HEALTH IS WHERE WE
Live, Learn, Work & Play

2016 MAT-SU COMMUNITY HEALTH NEEDS ASSESSMENT
About This Report

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 health.

The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community. Facilitated by Strategy Solutions, Inc., with research support from the McDowell Group, Peter Holck, the Mat-Su Health Foundation and its partners, 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 communities served by Mat-Su Regional Medical Center (MSRMC) and the Mat-Su Health Foundation (MSHF), including those with knowledge of public health, the medically underserved, and populations with chronic disease.

Report Area

For this assessment, the community is defined as the Matanuska-Susitna Borough, which represents the primary service area of the Mat-Su Regional Medical Center and the Mat-Su Health Foundation.
MAT-SU REGIONAL MEDICAL CENTER

MSRMC is a 74-bed facility with a wide range of inpatient and outpatient care, a birthing center, diagnostic imaging and emergency, medical, and surgical services. Services also include a sleep lab, cardiac catheterization lab, off-site urgent care facility, and robotic surgery.

MSRMC Vision

To exceed our patients’ expectations through quality care and customer support.

MSRMC Mission

Progressive, competent, and quality healthcare for our growing community through the teamwork of families, doctors, employees, and volunteers.

MAT-SU HEALTH FOUNDATION

MSHF is a 501(c)(3) organization that offers financial and strategic support to community groups, organizations, and coalitions to address health-related problems impacting the citizens of the Mat-Su Borough. The Foundation also offers scholarships and other programs to promote a robust healthcare workforce in Mat-Su. The Foundation has the following focus areas: Healthy Aging, Healthy Foundation for Families, Healthy Minds, as well as, a cross sector collaborative called R.O.C.K. (Raising Our Children with Kindness) Mat-Su.

MSHF Vision

A Community where all persons have the opportunity for a healthy life.

MSHF Mission

To improve the Health and Wellness of Alaskans Living in Mat-Su.

WHAT DOES THE COMMUNITY SAY?

In order to better understand the data, we conducted 25 focus groups and 8 stakeholder interviews, to gather input from all facets of the Mat-Su Borough. When you see this symbol, it represents the ideas shared directly from community residents.

WHAT IS BEING DONE IN THE COMMUNITY ABOUT IT?

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As part of our mission to create a healthier Mat-Su, the Mat-Su Health Foundation and Mat-Su Regional Medical Center, in collaboration with our community partners, present this 2016 Community Health Needs Assessment. Over the past three years and building on community assets and strengths, these organizations have been working where the community is ready to engage and prioritize. While we have made progress in some areas, there is much more to be done to increase our capacity as a community of residents and organizations to create a healthier Mat-Su.

We offer this snapshot of the health of the Mat-Su region as a resource to the community as it guides our continued efforts to:

a. Create safe environments and supports for convening community partners in order to advance conversations and collaborations regarding health

b. Embrace difference and celebrate the richness of these differences with our grantees and community partners by recognizing that the people and elements that make up our local community are varied and diverse

c. Invest in and nurture leadership across sectors and populations to increase community capacity as change agents for health

d. Celebrate what’s working and promote communities of practice where best practice and innovation can accelerate in order to advance the pace of learning and application

We encourage you to join us in our efforts to impact the top priority factors that affect health identified in this study:

- Transportation
- Family and social connection/support
- Education and information
- Income
- Housing

We are grateful for your continued feedback, involvement and support,

Elizabeth Ripley  John Lee
Executive Director  Chief Executive Officer
Mat-Su Health Foundation  Mat-Su Regional Medical Center

THANK YOU TO:

We offer special thanks to the representatives of the CHNA Steering Committee and to the 1,144 citizen and stakeholder participants of the interviews, community surveys and focus groups who generously gave their time and input to provide insight and guidance to the process. Steering Committee members included:

Katie Baldwin-Johnson  Alaska Mental Health Trust
Troi Boyle  Wasilla Chamber of Commerce
Melissa Caswell  Southcentral Foundation
Bart Cottle  Mayor of Wasilla
Pastor Daulton Morack  Church on the Rock
Meggie Hurem  Alaska Legal Services Corporation
DeLena Johnson  Mayor of Palmer
Sam Jones  Mat-Su Regional Medical Center
Shalis Jorgensen  Sunshine Community Health Center
Philip Licht  Set Free Alaska
Shanda Lehmus  Southcentral Foundation
Frae Lynch  Willow Food Bank
Jim McCall  Mat-Su Council on Aging
Andy Miller  Lazy Mountain Bible Church/YAK
Kevin Munson  Mat-Su Health Services, Inc.
Kirsten Nelson  Mat-Su Regional Medical Center
Crystal Higard  Mat-Su Business Alliance
Drew Phoenix  Identity, Inc.
Denise Plano  Mat-Su Regional Medical Center
Sammy Pokrylfi  Richardson Foundation
Richard Porter  Kik Tribe Council
Debbie Robinson  Alaska Family Services
Dave Rose  Mat-Su Coalition on Housing & Homelessness
Jeanine Sparks  Mat-Su Borough School District
Shelley Dubay  Southcentral Foundation
Jerry Tashyna  Alaska Department of Health and Human Services
Lisa Wadie  Chickaloon Village Traditional Council
Janice Weiss  Prisoner Re-Entry Coalition

TO THE RESIDENTS OF MAT-SU:

We encourage you to join us in our efforts to impact the top priority factors that affect health identified in this study:

- Transportation
- Family and social connection/support
- Education and information
- Income
- Housing

We are grateful for your continued feedback, involvement and support,

Elizabeth Ripley  John Lee
Executive Director  Chief Executive Officer
Mat-Su Health Foundation  Mat-Su Regional Medical Center
Health Starts Where We Live, Learn, Work and Play

In order to improve health and create a healthy community, we must not only focus on health status, we must also look at those factors that impact health.

The American Public Health Association (APHA) defines a healthy community as one “that:

- Meets everyone's basic needs such as safe, affordable and accessible food, water, housing, education, health care and places to play;
- Provides supportive levels of economic and social development through living wages, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents;
- Promotes quality and sustainability of the environment through tobacco and smoke-free spaces, clean air, soil and water, green and open spaces and sustainable energy use; and

- Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.”

These factors that create a healthy community have a big impact on a person's ability to make healthy choices and, ultimately, be healthy. If individuals and organizations work together to make changes, we can improve the quality of our lives.

When looking at Robert Wood Johnson Foundation’s Vulnerable Populations Portfolio, a person’s health is impacted by where and how we live, learn, work and play, and it is important that a community looks at the role that nonmedical factors play in where health starts—long before illness—in our homes, schools and jobs.

FIGURE 1 - THE MATANUSKA-SUSITNA BOROUGH

INTRODUCTION

COMMUNITY HEALTH NEEDS ASSESSMENT 2016

MAT-SU HEALTH FOUNDATION

THE MATANUSKA-SUSITNA BOROUGH INCLUDES THE FOLLOWING COMMUNITIES:

Big Lake
Buffalo
Butte
Chase
Chickaloon
Eureka Roadhouse
Farm Loop
Fishhook
Gateway
Glacier View
Houston City
Knik Fairview
Knik River
Lake Louise
Lake Loop
Lazy Mountain
Meadow Lakes
Palmer
Point Mackenzie
Skwentna
Soapstone
Susitna
Susitna North
Sutton Alpine
Talkeetna
Tanana
Trapper Creek
Willow

* http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod_cYAag
Where We Live
In America, a person’s health is influenced as much by the zip code they live in as the health insurance coverage they have. No environment is more influential on health than the home. By “home,” we mean the type of housing, the safety of the neighborhood, a family’s access to transportation, food security, the age of family members, culture, etc. Only solutions aimed at addressing environmental hazards, safety in the home and neighborhood, and basic needs such as housing, transportation and food will truly address health.

Where We Learn
We all know that better education leads to better career opportunities, but it also can lead to a longer and healthier life. A person who does not graduate from high school is likely to earn less money and struggle to make ends meet. They are also likely to work longer hours and maybe even work two jobs just to feed their family, and live in a compromised neighborhood without access to healthy food. They are also likely to be as healthy as a college educated professional. Education is also linked to health literacy which is a person’s ability to obtain, process, and understand basic health information and services to make appropriate health decisions. Other factors that impact how people learn are their access to internet/broadband service and computers.

Where We Work
People work to make money, and use the money to buy shelter, food and clothing, and stay healthy. Work is an essential means to an end. For the vast majority of Americans, employment is still the primary source of income, and therefore critical to their life and livelihood. One’s type of employment often dictates their benefits and wages. Health status is directly related to having a living wage and health insurance.

Where We Play
Play is a basic need. It is a biological requirement for normal growth and development. Play shapes our brain and makes us smarter and more adaptable. It fosters empathy and makes it possible for us to live with friends and relatives who can support us. It lies at the core of creativity and innovation. It prompts us to be creatively, joyfully, physically active, combating obesity and enhancing overall health and well-being. It can interrupt the damage done by chronic stress, and even gives the immune system a boost. “Play” includes opportunities for physical activity and recreation, civic engagement (like voting), social support, volunteering, and social acceptance (living without discrimination).

What We Accomplished Since the 2013 Community Health Needs Assessment

The 2013 Mat-Su Community Health Needs Assessment was posted on the MSHF/MSRMC websites and had at least 1,890 page views and 1,647 unique views.

One hundred and two local and statewide entities reported in the 2013 CHNA evaluation survey that they used the report for:

- Writing grants (43%);
- Program planning (16%);
- Program evaluation (11%);
- Education and training (14%); report writing (20%);
- Or for other purposes (20%), such as advocacy, fundraising, business planning, focusing outreach efforts.

Activities and accomplishments from the MSHF/MSRMC Implementation Plan includes the following:

Behavioral Health Related Accomplishments
Two reports on Mat-Su behavioral health system were published. These reports can be found at: http://www.healthymatsu.org/focus-areas/BHES.

- 40 residents were trained to be Adverse Childhood Experiences Resilience trainers. Now, 41% of community residents report being familiar with the term Adverse Childhood Experiences (ACEs)/Resilience.
- SBIRT (Screening and Brief Intervention, and Treatment) now exists in three primary care practices in Mat-Su.
- Five local organizations are becoming “trauma-informed.”
- Behavioral Health (BH) integration is occurring in two Mat-Su Federally Qualified Health Centers (Sunshine Health Clinic and Mat-Su Health Services) and a hospital-owned family practice (Solstice Family Care).
- There is a fully staffed 24/7 Sexual Assault Response Team.
- A full-time social worker now works in the MSRMC Emergency Department.
- There are now three key community collaborations dedicated to addressing BH issues.
- The Crisis Intervention Team Coalition.
- High-Diabetes Workgroup included Multidisciplinary Team Initiative.
- Mat-Su Coordinated Care Pilot Project.

Access to Health Care
- Medicaid Expansion was passed and has been implemented statewide.
- A Mat-Su Transit Assessment has been completed.
- The Mat-Su Council on Aging has been established to advocate for seniors.

Obesity and Overweight Prevention
The MSHF provided funding for:
- Local schools received $535K in grant funding for obesity prevention efforts from 2013 – 2016.
- The Mat-Su Trails and Parks Foundation received 3 years of funding totaling $825K.
How Did We Get Here

This CHNA includes three documents: 1. this report which is a summary of findings and priority areas, 2. a supplemental data resource guide, 3. an implementation plan that outline MSHF/MSRMC goals to address the findings over the next three years.

This assessment is intentionally designed to frame health status in the context of “factors that impact health” to better inform the community as we seek to leverage resources and investments that will improve the health of the community.

To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, using a method called “triangulation” outlined in Figure 2. Three main types of data were used for this assessment:

- Data from the Alaska Department of Health and Human Services and other secondary sources related to health status, health equity, social equity and sustainable communities.
- Data from the U.S. Census and American Community Survey (ACS) and other nation-wide-focused reports.
- Data from a 2016 Household Survey in Mat-Su conducted by McDowell Group.
- Data from local partners pertaining to health, education and social services provided locally.
- Data from interviews and focus groups to provide a voice to Mat-Su residents, professionals and leaders on their views and suggestions about the needs and issues facing the community.

This blend of data creates a full and vibrant picture of the health and wellness of the Mat-Su community, the issues residents are struggling with and what they have accomplished. Full details on data sources and methodology, as well as additional data findings can be found in the CHNA Supplemental Data Resource, which is posted at http://www.healthymatsu.org/health-resources/health-resources.
Overview Of Community Engagement Around The Factors That Impact Health

COMMUNITY INPUT

As part of this needs assessment, during the months of May, June and July 2016, 25 focus groups and 8 stakeholder interviews were conducted with a wide range of residents, professionals and leaders totaling 454 in Mat-Su in order to understand how the community viewed the factors that impact health. It should be noted that not every focus group and stakeholder interviewed discussed every question due to time constraints of the individual meetings. Tables 1 and 2 for the different groups and meetings in which data was gathered. In each group, a standard discussion guide was used to solicit information on how participants view:

- the health of people in Mat-Su,
- the percentage of people who have all that they need to make healthy decisions,
- whether Mat-Su is a “healthy community,”
- the factors that impact health in Mat-Su,
- their number one goal for our community in the next two years,
- a vision for a healthy Mat-Su.

<table>
<thead>
<tr>
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<th>Group Name</th>
<th>Representing</th>
<th># of Participants</th>
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<td>Business Professionals-Wasilla</td>
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Total Focus Group Participants: 453

INTRODUCTION

COMMUNITY HEALTH NEEDS ASSESSMENT 2016

MAT-SU HEALTH FOUNDATION

INTRODUCTION

COMMUNITY HEALTH NEEDS ASSESSMENT 2016

MAT-SU HEALTH FOUNDATION

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COMMUNITY HEALTH NEEDS ASSESSMENT 2016

MAT-SU HEALTH FOUNDATION
Utilizing the OptionFinder, an anonymous audience response polling system, the focus group participants were asked to anonymously vote on the following 3 questions:

1. Overall, how would you rate the health status of children and families in Mat-Su?
2. What percentage of Mat-Su residents have a minimum baseline of what they need to make healthy decisions?
3. How much do you agree with the statement, “Mat-Su is currently a healthy community.”

The following tables show the results of how the focus group participants responded to each question, reported by sub-group.

### TABLE 2 - MAT-SU CHNA STAKEHOLDER INTERVIEWS CONDUCTED
<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Representing</th>
<th># Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/23/2016</td>
<td>High Utilizer Workgroup</td>
<td>Emergency Department Patients</td>
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<td>5/23/2016</td>
<td>Mayor of Mat-Su Borough and Director of Public Relations</td>
<td>Mat-Su Borough Government</td>
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<td>5/23/2016</td>
<td>MS&amp;MC Social Workers</td>
<td>Hospital Patients</td>
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<td>Families in Transition Coordinator</td>
<td>Mat-Su Children and Families</td>
<td>3</td>
</tr>
<tr>
<td>5/24/2016</td>
<td>Mat-Su Borough Judges</td>
<td>Mat-Su Children and Families</td>
<td>4</td>
</tr>
<tr>
<td>5/27/2016</td>
<td>Mat-Su Planning Department</td>
<td>Mat-Su Borough Government</td>
<td>4</td>
</tr>
<tr>
<td>08/16</td>
<td>Local Clergy</td>
<td>Faith-Based Organizations</td>
<td>2</td>
</tr>
<tr>
<td>9/6/2016</td>
<td>Army One Source</td>
<td>Military Residents</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Stakeholders Interviewed: 21

### TABLE 3 - HEALTH STATUS OF CHILDREN AND FAMILIES IN MAT-SU BY FOCUS GROUP TYPE

<table>
<thead>
<tr>
<th>Overall, how would you rate the health status of children and families in Mat-Su?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall (N=249)</td>
<td>1%</td>
<td>6%</td>
<td>43%</td>
<td>43%</td>
<td>6%</td>
</tr>
<tr>
<td>Child/Providers/Youth (N=68) Health impacted by being early child</td>
<td>0%</td>
<td>3%</td>
<td>49%</td>
<td>46%</td>
<td>10%</td>
</tr>
<tr>
<td>Providers (N=37)</td>
<td>0%</td>
<td>3%</td>
<td>49%</td>
<td>46%</td>
<td>3%</td>
</tr>
<tr>
<td>Tribal (N=19) (Chickaloon page)</td>
<td>5%</td>
<td>32%</td>
<td>53%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Community Residents (N=133)</td>
<td>3%</td>
<td>9%</td>
<td>49%</td>
<td>36%</td>
<td>4%</td>
</tr>
<tr>
<td>Seniors (N=65) seniors</td>
<td>6%</td>
<td>17%</td>
<td>50%</td>
<td>21%</td>
<td>6%</td>
</tr>
<tr>
<td>Rural (N=51) (Monad page after Upper Susitna/Chickaloon)</td>
<td>2%</td>
<td>17%</td>
<td>66%</td>
<td>20%</td>
<td>4%</td>
</tr>
<tr>
<td>Sunshine CHNA (N=17) Talkeetna Page</td>
<td>0%</td>
<td>6%</td>
<td>35%</td>
<td>59%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Mat-Su Focus Groups, Strategy Solutions, Inc.; 2016

In Mat-Su, just under half (49%) of the focus group participants rated the health of children and families as fair or poor.
Mat-Su residents and professionals identified the following top factors that affect health in their community: transportation; family/social connection and support; income and housing; and education/information. The following section presents a goal for each factor and a brief description of issues related to each theme.

**TRANSPORTATION**

**Goal:**
All Mat-Su residents have transportation to work, healthcare appointments, school/community activities, and other opportunities that affect the quality of their lives.

Mentioned more often than any other factor that impacts health in the focus groups and stakeholder interviews, the lack of public transportation is a barrier to accessing both primary care and specialty services, many of which are located in Anchorage. Transportation also impacts the ability to enjoy many of the existing indoor and outdoor recreational activities that help individuals lead a healthy lifestyle. Lack of transportation also creates social isolation and limits continuity of care, making it difficult to appropriately manage chronic conditions when they do occur. While the existing human services transportation system has a broader service area than the public transit system, which serves primarily Wasilla and Palmer, it is limited to those who qualify for Medicaid or have disabilities. Many are unaware of the transportation resources that do exist. Some cannot afford to use them, even where they are offered. Limited hours of operation also make it difficult to schedule, especially when needing multiple health care or other appointments in the same day.

<table>
<thead>
<tr>
<th>TABLE 4 - MAT-SU RESIDENTS HAVE MINIMUM FACTORS TO MAKE HEALTHY DECISIONS, BY FOCUS GROUP TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What percentage of residents of Mat-Su have a minimum baseline of all factors we mentioned that allow them to make healthy decisions?</td>
</tr>
<tr>
<td>Lessthan 25%</td>
</tr>
<tr>
<td>Overall (N=249)</td>
</tr>
<tr>
<td>Child Providers/Youth (N=68)</td>
</tr>
<tr>
<td>Providers (N=37)</td>
</tr>
<tr>
<td>Tribal (N=19)</td>
</tr>
<tr>
<td>Community Residents (N=133)</td>
</tr>
<tr>
<td>Serious (N=65)</td>
</tr>
<tr>
<td>Rural (N=51)</td>
</tr>
<tr>
<td>Sunshine CHNA (N=17)</td>
</tr>
<tr>
<td>Government (N=0)</td>
</tr>
<tr>
<td>Source: Mat-Su Focus Groups, Strategy Solutions, Inc., 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 5 - MAT-SU IS A HEALTHY COMMUNITY, BY FOCUS GROUP TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su is currently a “healthy community”</td>
</tr>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>Overall (N=249)</td>
</tr>
<tr>
<td>Child Providers/Youth (N=68)</td>
</tr>
<tr>
<td>Providers (N=37)</td>
</tr>
<tr>
<td>Tribal (N=19)</td>
</tr>
<tr>
<td>Community Residents (N=133)</td>
</tr>
<tr>
<td>Serious (N=65)</td>
</tr>
<tr>
<td>Rural (N=51)</td>
</tr>
<tr>
<td>Sunshine CHNA (N=17)</td>
</tr>
<tr>
<td>Government (N=0)</td>
</tr>
<tr>
<td>Source: Mat-Su Focus Groups, Strategy Solutions, Inc., 2016</td>
</tr>
</tbody>
</table>

Half (51%) of the Mat-Su respondents indicated that 26-50% of residents have the minimum baseline factors needed to make healthy decisions. Tribal participants tended to think that residents had 51% or more (62%) of the baseline factors while, providers thought residents had 50% or less (83%).

Slightly less than half (43%) of the overall respondents disagree that Mat-Su is a healthy community. Tribal participants (52%) were more likely to agree that Mat-Su is a healthy community, while child providers and youth (62%) tended to disagree.

