

2013 MAT-SU COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

Valley Hospital Association, Inc. d/b/a Mat-Su Health Foundation
with covered facility, Mat-Su Regional Medical Center
and outpatient facility, Urgent Care



BACKGROUND

The MSHF Board of Directors and the MSRMC LLC Board have determined that the health needs identified in the Mat-Su Community Health Needs Assessment should be addressed through the following implementation strategy. The major issues facing the Mat-Su Borough were identified through the community health needs assessment and community engagement process. These include behavioral health issues (alcohol and substance abuse; child abuse and violence; domestic violence and sexual assault; and depression and suicide); and access to care issues (behavioral health, medical care, dental, vision, and other specialty care). These issues will be addressed in-depth in this implementation plan. Additionally, other health needs that were identified in the CHNA process, which will be addressed to a lesser extent, will be discussed, as well.

ALCOHOL AND SUBSTANCE ABUSE

KEY OBJECTIVE: All Mat-Su residents are drug-free and sober or drink responsibly.

GOALS

- Ensure a complete continuum of quality care for residents addicted to alcohol and drugs.
- Ensure a complete continuum of prevention measures for Mat-Su children to prevent early initiation of alcohol and drug use and future addiction.
- Create a community where social norms encourage all residents to be drug-free, sober or drink responsibly.
- Other specific goals will be determined with the help of a community coalition after an Environmental Scan has been conducted.

SUMMARY OF PROBLEM IN MAT-SU

Table 1. Summary Measures of Mat-Su Drug and Alcohol Use , 2011	
Middle school students who drank alcohol before 11 years of age.	13.1%
Middle school students who ever drank alcohol more than a few sips.	32.4%
Traditional high school students who engaged in binge drinking in the last month.*	15.2%
Alternative high school students who engaged in binge drinking in the last month.	35.6%
Traditional high school students who used marijuana in the last month.	18.7%
Alternative high school students who used marijuana in the last month.	43.8%
Traditional high school students who ever used marijuana, cocaine, solvents, heroin, meth, ecstasy, or un-prescribed drugs.	42.7%
Alternative high school students who ever used marijuana, cocaine, solvents, heroin, meth, ecstasy, or un-prescribed drugs.	74.9%
Adults 18 years or older who engaged in binge drinking in the last month.*	20.0%
<i>Data Sources: Alaska Department of Health and Human Services (ADHHS), Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS). *Note: Binge Drinking is defined for youth as five drinks at one sitting; for female adults as four drinks at one sitting; and for male adults as five drinks at one sitting.</i>	

CHILD ABUSE AND VIOLENCE

KEY OBJECTIVE: All Mat-Su children are safe and well-cared-for.

GOALS

- Ensure a complete continuum of quality, trauma-informed care for children who are affected by trauma.
- Ensure a complete continuum of trauma prevention measures for Mat-Su children.
- Create a community where social norms support making sure all children are safe.
- Create a community where social norms encourage all residents to be drug-free, sober or drink responsibly.
- Other specific goals will be determined with the help of a community coalition after an Environmental Scan has been conducted.

SUMMARY OF PROBLEM IN MAT-SU

Table 2. Summary Measures of Mat-Su Child Abuse and Violence	
Number of Mat-Su child protective service reports filed, April 2012-March 2013	1625
Number of investigated allegations of child maltreatment that were substantiated, April 2012-March 2013.	420
Maltreated children served by the Children’s Place, 2012.	240
Middle school students who were ever bullied on school property, 2011.	44.8%
Traditional high school students who were bullied on school property in the last 12 months, 2011.	23.6%
Alternative high school students who were bullied on school property in the last 12 months, 2011.	19.7%
Middle school students who were ever in a physical fight, 2011.	49.7%
Traditional high school students who were in a physical fight in the last 12 months, 2011.	29.2%
Alternative high school students who were in a physical fight in the last 12 months, 2011.	43.1%
Traditional high school students who were ever forced to have sexual intercourse when they did not want to, 2011.	8.1%
Alternative high school students who were ever forced to have sexual intercourse when they did not want to, 2011.	17.5%
Traditional high school students who experienced dating violence in the past 12 months, 2011.	11.1%
Alternative high school students who experienced dating violence in the past 12 months, 2011.	14.8%
<i>Data Sources: ADHSS, YRBS and BRFS; Alaska Office of Children’s Services; The Children’s Place.</i>	

DEPRESSION AND SUICIDE

KEY OBJECTIVE: All Mat-Su residents have optimal mental, cultural, and spiritual health.

