2013 Mat-Su Community Health Needs Assessment

MAT-SU HEALTH FOUNDATION

ACKNOWLEDGEMENTS

This report would not have been possible without the support and assistance of a great many organizations and individuals throughout the Mat-Su. The Mat-Su Health Foundation, along with the McDowell Group and Agnew::Beck thank all those who contributed, including the Mat-Su Community Health Assessment Steering Committee:

Katie Johnson	Alaska Mental Health Trust Authority	Kevin Munson	Mat-Su Health Services
Lisa Wade	Chickaloon Tribe	Pastor Aaron Payne	Palmer Seventh-Day Adventist Church
Nancy Merriman	Denali Commission	Nathan Johnson	Providence Health and Services Alaska
Kevin Toothaker	Knik Tribal Council	Sammye Pokryfki	Rasmuson Foundation
Lauren Kruer	Mat-Su Borough Planning Department	Sandra Woods	Alaska Division of Public Health Nursing
Elizabeth Ripley	Mat-Su Health Foundation	Melissa Caswell	Southcentral Foundation
Dennis Brodigan	Mat-Su Borough Emergency Services	Sharon Montagnino	Sunshine Community Health Center
Deena Paramo	Mat-Su Borough School District	Herman Thompson	Upper Susitna Senior Center
Nicole Caldarea	Mat-Su Regional Medical Center	Stephanie Allen	United Way of Mat-Su
Pauline Burrell	Mat-Su Regional Medical Center	John Rozzi	Valley Charities, Inc.

TO MAT-SU RESIDENTS,

The Mat-Su Health Foundation would like to see the Mat-Su Borough become the healthiest place in the country. MSHF shares ownership in the Mat-Su Regional Medical Center and invests its assets in charitable works that improve the health and wellness of Alaskans living in Mat-Su. In order to achieve this vision of the healthiest borough, MSHF has been working with a steering committee composed of local and statewide partners to complete a community health needs assessment (CHNA) for the borough.

The following partners have provided funding for this project: Alaska Mental Health Trust Authority, BP Alaska, Denali Commission, Providence Health and Services Alaska, Rasmuson Foundation, Southcentral Foundation, Mat-Su Borough, Mat-Su Agency Partnership, Mat-Su Coalition of Senior Centers, Mat-Su Community Health Centers, the State of Alaska Department of Health and Social Services including Mat-Su Public Health Nursing, and the United Way of Mat-Su. Additionally, a Steering Committee composed of representatives from these and other community organizations helped guide this process.

Elizabeth Ripley, Executive Director
Mat-Su Health Foundation

The first phase of this assessment involved collecting primary and secondary data on the health of the Mat-Su population, including a survey of Mat-Su residents. In the second phase, this information was presented and discussed at twenty-three community meetings in February, March, and April of 2013. Feedback from the meetings was combined with the data findings to create a *Mat-Su Community Health Needs Assessment Report*. The findings from the report will help guide the Mat-Su Health Foundation and the Mat-Su Regional Medical Center in collaboration with our community partners and the people of Mat-Su to take steps to make the Mat-Su Borough the healthiest in the country.

This report was created with the help of McDowell Group and Agnew::Beck consultants, along with the input of over 500 Mat-Su community members who shared with us their concerns and hopes for the borough. We offer a special thanks to our partners in funding and planning this community health needs assessment and to our fellow citizens who generously gave their time and energy to offer input. We are grateful for your feedback and support.

Linda Conover, Board Chair
Mat-Su Health Foundation

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	1	CHAPTER 7: MAT-SU SUB-POPULATIONS	108
LETTER TO MAT-SU	2	CHAPTER 8: COMMUNITY MEETING FINDINGS	129
EXECUTIVE SUMMARY	4	APPENDIX A: DATA SOURCES	141
SNAPSHOTS	8	APPENDIX B: COMMUNITY MEETING PARTICIPANT DATA	145
LIST OF TABLE AND FIGURES	14	APPENDIX C: MAT-SU RESOURCES	151
LIST OF ABBREVIATIONS	18	REFERENCES	164
DATA AND METHODS	19		
CHAPTER 1: WHERE WE LIVE, LEARN, AND WORK	27		
CHAPTER 2: HEALTHCARE ACCESS	41		
CHAPTER 3: HEALTHY WEIGHT	48		
CHAPTER 4: CHRONIC AND INFECTIOUS DISEASE	59		
CHAPTER 5: MENTAL HEALTH, ALCOHOL AND SUBSTANCE ABUSE	81		
CHAPTER 6: SAFETY AND INJURY	94		

2013 MAT-SU COMMUNITY HEALTH NEEDS ASSESSMENT

Executive Summary

MAT-SU HAS A LOT TO BE PROUD OF

Looking at the big picture, the Mat-Su Borough has amazing assets in terms of natural environment and quality of life. People like living in Mat-Su; in fact, our population has been the fastest growing in Alaska for the last twenty years. We also have a rich sense of community with active chambers of commerce and community councils, a solid faith-based sector, and a strong school system with dedicated teachers and administrators. There are a wealth of examples of successful collaboration and cooperation among different organizations and agencies to improve health in the borough. All of this can help address the health problems that challenge our community.

