant neoplasms (538) and diseases of the heart (509).

Table 15: Southern Kenai Peninsula Leading Causes of Death, Cumulative 2000-2021

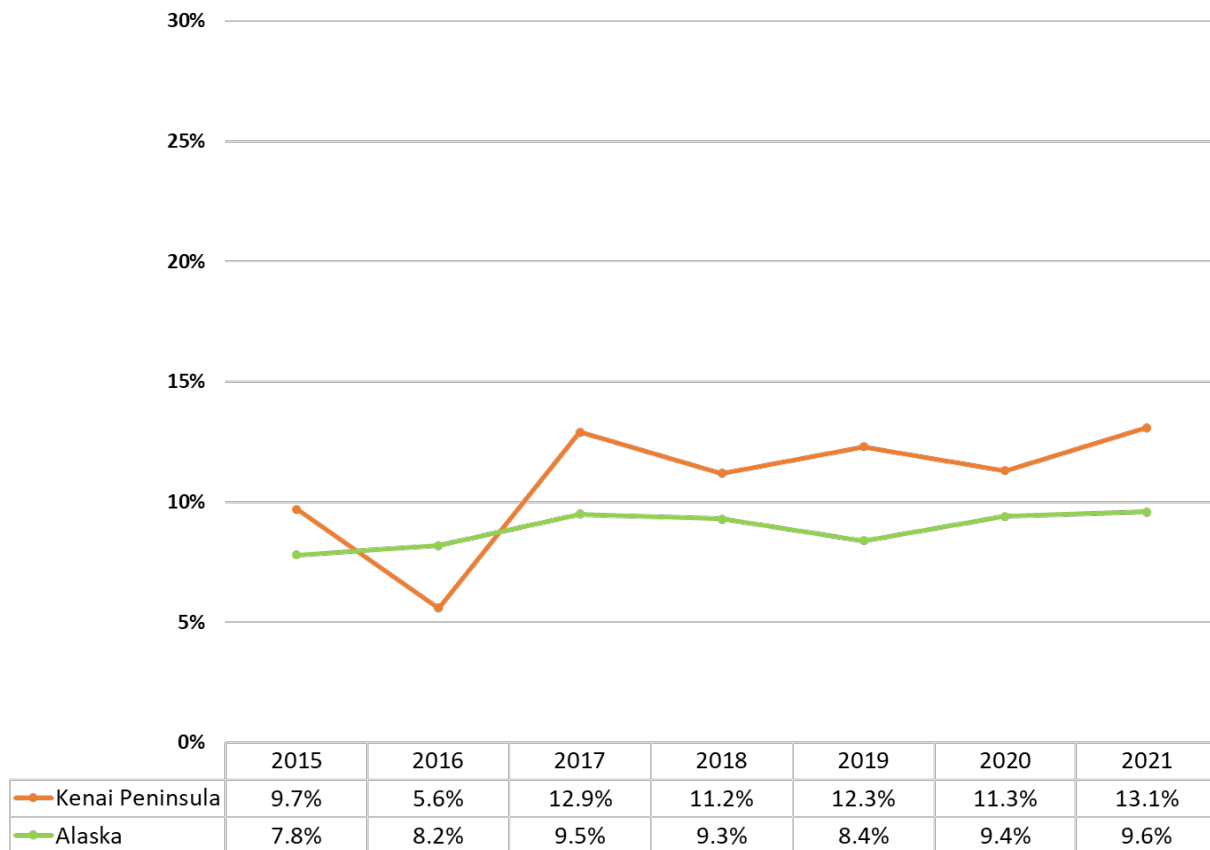
Cause of Death	Deaths
Malignant neoplasms	538
Diseases of heart	509
Accidents	161
Cerebrovascular diseases	90
Alzheimer's Diseases	59
Diabetes mellitus	55
Chronic lower respiratory diseases	46
Intentional self harm	31
Covid-19	25
Chronic liver diseases and cirrhosis	25
Influenza and Pneumonia	6

Source: Alaska Department of Health

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The percentage of adults who have received a cancer diagnosis has increased in the Kenai Peninsula (11.3% to 13.1%) and Alaska (9.4% to 9.6%) between 2020 and 2021, with the percentage for the Kenai Peninsula (13.1%) higher in comparison to the state (9.6%) in the most recent year.

Figure 22: Cancer Diagnosis, 2015-2021

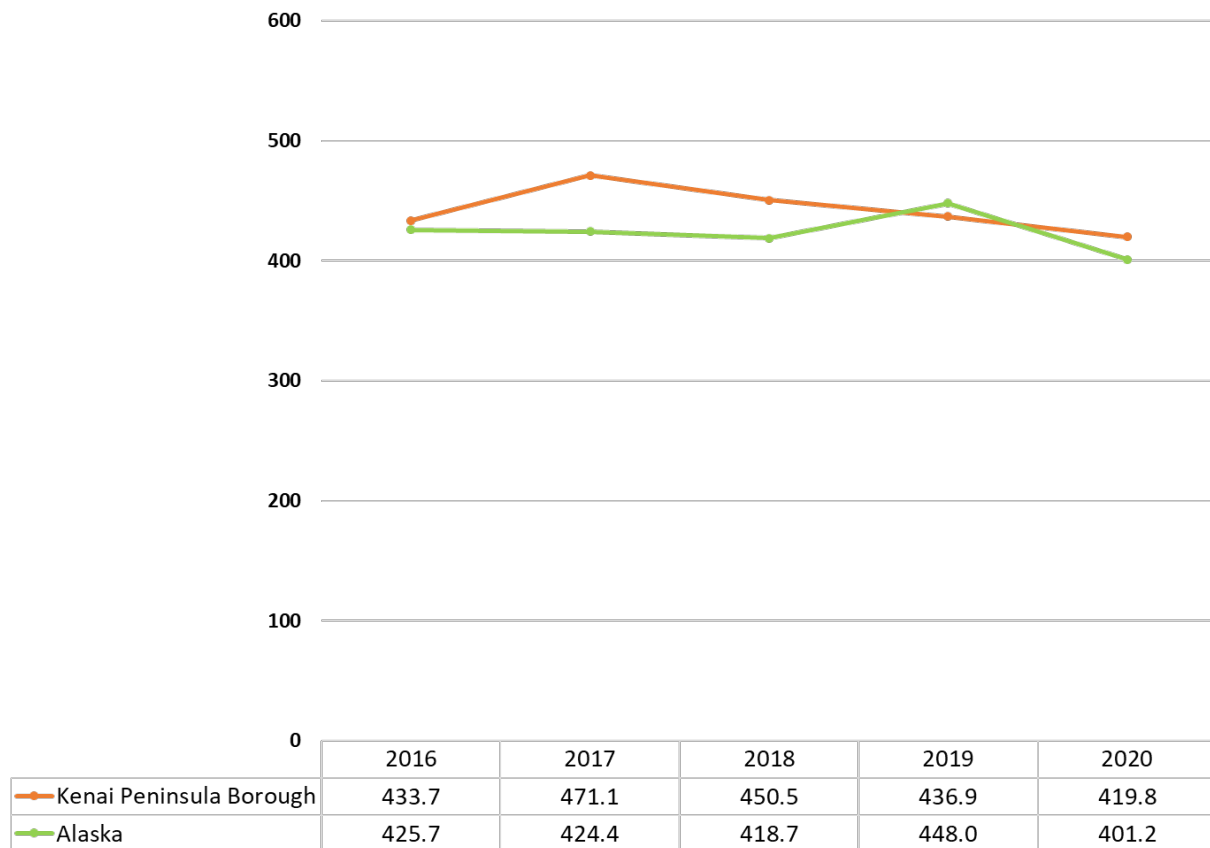


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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 14 for additional information.

The cancer incidence rate per 100,000 has been decreasing in the Kenai Peninsula Borough since 2017 (471.1). In 2020, the rate was higher in the Kenai Peninsula Borough (419.8) in comparison to the state (401.2). The rate for the state decreased between 2019 (448.0) and 2020 (401.2).

Figure 23: Cancer Incidence Rate Per 100,000, All Sites, 2016-2020

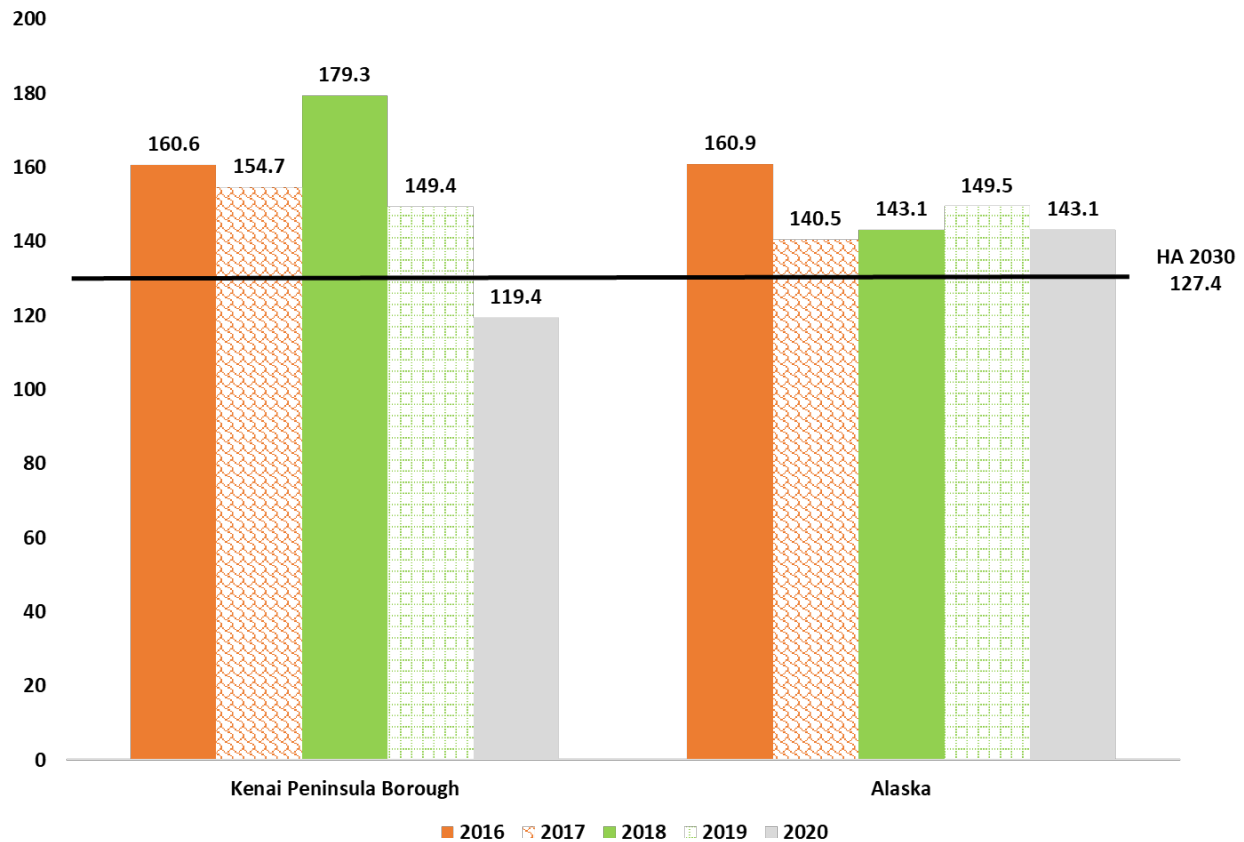


Source: Alaska Department of Health

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The cancer mortality rate per 100,000 has fluctuated in the Kenai Peninsula Borough although has been decreasing since 2018 (179.3) and in 2020 (119.4) was lower than the state. The state rate decreased between 2019 (149.5) and 2020 (143.1). The Kenai Peninsula Borough rate exceeded the Healthy Alaska 2030 Target of 127.4, while the state remained above it.

Figure 24: Cancer Mortality Rate Per 100,000, All Sites, 2016-2020

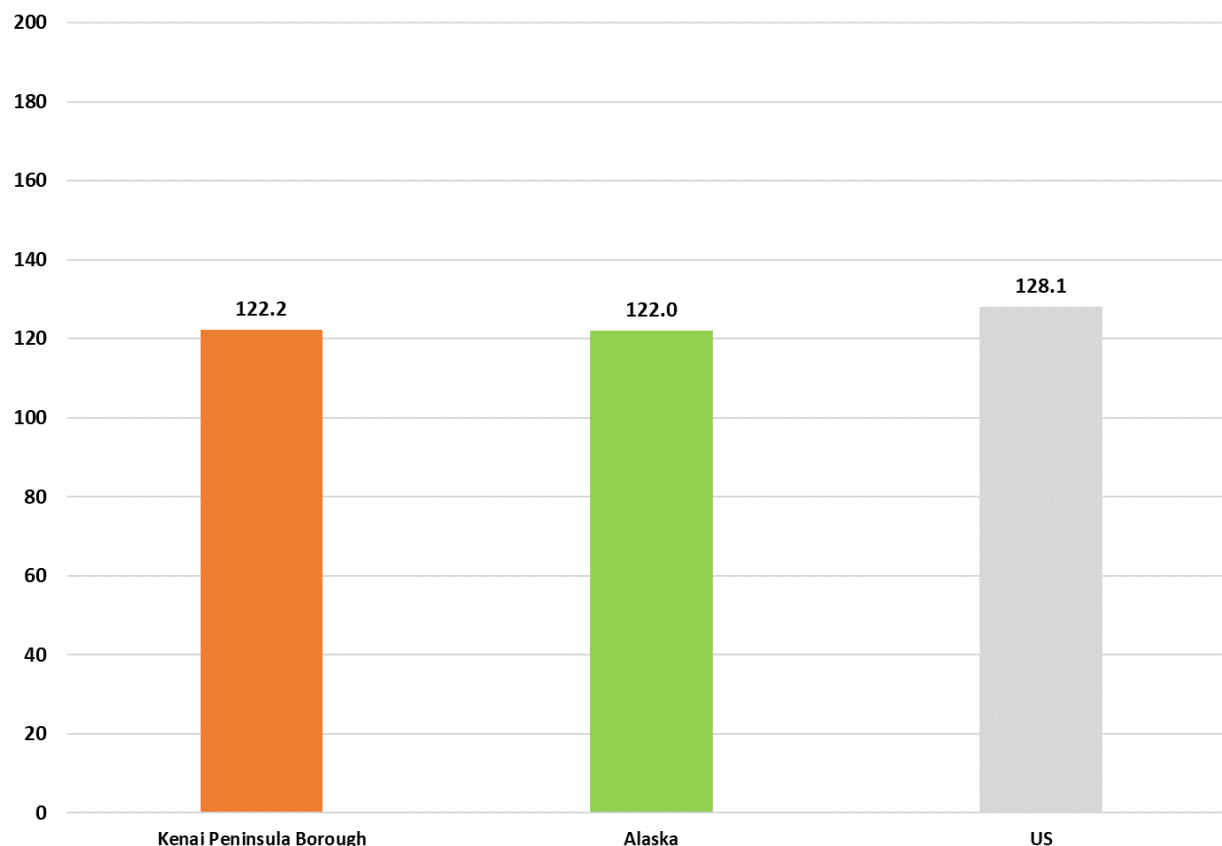


Source: Alaska Department of Health

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The breast cancer incidence rate per 100,000 in 2015-2019 in the Kenai Peninsula Borough (122.2) is comparable to the state (122.0) and just below the nation (128.1)

Figure 25: Breast Cancer Incidence Rate Per 100,000, 2015-2019

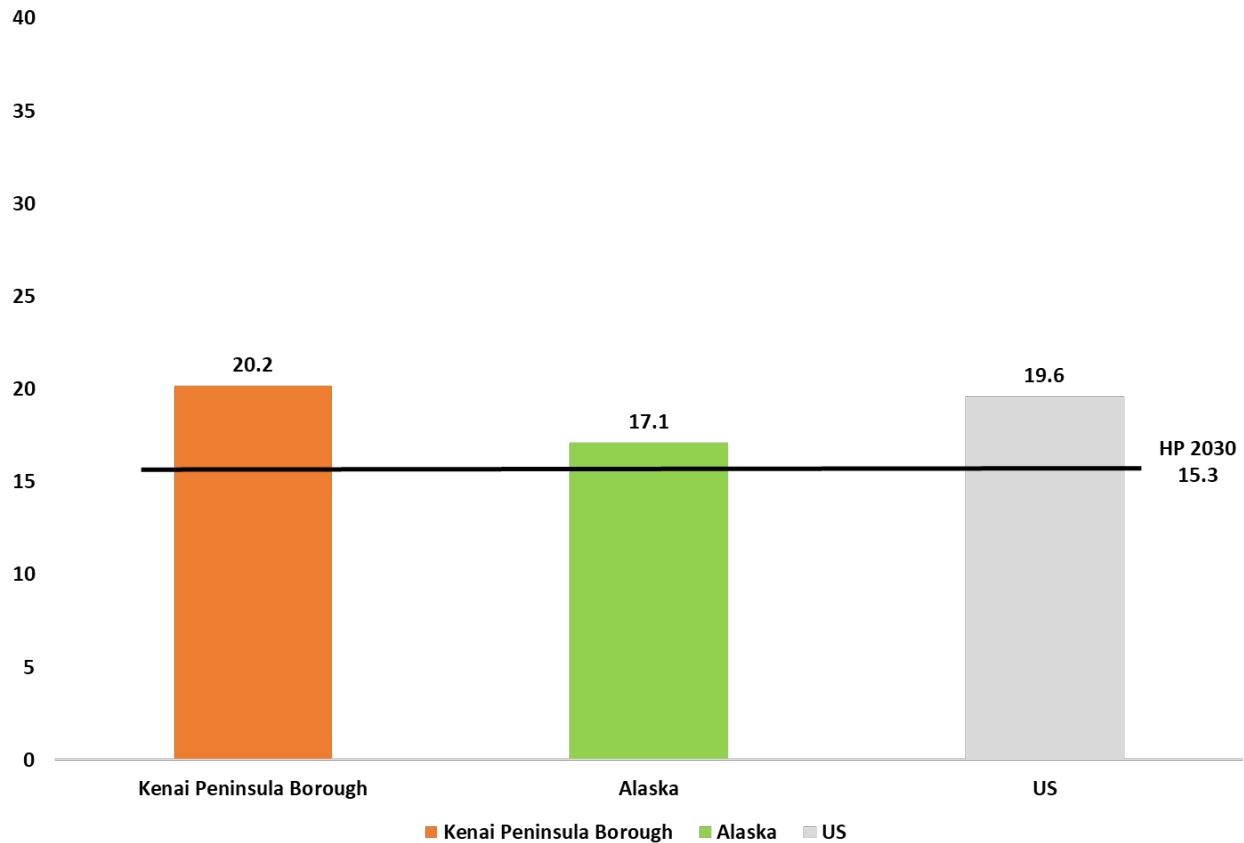


Source: Center for Disease Control, National Cancer Institute

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 14 for additional information.

The breast cancer mortality rate per 100,000 was 20.2 in the Kenai Peninsula Borough in 2016-2020, which was higher than Alaska (17.1) and the Healthy People 2030 Goal of 15.3. The rate for the Kenai Peninsula Borough was comparable to that of the state (19.6).

Figure 26: Breast Cancer Mortality Rate Per 100,000, 2016-2020

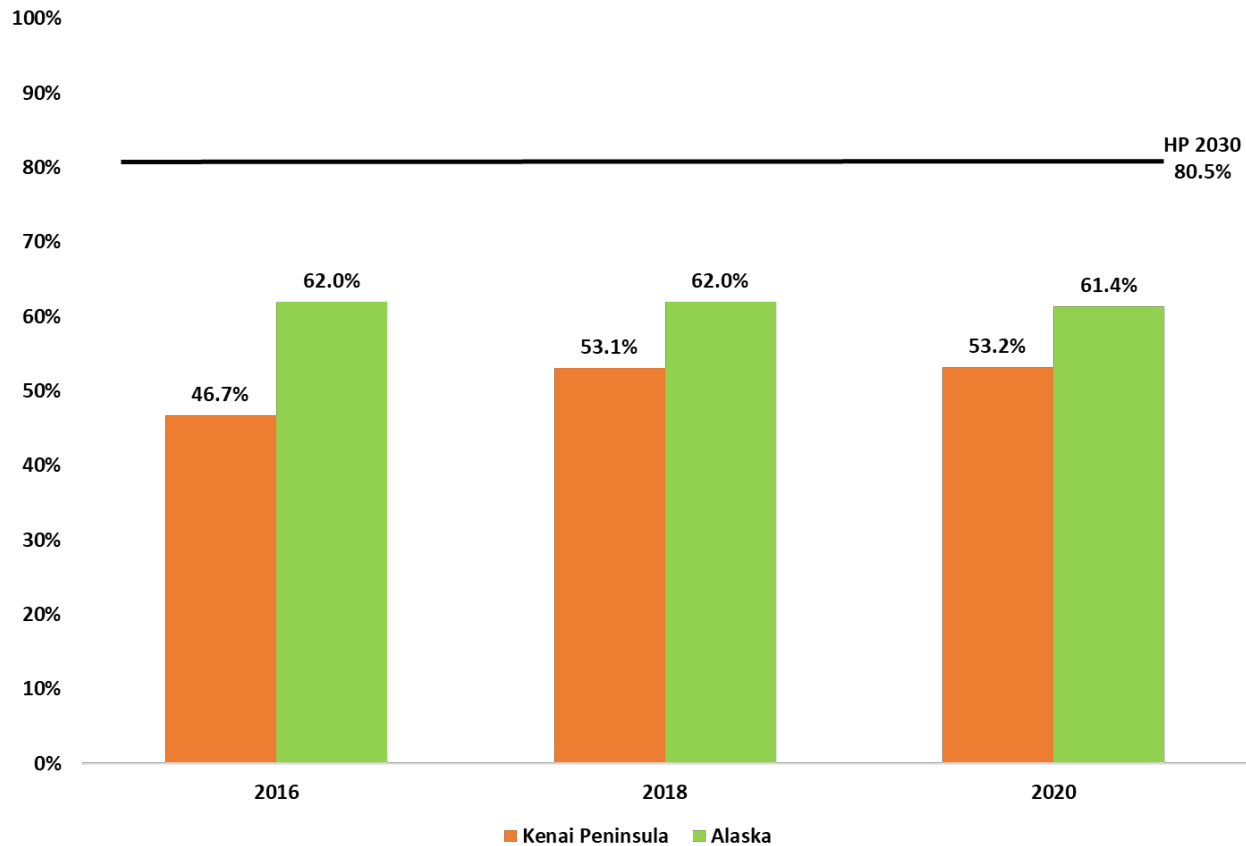


Source: Center for Disease Control, National Cancer Institute

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The percentage of females aged 40 and older who receive a mammogram in the past two years increased in the Kenai Peninsula between 2016 (46.7%) and 2018 (53.1%) and remained steady in 2020 (53.2%). For the years 2016, 2018 and 2020, the Kenai Peninsula had a lower percentage in comparison to the state and both fell below the Healthy People 2030 Goal of 80.5%.

Figure 27: Mammogram, Females Age 40+, Past 2 Years, 2016, 2018, 2020

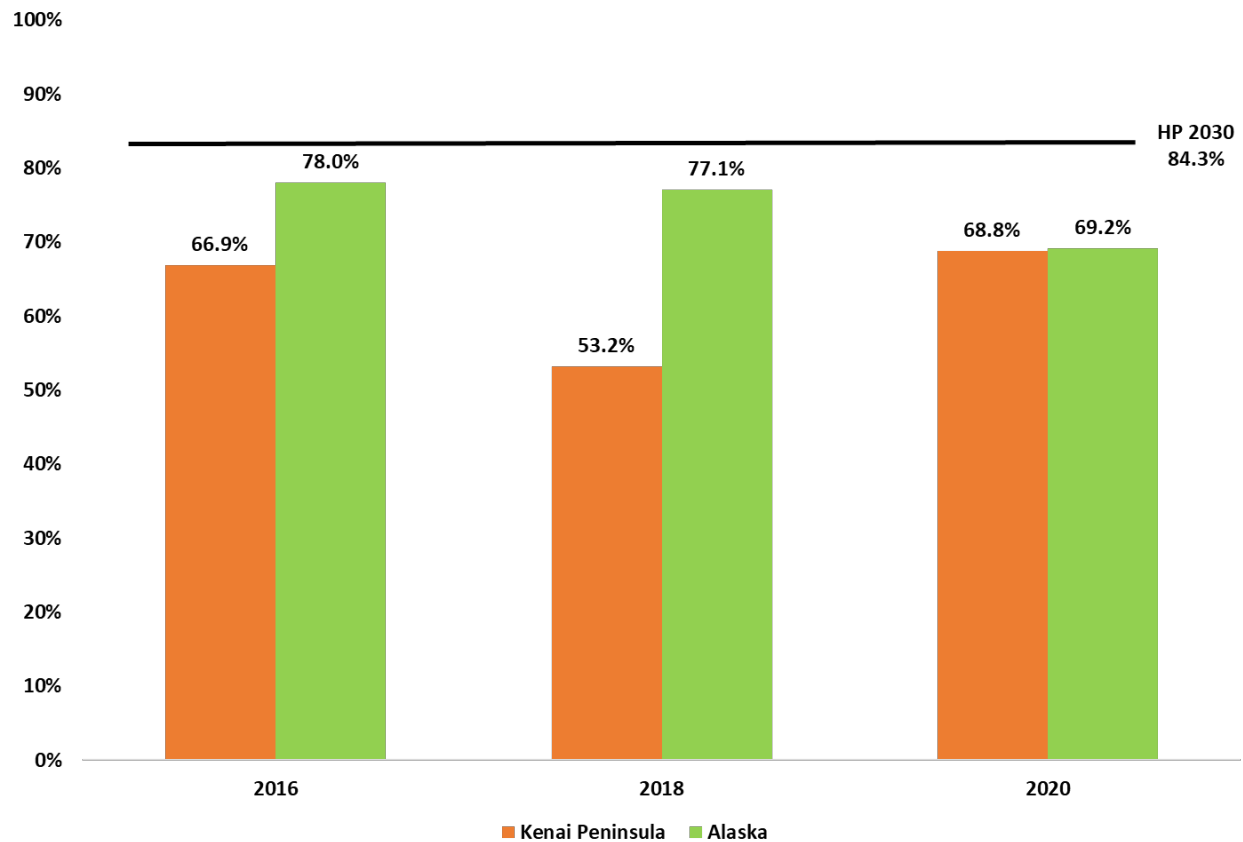


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The percentage of females ages 21 to 65 who had a pap test in the past 3 years has increased for the Kenai Peninsula from 53.2% in 2018 to 69.2% in 2020 which is still below the Healthy People 2030 Target of 84.3%. During the same timeframe the percentage decreased for Alaska from 77.1% to 69.2%, which was also below the Healthy People 2030 Target.

Figure 28: Pap Test, Females Ages 21 to 65, Past 3 Years, 2016, 2018, 2020

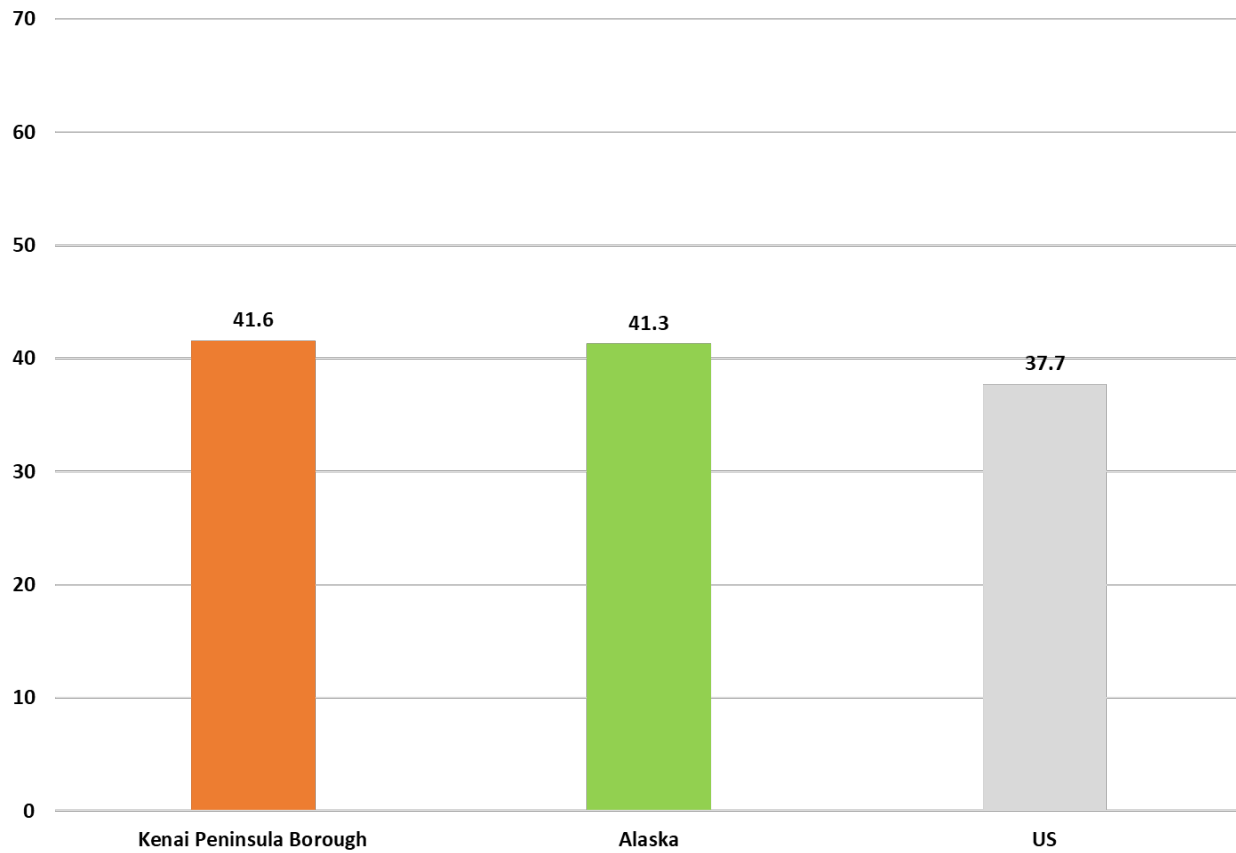


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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In 2015-2019, the Colon and Rectum Cancer incidence rate in the Kenai Peninsula Borough (41.6) was comparable to the state (41.3), with both above the nation (37.7).

Figure 29: Colon and Rectum Cancer Incidence Per 100,000, 2015-2019

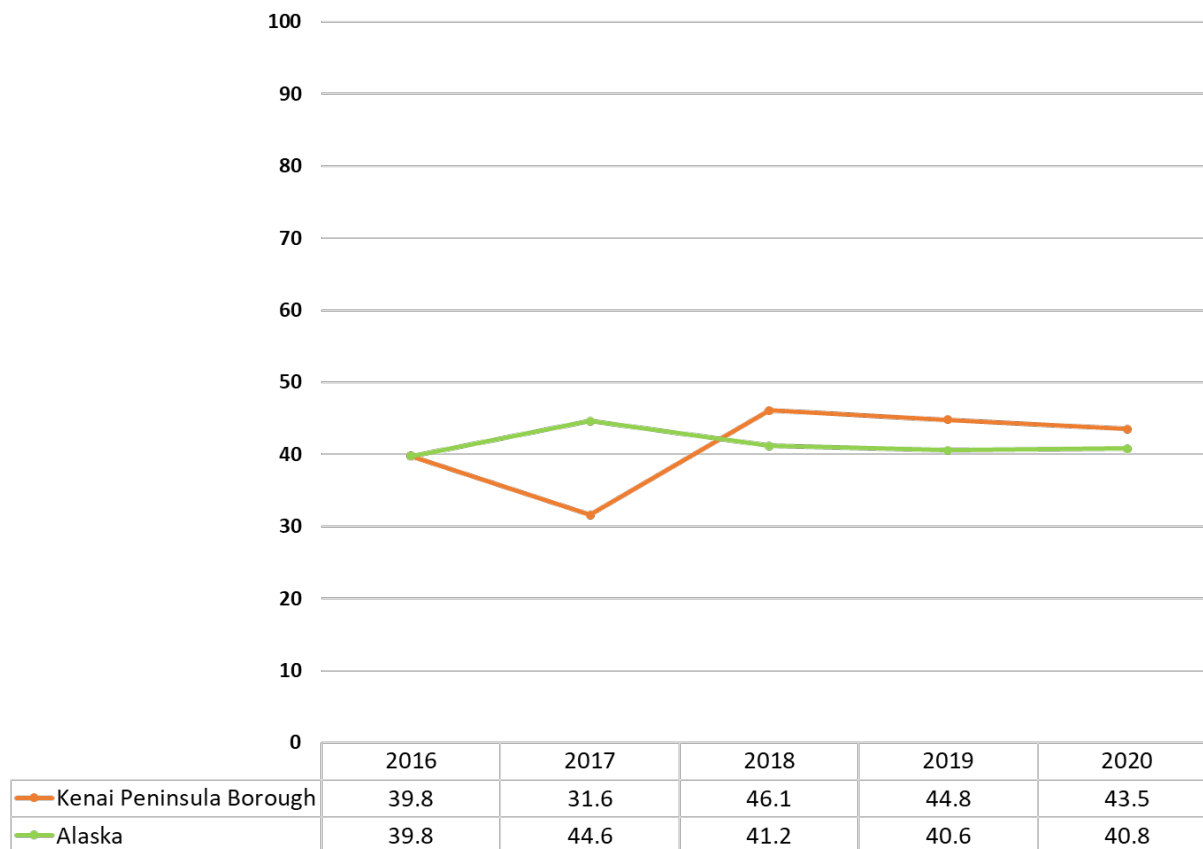


Source: Center for Disease Control, National Cancer Institute

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The Colon and Rectum Cancer incidence rate per 100,000 had increased between 2017 (31.6) and 2018 (46.1) and has been decreasing ever since. In 2020, the rate in the Kenai Peninsula Borough (43.5) was higher in comparison to the state (40.8).

Figure 30: Colon and Rectum Cancer Incidence Rate Per 100,000, 2016-2020

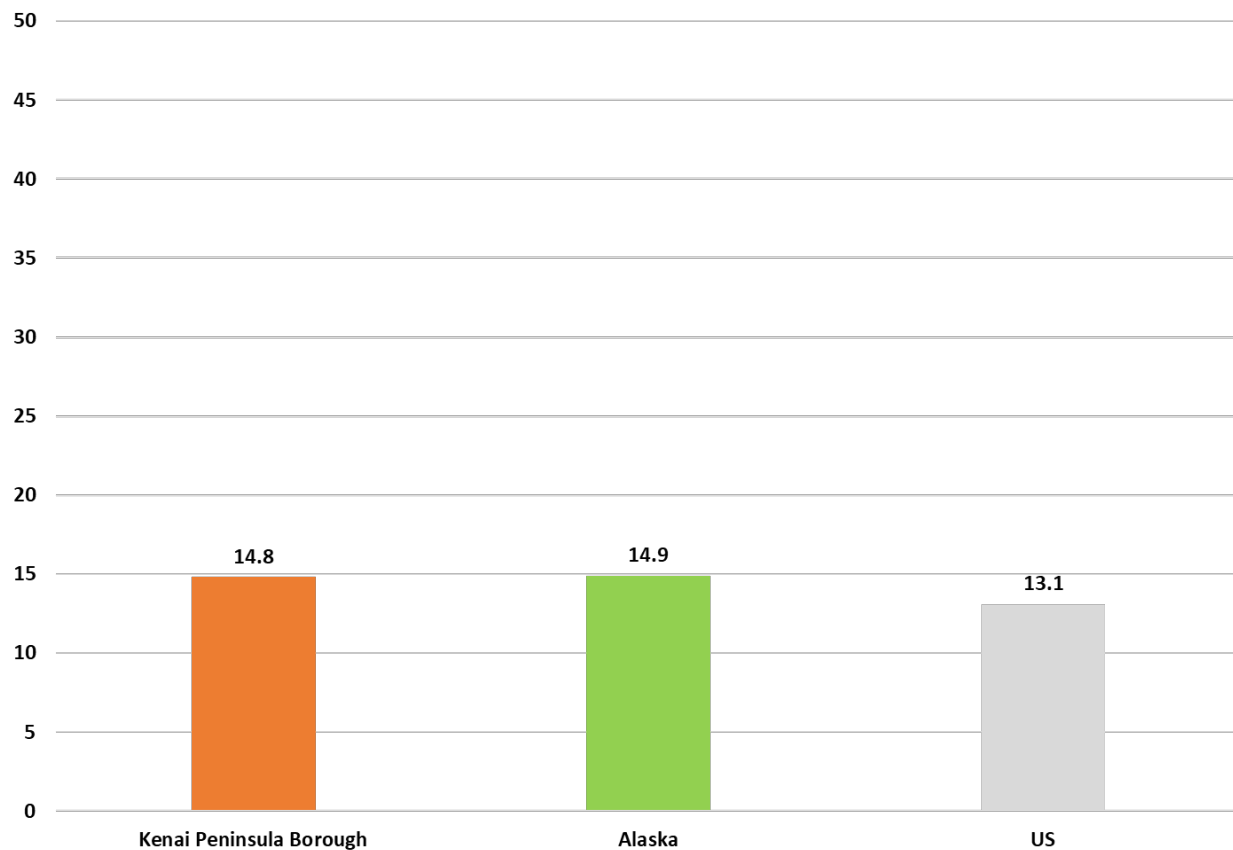


Source: Alaska Department of Health

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In 2016-2020 the Colon and Rectum Cancer mortality rate in the Kenai Peninsula Borough (14.8) was comparable to Alaska (14.9) with both just above the national rate of 13.1.

Figure 31: Colon and Rectum Cancer Mortality Rate Per 100,000, 2016-2020

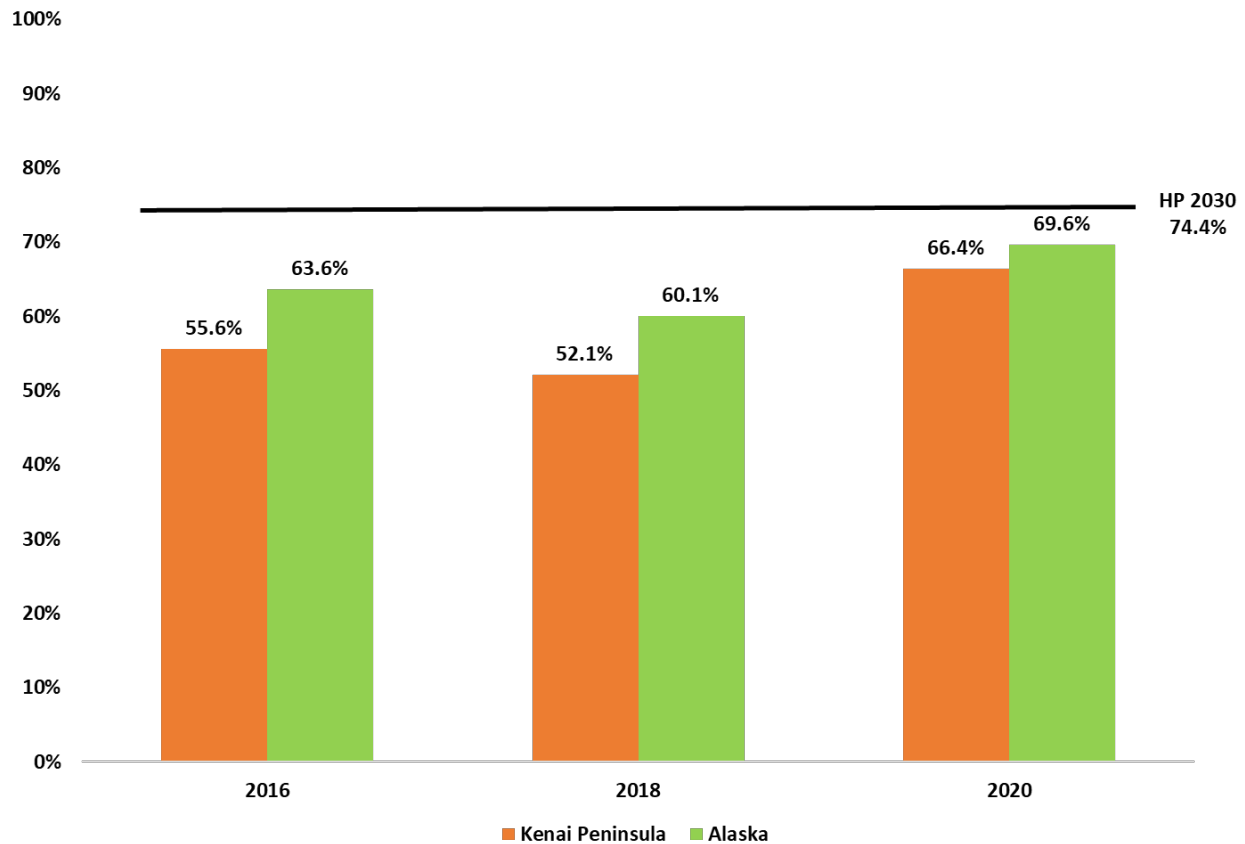


Source: Center for Disease Control, National Cancer Institute

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Between 2018 and 2020, the percentage of adults ages 50 to 75 who received a colorectal cancer screening increased in both the Kenai Peninsula (52.1% to 66.4%) and Alaska (60.1% to 69.6%) increased, although fell below the Healthy People 2030 Target of 74.4%. In 2020, a slightly lower percentage had received the screening in the Kenai Peninsula in comparison to the state.

Figure 32: Colorectal Cancer Screening, Adults Ages 50 to 75, 2016, 2018, 2020

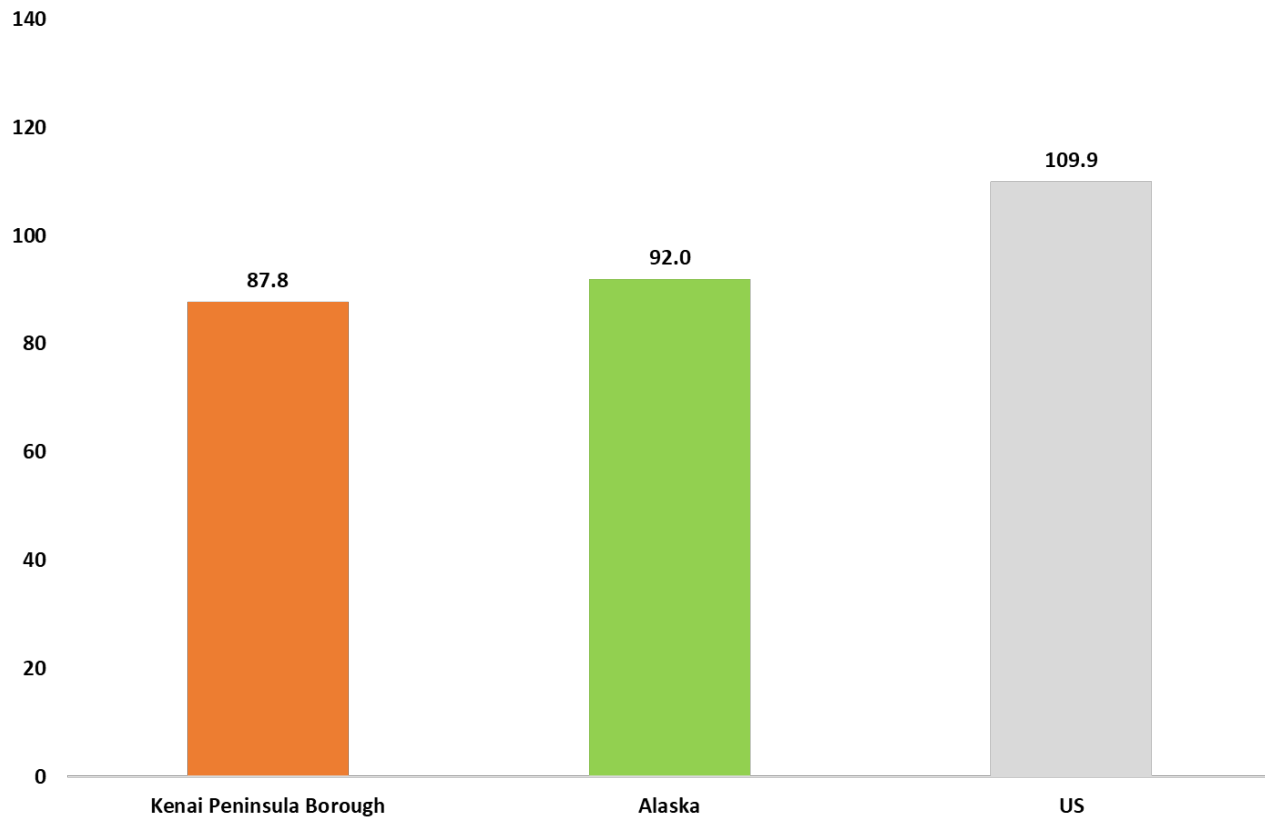


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The Prostate Cancer incidence rate per 100,000 was lower in the Kenai Peninsula Borough (87.8) in 2015-2019 in comparison to both the state (92.0) and nation (109.9).

Figure 33: Prostate Cancer Incidence Rate Per 100,000, 2015-2019

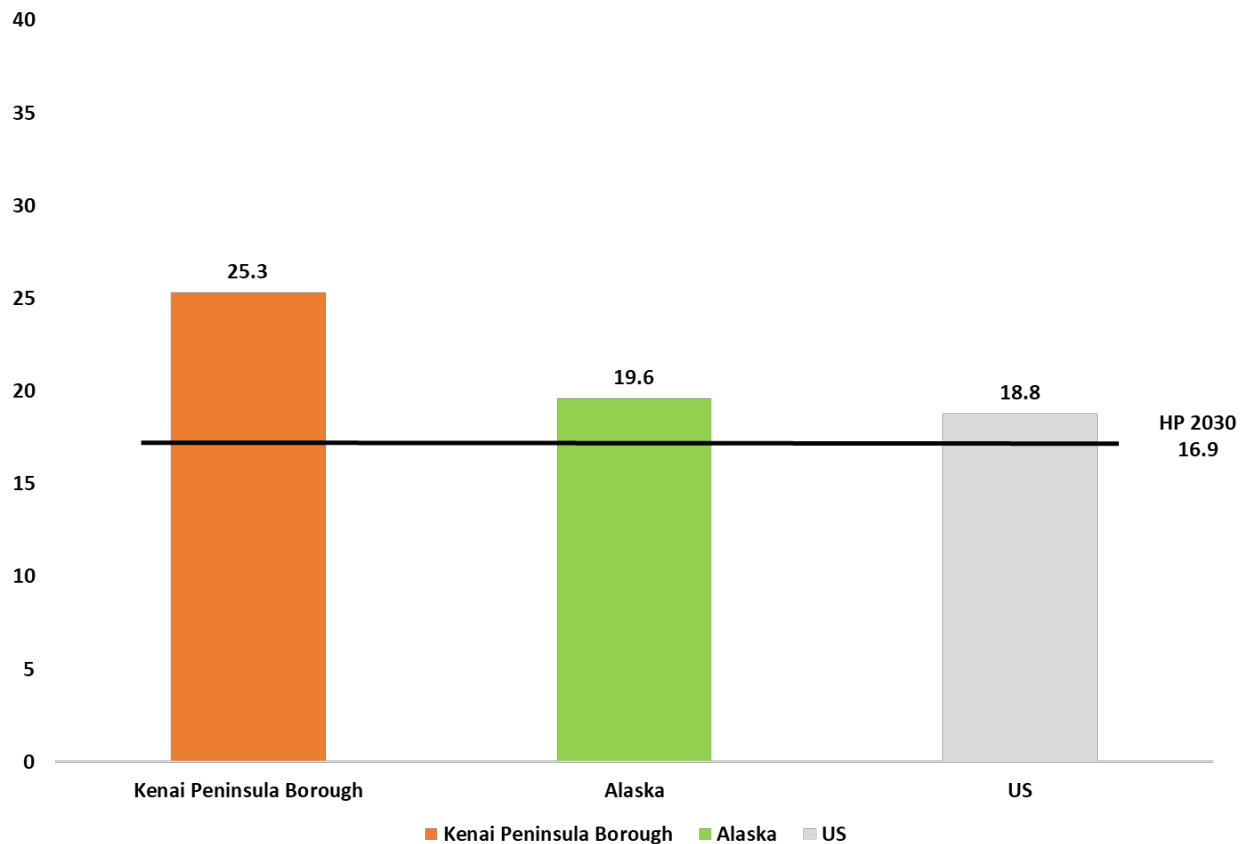


Source: Center for Disease Control, National Cancer Institute

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In 2016-2020, the Prostate Cancer mortality rate per 100,000 in the Kenai Peninsula Borough (25.3) was higher than both the state (19.6) and nation (18.8) with all above the Health People 2030 Goal of 16.9.