GOALS

- Ensure a complete continuum of quality care for behavioral health services.
- Ensure a complete continuum of prevention measures for Mat-Su children to prevent depression and suicide.
- Create a community where social norms support making sure all children are safe.
- Create a community where social norms encourage all residents to be drug-free, sober or drink responsibly.
- Other specific goals will be determined with community coalition after Environmental Scan has been conducted.

SUMMARY OF PROBLEM IN MAT-SU

Table 3. Summary Measures of Mat-Su Depression and Suicide, 2011	
Adults who report 10 or more poor mental health days in the last month.	13.4%
Seniors who report 6 or more poor mental health days in the last month.	7.1%
Mothers of three-year-olds who report depressive symptoms in past 3 months.	25.4%
Traditional high school students who report feeling so sad or hopeless for 2 weeks or more that they stopped doing usual activities in last 12 months.	26.9%
Alternative high school students who report feeling so sad or hopeless for 2 weeks or more that they stopped doing usual activities in last 12 months.	34.0%
Middle school students who ever considered suicide.	20.6%
Traditional high school students who considered suicide in last 12 months.	15.1%
Alternative high school students who considered suicide in last 12 months.	20.6%
Suicide death rate per 100,000 people, 2007-2009.	23.2
<i>Data Sources: Alaska Bureau of Vital Statistics; ADHSS, YRBS and BFRSS.</i>	

DOMESTIC VIOLENCE AND SEXUAL ASSAULT

KEY OBJECTIVE: All Mat-Su residents have healthy violence-free relationships.

GOALS

- Ensure a complete continuum of quality care and prevention measures for residents affected by domestic violence and sexual assault.
- Ensure a complete continuum of prevention measures for Mat-Su children to prevent youth dating violence and sexual assault.
- Create a community where social norms support making sure all children are safe.
- Create a community where social norms encourage all residents to be drug-free, sober or drink responsibly.
- Other specific goals will be determined with community coalition after Environmental Scan has been conducted.

SUMMARY OF PROBLEM IN MAT-SU

Table 4. Summary Measures for Mat-Su Domestic Violence and Sexual Assault	
Traditional high school students who report being forced to have intercourse against their will, 2011.	11.1%
Alternative high school students who report being forced to have intercourse against their will, 2011.	17.5%
Adults who witnessed parental violence as children, 2009.	22.7%
Adults who report a history of sexual abuse/assault, 2009.	11.0%
Adults report ever experiencing physical violence by a partner/spouse, 2009.	19.4%
<i>Data Sources: ADHSS, BRFSS, YRBS.</i>	

STRATEGIES FOR ADDRESSING BEHAVIORAL HEALTH ISSUES

Table 5. Strategies for Addressing Behavioral Health Issues, 2013-2015

Mat-Su Health Foundation Strategic Activities	MSRMC Medical Center Strategic Activities	Anticipated Collaborative Partners
Statewide systems change		
Participate as a funding partner for <i>Recover Alaska</i> , a statewide collaborative focusing on systems change to reduce the negative impacts attributed to alcohol abuse in Alaska. (2013, \$50,000)		<ul style="list-style-type: none"> Recover Alaska and participating partners
Support state-wide health reform initiative to provide factual research, data, and analysis regarding the state of health care in Alaska. (2013, \$35,000)		<ul style="list-style-type: none"> AK Health Reform participating partners
Participate as a funding partner in <i>Alaska Adverse Childhood Experiences (ACEs) Steering Committee</i> , to help coordinate, drive collaboration, and align systems change to prevent and treat ACEs across Alaska. (2013, \$75,000)		<ul style="list-style-type: none"> Alaska Children’s Trust Alaska Mental HealthTrust Authority Rasmuson Foundation Alaska Family Violence Prevention Project
Ensure MSHF representation on <i>the Pathways to Prevention, Working Together to End Violence Statewide Steering Committee</i> , a CDC grant-funded collective impact approach to preventing ACEs.		<ul style="list-style-type: none"> Alaska Network on Domestic Violence and Sexual Assault Alaska Council on Domestic Violence and Sexual Assault
Ensure MSHF representation on Steering Committee of AK Office of Children’s Services’ Early Childhood Comprehensive Systems Grant Program, supported by Health Resources and Services Administration.		<ul style="list-style-type: none"> AK Office of Children’s Services Rasmuson Foundation AK Mental Health Trust Authority Southcentral Foundation (SCF) AK Children’s Trust