In 2012, the Mat-Su Health Foundation, along with other community and statewide partners, embarked on a journey to understand the health of the Mat-Su population. We started by exploring existing data from ongoing surveys and the U.S. Census. We also commissioned a household survey, a workplace survey, and an assessment of local health policy and the built environment. We analyzed these data findings and in early 2013 launched a community meeting series where the information was presented and attendees were given an opportunity to identify our greatest health challenges.

The Community Health Needs Assessment (CHNA) report is a culmination of this journey. This report provides an overview of what we know about our health and what our residents have identified as priority issues.

We would like to thank the 526 Mat-Su residents and professionals who attended 23 community meetings to help identify the top five health priorities for our borough.

THE HEADLINES

Overwhelming consensus was revealed in our community about Mat-Su's greatest health challenges…

- ALCOHOL AND SUBSTANCE ABUSE

The community views this as our leading health challenge. This issue leads to approximately 11 alcohol-induced deaths and 16 drug-induced deaths each year, 22% of our injuries requiring hospitalizations, and much stress and worry for families and children.

- CHILDREN EXPERIENCING TRAUMA AND VIOLENCE

This issue is directly related to our community's leading goal – to keep our children safe and well-cared-for. In the last year, we had over 1,625 protective service reports of child maltreatment and 420 substantiated allegations. One in four of our high school students have been bullied in the last year, and half of our middle school students have been in a physical fight.

WHAT WE HEARD

"I saw a heroin addict last week in the Emergency Department who thought she was pregnant. We did a pregnancy test and found out she wasn't. I had nowhere to send that girl. Just like drunks, I have nowhere to send them – they are the ones crashing into your vehicle."

-Emergency Department physician

"If alcohol and substance abuse are addressed, many of the other issues would take care of themselves."

-Wasilla senior

"Start at birth and find a way for the community to support families. People may not intend to hurt their child but because of the stress and strain it does happen. People want to be good parents but they do not have the skills."

-Wasilla resident

• DEPRESSION AND SUICIDE

The Mat-Su has a suicide death rate that is twice as high as the U.S. rate.

• DOMESTIC VIOLENCE AND SEXUAL ASSAULT

More than one in ten high school students experience dating violence or have been physically forced to have intercourse when they did not want to.

• BEHAVIORAL HEALTH CARE SYSTEM IN NEED OF REPAIR

Children, families, and individuals are not getting the counseling, addiction treatment, and other services they need. There are long waiting lists, especially for children, and lack of money and transportation prevent many people from getting services.

There are other issues that affect our health that came up from the data review and at the meetings. These include overweight and obesity, lack of access to medical and dental care, smoking, injury, lack of access to safe and affordable housing, and decreased use of cancer screenings and immunizations.

WHAT WE HEARD

"Access to mental health care could eliminate a lot – if kids can heal from trauma. There are parents who can't get their kids in to see someone – often there is a 6-8 week waiting list."

-School principal

"Office of Children Services child maltreatment reports related to drugs and alcohol and whether people's lives are violence-free [are important], but access to mental health services underlies everything – healthy mental health is related to all the rest."

-Wasilla senior

THE FUTURE

The Mat-Su Health Foundation has chosen to focus our resources and energy on addressing the high priority health issues identified by the community. One of our foci will be working with local and statewide providers, organizations, and residents to ensure that all Mat-Su residents can have optimal mental and emotional health. To do this we will need a behavioral health system that works for everyone from children to seniors. *Healthy Seniors* was our first focus area, and that work is already underway.

Our other focus will be to support a Mat-Su where our children are safe and well-cared-for, not just by healthy families, but by everywhere they go throughout their day (schools, health care facilities, daycare, camps, sports activities, etc.). The goal will be to grow emotionally healthy children who will pass on this strength and steadiness to their children and future generations to come. By all working together we can have maximum impact in solving the health problems identified through the community health needs assessment process. We look forward to working with partners throughout the community as together we strive to help Mat-Su become the healthiest place in the U. S.