Figure 34: Prostate Cancer Mortality Rate Per 100,000, 2016-2020

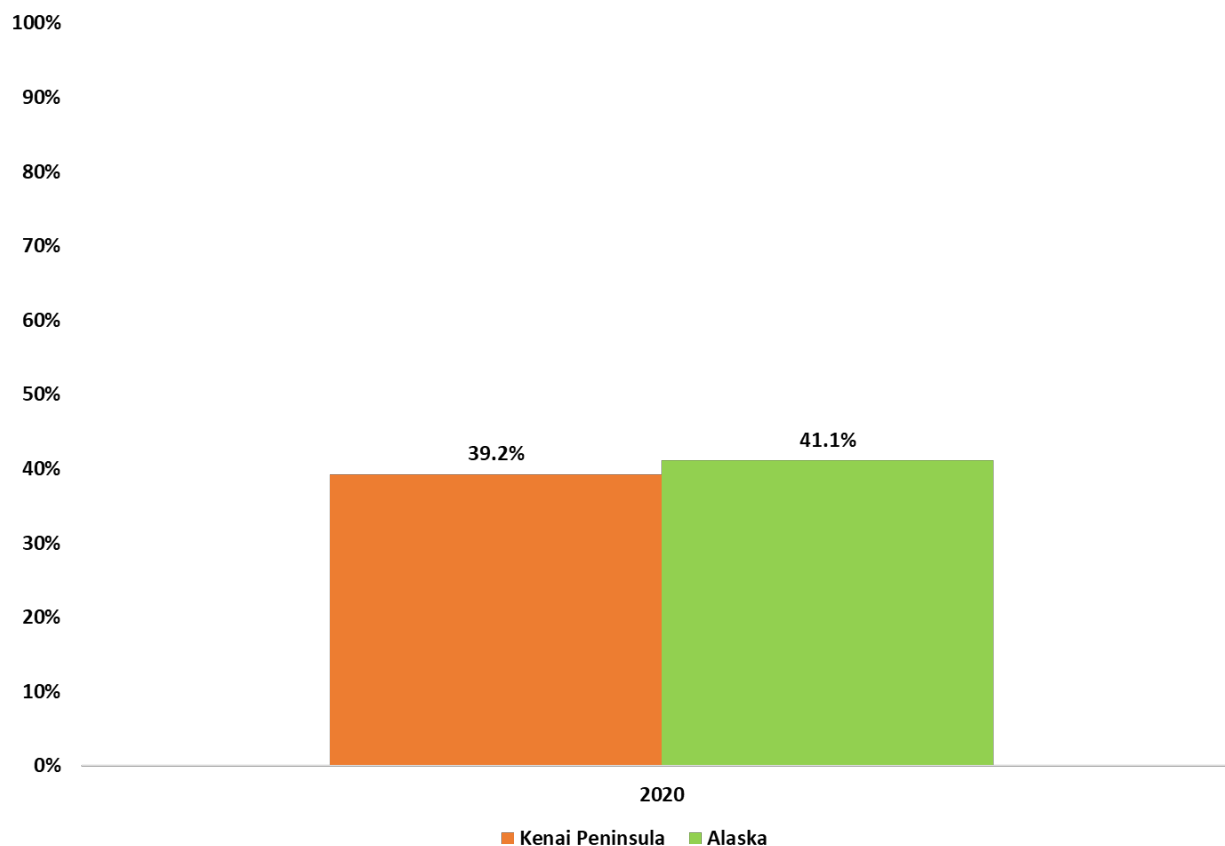


Source: Center for Disease Control, National Cancer Institute

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In 2020, a slightly lower percentage of males ages 55-69 had a PSA test in the past two years in the Kenai Peninsula (39.2%) in comparison to the state (41.1%).

Figure 35: PSA Test, Past 2 Years, Males 55-69, 2020

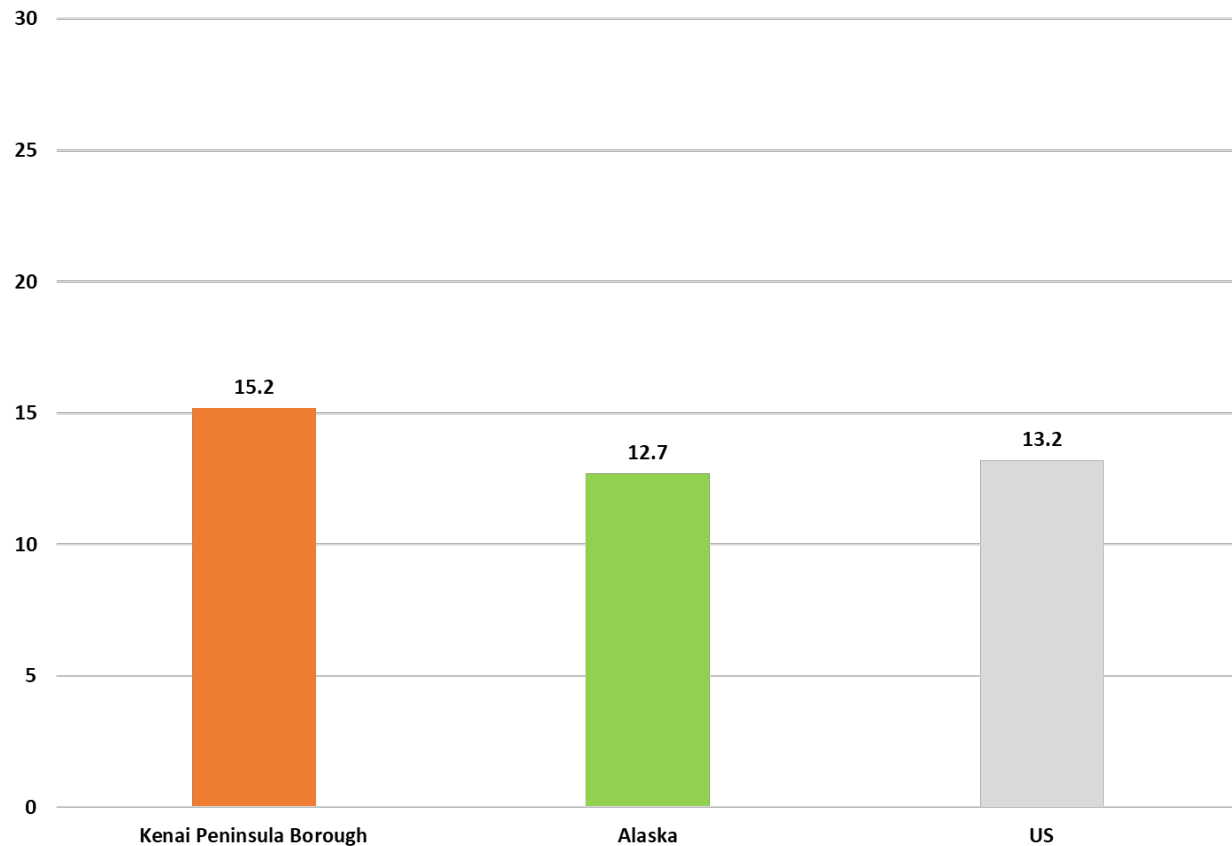


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The Pancreatic Cancer incidence rate per 100,000 was higher in the Kenai Peninsula Borough (15.2) in 2015-2019 in comparison to the state (12.7) and nation (13.2).

Figure 36: Pancreatic Cancer Incidence Rate Per 100,000, 2015-2019

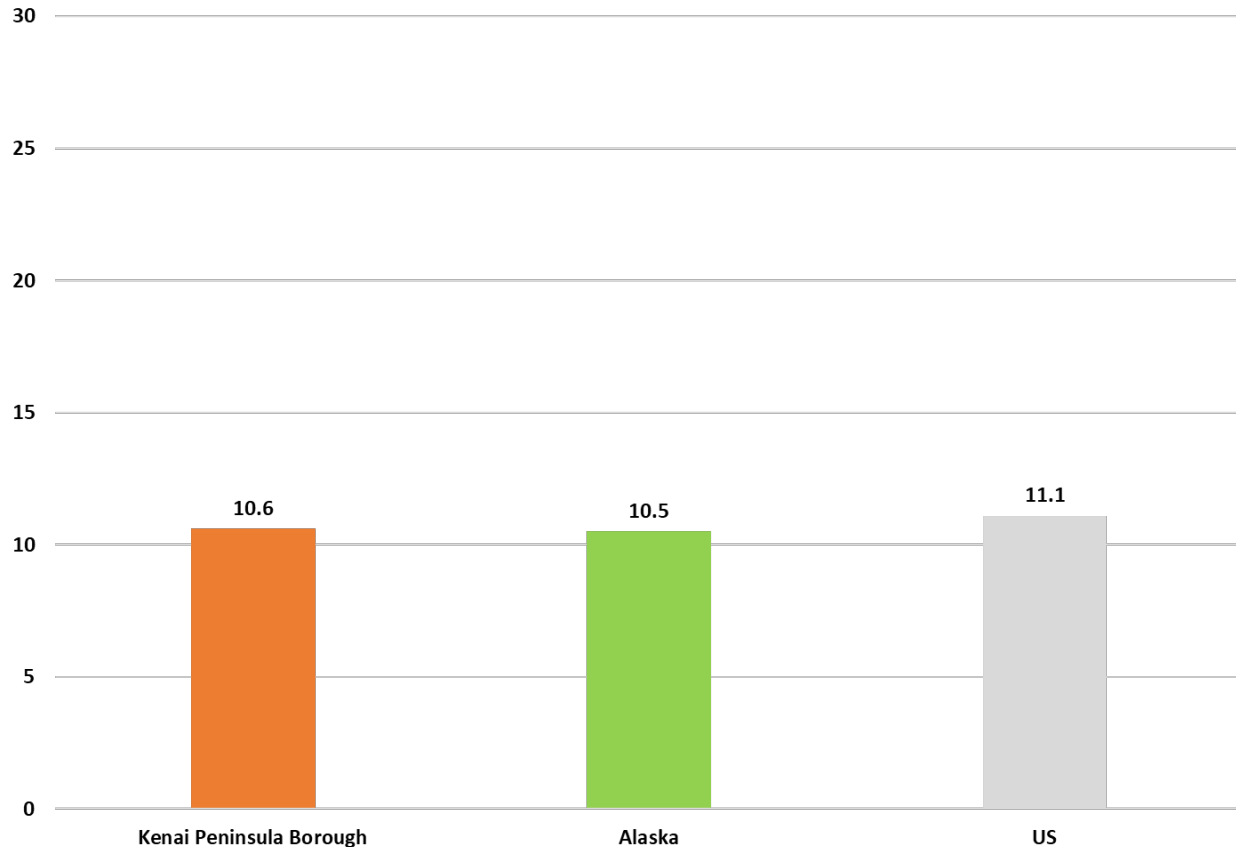


Source: Center for Disease Control, National Cancer Institute

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In 2016-2020, the Pancreatic Cancer mortality rate per 100,000 was comparable in the Kenai Peninsula Borough (10.6), Alaska (10.5) and United States (11.1) despite the Kenai Peninsula Borough having a higher incidence rate.

Figure 37: Pancreatic Cancer Mortality Rate Per 100,000, 2016-2020

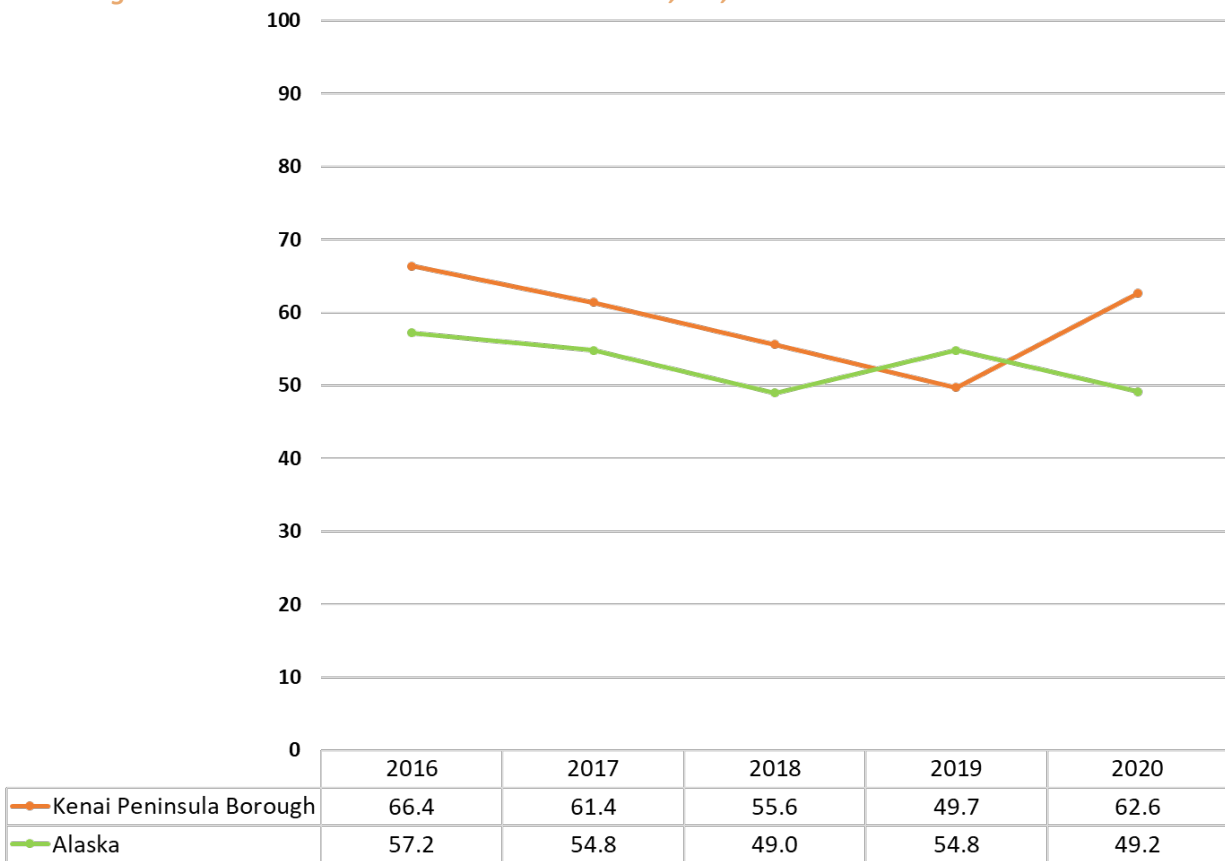


Source: Center for Disease Control, National Cancer Institute

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The Lung and Bronchus cancer incidence rate per 100,000 had been decreasing in the Kenai Peninsula Borough from 66.4 in 2016 to 49.7 in 2019, at which time the rate increased to 62.6 in 2020. The incidence rate for Alaska decreased between 2019 (54.8) and 2020 (49.2). In 2020, the rate in the Kenai Peninsula Borough was higher the state.

Figure 38: Lung and Bronchus Cancer Incidence Rate Per 100,000, 2016-2020

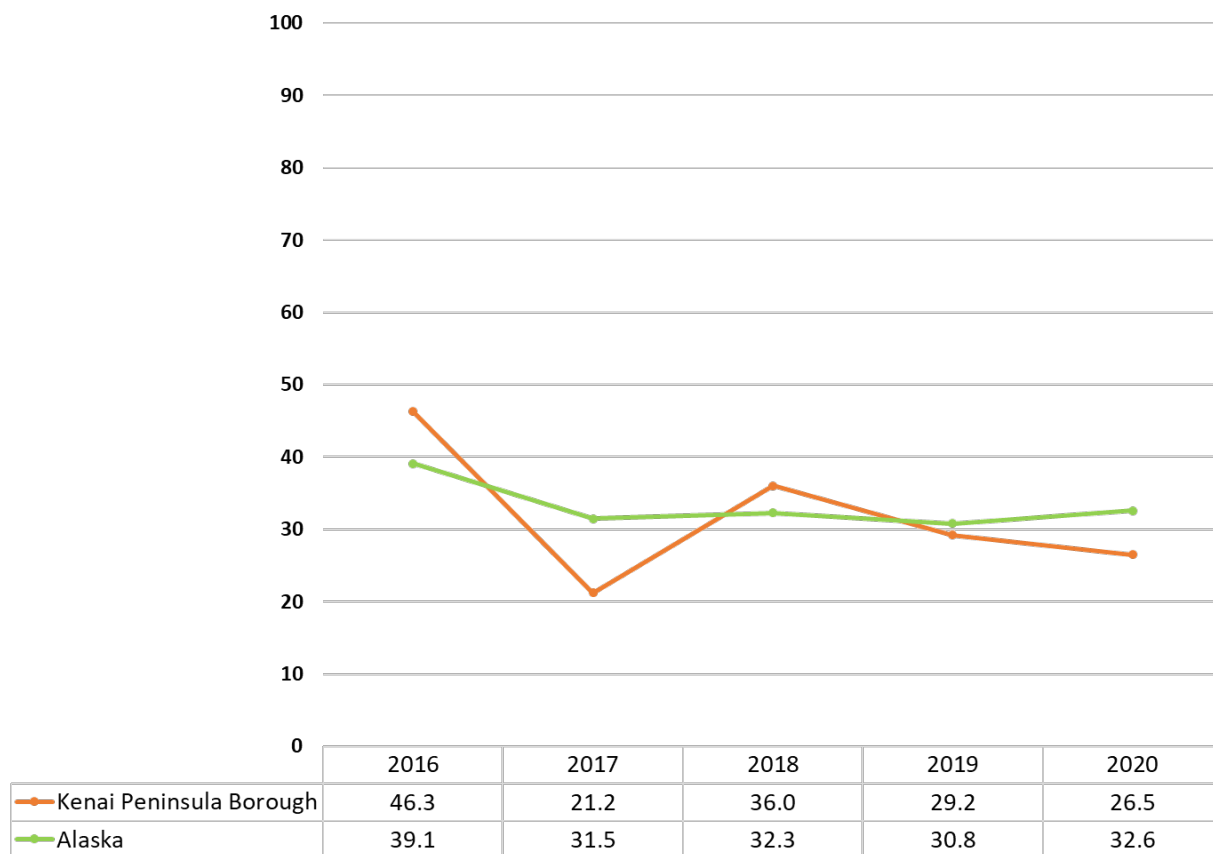


Source: Alaska Department of Health

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The Lung and Bronchus Cancer mortality rate per 100,000 has been decreasing in the Kenai Peninsula Borough since 2016 (46.3) and in 2020 (26.5) is below the state (32.6).

Figure 39: Lung and Bronchus Cancer Mortality Rate Per 100,000, 2016-2020

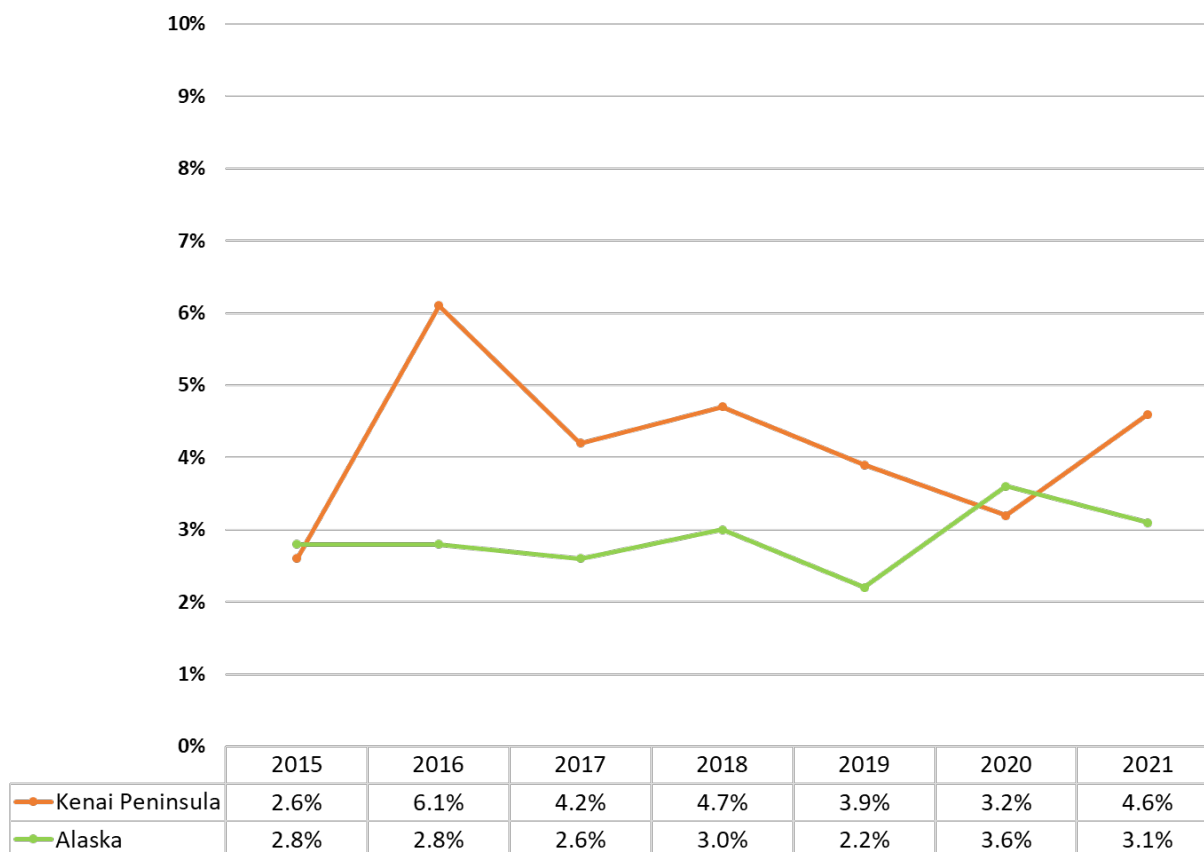


Source: Alaska Department of Health

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The percentage of adults in the Kenai Peninsula Borough with Coronary Heart Disease had decreased from 4.7% in 2018 to 3.2% in 2020, then increased to 4.6% in 2021, which was higher than Alaska (3.1%).

Figure 40: Coronary Heart Disease, 2015-2021

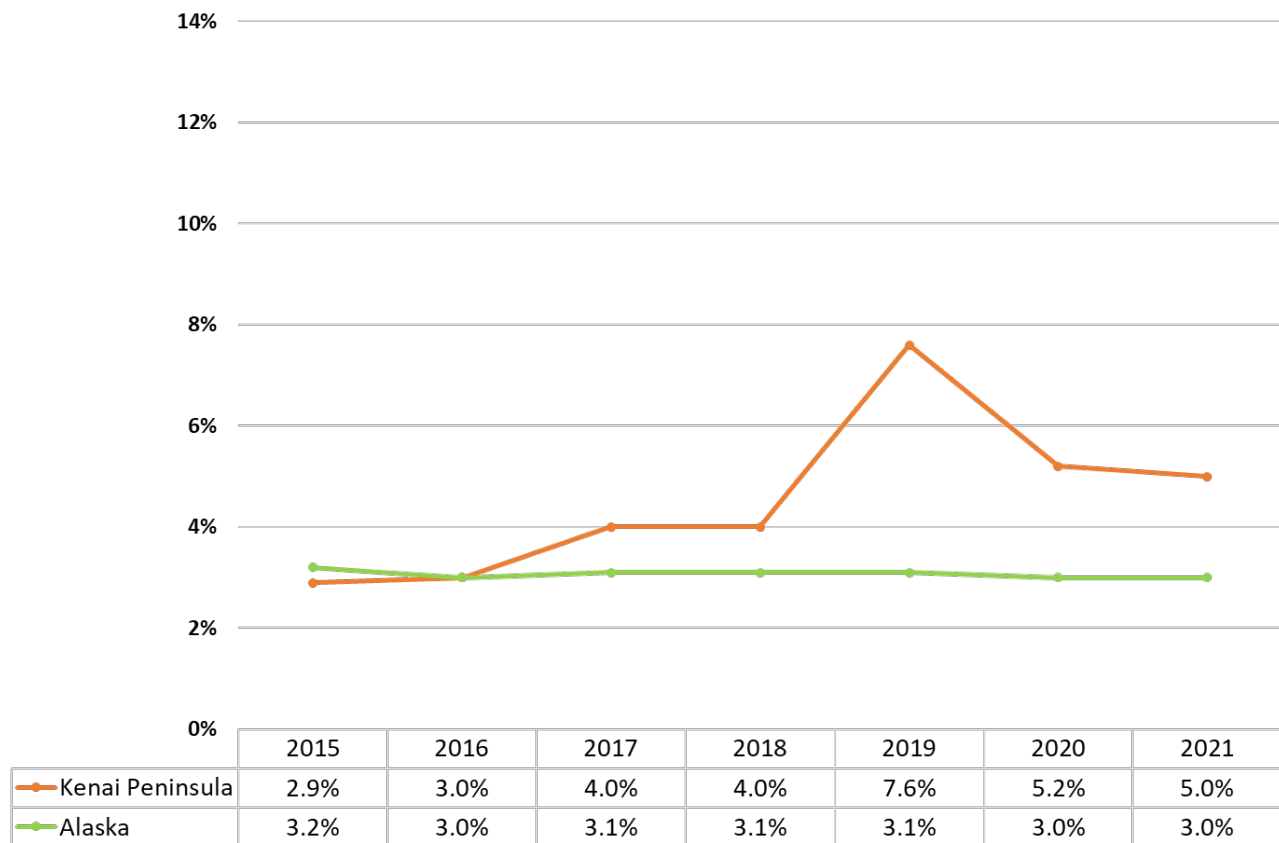


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The percentage of adults who have had a heart attack in the Kenai Peninsula increased from 4.0% in 2018 to 7.6% in 2019 before decreasing to 5.0% in 2021, which was higher than the state (3.0%).

Figure 41: Heart Attack, 2015-2021

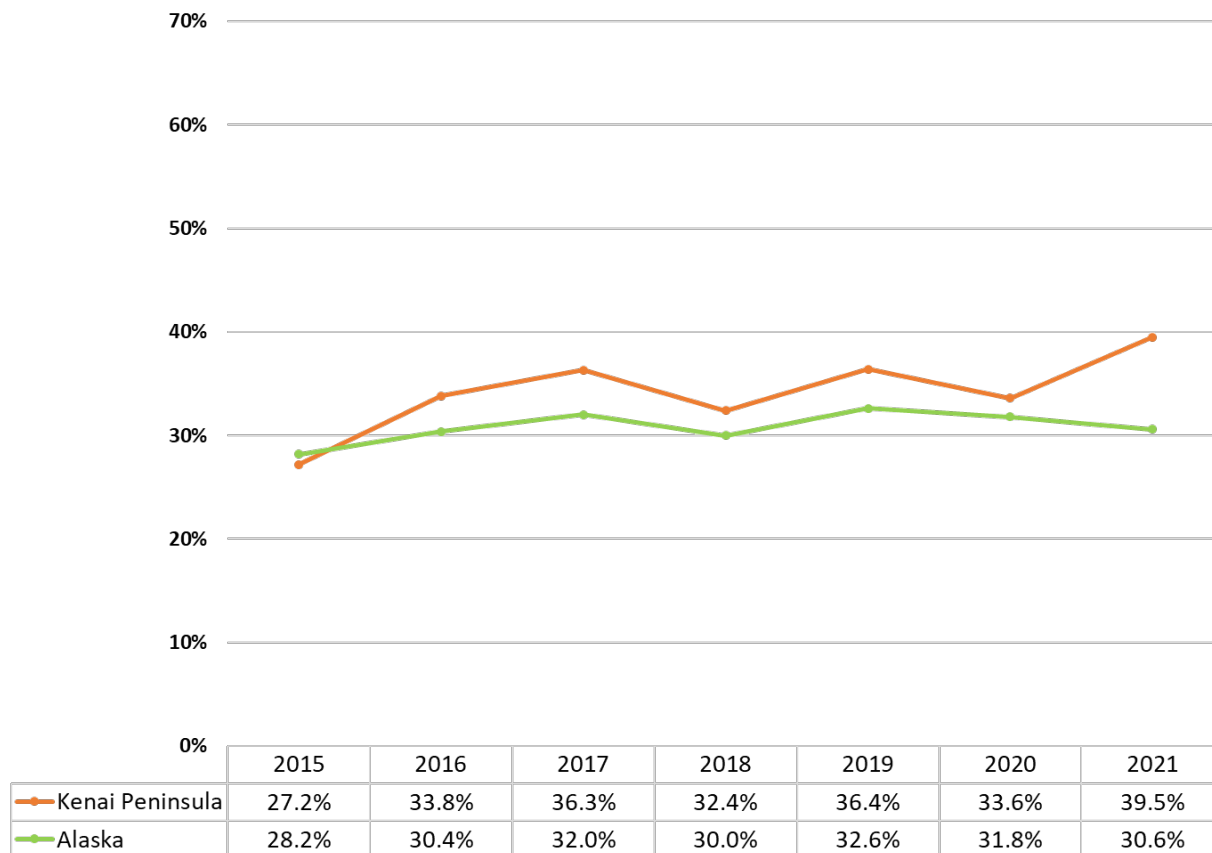


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The percentage of adults with high blood pressure has fluctuated in the Kenai Peninsula Borough and Alaska between 2015 and 2021. In the most recent years, the percentage increased in the Kenai Peninsula from 33.6% in 2020 to 39.5% in 2021, which was higher than the state (30.6%).

Figure 42: Adults with High Blood Pressure, 2015-2021

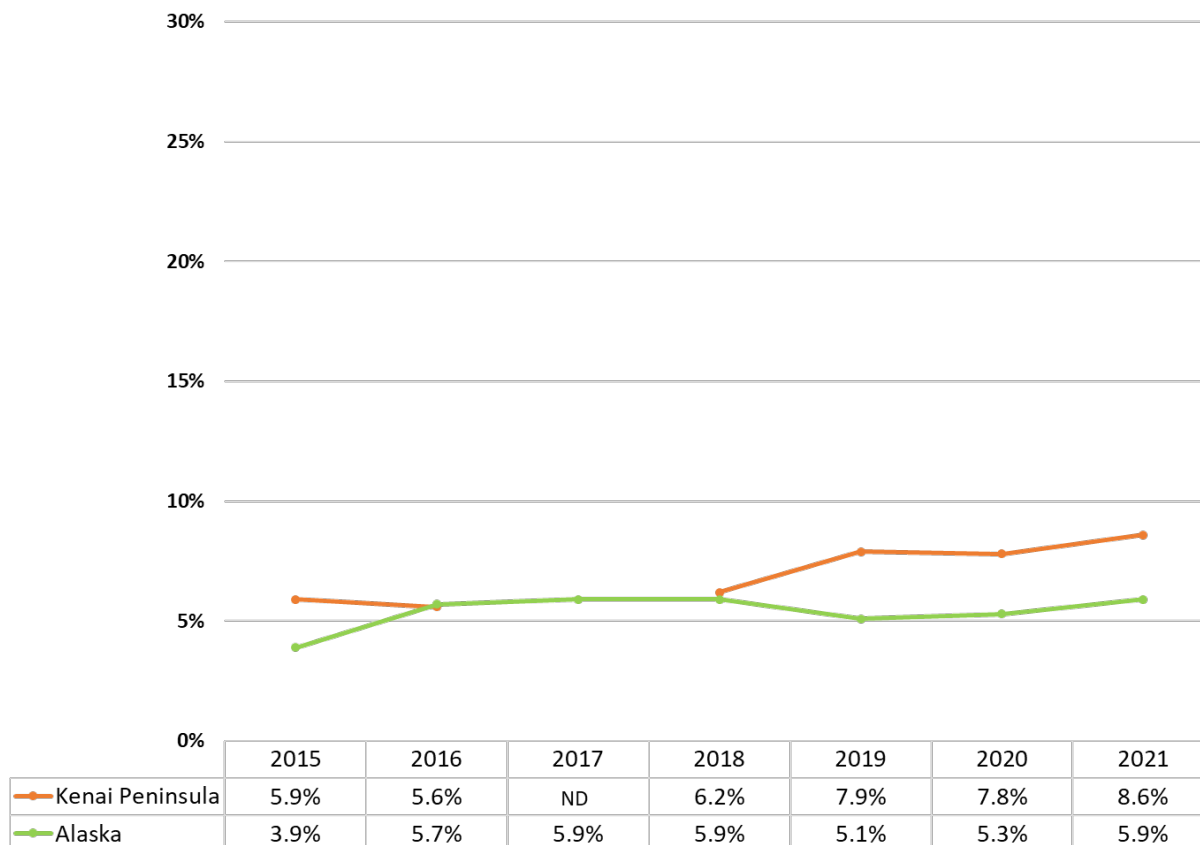


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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Between 2018 (6.2%) and 2021 (8.6%) the percentage of adults with COPD increased in the Kenai Peninsula and in 2021 was higher in comparison to Alaska (5.9%). During this time the percentage for the state also increased slightly from 5.1% in 2019 to 5.9% in 2021.

Figure 43: Adults with COPD, 2015-2021

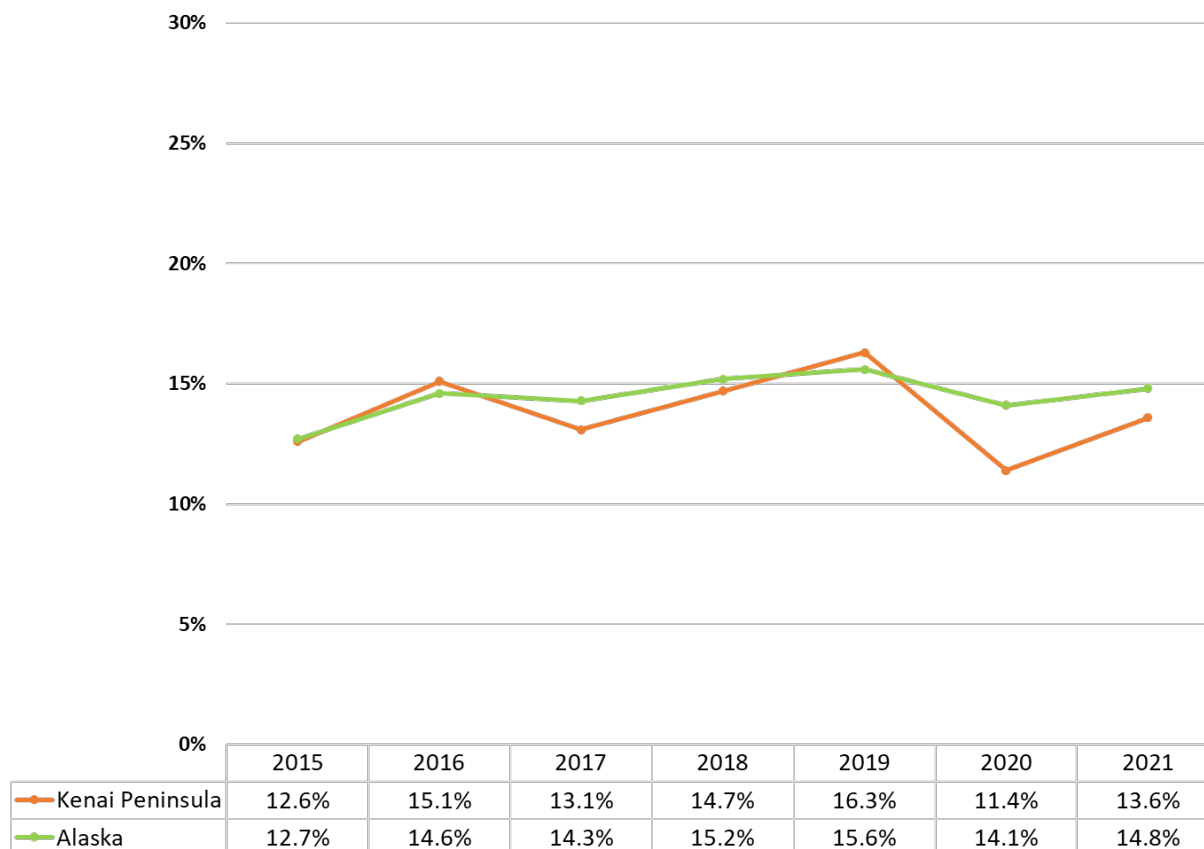


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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The percentage of adults with Asthma has fluctuated in the Kenai Peninsula with a high of 16.3% in 2019, down to 11.4% in 2020 and then increasing to 13.6% in 2021. In 2021 the percentage in the Kenai Peninsula (13.6%) was just below the state (14.8%).

Figure 44: Adults with Asthma, 2015-2021

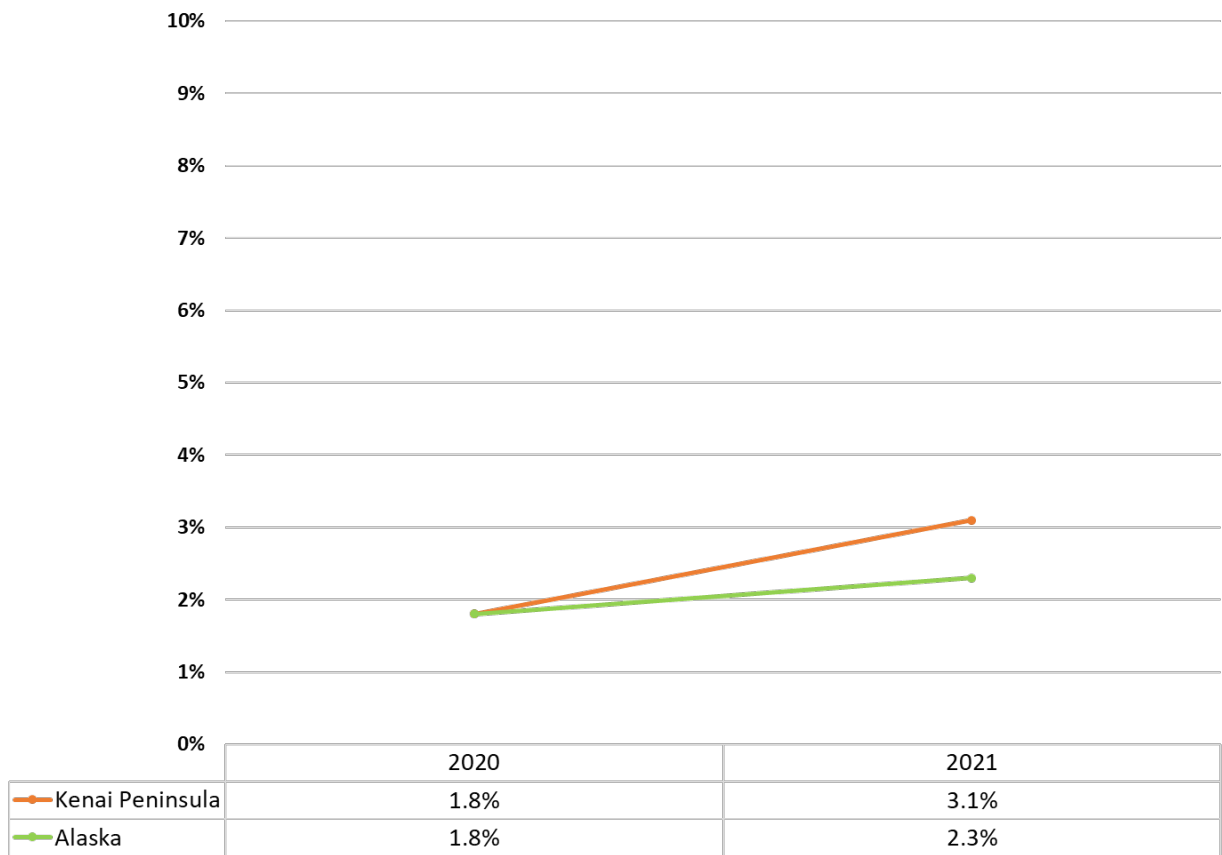


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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 14 for additional information.

The percentage of adults with Kidney Disease increased for both the Kenai Peninsula (1.8% to 3.1%) and Alaska (1.8% to 2.3%) between 2020 and 2021.

Figure 45: Adults with Kidney Disease, 2020-2021

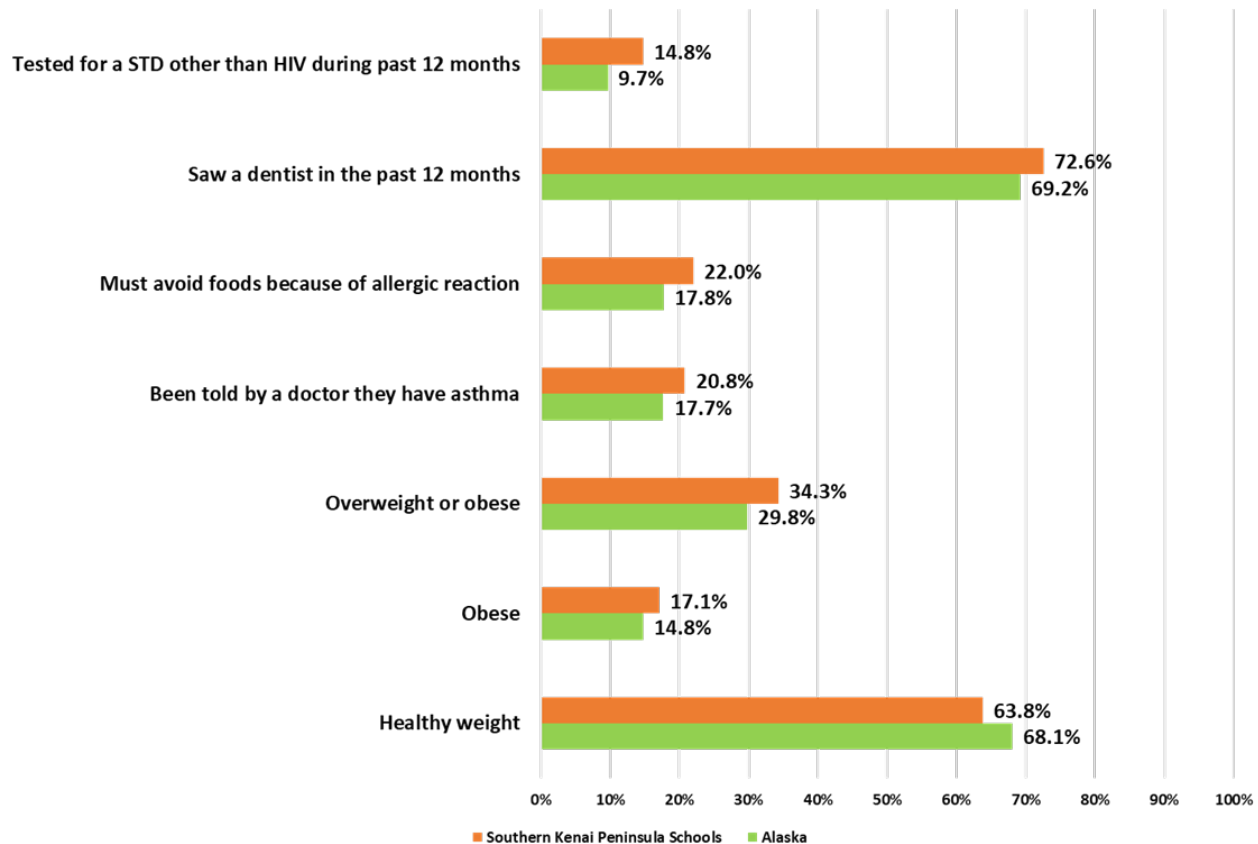


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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According to the most recent Youth Risk Behavior Survey (2019), students in the Southern Kenai Peninsula Borough School District were more likely to have been tested for an STD (14.8 %, 9.7%), saw a dentist (72.6%, 69.2%), avoid foods because of allergic reaction (22.0%, 17.8%), been told they have asthma (20.8%, 17.7%), be considered overweight or obese (34.3%, 29.8%) or obese (17.1%) in comparison to the state, respectively.

Figure 46: Student Health, 2019



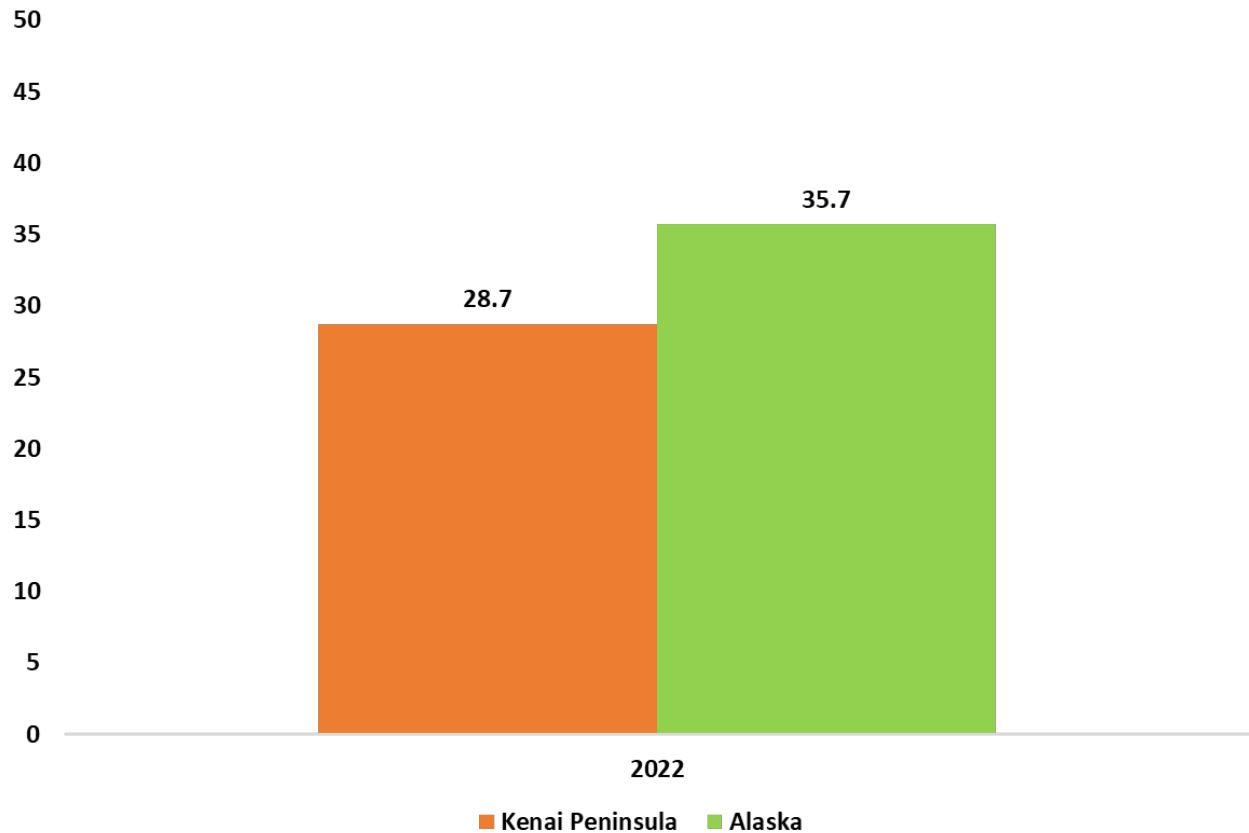
Source: Alaska Youth Risk Behavior Survey, N=399

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COVID-19

According to County Health Rankings and Roadmaps, in 2022 the COVID-19 death rate was higher in Alaska (35.7) than in the Kenai Peninsula (28.7).

Figure 47: COVID-19 Death Rate Per 100,000, 2022



Source: County Health Rankings and Roadmaps

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South Peninsula Hospital saw the highest number of COVID-19 related deaths in 2021 (18).

Table 16: COVID-19 Related Deaths, South Peninsula Hospital, 2020-2022

2020	2021	2022
2	18	3

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 14 for additional information.

The number of COVID-19 related Emergency Room (ER) visits has increased in South Peninsula Hospital with a high of 303 in 2022.

Table 17: COVID-19 Related ER Visits, South Peninsula Hospital, 2020-2021

2020	2021	2022
49	226	303

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 14 for additional information.

The number of COVID-19 related hospitalizations at South Peninsula Hospital was highest in 2021.

Table 18: COVID-19 Related Hospitalizations, South Peninsula Hospital, 2020-2022

2020	2021	2022
18	95	81

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 14 for additional information.

SVT Health and Wellness saw a decrease in visits for COVID-19 between 2021 (676) and 2022 (140). In 2022, SVT Health and Wellness started to track visits for long COVID-19 and had 27 visits.

Table 19: COVID-19 Related Visits, SVT Health and Wellness, 2021-2022

	2021	2022
Number of Visits for COVID	676	140
Number of Visits for Long COVID	N/A*	27

*Data was not being tracked

Source: SVT Health and Wellness

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The South Peninsula Hospital Clinics saw an increase in COVID-19 related visits between 2021 (598) and 2022 (920), although there was a decrease in visits for suspected exposure (49 to 26). The number of patients with a personal history of COVID-19 increased from 93 in 2021 to 157 in 2022. Those with a post COVID-19 condition increased from 4 in 2021 to 87 in 2022.

Table 20: COVID-19 Related Visits, South Peninsula Hospital Clinics, 2021-2022

	2021	2022	Total
COVID-19	598	920	1,518
Contact with (suspected exposure)	49	26	75
Personal history of COVID-19	93	157	250
Post-COVID-19 condition	4	87	91
Total	744	1,190	1,934

Source: SVT Health & Wellness, Homer Medical Center, South Peninsula Family Care Clinic, Seaworthy Functional Medicine

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 14 for additional information.

Disclaimer: Variance in clinic data collection methodology was undeterminable at time of assessment.

According to the American Cancer Society, the COVID-19 pandemic had an immediate impact in March and April of 2020, as screenings initially dropped by close to 80%. Although many people caught up on screenings later in 2020, overall, the COVID-19 pandemic kept screenings down over the course of the entire year.

South Peninsula Hospital saw a decrease in the number of colonoscopies between 2019 (290) and 2020 (22) with the number increasing in 2021 (304).

Table 21: Colonoscopies, South Peninsula Hospital, 2018-2021

2018	2019	2020	2021
276	290	222	304

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 14 for additional information.

The number of mammograms performed at South Peninsula Hospital decreased in 2020 (986 from 1,235 in 2019) and in 2021 (1,172) was close to the number performed in the prior year.

Table 22: Mammograms, South Peninsula Hospital, 2018-2021

2018	2019	2020	2021
1,102	1,235	986	1,172

Source: South Peninsula Hospital

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The number of heart related ER visits increased in the South Peninsula Hospital in 2020 (181 from 146 in 2019) and remained steady in 2021 (180).