Mat-Su Health Foundation Behavioral Health Strategic Activities	MSRMC Medical Center Behavioral Health Strategic Activities	Anticipated Collaborative Partners
Local systems change		
<p>Convene and provide initial leadership for local behavioral health provider collaborative to develop scope of work for a behavioral health and trauma care Environmental Scan (continuum of prevention and treatment services). Fund this Environmental Scan and identify gaps and assess barriers.</p> <p>Coordinate local behavioral health systems analysis with AK Mental Health Trust’s statewide behavioral health systems analysis. Hire subject matter experts to inform process and a facilitator if necessary.</p>	<p>Ensure MSRMC representation in convening of Mat-Su behavioral health providers guiding the Environmental Scan and recommendations for improvements in the continuum of care. Provide demographic, diagnosis, service, and disposition data and input for Environmental Scan in relation to the urgent care, emergency, and in-patient department behavioral and mental health, child maltreatment, domestic violence, and sexual assault patients. This will require a Business Associate Agreement with all partners.</p>	<ul style="list-style-type: none"> • Mat-Su Behavioral Health service providers and other related community organizations and systems • MSRMC representatives • Anchorage providers who receive referrals of Mat-Su residents • AK Mental Health Trust Authority • Mat-Su trauma providers/ other related community organizations and systems
<p>Ensure MSHF representation on <i>Thrive Mat-Su</i> – a local substance abuse prevention coalition. Consider funding elements of THRIVE’s annual action plan.</p>		<ul style="list-style-type: none"> • Mat-Su Thrive partners
<p>Assist in creation of a Sexual Assault Response Team (SART) for Mat-Su. Support outpatient advocacy and education services with funding. (2014, \$50K).</p>	<p>Maintain competent Sexual Assault Nurse Examiner coverage at MSRMC. Provide space and support for Mat-Su SART forensic exams and operations. Assume liability for SANE medical oversight. Collaborate with community partners on education component.</p>	<ul style="list-style-type: none"> • Mat-Su Borough • City of Wasilla • Alaska Family Services • MSRMC Medical Center • Mat-Su Domestic Violence Coalition
<p>Ensure MSHF representation on Mat-Su Domestic Violence Coalition. Fund Coalition facilitation. (2013, \$15,000)</p>	<p>Ensure MSRMC representation on Mat-Su Domestic Violence Coalition.</p>	<ul style="list-style-type: none"> • Mat-Su Domestic Violence Coalition partners

Mat-Su Health Foundation Behavioral Health Strategic Activities	MSRMC Medical Center Behavioral Health Strategic Activities	Anticipated Collaborative Partners
Screening and treatment		
Work with community partners to prioritize and address gaps and barriers identified in the Environmental Scan that pertain to treatment. Gaps identified in the CHNA include child mental health services; local detox facility; local intermediate crisis care center; emergency department behavioral health/psychiatry services; elementary school counselors; senior mental health services. Consider start-up funding for services/programs demonstrated to address these gaps/barriers and be sustainable.	Work with community partners to prioritize and address gaps and barriers identified in the Environmental Scan that pertain to emergency, urgent care and in-patient department behavioral health and trauma services.	<ul style="list-style-type: none"> • Mat-Su Behavioral Health service providers and other related community organizations and systems • MSRMC representatives • Anchorage providers who receive referrals of Mat-Su residents • Mat-Su Alcohol and Substance Abuse Coalition
Promote training for and increase implementation of universal SBIRT (Screening, Brief Intervention and Referral to Treatment) by Mat-Su primary care and behavioral health providers.	Advocate for medical staff approval and implementation of SBIRT or similar (CHS) screening for MSRMC urgent care and ED patients.	<ul style="list-style-type: none"> • Mat-Su health care providers and MSRMC
Ensure MSHF staff participation and incentivize Mat-Su provider representation in train-the-trainer education on trauma-informed care. Fund and facilitate provision of training to local behavioral health and primary care providers.	Advocate for medical staff approval and implementation of MSRMC Emergency Department (ED) and urgent care provider and staff training and competency in trauma-informed care.	<ul style="list-style-type: none"> • MSRMC Medical Center • MSHF • Mat-Su behavioral health providers • Mat-Su primary care providers
Promote screening for ACEs by pediatric and urgent care providers and school nurses.	Advocate for medical staff approval of screening for childhood/adult trauma in urgent care/emergency department; maintain MSRMC SCAN (Scan for Child Abuse/Neglect) teams.	<ul style="list-style-type: none"> • Local pediatric and primary care providers • MSRMC and other urgent care providers • MSBSD