MAT-SU HEALTH SNAPSHOTS

These snapshot tables provide a quick overview of demographic and health indicators, correlating with the first six chapters of this report: demographics; healthcare access; healthy weight, chronic and infectious disease; mental health, alcohol, and substance abuse; and safety and injury.

CHAPTER 1: DEMOGRAPHIC *SNAPSHOT*		
Indicator	Mat-Su	AK
ADOLWD Population estimate, 2011	91,697	722,190
Population change since 2010 (%)	3.0	1.7
Population change since 2000 (%)	54.6	15.2
Median age (years), 2010	34.8	33.8
Number of households, 2012	31,824	258,058
Average household size, 2010	2.75	2.7
Average family size, 2010	3.23	3.2
Total population living in poverty (%), 2006-2010	9.9	13.8
Unemployment Rate (seasonally adjusted) (%), 2011	8.6	7.4
Number of homeless in Mat-Su, 2012	938	NA
Individuals with a physical disability (%), 2009-2011	10	11
Data Sources: Alaska Department of Labor and Workforce Development (ADOLWD); U.S. Census; Mat-Su Coalition on Housing and Homelessness.		

CHAPTER 2: HEALTHCARE ACCESS *SNAPSHOT*

Indicator	Mat-Su	AK	US	Healthy People Goal
Did not see a doctor due to cost in last 12 months (%).				
• 18+ years, 2011	18.5	17.4	NA	-
• 65+ years, 2011	4.7	NA	NA	
Have a usual primary care provider (%).				
• 18+ years, 2011	57.9	56.4	76.3	84
• 65+ years, 2011	90.9	NA	NA	
Persons with medical insurance (%).				
• 18+ years, 2011	77.0	79.9	82.1	100
• 65+ years, 2011	97.9	97.2	NA	
Primary Care Physician to Population Ratio, 2009.	1293:1	731:1	NA	-
Preventable Hospital Stays per 1000 Medicaid enrollees, 2009.	53.3	55.1	NA	-

Data Sources: Alaska Department of Health and Social Service (ADHSS), Behavioral Risk Factor Surveillance System (BRFSS); Robert Wood Johnson Foundation (RWJF), County Health Rankings; Centers for Disease Control and Prevention (CDC), BRFSS Prevalence and Trends Data. Note: NA – Not Available; (-) means no goal set for this indicator.

CHAPTER 3: HEALTHY WEIGHT *SNAPSHOT*

Indicator	Mat-Su Percent	AK Percent	US Percent (2009-10)	Healthy People Goal
Healthy weight				
• K-7th, 2009-10	71.0	NA	63.2	-
• Middle school, 2011	69.1	68.5	63.7	-
• Traditional high school, 2011	71.7	72.0	27.7	-
• Alternative high school, 2011*	65.1	NA	NA	-
• Adult, 2011	38.8	34.4	25.7	33.9
• Senior, 2011	27.3	NA	NA	-

*Data Sources: ADHSS and MSBSD; ADHSS, BRFSS and YRBS; RWJF, County Health Rankings. Note: NA – Data not available; (-) means no goal set for this indicator. * The Alaska Department of Health and Social Services labeled Mat-Su alternative high schools who participated in the Youth Risk Behavior Survey in 2011 as American Charter Academy, Burchell High School, Mat-Su Day School, and Valley Pathways.*

CHAPTER 4: CHRONIC AND INFECTIOUS DISEASE *SNAPSHOT*				
Indicator	Mat-Su	AK	US	Healthy People Goal
Chronic Disease				
Coronary heart disease death rate per 100,000 people, 2007-2009	87.5	87.6	126.0	100.8
Stroke disease death rate per 100,000 people, 2007-2009	40.1	43.1	42.2	33.8
Diabetes – adults, 2011 (%)	7.5	7.8	11.3	-
Diabetes – seniors, 2011 (%)	21.3	20.3	NA	-
Cancer death rate per 100,000 people, 2007-2009	175.3	182.9	178.4	160.6
Colorectal cancer death rate per 100,000 people, 2007-2009	13.6	17.5	16.9	14.5
Lung cancer death rate per 100,000 people, 2009	56.7	55.8	48.5	45.5
Mammogram, women age 40+, in past 2 years, 2006-2010 (%)	60.7	69.9	75.2 (2010)	81.1
Cervical cancer screening, women age 18+, PAP in past 3 years, 2006-2010 (%)	81.5	82.7	81.0 (2010)	92.0
Prevention: Colorectal Cancer Screening ever, age 50+, 2006-2010 (%)	59.5	65.6	64.2 (2010)	-