Common Themes on the Factors that Impact Health

Mat-Su residents and professionals identified the following top factors that affect health in their community: transportation; family/social connection and support; income and housing; and education/information. The following section presents a goal for each factor and a brief description of issues related to each theme.
According to focus group and interview participants, a “healthy community” is a community where people feel a sense of belonging, resulting in strong relationships that support one another and the community overall. A “Healthy Mat-Su” would be thoughtfully planned, offering all residents access to a full continuum of physical and mental health services, including safe parks and recreational opportunities, transportation, affordable housing, as well as healthy food and nutrition. Early education and high graduation rates would also contribute to low unemployment. Drugs would disappear, replaced by a desire to maintain a healthy lifestyle focused on prevention.

**Vision for a Healthy Mat-Su**

**FAMILY AND SOCIAL CONNECTION AND SUPPORT**

Goal: Mat-Su is a community where all residents, including families, feel supported by and connected to family, friends, neighbors, and the broader community.

Family and social connection and support impacts health, as well as an element of the vision of a healthy community. There is a yearning for an increased sense of community in the region so that people feel supported and are better equipped to address their needs. There is also a need to implement peer support programs in the community and to create intergenerational support networks.

**INCOME AND HOUSING**

Goal: Mat-Su has economic opportunities that allow residents to have a level of income that supports a healthy lifestyle and provides for safe and affordable housing.

Income affects the ability to get and/or afford insurance, as well as the financial means to afford accessing care and/or the other resources (i.e. healthy foods, sports/recreational opportunities for children) that support living a healthy lifestyle. Housing was mentioned in many focus groups/interviews as both a factor that impacts health, as well as an area that is impacted when people have major medical problems without the resources to pay for medical care. One major medical issue for someone without insurance or paid sick leave can cause homelessness. Additionally, there is a sizable number of homeless youth who struggle to finish high school and keep safe due to lack of stability.

**EDUCATION AND INFORMATION**

Goal: Mat-Su is a community that supports education for residents and provides full access to information needed to promote health, wellness, and quality of life.

Many professionals participating in the focus groups told stories of their clients and how they struggle financially if they lack the education that gives them the ability to get a job that pays a living wage. Education also includes awareness, and understanding of various topics related to risky behaviors and their impact on health. Numerous people talked about how the lack of education on various topics is harmful to the health of the local community. This includes lack of awareness of the need for immunizations for young children, parenting skills, understanding of the new synthetic and other drugs that are laced with harmful chemicals, as well as the risks associated with sexual behavior. Additionally, while there are many types of resources and services that support healthy lifestyles in the Valley, many people are not aware of these and how to access them.

**TOP HEALTH ISSUES AND SERVICES NEEDED**

There were health conditions and other issues that were brought up repeatedly by the community. These included the impact of substance abuse and lack of access to treatment services in Mat-Su; lack of access for some residents to medical and behavioral health care; not enough focus on prevention and preventative services for health conditions and social issues; and the importance of having accessible and safe parks and recreational activities.
MSRM EMERGENCY DEPARTMENT (ED) FREQUENT USERS

In Mat-Su, as in many other communities in the United States there are a group of individuals who frequent the emergency department as patients. These are not always the same individuals over time and they have complex physical, behavioral, and social needs that are not met by outpatient services and supports in the community. Learning more about how the current health care system does not meet their needs and understanding what they are dealing with can help shed a light on factors that impact health in Mat-Su.

In 2013:
- 564 Mat-Su residents visited the MSRMC ED 5 or more times
- They had 4,429 visits and had $13.3 million in facility charges
- 100 people visited the ED 10+ times (1,458 visits)
- 23 people visited 15+ times (557)

Fourteen patients who have visited the ED five or more times in the last year told us their stories. They said that:

- The reason for their last visit ranged from a condition that started within the last week to one that began when the patient was 12 years old.
- They were seen at the ED for chronic conditions like kidney stones, nerve pain, diabetes, pancreatitis, diverticulitis, and epilepsy. Some had acute conditions like pain due to a recent surgery, finger infection, hemorrhaging, abscess on leg. Others had an injury from domestic violence and a fall. One woman was seen for a complication of a pregnancy.
- They all had different home circumstances – some had a lot of support (best friend and fiancé; husband and tons of friends; lots of nice people) others had minimal support (no one, a sister who pops in once in a while, no – all by myself).
- The things they said that could have prevented the most recent visit were: “use a cane,” “stay out of jail,” take care of this cut,” “have something for this pain.”

When asked why they go to the ED and not a doctor’s office or urgent care their answers had 3 themes:

- “I couldn’t get an appointment”
- “I needed care when the doctor’s office was closed (at night or on weekends)”
- “It is easier to get to the ED (transportation issue)”

When asked if they have a regular medical provider there were 3 themes:

- “I don’t have a general provider – just a specialist”
- “I don’t have a doctor right now”
- “I have a primary doctor and other specialists”

One patient said they have a case manager, one said they have an advocate, and one was going to get a case manager.

When asked what would help them to be healthier, the patients interviewed mentioned the following as things they could do to help them be healthier: quit smoking, eat better, exercise, quit doing drugs and stop making the choices I make; love life more; my children coming back home would make me happier; keep Jesus in my life; get to the root of my problems, and stop drinking.

WHAT THE MAT-SU COMMUNITY IS SAYING

Fourteen patients who have visited the ED five or more times in the last year told us their stories. They said that:

TABLE 6 - PAYER SOURCE, AGE AND TOP DIAGNOSES OF MSRMC ED FREQUENT USERS (>5 VISITS/YEAR)

<table>
<thead>
<tr>
<th>Payer Source</th>
<th>Age</th>
<th>Diagnoses (top 25%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31% Medicaid</td>
<td>0-19 year: 8%</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>25% Medicare</td>
<td>20-54 years: 63%</td>
<td>Other nervous system disorder</td>
</tr>
<tr>
<td>18% Self pay</td>
<td>55+ years: 29%</td>
<td>Headache, including migraine</td>
</tr>
<tr>
<td>18% Private insurance</td>
<td></td>
<td>Nausea and vomiting</td>
</tr>
<tr>
<td>8% Other</td>
<td></td>
<td>Nonspecific chest pain</td>
</tr>
</tbody>
</table>

Source: Mat-Su Regional Medical Center, 2013
In this assessment, we examine how health and access to health care are impacted by where we live, learn, work and play. These next few pages illustrate this by examining:

- Access to medical care due to cost
- Satisfied with health care received
- Living life to the fullest with no limitations
- Positive mental health outlook
- Ever told you have Asthma

ACCESS TO MEDICAL CARE AND COST

Mat-Su residents were asked if there was a time in the past 12 months when you needed to see a doctor but couldn’t because of cost? The answer to this question provides information on whether cost is a barrier to accessing care. Mat-Su residents’ ability to access care based on cost during 2010-2014 was influenced by gender, community of residence, age, education level and income level. Females were more likely to forgo medical care due to cost than males. Older residents were more likely to receive needed care, with residents age 35-44 more likely to forgo medical care compared to other age groups. Rural residents were more likely to forgo medical care due to cost than residents in Palmer or Wasilla.

Examples Of How Where We Live, Learn, Work And Play Impacts Our Health

**ACCESS TO MEDICAL CARE AND COST**

![Figure 3](source.png)

**FIGURE 3 - PERCENT OF RESIDENTS WHO REPORT THAT COST IS NOT A BARRIER TO ACCESSING MEDICAL CARE BY GENDER**

Cost is more likely to be a barrier to getting care for females as compared to males.

![Figure 4](source.png)

**FIGURE 4 - PERCENT OF RESIDENTS WHO REPORT THAT COST IS NOT A BARRIER TO ACCESSING MEDICAL CARE BY AGE**

Older residents are more likely to not have cost be a barrier to accessing care.

![Figure 5](source.png)

**FIGURE 5 - PERCENT OF RESIDENTS WHO REPORT THAT COST IS NOT A BARRIER TO ACCESSING MEDICAL CARE BY EDUCATION**

Residents who have not completed high school are more likely to have cost be a barrier to accessing care than those who are college graduates.
Residents who have health insurance were asked how satisfied they were with the health care they received. Mat-Su residents’ satisfaction with health care received during 2013-2014 varied based on gender, sexual orientation and community of residence. During this time, Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) residents were less satisfied with care received compared to other residents. Residents between the ages of 25-34 were less satisfied with care received than other age groups. Rural residents were less satisfied with care received compared to those in Palmer or Wasilla.

**FIGURE 6 - PERCENT OF RESIDENTS WHO REPORT THAT COST IS NOT A BARRIER TO ACCESSING MEDICAL CARE BY PLACE OF RESIDENCE**

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Palmer
Wasilla
Rural

Note: There is a significant difference based on residence (p<.05)

Cost is more likely to be a barrier to accessing care for rural residents.

**FIGURE 7 - PERCENT OF RESIDENTS WHO REPORT THAT COST IS NOT A BARRIER TO ACCESSING MEDICAL CARE BY INCOME**

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

<$15,000
$15,000-$24,999
$25,000-$49,999
$50,000-$74,999
$75,000+

Residents who earn less money are more likely to have cost be a barrier to accessing medical care.

Note: There is a significant difference based on income level (p<.05)

Residents who earn less money are more likely to have cost be a barrier to accessing medical care.

**FIGURE 8 - PERCENT OF INSURED RESIDENTS WHO REPORT SATISFACTION WITH THE HEALTHCARE THEY RECEIVED BY SEXUAL ORIENTATION**

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Heterosexual
Lesbian/Gay/Bisexual

Heterosexual residents are more likely to be satisfied with the health care they received as compared to lesbian, gay, and bisexual residents.

Note: There is a significant difference based on sexual orientation (p<.05)
Mat-Su residents were asked if they are limited by physical, mental, or emotional problems. The responses to this question varied by age, income level, and education level. Residents who are older, live below the poverty level or did not graduate high school are more likely to be limited due to physical, mental, or emotional problems when compared to others.

**FIGURE 9**
PERCENT OF INSURED RESIDENTS WHO REPORT SATISFACTION WITH THE HEALTHCARE THEY RECEIVED BY AGE

Older and younger residents are more likely to be satisfied with the health care they received.

**FIGURE 10**
PERCENT OF INSURED RESIDENTS WHO REPORT SATISFACTION WITH THE HEALTHCARE THEY RECEIVED BY PLACE OF RESIDENCE

Palmer and Wasilla residents are more likely to be satisfied with the health care they received as compared to rural residents.

**FIGURE 11**
PERCENT OF RESIDENTS WHO REPORT NO LIMITATIONS DUE TO PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS BY AGE

Seniors in Mat-Su are more likely to report limitations due to physical, mental, or emotional problems.
Mat-Su residents reported how many poor mental health days they had in the last month. The percentage of residents who reported no poor mental health days varied by gender, age, income level, education level, and community of residence. Males are more likely to experience no poor mental health days than females. Older residents are more likely to experience no days as compared to younger residents. Those without a high school education or with incomes between $25,000 and $49,999 are more likely to experience poor mental health days. Residents in Wasilla and Palmer are more likely to have no poor mental health days as compared to those who lived in rural areas.

Residents with higher income are more likely to not be limited due to physical, mental, or emotional problems.

**FIGURE 12**

PERCENT OF RESIDENTS WHO REPORT NO LIMITATIONS DUE TO PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS BY INCOME LEVEL

<table>
<thead>
<tr>
<th>Income Level</th>
<th>% No Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>42.3%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>63%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>74.7%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>82.7%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>84.3%</td>
</tr>
</tbody>
</table>

Note: There is a significant difference based on income level (p<.05)

**FIGURE 13**

PERCENT OF RESIDENTS WHO REPORT NO LIMITATIONS DUE TO PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS BY EDUCATION LEVEL

<table>
<thead>
<tr>
<th>Education Level</th>
<th>% No Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>63.1%</td>
</tr>
<tr>
<td>High School Graduate / GED</td>
<td>76%</td>
</tr>
<tr>
<td>Some College / Technical School</td>
<td>70.6%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>78.2%</td>
</tr>
</tbody>
</table>

Note: There is a significant difference based on education level (p<.05)

Mat-Su males are more likely to report having no poor mental health days in the past month as compared to females.

**FIGURE 14**

PERCENT OF RESIDENTS WHO REPORT NO POOR MENTAL HEALTH DAYS IN THE LAST MONTH BY GENDER

<table>
<thead>
<tr>
<th>Gender</th>
<th>% No Poor Mental Health Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>73.4%</td>
</tr>
<tr>
<td>Female</td>
<td>58.3%</td>
</tr>
</tbody>
</table>

Note: There is a significant difference based on gender (p<.05)
FIGURE 15
PERCENT OF RESIDENTS WHO REPORT NO POOR MENTAL HEALTH DAYS IN THE LAST MONTH BY AGE

Mat-Su seniors are more likely to report having no poor mental health days in the past month as compared to younger residents.

Note: There is a significant difference based on age (p<.05)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%

57.8%
62.3%
64%
66.9%
79.1%

18-24 YRS
25-34 YRS
35-44 YRS
45-64 YRS
65+

FIGURE 16
PERCENT OF RESIDENTS WHO REPORT NO POOR MENTAL HEALTH DAYS IN THE LAST MONTH BY EDUCATION LEVEL

Mat-Su residents who finish high school are more likely to report having no poor mental health days in the past month as compared to those who didn’t finish high school.

Note: There is a significant difference based on education level (p<.05)

LESS THAN HIGH SCHOOL
SOME COLLEGE/TECHNICAL SCHOOL
HIGH SCHOOL GRADUATE/GED
COLLEGE GRADUATE

66.9%
67%
70.9%
67%
66.9%

FIGURE 17
PERCENT OF RESIDENTS WHO REPORT NO POOR MENTAL HEALTH DAYS IN THE LAST MONTH BY PLACE OF RESIDENCE

Original Question: Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good? (% no days is reported)

Wasilla and Palmer residents are more likely to report having no poor mental health days in the past month as compared to rural residents.

Note: There is a significant difference based on place of residence (p<.05)

RURAL
WASILLA
PALMER
67.4%
67.4%
56.2%

58.2%
67.4%
67.4%
ASTHMA

The percent of Mat-Su residents who were ever told they had asthma varied by gender, age, income and education level for the years 2010-2014. Females, residents age 18-24 years, residents with incomes less than $15,000 and those who did not graduate high school are more likely to have ever been told they have asthma when compared to their counterparts.

**FIGURE 18**

**PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY GENDER**

Mat-Su females are more likely to report being told they have asthma than their males.

Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014. Note: There is a significant difference based on gender (p<.05)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%

6.2% 16.4%

**FEMALE** **MALE**

**FIGURE 19**

**PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY INCOME**

Mat-Su residents who earn $15,000 or less are more likely to report having been told they have asthma.

Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014. Note: There is a significant difference based on income level (p<.05)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%

20.4% 9.2% 12.5% 5.6% 9.0%

<$15,000 $15,000-$24,999 $25,000-$49,999 $50,000-$74,999 $75,000+

**FIGURE 20**

**PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY AGE**

Younger Mat-Su residents are more likely to report being told that they have asthma as compared to older residents.

Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014. Note: There is a significant difference based on age (p<.05)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%

24.1% 9% 8.5% 6.2% 7.2%

65+ YRS 18-24 YRS 45-64 YRS 35-44 YRS 25-34 YRS

**FIGURE 21**

**PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY EDUCATION LEVEL**

Mat-Su residents who have not finished high school are more likely to report being told they have asthma than those who have finished high school.

Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014. Note: There is a significant difference based on education level (p<.05)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%

11.3% 9.2% 6.2% 7.4%

LESS THAN HIGH SCHOOL HIGH SCHOOL GRADUATE/TECH LEAHIGH COLLEGE/GRADE / ETC

COMMUNITY HEALTH NEEDS ASSESSMENT 2016

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The snapshot in Table 7 provides an overview of the demographic indicators for Mat-Su as compared to Anchorage and Alaska.

### TABLE 7: DEMOGRAPHIC SNAPSHOT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Mat-Su</th>
<th>Anchorage</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Department of Labor and Workforce Development Population Estimate, 2015*</td>
<td>100,178</td>
<td>298,908</td>
<td>737,625</td>
</tr>
<tr>
<td>Population Change Since 2010 (%)*</td>
<td>12.57%</td>
<td>2.43%</td>
<td>3.86%</td>
</tr>
<tr>
<td>Median Age (years), 2015 Est.*</td>
<td>35.1</td>
<td>33.7</td>
<td>34.5</td>
</tr>
<tr>
<td>Total Population Living in Poverty (%), 2014 Est.**</td>
<td>10.7%</td>
<td>8.3%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Unemployment Rate (seasonally adjusted) (%), 2015**</td>
<td>8.5%</td>
<td>5.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Number of homeless, 2015***</td>
<td>270</td>
<td>1200 (est.)</td>
<td>1,956</td>
</tr>
</tbody>
</table>

Sources: *Alaska Department of Labor and Workforce Development; **U.S. Census; ***Mat-Su Coalition on Housing and Homelessness.

Most of the Mat-Su region is growing as shown in Table 8 below.

### TABLE 8: POPULATION GROWTH IN MAT-SU AND SUB-REGIONS

<table>
<thead>
<tr>
<th>Mat-Su Regions</th>
<th>2000-2010</th>
<th>2010-2016</th>
<th>2016-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su Borough</td>
<td>49.4%</td>
<td>15.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Glenn Highway</td>
<td>29.1%</td>
<td>18.9%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Knik Goosebay Road</td>
<td>134.4%</td>
<td>21.4%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Palmer Area</td>
<td>15.2%</td>
<td>14.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>South Park Highway</td>
<td>82.0%</td>
<td>18.7%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Upper Susitna Valley</td>
<td>-2.4%</td>
<td>-0.2%</td>
<td>-0.7%</td>
</tr>
<tr>
<td>Wasilla Area</td>
<td>36.4%</td>
<td>6.9%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Anchorage</td>
<td>21.3%</td>
<td>3.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Alaska</td>
<td>15.3%</td>
<td>4.4%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Sources: U.S. Census Bureau, 2016.
How Gender Impacts Health

GENDER IN MAT-SU
- 49.1% of Mat-Su residents are Male; 50.9% are female

<table>
<thead>
<tr>
<th>TABLE 9 - HOW GENDER IMPACTS HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>If We Live</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Access to doctor was not limited due to cost, past 12 months (2010-2014)</td>
</tr>
<tr>
<td>Have primary care provider (2010-2014)</td>
</tr>
<tr>
<td>Health Status Impact</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Ever told have COPD (2010-2014)</td>
</tr>
<tr>
<td>Ever told have diabetes (2010-2014)</td>
</tr>
<tr>
<td>Ever told have arthritis (2010-2014)</td>
</tr>
<tr>
<td>Ever told had depressive disorder (2010-2014)</td>
</tr>
<tr>
<td>Positive mental health outlook (2010-2014)</td>
</tr>
<tr>
<td>Source: Alaska Behavioral Risk Factor Surveillance System Data</td>
</tr>
<tr>
<td>Note: There is a statistically significant difference for all indicators for males and females (p&lt;.05).</td>
</tr>
</tbody>
</table>

Table 9 shows the differences in how gender impacts health. For the majority of indicators, males are less likely to have these selected chronic health conditions compared to females. However, females are more likely to have a primary care provider and are more likely to forego medical care due to cost in the past 12 months.

GENDER AND BEING A SINGLE PARENT

There are more female-headed households with no spouse present with children in Mat-Su than male and these families are more likely to have incomes below the poverty level.

<table>
<thead>
<tr>
<th>TABLE 10 - SINGLE PARENT FAMILIES BY POVERTY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Families</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Families with Male Householder, no Wife Present, with Related Children Under 18 Years</td>
</tr>
<tr>
<td>Families with Female Householder, no Husband Present with Related Children Under 18 Years</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-year Estimates

TABLE 11 - OFFENDER POPULATION BY COMMUNITY, 2015

<table>
<thead>
<tr>
<th>Mat-Su</th>
<th>Palmer</th>
<th>Wasilla</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3,734</td>
<td>390</td>
<td>2,744</td>
</tr>
<tr>
<td>Female</td>
<td>12</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>3,746</td>
<td>401</td>
<td>2,750</td>
</tr>
</tbody>
</table>

Source: Department of Corrections, 2015

GENDER AND BEING A RELEASED OFFENDER

There are more male offenders compared to female. This can be a challenge if a male has the primary income in a household or if a released offender is a single parent. Released offenders face challenges when seeking employment and housing after release.

HEALTH IS WHERE WE LIVE
COMMUNITY HEALTH NEEDS ASSESSMENT 2016
MAT-SU HEALTH FOUNDATION
WHAT THE MAT-SU COMMUNITY IS SAYING

Challenges for women:
- Domestic violence
- Single woman who are raising children sometime make choices due to low income that impact their ability to care for themselves
- Lack of affordable child care
- Paying for health care
- Low wage earners living pay check to pay check

WHAT IS BEING DONE IN MAT-SU?