Mat-Su Health Foundation Behavioral Health Strategic Activities	MSRMC Medical Center Behavioral Health Strategic Activities	Anticipated Collaborative Partners
<p>Improve quality of behavioral health care services by Mat-Su based inpatient and outpatient providers, utilizing evidence-based practices.</p>	<p>Address behavioral health quality of care issues at MSRMC. Explore the implementation of tele-psychiatry to support ED physicians. Sign MOA with State Division of Behavioral Health grantee to accept referrals/consult with ED staff. MSRMC will provide office space/equipment.</p>	<ul style="list-style-type: none"> • MSRMC Medical Center • MSHF • Mat-Su behavioral health providers • Mat-Su primary care providers
	<p>Improve care coordination with Anchorage and Mat-Su service providers to ensure effective referral and follow-up system for behavioral health patients seen at hospital facility. Provide post-discharge phone calls according to standard CHS protocol on all behavioral health patients seen in MSRMC ED.</p>	<p>Mat-Su and Anchorage inpatient and outpatient behavioral health service providers.</p>
	<p>Hire and integrate behavioral health provider in Solstice Clinic in 2013 to help improve access to behavioral health services.</p>	<ul style="list-style-type: none"> • Solstice Family Care
	<p>Ensure that the following community-hospital initiatives have a mental health component:</p> <ul style="list-style-type: none"> • Healthy Woman Program • Men’s Health Fair • Senior Circle • Health Connection • Valley Health Page in local newspaper 	

Mat-Su Health Foundation Behavioral Health Strategic Activities	MSRMC Medical Center Behavioral Health Strategic Activities	Anticipated Collaborative Partners
Support local systems change ideas and proposals that originate from various systems after becoming trauma-informed.	Documentation of human resources training on behavioral health issues.	<ul style="list-style-type: none"> • All above providers and systems • Mat-Su Early Learning Collaborative • Best Beginnings
<p>Continue to monitor and provide technical assistance as needed for specific treatment initiatives currently being funded:</p> <ul style="list-style-type: none"> • A local substance abuse treatment program (FY13 270,000) • Three year pilot project for tele-health substance abuse treatment (FY13-FY15, \$15,000 per year) • Transportation of clients to substance abuse treatment and batterers intervention (FY13-14, \$160,000) 		<ul style="list-style-type: none"> • Set-Free Alaska • Alaska Family Services
Prevention		
Work with community partners to address gaps and barriers identified in the Environmental Scan that pertain to prevention, including funding potentially sustainable programs that address these areas.		<ul style="list-style-type: none"> • Mat-Su Borough School District (MSBSD) • Local youth organizations • Faith-based groups • Behavioral health providers
Support and incentivize development of innovative parent support and education programs.		<ul style="list-style-type: none"> • MSBSD • Mat-Su Early Learning Collaborative • Faith-based community • Local non-profits

Mat-Su Health Foundation Behavioral Health Strategic Activities	MSRMC Medical Center Behavioral Health Strategic Activities	Anticipated Collaborative Partners
Support social norms campaign to educate on Adverse Childhood Experiences (ACEs) and to decrease stigma associated with seeking mental health services.		<ul style="list-style-type: none"> • Local and statewide funding partners • Local media outlets • Faith-based organizations • MSBSD
<p>Fund programs that promote resiliency and protective factors among Mat-Su youth. MSHF is currently supporting these projects:</p> <ul style="list-style-type: none"> • A capital development project for local Head Start and administration building (2013, \$500,000) • Build out of a second floor to community recreation and ice arena (FY13, \$800,000) 		<ul style="list-style-type: none"> • CCS Early learning Center • Big Lake Lions Club • Mat-Su youth programs and nonprofits • MSBSD