CHAPTER 4: CHRONIC AND INFECTIOUS DISEASE *SNAPSHOT* (CONT.)				
Indicator	Mat-Su	AK	US	Healthy People Goal
Infectious Disease				
Children in MSBSD who have received an exemption for immunizations, 2012-2013 (%)	10%	NA	NA	-
Adults aged 65+ who received an influenza immunization, 2011 (%)	49.1	51.8	60.7	90.0
Adults Aged 65+ who received pneumonia immunization, 2011 (%)	65.1	66.2	70.0	90.0
Age-adjusted chlamydia rate per 100,000 people, 2011	716.5	808.0	457.6	-
Age-adjusted gonorrhea rate per 100,000 people, 2011	78.6	138.5	104.2	-
Data Sources: ADHSS, BRFSS and YBRS; Alaska Bureau of Vital Statistics (ABVS); CDC, BRFSS Prevalence and Trends; RWJF, County Health Rankings; National Center for Health Statistics (NCHS), National Vital Statistics Reports. NA – Data not available; (-) means no goal set for this indicator.				

CHAPTER 5: MENTAL HEALTH, ALCOHOL, AND SUBSTANCE ABUSE *SNAPSHOT*			
Indicator	Mat-Su Percent	Alaska Percent	Healthy People Goal Percent
Adults who had no poor mental health days in last month, 2011			
• Adult	68.1	67.1	-
• Seniors	81.7	NA	
Felt so sad or hopeless almost daily for 2 weeks or more in a row that they stopped doing usual activities in last 12 months, 2011			
• Traditional high school	26.9	25.9	-
• Alternative high school	34.8	NA	
Considered suicide in the past year, 2011			
• Middle school	20.6	20.9	-
• Traditional high school	15.1	14.5	
• Alternative high school	20.6	NA	
Suicide death rate per 100,000 people, 2007-2009	23.2	22.7	11.3
Binge drinking, 2011			
• High school	15.2	16.7	-
• Alternative high school	35.6	NA	-
• Adults 18+	19.5	20.2	24.3
• Seniors 65+	8.1	NA	-
Marijuana, 2011			
• Middle school, ever used	14.7	18	-
• High school, 1 or more times/month	18.8	21.2	-
• Alternative high school	43.8	NA	-
Currently using marijuana, cocaine, or un-prescribed drugs, 2011			
• High school	22.5	23.8	-
• Alternative high school	50.1	NA	-

Data Sources: ADHSS, BRFSS and YRBS. Note: NA – Data not available; (-) means no goal set for this indicator.

CHAPTER 6: SAFETY AND INJURY *SNAPSHOT*				
Indicator	Mat-Su	Alaska	U.S	Healthy People Goal
Violent Crime per 100,000 people, 2007-2009	555.9	650.2	431.9	NA
Homicide per 100,000 people, 2007-2009	5.0	5.2	5.9	5.5
Dating violence in past 12 mo., high school, 2011 (%)	11.1	12.0	9.4	-
Forced intercourse ever, high school, 2011 (%)	8.1	9.2	8.0	-
Bullying at school in past 12 mo., high school, 2011 (%)	23.6	23.0	20.1	17.9
Number of allegations of child maltreatment that were substantiated by the Office of Children's Services, April 2012 – March 2013	420	NA	NA	-
Had unwanted sexual activity ever, adults, 2009 (%)	11.0	14.4	NA	-
Threatened or physically hurt by partner ever, adults, 2009 (%)	19.4	24.3	NA	-
Witnessed parent hurt by spouse or partner ever, adult, 2009 (%)	22.7	20.6	NA	-
Data sources: ADHSS, BRFSS and YRBS; CDC, YRBS; NCHS, National Vital Statistics Report.				