The Alaska Family Services domestic violence/sexual assault program provides an emergency shelter for women and their children escaping abusive situations. This 32-bed facility is the only nationally accredited shelter of its kind in Alaska. The program also offers services designed to help women heal and get their lives back on track, as well as outreach and advocacy aimed at preventing violence before it starts.

The recently created Valley Reentry Partners Program’s mission is to provide effective support, assistance and mentoring to individuals returning to the Mat-Su Valley community after being incarcerated. The program’s main goal is to help individuals and their families with supportive case management services so the individual may transition from jail into society and sustain a lifestyle that will not lead them back to incarceration. Collaborative partners include the Department of Corrections, DayBreak Inc., MyHouse, and other community agencies.

HEALTH IS WHERE WE LIVE
COMMUNITY HEALTH NEEDS ASSESSMENT 2016
MAT-SU HEALTH FOUNDATION
How Age Impacts Health

In Mat-Su in 2016, there were the following percentage of residents of these ages:

- 0-14 years: 22.3%
- 15-24 years: 14.6%
- 25-34 years: 39.1%
- 35-44 years: 13.4%
- 45-64 years: 10%
- >65 years: 0.7%

Table 12 shows indicators that are affected by age. Younger residents (age 18-24 yrs.) are less likely to have a primary care provider, have experienced no poor mental health days, and are more likely to have been told they have Chronic Obstructive Pulmonary Disease (COPD), diabetes, high blood pressure or arthritis as compared to younger residents. On the other hand, older residents (age 65+ yrs.) are less likely to be healthy and active and are more likely to have been told they have Chronic Obstructive Pulmonary Disease (COPD), diabetes, high blood pressure or arthritis as compared to younger residents.

<table>
<thead>
<tr>
<th>TABLE 12 - HOW AGE IMPACTS HEALTH</th>
<th>Where We Live</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents have health insurance (2010-2014)</td>
<td>74.1%</td>
<td>72.4%</td>
<td>79.4%</td>
<td>80.7%</td>
<td>97.1%</td>
<td></td>
</tr>
<tr>
<td>Access to medical care not limited due to cost (2010-2014)</td>
<td>82.3%</td>
<td>80.7%</td>
<td>76.5%</td>
<td>84.3%</td>
<td>95.1%</td>
<td></td>
</tr>
<tr>
<td>Residents have a primary care provider (2010-2014)</td>
<td>47.5%</td>
<td>51.3%</td>
<td>61.7%</td>
<td>77.5%</td>
<td>95.2%</td>
<td></td>
</tr>
<tr>
<td>Satisfied with health care received (2013-2014)</td>
<td>57.4%</td>
<td>58.6%</td>
<td>61.9%</td>
<td>74.1%</td>
<td>99.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 12 - HOW AGE IMPACTS HEALTH</th>
<th>Where We Play</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents are a healthy weight (2010-2014)</td>
<td>46.1%</td>
<td>59.6%</td>
<td>70.0%</td>
<td>71.4%</td>
<td>71.1%</td>
<td></td>
</tr>
</tbody>
</table>

Health Status Impact

<table>
<thead>
<tr>
<th>TABLE 12 - HOW AGE IMPACTS HEALTH</th>
<th>Population Impact</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents report being healthy</td>
<td>96.2%</td>
<td>92.0%</td>
<td>86.2%</td>
<td>79.3%</td>
<td>79.0%</td>
<td></td>
</tr>
<tr>
<td>Residents have no physical, mental, or work related limitations</td>
<td>93.0%</td>
<td>92.9%</td>
<td>93.0%</td>
<td>93.9%</td>
<td>89.3%</td>
<td></td>
</tr>
<tr>
<td>Report having no poor mental health days in last month</td>
<td>57.8%</td>
<td>61.3%</td>
<td>64.0%</td>
<td>66.9%</td>
<td>79.1%</td>
<td></td>
</tr>
<tr>
<td>Thoughts of suicide or harming self in last year</td>
<td>0.1%</td>
<td>0.1%</td>
<td>4.7%</td>
<td>3.8%</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Ever told have asthma (2010-2014)</td>
<td>24.1%</td>
<td>6.2%</td>
<td>8.1%</td>
<td>9.6%</td>
<td>7.2%</td>
<td></td>
</tr>
<tr>
<td>Residents ever told had COPD (2011-2014)</td>
<td>2.8%</td>
<td>2.2%</td>
<td>1.5%</td>
<td>1.3%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Non-Smoking residents (2010-2014)</td>
<td>79.3%</td>
<td>69.8%</td>
<td>74.2%</td>
<td>75.7%</td>
<td>89.5%</td>
<td></td>
</tr>
<tr>
<td>Ever told had diabetes (2010-2014)</td>
<td>0.1%</td>
<td>0.5%</td>
<td>2.6%</td>
<td>10.4%</td>
<td>30.3%</td>
<td></td>
</tr>
<tr>
<td>Ever told had high blood pressure (2009-2011, 2013, 2014)</td>
<td>4.1%</td>
<td>4.6%</td>
<td>18.1%</td>
<td>36.6%</td>
<td>62.0%</td>
<td></td>
</tr>
<tr>
<td>Ever told had arthritis (2011-2014)</td>
<td>2.8%</td>
<td>9.4%</td>
<td>17.4%</td>
<td>36.4%</td>
<td>52.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Alaska Behavioral Risk Factor Surveillance System Data; Note: There is a statistically significant difference for all indicators by age group (p<.05)
How Early Care And Education Impacts Health

Early childhood is an important period in a child’s life. Children need safe housing, food, medical care, proper educational stimulation and nurturing relationships for healthy development. The first years of life build the foundation for future cognitive, emotional, and behavioral skill development. Strong relationships with caregivers and stable, safe environments play a pivotal role in building a strong foundation for later growth and learning.

FACTORS THAT IMPACT THE HEALTH OF YOUNG MAT-SU CHILDREN

Income
In Mat-Su in 2014, there were an estimated 7,478 children under the age of 5 years and approximately 12.9% lived below the poverty level (965 children).

Adverse Childhood Experiences
When adversity happens in the life of a child it can significantly impact their health both as a child and adult. These adversities happen in the household or to the individual child. Adversity includes:

Household Dysfunction:
- Household member with mental illness
- Incarcerated household member
- Divorced or separated parents
- Witnessing domestic violence
- Household member addicted to substances

Child Abuse and Neglect:
- Physical neglect
- Emotional neglect
- Physical abuse
- Sexual abuse
- Emotional abuse

Young children are more likely than older children to be victims of child maltreatment. In Mat-Su in 2015, there were 311 girls and 383 boys (total of 697) ages 0-4 with maltreatment allegations. For each population group, the number of children with maltreatment allegations remained steady between 2010 and 2014 and then rose between 2014 and 2015. (Data source: Alaska office of Children’s Services, prepared by SCAN)

Immunizations
A key health practice during early childhood is having your child immunized. Many childhood diseases, which can lead to hospitalization, death, and lifelong consequences, only a few decades ago are now preventable due to vaccines. Although immunizations are the single most important way parents can protect their children from serious disease not all parents get their children immunized. According to the State of Alaska, Childhood Understanding Behaviors Survey, in 2010-14, 37.5% of Mat-Su mothers with 3-year-olds (1,650 women) had delayed or decided not to get vaccine shots or immunizations for their child.

WHAT THE MAT-SU COMMUNITY IS SAYING

Residents stated that adverse childhood experiences and trauma impact both physical and mental health of Mat-Su children into adulthood. Residents also mentioned how without early care and education, children struggle to meet developmental and educational milestones, lowering high school graduation rates and literacy. They also stated that low immunization levels in Mat-Su create a situation where children are at risk for infectious diseases.

Several focus groups noted the need for:
- Additional child protection services
- Additional Head Start services
- Elementary school counselors
- “Safe routes” in schools
- Safe places for kids to hang out,
- Support services for families and children
Head Start is an early learning program that can help families with factors that impact the health of their child(ren), such as referrals for income, food, and medical care, and teaching and providing a stimulating learning environment for their child. Table 13 shows the number of slots in Head Start for Mat-Su children in 2014 and the amount that are needed.

### WHAT IS BEING DONE IN MAT-SU?

CCS has 4 schools which are located in Sutton (also serves Palmer), Meadow Lakes (also serves Big Lake and Houston), Wasilla, and Chugiak (also serves Eagle River).

CCS provides an umbrella of services to children and their families, including, but not limited to:

- early education
- health screening
- developmental screening and assessment
- nutrition program
- family literacy
- transportation
- parenting education
- family support services
- parent involvement activities

During the 2015-2016 school year CCS served: 117 children under the age of 3 years and 309 children ages 3-5 years.

CCS’s mission is, “Making a difference in the lives and families of young children within our communities.”

Goals: to work with children and families as early as possible and to create the very best learning environment for children, both in our centers and in the individual child’s home.

CCS is becoming Trauma Smart. Trauma Smart is an innovative practice model that helps children and their families who have experienced violence and trauma develop self-care techniques and build personal and collective resilience so that these children are prepared to enter kindergarten to succeed socially and academically.

### TABLE 13 - ESTIMATED POPULATION ELIGIBLE FOR EARLY HEAD START/ HEAD START IN MAT-SU, 2016

<table>
<thead>
<tr>
<th></th>
<th>Actual Enrollment</th>
<th>Estimated Eligible Population</th>
<th>Estimated Percent of Eligible Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>49</td>
<td>579</td>
<td>8%</td>
</tr>
<tr>
<td>Head Start</td>
<td>200</td>
<td>386</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>249</strong></td>
<td><strong>965</strong></td>
<td><strong>26%</strong></td>
</tr>
</tbody>
</table>

Source: AKDOLWD 2015 Population Estimates, ACS 5-year Estimate DP
How Being an Adolescent/Young Adult Impacts Health

The brain’s final stage of crucial development occurs during puberty and early adulthood. During this time, young adults experience numerous transitions at school, at home, at work, and socially. Mental health problems often first present during this time, and the majority of mental, emotional, and behavioral disorders emerge before the age of 24 years. As a means of coping with prior trauma, youth may exhibit high-risk behaviors during adolescence and young adulthood.

High-risk behaviors include:
- Early initiation of alcohol use
- Use of alcohol, tobacco, non-prescribed prescription drugs, and illicit drugs
- High-risk sexual behavior

Factors that Impact the Health of Mat-Su Youth and Young Adults

The following factors in Table 14 help to promote good mental and emotional health of Mat-Su Youth. This information is from the Youth Risk Behavior Survey – the percentage pertains to either traditional high schools in Mat-Su or alternative high schools such as American Charter Academy, Burchell High School, Valley Pathways, or Mat-Su Day School.

A significant number of Mat-Su youth face economic challenges that impact their physical and behavioral health. 34.1% of Mat-Su students are economically disadvantaged according to the Matanuska Susitna School District in 2014-2015. In 2015-2016, the school district identified 695 students who were experiencing homelessness. The School District defines homelessness as lacking a fixed, adequate, and regular nighttime residence. This may include a child who is homeless with his or her family or an unaccompanied youth who meets the eligibility criteria.

### Table 14: Protective Factors Among Mat-Su High School Students

<table>
<thead>
<tr>
<th>Factor</th>
<th>Traditional High Schools</th>
<th>Alternative High Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being able to seek help from an adult besides their parents</td>
<td>84.8%</td>
<td>83.8%</td>
</tr>
<tr>
<td>Feel that their teachers really care about them and give them a lot of encouragement</td>
<td>63.7%</td>
<td>80.1%</td>
</tr>
<tr>
<td>Feel that their community feels like a safe place</td>
<td>49.1%</td>
<td>49.8%</td>
</tr>
<tr>
<td>Had at least one parent who talked to them about school everyday</td>
<td>42.3%</td>
<td>29.1%</td>
</tr>
</tbody>
</table>


### What the Mat-Su Community Is Saying

Adults and teens as well as professionals identified a need for the following information/services for youth and young adults:

- Information on how to live a healthy lifestyle and make good choices
- Sexual identity and sexuality
- Basic health topics
- Effects of drug use
- Support to finish high school and move onto a career
- Foster care and both temporary and permanent housing for teens experiencing abuse and homelessness
- Access to nutritious foods
- Transportation to work and to recreational and social activities
- Access to peer support
- Affordable housing for young adults

Professionals reported that homeless youth face the following challenges to receiving physical and behavioral health care:

- Lack of transportation
- Long waiting times to get an appointment for behavioral health services
- Lack of family support or permission
- Lack of insurance coverage
- Lack of access to housing
- Lack of documents such as birth certificate, school records, etc.
WHAT IS BEING DONE IN MAT-SU?

MyHouse is a non-profit organization located in Mat-Su with the mission “to provide safe shelter for homeless youth with a goal of connecting kids to a network of caring individuals and agencies able to assist them in becoming self-sufficient.” MyHouse provides youth aged 14-24 years with the following assistance: food, clothing, shower and laundry services, public health care, mediation services, vocational assistance, legal issues and support, and referral for mental health and substance abuse treatment. They also provide transitional housing for homeless young adults.

Families in Transition (FIT) is a part of the Matanuska Susitna Borough School District’s Title I Program, which provides services throughout the district to children and youth in transition. The goal of FIT is to promote school stability and academic success for students experiencing homelessness. Families are referred to the FIT program through contacts in each school, such as the school nurse and school principal. Families that qualify for FIT may be eligible for:

- Transportation assistance to and from school;
- Remaining in same school for duration of school year;
- Educational assistance including credit recovery, tutoring programs, and referrals to school sponsored academic support;
- Admission to early childhood programs and referrals to preschool programs;
- Assistance with school enrollment;
- Enrollment in MSBSD’s free meal program;
- Referrals to community agencies;
- Access to traditional and non-traditional school supplies;
- Child and family advocacy.

“Peer to peer support is needed. There is nothing more valuable than the therapeutic value of someone being able to relate – someone that has been through it and can share their experience is very important. We are one of only a few states that doesn’t recognize peer to peer support.” – My House Teen
How Being A Senior Impacts Health

WHO ARE MAT-SU SENIORS?
One in ten Mat-Su residents are seniors. Four out of ten Mat-Su seniors are women and six out of ten are men. As seen in Table 15 below, the majority of seniors are in the 65-74 age range.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74 years</td>
<td>6,892</td>
</tr>
<tr>
<td>75-84 years</td>
<td>2,430</td>
</tr>
<tr>
<td>85+ years</td>
<td>872</td>
</tr>
<tr>
<td>Total</td>
<td>9,994</td>
</tr>
</tbody>
</table>

Source: 2016 Mat-Su Senior Environmental Health Scan

As seen in Table 16, as Mat-Su seniors age their financial status decreases.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Median income</th>
<th>Home ownership</th>
<th># of Residents living below the poverty level</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74 years</td>
<td>$53,977</td>
<td>83%</td>
<td>8.7%</td>
</tr>
<tr>
<td>75-84 years</td>
<td>$32,592</td>
<td>79%</td>
<td>14.6%</td>
</tr>
<tr>
<td>85+ years</td>
<td>$26,875</td>
<td>54%</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

Source: 2016 Mat-Su Senior Environmental Health Scan

SENIOR HEALTH CARE ACCESS AND HEALTH STATUS
- 97% have health insurance
- 4.5% were unable to receive needed care in the last year due to cost
- 86.2% have a primary care provider
- 78% rate their health as excellent, very good or good.

Source: AK BRFSS, 2010-2014

WHAT THE MAT-SU COMMUNITY IS SAYING

Factors that affect senior health
- Not knowing where to go for care
- Inability to get information because they had no computer
- Not being able to afford care
- Inability to get an appointment time that works
- Not having transportation.

Mat-Su Seniors reported that they did not seek these services when they needed them in the last year:
- Dental services (13%)
- Healthcare services (7%)
- Prescriptions and medications (8%)

WHAT IS BEING DONE IN MAT-SU?
Mat-Su Council on Aging works to advocate for quality of life for Seniors in Mat-Su by fostering a network of community partnerships. MCIA advocates, tracks the growth of the senior population to better understand and respond to the needs of residents 60 years and older, and works closely with various agencies, elected officials, and many others to meet the needs of Seniors in Mat-Su.

Preventable Admissions

1. Nonispeciﬁc chest pain
2. Chronic obstructive pulmonary disease
3. Urinary tract infection
4. Cardio dysrhythmias
5. Other nervous system disorders
6. Pneumonia

Some seniors are not getting the care they need in the community. This is evident because they are going to the emergency room for preventable conditions. Table 17 shows the leading primary diagnoses requiring emergency room care.

FACTORS THAT AFFECT SENIOR HEALTH
- Not being able to afford care
- Inability to get information because they had no computer
- Not being able to get an appointment time that works
- Not having transportation.

Table 17 - Leading Primary Diagnosis for Emergency Department Visits by Seniors

<table>
<thead>
<tr>
<th>Preventable Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nonispeciﬁc chest pain</td>
</tr>
<tr>
<td>2. Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>3. Urinary tract infection</td>
</tr>
<tr>
<td>4. Cardio dysrhythmias</td>
</tr>
<tr>
<td>5. Other nervous system disorders</td>
</tr>
<tr>
<td>6. Pneumonia</td>
</tr>
</tbody>
</table>

When asked to identify the factors that impact health, seniors immediately identified where one lives and type of housing they have along with the type of job they have and their income as important factors. Whether they have a supportive family or friends that can help them in time of need is a key factor, along with whether they feel safe in their neighborhood and have transportation. Other factors mentioned included age, whether they experience social acceptance or discrimination, have access to nature, access to information and resources to help guide them to the resources they need. Stress also impacts health, along with having a good sense of humor and a sense of belonging.

“When I want for something that’s thrilling, out of my control or my jaw is swollen before I go to a dentist anymore, because it’s so cost prohibitive.” – Talkeetna Senior

Some seniors are not getting the care they need in the community. This is evident because they are going to the emergency room for preventable conditions. Table 17 shows the leading primary diagnoses requiring emergency room care.

FACTORS THAT AFFECT SENIOR HEALTH
- Not knowing where to go for care
- Inability to get information because they had no computer
- Not being able to afford care
- Inability to get an appointment time that works
- Not having transportation.

Mat-Su Seniors reported that they did not seek these services when they needed them in the last year:
- Dental services (13%)
- Healthcare services (7%)
- Prescriptions and medications (8%)

WHAT IS BEING DONE IN MAT-SU?
Mat-Su Council on Aging works to advocate for quality of life for Seniors in Mat-Su by fostering a network of community partnerships. MCIA advocates, tracks the growth of the senior population to better understand and respond to the needs of residents 60 years and older, and works closely with various agencies, elected officials, and many others to meet the needs of Seniors in Mat-Su.
How Sexual Orientation And Gender Identity Impact Health

Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) people are more at risk for health threats as compared to the general population. The Substance Abuse and Mental Health Services Administration (SAMHSA) released a Top Health Issues for LGBTQ Populations information and Resource Kit that identifies the following issues for LGBTQ people:

- lesbian, gay, and bisexual individuals are at an increased risk for heart disease, family and intimate partner violence, depression; anxiety; suicidal ideation and attempted suicide and tobacco and substance abuse. Although there is very limited research on transgender individuals as a group, several studies have found that this group is at high risk for violent victimization such as physical and sexual assault, intimate partner violence, sexually transmitted diseases, substance abuse and suicidal ideation and attempts.

LGBTQ people often experience challenges seeking health care due to:
- lack of knowledge on LGBTQ health on the part of providers;
- experiences ranging from feeling unwelcome to outright mistreatment and discrimination;
- lack of health insurance due to partner benefits not being offered universally.

Members of the MatSu LGBTQ community are more likely to be dissatisfied with care received or to have been told they have depressive disorder. Additionally, when LGBTQ individuals in MatSu were asked if they perceived bias in the health care delivery system, 62% said they thought they received the same care as everyone else, 6% said their care was worse, and 9% said it was better than others. When this question was asked, it was not specified where the resident received care. There have been no special efforts in MatSu to train/educate health care providers on the needs of LGBTQ individuals.

WHAT THE MAT-SU COMMUNITY IS SAYING

LGBTQ teens spoke passionately about how gender identity impacts health including discrimination in school as well as health professionals who are ill-equipped to provide support and information to address health questions and concerns.

“Discrimination affects people’s health. It affects your ability to do things, get school work done, and just operate. It also affects your eating habits and your entire life without you noticing it.” – LGBTQ Teen

TABLE 18 - HOW SEXUAL ORIENTATION IMPACTS HEALTH

<table>
<thead>
<tr>
<th>Health Data</th>
<th>Where We Live</th>
<th>Heterosexual</th>
<th>LGBTQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied with health care received (2013-2014)</td>
<td>95.9%</td>
<td>60.5%</td>
<td></td>
</tr>
<tr>
<td>Health Status Impacted</td>
<td>Heterosexual</td>
<td>LGBTQ</td>
<td></td>
</tr>
<tr>
<td>Ever told had depressive disorder (2010-2014)</td>
<td>17.8%</td>
<td>31.2%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Alaska Behavioral Risk Factor Surveillance System Data Note: There is a statistically significant difference for all indicators by sexual orientation (p<.05)

The health data that is reported here from the AK Behavioral Risk Factor Surveillance System (AKBFS) is for MatSu residents who identify as lesbian, gay, bisexual and questioning (LGBTQ). This data source does not have sufficient data on transgender individuals.