BEHAVIORAL HEALTH ISSUES EVALUATION PLAN

The MSHF will provide staff to evaluate the implementation plan activities. A Results-Based Accountability Framework will be used to identify result measures and indicators at the population level. This will be done with the assistance of a Mat-Su behavioral health collaborative. Performance measures and indicators will be created by the MSHF, MSRMC and grantee organizations at the organization level. Effort will be made to align result measures with the following indicators from the state-wide effort, *Health Alaskans 2020*.

Increase the proportion of Alaskan youth with family and/or social support.

- *Percentage of adolescents with three or more adults who they feel comfortable seeking help from.*

Reduce the number of Alaskans experiencing domestic violence and sexual assault.

- *Rate of unique substantiated child maltreatment victims per 1000 children.*
- *Rate of rape per 100,000 population.*
- *Percentage of adolescents who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months.*

Reduce Alaskan deaths from suicide.

- *Suicide mortality rate per 100,000 population among people 15-44 year olds;*
- *Suicide mortality rate per 100,000 population among people 45 years and older.*

Reduce the number of Alaskans experiencing poor mental health.

- *Percentage of adolescents who felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.*
- *Mean number of days adults aged 18 years or older who report being mentally unhealthy.*

Reduce the number of Alaskans experiencing alcohol dependence and abuse.

- *Alcohol-related mortality rate per 100,000 population.*
- *Percentage of persons who report binge drinking in the past 30 days.*

ACCESS TO BEHAVIORAL HEALTH CARE SERVICES

KEY OBJECTIVE: All Mat-Su residents are able to find, access, and benefit from quality mental health care.

GOALS: Measureable goals include:

- Ensure a complete continuum of quality behavioral health services and trauma care for Mat-Su residents.
- Promote a community where there is no stigma to seeking help for behavioral health issues.
- Other specific goals will be determined with a community coalition after the Environmental Scan has been conducted.

SUMMARY OF PROBLEM IN MAT-SU:

Table 6. Summary Measures of Mat-Su Access to Behavioral Health Care Services	
Adults reporting member of household had a mental health concern in the last 12 months.	11%
Of those with a mental health concern, those who did not get treatment.	8%
Adults reporting a member of their household had a drug or alcohol abuse concern in the last 12 months.	3%
Of those with a drug or alcohol concern, those who did not get treatment.	33%
School nurses/principals report waiting time to get a child in for mental health services: 90-120 days.	
<i>Data Sources: MSHF, 2012 Household Survey; MSHF, 2013, Community Engagement Meetings.</i>	

ACCESS TO MEDICAL CARE

KEY OBJECTIVE: All Mat-Su residents are able to find, access, and benefit from quality health care, including dental, vision, and other specialty care.

GOALS: Measureable goals include:

- Ensure that all residents understand how to access and obtain health insurance in the Health Insurance Marketplace.
- Ensure that all residents who are eligible for Medicaid, Denali Kid Care and Medicare are appropriately enrolled.
- Ensure that all residents who qualify for charity care at MSRMC receive that care.

SUMMARY OF PROBLEM IN MAT-SU

Table 7. Summary Measures of Mat-Su Access to Health Care Services	
Adults who reported not having health insurance.	23%
Adults who reported not having a primary care provider.	42.1%
Adults who reported they didn't see a doctor due to cost in the last 12 months.	18.5%
Adults who reported they didn't have annual exam or screening in the last 12 months.	31%
Adults who reported they went without needed medicine in the last 12 months.	9.0%
Adults who reported they didn't have transportation to a medical appointment in the last 12 months.	7.0%
Adults who reported they didn't know where to go for care in the last 12 months.	7.0%
Adults who reported they had a need for dental care in the last 12 months.	65%
Adults who had a need for dental care, but didn't get it.	9.0%
Adults who reported a need for vision care in last 12 months.	62%
Adults who had a need for vision care but didn't get it.	12%
At community meetings access issues included: lack of transportation (especially in rural areas); no sliding fee scale for specialty care; not enough providers who accept Medicaid; low immunization rates.	
<i>Data Sources: ADHSS, BRFSS; MSHF, 2012 Household Survey; MSHF, 2013, Community Engagement Meetings .</i>	

STRATEGIES FOR ADDRESSING ACCESS TO HEALTH CARE ISSUES

Table 8. Strategies for Addressing Access to Health Care Issues (mental, physical, dental, vision, etc.)