Table 23: Heart Related ER Visits, South Peninsula Hospital, 2018-2021

2018	2019	2020	2021
124	146	181	180

Source: South Peninsula Hospital

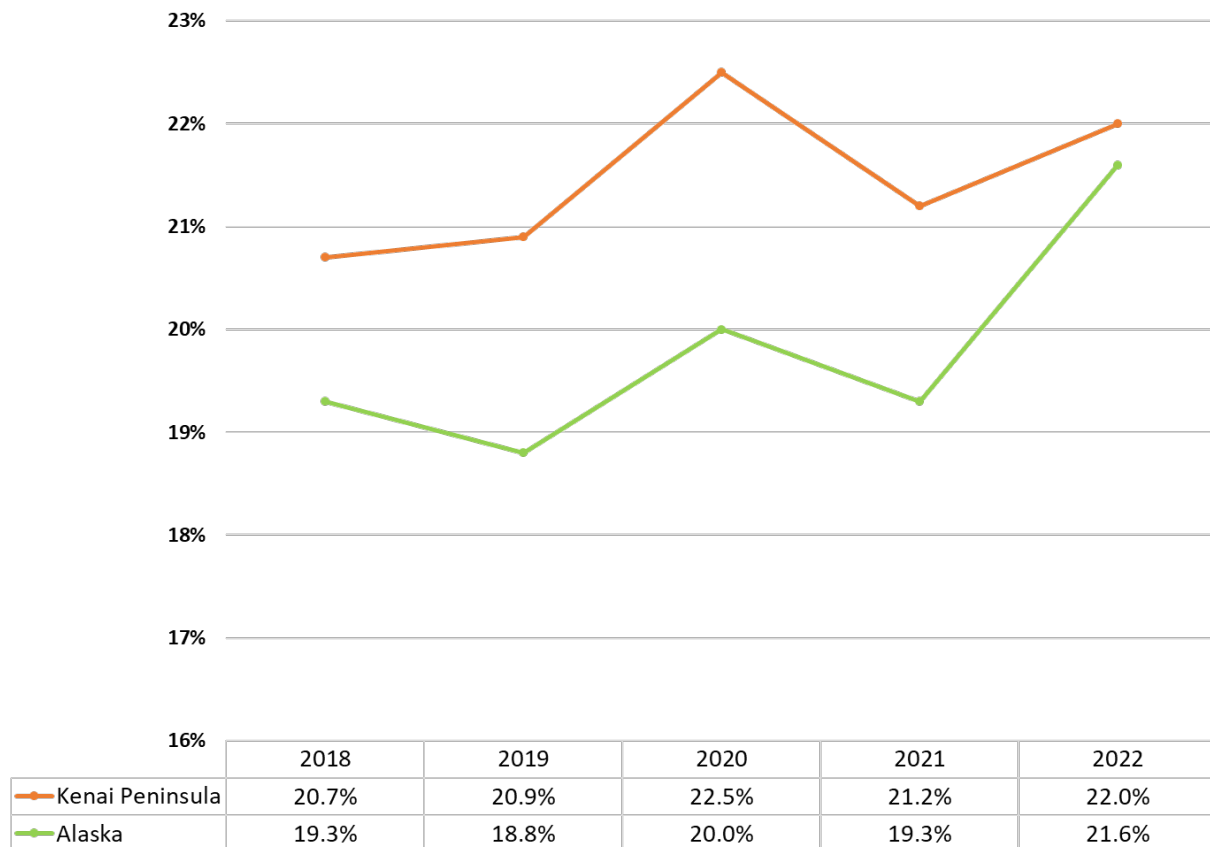
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 14 for additional information.

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 health⁷.

The percentage of adults reporting physical inactivity had decreased in the Kenai Peninsula between 2020 (22.5%) and 2021 (21.2%) before increasing to 22.0% in 2022, just above the state (21.6%). The state followed a similar trend as the Kenai Peninsula.

Figure 48: Physical Inactivity, 2018-2022



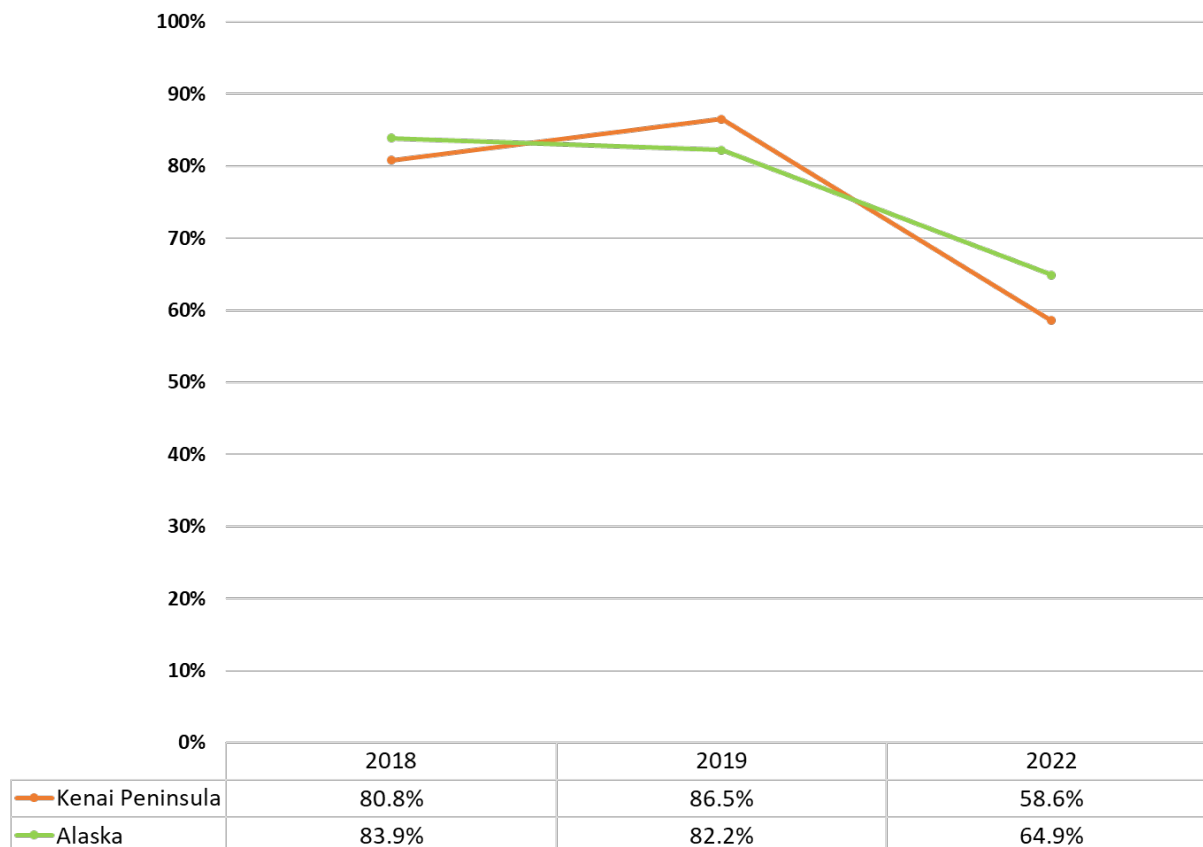
Source: County Health Rankings and Roadmaps

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 14 for additional information.

⁷ <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>

The percentage of adults with access to exercise opportunities in the Kenai Peninsula decreased from 86.5% in 2019 to 58.6% in 2022, which was lower in comparison to Alaska (64.9%). During this timeframe, the percentage also decreased in Alaska from 82.2% in 2019 to 64.9% in 2022.

Figure 49: Access to Exercise Opportunities, 2018-2022

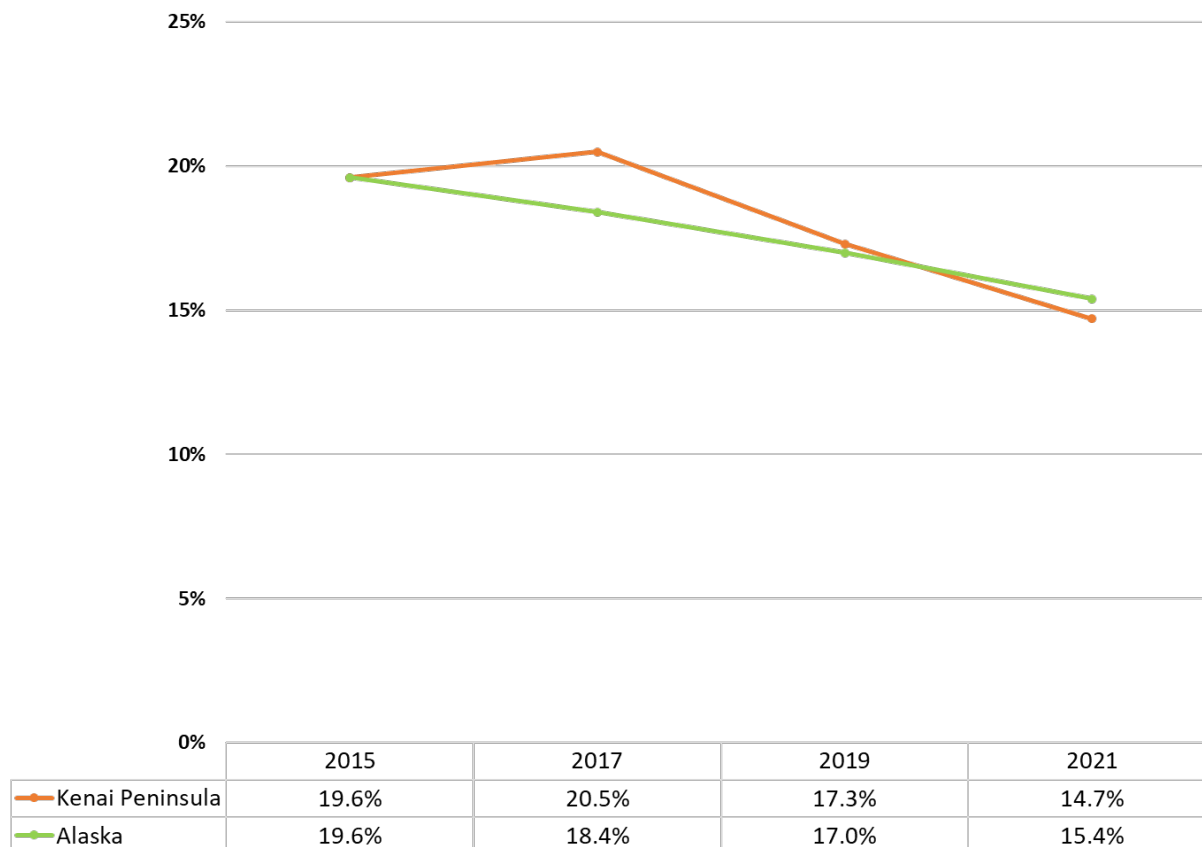


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The percentage of adults who report daily consumption of five or more servings of fruit and vegetables decreased in the Kenai Peninsula between 2017 (20.5%) and 2021 (14.7%), while the percentage for Alaska has been decreasing since 2015 (19.6%). In 2021, the Kenai Peninsula (14.7%) was just below the state (15.4%)

Figure 50: Daily Serving (5+) of Fruits and Vegetables, 2015-2021

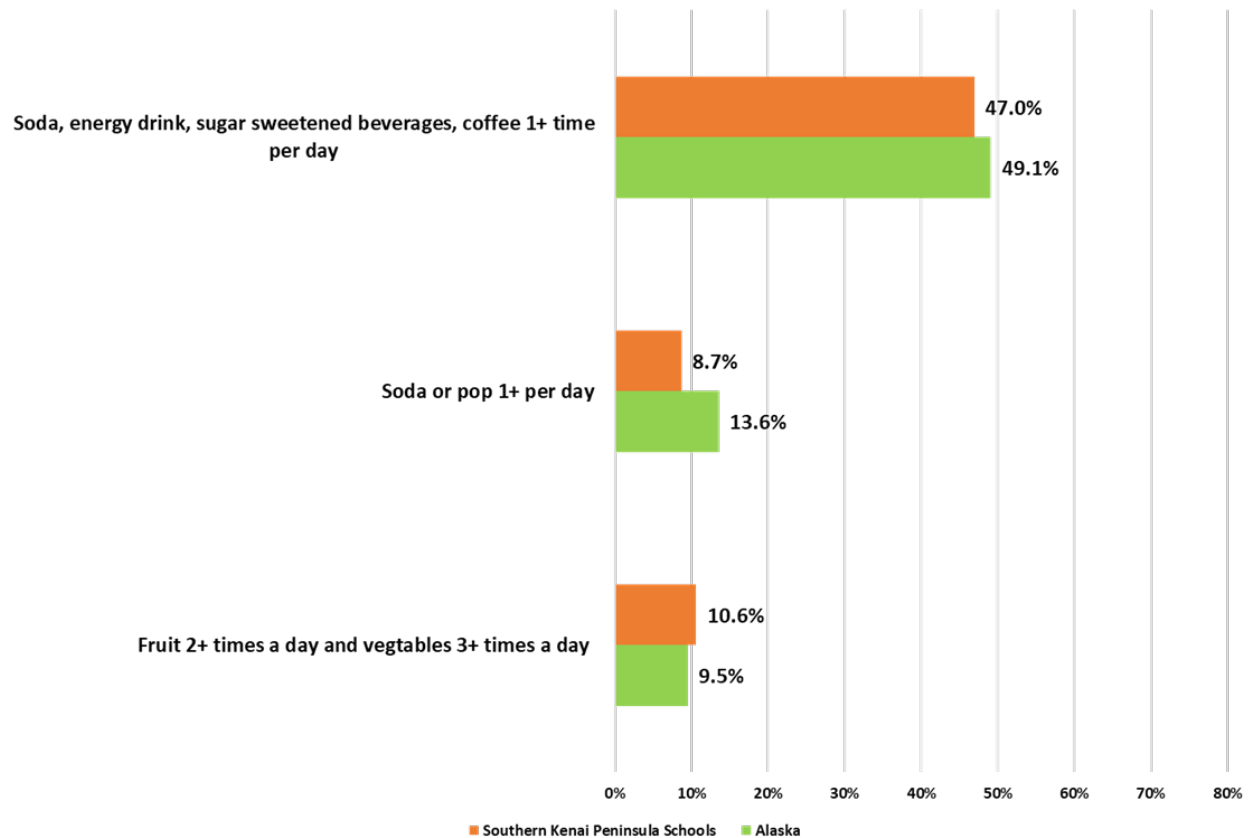


Source: Alaska Behavioral Risk Factor Surveillance System Survey

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 14 for additional information.

A higher percentage of students in the Southern Kenai Peninsula Borough School District (10.6%) report eating fruit twice a day and vegetables three times a day compared to the state (9.5%). A slightly smaller percentage in the Kenai Peninsula Borough School District consume soda, energy drinks, sweetened beverages or coffee one or more times a day (47.6%) or drink soda one or more times a day (10.3%) in comparison to Alaska (49.1% and 13.6% respectively).

Figure 51: Student Nutrition, 2019

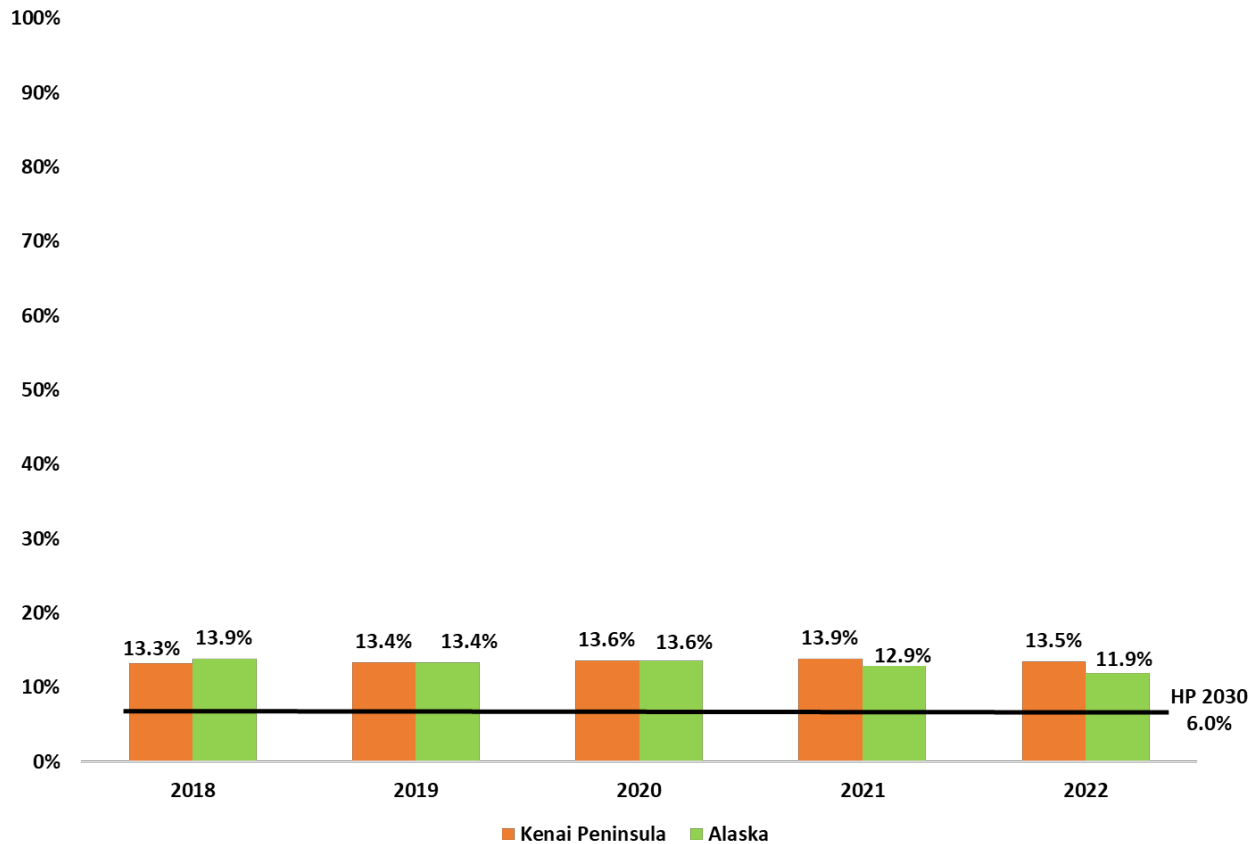


Source: Alaska Youth Risk Behavior Survey, N=399

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The Kenai Peninsula Borough population who report food insecurity has remained fairly steady between 2018 and 2019, while the state saw a decrease between 2020 (13.6%) and 2022 (11.9%). In 2022, the percentage of residents with food insecurity was higher in the Kenai Peninsula (13.5%) than Alaska (11.9%) with both above the Healthy People 2030 Goal of 6.0%.

Figure 52: Food Insecurity, 2018-2022

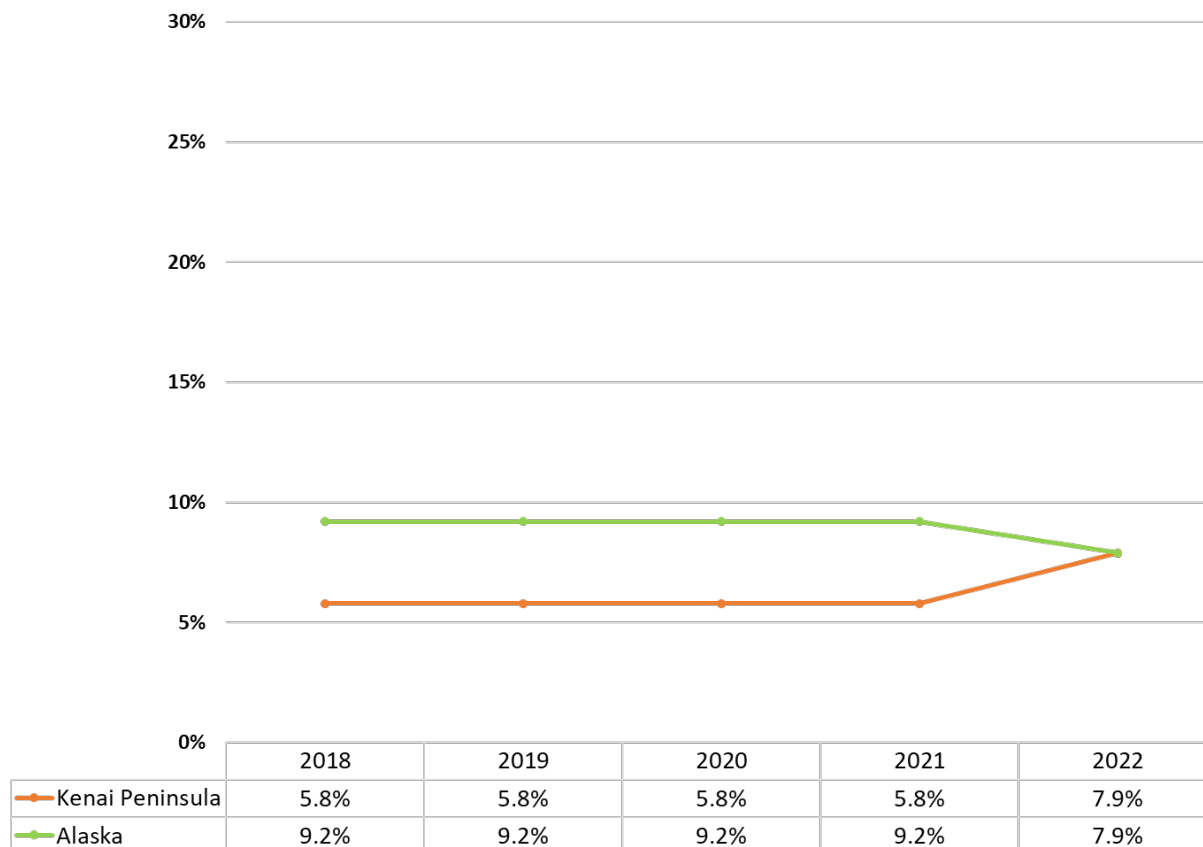


Source: County Health Rankings and Roadmaps

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The percentage of residents with limited access to healthy food increased in the Kenai Peninsula between 2021 (5.8%) and 2022 (7.9%), with the percentage decreased in Alaska (9.2% to 7.9%). In 2022, the Kenai Peninsula (7.9%) was comparable to the state (7.9%).

Figure 53: Limited Access to Healthy Food, 2018-2022

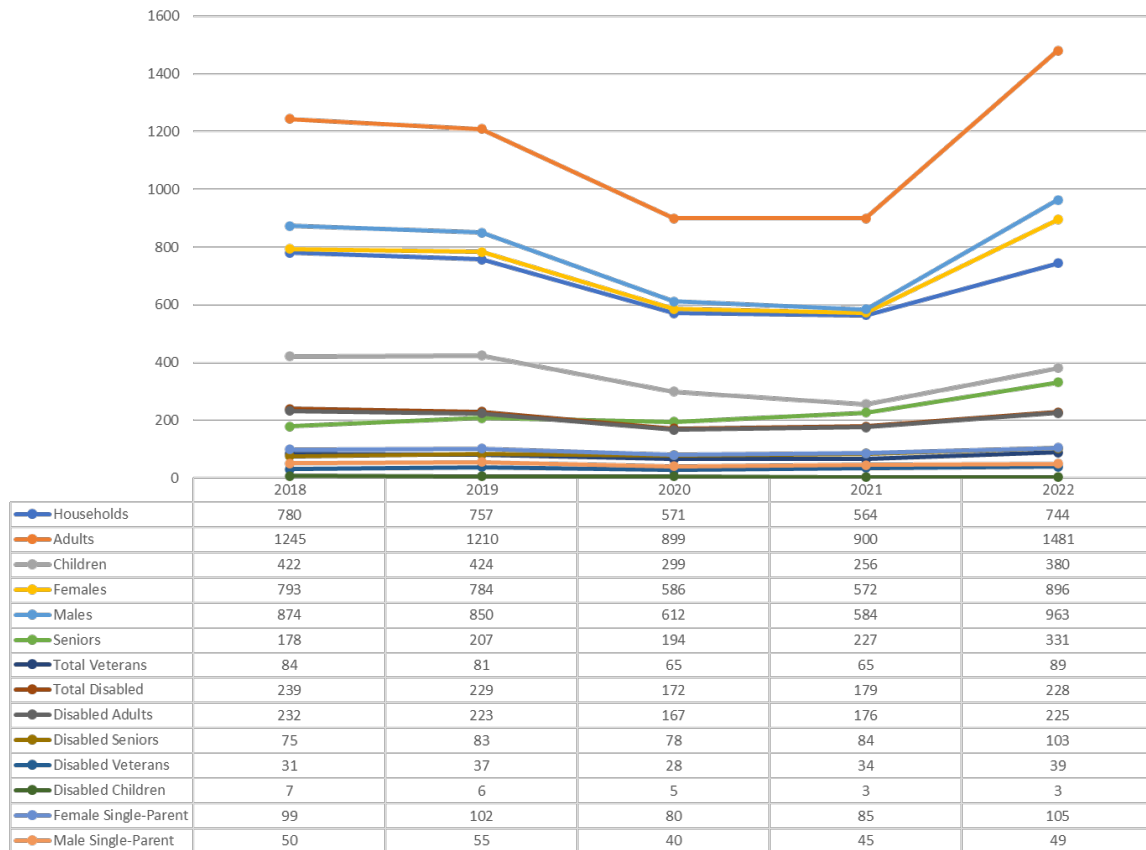


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The total of unique households served increased from 564 in 2021 to 744 in 2022. All groups saw an increase between 2021 and 2022, with the exception of disabled children which remained the same. Food pantry utilization by unique individuals had decreased between 2019 and 2020, was stable between 2020 and 2021 and then increased in 2022.

Figure 54: Unique Persons Served by Homer Community Food Pantry, 2018-2022

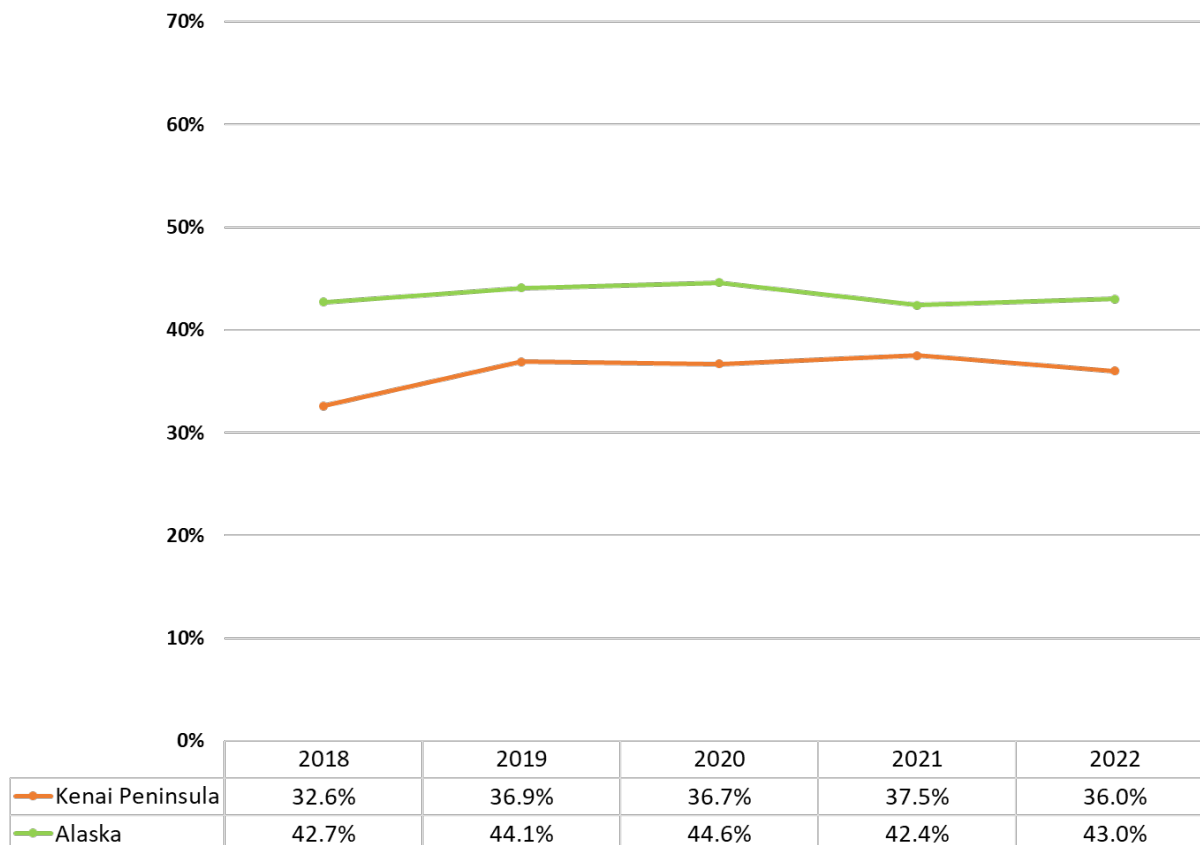


Source: Homer Community Food Pantry

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The percentage of students in the Kenai Peninsula eligible for free or reduced lunch has not changed much since 2018 and has remained lower than the state from 2018 to 2022. The percentage for the Kenai Peninsula decreased slightly from 37.5% in 2021 to 36.0% in 2022.

Figure 55: Students Eligible for Free or Reduced Lunch, 2018-2022

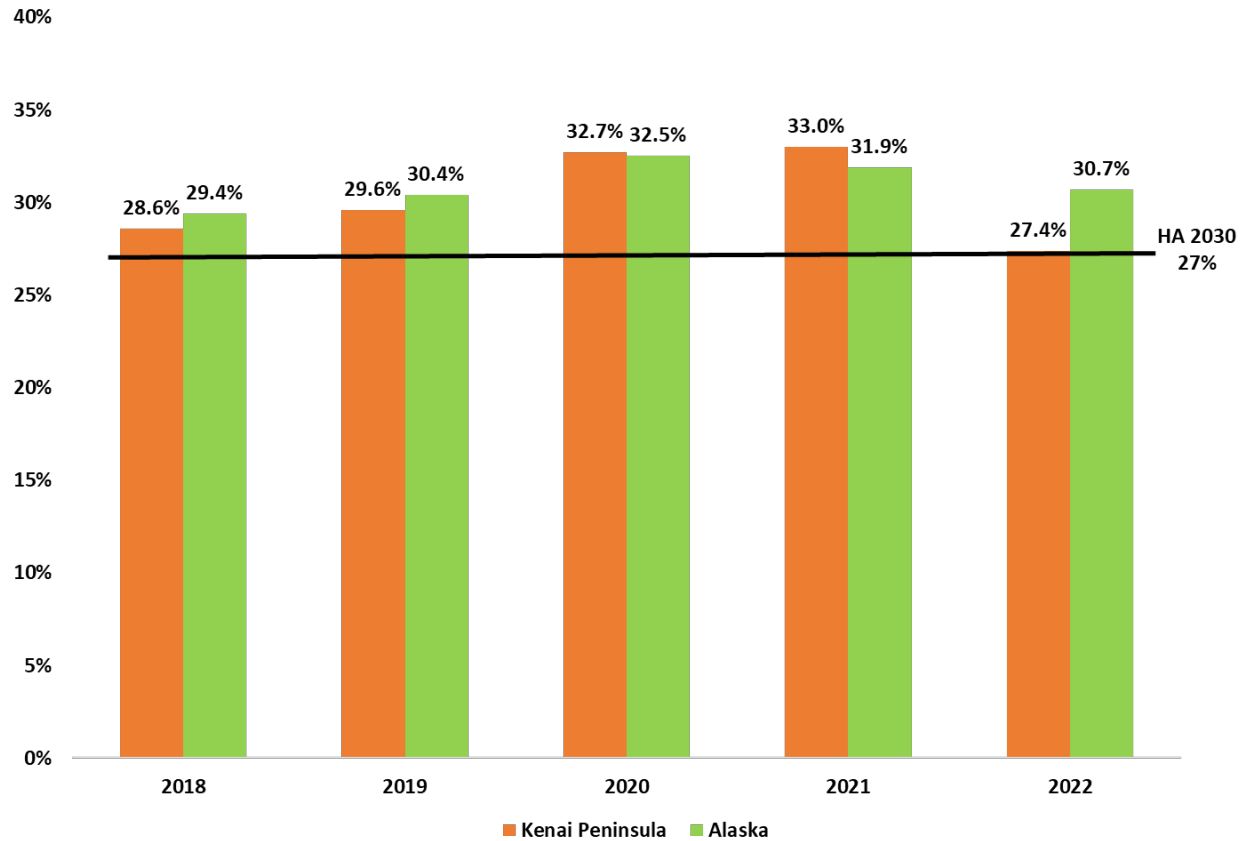


Source: County Health Rankings and Roadmaps

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The percentage of obese adults in the Kenai Peninsula decreased in recent years from 33.0% in 2021 to 27.4% in 2022, which meets the Healthy Alaskans 2030 Target of 27%. In 2021, the percentage of obese adults was lower in the Kenai Peninsula (27.4%) in comparison to Alaska (30.7%).

Figure 56: Obese Adults, 2018 to 2022



Source: County Health Rankings and Roadmaps

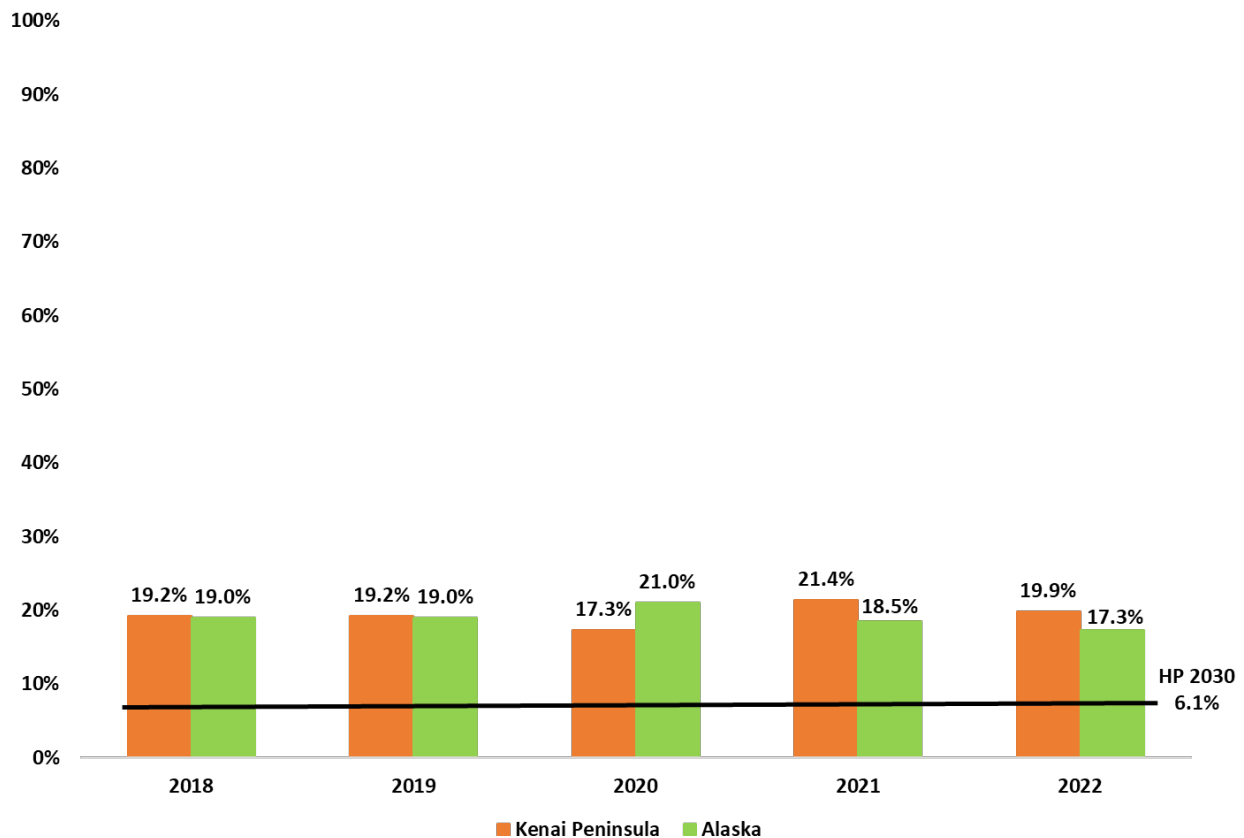
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Tobacco Use

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 fluctuated in the Kenai Peninsula, with a slight decrease in recent years (21.4% in 2021 to 19.9% in 2022). In 2022, the Kenai Peninsula had a higher percentage of current smokers (19.9%) in comparison to Alaska (17.3%) with both well above the Healthy People 2030 Goal of 6.1%.

Figure 57: Adults Who Are Current Smokers, 2018-2022

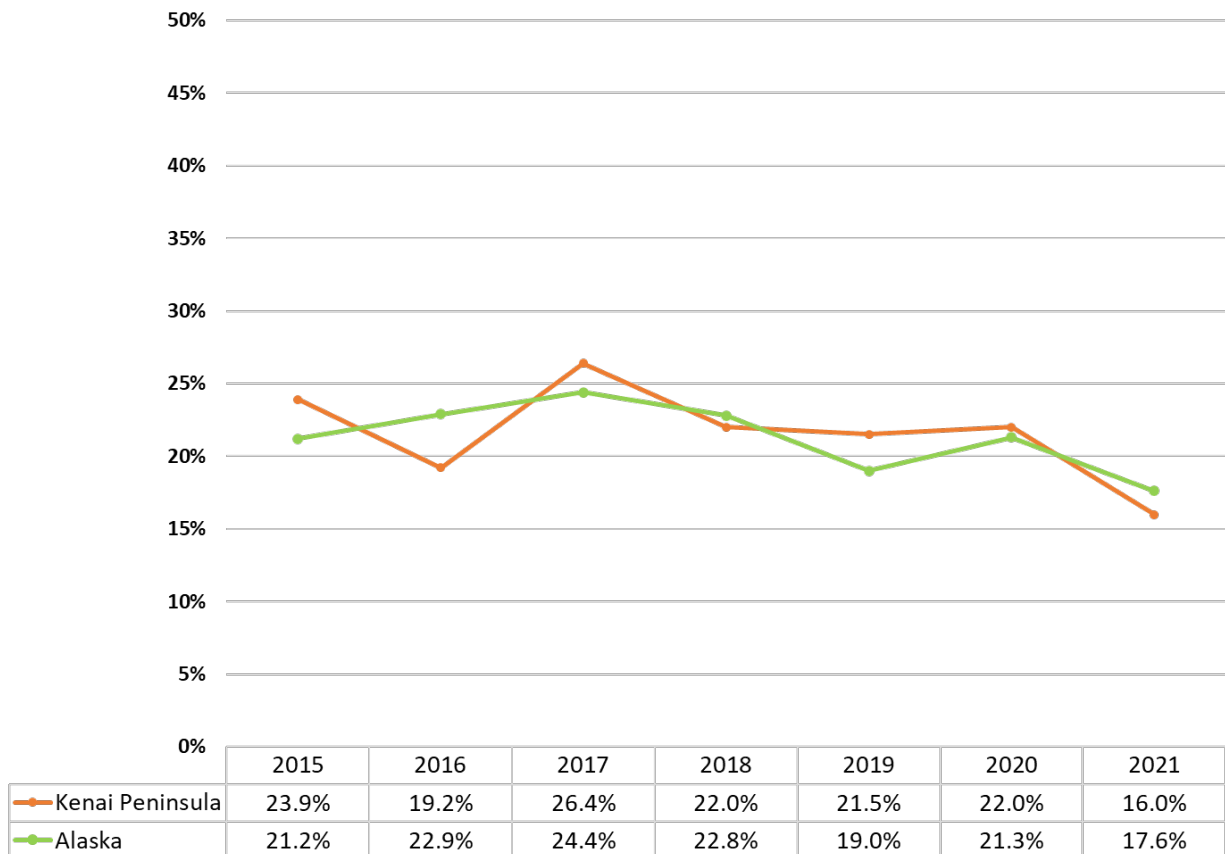


Source: County Health Rankings and Roadmaps

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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 (22.0% in 2020 to 16.0% in 2021) and Alaska (21.3% in 2020 and 17.6% in 2021). In 2021 the percentage of current smokers in the Kenai Peninsula (16.0%) was lower than the state (17.6%).

Figure 58: Current Cigarette Use, 2015-2021

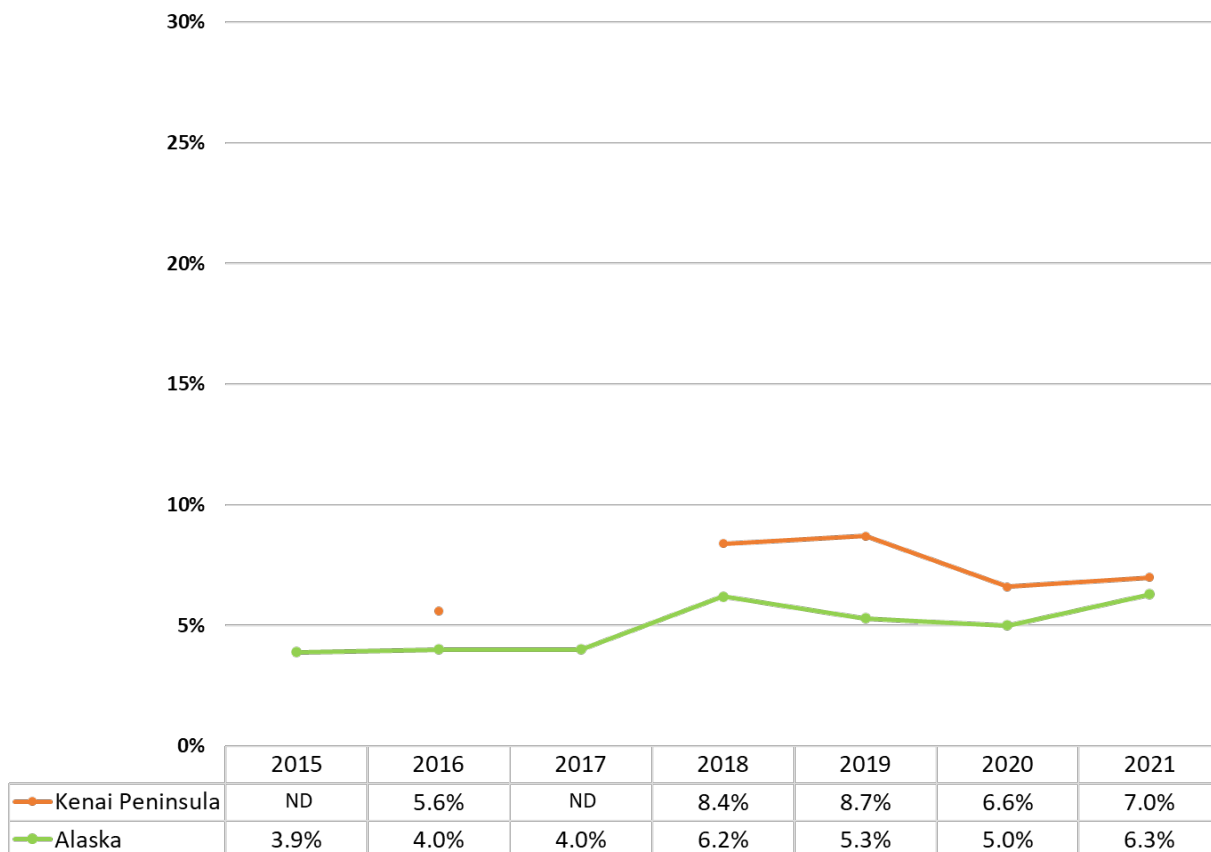


Source: Alaska Behavioral Risk Factor Surveillance System

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 14 for additional information.

The percentage of adults in the Kenai Peninsula who report current E-Cigarette use has decreased from 8.4% in 2018 to 7.0% in 2021, although in 2021 was just above the state (6.3%).

Figure 59: Current E-Cigarette Use, 2015-2021

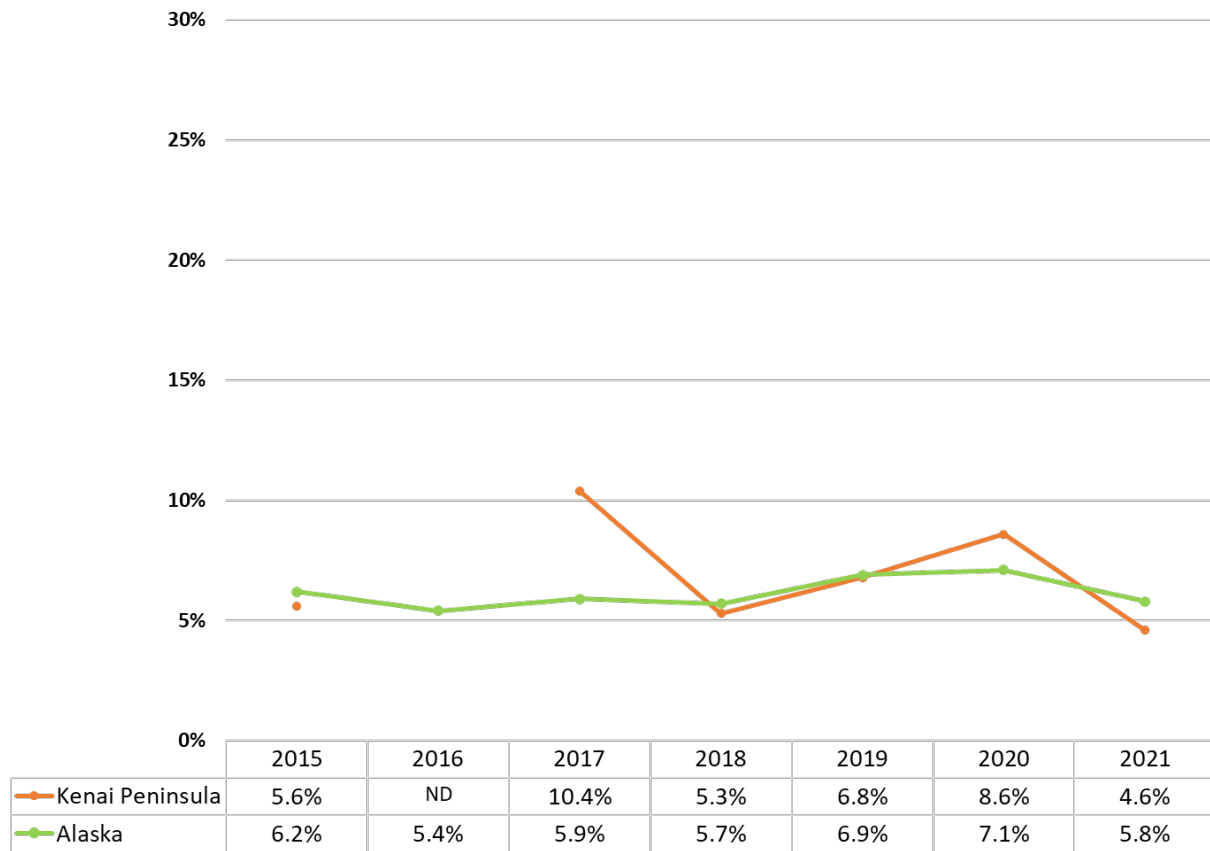


Source: Alaska Behavioral Risk Factor Surveillance System

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The percentage of adults who report current smokeless tobacco use had been increasing between 2018 (5.3%) to 2020 (8.6%) until decreasing to 4.6% in 2021, which was lower than the state (5.8%).

Figure 60: Current Smokeless Tobacco Use, 2015-2021

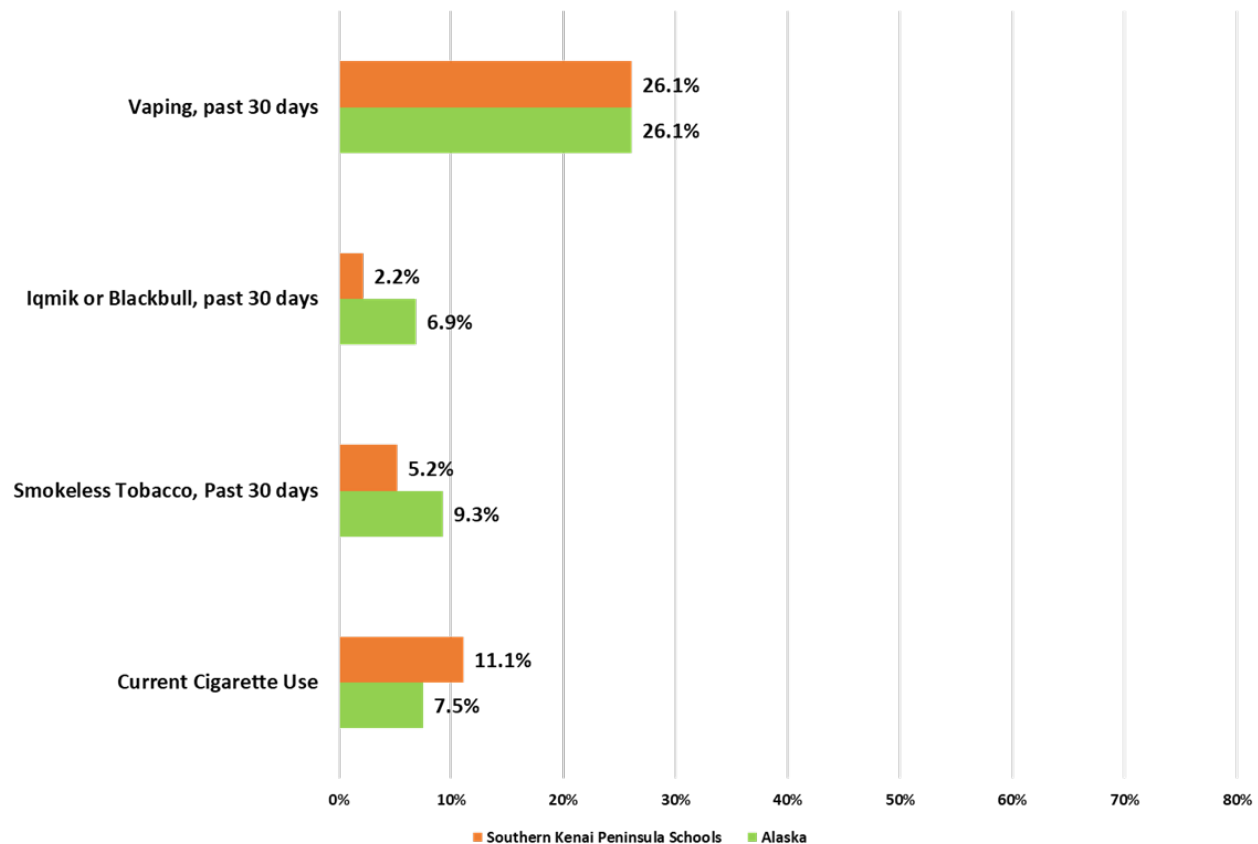


Source: Alaska Behavioral Risk Factor Surveillance System

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Students in the Southern Kenai Peninsula schools are more likely to report current cigarette use (11.1%) in comparison to the state (7.5%).