WHAT THE MAT-SU COMMUNITY IS SAYING

LGBTQ teens spoke passionately about how gender identity impacts health including discrimination in school as well as health professionals who are ill-equipped to provide support and information to address health questions and concerns.

“Discrimination affects people’s health. It affects your ability to do things, get school work done, and just operate. It also affects your eating habits and your entire life without you noticing it.” – LGBTQ Teen

LGBQ HEALTH CARE ACCESS AND HEALTH STATUS

- 64.8% have health insurance
- 31.7% report getting needed care in the last year due to cost
- 77.9% have a primary care provider
- 85.4% rate health as Excellent, Very Good or Good

Source: AK BRFSS, 2010-2014

WHAT IS BEING DONE IN MAT-SU

Identity is an Anchorage-based nonprofit organization with the vision that there is a world where all people are free to express and be proud of their gender identity and sexual orientation. Identity’s mission is to advance Alaska’s LGBTQ community through advocacy, education, and connectivity. Identity is currently offering the Valley Q-Club in MatSu.

This is a weekly social/educational group open to all LGBTQ teens and all allies ages 13-19 years. Additionally, all Anchorage-based services are open to MatSu residents. These include: a Teen Trans Group, Youth Leadership Summit, Pride Prom, Pride Festival, ELDERS: A Little Gray, A Little Gay program, Sensitivity Trainings, and the Identity Center.
Alaska Native People In Mat-Su and Health

WHO ARE MAT-SU ALASKA NATIVE PEOPLE?

Alaska Native People make up 10.6% of the total population in Mat-Su. The Alaska Native People in Mat-Su come from many different tribes who have made Alaska home for hundreds of years. One of these tribes who have been located in Mat-Su since before the influx of non-Alaska Native People to Alaska is the Chickaloon Native Village.

Chickaloon Native Village

Nay’dini’aa Na’, in Ahtna, meaning “the river with the two logs across it”, is a vibrant, innovative, and culturally rich Ahtna Athabascan Tribe located in Sutton. Dating as far back as 1900, Chickaloon Village’s ancestral territories have been subjected to large-scale resource extraction including coal, copper and gold mining, oil and gas drilling, and logging. The Glenn highway and railroad construction also negatively impacted Chickaloon’s Tribal lands. Alcohol and diseases such as polo, tuberculosis, and the Spanish flu, brought in with development, almost wiped out this Tribe. During the 1930s through the 1950s, the United States government established and enforced a mandatory educational system intended to assimilate Alaska Native Peoples. Many of the Tribe’s children were taken from their families and placed in boarding schools throughout the state.

As a response to the environmental and social injustice suffered by Chickaloon Village Tribal citizens, coupled with the passing of the Alaska Native Claims and Settlement Act (ANCSA) of 1971, the Chickaloon Elders re-established the Chickaloon Village Traditional Council (CVTC) in 1973, to reassert the Tribe’s identity, cultural traditions, and economic self-sufficiency and to re-unify their citizens. The mandate for the Council was: To restore our traditional worldview by rejuvenating our traditional Athabascan culture, values, and traditions; spirituality, language, songs, and dance. Chickaloon Native Village gained federal recognition in 1975 and on November 24, 1982, according to Federal Register Vol. 58, No. 202. The Council is composed of nine members who are tasked to reassert the Tribe’s identity and cultural traditions, and create economic self-sufficiency for the Tribe.

Knik Tribal Council

The Knik tribe has been referred to as a “melting pot” consisting of 10,000 Alaska Native and American Indian people living in the Mat-Su Valley who moved from all over remote Alaska. The community is shaped by the culture and diversity each brings becoming the strength of the Valley. This variety of backgrounds is part of what drives the Tribal Council’s mission and focuses on creating opportunities not just for the Tribal portion, but for the whole community, because all are connected.

The Knik Tribal Council is comprised of about 77 base members who are individuals who were originally recognized by the Department of Interior as Knik Tribe and their descendants. The Council also allows membership for associate members, which is anyone who is at least one-quarter Native American blood, a U.S. citizen and a resident of the Upper Cook Inlet area.

The Knik Tribal Council offers a variety of programs and activities, from the annual fish camp, where kids learn to catch and harvest salmon, and beading and sewing classes for Elders, to job placement and training, housing, social, and environmental services.

Due to its history and proximity, Knik enjoys a close relationship with the town of Wasilla, where the Tribal Council office is located. The Council recognizes opportunities for partnering with local nonprofits, organizations, businesses and schools as crucial to improving the lives of Tribal members. The Tribe’s partners benefit from the access the Tribe has to unique streams of funding, while the Tribe builds capacity and professional development, and raises awareness for the needs of local people. Through these partnerships, the Tribal Council has begun to address issues such as homelessness, unemployment and keeping kids in school.

Knik is passionate about growing community and recognizes the value of working with others to create a better tomorrow.
MEDICAL SERVICES FOR ALASKA NATIVE PEOPLE IN MAT-SU

Although Alaska Native people can access any medical services in Mat-Su, Southcentral Foundation, a tribal health organization runs two clinics in Mat-Su in collaboration with the two tribal councils:

• Benteh Nuutah Valley Native Primary Care Center - Southcentral Foundation Benteh Nuutah Valley Native Primary Care Center provides primary care and behavioral health care for Alaska Native people living in Mat-Su. Southcentral Foundation opened this clinic in 2012 in partnership with the Chickaloon Village and Knik Tribal Council.

• C’eyitts’ Hwnax Life House Community Health Center - This health center serves both Alaska Native and non-Native people from Palmer to Eureka, including the communities of Chickaloon, Glacier View, and Sutton/Alpine. Chickaloon Village Traditional Council and Southcentral Foundation operate this center collaboratively. The new clinic houses a wellness center with an exercise area, locker rooms with showers and space for health education classes.

Alaska Native Health Care Access and Health Status

- 89.8% have health insurance
- 13% were unable to receive needed care due to cost
- 67.3% had a primary care provider
- 81.7% rated their health as excellent, very good, or good

Source: AK BRFSS, 2010-2014
Focus group participants mentioned how the Alaska Native people have gained increased access to care over the last few years, especially with the opening of the Life House Community Health Center and the Valley Native Primary Care Center. The focus group participants were asked what other factors contribute to their health or help them make healthier decisions. The participants mentioned the following factors:

- Education
- Easier access to healthcare
- Money
- Self esteem
- Not doing anything out of the ordinary
- Awareness of one’s personal identity
- Affiliation with organizations that promote healthy living
- Knowledge and education
- Peer pressure
- More parks in rural communities
- Sidewalks and pavements

The Tribal focus groups went on to mention that the factors mentioned above impact the health of the community because it gives us time to bond with families and if we have access to those things, we have a healthier community that makes healthier choices. Participants of this focus group also commented that things needed in Mat-Su to help people have the opportunity to lead a healthy life include:

- More reliable public transportation
- Roadwork
- Some resources are only open 9am-5pm, however most of the people are working, so longer service hours would help to increase access for working people
- Emergency response team and the ability to access those services and the emergency teams can come to the rural areas
- Shorter wait time in the MSK-MC ED
- More support at the hospital.
How Transportation Impacts Health

People need transportation to access health services, to earn a living, to get to school and to be part of a community. Figure 23 shows that in Mat-Su access to public transportation is very limited. The lower the access number, the more likely the community is car dependent with very little or no access to public transportation.

As shown in Table 19, the most common means of travel to work in Mat-Su is driving alone (70%), followed by carpooling (14.2%). Use of public transportation (1.2%) is very limited. Approximately 5.7% of workers age 16+ report working at home.

### TABLE 19 - ESTIMATED WORKERS AGE 16+ MODE OF TRANSPORTATION TO WORK BY SELECT AREAS, MAT-SU BOROUGH, ANCHORAGE AND ALASKA*

<table>
<thead>
<tr>
<th>2016 Demographics</th>
<th>Mat-Su</th>
<th>Glenn Highway</th>
<th>Knik Gooseway Road</th>
<th>Palmer</th>
<th>South Park Highway</th>
<th>Upper Susitna Valley</th>
<th>Wasilla</th>
<th>Anchorage</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 Est. Workers (Age 16+)</td>
<td>39,355</td>
<td>1,077</td>
<td>7,494</td>
<td>11,775</td>
<td>5,854</td>
<td>1,733</td>
<td>11,422</td>
<td>130,911</td>
<td>361,167</td>
</tr>
<tr>
<td>% Drove Alone</td>
<td>70.0%</td>
<td>72.1%</td>
<td>69.0%</td>
<td>71.4%</td>
<td>68.5%</td>
<td>60.0%</td>
<td>71.5%</td>
<td>74.6%</td>
<td>66.9%</td>
</tr>
<tr>
<td>% Car Pooled</td>
<td>14.2%</td>
<td>12.1%</td>
<td>13.5%</td>
<td>11.7%</td>
<td>11.8%</td>
<td>11.1%</td>
<td>13.1%</td>
<td>31.8%</td>
<td>12.8%</td>
</tr>
<tr>
<td>% Public Transportation</td>
<td>2.2%</td>
<td>0.7%</td>
<td>2.5%</td>
<td>3.0%</td>
<td>0.6%</td>
<td>0.1%</td>
<td>3.0%</td>
<td>2.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>% Walked</td>
<td>2.4%</td>
<td>2.5%</td>
<td>3.2%</td>
<td>2.4%</td>
<td>2.5%</td>
<td>3.1%</td>
<td>3.3%</td>
<td>3.4%</td>
<td></td>
</tr>
<tr>
<td>% Bicycle</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>1.0%</td>
<td>0.0%</td>
<td>3.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>% Other Means</td>
<td>4.4%</td>
<td>6.2%</td>
<td>6.3%</td>
<td>1.7%</td>
<td>10.7%</td>
<td>11.5%</td>
<td>6.4%</td>
<td>2.8%</td>
<td>4.4%</td>
</tr>
<tr>
<td>% Worked at Home</td>
<td>5.7%</td>
<td>1.9%</td>
<td>5.7%</td>
<td>6.5%</td>
<td>6.5%</td>
<td>11.1%</td>
<td>4.3%</td>
<td>3.7%</td>
<td>4.6%</td>
</tr>
<tr>
<td>2016 Est. Average Travel Time to Work in Minutes</td>
<td>36.0</td>
<td>18.0</td>
<td>40.0</td>
<td>15.0</td>
<td>36.0</td>
<td>33.0</td>
<td>14.0</td>
<td>20.0</td>
<td>22.0</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016; *Please note that the demographic information on this page was taken from the U.S. Census Bureau and therefore does not reflect the State of Alaska Department of Labor and Workforce Development’s Mat-Su population number of 100,178.

As shown in Table 19, the most common means of travel to work in Mat-Su is driving alone (70%), followed by carpooling (14.2%). Use of public transportation (1.2%) is very limited. Approximately 5.7% of workers age 16+ report working at home.

### FIGURE 23 - TRANSIT ACCESS BY PLACE OF RESIDENCE

<table>
<thead>
<tr>
<th>MAT-SU</th>
<th>PALMER</th>
<th>WASILLA</th>
<th>ANCHORAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSIT ACCESS SCORE</td>
<td>0.6</td>
<td>0.8</td>
<td>1.7</td>
</tr>
<tr>
<td>NUMBER OF TRIPS PER WEEK</td>
<td>29</td>
<td>27</td>
<td>57</td>
</tr>
</tbody>
</table>

Source: The Center for Neighborhood Technology, Housing and Transportation In-Tob Aftordability Index

Note: A high score indicates increased access to public transportation.

Figure 24 demonstrates that there is a large Mat-Su Commuter population that works outside the borough.

### FIGURE 24 - MAT-SU COMMUTER POPULATION

- **6,267** Live elsewhere, but work in the Mat-Su Borough
- **14,684** Live & Work in the Mat-Su Borough
- **23,703** Live in the Mat-Su Borough, but work elsewhere

Source: Mat-Su Transit Feasibility Assessment, DOWL, July 2016
WHAT THE MAT-SU COMMUNITY IS SAYING

Transportation was mentioned more often than any other factor that impacts health in the focus groups and stakeholder interviews. It was also noted in more focus groups and interviews than any other community need. The lack of public transportation is a barrier to accessing both primary care and specialty services, many of which are located in Anchorage or other large cities. Transportation also impacts the ability to enjoy many of the existing indoor and outdoor recreational activities that help individuals lead a healthy lifestyle. Lack of transportation also creates social isolation and limits continuity of care, making it difficult to appropriately manage chronic conditions when they do occur. Because of the lack of utility infrastructure in rural areas, some even require transportation to get drinkable water and complete certain activities of daily living, such as bathing and washing clothes.

Numerous transportation challenges were noted. While the existing human services transportation system has a broader service area than the public transit system, which serves primarily Wasilla and Palmer, it is limited to those who qualify for Medicaid or have disabilities. Many are unaware of the transportation resources that do exist. Some cannot afford to use them, even where they are offered. Limited hours of operation also make it difficult to schedule multiple health care or other appointments in the same day.

Focus group participants noted a high need for public transportation. Palmer and Wasilla have both transit dependence and health needs. The areas shaded in red are considered as having a high level of need, those in blue have a medium level of need, and those in green have a low level of need. Indicators that were considered when assessing need included:

- Households without access to a vehicle
- Households below poverty
- High school graduates or higher
- Population spending more than 30% of household income on rental housing
- Households receiving SNAP benefits (food stamps)
- Alaska Natives
- Population density

These areas lack bus stops with limited public transportation coverage. This is especially true in Houston, which only has two bus stops within the city boundaries.

WHAT IS BEING DONE IN MAT-SU?

The Mat-Su Transit Coalition is working to realize their vision statement. The coalition “envisions a community to move the Mat-Su public to work, services, commercial centers and community events through a coordinated, accessible, safe and sustainable transportation system that economizes public and private resources.” The coalition, which meets monthly, is composed of a formal network of transit providers, social services providers, business persons, transit consumers and interested persons.

FIGURE 25 - TRANSIT DEPENDENT COMMUNITIES AND HEALTH NEEDS

Level of Need

- Lowest
- Moderate
- Moderate to High
- State Owned Road
- Bus Stops
- City Boundaries

HEALTH IS WHERE WE LIVE

COMMUNITY HEALTH NEEDS ASSESSMENT 2016
MAT-SU HEALTH FOUNDATION
How Food Impacts Health

Large numbers of Mat-Su residents rely on food support programs as depicted in Table 20. In 2014, the number of unduplicated individuals that visited food pantries on a weekly, monthly and annual basis are 3,800, 11,500 and 32,200, respectively.

While the majority of families in Mat-Su (71.0%) are able to provide lunch for their children compared to Alaska (57.0%) and the United States (48.8%), 3% of students are eligible for reduced-price lunch and 21% are eligible for a free lunch.

WHAT IS BEING DONE IN MAT-SU?

There are at least 22 entities in Mat-Su who offer food and nutrition assistance to individuals and families in need. Additionally, a Mat-Su Food Coalition exists and helps to coordinate these efforts.

WHAT THE MAT-SU COMMUNITY IS SAYING

The discussions about food included several different aspects related to both access as well as the food quality itself. In general, people often make poor food choices and don’t make healthy eating a priority. Those with low incomes buy what they are able to afford, which is often low-cost processed foods, which does not often include a lot of fruits and vegetables. Depending on where individuals live as well as their income level, the ability to purchase fresh fruits and vegetables at all is sometimes a challenge. In remote rural areas, fresh fruits and vegetables are difficult to get.

While the majority of families in Mat-Su (71.0%) are able to provide lunch for their children compared to Alaska (57.0%) and the United States (48.8%), 3% of students are eligible for reduced-price lunch and 21% are eligible for a free lunch.

WHAT IS BEING DONE IN MAT-SU?

There are at least 22 entities in Mat-Su who offer food and nutrition assistance to individuals and families in need. Additionally, a Mat-Su Food Coalition exists and helps to coordinate these efforts.

WHAT THE MAT-SU COMMUNITY IS SAYING

The majority of the focus groups had at least one participant that mentioned access to healthy foods as a factor that impacts health. The discussions about food included several different aspects related to both access as well as the food quality itself. In general, people often make poor food choices and don’t make healthy eating a priority. Those with low incomes buy what they are able to afford, which is often low-cost processed foods, which does not often include a lot of fruits and vegetables. Depending on where individuals live as well as their income level, the ability to purchase fresh fruits and vegetables at all is sometimes a challenge. In remote rural areas, fresh fruits and vegetables are difficult to get.
How Housing Impacts Health

Persons who are homeless either do not seek the medical attention they need, or if they do, have nowhere to go once discharged to recuperate. Conversely, poor health is a major cause of homelessness.

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

FIGURE 27 - RESIDENTS WHO OWN THEIR OWN HOME, 2016

Mat-Su lacks diversified housing. The majority (84.96%) of residential parcels are single-family units. There are limited options for younger residents just starting out in the workforce looking for apartments.

SEVERE HOUSING PROBLEMS

Severe Housing Problems is the percentage of households with at least one or more of the following housing problems:

- Housing unit lacks complete kitchen facilities;
- Housing unit lacks complete plumbing facilities;
- Household is severely overcrowded; and
- Household is severely cost burdened.

Mat-Su lacks diversified housing. The majority (84.96%) of residential parcels are single-family units. There are limited options for younger residents just starting out in the workforce looking for apartments.

Source: U.S Census Bureau, 2016

Mat-Su

Palmer

Wasilla

Anchorage

Alaska

Homeowners

Non-Homeowners

76.5%

68.8%

52.7%

59.6%

63.4%

FIGURE 27 - RESIDENTS WHO OWN THEIR OWN HOME, 2016

Mat-Su

Palmer

Wasilla

Anchorage

Alaska

Homeowners

Non-Homeowners

76.5%

68.8%

52.7%

59.6%

63.4%

Source: U.S Census Bureau, 2016

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

Figure 27 reports the percentage of homeowners in different areas of Mat-Su as compared to Anchorage and Alaska. Mat-Su has a higher percentage of homeowners as compared to Anchorage and Alaska.

FIGURE 28 - MAT-SU ALL RESIDENTIAL PARCELS

Residential Parcels

Mobile Home

3.55% 1618

Duplex

2.78% 1268

Multi-family

7.42% 3318

Group Quarters

.33% 150

Mobile Home Park

.95% 455

Single Family

84.96% 38,704

Total Units 45,553

Total Parcels 38,665

Total Acreage 179,694

Average Acreage 4.65

Unit Density Per Acre .25

Average Units Per Parcel 1.18

Average Acres Per Unit 3.94

Source: Mat-Su Borough Housing Needs Assessment, 2014
As illustrated in Table 21, one in five residents in Mat-Su and Alaska experienced severe housing problems in 2016. The percentage of residents experiencing severe housing problem has been fairly consistent over the three years with Mat-Su comparable to Alaska.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Mat-Su</th>
<th>Anchorage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>2015</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>2016</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, 2016

Table 21 - Severe Housing Problems

HOMELINESS IN MAT-SU
- The 2016 Annual Homeless Project Connect Census revealed that 270 Mat-Su residents are homeless.
- The Matanuska Susitna Borough School District determined that in the 2015-2016 school year, 695 students experienced homelessness.

WHAT THE MAT-SU COMMUNITY IS SAYING
Housing was mentioned in many of the focus groups and interviews as both a factor that impacts health, as well as an area that is impacted when people have health challenges without the resources to pay for medical care. One major medical issue can cause homelessness if an individual does not have medical insurance and/or paid sick leave. According to professionals in the Mat-Su region, the lack of diversified housing stock is a problem, because not everyone can afford a single family home on an acre of land, which is the predominant type of housing available. This adversely affects both the elderly with fixed incomes and young people who are just getting started in their careers and cannot yet afford to purchase a single family home.

There is a sizable number of homeless youth in the region who struggle to finish high school due to lack of stability. Many of these young people will be destined to live in poverty due to lack of education and adequate income. The lack of utility infrastructure especially in the rural/southeast areas of the borough results in housing that lacks running water and electricity, making sanitation a factor in some homes and places. In some cases the quality and safety of the house itself is an issue, because some people choose to come to Alaska to live off the land and attempt to build their own houses without appropriate carpentry and other skills required.

In many of the focus groups and interviews, participants noted that an ideal healthy community includes access to affordable housing, with no homelessness. Ending homelessness through adequate affordable housing is also a key goal for the Mat-Su Borough.