Mat-Su Health Foundation Access to Health Care Strategic Activities	MSRMC Medical Center Access to Health Care Strategic Activities	Anticipated Collaborative Partners
Local Systems Change		
<p>Convene and provide facilitation and initial leadership for a Mat-Su provider collaborative to guide scope of work development for an Environmental Scan of the complete continuum of behavioral health and trauma care (prevention and treatment services). Fund this Environmental Scan and identify gaps and assess barriers. Hire subject matter expert to inform work and a facilitator if necessary.</p>	<p>Ensure MSRMC representation in convening of Mat-Su behavioral health and trauma providers guiding the Environmental Scan and recommendations for improvements in the continuum of care. Provide demographic, diagnosis, service, and disposition data and input for Environmental Scan in relation to the urgent care, emergency, and in-patient department behavioral and mental health, child abuse, domestic violence, and sexual assault patients.</p>	<ul style="list-style-type: none"> • Mat-Su behavioral health and trauma providers and other related community organizations and systems • MSRMC Medical Center • Anchorage providers who receive referrals of Mat-Su residents
<p>Work with community partners to address gaps identified in the Environmental Scan. Consider start-up funding for services/programs demonstrated to address these gaps/barriers and be sustainable.</p>	<p>Work with community partners to address gaps identified in the Environmental Scan that pertain to behavioral health services for children, adults and families seen in the urgent, care, emergency and in-patient departments.</p>	<ul style="list-style-type: none"> • Mat-Su behavioral health and trauma providers and other related community organizations and systems • MSRMC Medical Center • Anchorage providers who receive referrals of Mat-Su residents
<p>Hold stakeholder forums to educate and get feedback from Mat-Su residents on the Health Insurance Marketplace (HIM). (2013, \$50,000)</p>	<p>Allow interview of MSRMC CEO by State of Reform contractor on HIM.</p>	<ul style="list-style-type: none"> • State of Reform • The Wilson Agency

Mat-Su Health Foundation Access to Health Care Strategic Activities	MSRMC Medical Center Access to Health Care Strategic Activities	Anticipated Collaborative Partners
<p>Create a collaborative group to explore the creation of a Mat-Su Project Access to coordinate physician and hospital donated specialty care for individuals unable to pay.</p>	<p>Ensure MSRMC representation in collaborative group to explore the creation of a Mat-Su Project Access and explore MSRMC role in supporting this project.</p>	<ul style="list-style-type: none"> • Mat-Su Health Services • Sunshine Clinic • Chickaloon Village Traditional Council • MSRMC Medical Center • Private specialists in Mat-Su
<p>Support Coalition of Mat-Su Senior Centers with facilitator (2013, \$150,000) and subject matter experts to develop of a senior cooperative services model.</p>		<ul style="list-style-type: none"> • Coalition of Mat-Su Senior Centers
<p>Support Mat-Su Senior Services Task Force facilitation and recommendations. (2013, \$30,000)</p>		<ul style="list-style-type: none"> • Mat-Su Senior Services Task Force
<p>Decreasing barriers to access to mental, behavioral, and physical health care locally</p>		
<p>Provide scholarships to Mat-Su certificate, undergraduate and graduate students pursuing careers in behavioral health, primary care, and direct service areas where Mat-Su has a workforce shortage. (2013, \$300,000)</p>		
<p>Work with community partners to address barriers identified in the Environmental Scan, including funding potentially sustainable programs that address these areas.</p>	<p>Work with community partners to address gaps and barriers identified in the Environmental Scan that pertain to children, parents and other adults seen in the urgent, care, emergency and in-patient departments.</p>	<ul style="list-style-type: none"> • Local non-profits and health care service providers • Local transit providers • Alaska ACA patient navigators