Figure 61: Student Tobacco Use, 2019



Source: Alaska Youth Risk Behavior Survey, N=399

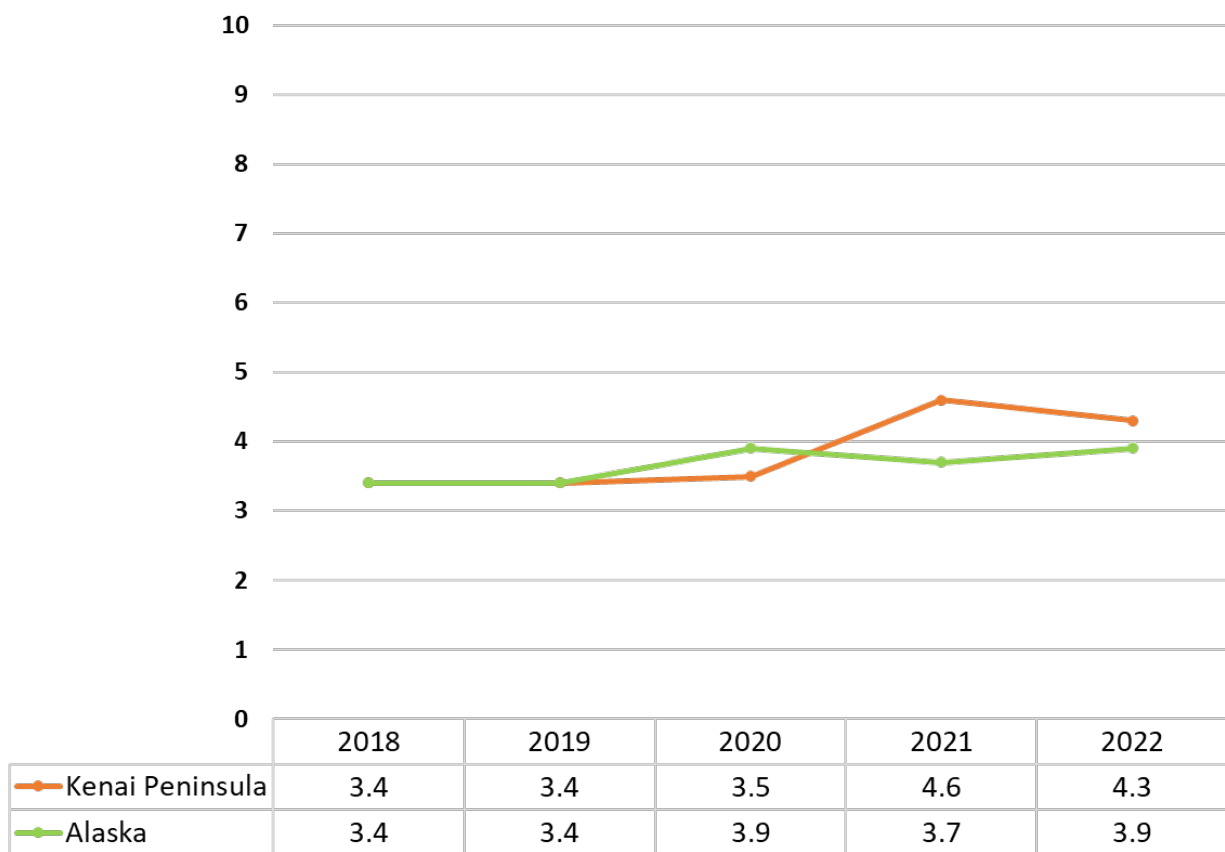
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Mental Health and Substance Use Disorder

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 disorders⁸. According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs⁹.

The average number of days adults report their mental health was not good had increased in the Kenai Peninsula from 3.5 in 2020 to 4.6 in 2021 before decreasing to 4.3 in 2022. In 2022, adults in the Kenai Peninsula (4.3) reported a higher average number of days when their mental health was not good in comparison to the state (3.9).

Figure 62: Average Number of Days Mental Health Not Good, 2018-2022



Source: County Health Rankings and Roadmaps

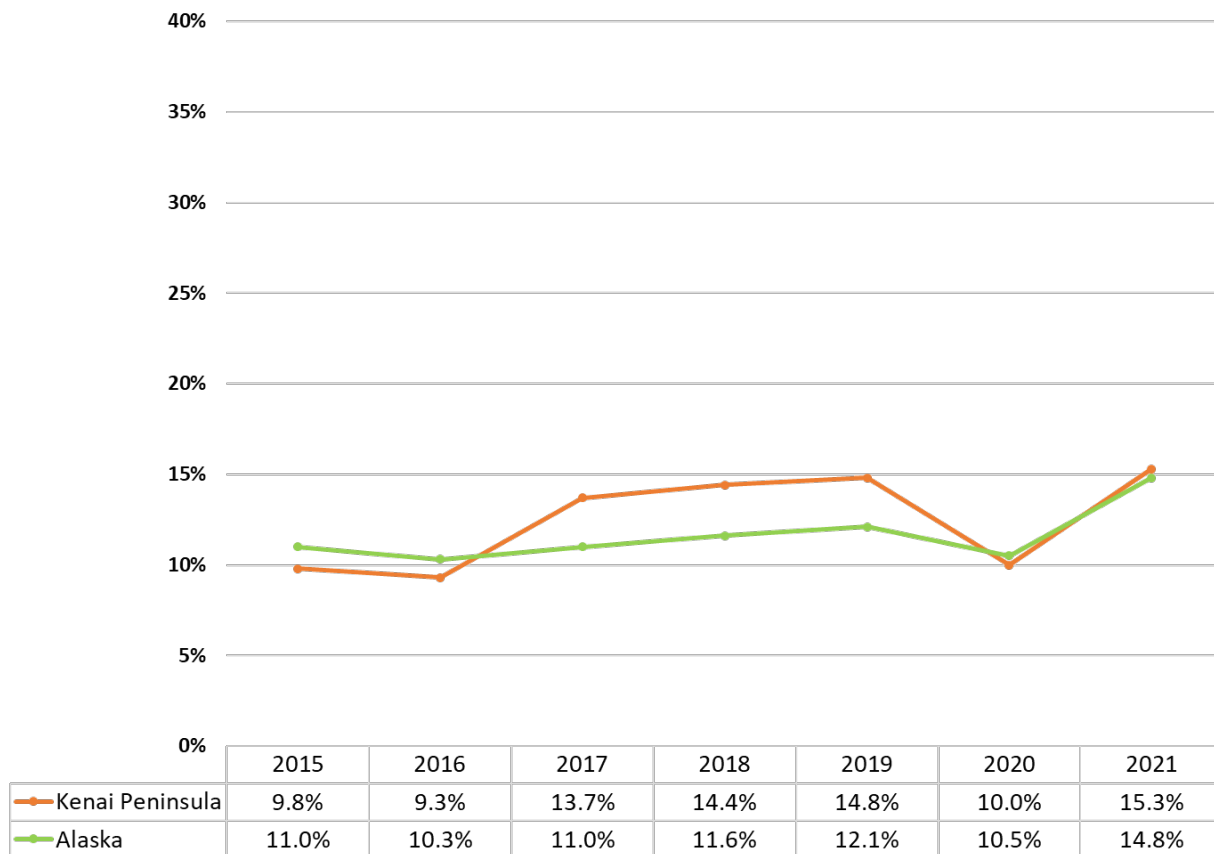
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 14 for additional information.

⁸ <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

⁹ <https://www.afro.who.int/health-topics/substance-abuse#:~:text=Substance%20abuse%20refers%20to%20the,on%20individuals%2C%20families%20and%20society.>

The percentage of adults who report their mental health was not good two or more weeks in the past 30 days increased for both the Kenai Peninsula and Alaska between 2020 (10.0%, 10.5% respectively) and 2021 (15.3%, 14.8% respectively), after the percentage had decreased between 2019 and 2020. In 2021, the percentage was slightly higher in the Kenai Peninsula (15.3%) when compared to Alaska (14.8%).

Figure 63: Mental Health Not Good 2+ Weeks, Past 30 Days, 2015-2021

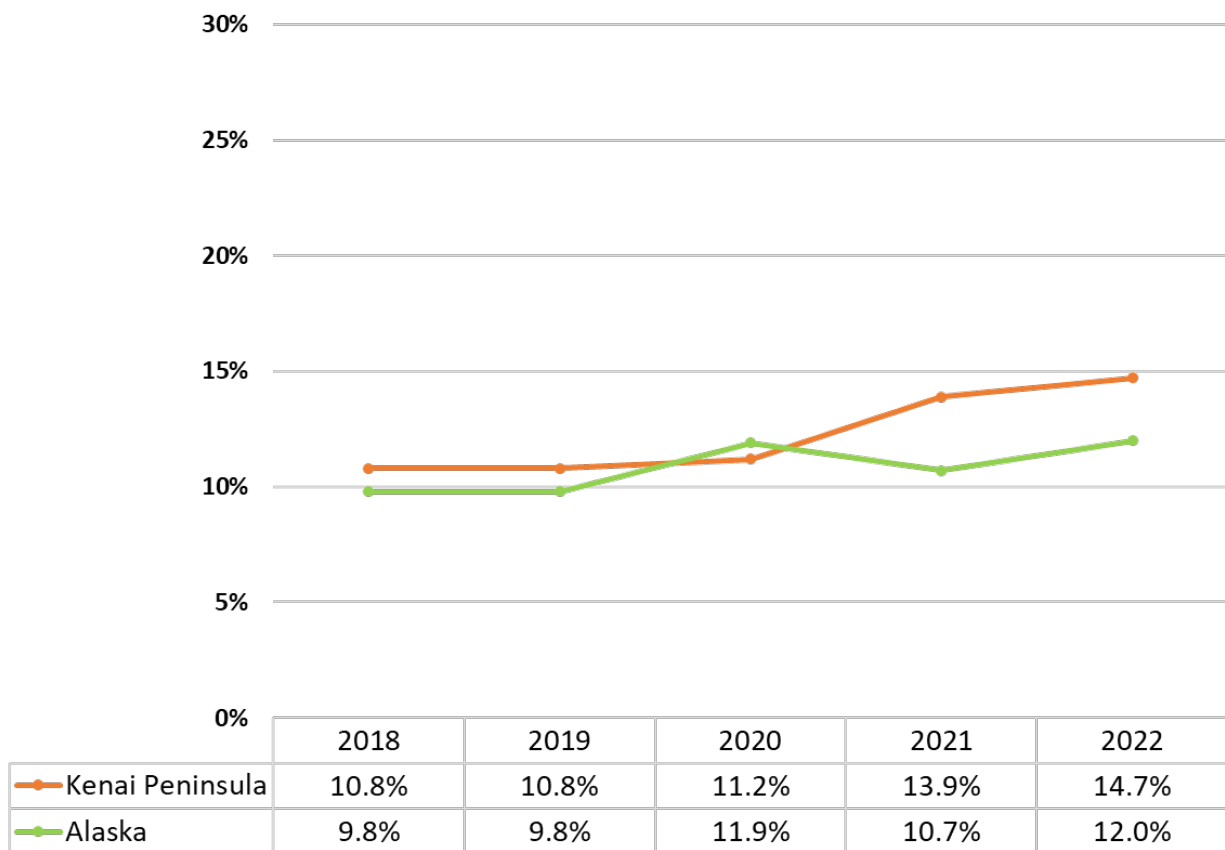


Source: Alaska Behavioral Risk Factor Surveillance System

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The percentage of adults who report frequent mental distress has been increasing in the Kenai Peninsula from 11.2% in 2020 to 14.7% in 2022. The percentage also increased for Alaska between 2021 (10.7%) and 2022 (12.0%). In 2022, the Kenai Peninsula (14.7%) had a higher percentage report frequent mental distress than Alaska (12.0%).

Figure 64: Frequent Mental Distress, 2018-2022



Source: County Health Rankings and Roadmaps

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Due to the small numbers, suicide data is 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) although 2012-2021 is one of the highest 10-year time periods.

Table 24: Southern Kenai Peninsula Resident Intentional Self-Harm (Suicide) Deaths, 1999 - 2021

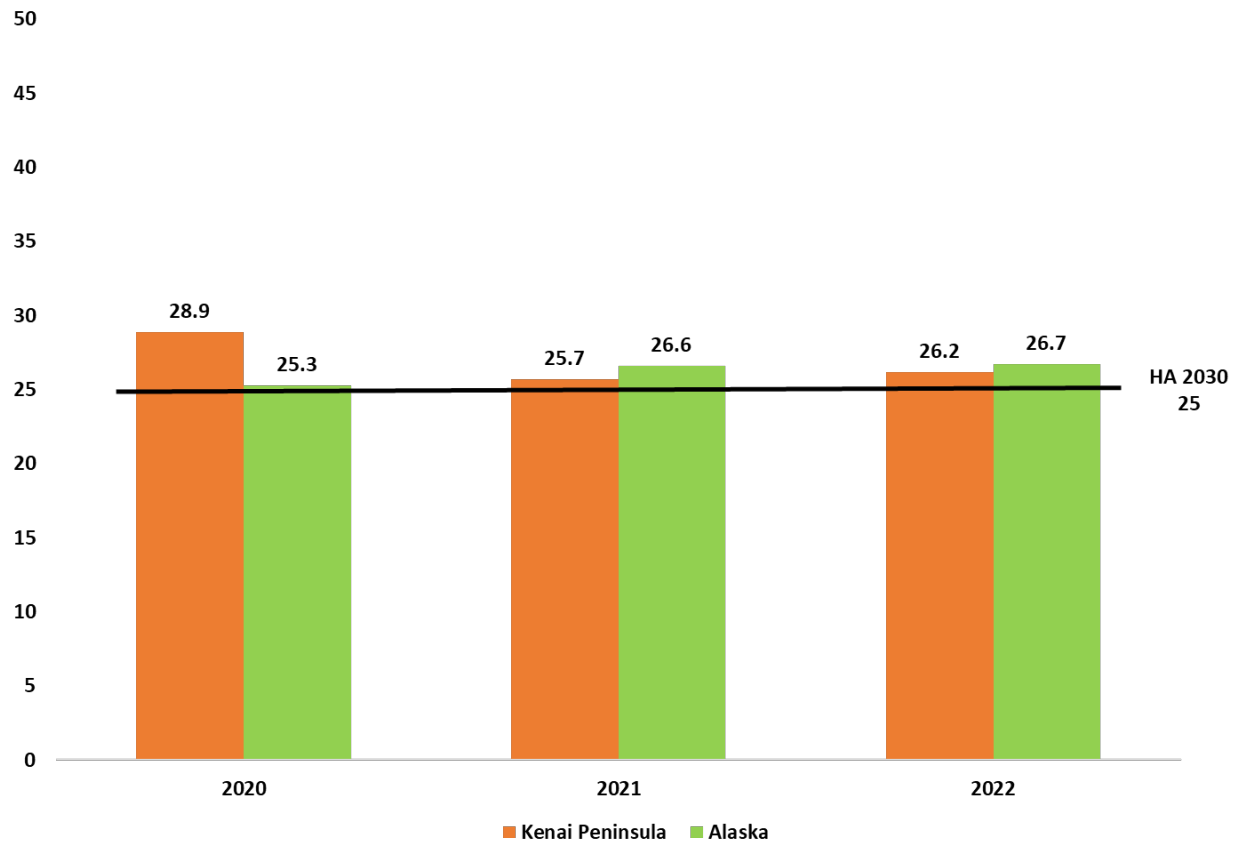
Year	Deaths
1999-2008	22
2000-2009	20
2001-2010	20
2002-2011	25
2003-2012	29
2004-2013	32
2005-2014	37
2006-2015	41
2007-2016	44
2008-2017	48
2009-2018	48
2010-2019	51
2011-2020	49
2012-2021	51

Source: Alaska Division of Public Health, Health Analytics and Vital Records Section

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The suicide mortality rate per 100,000 increased slightly in the Kenai Peninsula between 2021 (25.7) and 2022 (26.2), while the state rate remained steady. In 2022, the Kenai Peninsula and Alaska were just above the Healthy Alaskans 2030 Target of 25.

Figure 65: Suicide Mortality Rate, Per 100,000, 2020-2022

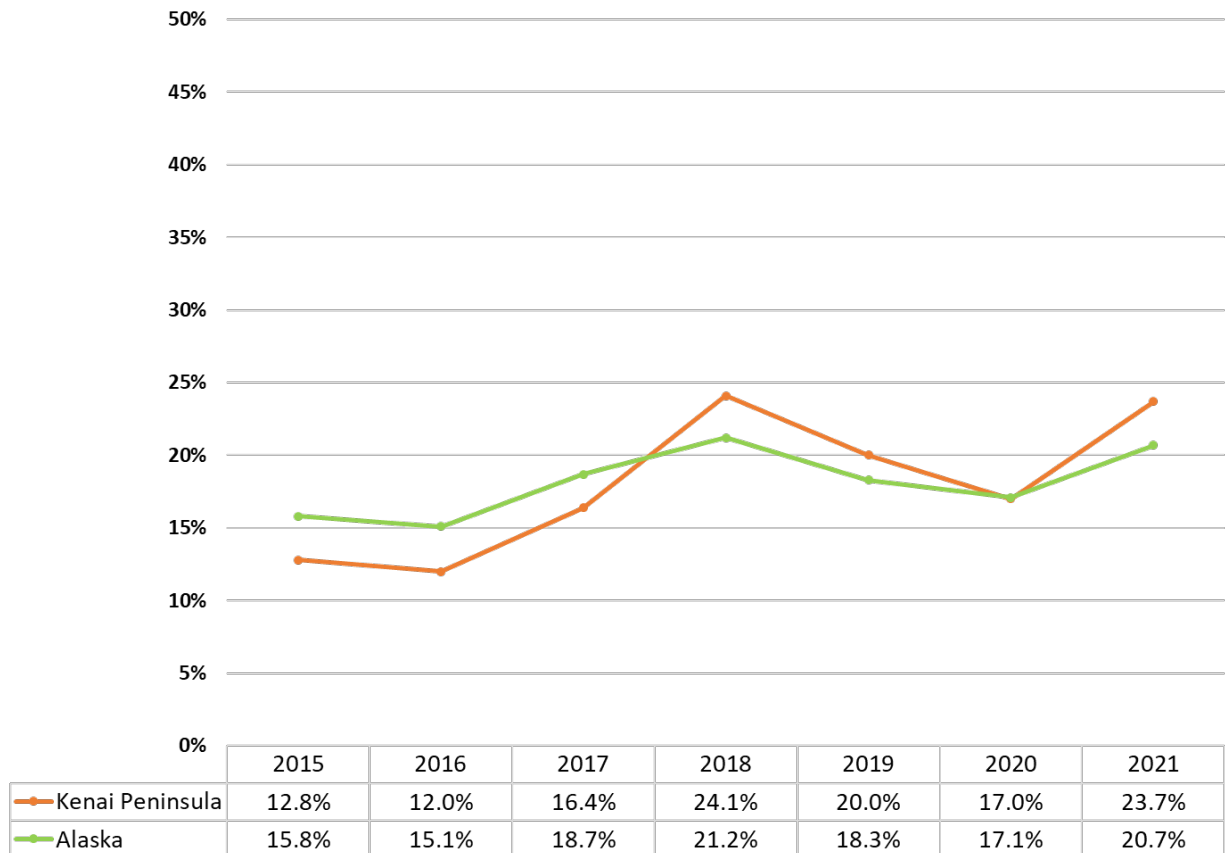


Source: County Health Rankings and Roadmaps

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Between 2020 and 2021, the percentage of adults diagnosed with depressive disorder increased in both the Kenai Peninsula (17.0% to 23.7%) and Alaska (17.1% to 20.7%). In 2021, the percentage was higher in the Kenai Peninsula (23.7%) than in the state (20.7%).

Figure 66: Adults Diagnosed with Depressive Disorder, 2015-2021

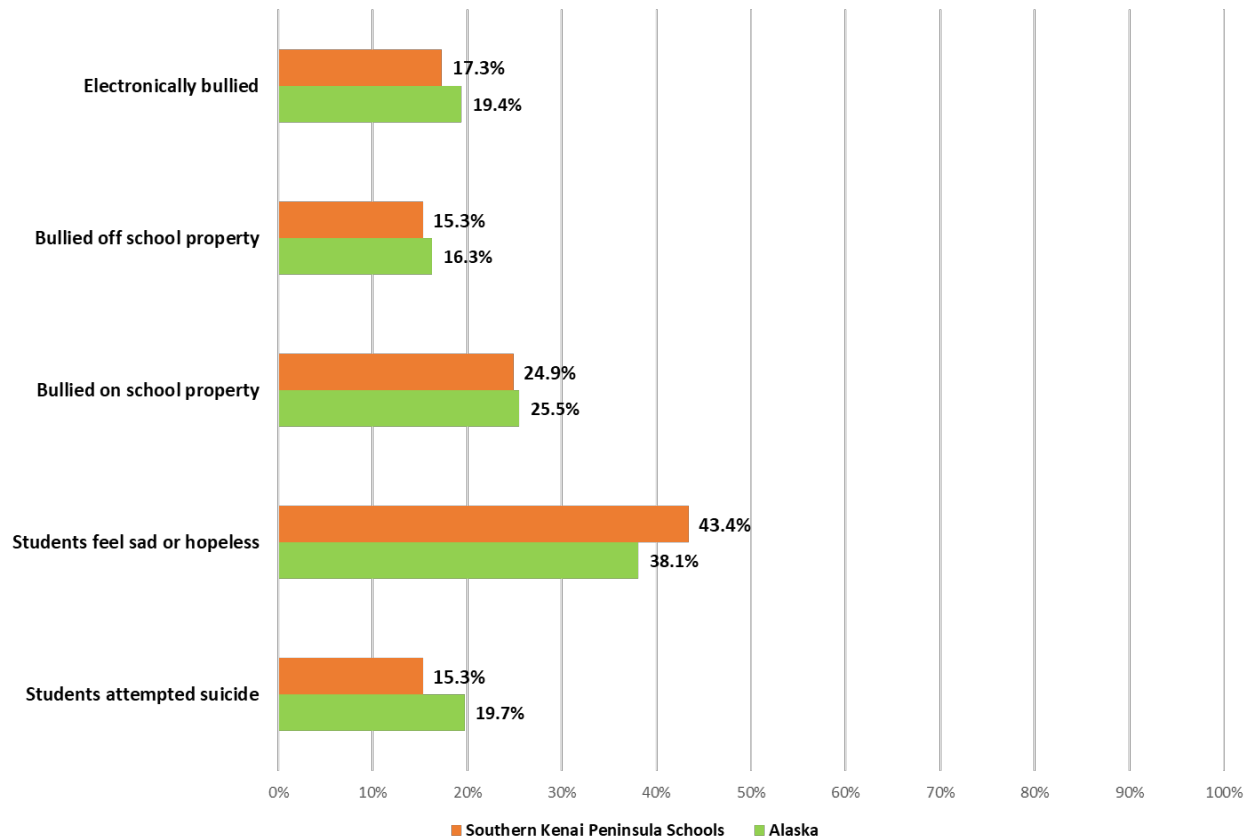


Source: Alaska Behavioral Risk Factor Surveillance System

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 14 for additional information.

Students in the Southern Kenai Peninsula Schools were more likely to feel sad or hopeless (43.4%) than students across the state (38.1%). Students in the Southern Kenai Peninsula are doing better for all other areas related to bullying and attempted suicide in comparison to the state.

Figure 67: Student Mental Health, 2019

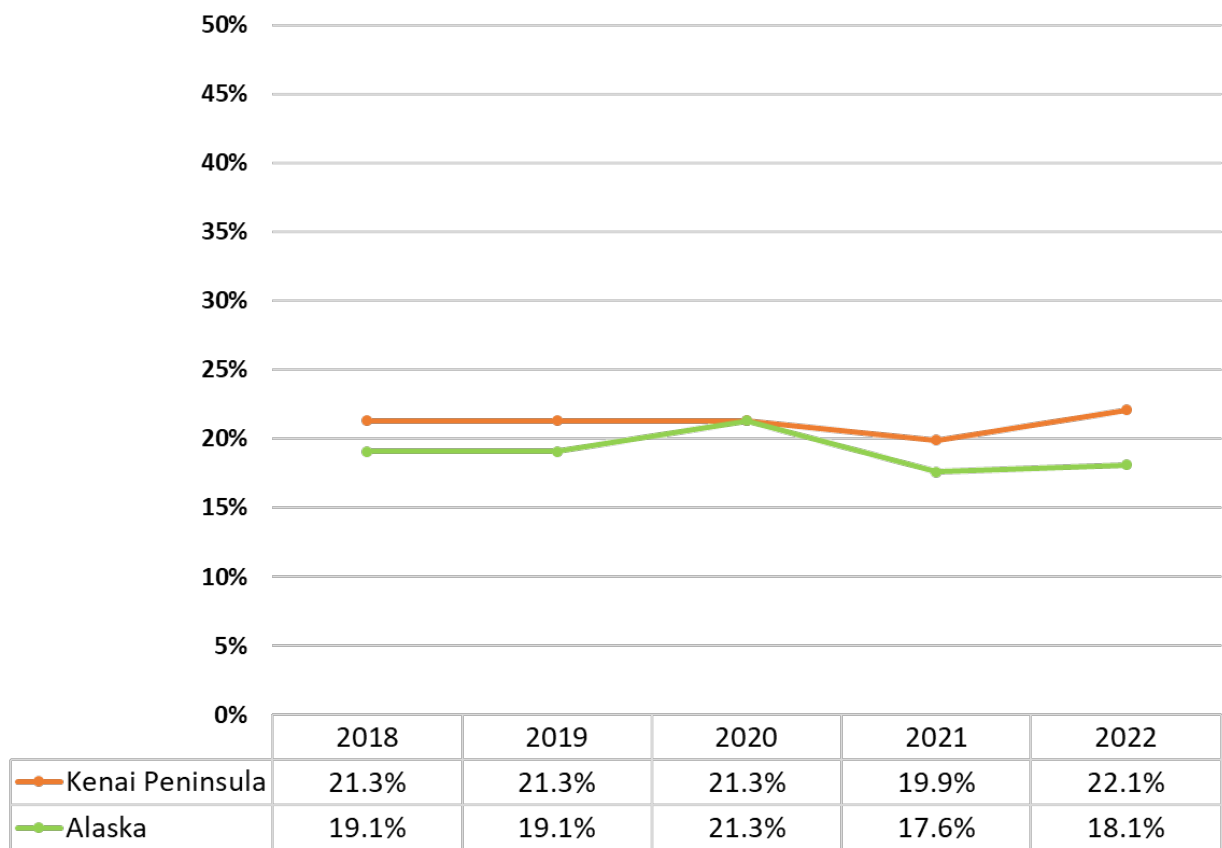


Source: Alaska Youth Risk Behavior Survey, N=399

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 14 for additional information.

The percentage of adults who report excess drinking increased in the Kenai Peninsula from 19.9% in 2021 to 22.1% in 2022, which was higher than Alaska (18.1%).

Figure 68: Excessive Drinking, 2018-2022

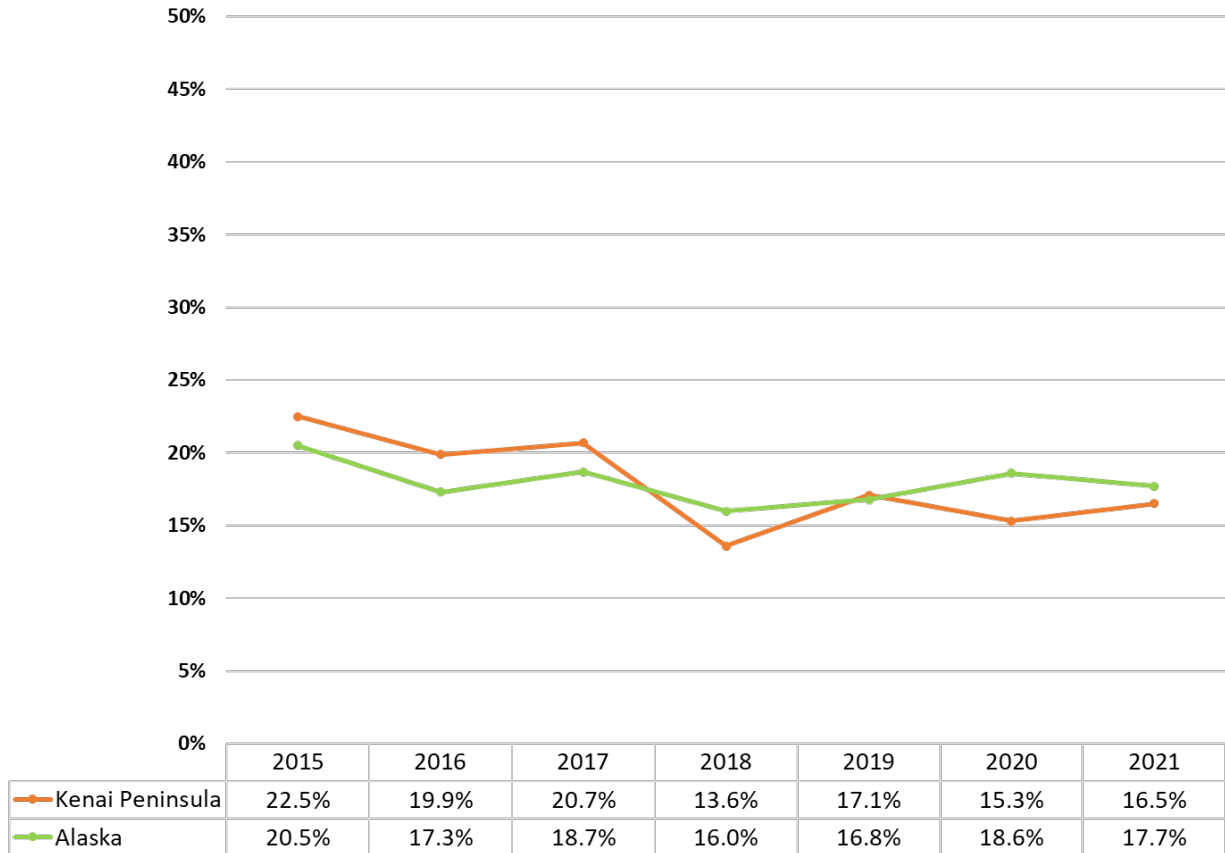


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The percentage of adults who report binge drinking increased from 15.3% in 2020 to 16.5% in 2021, although overall is lower than it had been in 2015 (22.5%). During this time period, the percentage for Alaska decreased from 18.6% to 17.7%, although percentages remained higher than the Kenai Peninsula.

Figure 69: Binge Drinking, Past 30 Days, 2015-2021

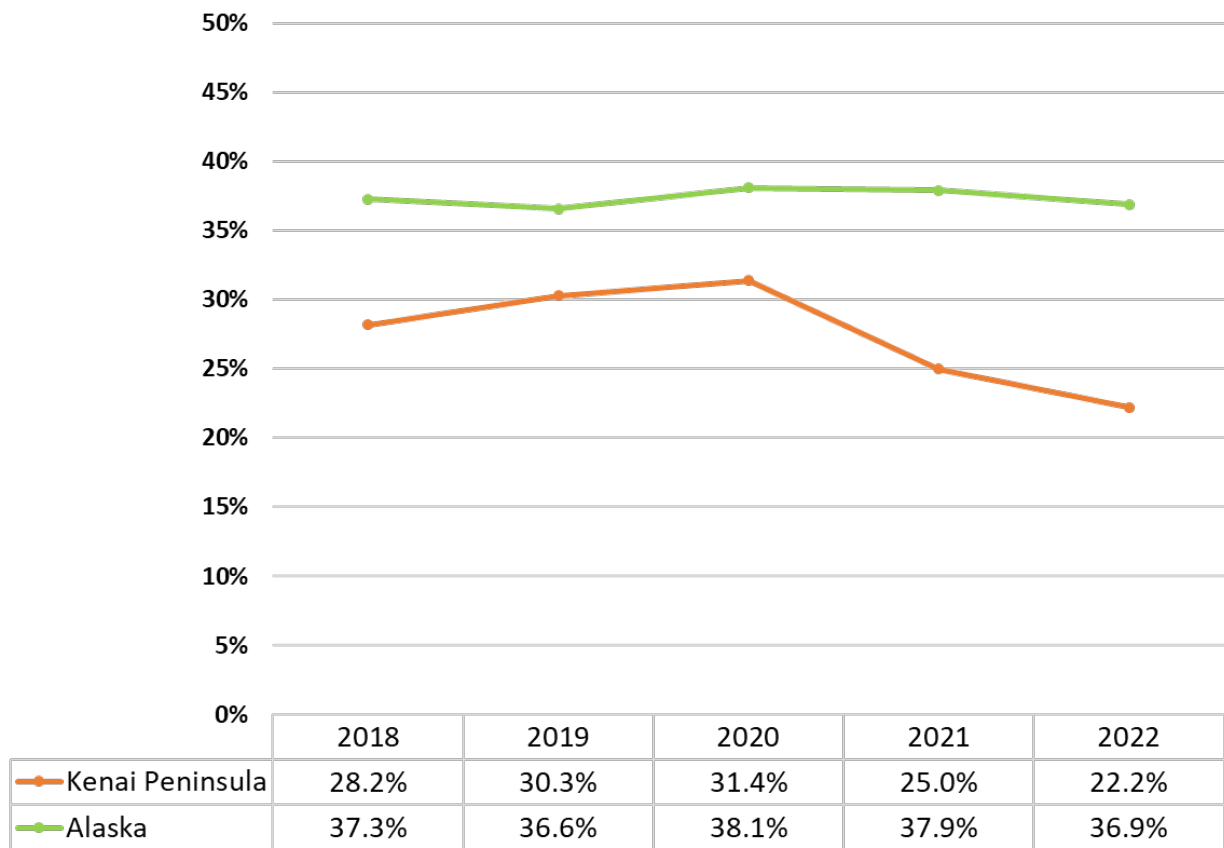


Source: Alaska Behavioral Risk Factor Surveillance System

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 14 for additional information.

The percentage of driving deaths with alcohol involved has been decreasing in the Kenai Peninsula since 2020 (31.4%) and in 2022 (22.2%) was lower than Alaska (36.9%).

Figure 70: Driving Deaths with Alcohol Involved, 2018-2022

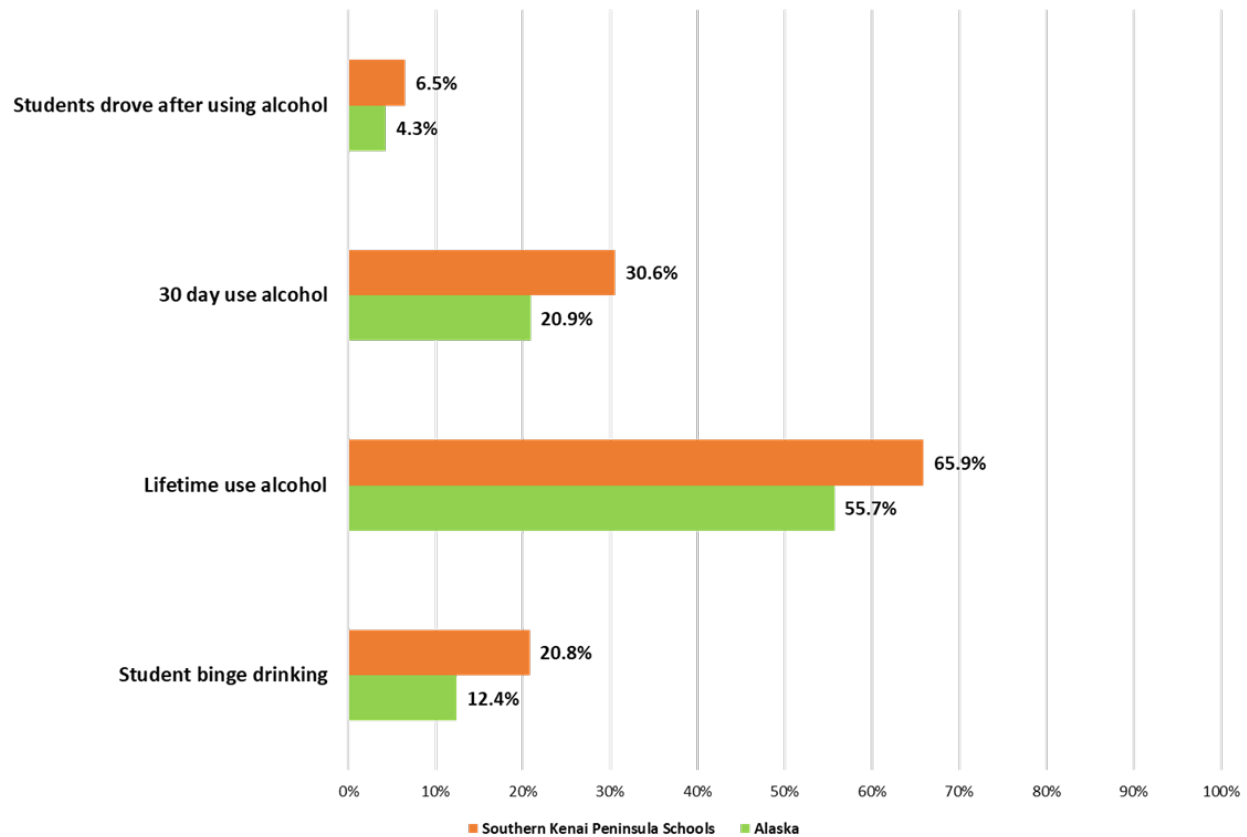


Source: County Health Rankings and Roadmaps

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 14 for additional information.

Students in the Southern Kenai Peninsula Schools were more likely to have driven after drinking, used alcohol or to have binge drank in comparison to students across the state.

Figure 71: Student Alcohol Use, 2019

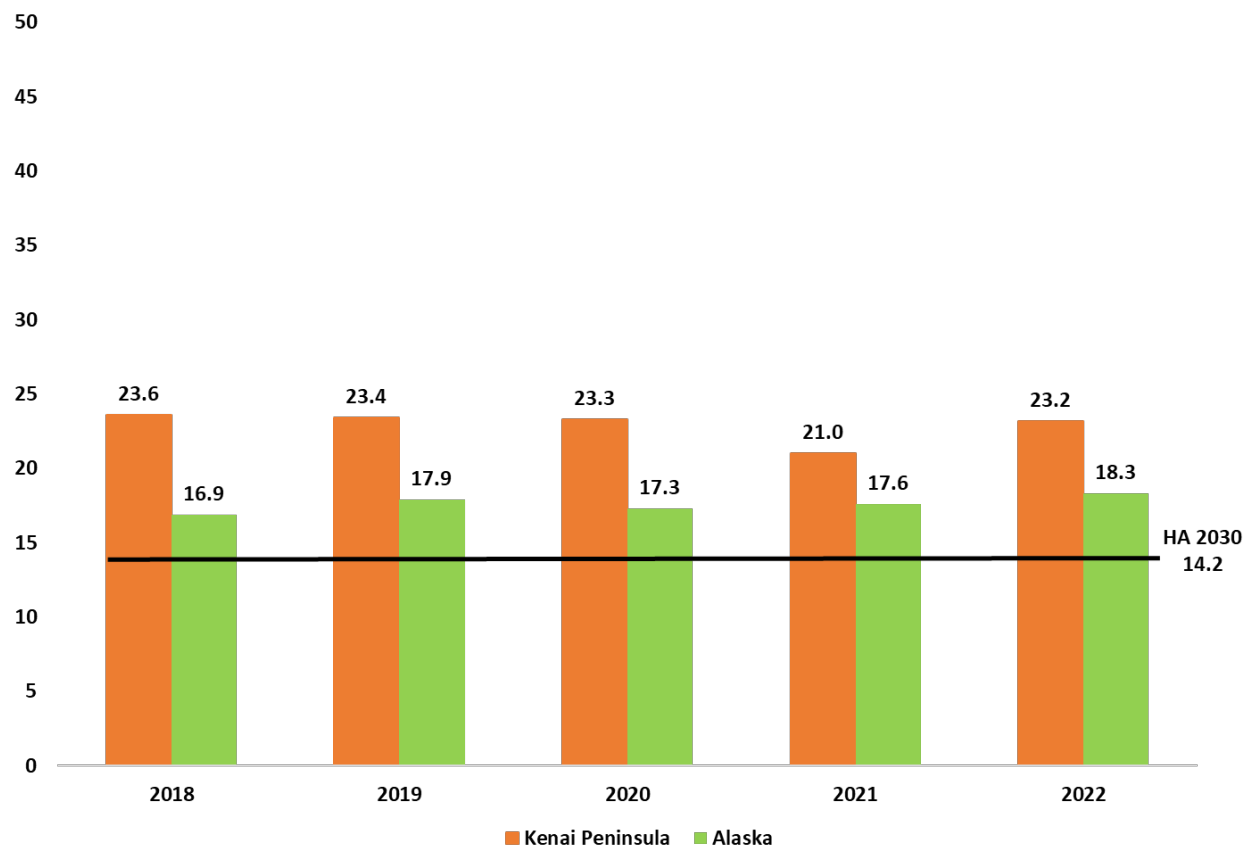


Source: Alaska Youth Risk Behavior Survey, N=399

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 14 for additional information.

The drug induced mortality rate per 100,000 has fluctuated in the Kenai Peninsula, with an increase in recent years from 21.0 in 2021 to 23.2 in 2022. During this time the rate also increased for the state (17.6 to 18.3). In 2022, the rate for the Kenai Peninsula (23.2) was higher than Alaska (18.3) with both well above the Healthy Alaskans 2030 Target of 14.2.

Figure 72: Drug Induced Mortality Rate, Per 100,000, 2018-2022

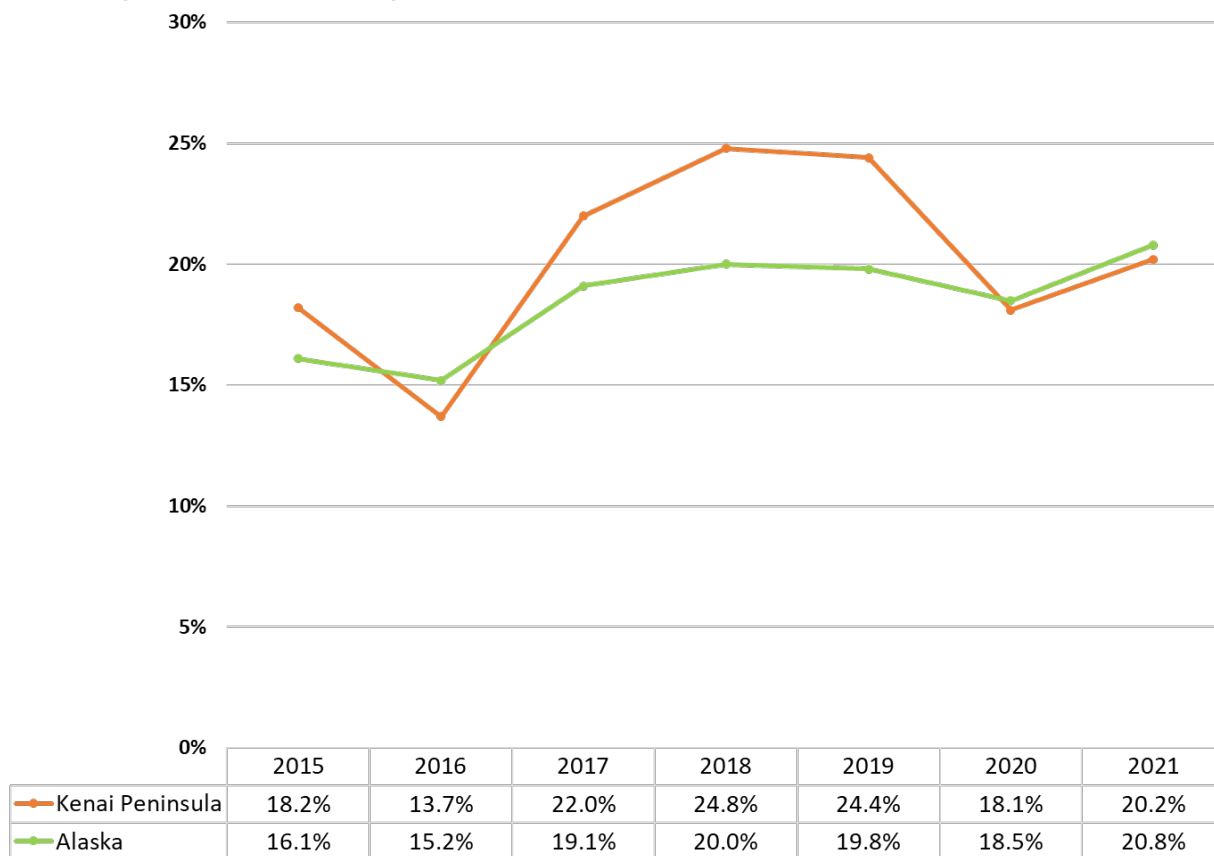


Source: County Health Rankings and Roadmaps

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 14 for additional information.

Between 2020 and 2021 the percentage of adults who report marijuana use in the past 30 days increased in both the Kenai Peninsula (18.1% to 20.2%) and Alaska (18.5% to 20.8%).

Figure 73: Marijuana Use, Past 30 Days, 2015-2021

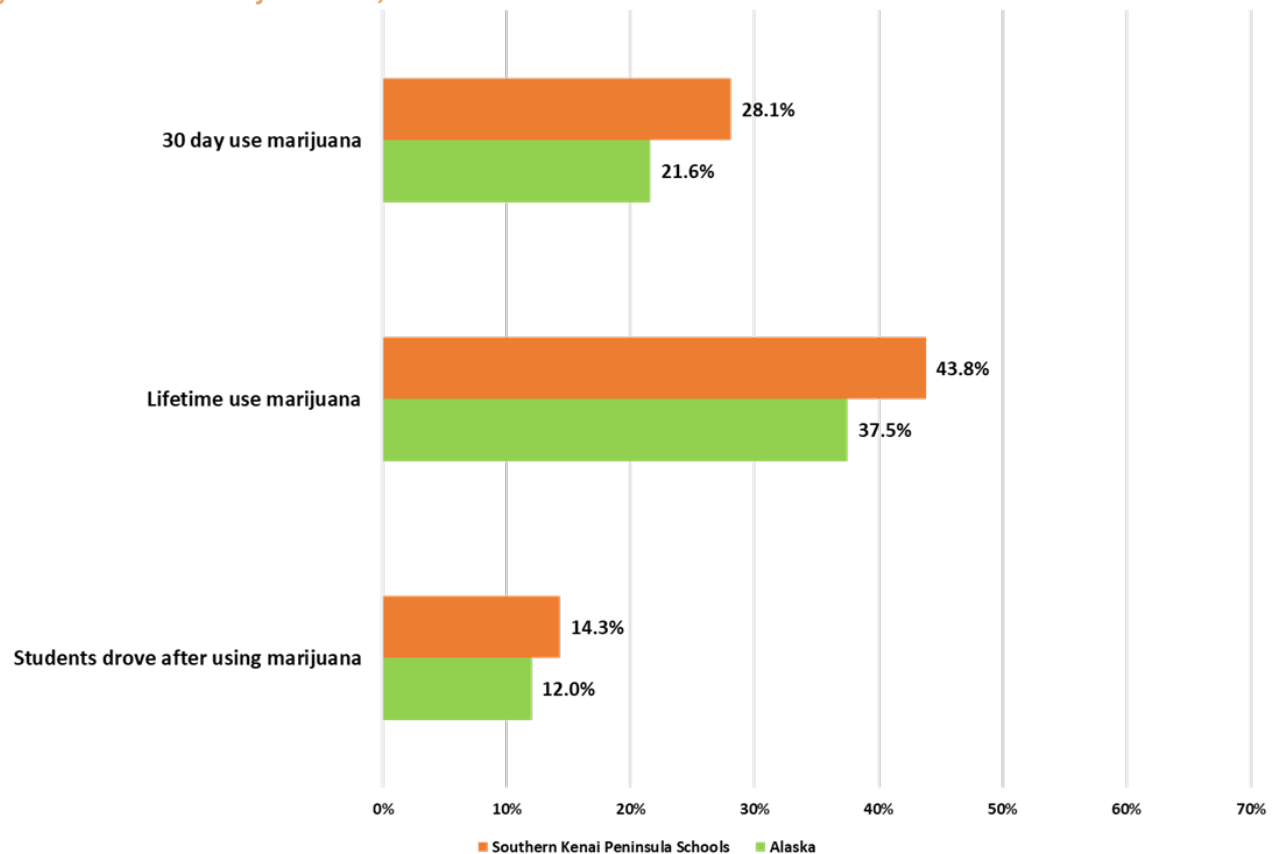


Source: Alaska Behavioral Risk Factor Surveillance System

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 14 for additional information.