“Health is everyone’s issue. Housing is everyone’s issue. Housing is a big issue in the valley. If you talk to seniors it is all about senior housing. Talk to those in nonprofits, it is homelessness. For others, it is prisoner re-entry, veterans or addiction and abuse. We need to retain the 18 to 34 year olds. If not, you are left with those that are retiring, and the borough has a different tax bracket, and we cannot offer services. It is a domino effect. Diversified housing stock is the secret.” – Mat-Su Planner

WHAT IS BEING DONE IN MAT-SU?
The Mat-Su Coalition on Housing and Homelessness is a coalition formed to advocate for sustainable community solutions to homelessness in Mat-Su. Their vision is: The Mat-Su Borough is “Alaska’s most livable community – it is clean, connected, solid transportation, and affordable housing – a place people want to live and work.” The coalition’s long-term goal (2020) is that developing integrated, community-informed and community-supported homelessness prevention is a community value.

The coalition has the following three taskforces:
- Prisoner Re-entry
- Rapid Re-Housing
- Unaccompanied Youth

The Mat-Su Coalition on Housing and Homelessness is a coalition formed to advocate for sustainable community solutions to homelessness in Mat-Su. Their vision is: The Mat-Su Borough is “Alaska’s most livable community – it is clean, connected, solid transportation, and affordable housing – a place people want to live and work.” The coalition’s long-term goal (2020) is that developing integrated, community-informed and community-supported homelessness prevention is a community value.
How Where One Lives Impacts Health

Rural residents are less likely to have health insurance, access to medical care, or to be healthy. They are more likely to smoke and to have ever been told they have COPD.

**TABLE 22 - HOW WHERE ONE LIVES IMPACTS HEALTH**

<table>
<thead>
<tr>
<th>Where We Live</th>
<th>Palmer</th>
<th>Wasilla</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents have health insurance (2010-2014)</td>
<td>94.4%</td>
<td>79.2%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Access to medical care not limited due to cost (2010-2014)</td>
<td>97.7%</td>
<td>81.3%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Satisfied with health care received (2013-2014)</td>
<td>97.4%</td>
<td>91.2%</td>
<td>87.8%</td>
</tr>
</tbody>
</table>

**Health Status Impact**

<table>
<thead>
<tr>
<th>Palmer</th>
<th>Wasilla</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents are physically healthy (2010-2014)</td>
<td>67.3%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Residents report no poor mental health days in the last month (2010-2014)</td>
<td>67.4%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Residents ever told had COPD (2011-2014)</td>
<td>4.3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Non-Smoking residents (2010-2014)</td>
<td>78.1%</td>
<td>78.4%</td>
</tr>
</tbody>
</table>


Note: There is a statistically significant difference for all indicators by community of residence (p<.05).

**WHAT THE MAT-SU COMMUNITY IS SAYING**

- Those who live in the rural areas must travel farther to grocery stores, shopping and health care services; are more likely to have lower incomes and lack transportation and other resources, not to have electricity and/or running water in their homes.
- Those who live in the core area have better access to indoor recreation and health care services, are more likely to live closer to their neighbors and have more options for social connection and assistance than those who are more isolated in the rural areas.
Where We Live – Upper Susitna Valley

Upper Susitna Valley is composed of the communities of Chase, Petersville, Skwentna, Susitna, Susitna North, Talkeetna, Trapper Creek, Sunshine, and Willow. Located within Upper Susitna Valley lies Sunshine Community Health Center (SCHC), a federally qualified community health center, with integrated primary medical, behavioral health and dental care with offices in two locations – Willow and Talkeetna.

SCHC provides a full spectrum of high-quality, comprehensive, culturally competent, healthcare services. The Clinic promotes prevention and early intervention, thus keeping under-insured or uninsured individuals out of hospital emergency rooms. These services include:

- Medical Services – Family Health Care, Laboratory and X-Ray, Dispensary, DOT, Medical Exam, Immunization, Sport Physicals, Eye Clinic and A Men’s Clinic
- Dental Services – Preventative care, initial pediatric “first visits,” and full mouth rehabilitation
- Behavioral Health – Confidential mental health and substance abuse treatment as well as the following traditional counseling services: Individual, couples, family, and group therapy.

SCHC Partners with other agencies to make additional services available and convenient such as:

- Mobile Mammography – Mammograms are performed in both Talkeetna and Willow throughout the year with the Providence Imaging mammogram-mobile.

- Physical Therapy – Services are available in both the Talkeetna and Willow clinics with Health Quest Therapy.
- Eye Care – Eye exams and frame selection are offered in the Talkeetna clinic once a month.

With 30 years of service in the Upper Susitna Valley, SCHC is a resource for the community with health education, community outreach, advocacy and support programs. In listening and responding to the specific needs of this community, unique programs have been developed, such as:

- Sunshine Transit – Inexpensive, reliable transportation to health care, wellness, education and employment in the Upper Susitna Valley. Current routes include the Daily Talkeetna Spur Road, Willow-on-Demand Service and twice a week Talkeetna to Wasilla.
- Office Based Opioid Treatment – a program that combines the use of the medication, with outpatient Behavioral Health treatment to help patients transition from drug dependence to recovery.
- Positive Action - Youth Advocacy and family support programs in schools that promote an intrinsic interest in learning and becoming a better person.

Population

Table 23 shows how the population of the Upper Susitna Valley has had a slight decline in the population since 2010.

<table>
<thead>
<tr>
<th>TABLE 23 - UPPER SUSITNA POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Census</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Households</td>
</tr>
<tr>
<td>Family Households</td>
</tr>
<tr>
<td>Average Household Size</td>
</tr>
<tr>
<td>Owner-Occupied Housing</td>
</tr>
<tr>
<td>Renter-Occupied Housing</td>
</tr>
</tbody>
</table>

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- Sunshine Transit – Inexpensive, reliable transportation to health care, wellness, education and employment in the Upper Susitna Valley. Current routes include the Daily Talkeetna Spur Road, Willow-on-Demand Service and twice a week Talkeetna to Wasilla.
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- Mobile Mammography – Mammograms are performed in both Talkeetna and Willow throughout the year with the Providence Imaging mammogram-mobile.

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- Eye Care – Eye exams and frame selection are offered in the Talkeetna clinic once a month.

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- Sunshine Transit – Inexpensive, reliable transportation to health care, wellness, education and employment in the Upper Susitna Valley. Current routes include the Daily Talkeetna Spur Road, Willow-on-Demand Service and twice a week Talkeetna to Wasilla.
- Office Based Opioid Treatment – a program that combines the use of the medication, with outpatient Behavioral Health treatment to help patients transition from drug dependence to recovery.
- Positive Action - Youth Advocacy and family support programs in schools that promote an intrinsic interest in learning and becoming a better person.
Race/Ethnicity
Figure 29 illustrates the breakdown of race/ethnicity in Upper Susitna Valley. At least 5% of the population state they are Alaska Native/ American Indian alone and 89.9% white, 1.6% other race, and 3.5% two or more races.

Figure 29 - Race/Ethnicity in Upper Susitna Valley

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian and Other Pacific Island Alone</td>
<td>0.2%</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>0.7%</td>
</tr>
<tr>
<td>Black or African Alone</td>
<td>0.2%</td>
</tr>
<tr>
<td>Alaska Native and American Indian Alone</td>
<td>5.0%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>3.5%</td>
</tr>
<tr>
<td>White Alone</td>
<td>89.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016 Estimate

Age
In the Upper Susitna Community 25.8% of residents are under the age of 24 years and 18.2% are over the age of 65 years.

Education Level
Table 25 illustrates the education level for the Upper Susitna Valley.

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school diploma</td>
<td>22.1%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>31.2%</td>
</tr>
<tr>
<td>Some college no degree</td>
<td>28.4%</td>
</tr>
<tr>
<td>College Degree (Associate/Bachelor’s)</td>
<td>29.0%</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016 Estimate

Occupation
In the Upper Susitna Community, 51.1% of the workers are white collar, 34.8% are blue collar, and 16.3% are service/ farm workers. The average time traveled to work is 33 minutes.

WHAT THE UPPER SUSITNA VALLEY COMMUNITY IS SAYING

Table 25 - Education Level of Upper Susitna Valley

Table 26 - Overall, how would you rate the health status of children and families in Mat-Su?

Table 27 - What percentage of residents of Mat-Su have a minimum baseline of all factors we mentioned that allow them to make healthy decisions?

Table 28 - Mat-Su is currently a “Healthy Community”?
The Federally Qualified Health Care Centers in the Mat-Su region offer the opportunity to extend care to many residents who would not otherwise be able to access primary care and preventative services. Based on the UDS (Universal Data System) data provided by Sunshine Clinic, in 2015, 87.2% of Sunshine Clinic’s 3,352 patients (2,923) lived in zip codes categorized as Mat-Su. The majority of these patients live in Talkeetna (36%) and Willow (34.7%). About a third (32.7%) of patients served had no health insurance, which is an approximately 10% decline over the three-year period 2013-2015. Over half (52.8%) had incomes under 200% of the federal poverty level. The majority of the residents (89.7%) are white. Table 29 below outlines the various diagnoses of the patient population in 2015, along with utilization.

### Table 29: Health Status Snapshot of Sunshine Clinic Patients (3,352)

<table>
<thead>
<tr>
<th>Selected Diseases of the Respiratory System</th>
<th>Number of Patients</th>
<th>Percentage of Patients</th>
<th>Average Number of Visits Per Year per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>121</td>
<td>3.7%</td>
<td>1.1</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>101</td>
<td>3.1%</td>
<td>1.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selected Other Medical Conditions</th>
<th>Number of Patients</th>
<th>Percentage of Patients</th>
<th>Average Number of Visits Per Year per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes mellitus</td>
<td>170</td>
<td>5.1%</td>
<td>2.2</td>
</tr>
<tr>
<td>Heart disease</td>
<td>102</td>
<td>3.0%</td>
<td>1.8</td>
</tr>
<tr>
<td>Hypertension</td>
<td>466</td>
<td>13.9%</td>
<td>1.4</td>
</tr>
<tr>
<td>Contact dermatitis and other eczema</td>
<td>88</td>
<td>2.6%</td>
<td>1.1</td>
</tr>
<tr>
<td>Dehydration</td>
<td>9</td>
<td>0.3%</td>
<td>1.4</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>80</td>
<td>2.4%</td>
<td>1.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selected Mental Health and Substance Abuse Conditions</th>
<th>Number of Patients</th>
<th>Percentage of Patients</th>
<th>Average Number of Visits Per Year per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol related disorders</td>
<td>76</td>
<td>2.3%</td>
<td>1.1</td>
</tr>
<tr>
<td>Other substance related disorders (excluding tobacco use disorders)</td>
<td>78</td>
<td>2.3%</td>
<td>10.4</td>
</tr>
<tr>
<td>Tobacco use disorder</td>
<td>241</td>
<td>7.2%</td>
<td>1.4</td>
</tr>
<tr>
<td>Depression and other mood disorders</td>
<td>275</td>
<td>8.2%</td>
<td>2.3</td>
</tr>
<tr>
<td>Anxiety disorders (excluding PTSD)</td>
<td>177</td>
<td>5.2%</td>
<td>2.3</td>
</tr>
<tr>
<td>Attention deficit and other disruptive behaviors</td>
<td>23</td>
<td>0.7%</td>
<td>5.4</td>
</tr>
<tr>
<td>Other mental disorders, excluding drug or alcohol dependence</td>
<td>101</td>
<td>3.0%</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Source: Sunshine Clinic UDS Data, 2015 HRSA Health Center Program
Where We Live – Glenn Highway

The Glenn Highway Region is composed of the communities of Buffalo/Soapstone, Chickaloon, Eureka Roadhouse, Glacier View, Lake Louise, and Sutton Alpine.

Located in the area of Glenn Highway is Life House Community Health Center. C’eyiits’ Hwnax Life House Community Health Center serves Alaska Native and non-Native people from Palmer to Eureka, including the communities of Chickaloon, Glacier View and Sutton/Alpine. In addition, the center provides Veterans Affairs supported medical services to veterans residing in the area.

Chickaloon Village Traditional Council (CVTC) and SCF operate the Life House Community Health Center collaboratively.

Services that are provided by Life House Community Health Center include:
- Primary Care Services
- Behavioral Health Services
- Select Pharmacy Services
- Radiology Services
- Scheduled Specialty Services (mammograms, dieticians, women’s health and more)
- Health Education
- Wellness Center

Table 30 shows how the population of Glenn Highway has had an increase in the population since 2010.

<table>
<thead>
<tr>
<th>TABLE 30 - GLENN HIGHWAY REGION POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Census</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Population</td>
</tr>
<tr>
<td>Households</td>
</tr>
<tr>
<td>Family Households</td>
</tr>
</tbody>
</table>

Average Household Size 2.32
Owner-Occupied Housing 83.7%
Renter-Occupied Housing 16.3%

Source: U.S. Census Bureau, 2016 Estimate

Table 31 illustrates the percent of residents by income level.

<table>
<thead>
<tr>
<th>TABLE 31 - PERCENT OF GLENN HIGHWAY RESIDENTS BY INCOME LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------</td>
</tr>
<tr>
<td>10.0%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016 Estimate

When looking at income for Glenn Highway, the median household income is $57,624. Table 31 illustrates the percent of residents by income level.
Race/Ethnicity

Figure 30 illustrates the breakdown of race/ethnicity in Glenn Highway. At least 9.3% of the population state they are Alaska Native/American Indian alone and 77.7% white, 0.3% other race, and 9.3% two or more races.

FIGURE 30 - RACE/ETHNICITY IN GLENN HIGHWAY REGION

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian and Other Pacific Island Alone</td>
<td>0.3%</td>
</tr>
<tr>
<td>Some Other Race Alone</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian Alone</td>
<td>1.6%</td>
</tr>
<tr>
<td>Black or African Alone</td>
<td>1.7%</td>
</tr>
<tr>
<td>Alaska Native and American Indian Alone</td>
<td>9.3%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>9.3%</td>
</tr>
<tr>
<td>White Alone</td>
<td>77.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016 Estimate

Age

In the Glenn Highway Region, 32.3% of residents are under the age of 24 years and 11.8% are over the age of 65 years.

Education Level

Table 32 illustrates the education level for Glenn Highway.

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Less than high school diploma</th>
<th>High school graduate</th>
<th>Some college no degree</th>
<th>College Degree (Associates/Bachelor’s)</th>
<th>Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>14.7%</td>
<td>31.3%</td>
<td>27.4%</td>
<td>26.4%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016 Estimate

Occupation

In the Glenn Highway Region 51.1% of the workers are white collar, 24.4% are blue collar, and 24.3% are service/farm workers. The average time traveled to work is 28 minutes.

Healthcare-related Transportation

Table 33 shows how the Southcentral Foundation provided transportation to the residents of Glenn Highway for the first half of the year (October 2015-March 2016). The 167 Life House visits included wellness transports in Sutton and to clinical visits. The 212 Outreach transports included those rides for prescriptions and shopping. The 67 Outreach Wellness included rides to Baniak Na’uth on Tuesdays. The Non-Beneficiary Transports are those rides exclusively to the Life House Clinic.

<table>
<thead>
<tr>
<th>Healthcare-related Transportation</th>
<th>Life House Visits</th>
<th>All Medical</th>
<th>All Dental/Vision</th>
<th>All Behavioral Health</th>
<th>Outreach</th>
<th>Outreach Wellness</th>
<th>Non-Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>167</td>
<td>90</td>
<td>19</td>
<td>4</td>
<td>221</td>
<td>67</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Chickaloon Village Traditional Council
Table 34 reports on the behavioral health and wellness activities at Life House. In the second quarter of FY 2016, Life House hired a new Behavioral Health Case Manager and, therefore, due to training, numbers are lower than in previous quarters.

Table 34: Behavioral Health and Wellness Activities at Life House

<table>
<thead>
<tr>
<th>Wellness</th>
<th>Customer BH Cases</th>
<th>BH Referrals</th>
<th>Elder Congregate Meals</th>
<th>Volunteer/Community Meals</th>
<th>Home Delivered Meals</th>
<th>Total Health &amp; Wellness Promotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr. 1</td>
<td>11</td>
<td>45</td>
<td>93</td>
<td>119</td>
<td>687</td>
<td>899</td>
</tr>
<tr>
<td>Qtr. 2</td>
<td>5</td>
<td>12</td>
<td>119</td>
<td>620</td>
<td>609</td>
<td>1,148</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>57</td>
<td>212</td>
<td>539</td>
<td>1,296</td>
<td>2,047</td>
</tr>
</tbody>
</table>

Source: Southcentral Foundation, October 2015-March 2016

Table 35: Overall, How would you rate the health status of children and families in Mat-Su?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal (N=19)</td>
<td>1%</td>
<td>12%</td>
<td>53%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Mat-Su Focus Groups, Strategy Solutions, Inc., 2016

Table 36: What percentage of residents of Mat-Su have a minimum baseline of all factors we mentioned that allow them to make healthy decisions?

<table>
<thead>
<tr>
<th>Less than 25%</th>
<th>26-50%</th>
<th>51-75%</th>
<th>More than 75%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal (N=19)</td>
<td>24%</td>
<td>44%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Source: Mat-Su Focus Groups, Strategy Solutions, Inc., 2016

Table 37: Mat-Su is currently a "Healthy Community"

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal (N=19)</td>
<td>1%</td>
<td>12%</td>
<td>24%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: Mat-Su Focus Groups, Strategy Solutions, Inc., 2016
Where We Live – Mat-Su Core

Mat-Su Core is composed of the communities of Wasilla, Palmer, Big Lake, Houston and Knik. The Census areas of Point MacKenzie, Meadow Lake, Knik-Fairview and Tanaina are also part of the Mat-Su Core.

Services provided by Mat-Su Health Services include:
- Family Medicine – Primary medical care for whole family including physicals, well child checks, immunizations and management of chronic illness such as heart disease, diabetes and asthma.
- Women’s Health – Participate in Alaska’s Breast and Cervical Health Check program. This program provides mammograms and pap services to women who meet certain income guidelines.
- Depression – Offer a Collaborative Care approach to treatment of depression and other common mental disorders through the IMPACT Program. IMPACT intervention provides wraparound services for depression, quality of life, and overall wellness of the individual.
- Behavioral Health – Crisis intervention, counseling services, and psychosocial rehabilitative services.

Population

Table 38 shows how the population of the Mat-Su Core has had a 14.9% increase in the population since 2010.

<table>
<thead>
<tr>
<th>TABLE 38 - POPULATION OF MAT-SU CORE</th>
<th>2010 Census</th>
<th>2016 Estimate</th>
<th>Change 2010-2016</th>
<th>% Change 2010-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>59,357</td>
<td>68,225</td>
<td>8,868</td>
<td>14.9%</td>
</tr>
<tr>
<td>Households</td>
<td>2,189</td>
<td>2,214</td>
<td>25</td>
<td>1.1%</td>
</tr>
<tr>
<td>Family Households</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Household Size</td>
<td>2.69</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner-Occupied Housing</td>
<td>74.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renter-Occupied Housing</td>
<td>24.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016

Income

When looking at income for Mat-Su Core, the median household income is $73,214.

Race/Ethnicity

Figure 31 illustrates the breakdown of race/ethnicity in Mat-Su Core. At least 6% of the population state they are Alaska Native/American Indian alone and 81.6% white, 1.0% other race, and 7.8% two or more races.

FIGURE 31 - RACE/ETHNICITY IN MAT-SU CORE

Source: U.S. Census Bureau, 2016 Estimate
Age
In the Core area, 37.9% of residents are under the age of 24 years and 10.1% are over the age of 65 years.

Education Level
Table 39 illustrates the education level for the Mat-Su Core

<table>
<thead>
<tr>
<th>TABLE 39 - EDUCATION LEVEL OF MAT-SU CORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school diploma</td>
</tr>
<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>8.2%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016

Occupation
In the Core area 54.2% of the workers are white collar, 33.8% are blue collar, and 19.4% are service/form workers. The average time traveled to work is 36.8 minutes.