Mat-Su Health Foundation Access to Health Care Strategic Activities	MSRMC Medical Center Access to Health Care Strategic Activities	Anticipated Collaborative Partners
Continue funding to support the Mat-Su Transit Coalition (2013, \$15,000). Help complete and promote findings and recommendations of the Mat-Su Transit Economic Impact study to reduce the transportation barriers to accessing primary care and behavioral health services. (2103, \$25,000)		<ul style="list-style-type: none"> • Mat-Su Transit Coalition
Fund Mat-Su based health fairs. (2013, \$ 16,170)	Ensure MSRMC representation at local health fairs as appropriate. Continue organizing specialty health fairs such as the Baby Fair, Women’s Health Fair, Men’s Health Fair, Senior Circle and Healthy Woman programs.	<ul style="list-style-type: none"> • Chickaloon Village Traditional Council • Willow Health Organization • Senior Centers based in Mat-Su
	Continue organizing and sponsoring community health programs, such as: Senior Circle; Healthy Woman Program and High Heels for High Hopes.	
Provide start-up and 2 years’ operating support for a Mat-Su Aging and Disability Resource Center. (2013- 14, \$460,000)		<ul style="list-style-type: none"> • LINKS Mat-Su Parent Resource Center • ADRC Steering Committee members
Fund development of an informational DVD on accessing services for baby boomers with aging parents. (2013, \$15,000)		<ul style="list-style-type: none"> • Affinity Films, Inc.
Fund dental furniture, fixtures, and equipment for a FQHC in Anchorage that sees Mat-Su dental patients; incentivize Anchorage provider to help Mat-Su FQHC in Wasilla to add sustainable dental service. (2013, \$100,000).		<ul style="list-style-type: none"> • Anchorage Neighborhood Health Center • Mat-Su Health Services
Fund construction of health clinic facilities at local children’s camps. (2013, \$250,000)		<ul style="list-style-type: none"> • Camp Singing Hills and Camp Togowoods

ACCESS TO HEALTH CARE EVALUATION PLAN

The MSHF will provide staff to evaluate the implementation plan activities. A Results-Based Accountability Framework will be used to identify result measures and indicators at the population level. This will be developed with the input from community partners. Performance measures and indicators will be created by the MSHF, MSRMC and grantee organizations at the organization level. Effort will be made to align result measures with the following indicators from the state-wide effort, *Health Alaskans 2020*.

Reduce the proportion of Alaskans without access to high quality and affordable healthcare.

- *Rate of preventable hospitalizations per 1,000 adults.*
- *Percentage of adults aged 18 years or over reporting that they could not afford to see a doctor in the last 12 months.*

OBESITY AND OVERWEIGHT

KEY OBJECTIVE: All Mat-Su residents are a healthy weight.

GOAL:

- Ensure school environment promotes healthy weights through opportunities for physical activity and healthy nutrition.

SUMMARY OF PROBLEM IN MAT-SU

K-7th grade students who are overweight or obese.	26.0%
Middle school students who are overweight or obese.	27.5%
Traditional high school students who are overweight or obese.	25.6%
Alternative high school students who are overweight or obese.	32.1%
Adults who are overweight or obese.	62.0%
Seniors who are overweight or obese.	72.2%
<i>Data Sources: ADHSS, BRFSS, YRBSS.</i>	