LIST OF TABLES AND FIGURES

CHAPTER 1: WHERE WE LIVE, LEARN, AND WORK		Table 1.12: Mat-Su Total Employment and Earnings by Sector, 2011	38
Figure 1.1 Matanuska-Susitna Borough Road Service Areas	27	Table 1.13 Economic Indicators	39
Table 1.1: Population Indicators	29	Table 1.14: Poverty Level for Mat-Su Residents	39
Table 1.2: Population Growth Rate	30	Table 1.15: Poverty Level for Mat-Su Families	40
Table 1.3: Single Family Households	30	Table 1.16: Poverty Level for Mat-Su Children under 18 years	40
Table 1.4: Mat-Su Communities by Population Size	31	CHAPTER 2: HEALTHCARE ACCESS	
Table 1.5: Palmer & Wasilla Demographics	32	Table 2.1: Residents who have some form of health insurance	43
Table 1.6: Population Age Distribution, 2011	33	Table 2.2: What types of health coverage or insurance do you or members of your household have?	43
Table 1.7: Mat-Su Race/Ethnicity Distribution	34	Table 2.3: Have a Usual Primary Care Provider - Adults	44
Table 1.8: MSBSD High School Graduation	35	Table 2.4: Experienced a Need and Did Not Receive Services for that Need	45
Table 1.9: Education Indicators	35	Table 2.5: Barriers to Access to Care	46
Table 1.10: Mat-Su Economic Data	36	Table 2.6: Couldn't See a Doctor Due to Cost - Adults	46
Table 1.11: Unemployment Rate	37	Table 2.7: When you need information about a health condition what source do you use most often?	47

CHAPTER 3: HEALTHY WEIGHT		Table 4.4 Heart Disease Death Rate per 100,000 Persons	63
Table 3.1 Exercise - Youth, 2011	50	Table 4.5 Stroke Disease Death Rate per 100,000 Persons	63
Table 3.2 Exercise - Adults, 2011	50	Table 4.6 Obesity and Diabetes Indicators, 2011	64
Table 3.3 If you could make just one change to improve the overall health of your household in the next year, what would that be?	51	Table 4.7 Diabetes - Adults	65
Table 3.4 Eats Five or More Servings of Fruits/Vegetables Daily, 2011	52	Table 4.8 Obesity - Adults	65
Table 3.5 Eats Five or More Servings of Fruits/Vegetables Daily, 2011 – Adult Trend Data	52	Table 4.9 Tobacco -Related Indicators	67
Table 3.6: Obesity and Overweight Indicators	53	Table 4.10 Adult Smoking	68
Table 3.7: Overweight or Obese - Adult Trend Data	54	Table 4.11 Adult Smokeless Tobacco	68
Table 3.8: How important is it that schools take an active role in…….	56	Table 4.12 Chronic Lower Respiratory Disease Death Rate per 100,000 people	69
Table 3.9: What is the best health-related thing about living in Mat-Su?	57	Table 4.13 Cancer Screening	70
CHAPTER 4 CHRONIC AND INFECTIOUS DISEASE		Table 4.14 Cancer Death Rate per 100,000 People	71
Table 4.1 Heart Disease and Stroke Indicators	61	Table 4.15 Cancer Incidence Rate per 100,000 People	72
Table 4.2 High Cholesterol - Adults	62	Table 4.16 Breast Cancer Death Rate per 100,000 People	72
Table 4.3 High Blood Pressure - Adults	62	Table 4.17 Colorectal Cancer Death Rate per 100,000 People	73

Table 4.18 Lung Cancer Death Rate per 100,000 People	73	Table 5.6 Binge Drinking	88
Table 4.19 Prostate Cancer Death Rate per 100,000 People	74	Table 5.7 Heavy Drinking	89
Table 4.20 MSBSD School District Immunization Declination, 2012-2013	76	Table 5.8 Youth Drug -Related Indicators	91
Table 4.21 Adult Immunizations, 2011	77	Table 5.9 Select Causes of Death Often Related to Substance Abuse	93
Table 4.22 Flu Vaccine	78	CHAPTER 6: SAFETY AND INJURY	
Table 4.23 Pneumococcal Immunization	79	Table 6.1 Criminal Offenses	96
Table 4.24 Age-adjusted Chlamydia rate per 100,000 people	79	Table 6.2 Homicide Death Rate per 100,000 People	97
Table 4.25 Age-adjusted Gonorrhea rate per 100,000 people	80	Table 6.3 Violent Crime per 100,000 People, 2007-2009	97
CHAPTER 5 MENTAL HEALTH, ALCOHOL, AND SUBSTANCE ABUSE		Table 6.4 Youth Violence Indicators	99
Table 5.1 Youth Depression and Suicide Indicators, 2011	83	Table 6.5 Number of Sexual Assault and Domestic Violence Reports	101
Table 5.2 Adult Mental Health Indicators	85	Table 6.6 Mat-Su Domestic Violence and Sexual Assault Indicators	101
Table 5.3 Average Number of Poor Mental Health Days in Last Month	86	Table 6.7 Safety Behavior and Injury Indicators	103
Table 5.4 Suicide Death Rate per 100,000 People	86	Table 6.8 Unintentional Injury Death Rate per 100,000 People	104
Table 5.5 Alcohol - Related Indicators	87	Table 6.9 Motor Vehicle Death Rate per 100,000 People	104