CALM HEALTH CARE ACCESS AND HEALTH STATUS
- 85% have health insurance
- 86.6% of residents rated their health as excellent, very good, or good
- 12.1% unable to receive needed care due to cost
- 70.4% have a primary care provider

Source: AK BRFSS, 2010-2014

WASILLA HEALTH CARE ACCESS AND HEALTH STATUS
- 79.9% have health insurance
- 3.4% of residents rated their health as excellent, very good, or good
- 16.9% unable to receive needed care due to cost
- 67.4% have a primary care provider

Source: AK BRFSS, 2010-2014

SNAPSHOT OF PATIENTS AT MAT-SU HEALTH SERVICES

<table>
<thead>
<tr>
<th>TABLE 40 - HEALTH STATUS SNAPSHOT OF MAT-SU HEALTH SERVICES PATIENTS (2,416)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Diseases of the Respiratory System</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary diseases</td>
</tr>
<tr>
<td>Selected Other Medical Conditions</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Heart disease</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Overweight and obesity</td>
</tr>
<tr>
<td>Selected Mental Health and Substance Abuse Conditions</td>
</tr>
<tr>
<td>Alcohol related disorders</td>
</tr>
<tr>
<td>Other substance related disorders (excluding tobacco use disorders)</td>
</tr>
<tr>
<td>Tobacco use disorder</td>
</tr>
<tr>
<td>Depression and other mood disorders</td>
</tr>
<tr>
<td>Anxiety disorders including PTSD</td>
</tr>
<tr>
<td>Attention Deficit and disruptive behavior disorders</td>
</tr>
<tr>
<td>Other mental disorders, excluding drug or alcohol dependence</td>
</tr>
</tbody>
</table>

Source: Mat-Su Health Services UDS Data, 2015 HRSA Health Center Program

The Federally Qualified Health Care Centers in the Mat-Su region offer the opportunity to extend care to many residents who would not otherwise be able to access primary care and preventative services. As seen in Table 40 and based on the UDS (Universal Data System) data provided by Mat-Su Health Services, in 2015, the majority, 96.6% of Mat-Su Health Services’ 2,462 patients live in zip codes designated as the Mat-Su. More than half (52%) of these patients live in Wasilla and the surrounding areas (18%).

An additional 20.6% live in the Palmer area. More than half (55.7%) of patients served had no health insurance. Almost four out of ten patients (38.3%) had incomes under 200% of the federal poverty level. Of those patients whose race was designated (86.3%), the majority (91.1%) indicated that they were white. The table below outlines the various diagnoses of the patient population in 2015, along with utilization.

<table>
<thead>
<tr>
<th>TABLE 40 - HEALTH STATUS SNAPSHOT OF MAT-SU HEALTH SERVICES PATIENTS (2,416)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Diseases of the Respiratory System</td>
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<td>Asthma</td>
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<tr>
<td>Chronic obstructive pulmonary diseases</td>
</tr>
<tr>
<td>Selected Other Medical Conditions</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Heart disease</td>
</tr>
<tr>
<td>Hypertension</td>
</tr>
<tr>
<td>Overweight and obesity</td>
</tr>
<tr>
<td>Selected Mental Health and Substance Abuse Conditions</td>
</tr>
<tr>
<td>Alcohol related disorders</td>
</tr>
<tr>
<td>Other substance related disorders (excluding tobacco use disorders)</td>
</tr>
<tr>
<td>Tobacco use disorder</td>
</tr>
<tr>
<td>Depression and other mood disorders</td>
</tr>
<tr>
<td>Anxiety disorders including PTSD</td>
</tr>
<tr>
<td>Attention Deficit and disruptive behavior disorders</td>
</tr>
<tr>
<td>Other mental disorders, excluding drug or alcohol dependence</td>
</tr>
</tbody>
</table>

Source: Mat-Su Health Services UDS Data, 2015 HRSA Health Center Program
For purposes of this CHNA report, this page compares data for the rural parts of Mat-Su and the core area. The rural data is inclusive for both Upper Susitna Valley and Glenn Highway, while the core area encompasses Palmer and Wasilla. The data, unless otherwise cited, come from the 2016 Mat-Su Household Survey that was conducted by the McDowell Group (N=700).

**Table 41: Access to Health Care Responses**

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>didn’t seek health care because of the cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>couldn't get a health care appointment at a time that worked for their household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>didn’t know where to go for medical or mental health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>were not able to get information because they didn’t have access to a computer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>didn’t have transportation to get to a health appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>mental health concern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>drug or alcohol abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>violence or threats of violence between family members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2016 Mat-Su Household Survey, McDowell Group

**Table 42: Basic Needs**

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>needed dental care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>needed health care services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>needed prescriptions or medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>reliable transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>utilities such as heat or electricity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2016 Mat-Su Household Survey, McDowell Group

**Table 43: Social Connections**

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>28%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>reach outside of their circle of friends to give or receive help very often or often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84%</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>would feel very or somewhat comfortable asking their neighbors for help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44%</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>would tell the parents of a child in their neighborhood if they saw the child skipping school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>have volunteered in the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42%</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>have helped a community member - someone outside of their family or relatives in the last year others or very often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>have attended a local community event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63%</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>feel very safe in their neighborhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>have two or more people they could count on for help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>do favors for others in their community very often or often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>would be likely to ask for help to care for your children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2016 Mat-Su Household Survey, McDowell Group
HEALTH STATUS
Mat-Su residents were asked to rate the health status of themselves and the community, as shown in Table 44.

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health status</td>
<td>86%</td>
<td>83%</td>
</tr>
<tr>
<td>Quality of life</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>77%</td>
<td>77%</td>
</tr>
</tbody>
</table>

TABLE 44 - HEALTH STATUS
Source: 2016 Mat-Su Household Survey, McDowell Group

RELATIONSHIP WITH NATURE
Regarding their relationship with nature, Mat-Su residents, as reported in Table 45 said that they:

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorite places</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Impact on earth</td>
<td>88%</td>
<td>87%</td>
</tr>
<tr>
<td>Important part</td>
<td>87%</td>
<td>84%</td>
</tr>
</tbody>
</table>

TABLE 45 - RELATIONSHIP WITH NATURE
Source: 2016 Mat-Su Household Survey, McDowell Group

HOW THE RURAL FQHCs COMPARE TO THE MAT-SU CORE AREA FQHC
The Federally Qualified Health Care Centers in the Mat-Su region offer the opportunity to extend care to many residents who would otherwise be unable to access vital primary care and preventative services. Based on the UDS (Universal Data System) data provided by Sunshine Clinic and Mat-Su Health Services, almost half (43% in 2015) of the patients served are uninsured. Over the three-year period (2013-2015) both organizations saw the percentage of uninsured patients decline about 10%. Additionally, these entities not only serve residents of the Mat-Su Borough, approximately 10% of their patients live outside of the region. It is interesting to note that the demographics of the two health centers are very different.

Mat-Su Health Services patients have slightly higher rates of diabetes, obesity, hypertension, and alcohol disorders and much higher rates of depression, anxiety (including PTSD) and other mental disorders (excluding drug or alcohol dependence) than patients served by the Sunshine Clinic. In 2015, the two clinics had only 35 patients that were designated as best served by a language other than English.

Utilization of services for patients diagnosed with various conditions was comparable, with the exceptions of other substance abuse disorders (Sunshine had 10.4 average visits for that condition versus 5.2 for Mat-Su), although Mat-Su Health Services has a higher percentage of patients diagnosed with anxiety disorder or PTSD (24% versus 5.2%) and other mental disorders (18.2% versus 3.0%).
How Environment Impacts Health

High ozone days and high particle pollution days impact the health of the at-risk groups. Mat-Su was the second highest in the state and received a failing (F) grade for having high particle pollution days between 2012 and 2014.

WHAT THE MAT-SU COMMUNITY IS SAYING

Residents highlighted the following environmental concerns:

• Air quality concerns related to glacial silt.
• Many hours of darkness in the winter which impacts mental health.
• Some of the borough’s roads were not designed for the current volume of traffic. This, coupled with poor weather conditions and aggressive drivers contributes to motor vehicle crash deaths.
• On the other hand, the climate and terrain make for excellent year-round sports and recreational activities for those who enjoy both winter and summer outdoor sports.
• Without zoning regulations, it is almost impossible to extend utility infrastructure (electricity, water and sewer) to outlying areas because there is no ability to create easements to bring utility lines through residents’ property.
• The need for sewage treatment facilities, particularly in the Talkeetna area where both the year round and seasonal population is growing is an issue that could impact health if not properly addressed.
• The forest is getting dryer every year, which makes the region more susceptible to wildfires. In the past few years, the borough had the state’s most destructive fire, which destroyed between 400 and 500 buildings.
• The borough does not currently have a comprehensive emergency response network and plan, even though there have been two “100-year” floods in the past ten years, as well as other disasters including the fire.
• There is currently no mechanism to educate the community regarding those environment-related public policy issues and how they impact health.

“We need community capacity to come together and help families. Addressing healthy relationships feeds into it, that impacts everything. Most comprehensive plans include good schools, safe communities, clean air, clean water and safe roads.” – Mat-Su Professional

TABLE 46 - HIGH PARTICLE POLLUTION DAYS, 2012-2014

<table>
<thead>
<tr>
<th>Borough</th>
<th>Design Value</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su</td>
<td>6.8</td>
<td>Pass</td>
</tr>
</tbody>
</table>

How Safety Impacts Health

Safety is a key factor in keeping people healthy – safety in the home and community.

COMMUNITY SAFETY

Over half (60%) of Mat-Su residents feel very safe in their neighborhood.

FIGURE 32: MAT-SU RESIDENTS FEEL SAFE IN THEIR NEIGHBORHOOD

<table>
<thead>
<tr>
<th>Safety Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Safe</td>
<td>60%</td>
</tr>
<tr>
<td>Not Safe</td>
<td>2%</td>
</tr>
<tr>
<td>Somewhat Safe</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: Mat-Su Household Survey, McDowell Group, 2016

COMMUNITY HEALTH NEEDS ASSESSMENT 2016 MAT-SU HEALTH FOUNDATION

INTENTIONAL AND UNINTENTIONAL INJURY

Safety is related to injury prevention and violence prevention. Mat-Su, like Alaska, has a high rate of unintentional injury and injury mortality rate. 61 out of 100,000 Mat-Su residents die of unintentional injury annually.

Intentional injury mortality is related to suicide and homicide. Mat-Su residents have a suicide rate twice that of the national rate. Between 2010 and 2015, there were 105 suicides in Mat-Su. The homicide rate in Mat-Su is comparable to the rest of the state and nation at 5.3 deaths per 100,000 people.

ADVERSE CHILDHOOD EXPERIENCES

Safety for children is very important for promoting appropriate health and development. According to the 2013 Community Health Needs Assessment, the number one goal for Mat-Su was that “all children are safe and well-cared for.” Children are not always safe in their homes due to physical and sexual abuse, neglect, and domestic violence. According to the State of Alaska Office of Children Services, during 2015, a total of 378 children in Mat-Su spent at least one night in an out of home placement due to child maltreatment. In the fiscal year 2015, there were 279 new substantiated cases of child maltreatment. Eight percent (23 children) of these cases were repeat victimizations.
MAT-SU ADULT EXPERIENCE WITH ACES

Mat-Su adults report experiencing Adverse Childhood Experiences (ACEs) at higher percentages compared to the state in terms of physical abuse, verbal abuse or sexual abuse. Additionally, Mat-Su also had a higher percentage of residents who experienced five or more ACEs.

TABLE 47 - ADVERSE CHILDHOOD EXPERIENCES REPORTED BY ADULTS, 2013 AND 2014

<table>
<thead>
<tr>
<th>Experience</th>
<th>Mat-Su</th>
<th>Anchorage</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lived with anyone who used illegal street or abused prescription drugs</td>
<td>15.5%</td>
<td>15.1%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Lived with anyone depressed, mentally ill, or suicidal</td>
<td>19.7%</td>
<td>22.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Lived with anyone problem drinker or alcoholic</td>
<td>12.3%</td>
<td>27.6%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Lived with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility</td>
<td>12.7%</td>
<td>11.9%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Parents separated or divorced</td>
<td>14.8%</td>
<td>15.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Parents/adults in home hit/kick/beat/physically hurt you in any way, at least once</td>
<td>23.4%</td>
<td>17.4%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Parents/adults in home slap/hit/kick/punch/beat each other up, at least once</td>
<td>21.2%</td>
<td>17.9%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Parents/adults in your home ever swear at you, insult you, or put you down, at least once</td>
<td>16.7%</td>
<td>29.7%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Anyone at least 5 years older than you or an adult, ever touch you sexually, at least once</td>
<td>16.4%</td>
<td>11.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Anyone at least 5 years older than you or an adult try to make you touch them sexually, at least once</td>
<td>12.5%</td>
<td>9.1%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Anyone at least 5 years older than you or an adult force you to have sex, at least once</td>
<td>9.8%</td>
<td>5.9%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Experiencing 5 or more Adverse Childhood Experiences</td>
<td>15.4%</td>
<td>10.8%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Source: Alaska Behavioral Risk Factor Surveillance System Data

Figure 33 shows Mat-Su adults are becoming more aware of the impact of ACEs on themselves and their children. Forty-one percent of residents are very or somewhat familiar with the term ACEs (Adverse childhood experiences).

FIGURE 33

IMPACT AWARENESS OF ACES

Very familiar 19%
Somewhat familiar 30%
Not familiar 45%
Don’t Know 3%
Refused 2%

Source: Mat-Su Household Survey, McDowell Group, 2016
WHAT IS BEING DONE IN MAT-SU?

Raising Our Children with Kindness (R.O.C.K.) Mat Su is a cross-sector collaborative working to promote family resilience and reduce child maltreatment in Alaska's Mat-Su Borough. R.O.C.K. began developing in 2014 when a group of influential champions in the fields of child protection, early childhood education, behavioral health, primary care, tribal health, infant learning, and education began exploring the Collective Impact framework. The goal was for individuals working to improve the lives of children and families in Mat-Su to identify a new way of working, a way that left behind silos in favor of a collective approach to working toward a common goal. Since that time, R.O.C.K. Mat Su has grown from the initial group of 18 champions exploring a new way of working together to a functioning collaborative of over 30 partners. The work of the initiative is coordinated by four working groups: Primary Prevention; Secondary and Tertiary Prevention; and Policy.

WHAT THE MAT-SU COMMUNITY IS SAYING

- Violent crime in the borough is increasing; lack of police protection is a concern.
- Adverse childhood experiences and trauma contribute to mental health problems, substance abuse and chronic disease issues well into adulthood.
- Children who grow up in unsafe and/or unstable environments have trouble in school and contribute to drop out rates before high school graduation.
- Violence happens because of high levels of stress and lack of support systems to address individual and family needs.
- Many participants identified the need for parental education as well as a sense of community connection and family supports to address these issues.
- Almost every focus group identified creating community connections, safe places for children/youth and/or parenting education and family support as a goal for the region to address safety issues for children and families.

“We see people at their worst, in the context of divorce where the government hasn’t intervened and where there is no primary care physician. They are not going to school, septic is an old buried truck. Parents are so angry and all the kids know is yelling, mental health is terrible. Domestic violence is the result when the frustration and stress levels are high from lack of resources. They have not sought them out or they do not exist at that income point. The kid’s primary response is to wish they would stop fighting.” – Mat-Su Judge
Health is Where We Learn

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Education plays a role in the health and well-being of a population. Dropping out of school is associated with multiple social and health problems. Individuals with less education are more likely to experience a number of health risks, such as:

- Obesity
- Substance abuse
- Intentional and unintentional injuries

Higher levels of education are associated with:
- A longer life
- Increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions

**HOW EDUCATION IMPACTS HEALTH IN MAT-SU**

Low education levels can be a barrier to health. This is seen in those residents who have less than a high school education. These people’s health status is negatively impacted as is their access to care. Table 48 shows the differences in how education impacts health. For the majority of indicators, those residents who have less than a high school education are less likely to have access to health care and health insurance, maintain a healthy weight, and have a negative impact on their health status. Those residents having some college/technical school education are more likely to ever be told they had COPD.

**TABLE 48 - HOW EDUCATION IMPACTS HEALTH**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>73.3%</td>
<td>82.6%</td>
<td>76.4%</td>
<td>25.7%</td>
<td>62.3%</td>
<td>36.1%</td>
<td>62.2%</td>
<td>62.3%</td>
<td>76.0%</td>
<td>76.2%</td>
<td>7.9%</td>
<td>62.0%</td>
<td>21.5%</td>
<td>11.4%</td>
<td></td>
</tr>
<tr>
<td>High School Graduate / GED</td>
<td>82.6%</td>
<td>84.0%</td>
<td>75.1%</td>
<td>23.4%</td>
<td>91.4%</td>
<td>83.1%</td>
<td>70.4%</td>
<td>70.4%</td>
<td>76.0%</td>
<td>76.2%</td>
<td>8.6%</td>
<td>72.0%</td>
<td>10.2%</td>
<td>11.7%</td>
<td></td>
</tr>
<tr>
<td>Some College / Technical School</td>
<td>84.0%</td>
<td>89.9%</td>
<td>81.1%</td>
<td>26.2%</td>
<td>91.4%</td>
<td>92.4%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>8.6%</td>
<td>72.0%</td>
<td>10.2%</td>
<td>11.7%</td>
<td></td>
</tr>
<tr>
<td>College Graduate</td>
<td>89.9%</td>
<td>89.9%</td>
<td>92.4%</td>
<td>32.1%</td>
<td>92.4%</td>
<td>92.4%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>8.6%</td>
<td>72.0%</td>
<td>10.2%</td>
<td>11.7%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Alaska Behavioral Risk Factor Surveillance System Data. Note: There is a statistically significant difference for all indicators based on education level (p<.05).
PRE-K READINESS FOR CHILDREN

The Alaska Department of Education and Early Development conducts an annual Development Profile. Teachers rate kindergarten students on 13 goals, which are averaged to provide a statewide profile. Goals are rated on the following criteria as seen in Table 49. It is interesting to also note that 64% of preschool-age children attended preschool.

### Table 49 - Alaska Development Profile Criteria

<table>
<thead>
<tr>
<th>Rating</th>
<th>Category Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Does Not Demonstrate Student does not demonstrate the indicated skills or behaviors (20% or less of the time) Students should be given this rating if they are generally unable to successfully demonstrate these skills most of the time.</td>
</tr>
<tr>
<td>1</td>
<td>Progressing Student demonstrates the indicated skills or behaviors on an inconsistent basis. Students should be given this rating if they demonstrate the indicated skills or behaviors on an inconsistent basis OR if they are unable to consistently demonstrate most of the indicated skills and behaviors (i.e., for students who demonstrate only some of the indicated skills or behaviors consistently).</td>
</tr>
<tr>
<td>2</td>
<td>Consistently Demonstrates Student demonstrates the indicated skills or behaviors on a consistent basis (80% or more of the time). Students should be given this rating if they are generally able to demonstrate these skills most of the time. Students are not required to successfully demonstrate each skill and behavior all of the time to receive this rating.</td>
</tr>
</tbody>
</table>

Source: Alaska Department of Education and Early Development

Figure 34 shows the average Development Profile scores. The closer the average score is to 2 the better. Those Kindergarten students who demonstrated strength and coordination of large motor muscles scored the highest out of the indicators at 1.56. Demonstrates phonological awareness scored the lowest with the students at 1.26.

Source: Alaska Department of Education and Early Development, 2015-2016
Table 51 - Education Levels by Geographic Area

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Less than High School</th>
<th>High School Graduate (or GED)</th>
<th>Some College, No Degree</th>
<th>College Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su Borough</td>
<td>8.2%</td>
<td>32.4%</td>
<td>30.0%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Glenn Highway</td>
<td>14.7%</td>
<td>31.3%</td>
<td>27.4%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Knik Goose Bay Road</td>
<td>9.2%</td>
<td>36.1%</td>
<td>26.8%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Palmer</td>
<td>6.3%</td>
<td>27.3%</td>
<td>30.3%</td>
<td>36.1%</td>
</tr>
<tr>
<td>South Park Highway</td>
<td>9.3%</td>
<td>37.9%</td>
<td>29.6%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Upper Susitna Valley</td>
<td>12.1%</td>
<td>31.2%</td>
<td>28.4%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Wasilla</td>
<td>6.8%</td>
<td>31.2%</td>
<td>32.7%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Alaska</td>
<td>8.3%</td>
<td>28.0%</td>
<td>27.9%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2016

Table 51 shows the education level for Mat-Su Borough, borough clusters, and Alaska. In 2016, slightly more than one quarter of the population in Mat-Su Borough (32.4%), Glenn Highway (31.3%), Knik Goose Bay Road (36.1%), Palmer (27.3%), South Park Highway (37.9%), Upper Susitna Valley (31.2%), Wasilla (31.2%) and Alaska (28.0%) have graduated high school or received their GED and not continued on with their education. More than one-quarter of the population has received a college degree (associate’s or bachelor’s) or higher, with Palmer (36.1%) having the highest percentage of residents obtaining a college degree or higher followed closely by Mat-Su (29.4%).

Figure 35 illustrates the percentage of students in Mat-Su, Alaska and the United States who graduated on time for the 2010-2011 through 2014-2015 school years, where data is available. The percentage of students in Mat-Su who graduated on time has been increasing and during the 2014-2015 school year (77.6%) was higher than Alaska (75.6%) but below the nation (81.4%). Mat-Su, Alaska and the United States fell just below the Healthy People 2020 Goal to have 82.4% of students graduate on time.

Figure 35 - Residents Graduate High School in 4 Years

Table 50 shows that Mat-Su had a slightly higher percentage of third-grade students proficient in both reading and math compared to the state.