Students in the Southern Kenai Peninsula Borough Schools were more likely to have used marijuana or drove after using marijuana in comparison to their peers across the state.

Figure 74: Student Marijuana Use, 2019

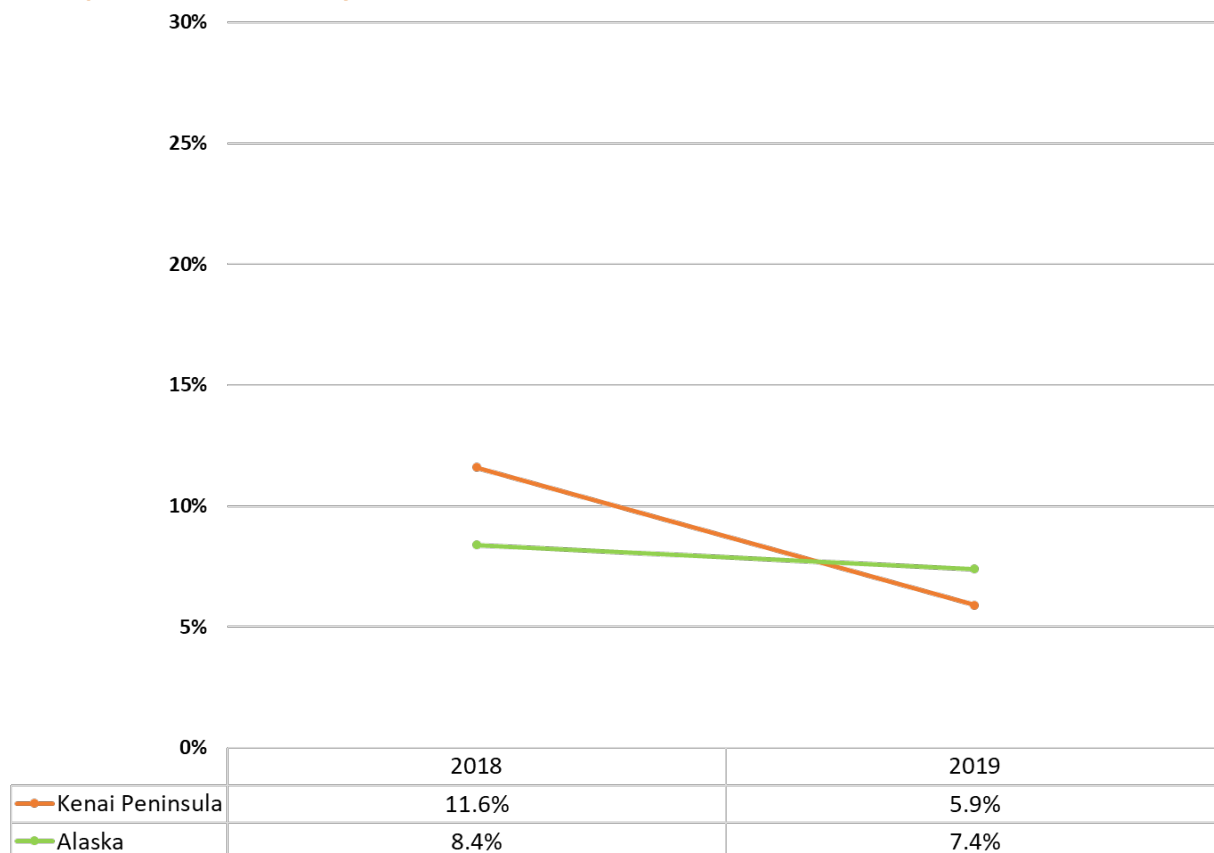


Source: Alaska Youth Risk Behavior Survey, N=399

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 14 for additional information.

The percentage of adults who report opioid use in the past 30 days decreased in both the Kenai Peninsula (11.6% to 5.9%) and Alaska (8.4% to 7.4%) between 2018 and 2019. In 2019, opioid use in the past 30 days was lower in the Kenai Peninsula than the state.

Figure 75: Opioid Use, Past 30 Days, 2018-2019

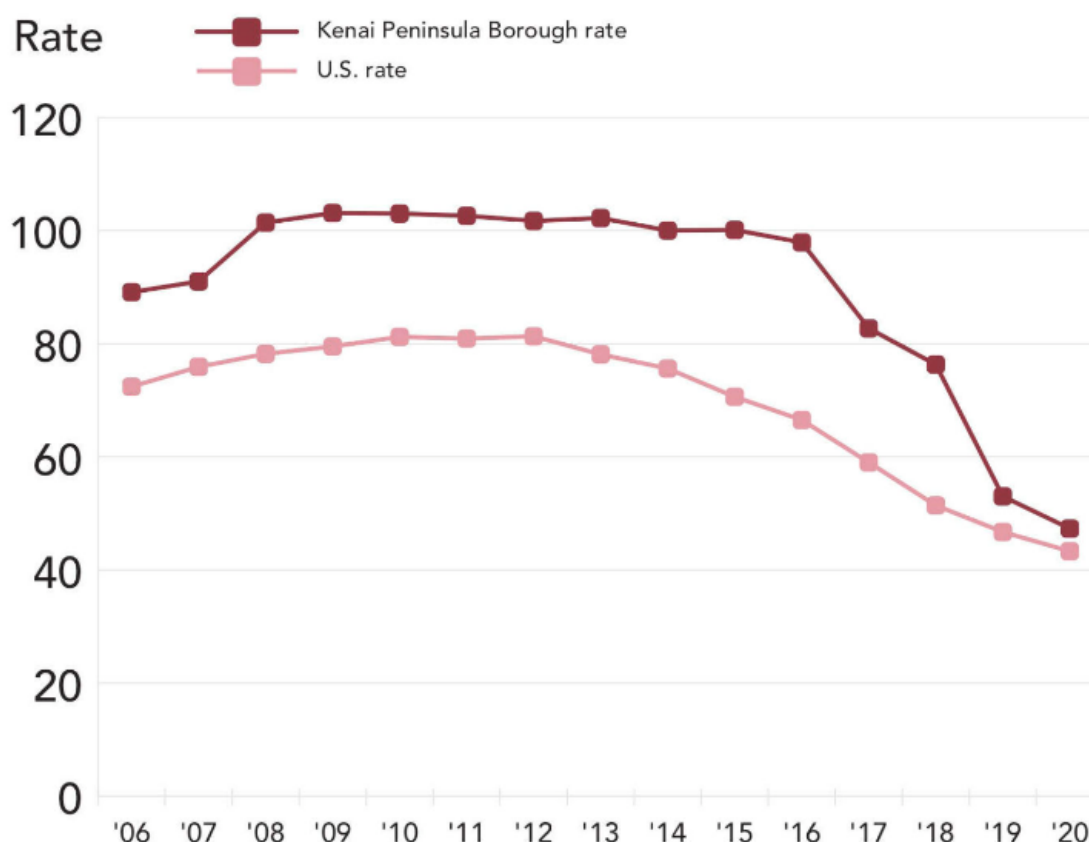


Source: Alaska Behavioral Risk Factor Surveillance System

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 14 for additional information.

The opioid dispensing rate has been higher in the Kenai Peninsula Borough in comparison to the state since 2006, although the rate has gotten closer to that of the nation in 2019 and 2020.

Figure 76: Kenai Peninsula Borough Opioid Dispensing Rates, 2006-2020



Source: US Center for Disease Control reported in Peninsula Clarion

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 14 for additional information.

The Gulf Coast Region had fewer opioid-related Emergency Department visits and overdose deaths in comparison to the state in 2021-2022.

Table 25: Opioid Related Data, Gulf Coast Region, 2021-2022

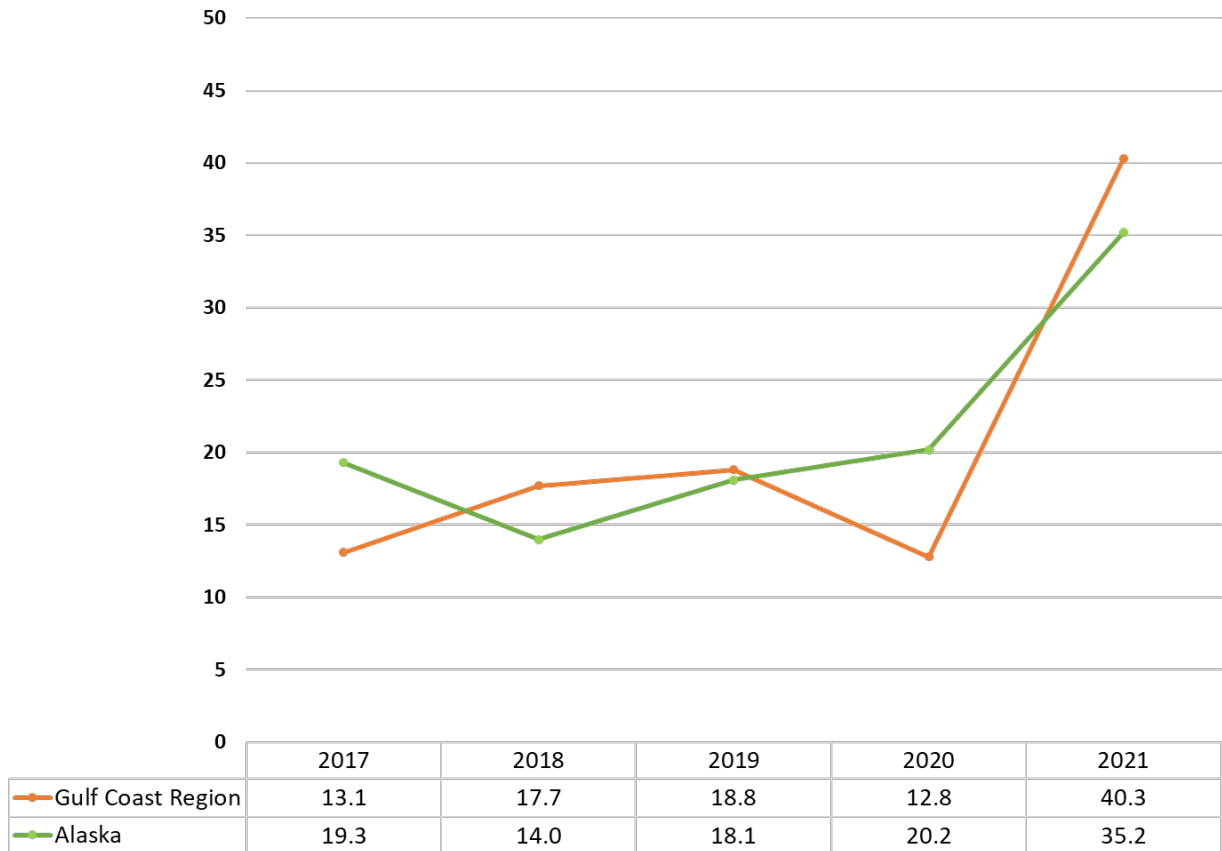
	Opioid-Related ED Visits, Rate Per 10,000 Visits	Opioid-Related Overdose Deaths, Rate Per 10,000
Gulf Coast Region	14.3	1.7
Alaska	25.2	2.3

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 14 for additional information.

Due to the low numbers, data is limited to the Gulf Coast Region, which includes the Southern Kenai Peninsula. The drug overdose death rate per 100,000 has increased in both the Gulf Coast Region and Alaska between 2020 and 2021, and in 2020 the rate in the Gulf Coast Region (40.3) was higher in comparison to the state (35.2).

Figure 77: Drug Overdose Death Rate Per 100,000, Gulf Coast Region and Alaska, 2017-2021

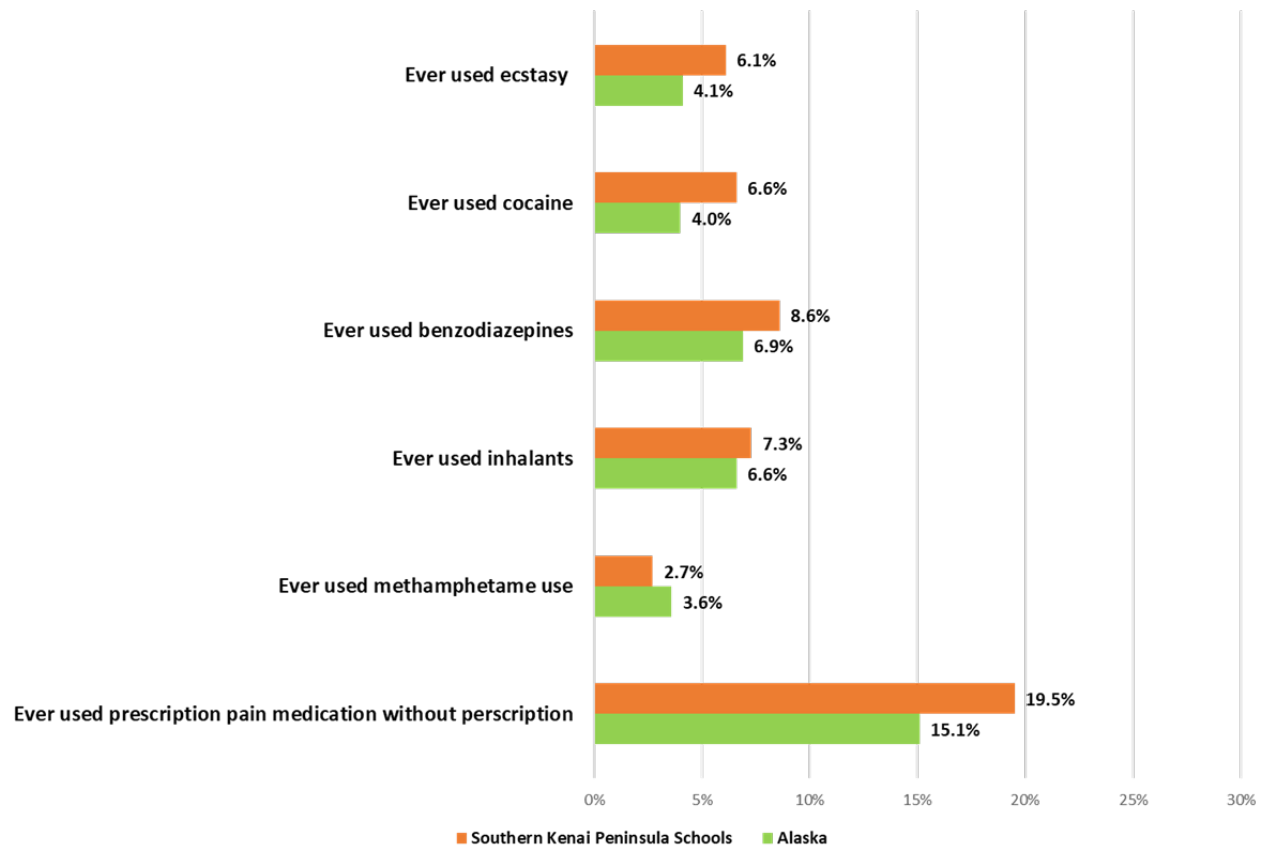


Source: Alaska Department of Health, Office of Substance Misuse and Addiction Prevention

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Students in the Southern Kenai Peninsula Schools were more likely to have used ecstasy, cocaine, benzodiazepines, inhalants, prescription medications without a prescription than peers across the state.

Figure 78: Student Drug Use, 2019



Source: Alaska Youth Risk Behavior Survey, N=399

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 14 for additional information.

The number of Naloxone® kits distributed doubled from 51 in June 2020 to March 2021 to 116 in 2022. Megan's Place distributed 5,000 more syringes in 2022 in comparison to the prior timeframe. In 2022, 10,000 fewer syringes were disposed of. Despite an increase in distribution, the number of participant visits decreased.

Table 26: Megan's Place Exchange, 2020-2022

	June 2020 – March 2021	2022
NARCAN Kits Distributed	51	116
Syringes Distributed	25,000	30,000
Syringes Disposed	27,000	17,000
Participant Visits	145	112

Source: Megan's Place

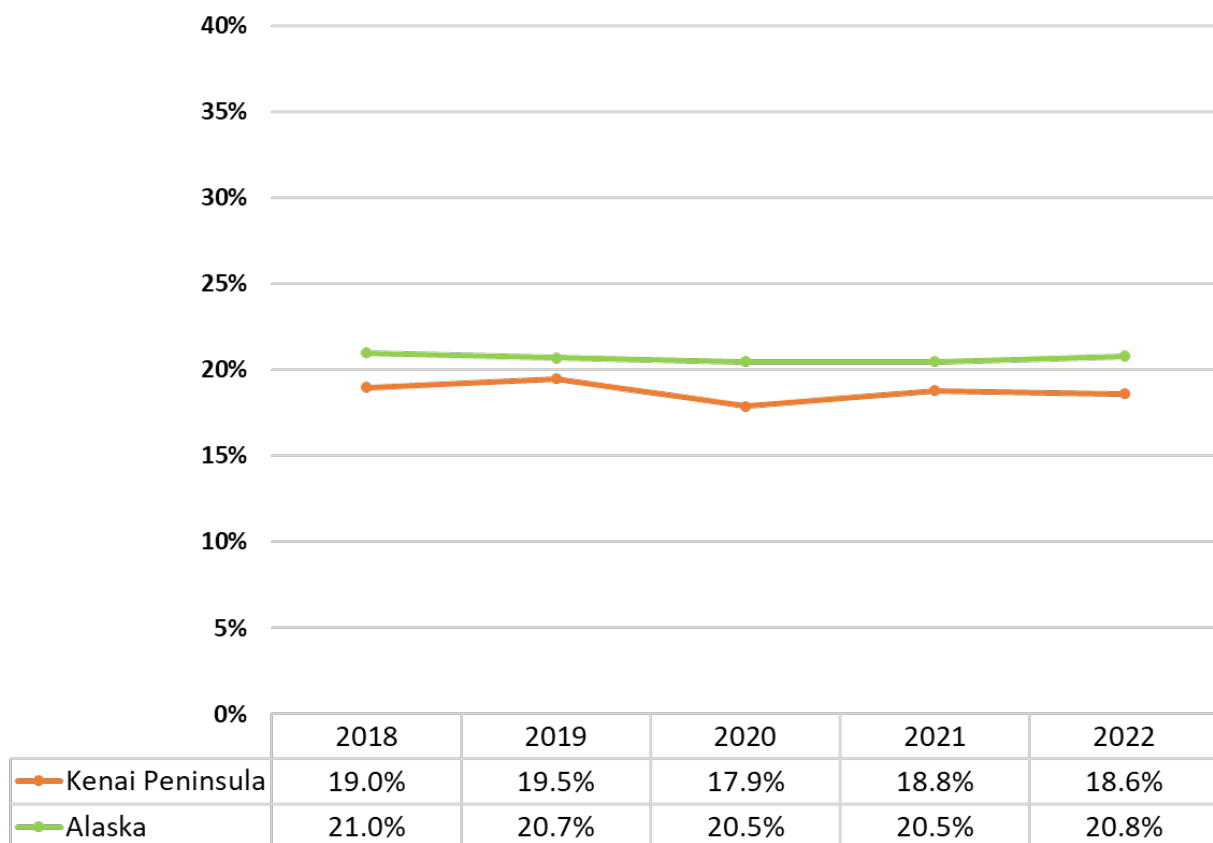
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 14 for additional information.

Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information¹⁰.

The percentage of households with severe housing problems has had minimal fluctuation in the Kenai Peninsula and Alaska, and in 2022 the percentage was lower in the Kenai Peninsula (18.6%) in comparison to the state (20.8%).

Figure 79: Severe Housing Problems, 2018-2022



Source: County Health Rankings and Roadmaps

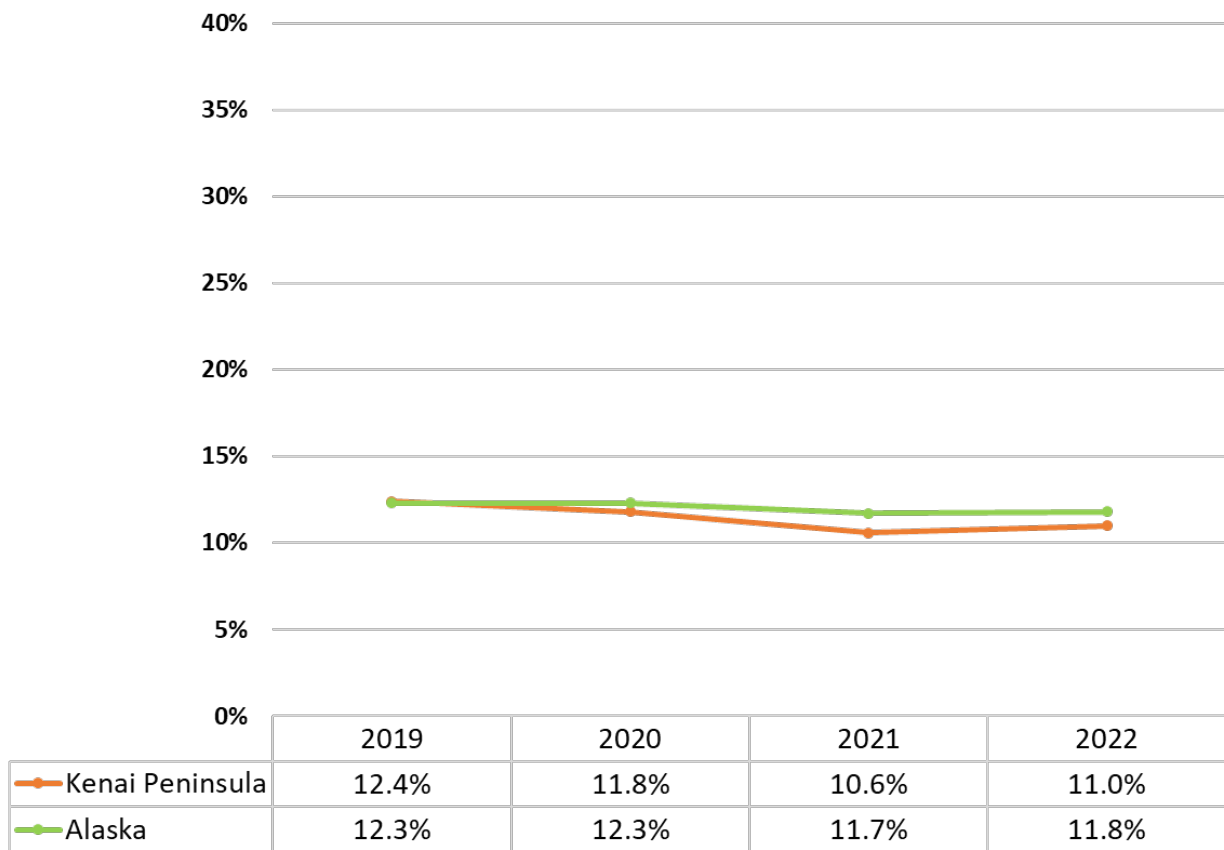
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 14 for additional information.

¹⁰

https://en.wikipedia.org/wiki/Environmental_quality#:~:text=Environmental%20quality%20includes%20the%20natural,on%20physical%20and%20mental%20health.

The percentage of households who are severely cost burdened has had minimal fluctuation in the Kenai Peninsula and Alaska and in 2022 the percentages were comparable.

Figure 80: Severe Housing Cost Burdened, 2019 - 2022



Source: County Health Rankings and Roadmaps

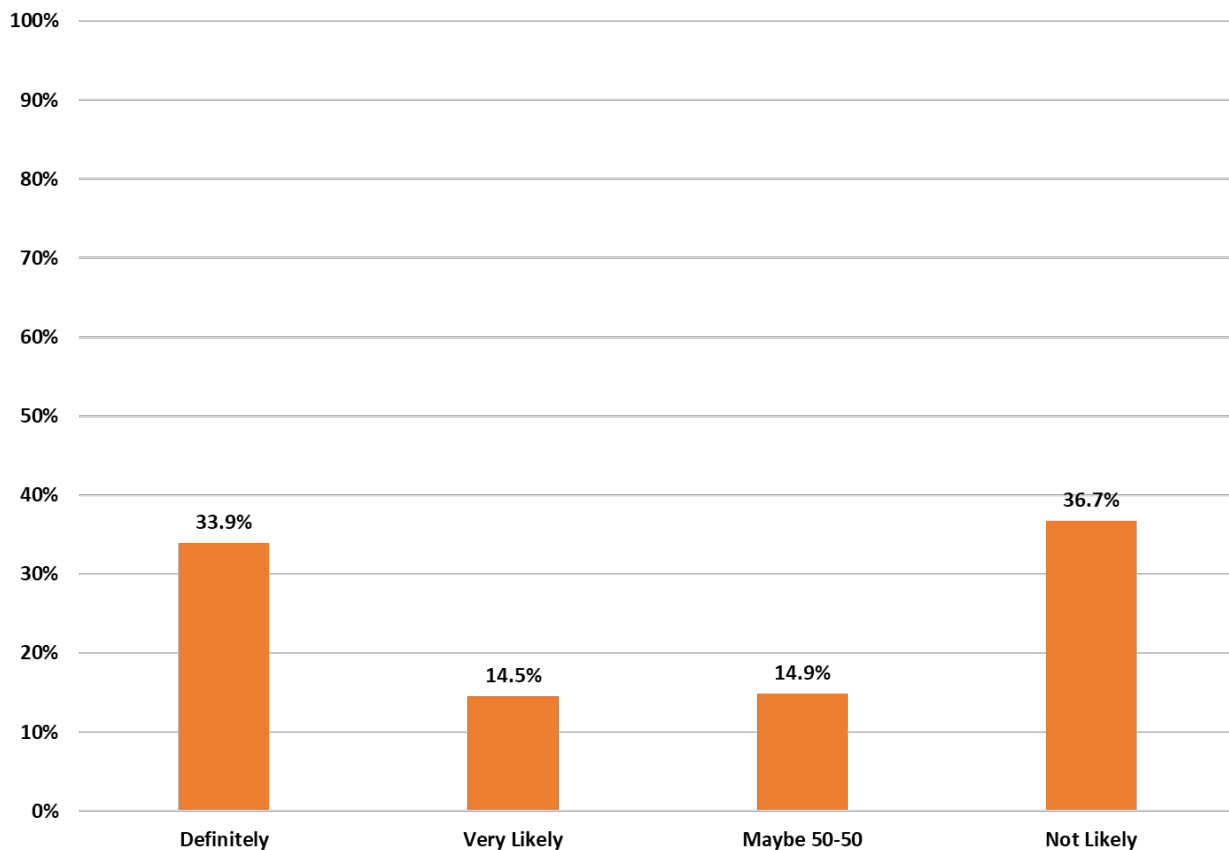
NOTE: The data and narrative presented are based on this unique data source, which may or may not represent a sample size that is representative of the SKP service area, and the narrative may not be inclusive of all available data points. Please refer to Data Limitations on page 14 for additional information.

On March 25, 2023, residents and businesses came together for a housing event. The posters that were displayed at the event, which include some local data, can be found in Appendix C.

Of the respondents who completed the Homer Residential Housing Survey, 33.9% are definitely likely to buy or rent residential property in Homer in the next 5 years with another 14.5% very likely to.

Respondents were asked to indicate the type of property they would be looking for, the most common types of property respondents noted they would be looking for are single family with many open to an apartment or duplex. Of those who might be looking, most are looking for a new primary residence.

Figure 81: Likelihood to Buy or Rent Residential Property in Homer, Next 5 Years

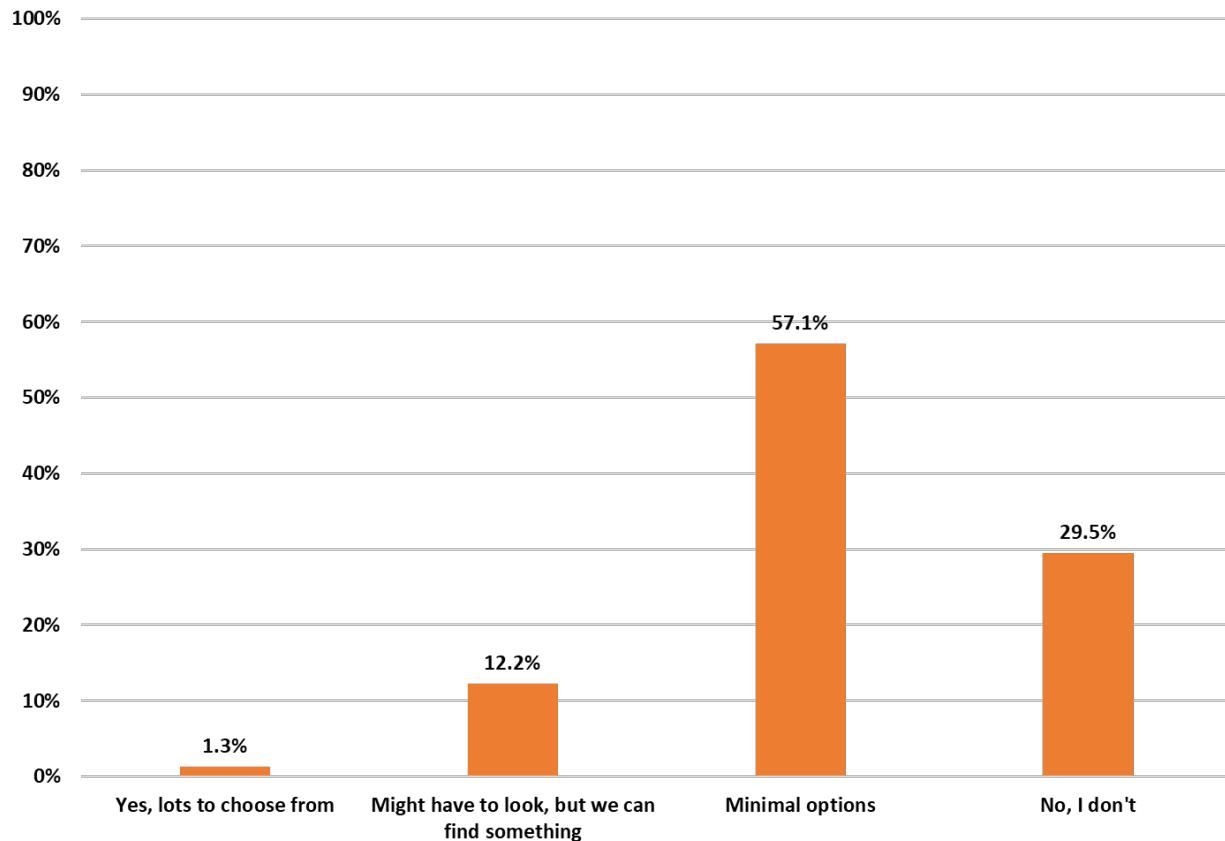


Source: Homer Residential Housing Survey, N=248

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Over half of respondents to the Homer Residential Housing Survey think there are minimal options when it comes to finding housing in Homer, with another 29.5% indicating they do not think what they are looking for is available in Homer.

Figure 82: Think There is Availability in Homer for What Looking for



Source: Homer Residential Housing Survey, N=248

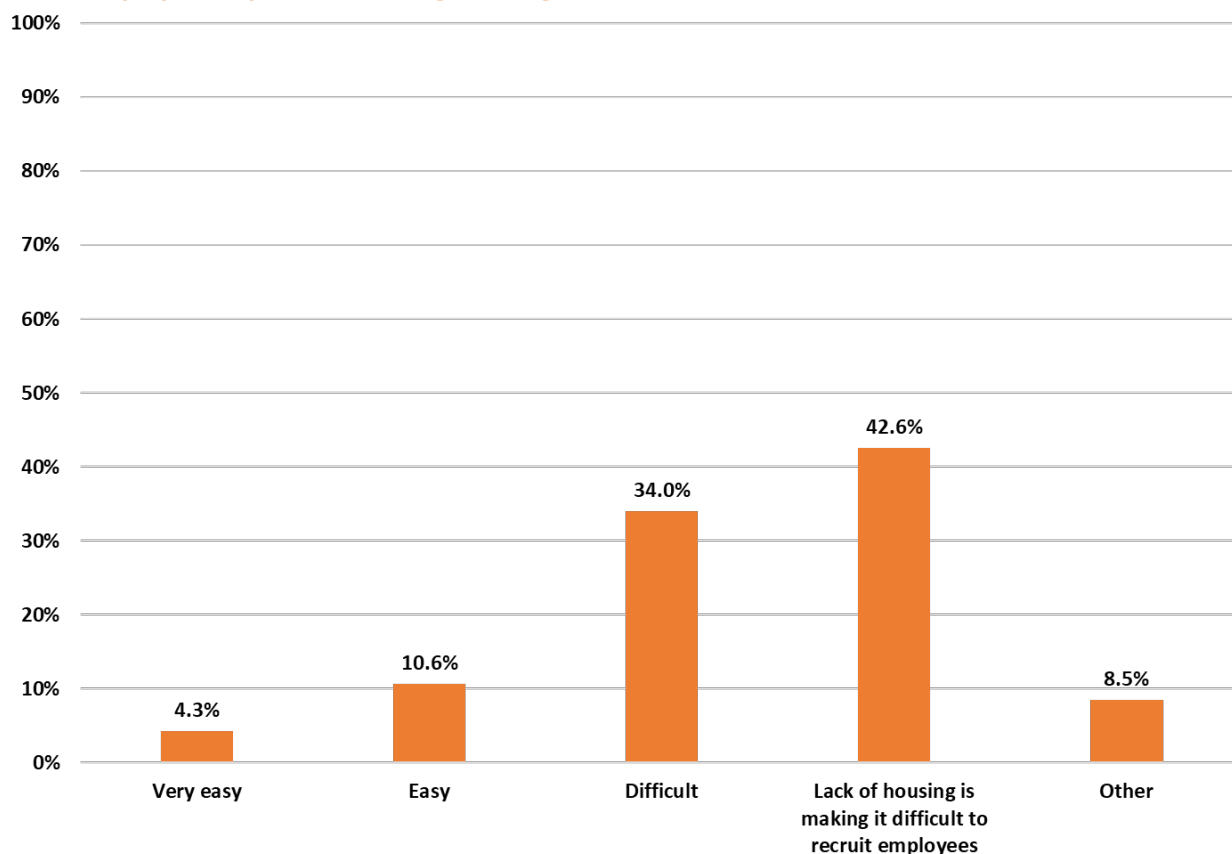
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The following were the most frequently identified barriers to finding housing in Homer:

- Affordable housing
- Availability
- Impact of short-term rentals (VRBO, Airbnb)

Respondents to the Homer Business Housing Survey indicate that employees are having a difficult time finding housing in Homer (34.0%) and that the lack of housing is making it difficult to recruit employees (42.6%).

Figure 83: Employees Experience Finding Housing in Homer



Source: Homer Business Housing Survey, N=47

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Employers shared the reasons their employees live outside of Homer:

- Lack of affordable housing
- Lack of rental
- Lack of housing for sale

In 2022 there were zoning permits for 42 new residential properties.

Table 27: Zoning Permits, Homer, 2012-2022

Year	New Construction Permits	New Residential	New Commercial	Additions/ Remodels	Value of New Construction Permits
2022	47	42	5	18	\$28.1 million
2021	48	43	5	12	\$21.4 million
2020	54	48	6	12	\$17.4 million
2019	45	37	8	25	\$21 million
2018	50	41	9	17	\$20.2 million
2017	42	35	7	15	\$11.4 million
2016	39	33	6	14	\$9.7 million
2015	43	38	5	17	\$12.2 million
2014	47	37	10	15	\$14.8 million
2013	47	36	11	17	\$9.9 million

City of Homer, Zoning Permits 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 14 for additional information.

Based on the most recent Homer Resource Connect report, 47.1% of individuals slept in their apartment or home, which 24.8% doubled up and 13.2% slept in a car. A small number slept on the streets or in a homeless camp (3.3%) or an abandoned property (1.7%).

Table 28: Where Individuals Slept Last Night, January 2023

	Frequency	Percent
On Streets/Homeless Camp	4	3.3%
Abandoned Property (Not meant for habitation)	2	1.7%
Vehicle/Car	16	13.2%
Local Homeless Shelter	0	0%
Friends/Family (Doubled up)	30	24.8%
My Apartment/House	57	47.1%
Hotel/Motel	2	1.7%
Jail/Institutional Setting	0	0%
Other (Specify)*	16	13.2%
No Answer	2	1.7%
Total	129**	106.7%**

*Other responses included: Cabin, RV, Dog sitting, Yurt, Camper, Dry cabin, Haven House, Trailer

**Percentages above are based on the total number of responses. Some participants chose more than one option.

Source: Community Resource Connect

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Of those who report being homeless, 33.9% have been homeless for one year or more.

Table 29: Length of Time Homeless, January 2023

	Frequency	Percent
Less than 1 year	21	17.4%
1 year or more	41	33.9%
Don't know/Refused	15	12.4%
No Answer*	44	36.3%
Total	121	100%

**Some participants were 'No Answer' because they did not consider themselves currently homeless.*

Source: Community Resource Connect

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Of those who report being homeless and provided a response, 38.0% have been homeless more than once.

Table 30: Number of Times Homeless, January 2023

	Frequency	Percent
This is the first time	16	13.2%
One time	5	4.1%
Two to three times	22	18.2%
Four or more times	20	16.5%
The whole time	4	3.3%
Don't know/Refused	11	9.1%
No Answer	43	35.6%
Total	121	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 14 for additional information.

Of those who report being homeless in 2023, 28.9% report having a physical health problem and 16.5% report having a mental health problem. This has been pretty consistent in comparison to 2020 and 2021.

Table 31: Disabling Condition, Homeless Population, 2020 - 2023

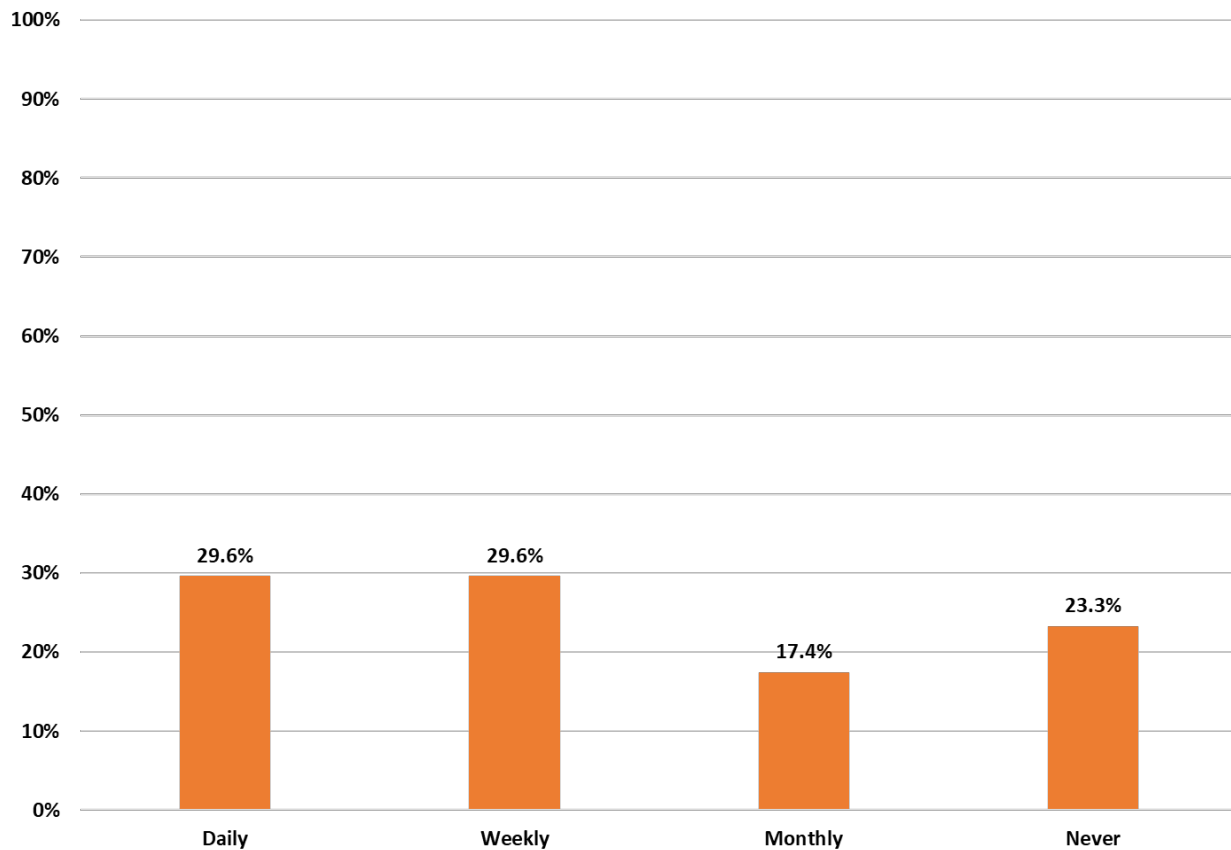
	2020		2021		2022		2023	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alcohol abuse	1	3%	4	8%	ND	ND	1	0.8%
Both alcohol & drug abuse	3	9%	4	8%	ND	ND	ND	ND
Chronic health condition	14	41%	16	32.5%	ND	ND	17	14%
Developmental	4	12%	ND	ND	ND	ND	3	2.5%
Drug abuse	2	6%	2	4%	ND	ND	3	2.5%
HIV/AIDS	0	0%	ND	ND	ND	ND	1	0.8%
Mental health problem	16	47%	8	16.5%	ND	ND	20	16.5%
Physical health problem	16	47%	15	31%	ND	ND	35	28.9%
Client doesn't know	0	0%	ND	ND	ND	ND	4	3.3%
Client refused	0	0%	ND	ND	ND	ND	ND	ND
Total	34	162%	49	100%	ND	ND	146	121%

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 14 for additional information.

Just under a third (29.6%) of respondents to the Kenai Peninsula Economic Development District Transportation survey use or would use public transportation daily with another 29.6% of respondents indicating they use or would use it weekly. The most frequent reason for using public transportation was to avoid driving in bad weather (26.2%).

Figure 84: Frequency Use or Would Use Public Transportation

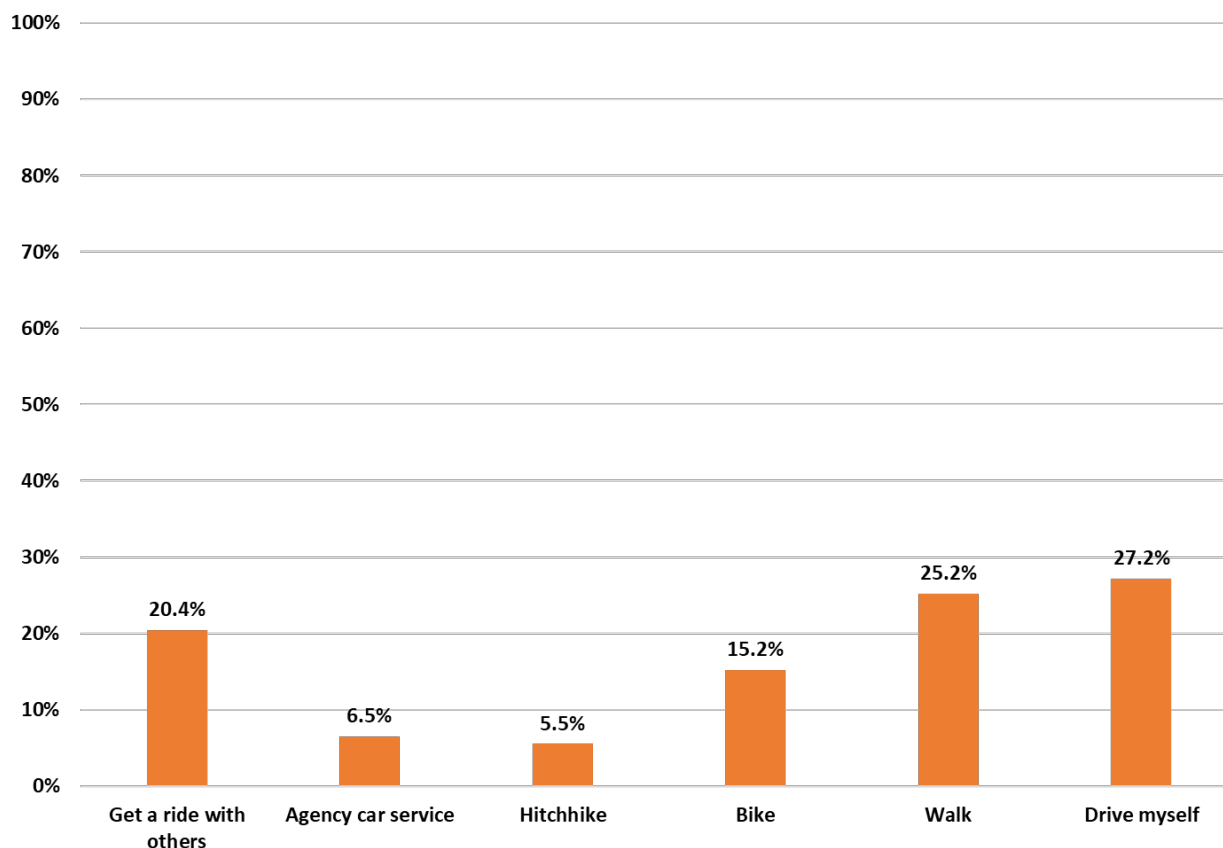


Source: Kenai Peninsula Economic Development District, Transportation Survey, N=287

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 14 for additional information.

Outside of public transportation, respondents to the transportation survey were most likely to drive themselves (27.2%), walk (25.2%) or get a ride from others (20.4%).

Figure 85: Other Modes of Transportation Used

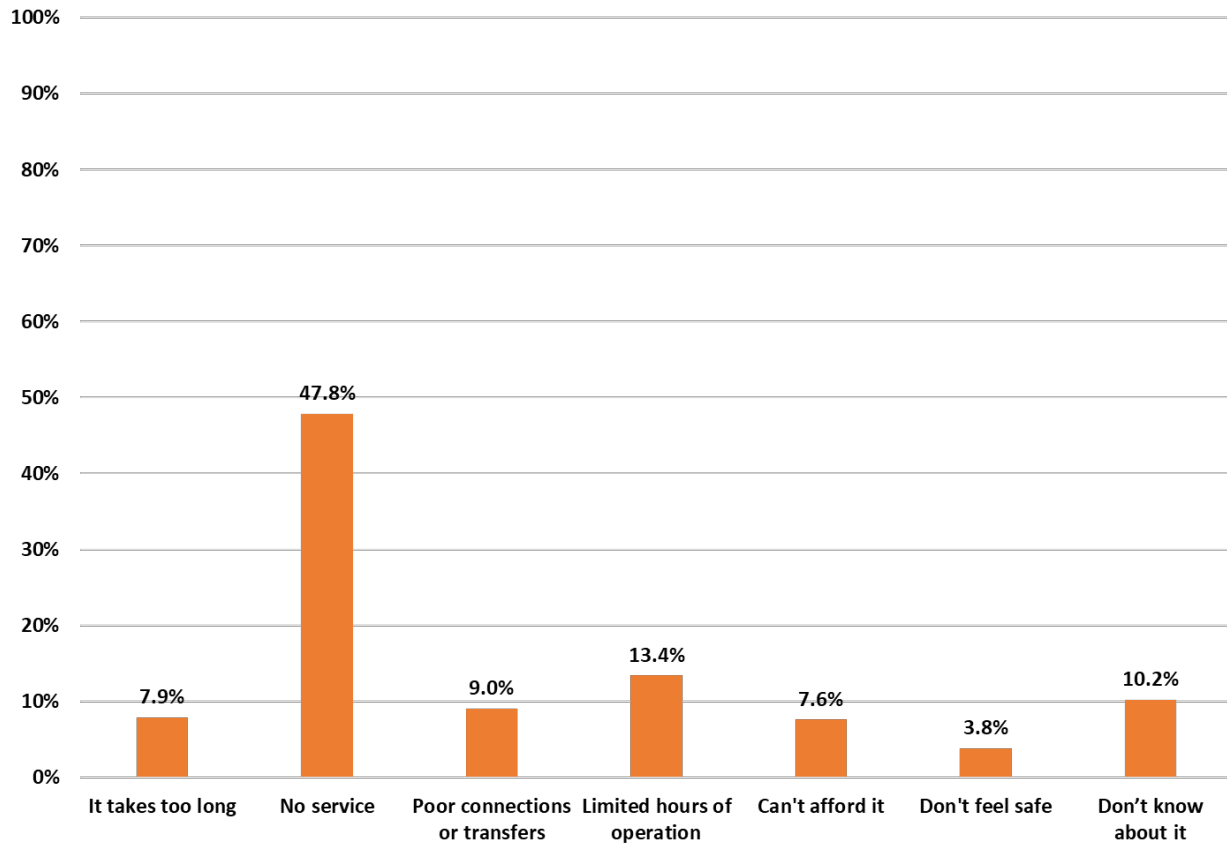


Source: Kenai Peninsula Economic Development District, Transportation Survey, N=287

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Transportation survey respondents who do not regularly use public transportation do not use it because there is no service (47.8%).