Table 6.10 Injury Requiring Hospitalization by Age	105	CHAPTER 8 COMMUNITY MEETING FINDINGS	
Table 6.11 Injury Requiring Hospitalization with Drugs/Alcohol Involved	106	Figure 8.1 Prioritization of Mat-Su Health Issues	130
Table 6.12 Top 4 Leading Causes of Injury Requiring Hospitalization, 2007-2011	106	Table 8.1 Prioritization of #1 Health Issue by Type of Group	131
CHAPTER 7: MAT-SU SUB-POPULATIONS		Figure 8.2 Prioritization of Mat-Su Health Goals	133
Table 7.1 Summary Measures for Mat-Su Pregnant Women and Infants	111	Table 8.2 Prioritization of #1 Health Goal by Type of Group	134
Table 7.2 Summary Measures for Mat-Su Mothers and Young Children	112		
Table 7.3 Physical Health - Mat-Su Youth, 2011	117		
Table 7.4 Behavioral Health and Development - Mat-Su Youth, 2011	118		
Table 7.5 Mat-Su Senior Measures, 2011	121		
Table 7.6 Access to Senior Services in Mat-Su, 2012	122		
Table 7.7 What is the greatest health-related need of Mat-Su seniors?	123		
Table 7.8 Demographics and Access to Health Care - Mat-Su Alaska Native People	126		
Table 7.9 Physical and Behavioral Health - Mat-Su Alaska Native People	128		

LIST OF ABBREVIATIONS

ABDR	Alaska Birth Defects Registry	MSBSD	Matanuska Susitna Borough School District
ABVS	Alaska Bureau of Vital Statistics	MSHF	Mat-Su Health Foundation
ACS	US Census, American Community Survey	MSRMC	Mat-Su Regional Medical Center
ADBH	Alaska Division of Behavioral Health	NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
ADEED	Alaska Department of Early Education and Development	NCHS	National Center for Health Statistics
ADHSS	Alaska Department of Health and Social Services	PRAMS	Pregnancy Risk Assessment Monitoring System
ADOLWD	Alaska Department of Labor and Workforce Development	RWJF	Robert Wood Johnson Foundation
ADPS	Alaska Department of Public Safety	SHOTS	Searching for Hardships and Obstacles to Shots
ATR	Alaska Trauma Registry	YRBS	Youth Risk Factor Survey
BRFSS	Behavioral Risk Factor Surveillance System	USBEA	US Bureau of Economic Analysis
CDC	Centers for Disease Control and Prevention	USBLS	US Bureau of Labor Statistics
CUBS	Childhood Understanding Behaviors Survey (CUBS)	USDA	US Department of Agriculture
ERS	Economic Research Service	USDAER	US Department of Agriculture Economic Research Services
FBI	Federal Bureau of Investigation	USDE	US Department of Education
HHS	Household Survey	USDOJ	US Department of Justice
HPG	Healthy People 2020 Goal	WISQARS	Web-based Injury Statistics Query and Reporting System

COMMUNITY HEALTH NEEDS ASSESSMENT: DATA AND METHODS

A Community Health Needs Assessment (CHNA) helps to gauge a community's health status and support strategic plans to improve overall health. The CHNA process also promotes collaboration among local agencies and provides data to be used for evaluation and planning to promote the health of a population. For this assessment, the community has been defined as the Matanuska-Susitna Borough.

This report is composed of two segments. Section One presents data to describe the Mat-Su community in terms of demographics, healthcare access, healthy weight, chronic and infectious disease, behavioral health and substance abuse, public and home safety, and sub-populations, such as mothers and children, youth, seniors, and Alaska Native people. Section Two presents information collected at 23 community meetings conducted in early 2013 to determine the top five health priorities for the borough.

Data for this report was obtained from the following major research tasks:

- development of a socioeconomic profile;
- identification of key secondary health indicators;
- analysis of State of Alaska Behavioral Risk Factor Surveillance System (BRFSS) and Alaska Trauma Registry (ATR) data;
- collection and analysis of data from the 2012 Mat-Su Household Survey;
- collection and analysis of data from the Community Health Assessment and Group Evaluation (CHANGE) Tool; and
- completion of a series of 23 Mat-Su community engagement meetings.

Results from these research tasks are interspersed throughout this report as appropriate. The complete results for the household and workplace surveys and the CHANGE assessment can be found on the Mat-Su Health Foundation website at www.healthymatsu.org. The following is an overview of the methodologies for each task.