Table 50 - 3rd Grade Proficiency, 2015-2016

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Reading</th>
<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su Borough</td>
<td>36.8%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Alaska</td>
<td>35.5%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Source: Alaska Department of Education and Early Development

Figure 35 illustrates the percentage of students in Mat-Su, Alaska and the United States who graduated on time for the 2010-2011 through 2014-2015 school years, where data is available. The percentage of students in Mat-Su who graduated on time has been increasing and during the 2014-2015 school year (77.6%) was higher than Alaska (75.6%) but below the nation (81.4%). Mat-Su, Alaska and the United States fell just below the Healthy People 2020 Goal to have 82.4% of students graduate on time.

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Source: Alaska Department of Education and Early Development

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<td>40.6%</td>
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Source: Alaska Department of Education and Early Development

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</tr>
<tr>
<td>Alaska</td>
<td>35.5%</td>
<td>40.6%</td>
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Source: Alaska Department of Education and Early Development

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Table 50 - 3rd Grade Proficiency, 2015-2016

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<th>Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su Borough</td>
<td>36.8%</td>
<td>44.7%</td>
</tr>
<tr>
<td>Alaska</td>
<td>35.5%</td>
<td>40.6%</td>
</tr>
</tbody>
</table>

Source: Alaska Department of Education and Early Development

Figure 35 illustrates the percentage of students in Mat-Su, Alaska and the United States who graduated on time for the 2010-2011 through 2014-2015 school years, where data is available. The percentage of students in Mat-Su who graduated on time has been increasing and during the 2014-2015 school year (77.6%) was higher than Alaska (75.6%) but below the nation (81.4%). Mat-Su, Alaska and the United States fell just below the Healthy People 2020 Goal to have 82.4% of students graduate on time.

Figure 35 - Residents Graduate High School in 4 Years
Figure 36 illustrates that the Mat-Su Borough school district is the second largest in the state and was the only school district experiencing growth in the last 10 years.

WHAT THE MAT-SU COMMUNITY IS SAYING

Almost every focus group and interview highlighted the role of education in health.

- The ability to read impacts health literacy, as well as the ability to understand and follow health care instructions.
- Early care and education plays an important role in health and the ability to get a healthy start in life.
- Lack of understanding of the new synthetic and other drugs that are laced with harmful chemicals and understanding the risks associated with sexual behavior all impact health.

WHAT IS BEING DONE IN MAT-SU

The Mat-Su Borough School District (MSBSD) is the second largest school district in Alaska with a district-wide enrollment of 18,700 students. The district employs approximately 2,200 staff members at 46 schools. The schools, which include K-12, elementary, middle, high, charter and special mission education schools, range in enrollments from about 20 to more than 1,300 students.

The MSBSD has adopted many innovative practices and programs to address the varied needs of the students they serve. One such innovative practice is the implementation of the Capturing Kids Hearts (CKH).

CKH is an initiative to transform school campuses into emotionally safe and relationally connected places for students, staff, and parents to come alive with a love for learning. Currently, CKH is being implemented with fidelity in 47 MSBSD schools. As a result of implementing CKH, MSBSD schools have enjoyed more student engagement, broad community support, and fewer discipline problems.

Two MSBSD schools, Sherrod Elementary School and Wasilla High School, received the Capturing Kids Hearts National Showcase Schools award for the 2015-2016 school year. As recipients of this award, these schools were recognized for going the extra mile in building an environment where students and staff feel safe and connected.
Health is Where We Work

IN THIS SECTION

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   Mat-Su Residents Who Have Ever Served in the Armed Services .................................................. 132
   Alaska Vets by Era .......................................................... 134
7. What the Mat-Su Community is Saying ....................................... 135
A person who is unemployed or working a low wage or undesirable job is more at risk for health problems than those employees who are working full time. This may be partly a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is linked to early death, poorer general and mental health, and psychological distress, higher use of medications and medical services as well as hospitalizations. Mat-Su (89.9%), Palmer (89.7%) and Wasilla (89.4%) have a comparable percentage of residents employed, slightly less than Alaska or the US.

In Mat-Su, income is related to health in several ways. Table 52 shows that residents with household incomes of less than $15,000 are less likely to receive medical care when needed or have a primary care provider and are less likely to be healthy and active, more likely to smoke and to have ever been told they have a depressive disorder, arthritis, COPD, or asthma.

### Table 52 - How Income Impacts Health

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>70.1%</td>
<td>71.7%</td>
<td>63.5%</td>
<td>56.4%</td>
<td>30.2%</td>
<td>60.3%</td>
<td>42.3%</td>
<td>37.0%</td>
<td>56.0%</td>
<td>2.8%</td>
<td>34.8%</td>
<td>20.4%</td>
<td>28.0%</td>
<td>64.1%</td>
<td>49.3%</td>
</tr>
<tr>
<td>$15,000-$24,999</td>
<td>69.9%</td>
<td>75.0%</td>
<td>79.0%</td>
<td>64.9%</td>
<td>34.7%</td>
<td>72.2%</td>
<td>65.0%</td>
<td>51.4%</td>
<td>61.4%</td>
<td>6.3%</td>
<td>27.3%</td>
<td>9.3%</td>
<td>8.9%</td>
<td>67.8%</td>
<td>6.3%</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>70.2%</td>
<td>74.4%</td>
<td>77.1%</td>
<td>62.0%</td>
<td>29.1%</td>
<td>90.2%</td>
<td>74.7%</td>
<td>51.1%</td>
<td>54.9%</td>
<td>3.6%</td>
<td>21.4%</td>
<td>12.5%</td>
<td>7.5%</td>
<td>67.8%</td>
<td>3.4%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>87.7%</td>
<td>86.4%</td>
<td>80.3%</td>
<td>71.2%</td>
<td>26.7%</td>
<td>92.3%</td>
<td>82.7%</td>
<td>67.8%</td>
<td>70.7%</td>
<td>0.0%</td>
<td>12.3%</td>
<td>7.6%</td>
<td>7.5%</td>
<td>79.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>$75,000+</td>
<td>91.9%</td>
<td>94.1%</td>
<td>84.1%</td>
<td>77.4%</td>
<td>27.7%</td>
<td>93.1%</td>
<td>84.3%</td>
<td>73.2%</td>
<td>72.1%</td>
<td>3.1%</td>
<td>12.2%</td>
<td>9.0%</td>
<td>4.6%</td>
<td>84.7%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Source: Alaska Behavioral Risk Factor Surveillance System Data. Note: There is a statistically significant difference for all indicators (for income level p<.05).
TYPES OF JOBS IN MAT-SU

The Mat-Su Borough has more white-collar jobs than blue-collar or service and farm jobs. Palmer had the highest percentage of white-collar employment, Upper Susitna Valley had the highest blue-collar employment and Glenn Highway had the highest service and farm employment.

FIGURE 37 - OCCUPATION CLASSIFICATION

<table>
<thead>
<tr>
<th>Service and Farm</th>
<th>White Collar</th>
<th>Blue Collar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su</td>
<td>18.0%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Anchorage</td>
<td>17.5%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Wasilla</td>
<td>16.3%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Upper Susitna Valley</td>
<td>16.3%</td>
<td>19.2%</td>
</tr>
<tr>
<td>South Park Highway</td>
<td>19.2%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Palmer</td>
<td>24.5%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Knik Goose Bay Road</td>
<td>24.5%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Glenn Highway</td>
<td>18.4%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Mat-Su</td>
<td>18.4%</td>
<td>18.4%</td>
</tr>
</tbody>
</table>

POVERTY IN MAT-SU

The living wage is the difference between the cost of living in a community and minimum wage. Residents of Mat-Su are making between $8/hour and $9/hour less than what is needed.

TABLE 33 - POVERTY AND HOUSEHOLD INCOME, 2010-2014*

<table>
<thead>
<tr>
<th>Mat-Su</th>
<th>Anchorage</th>
<th>Wasilla</th>
<th>Upper Susitna Valley</th>
<th>South Park Highway</th>
<th>Palmer</th>
<th>Knik Goose Bay Road</th>
<th>Glenn Highway</th>
<th>Mat-Su</th>
<th>Alaska</th>
<th>Anchorage</th>
<th>Wasilla</th>
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<th>Glenn Highway</th>
<th>Mat-Su</th>
<th>Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su</td>
<td>$74,301</td>
<td>$57,624</td>
<td>$44,189</td>
<td>$36,173</td>
<td>$81,823</td>
<td>$84,819</td>
<td>$85,303</td>
<td>$80,828</td>
<td>$57,624</td>
<td>$74,301</td>
<td>$81,823</td>
<td>$84,819</td>
<td>$85,303</td>
<td>$80,828</td>
<td>$57,624</td>
<td>$74,301</td>
<td>$81,823</td>
<td>$84,819</td>
<td>$85,303</td>
<td>$80,828</td>
<td>$57,624</td>
<td>$85,303</td>
<td>$80,828</td>
<td>$57,624</td>
<td>$74,301</td>
<td>$81,823</td>
<td>$84,819</td>
</tr>
</tbody>
</table>

Residents Living Above Poverty Level

- Mat-Su: 89.8%
- Anchorage: 89.7%
- Wasilla: 88.8%
- Upper Susitna Valley: 89.9%
- South Park Highway: 88.5%
- Palmer: 92.3%
- Knik Goose Bay Road: 89.5%
- Glenn Highway: 85.4%
- Mat-Su: 85.4%
- Alaska: 84.4%

Source: U.S. Census American Community Survey
The US Department of Housing and Urban Development considers any income below 80% of the median as "low income," with the following distinctions for housing assistance programs:
- Median Income
- Low Income (80% of Median)
- Very Low Income (50% of Median)
- Extremely Low Income (30% of Median)

There are more family households in the low income category when compared to nonfamily households. There are more nonfamily households in the extremely low or very low income categories than family households.

There are more family households in the low income category when compared to nonfamily households. There are more nonfamily households in the extremely low or very low income categories than family households.

The combined cost of housing and transportation are considered a burden for a family when they account for 45% or greater of the household expenditures. Almost half of Mat-Su residents experience a sizable housing and transit cost burden.

**FIGURE 39 - MAT-SU HOUSEHOLD BY INCOME TYPE**

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Nonfamily</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Households</td>
<td>22,579</td>
<td>1,135</td>
</tr>
<tr>
<td>Extremely Low Income</td>
<td>9,245</td>
<td>1,582</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>1,128</td>
<td>1,655</td>
</tr>
<tr>
<td>Low Income</td>
<td>2,712</td>
<td>1,730</td>
</tr>
<tr>
<td>Low Income or Less</td>
<td>4,975</td>
<td>4,767</td>
</tr>
</tbody>
</table>

**FIGURE 40 - HOUSING AND TRANSIT COST BURDEN**

<table>
<thead>
<tr>
<th>City</th>
<th>Housing</th>
<th>Transportation</th>
<th>Combined H&amp;T Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su</td>
<td>24%</td>
<td>25%</td>
<td>49%</td>
</tr>
<tr>
<td>Wasilla</td>
<td>31%</td>
<td>20%</td>
<td>51%</td>
</tr>
<tr>
<td>Palmer</td>
<td>21%</td>
<td>22%</td>
<td>57%</td>
</tr>
<tr>
<td>Anchorage</td>
<td>18%</td>
<td>28%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Source: The Center for Neighborhood Technology, Housing and Transportation (H+T®) Affordability Index
YEARS OF PRODUCTIVE LIFE LOST

Years of Productive Life Lost (YPLL) attempts to quantify types of death which harm a population the most, in that they reduce the productive years of a population (those years prior to age 65, arbitrarily defined). For example, an infant who dies results in a large contribution of productive years lost (his or her whole life), while an elderly person who dies already has his or her “productive” years behind them. Thus YPLL is one method of quantifying which types of death are most harmful to society. If types or classes of death that result in a large YPLL can be identified, then interventions that try to reduce those types of death could, by at least this measure, be more beneficial to society than interventions aimed at mortality causes with low YPLL.

For those with premature deaths under age 65, the highest priority areas based on overall potential years of lost life would include unintentional injuries, cancer (malignant neoplasms), suicide (intentional self-harm), and diseases of the heart. Those conditions that have the highest average years of lost life per death include perinatal and congenital conditions, suicide (intentional self-harm), heroin, cancer and homicide. The following preventable causes of death accounted for significant years of lost life prior to age 65 years in Mat-Su from 2011-2015: intentional self-harm—suicide (2142 years), unintentional injuries (4982 years), alcohol abuse (128 years).

Years lost are potentially years where one would work and bring home money to spend in the community, thus contributing economically to the community. The total potential years of lost life for those under age 65 in Mat-Su is 19,058.

HOW EMPLOYMENT IMPACTS HEALTH: VETERANS

Table 5.4 shows that the majority of active military personnel live in Wasilla and there are no active military in Upper Susitna.

Table 54 - 2016 Armed Forces Employment by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>% in Armed Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mat-Su</td>
<td>0.8%</td>
</tr>
<tr>
<td>Glenn Highway</td>
<td>0.2%</td>
</tr>
<tr>
<td>Knik Goosebay Road</td>
<td>0.6%</td>
</tr>
<tr>
<td>Palmer Area</td>
<td>0.6%</td>
</tr>
<tr>
<td>South Park Highway</td>
<td>0.1%</td>
</tr>
<tr>
<td>Upper Susitna Valley</td>
<td>0.0%</td>
</tr>
<tr>
<td>Wasilla Area</td>
<td>0.8%</td>
</tr>
<tr>
<td>Anchorage</td>
<td>1.2%</td>
</tr>
<tr>
<td>Alaska</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau

Years of productive life lost (YPLL) attempts to quantify types of death which harm a population the most, in that they reduce the productive years of a population (those years prior to age 65, arbitrarily defined). For example, an infant who dies results in a large contribution of productive years lost (his or her whole life), while an elderly person who dies already has his or her “productive” years behind them. Thus YPLL is one method of quantifying which types of death are most harmful to society. If types or classes of death that result in a large YPLL can be identified, then interventions that try to reduce those types of death could, by at least this measure, be more beneficial to society than interventions aimed at mortality causes with low YPLL. If types or classes of death that result in a large YPLL can be identified, then interventions that try to reduce those types of death could, by at least this measure, be more beneficial to society than interventions aimed at mortality causes with low YPLL.

Table 5.4 shows that the majority of active military personnel live in Wasilla and there are no active military in Upper Susitna.
Mat-Su Residents Who Have Ever Served in the Armed Services
According to the State of Alaska BRFSS Survey, in the years 2010-2014, the percentage of Mat-Su residents who have ever served in the United States Armed Forces was 16.9%.

Figure 41 illustrates the percentage of Mat-Su residents who have ever served in the military by age. Residents over the age of 65 years (41.2%) are more likely to have served in the military when compared to younger residents.

Older residents are significantly more likely to have ever served in the Armed Forces than younger residents.

Source: Alaska Behavioral Risk Factor Surveillance System Data

Figure 42 illustrates the percentage of Mat-Su residents who have ever served in the military by the highest level of education received. Residents who have served in the military are more likely to have completed some college or technical school.

Figure 43 illustrates the percentage of Mat-Su residents who have ever served in the military in 2010 through 2014. The percentage of Mat-Su residents who have served in the military has fluctuated, with the highest percentage seen in the most recent year with almost one in five (19.8%) residents having served in the Armed Forces.

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Source: Alaska Behavioral Risk Factor Surveillance System Data

HEALTH IS WHERE WE WORK
COMMUNITY HEALTH NEEDS ASSESSMENT 2016
MAT-SU HEALTH FOUNDATION
According to the Joint Economic Committee, Alaska Economic Snapshot:
- in 2014, all Veterans in Alaska had an unemployment rate of 5.9%
- in 2014, Post 9/11 Veterans had an unemployment rate of 7.5%
- Alaska Vets without health insurance
  - 2013: 18.5%
  - 2014: 17.2%

According to Alaska Economic Trends, from 2010-2014 in the Mat-Su Borough there were 9,775 Veterans, suggesting that 10% of the borough population are veterans.

As seen in Table 55 below, according to Alaska Economic Trends, from 2010-2014 in Alaska veterans are less likely to be below the poverty level than nonveterans.

### TABLE 55 - POVERTY STATUS OF VETERANS

<table>
<thead>
<tr>
<th>Poverty Status Determined</th>
<th>Veterans</th>
<th>Nonveterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Poverty, Past 12 Months</td>
<td>69,529</td>
<td>441,417</td>
</tr>
<tr>
<td>5%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Alaska Economic Trends, 2010-2014

There was much discussion in the focus groups and interviews regarding how housing and income impact both access to healthcare and health overall in the Mat-Su region.

- Income levels impact the ability to access adequate housing, often resulting in homelessness.
- Many households in the area do not have electricity or running water, making activities of daily living challenging, including proper hygiene and oral care, especially in remote areas.
- Affordable and stable housing, access to education, job skills training and jobs, and access to healthcare are identified as needs.
- The region would also benefit from additional resources to support the working poor. When struggling financially, people will delay or avoid seeking medical care because they cannot pay high out-of-pocket expenses, resulting in more serious diagnoses down the road.
- A significant medical condition can result in homelessness due to lack of insurance and inability to pay medical expenses.

“Affordability of health care is a big issue. I work at a shelter and our residents cannot afford it, but then when I think about it, the same discussions are actually happening with my staff. It sounds different, but really what we are all saying is we cannot afford it. So it’s not just our residents, it’s the people working there that are struggling just as much.” – Wasilla Rotary Member

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Health is Where We Play

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   Years of Life Lost with Loved Ones ................................................................................................................... 140
   What the Mat-Su is Saying .............................................................................................................................. 141
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Health Is Where We Play

Factors that impact health where we play

Obesity and diabetes can be greatly reduced through regular aerobic exercise and physical activity. Recreation activities, such as running, brisk walking, swimming and bicycling are excellent for elevating the heart rate and lowering the incidence of heart disease, obesity and diabetes. If done regularly, active living has been shown to help prevent site-specific cancers, particularly in the colon, breast and lungs.

Table 56 - Factors that impact health where we play, comparison 2010-2014

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Mat-Su</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Weight</td>
<td>30.6%</td>
</tr>
<tr>
<td>Civic Involvement</td>
<td>62%</td>
</tr>
<tr>
<td>Social Cohesion/Social Capital</td>
<td>84.8%</td>
</tr>
<tr>
<td>Voter turnout</td>
<td>70.1%</td>
</tr>
<tr>
<td>High school students feel comfortable seeking help from at least one adult besides their parents if they had an important question impacting their life</td>
<td>70.5%</td>
</tr>
<tr>
<td>High school students who spend one or more hours helping people without getting paid, or volunteering at school or in the community during an average week</td>
<td>48.5%</td>
</tr>
<tr>
<td>High school students who agree or strongly agree that in their community they feel like they matter to people</td>
<td>42.3%</td>
</tr>
</tbody>
</table>

Figure 45 illustrates the percentage of residents in Mat-Su, Anchorage and Alaska who were considered to be at a healthy weight during 2010-2014. Mat-Su residents (30.6%) were less likely to be at healthy weight compared to residents in Anchorage (34.6%) and Alaska (34.4%).

Mat-Su has a decreasing percentage of the population at a healthy weight. Figure 45 illustrates the percentage of residents in Mat-Su, Anchorage and Alaska who were considered to be at a healthy weight during 2010-2014. Mat-Su residents (30.6%) were less likely to be at healthy weight compared to residents in Anchorage (34.6%) and Alaska (34.4%).

Figure 46 illustrates the percentage of residents in Mat-Su who were at a healthy weight in years 2010 through 2014. The percentage of residents considered to be at a healthy weight has fluctuated, but for most years less than one third of the residents were at a healthy weight. Mat-Su falls well below the Healthy People 2020 Goal of 69.4% of residents at a healthy weight.

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Source: Alaska Behavioral Risk Factor Surveillance System Data, 2010-2014

Figure 46 - Mat-Su residents are at a healthy weight by year

Source: Alaska Behavioral Risk Factor Surveillance System Data, 2010-2014, Healthy People 2020
YEARS OF LIFE LOST WITH LOVED ONES

Years of productive life lost attempts to quantify types of death which harm a population the most, in that they reduce productive years of a population (those years prior to age 75 years). For example, an infant who dies results in a large contribution of productive years lost (his or her whole life), while an elderly person who dies already has his/her “productive” years behind them. Thus YPLL is one method of quantifying which types of death are more harmful to society. If types or classes of death that result in a large YPLL can be identified, then interventions that try to reduce those types of death could, by at least this measure, be more beneficial to society than interventions aimed at mortality causes with low YPLL.