Figure 86: Reasons Do Not Use Public Transportation Regularly



Source: Kenai Peninsula Economic Development District, Transportation Survey, N=287

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Residents in the Kenai Peninsula and Alaska with broadband access has increased, although in 2022 fewer residents had access in the Kenai Peninsula (83.1%) than the state (87.3%).

Figure 87: Broadband Access, 2021-2022

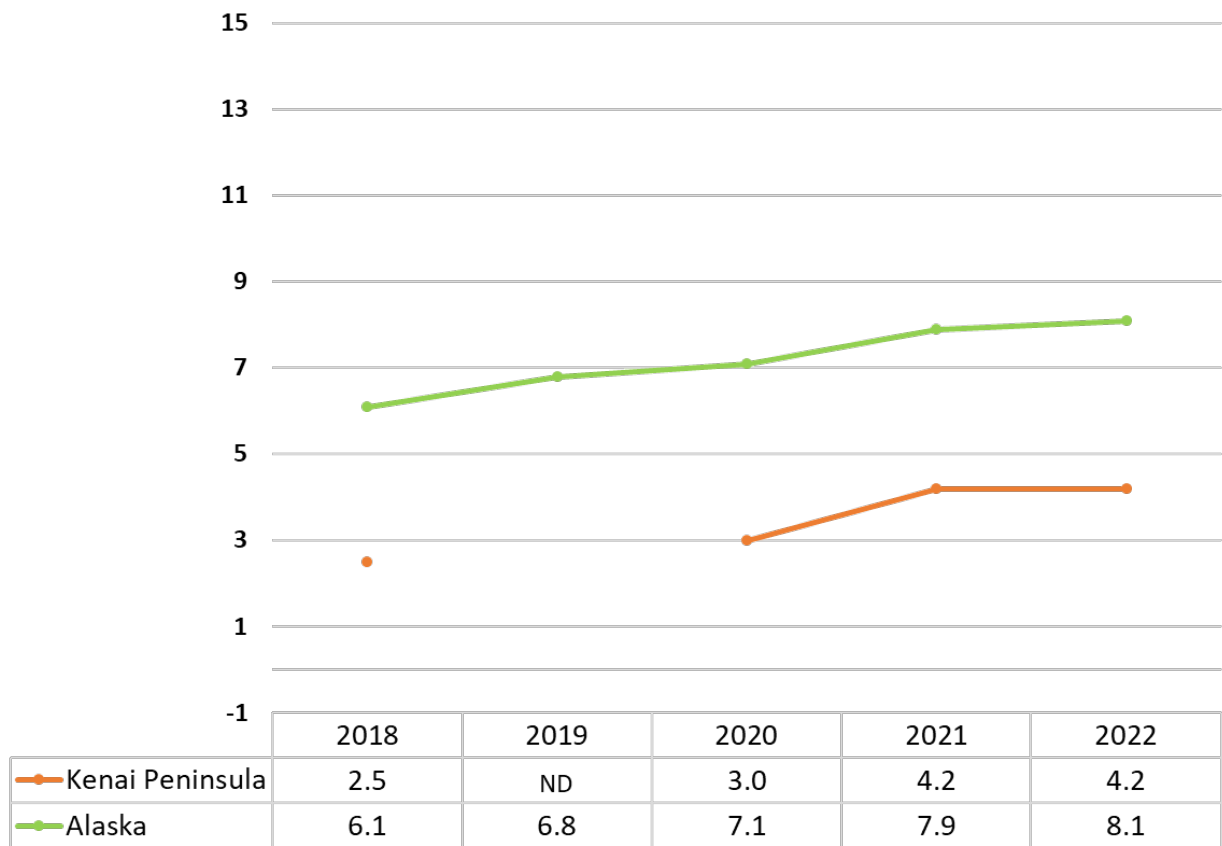


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The homicide mortality rate per 100,000 in the Kenai Peninsula increased from 3.0 in 2020 to 4.2 in 2021 and remained the same for 2022. In 2022 the rate in the Kenai Peninsula (4.2) was lower than the state rate (8.1).

Figure 88: Homicide Mortality Rate, Per 100,000, 2018-2022

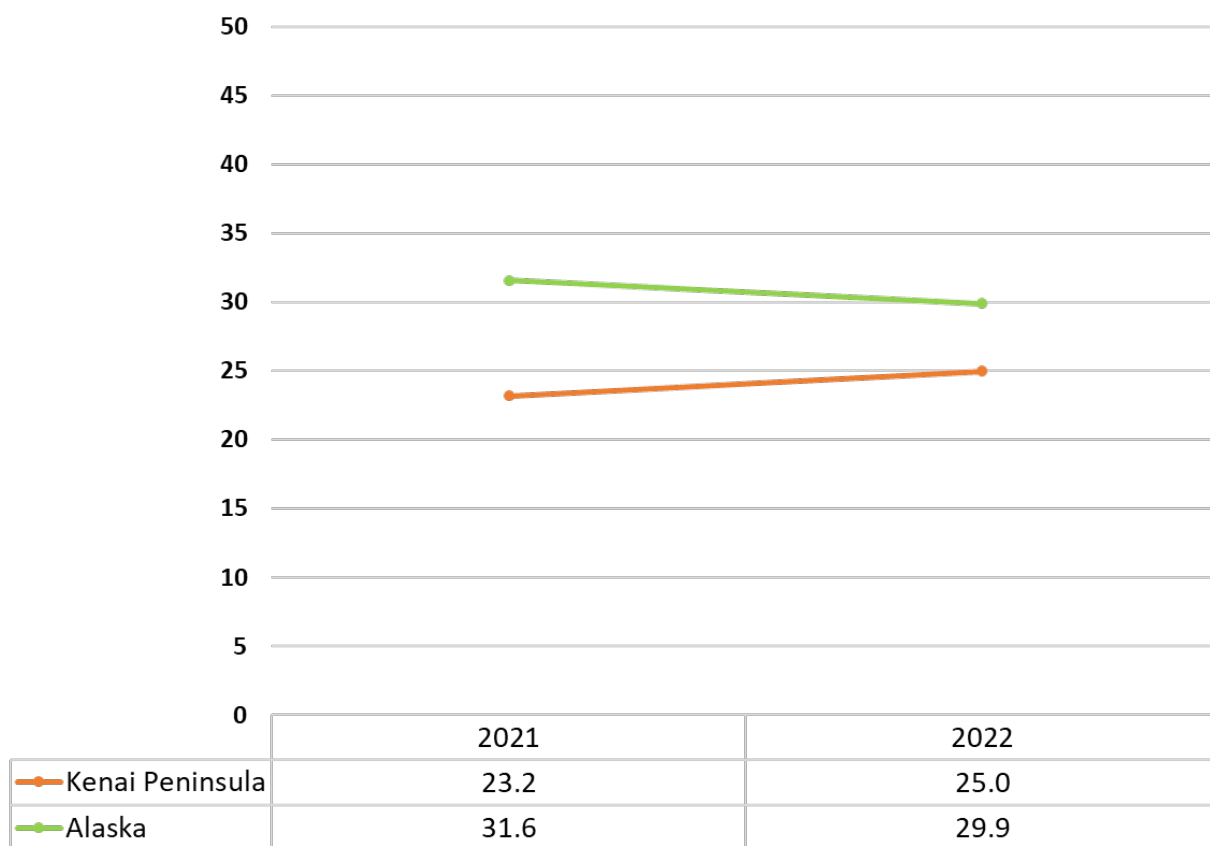


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The juvenile arrest rate per 1,000 increased from 23.3 in 2021 to 25.0 in 2022 in the Kenai Peninsula, while decreasing in Alaska (31.6 to 29.9) during that time.

Figure 89: Juvenile Arrest Rate, Per 1,000, 2021-2022



Source: County Health Rankings and Roadmaps

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The total number of reported incidents has decreased in Homer overall since 2016 and has been on a steady decline since 2019. In 2022 the most frequent incidents included: 911 hang ups, welfare checks, REDDI report, agency assist and disturbance.

Table 32: Total Reported Incidents, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	7,338	7,025	6,933	7,147	3,983	3,373	3,187

Source: Homer Police Annual Reports

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The total arrest charges in Homer for years 2016-2022. The number has been increasing since 2020 and is higher in 2022 in comparison to 2016. In 2022 the most frequent arrest charges included violation of condition of release, driving while intoxicated, and unlawful contact 1st and 2nd degree (DV).

Table 33: Total Arrest Charges, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	468	489	542	522	328	566	617

Source: Homer Police Annual Reports

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The total number of persons arrested in Homer has decreased overall since 2016 and in the most recent year.

Table 34: Number of Persons Arrested, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	332	337	353	328	204	338	264

Source: Homer Police Annual Reports

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The majority of arrests in Homer are adults, although the number of arrest charges has been increasing for both juveniles and adults since 2020.

Table 35: Arrest Charge by Group, Homer Police Department, 2020-2022

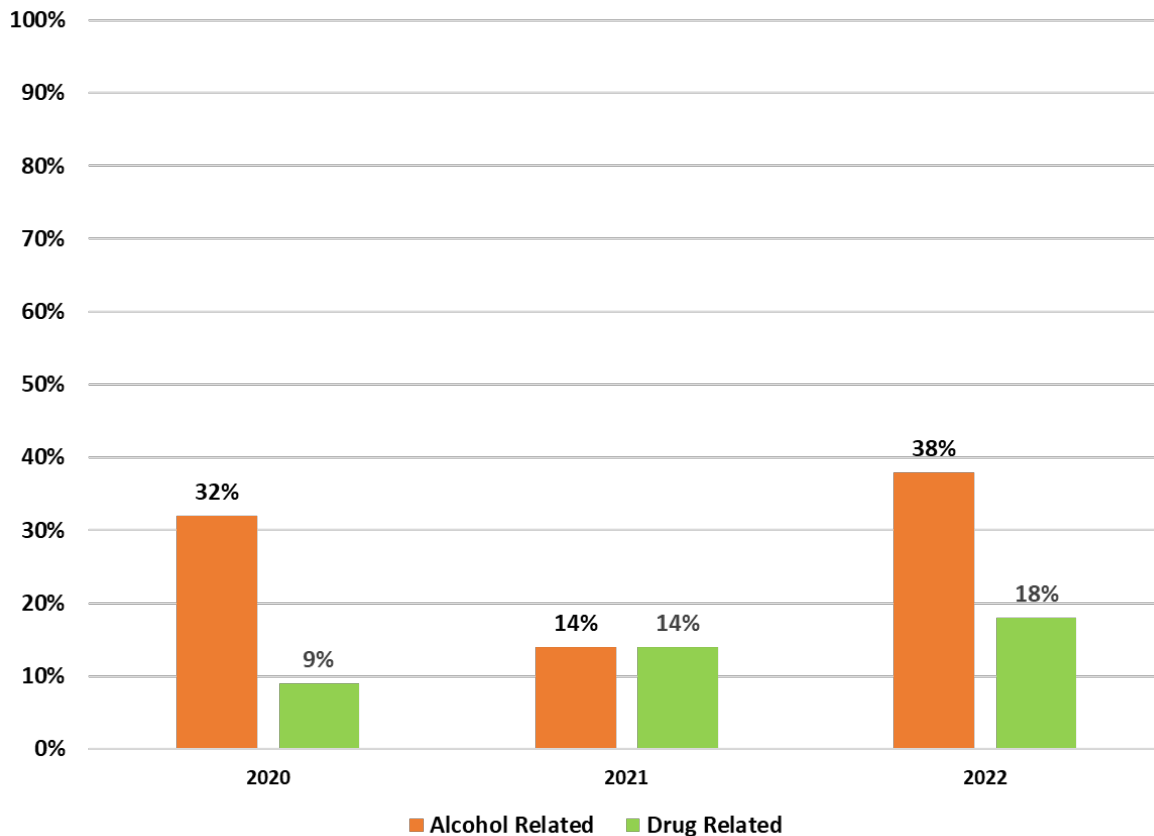
	2020	2021	2022
Juvenile	5	9	17
Adult	323	557	600

Source: Homer Police Annual Reports

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A higher percentage of arrests in Homer are alcohol related in comparison to drug related, with the exception of 2021 when they were the same. Overall, the percentage of arrests that are drug related has been increasing since 2020.

Figure 90: Alcohol and Drug Related Arrests, Homer Police Department, 2020 - 2022



Source: Homer Police Annual Reports

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The majority of crimes in Homer are property crimes, although the numbers have decreased since 2020.

Table 36: Crimes by Type of Crime, Homer Police Department, 2020-2022

	Property Crimes	Violent Crimes
2020	332	59
2021	293	69
2022	278	62

Source: Homer Police Annual Reports

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The number of traffic citations is down overall from 2016 but increased between 2021 and 2022.

Table 37: Traffic Citations, Homer Police Department, 2016-2022

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

Source: Homer Police Annual Reports

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The total number of motor vehicle accidents in Homer has decreased overall since 2016 and in the most recent year.

Table 38: Motor Vehicle Accidents, Homer Police Department, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Homer	112	103	100	91	129	158	91

Source: Homer Police Annual Reports

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The total number of prisoners in the Homer Community Jail has been increasing since 2020 and is higher in comparison to 2019.

Table 39: Prisoners, Homer Community Jail, 2019-2022

	2019	2020	2021	2022
Homer	458	375	484	519

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 14 for additional information.

The number of EMS calls to the Homer Volunteer Fire Department has decreased since 2021 but is higher in comparison to 2019.

Table 40: EMS Calls, Homer Volunteer Fire Department, 2019-2022

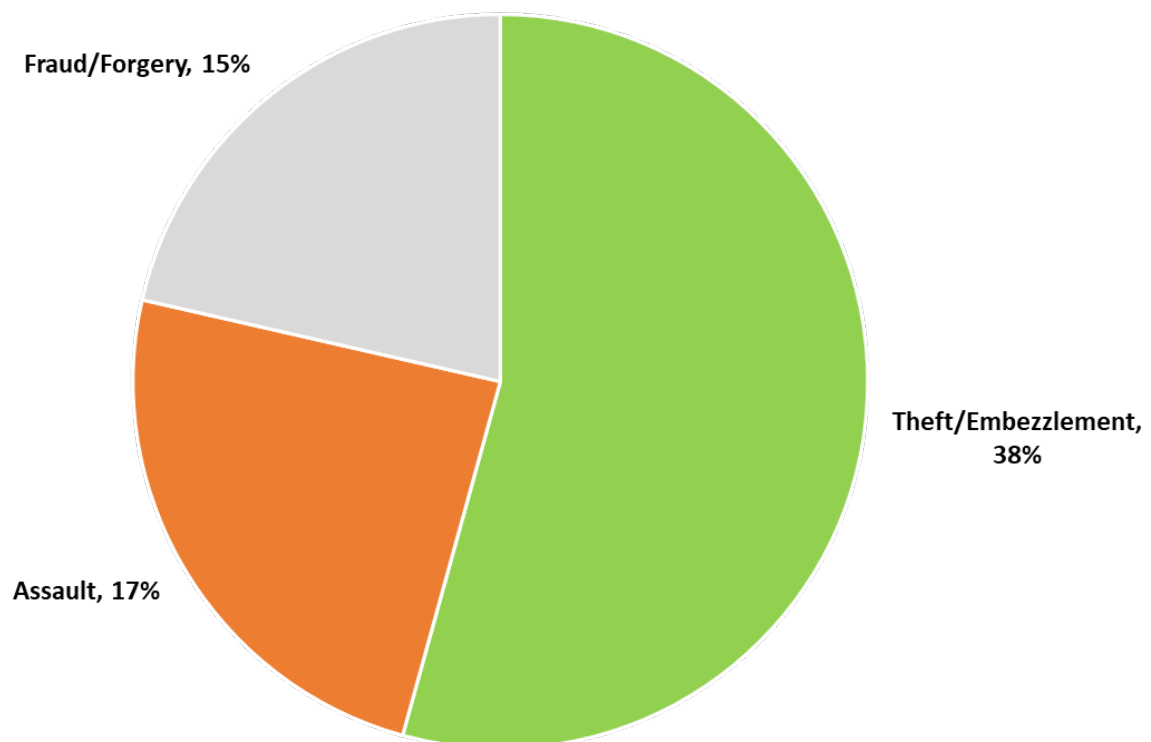
	2019	2020	2021	2022
Homer	570	518	619	589

Source: Homer Volunteer Fire Department

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In 2022, there were 233 offenses, a little over one third (38%) of major offenses are theft/embezzlement, followed by assault (17%) and fraud/forgery (15%).

Figure 91: Major Offense by Charge, Homer Police Department, 2022



Source: Homer Police Annual Reports

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The City of Homer Economic Development Commission completed a Homer Quality of Life study which included a SWOT analysis to identify strengths, weaknesses, opportunities and threats.

Figure 92: Community SWOT Analysis



Source: Homer Quality of Life, City of Homer Economic Development Commission

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In 2022, the Kenai Peninsula had a higher drinking water violation rate (0.48) when compared to the state (0.25), nation (0.03) and peer groups (0.06).

Table 41: Environmental Risks, 2022

	Kenai Peninsula	U.S.	Peer Group	Alaska
Airborne Cancer Risk ¹¹	7.72	25.92	18.82	15.05
Air Quality Hazard ¹²	0.09	0.34	0.24	0.21
Drinking Water Violation Rate Per 1,000 ¹³	0.48	0.03	0.06	0.25
Toxic Release Index Score ¹⁴	0.00	0.04	0.01	0.02

Source: US News

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¹¹ Probability of contracting cancer over the course of a lifetime based on air toxics health risks; per 1M population

¹² Potential risk of developing serious respiratory complications over the course of a lifetime; smaller values indicate reduced risk

¹³ Violation points, according to EPA standards, per 1,000 population

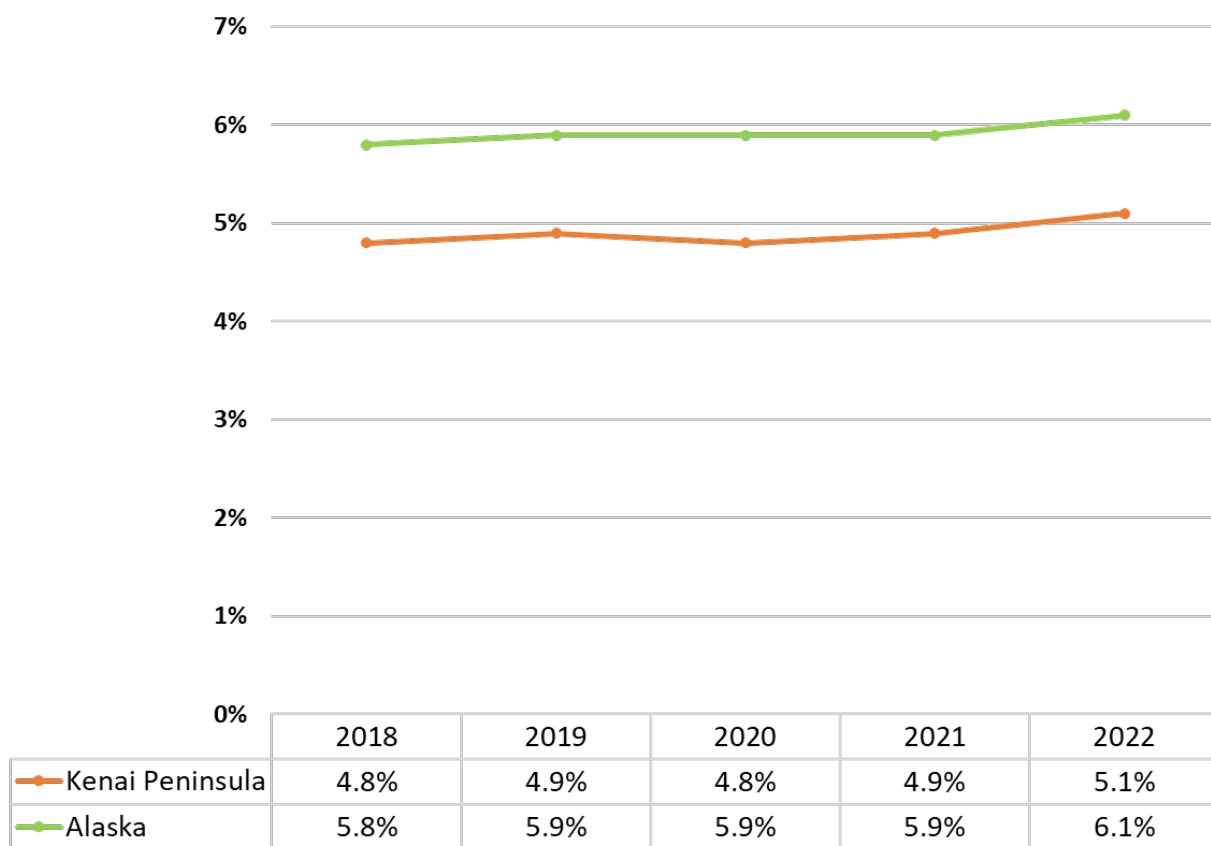
¹⁴ Relative health risk from exposure to toxic chemicals

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 community¹⁵.

The percentage of babies born at low birthweight has remained fairly steady in both the Kenai Peninsula and Alaska between 2018 and 2022. There was a slight increase between 2021 and 2022, with the Kenai Peninsula lower than Alaska for all reported years.

Figure 93: Babies Born at Low Birthweight, 2018-2022



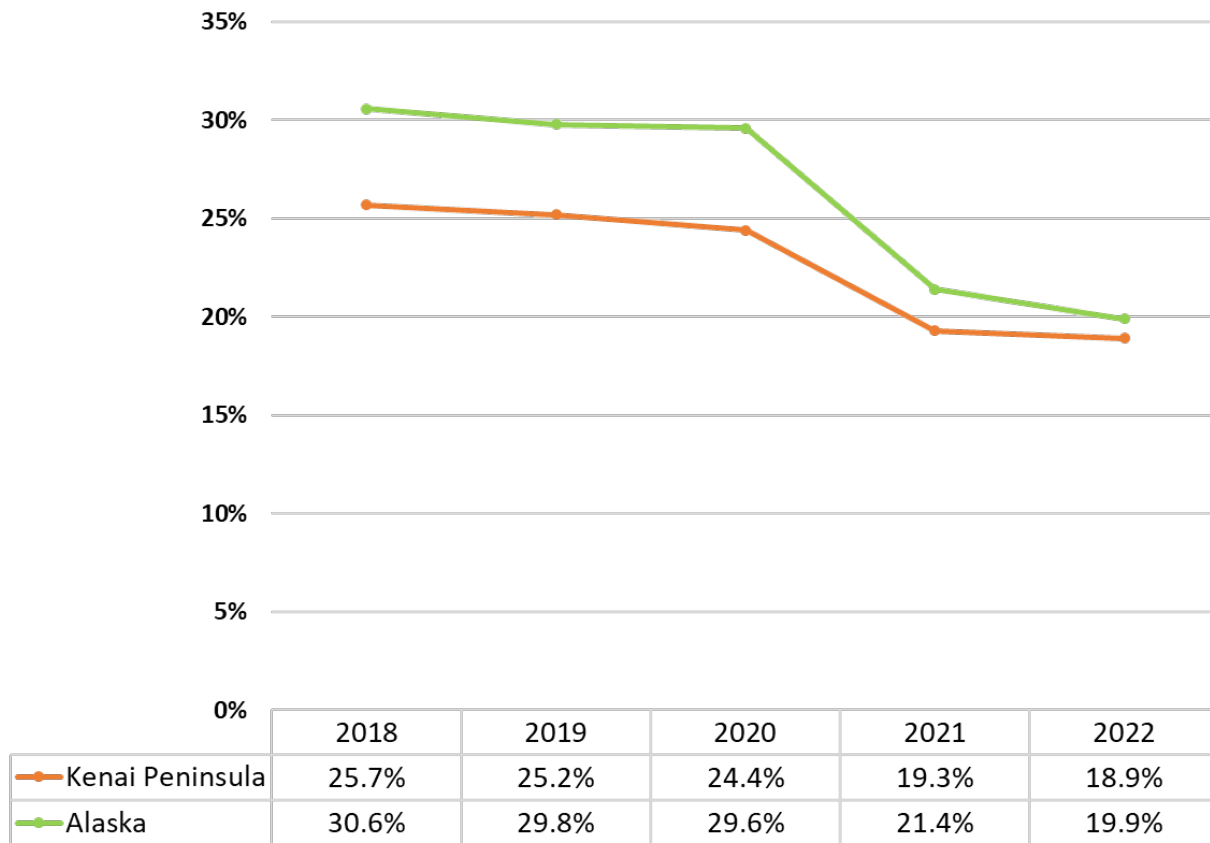
Source: County Health Rankings and Roadmaps

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 14 for additional information.

¹⁵ <https://health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup>

The percentage of children living in single parent households has been decreasing in both the Kenai Peninsula and Alaska since 2020. In 2022, the Kenai Peninsula percentage (18.9%) was just below that of the state (19.9%).

Figure 94: Children Living in Single Parent Households, 2018-2022

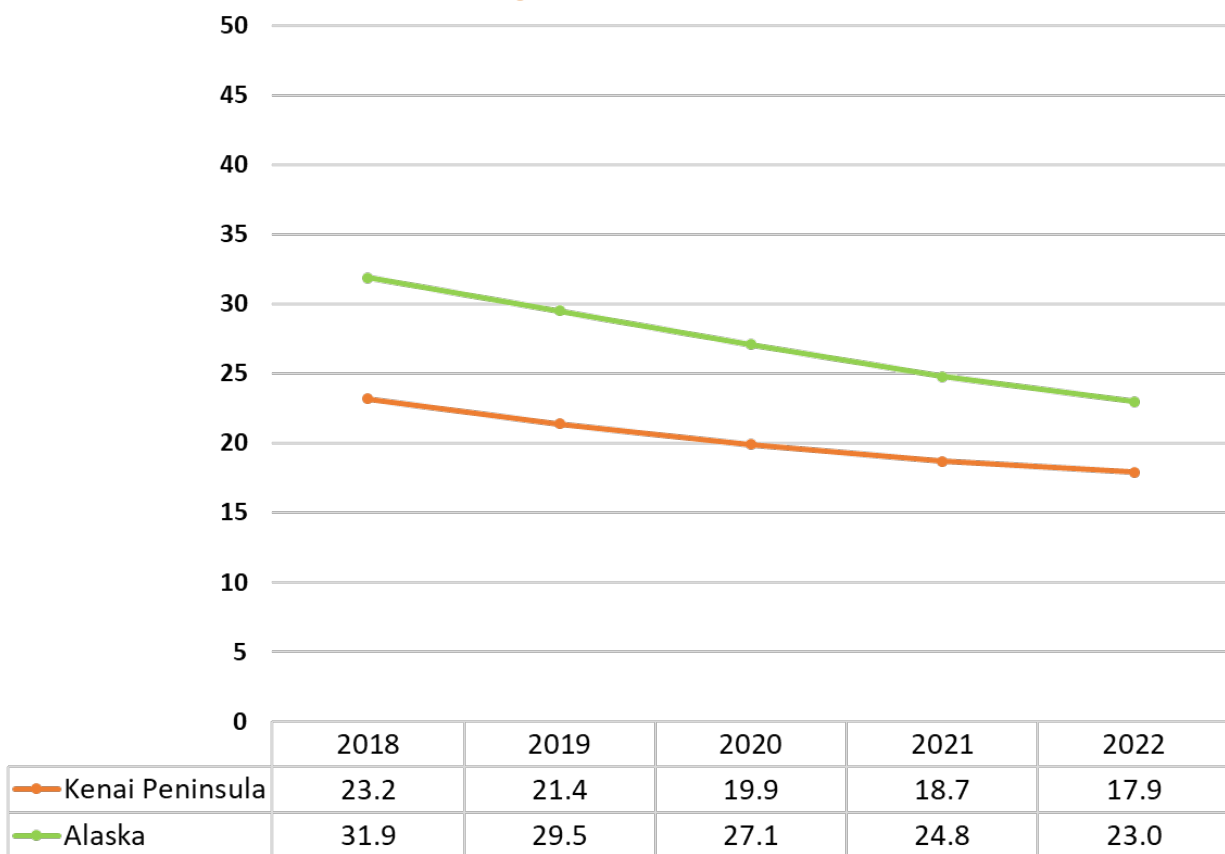


Source: County Health Rankings and Roadmaps

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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 rate.

Figure 95: Teen Birth Rate, Per 1,000 Females Ages 15-19, 2018-2022

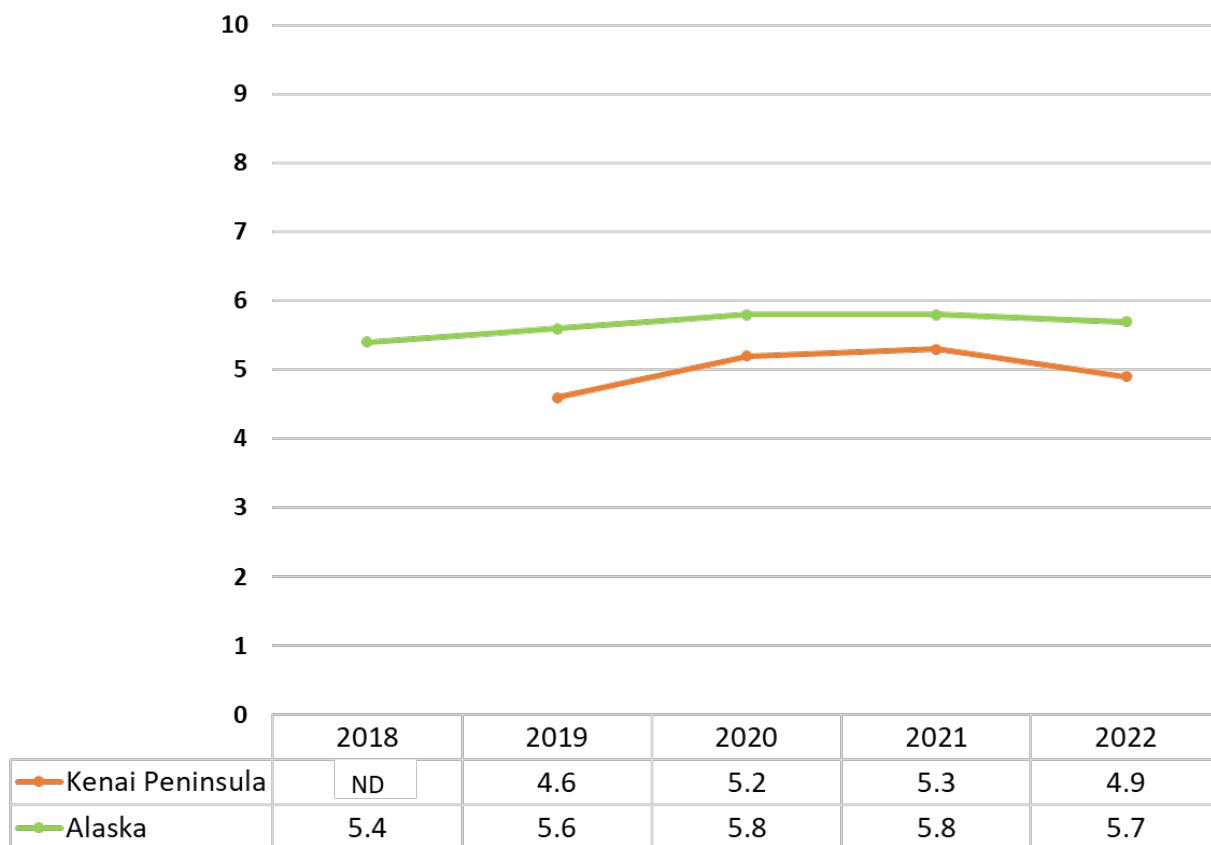


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The infant mortality rate per 1,000 live births had been increasing in the Kenai Peninsula since 2019 but decreased between 2021 (5.3) and 2022 (4.9). The rate in the Kenai Peninsula was lower than the state for all reported years.

Figure 96: Infant Mortality Rate, Per 1,000 Live Births, 2018-2022

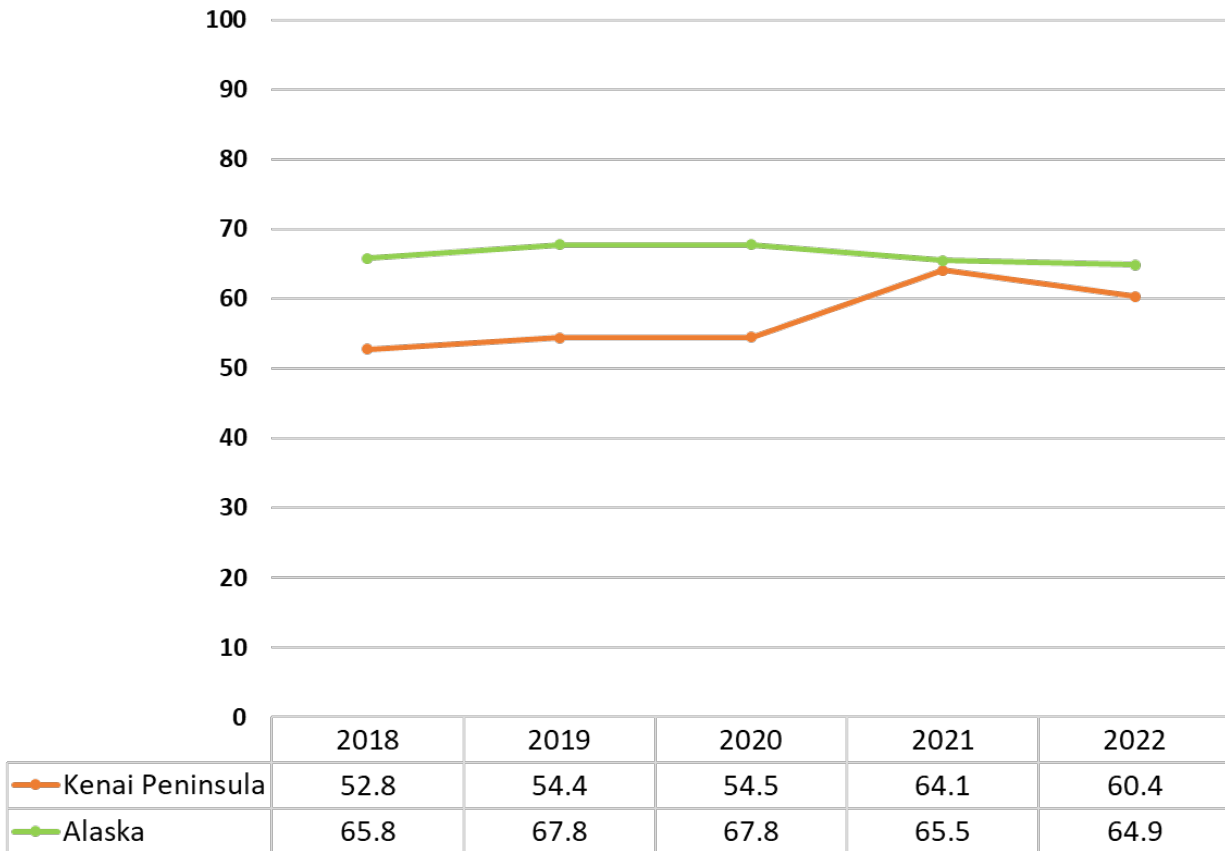


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The child mortality rate among residents under age 18 per 100,000 population increased in the Kenai Peninsula from 54.5 in 2020 to 64.1 in 2021 then decreased to 60.4 in 2022. During this time period, the rate in Alaska had steadily decreased. In 2022, the Kenai Peninsula rate (60.4) was lower than the state rate (64.9).

Figure 97: Child Mortality Rate, Per 100,000 Under the Age of 18, 2018-2022

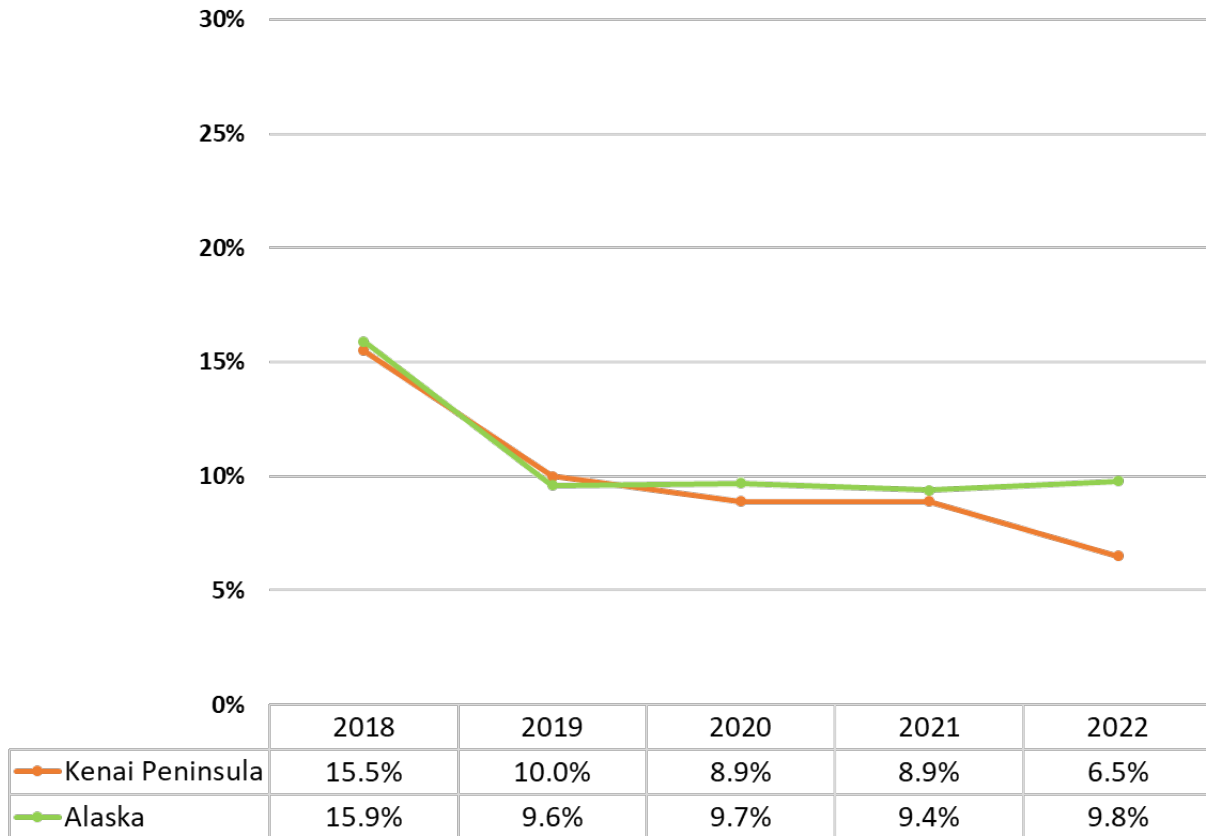


Source: County Health Rankings and Roadmaps

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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 been decreasing in the Kenai Peninsula since 2018 and in 2022 (6.5%) was lower than Alaska (9.8%).

Figure 98: Disconnected Youth, 2018-2022

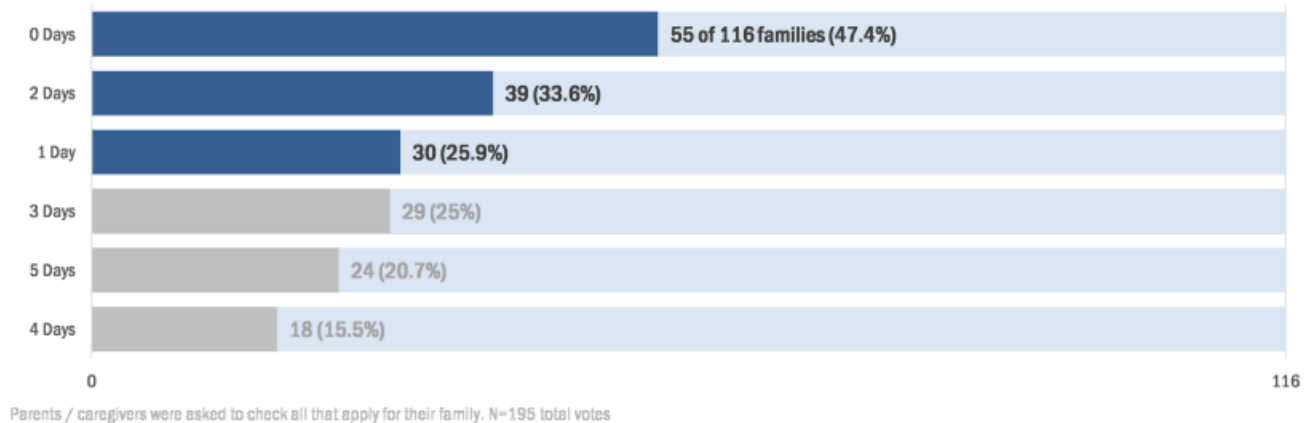


Source: County Health Rankings and Roadmaps

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Just under half (47.4%) of the families participating in the survey indicated that their children do not participate in extra-curricular activities or programs during the week. A third (33.6%) participate in extra-curricular activities 2 days a week while 25.9% participate in activities 1 day a week.

Figure 99: Number of Days Children Participate in Extracurricular Activities, 2023

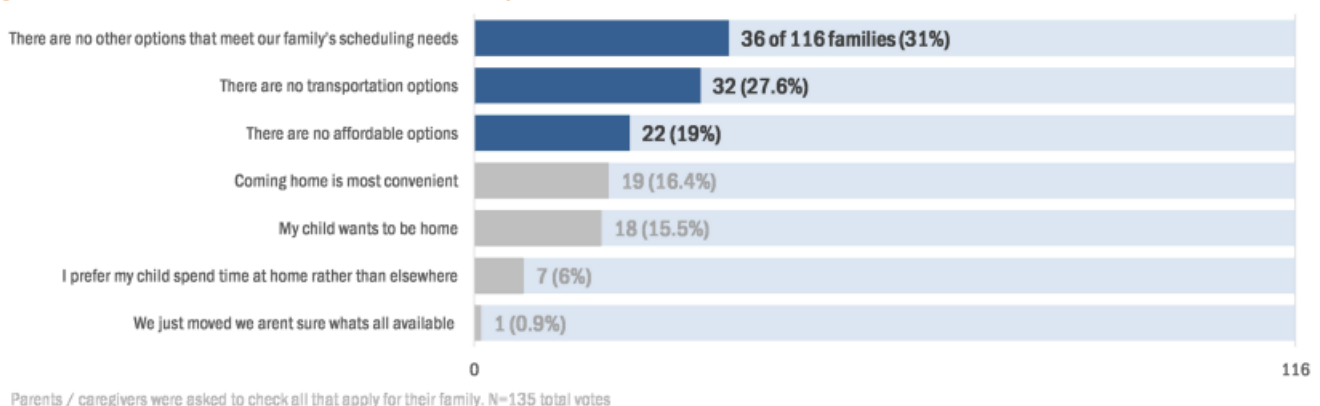


Source: SKP Resilience Coalition, Parent/Caregiver Survey, 2023

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 14 for additional information.

Parents/caregivers identified scheduling conflicts (31%), lack of transportation options (27.6%) and no affordable options (19%) as the main barriers to their child(ren) participating in extra-curricular activities.

Figure 100: Reasons Children Do Not Participate in Extra-Curricular Activities, 2023

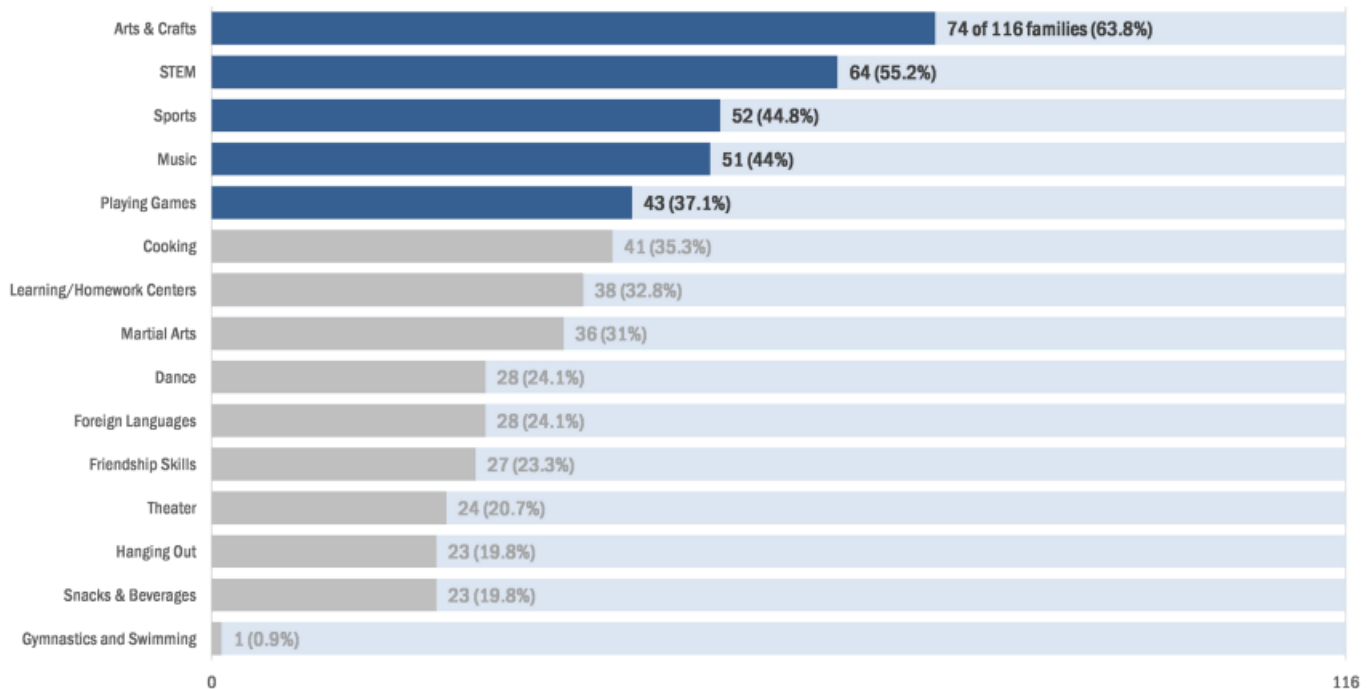


Source: SKP Resilience Coalition, Parent/Caregiver Survey, 2023

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Parents/caregivers would like to see extra-curricular activities available around arts and crafts (63.8%), STEM (55.2%), sports (44.8%), music (44%) and playing games (37.1%).

Figure 101: Preferred Type of Extra-Curricular Activities, 2023



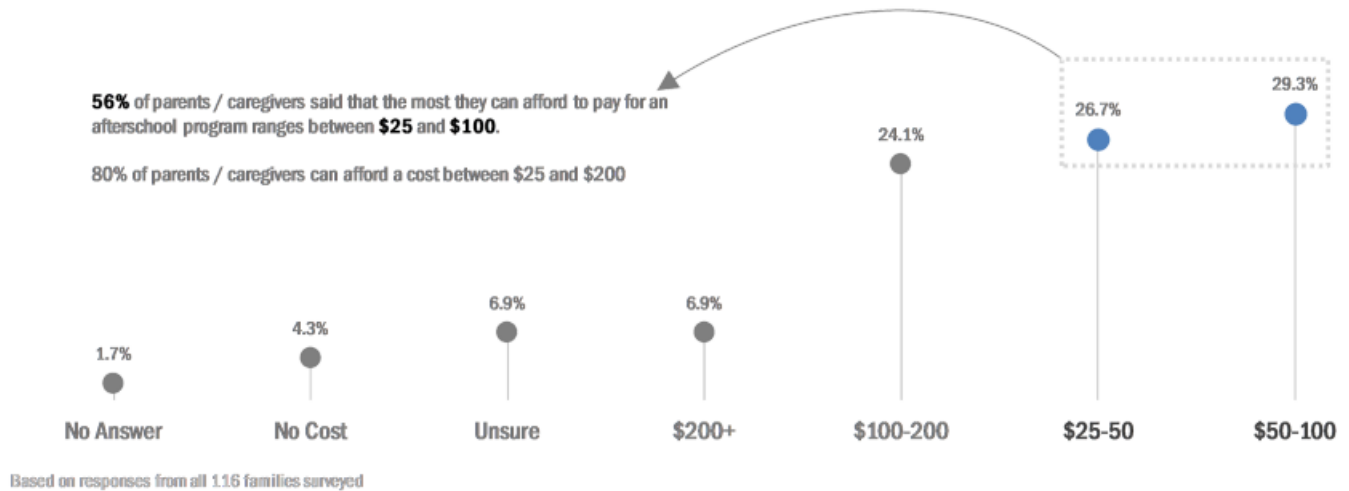
Parents / caregivers were asked to check all that apply for their family. N=553 total votes

Source: SKP Resilience Coalition, Parent/Caregiver Survey, 2023

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The majority of parents/caregivers indicated that they can afford to pay less than \$100 per child per month for an extra-curricular activity.