SOCIOECONOMIC PROFILE

The socioeconomic profile provides a description of the demographic, education, and economic summary of Mat-Su. The data was obtained from the U.S. Census, the American Community Survey (ASC), the U.S. Department of Agriculture Economic Research Service (USDARS), the Alaska Department of Labor & Workforce Development (ADOLWD), the Alaska Department of Education and Early Development (ADEED), and the U.S. Bureau of Economic Analysis (USBEA).

SECONDARY INDICATORS AND DATA ANALYSIS

Secondary data for this report come from many different sources. Table A.1 found in Appendix One lists each data source, the type of data, and a website for the reader to get more in-depth information about how the data was collected or access similar data. The MSHF also requested and received data that was collected by the State of Alaska, Department of Health and Social Services, Division of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) and the Alaska Trauma Registry (ATR) programs.

Additionally, MSHF paid for an oversample of the BRFSS survey of Mat-Su residents, including seniors in 2011 in order to improve the accuracy of the population health estimates for the borough. A contracted biostatistician analyzed the BRFSS and ATR data that is reported in this health assessment. Many of the key indicators in this report and additional indicators can be found on the MSHF website page entitled *Mat-Su Health Stats*.

2012 MAT-SU HOUSEHOLD SURVEY

The 2012 Mat-Su Household Survey (HHS) captured information about health needs and priorities that was not available from secondary data sources, including data about the needs of seniors and the role of schools in addressing certain health needs. The telephone survey of 700 Mat-Su households included both land-lines and cellphones. The sample was geographically distributed across the borough and included an over-sampling of seniors and Alaska Native households. The survey results were then weighted to provide a representative sample of Mat-Su households.

MAT-SU CHANGE RESEARCH

The Centers for Disease Control and Prevention (CDC) developed the CHANGE model to help communities understand and respond to key health factors in the built environment. These include opportunities for exercise and recreation, workplace health practices, public policies related to healthy eating and lifestyles, and other important long-term determinants of public health and wellbeing. The CHANGE model divides the community into the following five sectors: community-at-large, community institutions, healthcare system, school system, and the workplace sector.

The following is a brief description of how each of these five CHANGE sectors was addressed to collect data for the CHNA. Data from the CHANGE research has been incorporated, where appropriate, throughout the report.

SECTOR 1: COMMUNITY-AT-LARGE

This research used public information from printed materials and websites, supplemented by interviews with representatives of city departments, to profile public policies, commissions, and initiatives with respect to the health environment.

SECTOR 2: COMMUNITY INSTITUTIONS

The Community Institutions sector includes human services providers and facilities such as childcare settings; faith-based organizations; senior, youth and family centers; health and wellness organizations; and colleges. To make the CHANGE research as efficient as possible, Mat-Su Health Foundation, in consultation with the Steering Committee, decided to combine the Community Institutions sector with the Workplace sector. See the Workplace section for a description of research activities.

SECTOR 3: HEALTHCARE SYSTEM

This sector includes all types of service providers, for example private practitioners, clinics, hospitals, pediatric and adolescent services, senior care, and specialists. Information was gathered primarily through phone interviews with executives and others who represent the sector.

SECTOR 4: SCHOOL SYSTEM

The study team used a combination of information about policies and goals obtained from the Mat-Su Borough School District, existing Healthy Schools survey data, and interviews with representatives of selected schools.

SECTOR 5: WORKPLACE SECTOR

The study team fielded an online workplace survey using invitations broadcast to email lists that represent a cross-section of community worksites. Eighty-five respondents provided information about their workplaces. Thirty-nine were for-profit businesses, nine were nonprofits, and 34 were government agencies. The nonprofits and government agencies would typically have been part of the Community Institutions sector, but were included here because the information sought was similar to that for the for-profit workplaces. The online survey results are not statistically representative of all Mat-Su worksites because participants were not randomly selected. Instead, the survey was open to all interested respondents. Additionally, the study team used telephone interviews to obtain information from key organizations that did not participate in the online survey. The results of this survey, along with other CHANGE research results can be found on the MSHF website.