Premature death results in the potential of years of life lost that could be spent enjoying time with family and friends in recreational and social activities. In total, Mat-Su, there are 33,569 years of potential life lost, based on the current death rates. This equates to an average of 12.5 years for each person overall, and an average of 19.86 years for each person who is under age 75 at their time of death. Specifically, the following preventable causes of death accounted for significant years of lost life in Mat Su from 2011 - 2015:

- Intentional self-harm—suicide (2,986 years);
- Unintentional injuries (7,976 years);
- Alcohol abuse (248 years);
- Premature death results in the potential of years of life lost that could be spent enjoying time with family and friends in recreational and social activities. In total, Mat-Su, there are 33,569 years of potential life lost, based on the current death rates. This equates to an average of 12.5 years for each person overall, and an average of 19.86 years for each person who is under age 75 at their time of death. Specifically, the following preventable causes of death accounted for significant years of lost life in Mat Su from 2011 - 2015:
- Intentional self-harm—suicide (2,986 years);
- Unintentional injuries (7,976 years);
- Alcohol abuse (248 years).

WHAT IS BEING DONE IN THE COMMUNITY?

The Mat-Su Trails and Parks Foundation supports organizations that advance quality trails and parks in Mat-Su. The foundation considers applications for financial assistance on a competitive basis twice yearly. Recent projects that have been completed include:

- Assisting with roof replacement at Snowbird Hut in Hatcher Pass ($10,000)
- Trailhead signs at the Matanuska Greenbelt ($3,722)
- Construction of ATV connections on willow trails ($13,638)
- Built two miles of new pedestrian friendly trail and boardwalk on Wasilla Creek Wetlands Trail ($8,700)
- Construction of the Lucky Shot Bridge in Willow ($5,000)
- Added 6.4 miles of new trail to the Government Peak Single-track Biking Trails ($45,600)
Community confers on members a sense of shared identity, sense of belonging, and a measure of security. Similar to the breakdown of the family impacting the wellbeing of its members, living in a community that is not well connected can negatively impact the wellbeing of its members. Social connectedness includes being connected to people in one’s life such as family, neighbors, and coworkers and to more formal groups such as church or volunteer organizations. Research shows that having a high level on social connectedness can have a preventative effect on mental and physical health problems, along with promoting positive health behaviors across the life span.

The 2016 Mat-Su Household Survey measured social connectedness in terms of access to support and giving support. As far as giving support, Mat-Su residents were likely to do favors or help people within their community, including those outside their family and relatives. They were likely to intervene with a child skipping school in their neighborhood. However, less than half of residents reported volunteering in their community. About 7 out of 10 Mat-Su residents report attending a community event in the last 12 months. Although the majority of residents appear to have a support system of 2 or more people and felt like they could ask for help in an emergency in their immediate neighborhood or seek help with child care, there is a group between 10-13% of Mat-Su residents who do not appear to have much social support.

"I think isolation is the root of so many things. If they do not have support from their family and they are afraid to reach out and they do not have neighbors and they are afraid to reach out even to their teachers because they are isolated. It leads to depression or overeating or unhealthy style of life. That might be the foundation; you know, the catalyst to all these other (things like) abuse, because they don’t know how to cope with it.” – Wasilla Rotary Member

Community health needs assessment 2016

ACCESS TO SUPPORT
- What number of people can you count on to help you with a practical problem, such as you need a ride to a medical appointment? 0-4 people 10%; Between 5-9 people – 52%; >10 people – 38%; Don’t know – 5%
- If you needed help in an emergency, how comfortable would you be seeking help in your immediate neighborhood? Very comfortable – 45%; Somewhat comfortable – 39%; Not comfortable – 13%; Don’t know – 2%
- If you needed help to care for your children, such as you needed someone to watch your child a few hours when you were at a medical appointment or to pick them up from school, how likely would you be to ask for help? Very or somewhat likely – 77%; Somewhat or very unlikely – 19%; Don’t know – 2%

GIVING SUPPORT
- How often do you and people in your community do favors for each other? Often or very often – 10%; Sometimes – 11%; Rarely or never – 17%; Don’t know – 2%
- In the past 12 months, how often have you helped a person in need outside your family? Often or very often – 41%; Sometimes – 30%; Rarely or never – 23%. Don’t know – 6%
- If you saw a child from your immediate neighborhood skipping school, how likely would you be to report this to the child’s parent or school? Very likely – 43%, Somewhat likely 23%, Somewhat unlikely – 15%, Very unlikely – 11%, Don’t know – 8%
- In the past 12 months, have you volunteered for any local groups? Yes – 44%; No – 55%
WHAT THE MAT-SU COMMUNITY IS SAYING

Almost every focus group and stakeholder interview discussed the need for social support or a feeling of “connectedness” in the community. Community connectedness was identified as both a factor that impacts health as well as an element of the vision of a healthy community. Many people commented about the isolation that exists in the community. While some people intentionally isolate themselves for a variety of reasons, such as those who move here to escape unhappy or unsafe relationships, this isolation puts people at risk, and can impact the ability to get and receive health care and other supports when needed.

- There is a yearning for an increased sense of community in the region so that people would be better supported and be better equipped to address their needs.
- There is also a need to implement peer support programs and intergenerational support networks in the community.

WHERE DO RESIDENTS SEEK SUPPORT?

Mat-Su residents were most likely to seek help on how to handle a financial, emotional, or work-related problem from family members (60%) and friends (38%). Other sources of support which were mentioned less frequently were church leaders (7%), co-workers (5%) and neighbors (4%).

“The way behavioral health engages in the community needs to change. Not completely away from a traditional model, but in some ways away from it. We are trying to think creatively about that; partnering with the schools to see how we can do that; how can we connect seniors and youth together because there is much value.” – Talkeetna Resident

“Peer to peer support is needed. There is nothing more valuable than the therapeutic value of someone being able to relate – someone that has been through it and can share their experience is very important. We are one of only a few states that doesn’t recognize peer to peer support.” – My House Teen

HEALTH IS WHERE WE PLAY

Community Health Needs Assessment 2016

Mat-Su Health Foundation

BOTH GIVING AND RECEIVING SUPPORT

- How often do you reach outside your circle of friends to give or receive help? Often or very often – 29%; Sometimes – 35%; Rarely or never – 36%.
- In the past 12 months, have you attended a local community event such as a church event, school gathering, or craft fair? Yes – 70%; No – 29%
Access To Health Care

How Access Impacts Health

There are eight main reasons why there are differences in health access:

1. Lack of health insurance – Without health insurance, individuals are more likely to delay healthcare and to go without the necessary healthcare or medication they should have been prescribed.

2. Lack of financial resources – Lack of available finances is a barrier to healthcare for many Americans but access to healthcare is reduced most among low-income populations. Lack of financial resources often impacts the ability to access transportation, particularly in rural areas.

3. Irregular source of care – Without a regular healthcare source, people have more difficulty obtaining their prescriptions and attending necessary appointments.

4. Legal obstacles – Low-income immigrant groups are more likely to experience legal barriers. For example, insurance coverage through Medicaid is not available to immigrants who have been resident in the U.S for less than five years.

5. Structural barriers – Examples of structural barriers include lack of transport to healthcare providers, inability to obtain convenient appointment times and lengthy waiting room times. All of these factors reduce the likelihood of a person successfully making and keeping their healthcare appointment.

6. Lack of healthcare providers – In areas where minority populations are concentrated such as inner cities and rural areas, the number of health practitioners and diagnostic facilities is often inadequate.

7. Language barriers – Poor English language skills can make it difficult for people to understand basic information about health conditions or when they should visit their doctor.

8. Age – Older patients are often living on a fixed income and cannot afford to pay for their healthcare. Older people are also more likely to experience transport problems or suffer from a lack of mobility. Factors that can impact on their access to healthcare. With 15% of the older adults in the U.S not having access to the internet, these individuals are also less likely to benefit from the valuable health information that can now be found on the internet.4

---

Almost all residents over the age of 65 (97.5%) have health insurance and they are more likely to have health insurance than the other age groups. Rural residents in Mat-Su (73.9%) were less likely to have health insurance than residents in Palmer (84.4%) or Wasilla (79.2%).

The percentage of residents with health insurance increased with income and education, with residents whose income is $75,000 or greater (91.9%) and college graduates (91.4%) more likely to have insurance than their counterparts.

**PUBLIC INSURANCE - MEDICAID**

Figures 48 and 49 show that Mat-Su had more adults enrolled in Medicaid (29.8%) compared to Alaska (24.0%), while the state has more children enrolled. The average cost per Medicaid recipient in Mat-Su was $8,653.09. Having Health Insurance Differs Depending on Your Age, Where You Live, Your Income, And Education Level

**FIGURE 48 - MEDICAID ENROLLEES FY 2015**

Source: Alaska Medicaid Annual Report, 2015

**FIGURE 49 - MEDICAID EXPENDITURES FY 2015**

Source: Alaska Medicaid Annual Report, 2015
Table 57 shows that in Alaska, there are more female Medicaid recipients than male and the highest number of Medicaid recipients in Mat-Su were children in 2016.

<table>
<thead>
<tr>
<th>TABLE 57 - MEDICAID RECIPIENTS PROFILE</th>
<th>Demographics</th>
<th>Mat-Su</th>
<th>Rest of Alaska</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>11,149</td>
<td>72,495</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9,236</td>
<td>56,636</td>
<td></td>
</tr>
<tr>
<td>&lt;18 years</td>
<td>11,084</td>
<td>66,476</td>
<td></td>
</tr>
<tr>
<td>18-64 years</td>
<td>8,512</td>
<td>52,803</td>
<td></td>
</tr>
<tr>
<td>65+ years</td>
<td>1,189</td>
<td>9,852</td>
<td></td>
</tr>
</tbody>
</table>

Source: Medicaid Profile, McDowell Group, 2016

The percentage of residents in Mat-Su and Alaska whose medical care was not limited due to cost has been increasing over the five year period as seen in Figure 50, suggesting that cost has become less of a barrier to accessing needed health care in recent years. In 2013, a lower percentage of Mat-Su residents (83.6%) went without medical care due to cost when compared to residents of Alaska (86.2%).

In 2014, more Mat-Su residents reported not being limited due to cost when seeking health care in the last year as compared to 2010.
A U.S. Department of Health and Human Services-funded pilot Medical-Legal Partnership study concluded that “...civil legal aid services can positively impact individual and population health,” including “significant reduction in stress and improvement in health and wellbeing after receiving [legal] services” such as for housing, public and disability benefits, employment, and debt collection problems. Access to legal services has been shown to be critical to individuals suffering from health problems that are caused all or in part by social issues. For example, an asthmatic child’s health problems may be exacerbated by the mold infesting her apartment but the landlord is ignoring the parents’ request to fix the problem. A lawyer can bring an action to compel the landlord to fix the problem, or negotiate to allow the family to move out without any legal or financial repercussions. Another example is when domestic violence is present in a household both a spouse and the children can experience physical and mental injuries as a direct result of abuse. In this case, a lawyer can assist the victim with obtaining a protective order and other orders to stabilize the family including possession of the family home and child support.

“Our Mat-Su office sees a large number of elderly and disabled individuals being denied or terminated from their healthcare benefits for erroneous or invalid reasons. Access to these benefits can oftentimes mean the difference between life and death, e.g. getting cancer treatment or receiving the necessary help to take life-saving medication. We are only able to serve about 50% of the residents who request our services.” – Supervising Attorney, Alaska Legal Service Corporation

In Mat-Su, the Alaska Legal Services Clinic located in Palmer identifies four types of legal issues they assist residents with that impact health:

1. Medicaid issues that involve seniors, disabled individuals or both who were denied or terminated from their healthcare benefits.
2. Family law matters including domestic violence, sexual assault, and/or child abuse.
3. Housing matters including eviction and foreclosures defense.
4. Consumer protections including defense in collection matters and other debt relief issues.

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2. Family law matters including domestic violence, sexual assault, and/or child abuse.
3. Housing matters including eviction and foreclosures defense.
4. Consumer protections including defense in collection matters and other debt relief issues.
Mat-Su is an area with Health Professional Shortage Areas. The borough needs primary care, dental health and mental health professionals. Just under one in five (17%) residents have gone without dental services in the past year, which is more when compared to the 2012 residents. More than one in ten residents have also gone without needed health care services (13%) or needed prescriptions or medications (12%). One in ten residents were unable to get an appointment that was convenient for them (11%) or did not know where to go for care (10%).

Table 58 below illustrates the number of health providers and the mental health provider ratio for Alaska, Anchorage and the Matanuska-Susitna Borough for the year 2015 according to the County Health Rankings Website. The top U.S. performers had a MHP ratio of 370:1 (90th percentile). Based upon this number, the state (300:1) has a fairly decent number of mental health providers for its population, and Anchorage (326:1) also fares well. The Matanuska-Susitna Borough, however, seems to have too few mental health providers for its population (837:1).

**OTHER BARRIERS TO ACCESSING CARE**

As seen in Table 59, other barriers that Mat-Su residents reported included the inability to get a health care appointment at a convenient time – the percentage of residents reporting this barrier decreased from 14-11% in the last 5 years. Not knowing where to go for care is a barrier for up to 10% of residents along with 7% who said they could not get health information because they did not have computer access. Lack of transportation was a barrier for 7% of residents.

**MAT-SU IS SHOWING A POSITIVE TREND FOR THE FOLLOWING INDICATORS:**

1. Have primary health care provider
2. Access to doctor not limited due to cost
3. Having health insurance

**OTHER BARRIERS TO ACCESSING CARE**

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**TABLE 58 - MENTAL HEALTH PROVIDERS AND RATIOS FOR ALASKA, ANCHORAGE AND THE MAT-SU BOROUGH, 2015**

<table>
<thead>
<tr>
<th>Place</th>
<th>Mental Health Providers</th>
<th>Mental Health Providers Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>2,463</td>
<td>300:1</td>
</tr>
<tr>
<td>Anchorage</td>
<td>922</td>
<td>326:1</td>
</tr>
<tr>
<td>Matanuska-Susitna Borough</td>
<td>117</td>
<td>837:1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, 2015

**TABLE 59 - MAT-SU RESIDENTS EXPERIENCING BARRIERS TO CARE, PAST 12 MONTHS**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not seeking health care because could not afford it</td>
<td>27%</td>
<td>19%</td>
</tr>
<tr>
<td>Inability to get a health care appointment at a time that worked for your household</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>Not knowing where to go for care</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Inability to get information because you didn’t have access to a computer</td>
<td>N/A</td>
<td>7%</td>
</tr>
<tr>
<td>Not being able to get transportation to medical or other health appointment</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Not knowing where to go for mental health care</td>
<td>N/A</td>
<td>7%</td>
</tr>
<tr>
<td>Not knowing where to go to get help with substance abuse problem</td>
<td>N/A</td>
<td>7%</td>
</tr>
<tr>
<td>Residents reporting not having reliable transportation</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Mat-Su Household Survey, 2016
WHAT THE MAT-SU COMMUNITY IS SAYING

Much of the discussion in all of the focus groups and interviews regarding the factors that impact health related to topics and issues around access. Participants identified many types of resources that support healthy lifestyles that exist in the Valley including information, nutrition, a variety of health care and social service programs, physical activity, indoor and outdoor recreation options, relationships and financial resources that make access to these resources possible. Those who have the financial and other means to access these resources are able to lead a healthy lifestyle and enjoy good health as a result.

Participants noted that access to care has improved in recent years with the expansion of primary care services including transportation to the Sunshine Health Clinic in Talkeetna and Willow, as well as the opening of the C’eyiits’ Hwnax Life House in Sutton.

“Fear of the unknown (impacts health). Some people will not seek medical attention because if they do not hear it, it is not happening to me. Some people wait until the last minute and if they had gone earlier, something could have been done about it.” – Talkeetna Resident

“Here there are great services, music, cool tricks and all that. But after three or four hours when they find a problem, nothing gets fixed and you to go see another specialist. By the time you see the doctors, you could go to Mexico cheaper. One doctor get it done in one visit.” – Hispanic resident

“Fear is a big part of motivation (to seek help). There is a fear of opening up and fear of what family stuff is going to come out. Once you start peeling back the layers, it can be really scary. A lot of families are afraid that if they [open up] that their children will get taken away.” – School Counselor

The following were identified as challenges to accessing needed care:
- High insurance co-pays and deductibles
- Waiting lists for many of the critically needed services including drug detoxification, drug and alcohol rehabilitation, transitional housing and other housing support services, as well as specialty medical care.
- Although the Valley has some urgent care centers that recently opened to improve access, they are not open on Sundays, and do not provide continuity of care with other providers.

Fear of being found or being found out is a factor that impacts access to care and ultimately health.
- Those who were local did not want the authorities to know what was happening to them or their children for fear that their children would be taken away.
- Those hiding after fleeing other states just do not want to be found.
- Some people do not want to find out that something is wrong with them, so they avoid going to the doctor all together.

While participants of several different focus groups discussed that local physicians often address symptoms and don’t address the root cause of problems, the focus group participants who were of Hispanic decent were particularly vocal about the fragmentation of the health care system, the cost of care and the difficulty that people experience trying to find a doctor that would address their needs.

WHAT IS BEING DONE IN MAT-SU

The United Way of Mat-Su publishes a Mat-Su Resource Guide that is the most comprehensive publicly available source of information and referral information for Mat-Su.

The guide is available in hard copy, on-line, and through an app that can be found on the United Way website. The guide provides information on local resources for basic needs such as food, nutrition, housing, transportation, medical and behavioral health care, recreation, and senior services.

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September 20, 2016, the Steering Committee for the 2016 Mat-Su Community Health Needs Assessment met to review the findings from the assessment. The Committee broke into workgroups and discussed ideas for moving forward on addressing the top factors that the community identified as being key to ensuring the health of residents. Below is a list of ideas that were generated during this meeting.

**TRANSPORTATION**

All Mat-Su residents have transportation to work, healthcare, school/community activities and other opportunities that improve the quality of their lives.

- Use technology to connect drivers who have cars to those who don’t drive or don’t have a car – “Mat-Suber.”
- Use an existing dispatch or centralized system with volunteers to provide transportation for residents in Mat-Su – i.e., Airmen Against Drunk Driving – Eielson Airforce Base.
- Maximizing resources we have through coordination and collaboration – i.e., school buses, health and human service organization vans.
- Optimize and coordinate the use of MASCOT and other public transportation by the general population.

**FAMILY AND SOCIAL CONNECTION AND SUPPORT**

Mat-Su is a community where all residents, including families, feel supported by and connected to family, friends, neighbors, and the broader community.

- Have a dedicated entity or person coordinating activities within the Mat-Su and have a group of visionaries creating events which focus on celebrations and bringing people together to practice traditions. Create consistency of doing these activities so the community can come to depend on them and know when the activities take place. Make sure that everyone feels welcome. Activities could also focus on promoting health and social equity.
- Bring “Community Schools” back. This was a program with a central person coordinating the use of schools after hours for community classes and events on a regular basis.
- Provide transportation so people can access community activities.
- Focusing on families struggling with issues big or small and having a group/organization that can identify those people who need a helping hand and link volunteers with them.

**INCOME AND HOUSING**

Mat-Su has economic opportunities that allow residents to have a level of income that supports a healthy lifestyle and provides for safe and affordable housing.

- Recognizing the role of the workplace in promoting physical and behavioral health. Recognize stressors in the workplace and have policies in place to support behavioral health and help employees reemerge into the workplace after illness or behavioral health issues so there is another solution than to quit your job. Create workplace policies that support retention.
- Explore how businesses can come into the Valley rather than having residents go out to other areas to work.
- Support utility and infrastructure development – without electricity and Internet it is hard to build a business or have quality of life as an individual.
- Seek out developers and find a way to incentivize building low income and safe housing.
- Support utility and infrastructure development – without electricity and Internet it is hard to build a business or have quality of life as an individual.
- Help seniors prepare for aging in place and set up their homes in advance of special needs developing.

**EDUCATION AND INFORMATION**

Mat-Su is a community that supports education for residents and provides full access to information needed to promote health, wellness, and quality of life.

- Do more provider education and cultural awareness – Mat-Su is a diverse community with different needs. It is important for providers to know about the needs so they can provide appropriate services and connect with other resources in the community.
- Providing outreach to the general public – there are a lot of services and resources in Mat-Su but people don’t know what is out there.
- Universal provider education meetings – there are many coalitions in Mat-Su and it is important that they all talk with each other and have more targeted outreach so that everyone is on the same page.
Next Steps

The next steps in the CHNA process are to begin discussion between the Mat-Su Health Foundation and Mat-Su Regional Medical Center in order to formulate implementation strategies and an action plan for the residents of Mat-Su. During this process, questions raised will center around the following:

- Will there be community collaboration on an implementation strategy or strategies?
- What role does MSHF or MSRMC wish to play in this effort?
- What will MSHF, MSRMC or community partners approach be to outcomes and impact measurement and evaluation?

Once these questions are answered, an implementation strategy and action plan will be developed and it will be the responsibility of the organizations involved in this process to implement the recommendations and to support outcomes, measurement and evaluation in order to make Mat-Su a healthier community.