Figure 102: Affordable Cost for Extra-Curricular Activities, 2023

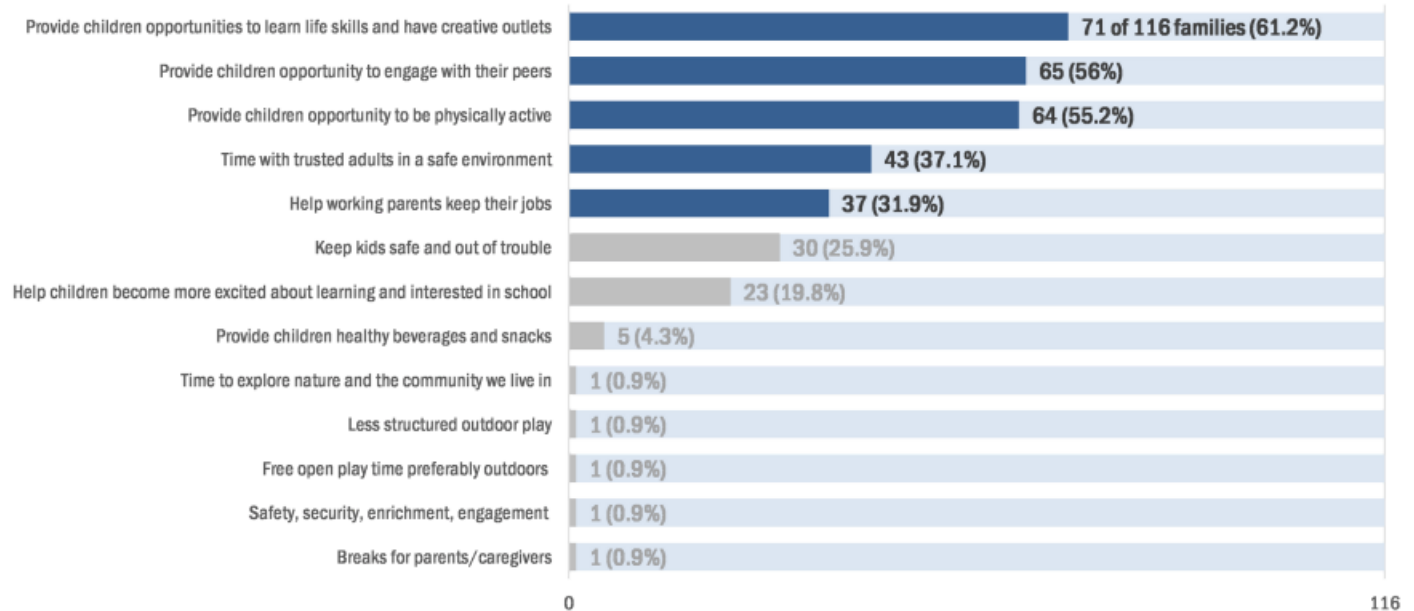


Source: SKP Resilience Coalition, Parent/Caregiver Survey, 2023

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Parents/caregivers identified the top benefits of extra-curricular activities to be: providing an opportunity to learn life skills and have creative outlets (61.2%), opportunities to engage with peers (56%), opportunities to be physical active (55.2%), time with trusted adults in a safe environment (37.1%), and help working parents keep their jobs (31.9%).

Figure 103: Benefits of Children Participating in Extra-Curricular Activities, 2023



Parents / caregivers were asked to check all that apply for their family. N=343 total votes

Source: SKP Resilience Coalition, Parent/Caregiver Survey, 2023

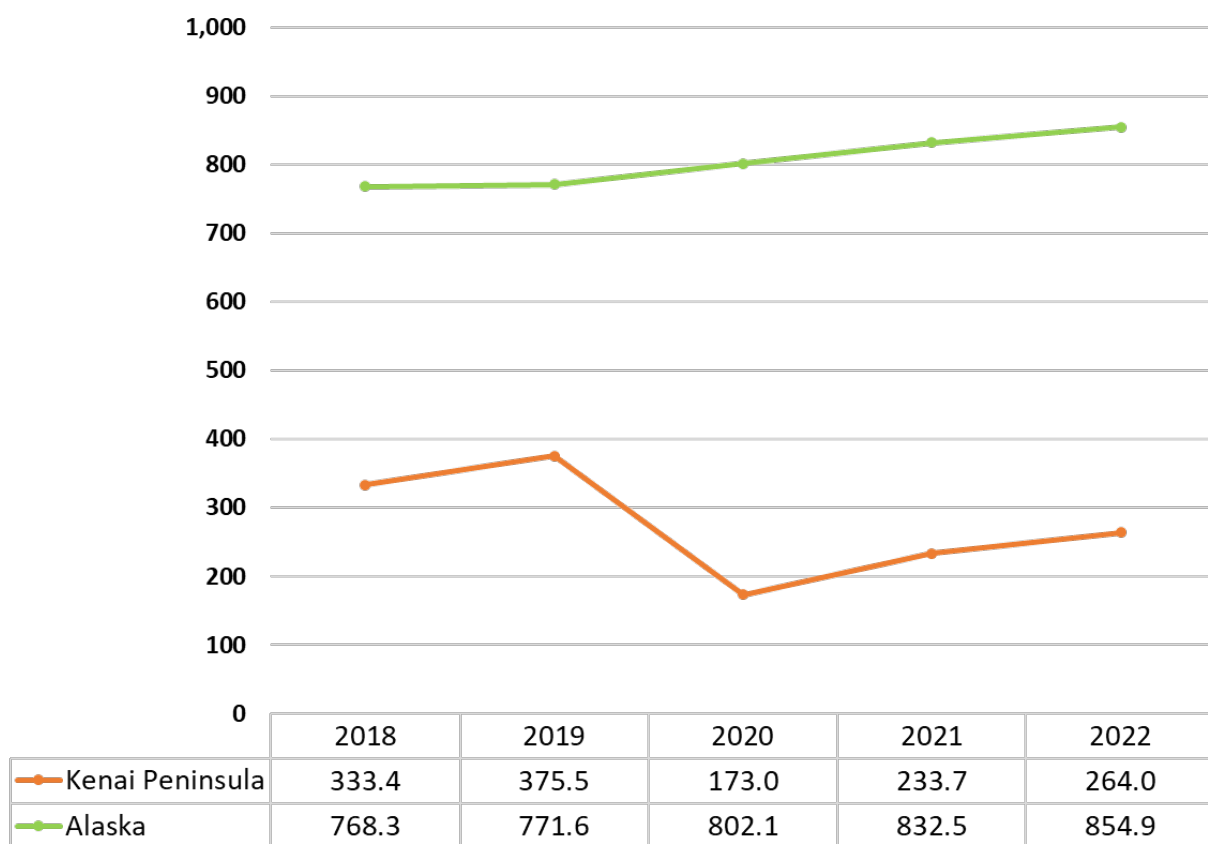
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Infectious Disease

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 repercussions¹⁶.

The Chlamydia rate per 100,000 has been increasing in the Kenai Peninsula since 2020 (173.0) although in 2022 (264.0) is well below the Alaska rate of 854.9.

Figure 104: Chlamydia Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

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¹⁶ <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 2022 in comparison to prior years. The percentage of positive Herpes tests declined from 62% in 2020 to 44% in 2021 to 14% in 2022. In 2022 5% of tests were positive for Hep C, 2% for Syphilis and 5% for Chlamydia/Gonorrhea.

Table 42: Positive STI Tests, Kachemak Bay Family Planning Clinic, 2020-2022

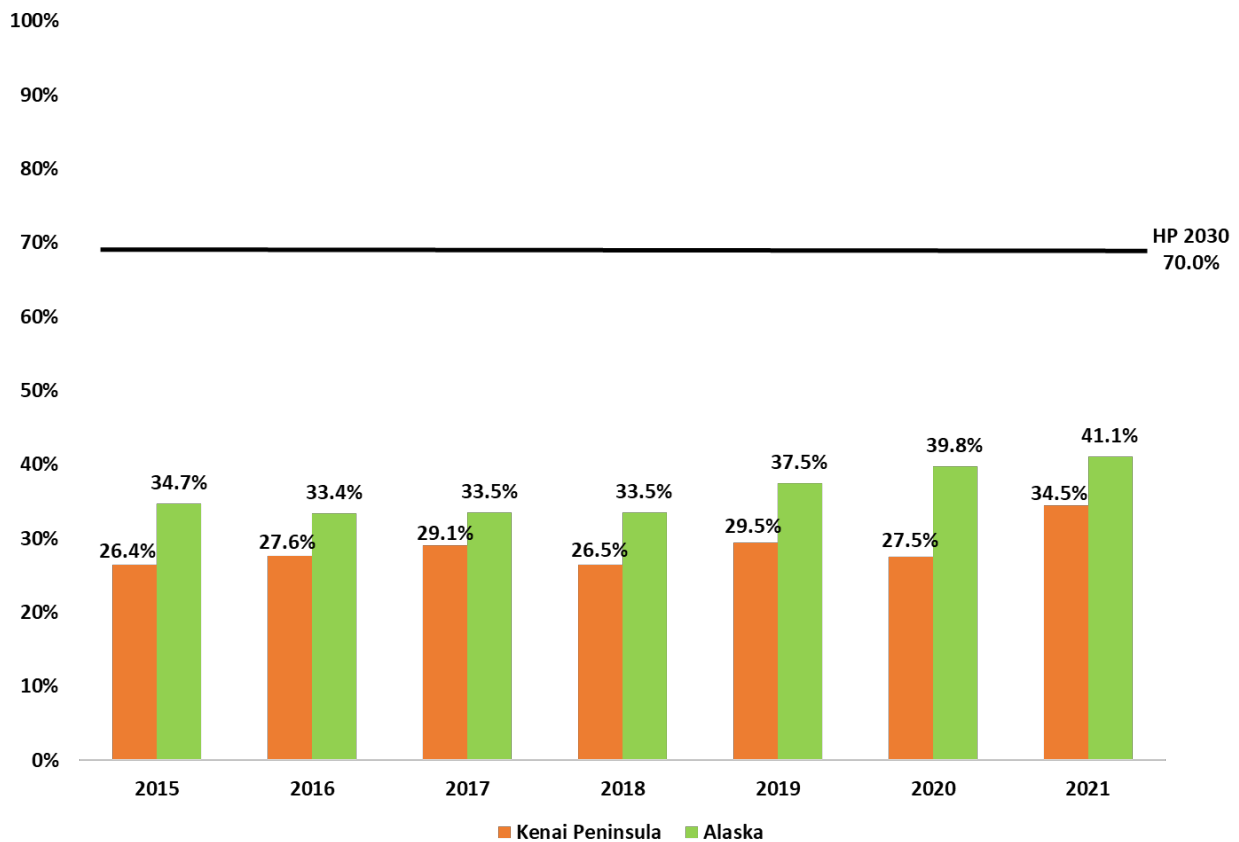
		2020			2021			2022		
STI	STI Test	# of tests	# of Positive Results	% Positive	# of tests	# of Positive Results	% Positive	# of tests	# of Positive Results	% Positive
Hep C	HCV-Rapid	6	0	0%	30	0	0%	148	3	2%
Hep C	HCV-Antibody	40	0	0%	46	0	0%	36	1	3%
Syphilis	RPR	49		0%	47	0	0%	33	0	0%
Syphilis	Syphilis Rapid							53	1	2%
Herpes	Herpes Simplex Virus I/II	13	8	62%	16	7	44%	29	4	14%
Chlamydia/ Gonorrhea	Chlamydia/GC Amplification	200	8	4%	203	20	10%	371	17	5%
Hep B	HBsAg Screen	0	0	0%	43	0	0%	32	0	0%
HIV	HIV 1/2-rapid	47		0%	67	0	0%	155	0	0%
HIV	HIV serum	61	0	0%	48	0	0%	35	0	0%
	Total tests:	416	16		500	27		892	26	

Source: Kachemak Bay Family Planning Clinic

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The percentage of adults who received an annual flu vaccine increased in the Kenai Peninsula between 2020 (27.5%) and 2021 (34.5%). In 2022, the Kenai Peninsula (34.5%) had a lower percentage of adults receiving the annual flu vaccine than the state (41.1%). The Kenai Peninsula and Alaska fall well below the Healthy People 2030 Goal of 70.0%.

Figure 105: Annual Flu Vaccine, 2015-2021

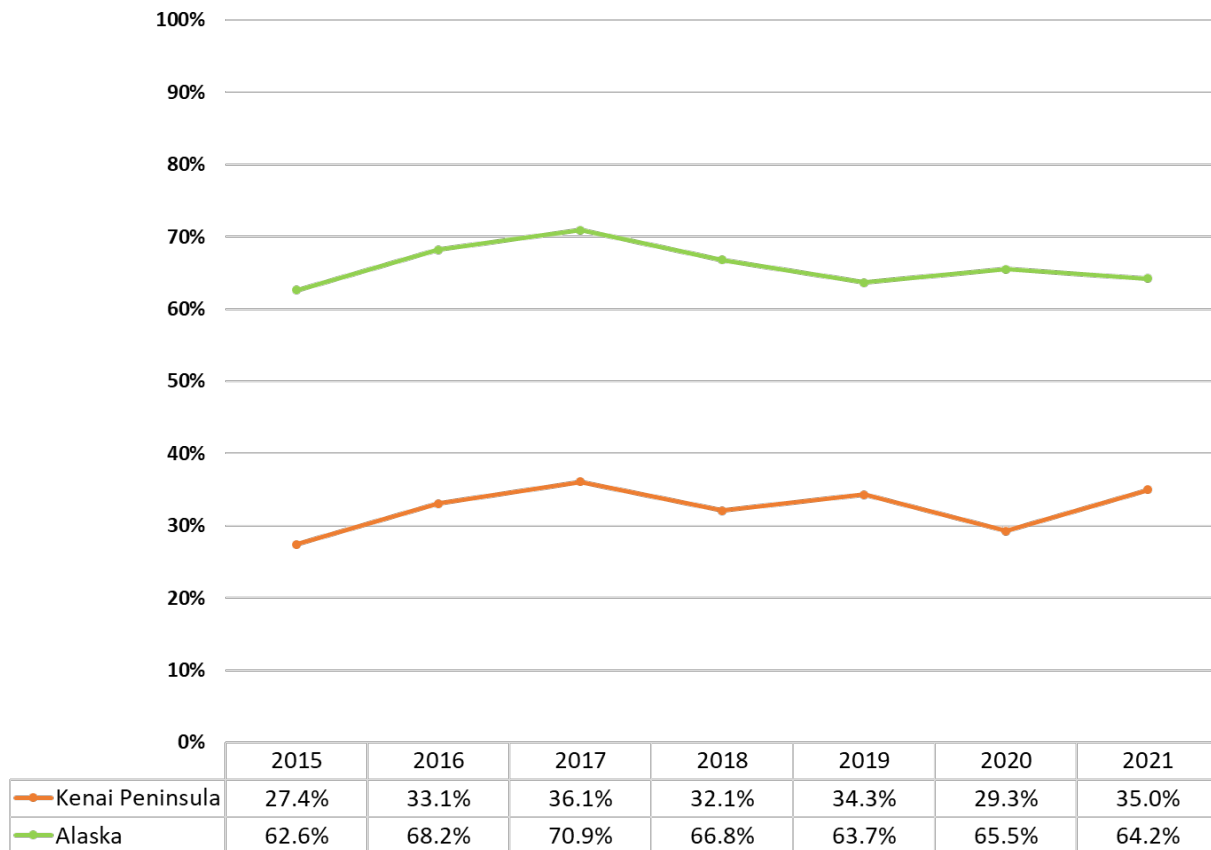


Source: Alaska Behavioral Risk Factor Surveillance System

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 14 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 2021, with the Kenai Peninsula having a lower percentage in comparison. The percentage increased in the Kenai Peninsula between 2020 (29.3%) and 2021 (35.0%), while decreasing in Alaska (65.5% to 64.2%).

Figure 106: Pneumonia Vaccine, Adults 65+, 2015-2021



Source: Alaska Behavioral Risk Factor Surveillance System

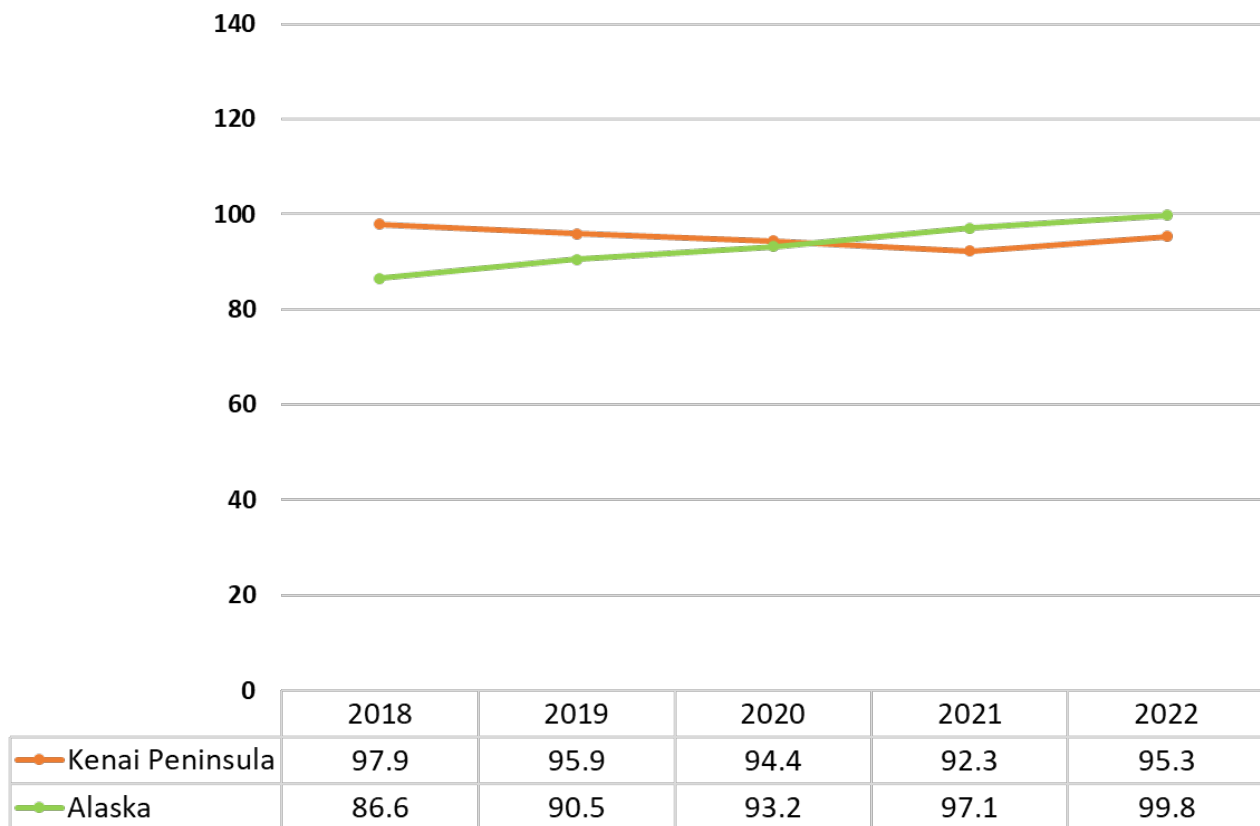
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Injury

The topic of injury relates to any intentional¹⁷ or unintentional¹⁸ injuries that can be suffered by individuals.

The injury death rate per 100,000 had been decreasing in the Kenai Peninsula since 2018, although increased between 2021 (92.3) and 2022 (95.3). The state rate has steadily been increasing since 2018 and in 2022 was higher than the Kenai Peninsula rate.

Figure 107: Injury Death Rate, Per 100,000, 2018-2022



Source: County Health Rankings and Roadmaps

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

¹⁸ <https://www.maine.gov/dhhs/mecdc/population-health/inj/unintentional.html>

The firearm mortality rate per 100,000 has been decreasing in the Kenai Peninsula since 2018 although has remained well above the Healthy People 2030 Goal of 10.7. The rate for the state has increased during this timeframe. In 2022, the Kenai Peninsula rate (20.1) was lower than the state rate (23.5).

Figure 108: Firearm Mortality Rate, Per 100,000, 2018-2022

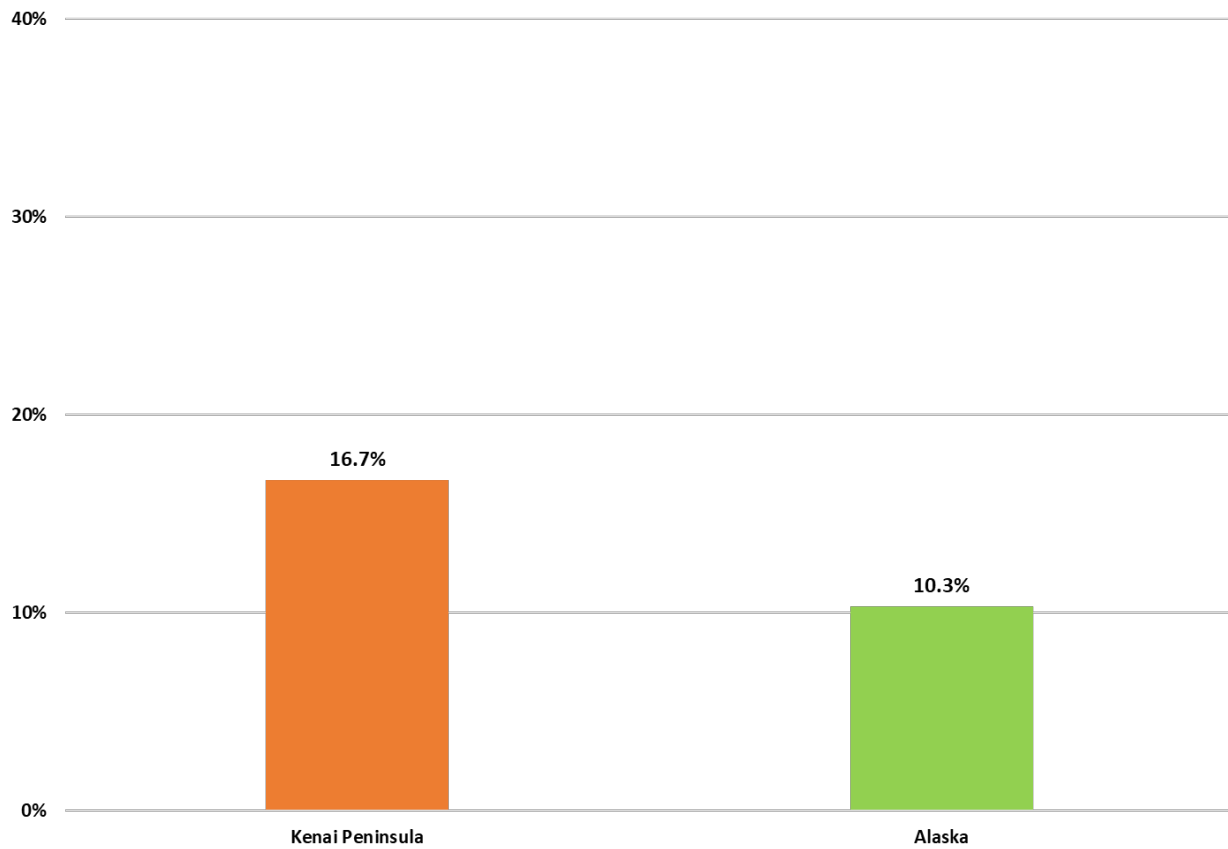


Source: County Health Rankings and Roadmaps

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In 2021, the Kenai Peninsula (16.7%) has a higher percentage of residents reporting firearms are loaded and unlocked in their home in comparison to Alaska (10.3%).

Figure 109: Firearms Loaded and Unlocked in Home, 2021

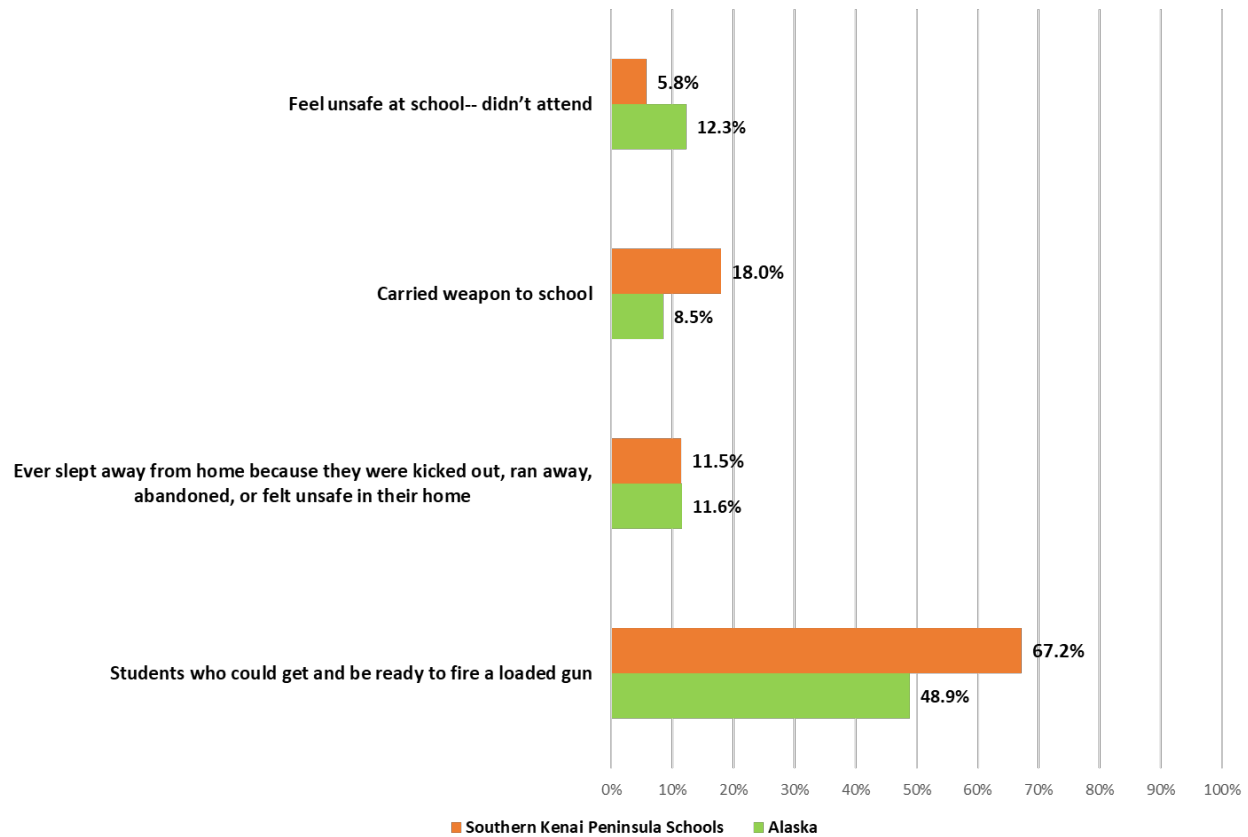


Source: Alaska Behavioral Risk Factor Surveillance System

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In 2019, a higher percentage of students in the Southern Kenai Peninsula Borough School District (66.0%) report that they could get and be ready to fire a loaded gun in comparison the state (48.9%).

Figure 110: Student Safety, 2019

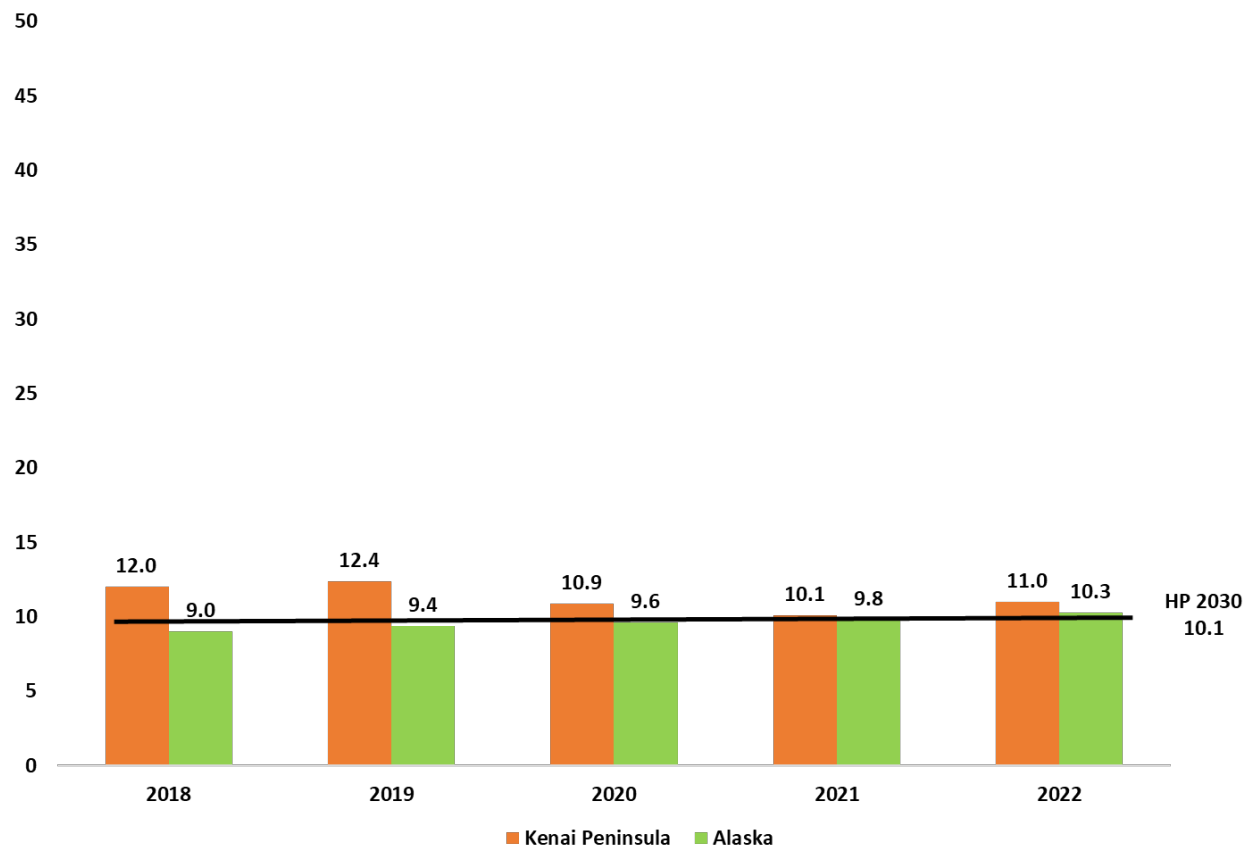


Source: Alaska Youth Risk Behaviors Survey, N=399

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Between 2021 and 2022, the motor vehicle rate per 100,000 increased slightly in the Kenai Peninsula (10.1 to 11.0) and Alaska (9.8 to 10.3), with both just above the Healthy People 2030 Goal of 10.1.

Figure 111: Motor Vehicle Mortality Rate, Per 100,000, 2018-2022

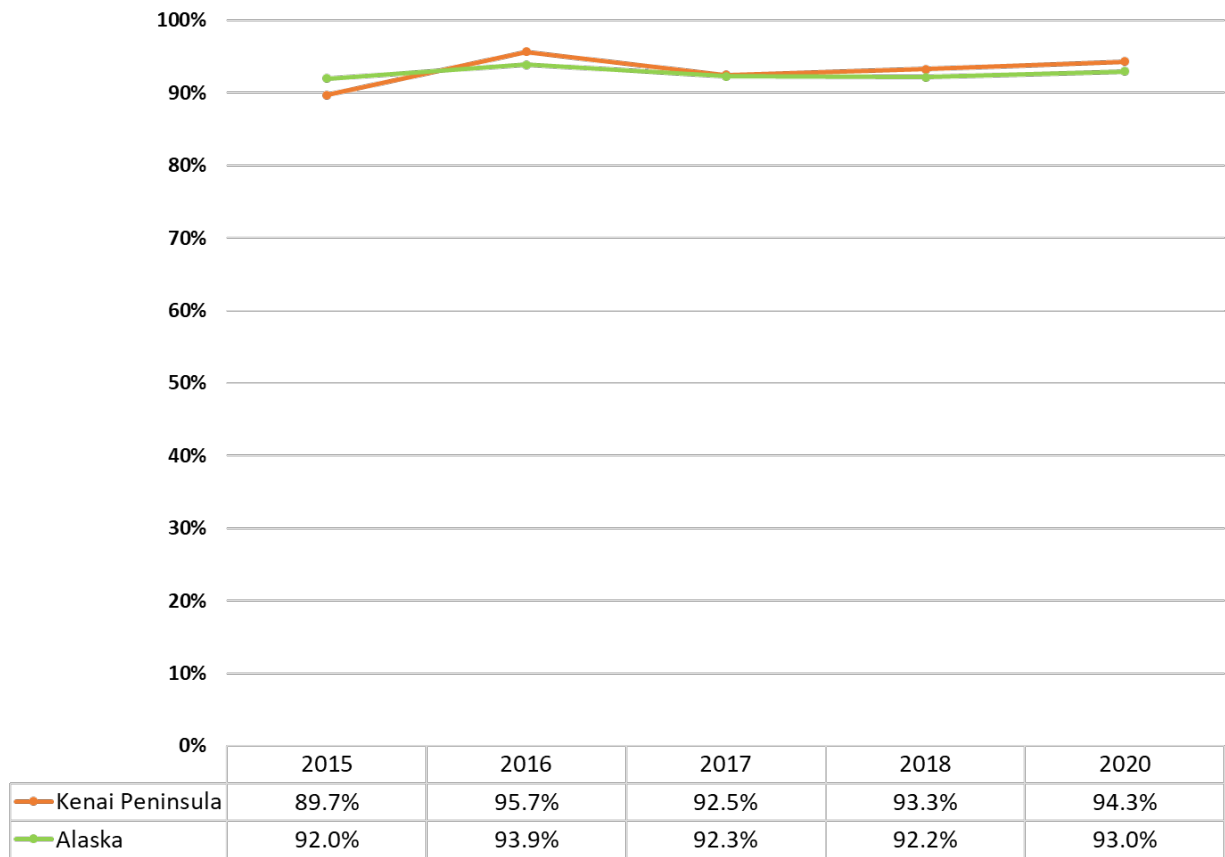


Source: County Health Rankings and Roadmaps

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 14 for additional information.

The percentage of adults who report that they always or almost always wear their seatbelt is comparable in the Kenai Peninsula and Alaska, with the percentage in the Kenai Peninsula just above that of the state.

Figure 112: Always or Almost Always Wear Seatbelt, 2015-2020*



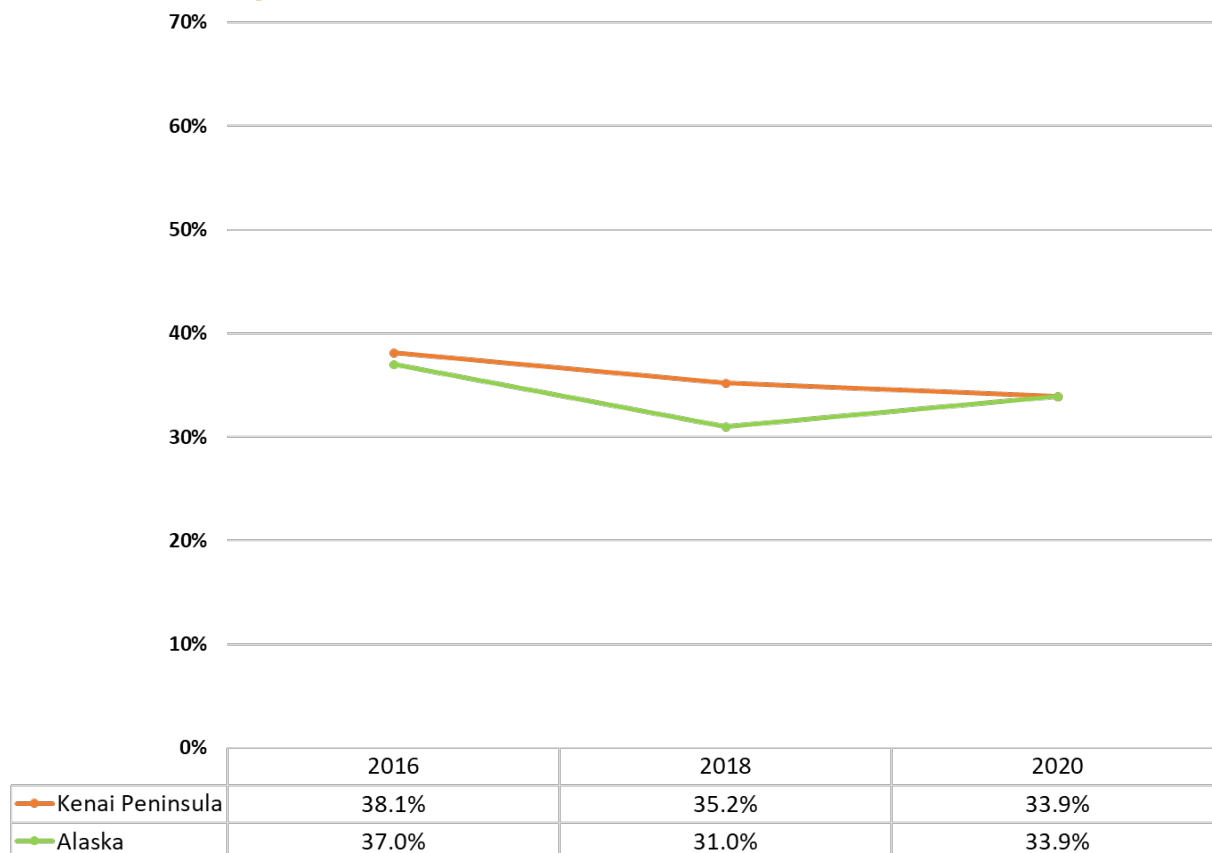
Source: Alaska Behavioral Risk Factor Surveillance System

*This question was not asked in 2019

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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 33.9% in 2020, which was comparable to the state (33.9%). 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.

Figure 113: Falls, Adults Age 45+, 2016-2020*



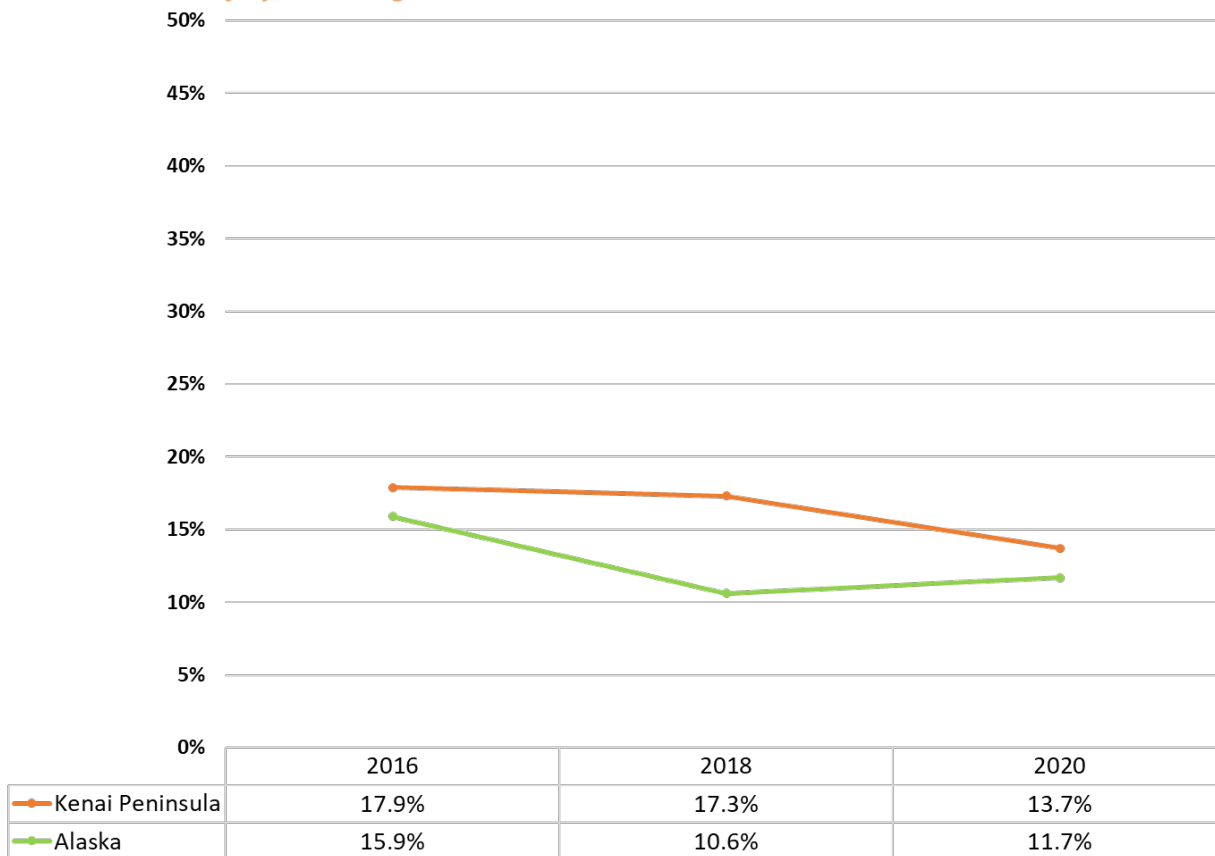
Source: Alaska Behavioral Risk Factor Surveillance System

*This question was not asked in 2017 or 2019

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Between 2016 (17.9%) and 2020 (13.7%) the percentage of falls with injury for adults aged 45 and older in the Kenai Peninsula decreased. The percentage had decreased in Alaska from 15.9% in 2016 to 10.6% in 2018 before increasing to 11.7% in 2020. In 2020, the percentage in the Kenai Peninsula was just above that of the state.

Figure 114: Falls with Injury, Adults Age 45+, 2016-2020*



Source: Alaska Behavioral Risk Factor Surveillance System

*This question was not asked in 2017 or 2019

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Prioritization

On May 31, 2023, the 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 facilitated discussion about the needs of the local area, what MAPP, SHP and other providers are currently offering to the community 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 43: Prioritization Criteria

Item	Definition	Scoring		
		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/ Equity	The degree to which there are disparities within particular populations and/or inequitable access to prevention and/or treatment resources	There are few or no 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	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and 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	Some capacity exists to implement evidence based solutions or promising practices	There is solid capacity to implement evidence based solutions or promising practices in this area
5. Community collaboration	The extent to which there is opportunity for community collaboration and buy-in to address this issue	There is no opportunity for community collaboration	There is some opportunity for community collaboration	There is high 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. The results appear in the table below.

Table 44: Prioritization Results

	Magnitude of the Problem	Disparities /Equity	Impact on Other Health Outcomes	Capacity to Implement Evidenced Based Solutions or Promising Practices	Community Collaboration	Total	Ranking
Mental/Emotional Health (prevalence, lack of services)	7.81	7.50	9.29	6.50	6.50	37.60	1
Housing (including homelessness, accessibility, affordability, availability)	7.31	8.93	8.93	5.50	6.50	37.17	2
Substance Use (prevalence, lack of services)	5.19	6.43	9.29	6.79	7.86	35.54	3
Lack of Child Care	6.06	7.93	7.50	5.50	7.50	34.49	4
Youth Mental Health	6.88	6.43	8.57	5.50	6.79	34.16	5
Physical Health (Cancer, Diabetes, Heart Disease, Asthma, Obesity, Overweight)	6.06	6.43	8.93	6.50	5.79	33.71	6
Access to Food/Food Insecurity	4.88	5.79	8.21	5.36	6.79	31.02	7
Youth Risk Behaviors (substance use, violence)	5.19	6.21	7.93	4.43	6.86	30.62	8
Increasing Senior Population	6.31	5.93	6.57	5.14	6.57	30.53	9
Violence (interpersonal, domestic)	4.53	6.50	7.64	5.08	6.14	29.90	10
Access to Services (ability to get needed care when needed, removing barriers to access)	5.06	6.14	6.50	5.71	5.43	28.85	11
Social Isolation (people are staying in, less active in community)	5.31	5.57	7.50	4.86	5.50	28.74	12
Lack of Youth Programs/Youth Opportunities (including places to go)	4.31	5.79	6.14	5.43	6.86	28.53	13
Staff/Workforce Shortages	6.13	5.21	6.43	4.71	5.86	28.34	14
Lack of Transportation	4.44	7.50	6.79	3.93	5.50	28.15	15
Siloed Systems/Lack of Collaboration	4.69	4.93	5.93	5.86	6.21	27.62	16
Stigma (around invisible disabilities, accessing services in a small town)	4.13	5.57	6.93	4.36	6.57	27.55	17
Support for LGBTQIA community (available resources, places to go)	4.06	6.14	5.93	3.93	6.21	26.28	18
Youth Suicide (self-reported attempted/completed)	3.81	4.64	6.36	3.86	6.50	25.17	19
Increasing Political Discourse/Cultural Divide	5.81	6.29	5.57	2.79	4.64	25.10	20

	Magnitude of the Problem	Disparities /Equity	Impact on Other Health Outcomes	Capacity to Implement Evidenced Based Solutions or Promising Practices	Community Collaboration	Total	Ranking
Lack of Emergency Response in Outlying Areas	4.06	5.50	5.86	4.14	4.21	23.78	21
Economic Health (lack of job opportunities, loss of businesses)	4.19	4.29	6.50	4.21	4.50	23.69	22
Discrimination against others in the community	4.69	6.21	5.21	3.00	4.50	23.62	23
Lack of Local Data (including timely access to what is available upon request)	4.19	4.57	3.64	4.86	6.14	23.40	24
Lack of Safe Streets/Sidewalks	3.56	3.93	4.29	4.93	5.50	22.21	25
Accidents/Unintentional Injury (among the top leading causes of death)	3.38	3.07	5.21	4.93	4.86	21.45	26
Human Trafficking (prevalence in community)	1.75	5.00	5.36	3.93	4.57	20.61	27
Code Enforcement (lack of existing regulations and enforcement)	3.38	4.29	4.29	4.00	4.64	20.59	28

Source: 2023 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 14 for additional information.

The next step of the MAPP Framework includes engaging the community around the results of the prioritization exercise to identify the specific areas of focus that will be addressed through the Implementation Plan. The MAPP Steering Committee will meet to discuss the preferred approach for the community convening.

In addition to participating in the MAPP Health Coalition in a community level approach to address the priority themes found in the CHNA, South Peninsula Hospital will also specifically address the findings which align to hospital mission and capacity. These will be adopted by hospital management and outlined in the SPH Implementation Strategy.

Appendix A: South Peninsula Hospital Utilization Data

Appendix A: South Peninsula Hospital Utilization Data

The table below shows the inpatient Diagnosis-Related Group (DRG) Conditions that have the highest total number when looking at the sum for all four years for South Peninsula Hospital in 2019-2022, based on primary diagnosis. The number of inpatient admissions increased for heart failure and shock during this time while decreasing for the others. Although in comparison to 2019 the admission decreased when looking at 2021 to 2022 the number increased for alcohol drug abuse or dependence, chronic obstructive pulmonary disease, heart failure and shock and simple pneumonia and pleurisy.

Table 45: Inpatient Diagnosis-Related Group (DRG) Conditions, South Peninsula Hospital, 2019-2022

	2019	2020	2021	2022
ALCOHOL DRUG ABUSE OR DEPENDENCE	19	4	1	8
BRONCHITIS AND ASTHMA	3	5	0	0
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	30	7	9	12
DIGESTIVE MALIGNANCY	1	4	4	0
FRACTURES OF HIP AND PELVIS	2	0	4	2
HEART FAILURE AND SHOCK	10	2	8	17
HYPERTENSION	3	3	3	3
SIMPLE PNEUMONIA AND PLEURISY	25	9	7	17

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 14 for additional information.

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 following shows the conditions with the highest total based on the four-year period based on primary diagnosis. Those that have increased between 2019 and 2022 include: COVID-19, urinary tract infection, essential (primary) hypertension), laceration, other chest pain, hypertensive urgency, syncope and collapse, non-infective gastroenteritis, unspecified atrial fibrillation, acute bronchitis, dizziness and giddiness, hypertensive heart disease, cerebral infarction - unspecified, low back pain, local infection of the skin, headache – unspecified, heart failure, epilepsy - unspecified, not intractable and abrasion.

Table 46: Ambulatory Care Sensitive Conditions, South Peninsula Hospital, 2019-2022

	2019	2020	2021	2022
Abrasion	1	3	5	3
Acute bronchitis	10	7	15	15
Acute pharyngitis, unspecified	27	12	15	20
Acute upper respiratory infection,	33	11	12	32
Cerebral infarction, unspecified	6	5	6	10
Chest pain, unspecified	25	17	37	17
Chronic obstructive pulmonary disease	54	22	30	43
COVID-19	0	20	72	120
Diabetes	38	21	30	25
Dizziness and giddiness	7	12	6	12

	2019	2020	2021	2022
Epilepsy, unspecified, not intractable	2	2	10	3
Essential (primary) hypertension	20	26	55	37
Headache, unspecified	0	2	5	14
Heart failure	3	2	4	9
Hypertensive heart disease	6	4	7	18
Hypertensive urgency	10	23	17	21
Laceration	20	19	15	25
Lobar pneumonia, unspecified organism	13	12	7	3
Local infection of the skin	4	2	6	11
Low back pain	4	5	5	13
Nausea with vomiting	15	9	16	15
Non-infective gastroenteritis	15	18	13	17
Non-ST elevation (NSTEMI) myocardia	7	11	7	2
Other chest pain	20	16	18	22
Periapical abscess without sinus	48	21	39	32
Pneumonia	14	8	10	13
Sepsis, unspecified organism	16	18	21	16
Syncope and collapse	14	13	11	26
Unspecified abdominal pain	7	14	10	3
Unspecified asthma	23	20	26	21
Unspecified atrial fibrillation	4	12	15	21
Unspecified convulsions	36	15	12	26
Urinary tract infection	43	58	58	48

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 14 for additional information.