Table 10. Overweight and Obesity

Mat-Su Health Foundation Overweight and Obesity Strategic Activities	MSRMC Medical Center Strategic Activities	Anticipated Collaborative Partners
Local Systems Change		
Provide funding to local schools to participate in the MSHF <i>Healthy Schools Program</i> , a national program focused on reducing the prevalence of child obesity. (2013, \$150,000)		<ul style="list-style-type: none"> • Matanuska-Susitna Borough School District (MSBSD)
Support Mat-Su Trails and Parks Foundation to coordinate trail development/maintenance and Trail Master Plan. (2013, \$80,000)		<ul style="list-style-type: none"> • Mat-Su Trails and Parks Foundation • Mat-Su Borough
Promotion of Physical Activity		
Fund local programs that promote physical activity: <ul style="list-style-type: none"> • Play 60 Challenge (2013, \$2,905) • Sports field and community park and playground improvements (2013, \$15,000) • Adaptive physical education equipment at local playground (2013, \$10,000) • Technical assistance for local ski club’s business development plan (2013, \$3,750) • Completion of community recreation and ice arena outside core area (FY13, \$800,000) 	Support community initiatives such as: <ul style="list-style-type: none"> • Relay for Life • Local running races • Maintain employee wellness program. 	<ul style="list-style-type: none"> • Mat-Su Sea Hawkiers • Meadow Lakes Community Development Inc. • City of Wasilla Mat-Su Ski Club • Big Lake Lions Club • Other local non-profit organizations
Promotion of Healthy Nutrition		
	Support community nutrition initiatives such as: <ul style="list-style-type: none"> • Wrap around nutritional counseling services for bariatric patients • Meeting space for overeaters anonymous • Contribution to local food drives 	<ul style="list-style-type: none"> • Overeater’s Anonymous • Local non-profit organizations and schools

Mat-Su Health Foundation Overweight and Obesity Strategic Activities	MSRMC Medical Center Strategic Activities	Anticipated Collaborative Partners
Fund local program focused on sustainable local production of food. (2013, \$12,000)		<ul style="list-style-type: none"> • Palmer Museum of History and Art
Fund Mat-Su Food Coalition formation and facilitation to create efficient and sustainable operations of local food pantry efforts. (2013, \$15,000)		<ul style="list-style-type: none"> • Mat-Su Food Coalition
Fund community kitchen to support numerous food distribution systems and efforts in core area. (2013, \$50,000)		<ul style="list-style-type: none"> • Good Shepherd Lutheran Church

OVERWEIGHT AND OBESITY EVALUATION PLAN

The MSHF will provide staff to evaluate the implementation plan activities. A Results-Based Accountability Framework will be used to identify result measures and indicators at the population level with the input from community partners. Performance measures and indicators will be created by the MSHF, MSRMC and grantee organizations at the organization level. Effort will be made to align result measures with the following indicators from the state-wide effort, *Health Alaskans 2020*.

Reduce the proportion of Alaskans who are overweight or obese.

- *Percentage of adults who meet the criteria for overweight or obese.*
- *Percentage of adolescents who meet the criteria for overweight or obese.*

Increase the percentage of Alaskans who meet the CDC Physical Activity Guidelines for Americans.

- *Adults who do 150 or more total minutes per week of moderate exercise or vigorous exercise (where each minute of vigorous exercise contributes two minutes to the total).*
- *Adolescents who do at least 60 minutes of physical activity a day, every day of the week.*

OTHER HEALTH NEEDS

Some issues identified through the community health needs assessment have not been addressed in this plan as comprehensively as others. In order to make a significant impact where the community is ready and willing to engage, resources must be applied. Some community needs fall out of the scope of expertise and resources of MSHF and MSRMC. The following chart outlines how some of the needs identified in the assessment are being addressed in a limited way by MSHF or MSRMC and/or more extensively by others in the community.

Community Need	Efforts to address
Injury	<ul style="list-style-type: none"> MSRMC will support child safety seat installation checks program run by Mat-Su Services for Children and Adults (MSSCA) for MSRMC Obstetrics patients. MSRMC will sponsor a Bike safety fair for the community. MSRMC will continue to sponsor SHARP's needle disposal program. See "alcohol and substance abuse" table. Approximately 21% of all injuries in the Mat-Su involve alcohol and/or substance abuse.
Tobacco use	<ul style="list-style-type: none"> MSHF will support the Cancer Action Network Alaska Smoke Free Campaign. (2013, \$25,000) Maintain and enforce smoke-free campus policy at MSRMS.
Homelessness	<ul style="list-style-type: none"> MSHF will maintain staff representation on the Mat-Su Housing and Homeless Coalition operating board.
Cancer	<ul style="list-style-type: none"> MSHF and MSRMC will continue efforts to support health fairs which promote some cancer screening efforts. Efforts to address tobacco, alcohol abuse, and obesity will help to prevent cancers caused by these lifestyle health risk activities.
Immunizations	<ul style="list-style-type: none"> Improving access to care will assist with making sure that all adults and children have access to immunizations.