COMMUNITY ENGAGEMENT MEETING METHODOLOGY

MEETING OUTLINE

The two primary objectives of the community engagement meetings were to share the preliminary results from the first phase of the CHNA and to collect feedback and perspectives from Mat-Su residents. While the meetings varied in length, they followed the same general outline. At each meeting, MSHF staff presented the preliminary findings from the first phase of the CHNA to provide participants with a snapshot of the health status of the Mat-Su Borough. This included a four-minute video prepared by MSHF staff as well as a PowerPoint presentation. After the presentation, participants shared feedback on the data and were asked to respond to three key questions:

1. Do you have any comments or questions about the data presented?

2. Did any of the data surprise you?

3. Was anything missing?

Participants at the community meetings also indicated which health issues and health-related goals were most important to address in Mat-Su. The initial list of issues and goals, outlined below, was developed during the first phase of the health assessment and included the health issues where Mat-Su did not meet the Healthy People 2020 Goals, or the borough lagged behind the rest of the country. Healthy People 2020 Goals are health targets for communities set by the Centers for Disease Control and Prevention (CDC). The intent of these goals is for U.S. communities to work to achieve the target by the year 2020.

HEALTH ISSUES

1. Access to medical care
2. Access to mental health care
3. Alcohol and drug abuse
4. Cancer
5. Child and youth abuse and violence
6. Depression and suicide
7. Domestic violence and sexual assault
8. Overweight and obesity
9. Smoking and smokeless tobacco
10. Unintentional injury
11. Violent crime – homicide, aggravated assault, rape, robbery

Working from this initial list, participants selected their five most important health issues, which were then ranked using an audience response system with live results. After individuals submitted their priorities, the results were weighted and tabulated and then shared back with meeting attendees. Next, participants ranked a list of "Healthy Future Goals" (listed below). Results from both rounds of ranking were compared and discussed.

HEALTHY FUTURE GOALS

All Mat-Su residents…

1. are able to find, access and benefit from health care services.
2. are able to find, access and benefit from mental health care services.
3. are drug-free and sober or drink responsibly.
4. are cancer-free.
5. who are children are safe and well-cared-for.
6. have optimal cultural, mental and spiritual health.
7. enjoy healthy relationships.
8. are healthy weights.
9. are tobacco-free.
10. are not at risk for being injured at work, play and home.
11. live in a violence-free community.

Following the two rounds of ranking, meeting attendees discussed community strengths that might help address the priority health issues. These strengths included specific resources such as organizations and programs, as well as broader strengths such as community characteristics. This was followed by a discussion of strategies, with a particular focus on strategies that might help address the top five health issues and goals. At the end of each meeting, the project team gave a summary of the next steps and explained opportunities for providing additional feedback.

In addition to the 23 community meetings that were held, a "virtual" community meeting using a platform called "MindMixer" was conducted online. MindMixer is an online resource that facilitates community engagement and input. The resource was available for 30 days, during which participants were able to access the list of issues and goals and to submit their priorities for the top five issues and top five goals. This interactive webpage was modeled after the community meeting format and included the data presentation, a link to the video and an opportunity for online participants to vote on the top issues and goals. There was also a forum for discussing strengths and strategies.

OUTREACH AND INCENTIVES FOR PARTICIPATION

The meetings were publicized in a variety of ways in order to reach as many Mat-Su residents as possible. For specific stakeholder groups, targeted outreach included emailing flyers to interested parties as well as announcements in relevant bulletins, newsletters, and, in some cases, posters and phone calls. Outreach for the six community meetings included both email and paper flyers, personal emails, posters, radio announcements, newspaper ads and social media announcements. A raffle with door prizes, such as first aid and emergency survival kits, was held at all of the meetings, and meals were provided for meetings that took place during lunch or dinner time. As an additional incentive, free child care was available at all of the community meetings and all meeting participants received their choice of a free pass to a health club, pool, or ice rink.

PARTICIPANTS

Twenty-three meetings were held over the course of a three-month period. This included 17 meetings with focused stakeholders and six community meetings held in various locations across the borough. Residents were also able to provide feedback using the virtual meeting website, "Engage in Health Mat-Su." There were 526 participants total who attended meetings, including online participants. Some participants may be counted more than once if they participated in multiple meetings.

The list of stakeholder groups who were invited to the meetings was identified by the CHNA Steering Committee and the project team. Stakeholders included organizations and individuals in health and health-related fields such as primary care, behavioral health, and human services providers who have a direct impact on and are close to many of the issues discussed. Additional stakeholder groups included the business community, educational institutions, government and law enforcement – groups that have a specialized stake and insights into population health. Some meetings focused on gathering input from special populations such as tribal representatives, low-income providers, seniors, and youth. The community meetings were open to the public and all Mat-Su residents. Community meetings were held in Houston, Palmer, Sutton, Talkeetna, Wasilla and Willow. The number of participants who attended each meeting and a detailed list of organizations who were represented, dates and times, and the location of the meetings can be found in Appendix B.