ER visits related to the following mental health conditions increased between 2019 and 2022: alcohol abuse/dependence, anxiety and disorder. During this timeframe, inpatient or outpatient discharges increased for: alcohol abuse/dependence, suicidal ideations/attempts and bipolar 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, with the highest total at the top of the table.

Table 47: Mental Health Discharges: Emergency Department, Inpatient and Outpatient, South Peninsula Hospital, 2019-2022

	ER				Inpatient/Outpatient			
	2019	2020	2021	2022	2019	2020	2021	2022
Alcohol Abuse/Dependence	100	88	122	198	46	53	69	51
Suicidal ideations/Attempts	23	17	31	23	37	31	42	40
Major depressive disorder	30	40	19	5	24	36	29	4
Anxiety Disorder	79	70	86	107	15	16	20	14

	ER				Inpatient/Outpatient			
	2019	2020	2021	2022	2019	2020	2021	2022
Bipolar Disorder	12	16	17	8	6	17	16	10
Altered mental status, unspecified	14	8	9	9	18	8	13	6
Schizoaffective disorder	3	0	5	3	9	9	6	8
Post-traumatic stress disorder	10	7	10	6	6	4	12	5
Opioid Dependence	22	19	17	14	6	4	4	2
Adjustment disorder	8	8	10	6	6	4	2	2
Schizophrenia	6	6	4	3	5	4	1	1

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 14 for additional information.

Appendix B:

SPH Community Health Implementation Strategy Evaluation

Appendix B: South Peninsula Hospital Community Health Implementation Strategy Evaluation

Introduction

From November 2019 through May 2020, South Peninsula Hospital conducted a community health needs assessment (CHNA) in the southern Kenai Peninsula. This CHNA was conducted in compliance with IRS Section 501(r) and identified health needs of the 14,000+ residents of the South Kenai Peninsula Hospital Service Area of the Kenai Peninsula Borough.

The final assessment was adopted by the SPH Board of Directors on June 24, 2020, and made available to the public on the organization's website www.sphosp.org free of charge on June 25. The complete CHNA report can be found in the separate document link titled CHNA on the South Peninsula Hospital website www.sphosp.org.

Numerous presentations were made of the report from August - October, including at meetings of the hospital's Board of Directors, publicly elected Service Area Board, Rotary Club of Homer Kachemak Bay, hospital General Medical Staff and [MAPP of the Southern Kenai Peninsula](#), the local community health coalition made up of twelve partnering local agencies representing the eight dimensions of wellness.

Health Needs Priorities

South Peninsula Hospital management team reviewed the findings, and considered input and feedback received during presentations, to prioritize the most significant health needs to address. Consideration was given to the magnitude of the issue, consequences if issue was not addressed, and feasibility to affect change. Special consideration was given to the lack of organizational resources due to staff shortages, financial uncertainty and modified access to care due to the COVID-19 pandemic. The health needs priorities are:

1) Health needs of an aging community

- Services for a rapidly growing senior population

2) Strengthen Primary and Preventative Care

- Mental Health and Wellness
- Economic security and social support
- Substance use, misuse and addiction
- Chronic diseases / Obesity
- Interpersonal violence
- Access to Care

3) COVID-19 Pandemic

- Improved emergency preparedness
- Long-term consequences to community from one year in conditions of the pandemic (schools closed, job loss, social distancing, quarantines, layoffs, etc.)
- Long term health consequences to individuals from the disease
- Long term health consequences due to individuals delaying care
- Potential impact to staff and organizational systems

Based on these priority needs identified, this document outlines the summary of strategies developed to address these issues affecting the health and wellness of the community. Annual updates will be reported out in the Critical Access Hospital annual program report.

Implementation strategies for 2020-2023

Priority Finding #1: Health needs of an aging community

1. Services for a rapidly growing senior population –
 - a) Specialty provider retention and recruitment
 - Recruited and now offer weekly neurology clinics; added a hand & shoulder orthopedic surgeon;
 - b) Strengthen senior based services, including but not limited to outpatient surgery, rehabilitation, swing bed, home health, etc.
 - Added a second general surgeon; transitioned to full-time hospitalists for more continuity of inpatient care
 - c) Develop specific senior care offerings within services (i.e., fall risk assessments, senior walking programs, senior promotions, etc.)
 - Offer free weekly yoga for beginners, great for all ages and abilities
 - Sponsored Senior Day at the Kenai Peninsula State Fair with education and offerings geared towards seniors
 - Community education offered on end of life decision making and living wills including medical and legal components
 - d) Explore alternate funding opportunities such as grants and other means based programs to support equipment and service needs of the growing senior population
 - e) Secure space and facilities to support service growth

Priority Finding #2: Strengthen Primary and Preventative Care

1. Mental health and emotional wellness
 - a) Recruit and retain ample outpatient and inpatient psychiatric providers
 - Recruited a psychiatrist, and LCSW, expanding behavioral health services.
 - b) Support wellness programs in the community
 - Participated in and assisted with the promotion of multiple community wellness programs
 - c) Strengthen relations with other providers in the community for seamless transition of care
 - Participated in annual mental health provider luncheon with partner organizations
 - Collaborated with both private practice and organization based providers through various veins including presentations, health fairs, pop-up clinics, education outreach, and more
2. Economic security and social supports
 - a) Provide charity care to those in need
 - Donations given to support various community endeavors and partner organizations including Rotary, Independent Living Center, Community Resource Connect, and more
 - Continued charity care, providing free care for 1,072 individuals in 2022.
 - b) Offer promotions and education that help individuals access preventive (free flu shot clinics, sports physical day, vaccine outreach, etc.)
 - Free flu shot clinics offered to the community
 - Free Covid-19 vaccinations offered to the community

- Discounted pediatric immunization clinic offered to the community
- Community and school based education programming offered both virtually and in-person
- c) Offer insurance consult and enrollment services to residents
 - Free financial assistance offered to patients and non-patients alike
 - Did community outreach during open enrollment
- d) Explore and apply for alternate funding opportunities such as grants and other needs based programs to support economic and social community programs
 - Provided support, collaboration, and funding for a part time employee to manage the South Peninsula Hospital Foundation, a 501c3 dedicated to improving community health
- e) Ensure financial aid is widely publicized and easy to access
 - Promoted at annual health fair, on website and at quarterly presentations to Kenai Peninsula Borough
- f) Recruit locally for entry level positions
 - SPH incentive program developed to offer graduates of SKP service area sign on bonuses
 - HR participation in multiple job fairs within the SKP
- g) Support local workforce development programs
 - Collaboration with Kenai Peninsula College to increase awareness of adult education programming, specifically within the healthcare arena.
 - Support and staff instruction provided for Certified Nursing Assistant program through KPC
 - Developed a “earn to learn” program for five C.N.A.s

3. Substance use, misuse and addiction

- a) Strengthen relations between inpatient, Emergency Department, outpatient clinics and local opioid task force resources to ensure seamless transition of care
- b) Provide SPH clinical representation on local MAPP opioid task force
 - Continued participation and collaboration with All things Recovery (formerly known as the Opioid Task Force),
 - SPH will fund the community task force on addiction
- c) Develop and strengthen outpatient addiction services - M.A.T.
 - Expansion of clinic staff to include a MA CDC 1 provider
 - Creation of new clinic for behavioral health services: Serene Waters
 - Increased awareness of MAT program through presence at community events, offerings, and virtual presence
- d) Adopt critical recommendations put forth by SPH Substance Use, Misuse and Addiction Task Force which will improve addiction related care and services
 - Provided multiple harm reduction community events centered on overdose awareness, opioid overdose response, naloxone testing, fentanyl awareness and testing, and trauma informed conversation and action steps regarding consent and substance use
- e) Support prevention provider practices
- f) Explore and apply for alternate funding opportunities such as grants and means based programs to support substance abuse treatment programs, equipment, and support
 - Funding acquired through SKP Resiliency Coalition grant
 - Secured a grant to expand our MAT program
 - Applied for a Rural Cap grant with intention to create a full time counselor position through Serene Waters Behavioral Health Services Clinic

4. Chronic disease / Obesity

- a) Support nutrition education, obesity, diabetes and other related chronic disease care
 - Multiple communication and school based educational presentations offered through the Sunrise Medical Weight Loss team. Content focused on the science of weight loss, nutrition education, and obesity
 - Provided three community presentations on obesity prevention and medical weight loss
 - Offer lunch and learns for employees
- b) Support and promote physical activity among staff and community residents
 - Wellness incentives offered through staff wellness program aimed at addressing the 8 dimensions of wellness
 - SPH sponsored HRA contributions
 - Expansion of employee health wellness program
 - Facilitation of yearly staff and community wide community walking challenge
 - Facilitation of free weekly community yoga program
 - Facilitation of free community walks in indoor space
 - Facilitation of free community cirque classes
- c) Support access to good nutrition, education and dietary habits, both as an employer and provider
 - Healthy meals provided to SPH staff through cafeteria at a discounted rate
 - Execution of yearly holiday food drive for local food banks
 - SPH catered food provided for community education events on an ongoing basis
 - Nutrition education provided through community presentations, health fairs, and e-newsletter
- d) Utilize Health and Wellness to provide outreach to community
 - Delivery of monthly wellness e-newsletter "Healthy in Homer" to over 600 subscribers
 - Robust community health and wellness program providing offerings to the community including classes, presentations, health fairs, pop-up events, trainings, and more
- e) Ensure inpatient has seamless connection to outpatient referral for chronic disease management needs upon discharge
 - Inpatient social work team has been expanded for daily coverage to support discharge planning work
 - Use of E.H.R. messaging is utilized for appointment and documentation across buildings.

5. Interpersonal violence

- a) Ensure E.R., inpatient and outpatient systems provide necessary safeguards to identify victims of violence
 - SART/SANE staff provides training, and available on call for assessments.
- b) Ensure seamless connection to necessary care and services
- c) Support local Center of Excellence, continuing SPH role with clinical services and financial support
 - Continued financial support and participation in our local Sexual Assault Response Center, and expanded the number of SART / SANE nursing staff.
- d) Education department facilitated a TEAM (techniques for effective aggression management) de-escalation training for staff.

6. Access to Care

- a) Adopt trauma-informed care practices system wide, ensuring all residents feel welcomed seeking services at SPH
 - Supported Community Health and Wellness Educator RN in participation in trauma informed care training

- b) Review and ensure our services meet the residents where the need is (Homeless Connect, Health Fairs, etc.)
 - Coordinating member of Rotary Health Fair, Safe and Healthy Kids Fair, and Community Resource Connect (formerly known as Project Homeless Connect) which are aimed at including services and resources to meet the needs of unique populations and/or the community at large
 - Staffed and managed a free Covid-19 testing site open 7 days a week including evenings during height of pandemic; and remained open two years and nine months total.
 - Facilitation of 12+ free Covid-19 large scale “pod” vaccination clinics for the community, vaccinating thousands of community members
 - Provided Covid-19 vaccine and education outreach to remote/rural areas of the SKP
 - Now offer free Covid Home test kits at all locations, and a greatly discounted PCR test for un/underinsured.
- c) Consider or promote flexible hours of operation, such as evenings and weekends
 - Flexible hours of operation offered through multiple clinics including mammogram appointments in evenings and Saturdays, walk-in evening visits at HMC, and more.
- d) Continue to strengthen and promote telehealth services
 - Creation of streamlined patient portal services with increased accessibility to telehealth services. All primary care practices now offer telehealth.
- e) Promote and assist with insurance enrollment, consult and financial aid
 - Financial aid counselors made available for consult at no cost to patients and community members alike

Priority Finding #3: COVID-19 Pandemic

1. Improve emergency preparedness readiness
 - a) Provide annual training that supports H.I.C.S. event management
 - b) Drill and exercise regularly
 - Conducted annual drills for emergency preparedness
 - c) Maintain relations with local emergency response partners
 - Throughout pandemic, SPH maintained regularly scheduled meetings with emergency response partners
 - With support of partners, are planning a county-wide mass casualty drill this year.
 - d) Develop and train backup staff for key positions in the incident command structure
 - All Chiefs now have identified back-ups, and are securing appropriate trainings
 - HIMT member trainings tracked on intranet
2. Offer safe, timely, best practices for testing, treatment, patient care and vaccination.
 - Employee Health and Infection Prevention team undertook planning and implementation of Covid-19 services for staff and community including testing, quarantine and isolation guidelines, and vaccination. Home Health, HMC, and inpatient teams undertook patient care and treatment protocols. Operations team stayed abreast current news via weekly state ECHO calls and relayed current information to staff and community through the PIO. Consistent collaboration and communication among community partners maintained throughout the height of pandemic to meet the needs of the community.
3. Monitor for and respond to Long term consequences in the community due to one year in conditions of the pandemic (schools closed, job loss, social distancing, quarantines, layoffs)

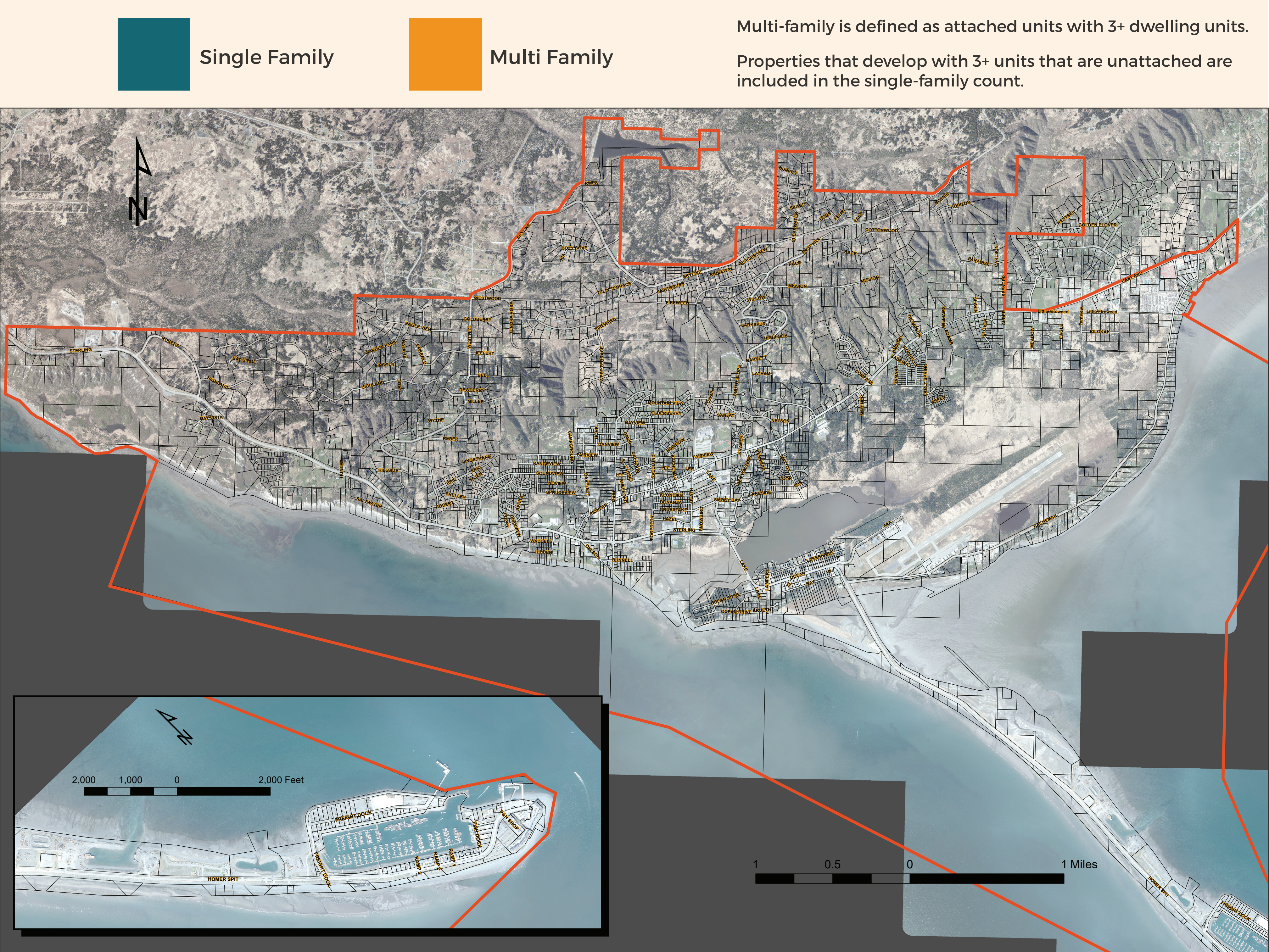
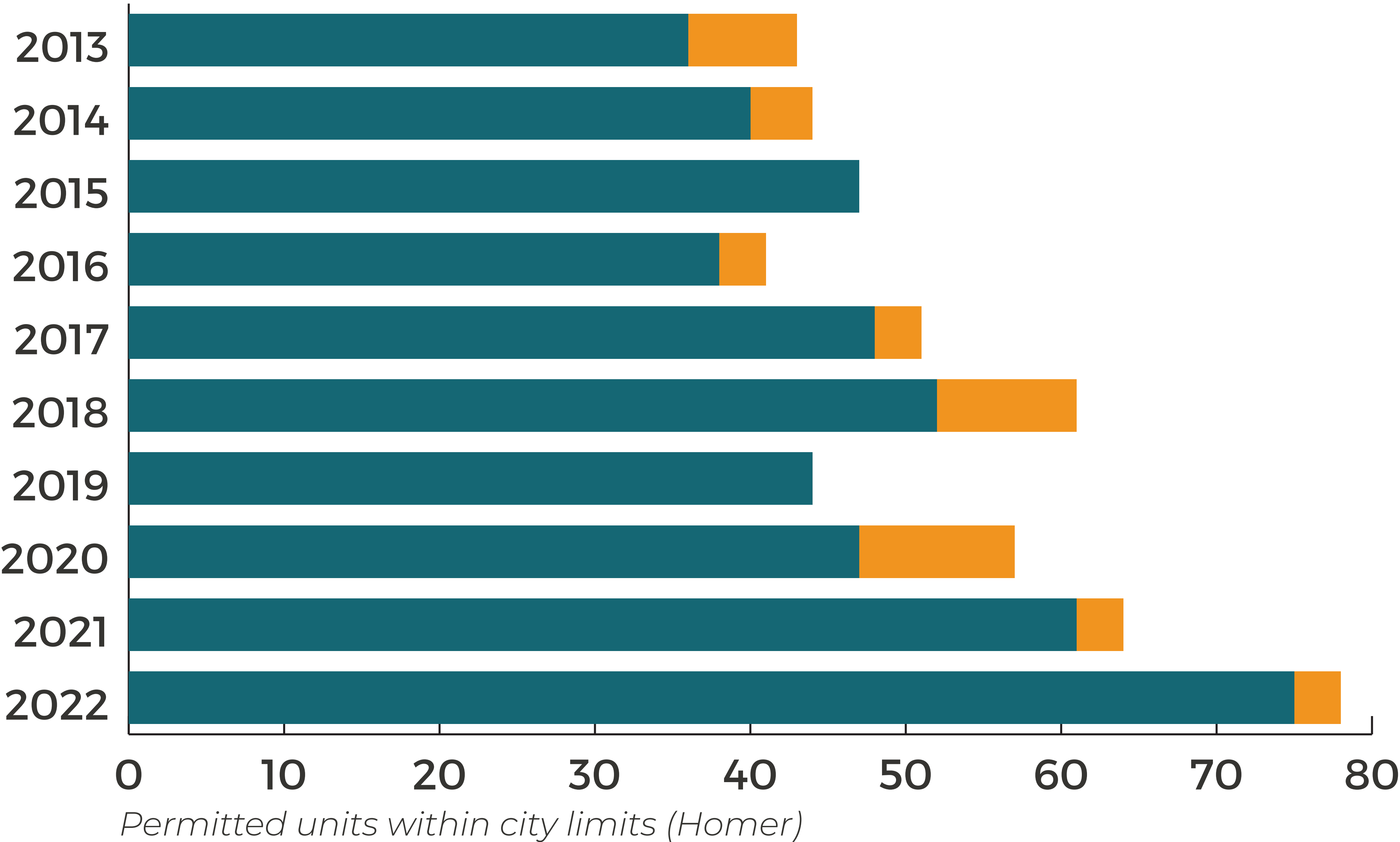
- In progress of conducting new CHNA with an emphasis on pandemic impact to the community
4. Monitor for and respond to long term health consequences to individuals from the disease
 - a) Outreach to patients who were confirmed positive for COVID to develop local tracking of long term symptoms and provide necessary support and symptom management
 - On a short-term basis: all patients testing positive were individually called during the height of pandemic and offered education regarding quarantine/isolation/testing/vaccine/treatment options.
 - Public dashboard was maintained and updated on a weekly basis throughout pandemic
 - SPH Functional Medicine provider is providing specialized care to patients experiencing long-haul covid symptoms
 5. Long term health consequences due to individuals delaying care
 - a) Promote the importance of regular checkups, and not delaying care
 - Promoting regular health screenings through annual health fair for staff and community
 - Added two new primary care providers to help with increased patient load
 - b) Make systems easy and normal to access care
 - Returned to all pre-covid protocols and systems in regard to seeking care
 - Increased access to care via telehealth offerings
 - c) Use positive language and messaging regarding safe practices and systems
 - Messaging and language developed using a trauma-informed/ non-fear based/ unbiased approach focusing on promotion of positive health outcomes
 - Mask-optional facility
 - d) Reach out to those not recently seen for care
 6. Monitor for potential impact to staff and organizational systems
 - a) Continue close monitoring of all supplies and resources
 - Regular upkeep of inventory for Covid-19 supplies ranging from PPE to vaccine to testing supplies maintained on a regular basis
 - Provide intranet access to all covid protocols, policies and supply levels
 - b) Provide wellness related services to employees
 - Promotion of employee wellness reimbursement program
 - Lunch and learns on site
 - Staff engagement for participation in community health & wellness offerings
 - Offer Support-Linc Employee Assistance program to all employees
 - c) Focus on employee engagement and maintaining employee morale
 - Lunch and learns on site
 - Offer an SPH Connections platform to connect with fellow employees
 - Facebook group for off time connection
 - Numerous staff appreciation events and celebrations

Appendix C: Posters from Local Housing Event

New Residential Units

Based on Number of Zoning Permits Issued

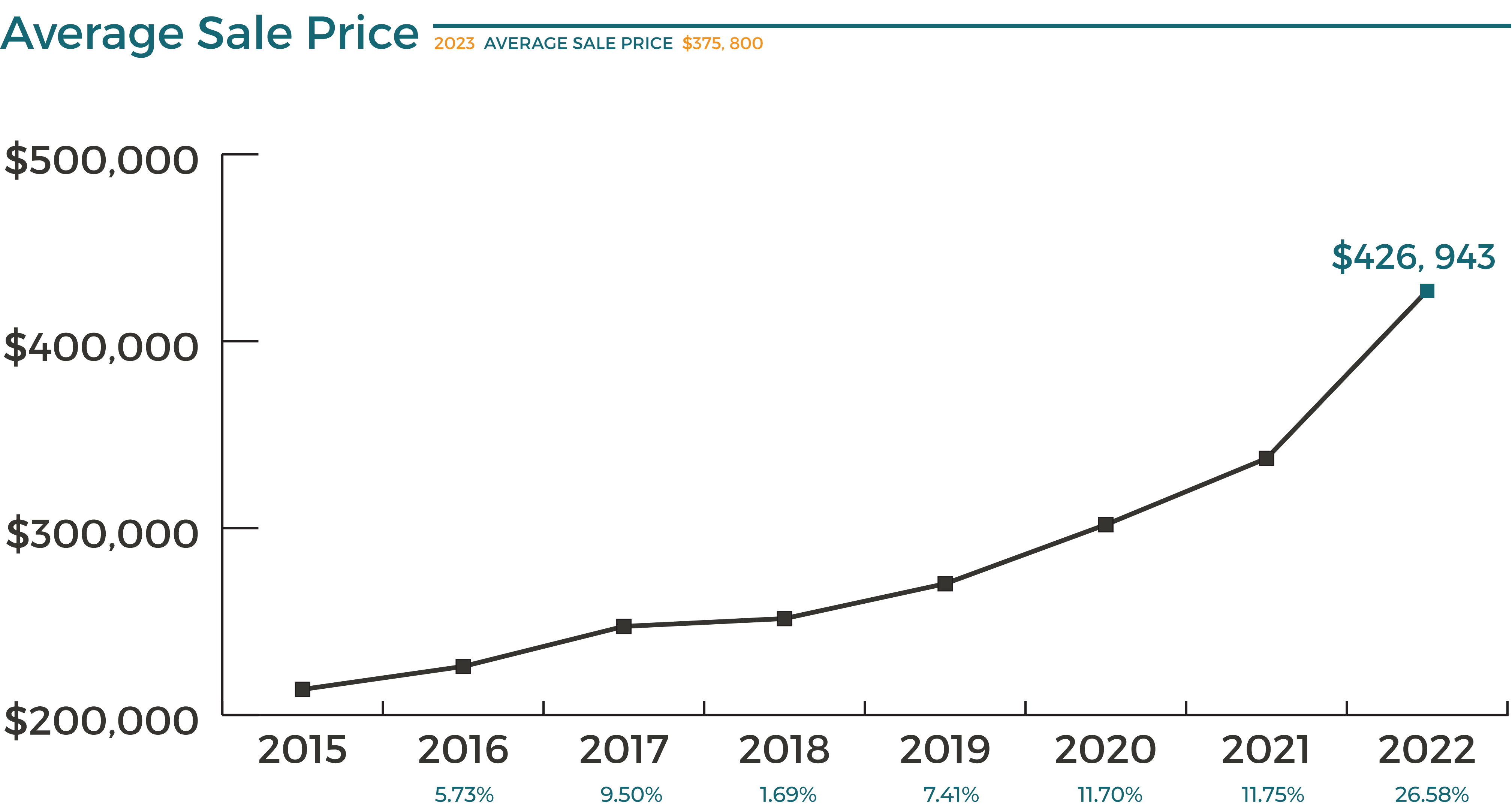
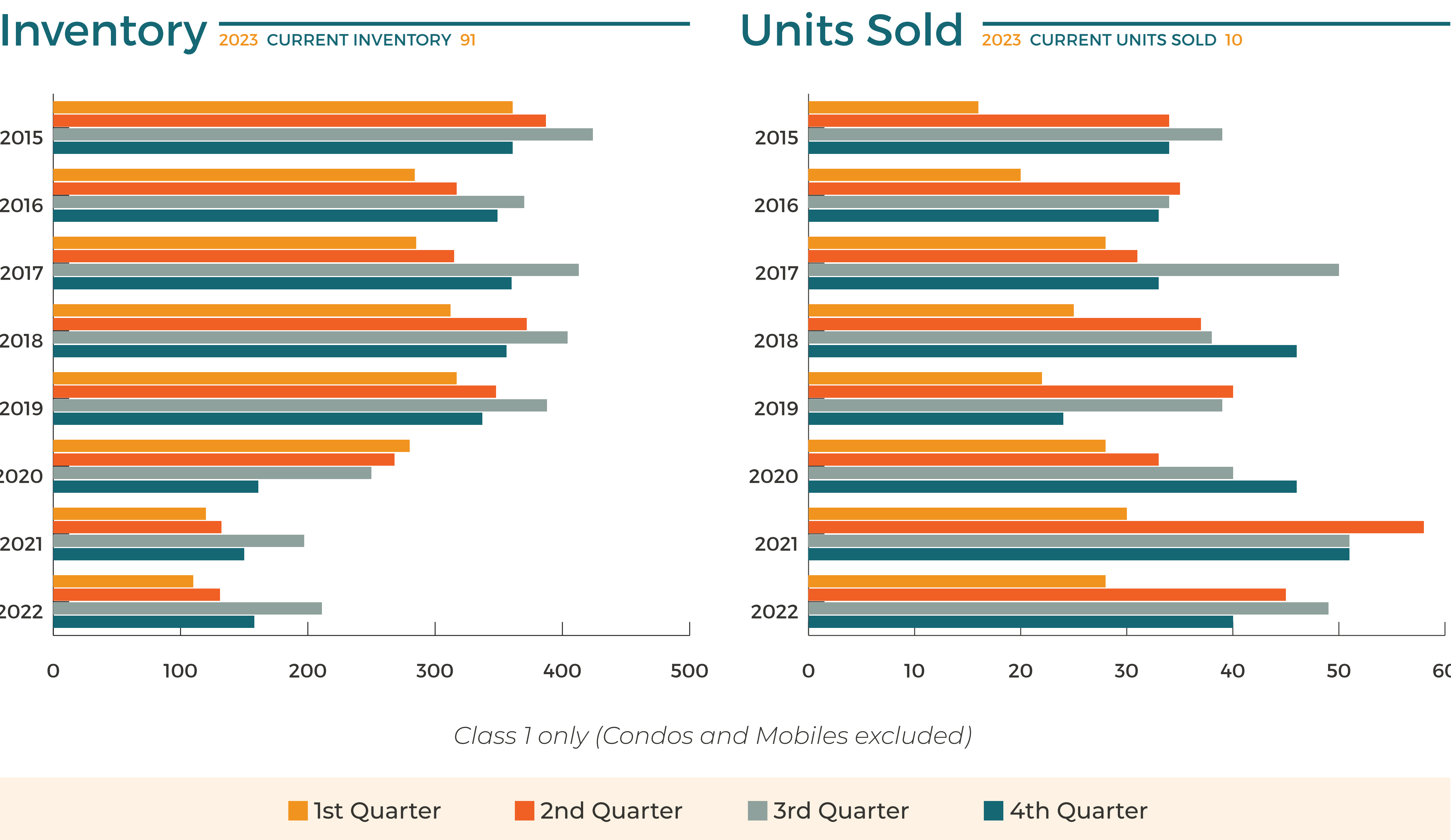
CITY OF HOMER



Residential Inventory

KENAI PENINSULA BOROUGH

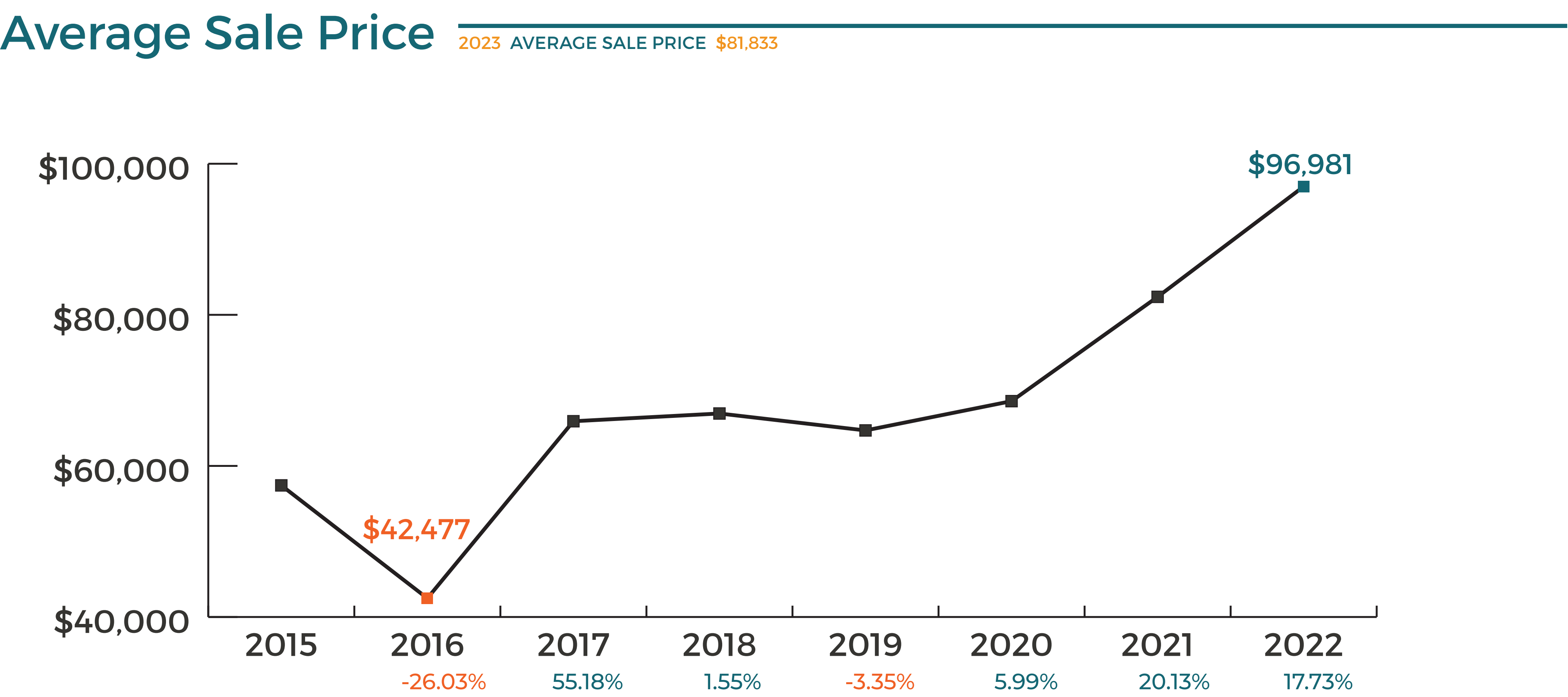
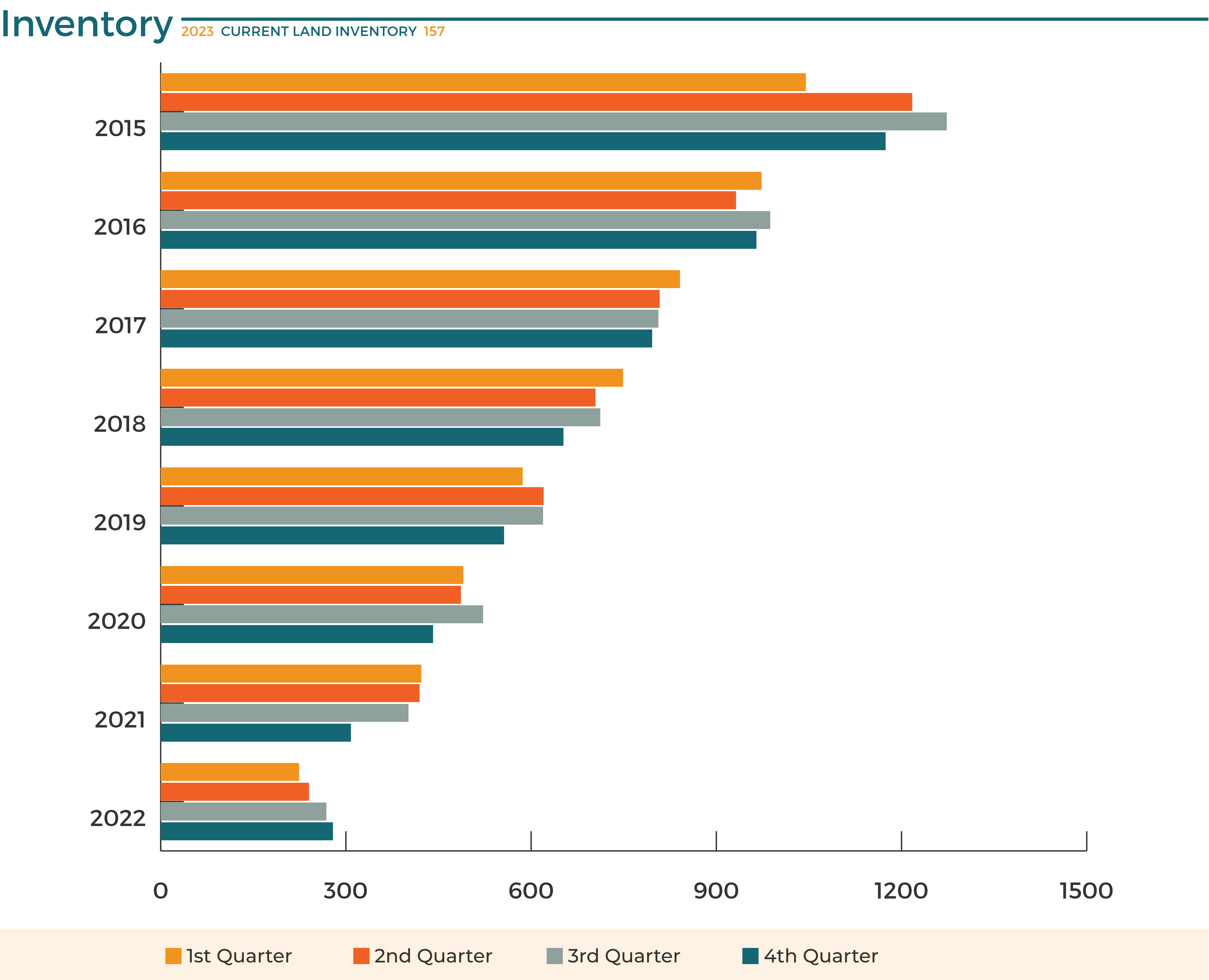
ANCHOR POINT TO HOMER - NORTH FORK - DIAMOND RIDGE/SKYLINE - HOMER - KACHEMAK CITY/FRITZ CREEK - MCNEIL AND EAST



Land Inventory

KENAI PENINSULA BOROUGH

ANCHOR POINT TO HOMER - NORTH FORK - DIAMOND RIDGE/SKYLINE - HOMER - KACHEMAK CITY/FRITZ CREEK - MCNEIL AND EAST



Homer, Alaska Area Livability

Overview and Analysis

FACTORS OF LIVABILITY

NEIGHBORHOOD	HEALTH	ENGAGEMENT	OPPORTUNITY	ENVIRONMENT	HOUSING
Measured by metrics and policies focused on proximity to key destinations, safety, and supporting mixed-use development.	Measured by metrics and policies that promote healthy behaviors including smoking cessation, and exercise opportunities.	Measured by metrics and policies that include voting rights, human rights, and cultural engagement.	Measured by metrics and policies that capture job availability, government creditworthiness, and graduation rates.	Measured by metrics and policies related to air and water quality, as well as energy efficiency, and hazard mitigation plans.	Measured by metrics and policies that promote affordability, availability, and accessibility.

<https://livabilityindex.oarp.org>

Cost of Living

The cost of living in Alaska is 28% higher than the national average. Housing is 28% higher than the national average, while utilities are 53% higher. When it comes to basic necessities such as food and clothing, groceries are around 16% higher than in the rest of the country, while clothing costs 16% higher.

Healthcare services such as doctor check-ups and dentistry cost 53% higher in Alaska compared to the national average. At the same time, non-necessary expenses such as entertainment and grooming services are 16% higher.

<https://www.rentcafe.com/cost-of-living-calculator/us/ak/>

COST OF LIVING IN ALASKA categories	COMPARED TO NATIONAL AVERAGE
HOUSING (BUY AND RENT)	28% HIGHER
UTILITIES (MONTHLY)	53% HIGHER
FOOD	34% HIGHER
HEALTHCARE	53% HIGHER
TRANSPORTATION	10% HIGHER
GOODS AND SERVICES	16% HIGHER

Housing Affordability

What Is the 28/36 Rule?

If you’re looking to buy a home, some financial experts also recommend using the 28/36 rule to determine what you can afford. The 28/36 rule stipulates that in order for a home to be considered within your budget, your housing expenses (such as mortgage payments, taxes and insurance payments) shouldn’t exceed 28% of your gross monthly income. Your total debt (including credit cards, student loans and car loan payments) shouldn’t exceed 36% of your gross monthly income.

What is the 30% Rule?

The most common rule of thumb to determine how much you can afford to spend on housing is that it should be no more than 30% of your gross monthly income, which is your total income before taxes or other deductions are taken out.

For renters, that 30% includes rent and utility costs like heat, water and electricity. If you own your home, you should include interest, homeowners insurance, property taxes and utilities, in addition to your mortgage.

The 30% rule is based on how much a family can reasonably spend on housing and still have enough money left over to afford everyday expenses like food and transportation.

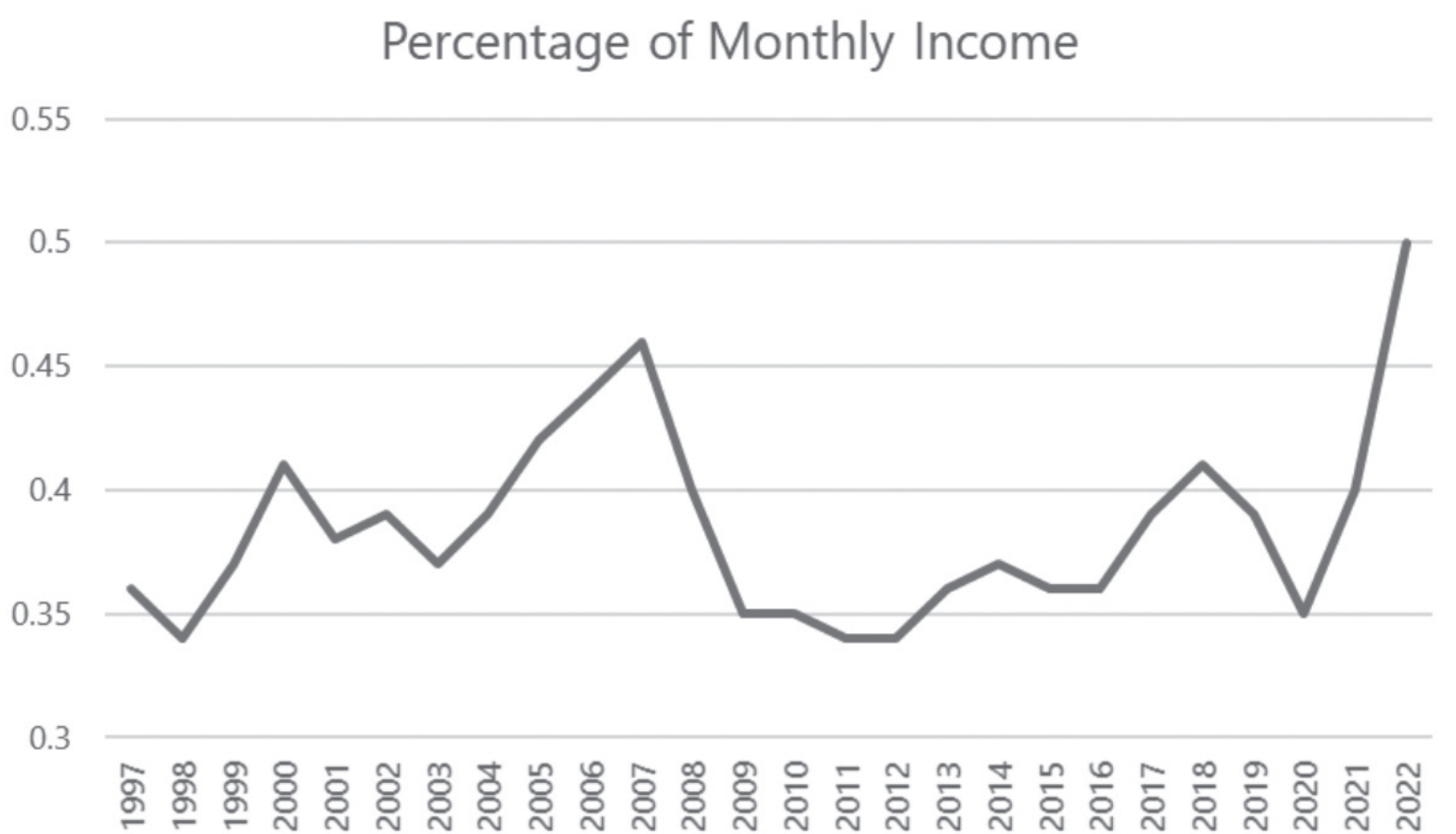
<https://www.cnbc.com/2021/07/14/how-much-of-your-income-you-should-spend-on-housing.html>

This “affordability chart” shows the percentage of monthly income the average American would have to pay had they bought an average house that year. It is a measurement of affordability and it hovers around 39% for most of the last 25 years. In the run up to 2008, we saw this measurement increase to 46%. It was at this point that buyers and the entire banking system “threw in the towel” forcing prices and interest rates to collapse.

Average monthly rent in Homer is \$1,232 according to American Community Survey data.

A person earning minimum wage (\$15.51/hour) would need to work approximately 185.5 hours per month to afford housing at 30% of their total income, assuming a monthly rental cost of \$1,232.

INCOME AND SALARY	AFFORDABLE HOUSING RATE AT 30%
MINIMUM WAGE	\$806.09 /month
\$45,000/YEAR	\$1,125 /month
\$60,000/YEAR	\$1,500 /month



<https://fred.stlouisfed.org/series/CSUSHPINSA>
<https://fred.stlouisfed.org/series/MORTGAGE30US>

Homer, Alaska Area Livability

Overview and Analysis

Living Wage Calculation

The living wage shown is the hourly rate that an individual in a household must earn to support his or herself and their family. The assumption is the sole provider is working full-time (2080 hours per year). The tool provides information for individuals, and households with one or two working adults and zero to three children. In the case of households with two working adults, all values are per working adult, single or in a family unless otherwise noted.

The state minimum wage is the same for all individuals, regardless of how many dependents they may have. Data are updated annually, in the first quarter of the new year. State minimum wages are determined based on the posted value of the minimum wage as of January one of the coming year (National Conference of State Legislatures, 2019). The poverty rate reflects a person's gross annual income. We have converted it to an hourly wage for the sake of comparison.

	1 ADULT				2 ADULTS (1 WORKING)				2 ADULTS (BOTH WORKING)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	\$16.83	\$35.15	\$46.08	\$61.68	\$26.68	\$33.19	\$38.17	\$43.32	\$13.34	\$19.68	\$25.25	\$30.93
Poverty Wage	\$8.17	\$11	\$13.84	\$16.68	\$11	\$13.84	\$16.68	\$19.51	\$5.50	\$6.92	\$8.34	\$9.76
Minimum Wage	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85	\$10.85

<https://livingwage.mit.edu/counties/02122>

Typical Expenses

These figures show the individual expenses that went into the living wage estimate. Their values vary by family size, composition, and the current location.

	1 ADULT				2 ADULTS (1 WORKING)				2 ADULTS (BOTH WORKING)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Food	\$4,686	\$6,916	\$10,392	\$13,774	\$8,591	\$10,702	\$13,802	\$16,795	\$8,591	\$10,702	\$13,802	\$16,795
Child Care	\$0	\$10,717	\$21,435	\$32,152	\$0	\$0	\$0	\$0	\$0	\$10,717	\$21,435	\$32,152
Medical	\$3,042	\$8,948	\$8,958	\$8,883	\$7,112	\$8,958	\$8,883	\$9,036	\$7,112	\$8,958	\$8,883	\$9,036
Housing	\$10,040	\$13,206	\$13,206	\$18,565	\$10,102	\$13,206	\$13,206	\$18,565	\$10,102	\$13,206	\$13,206	\$18,565
Transportation	\$5,316	\$9,561	\$11,691	\$14,058	\$9,561	\$11,691	\$14,058	\$15,073	\$9,561	\$11,691	\$14,058	\$15,073
Civic	\$2,920	\$5,801	\$6,480	\$8,835	\$5,801	\$6,480	\$8,835	\$7,025	\$5,801	\$6,480	\$8,835	\$7,025
Other	\$4,596	\$8,020	\$9,463	\$10,386	\$8,020	\$9,463	\$10,386	\$11,617	\$8,020	\$9,463	\$10,386	\$11,617
Required annual income after taxes	\$30,732	\$63,301	\$81,756	\$106,785	\$49,319	\$60,631	\$69,302	\$78,243	\$49,319	\$71,348	\$90,737	\$110,395
Annual taxes	\$4,279	\$9,818	\$14,090	\$21,511	\$6,172	\$8,395	\$10,099	\$11,856	\$6,172	\$10,501	\$14,311	\$18,268
Required annual income before taxes	\$35,012	\$73,119	\$95,846	\$128,295	\$55,491	\$69,026	\$79,400	\$90,099	\$55,491	\$81,849	\$105,047	\$128,663

<https://livingwage.mit.edu/counties/02122>

South Peninsula Housing Stats

TOTAL HOUSING UNITS 8,483 | TOTAL VACANT HOUSING UNITS 2,272

CENSUS TRACT*	TOTAL HOUSING UNITS	VACANT HOUSING UNITS	VACANCY RATE
ANCHOR POINT CDP	1,357	407	30%
DIAMOND RIDGE CDP	701	118	17%
FOX RIVER CDP	354	178	50%
FRITZ CREEK CDP	1,249	280	22%
HAPPY VALLEY CDP	576	248	3%
HOMER CITY	2,851	467	16%
KACHEMAK CITY	307	48	16%
NIKOLAEVSK CDP	171	33	19%
NINILCHIK CDP	917	493	54%
SOUTH PENINSULA AREA	8,483	2,272	30%

*Census Designated Place (CDP) area designations and data derived from the 2020 Decennial Census.

A **HOUSING UNIT** is a house, an apartment, a mobile home, a group of rooms, a single room occupied as a separate living quarter or vacant units intended for occupancy.

A housing unit is classified as **OCCUPIED** if it is the usual residence of the person(s) living in the unit.

VACANT UNITS include housing units with no one living in them at the time of the Census, temporarily occupied units where the usual residence is elsewhere (such as vacation homes), and new units not yet occupied.

The **TOTAL NUMBER OF HOUSING UNITS** is equal to the number of occupied units + the number of vacant units.

<https://www.census.gov/housing/hvs/definitions.pdf>

What do you think are **CHALLENGES** for
housing in the Greater Homer Area?

PLEASE WRITE COMMENTS BELOW

What do you think are possible **SOLUTIONS** to the housing challenges in the Greater Homer Area?

PLEASE WRITE COMMENTS BELOW