



MAT-SU HEALTH
FOUNDATION

HEALTH IS WHERE WE

Live, Learn, Work & Play

2016 MAT-SU COMMUNITY HEALTH NEEDS ASSESSMENT



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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.

Community Health Needs Assessment Partners



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?

When you see text inside this box on the following pages, it highlights steps that are underway to address these community needs.

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THANK YOU TO:

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Katie Baldwin-Johnson	Alaska Mental Health Trust	Kevin Munson	Mat-Su Health Services, Inc.
Traci Boyle	Wasilla Chamber of Commerce	Kirsten Nelson	Mat-Su Regional Medical Center
Melissa Caswell	Southcentral Foundation	Crystal Nygard	Mat-Su Business Alliance
Bert Cottle	Mayor of Wasilla	Drew Phoenix	Identity, Inc.
Pastor Daulton Morock	Church on the Rock	Denise Plano	Mat-Su Regional Medical Center
Maggie Humm	Alaska Legal Services Corporation	Sammye Pokryfki	Rasmuson Foundation
DeLena Johnson	Mayor of Palmer	Richard Porter	Knik Tribal Council
Sam Jones	Mat-Su Regional Medical Center	Debbie Robinson	Alaska Family Services
Shelis Jorgensen	Sunshine Community Health Center	Dave Rose	Mat-Su Coalition on Housing & Homelessness
Philip Licht	Set Free Alaska	Jeanine Sparks	Mat-Su Borough School District
Shanda Lohse	Southcentral Foundation	Shelley Stuber	Southcentral Foundation
Fran Lynch	Willow Food Bank	Jerry Troshynski	Alaska Department of Health and Human Services
Jim McCall	Mat-Su Council on Aging	Lisa Wade	Chickaloon Village Traditional Council
Andy Miller	Lazy Mountain Bible Church/YAK	Janice Weiss	Prisoner Re-Entry Coalition

TO THE RESIDENTS OF MAT-SU:

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
- e. Increase advocacy, community organizing and civic engagement to promote health equity and produce positive health outcomes for all Mat-Su residents
- f. Increase the capacity of community partners to advocate for policy level changes to improve systems, social structures and environments for positive health choices

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
Executive Director
Mat-Su Health Foundation


John Lee
Chief Executive Officer
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

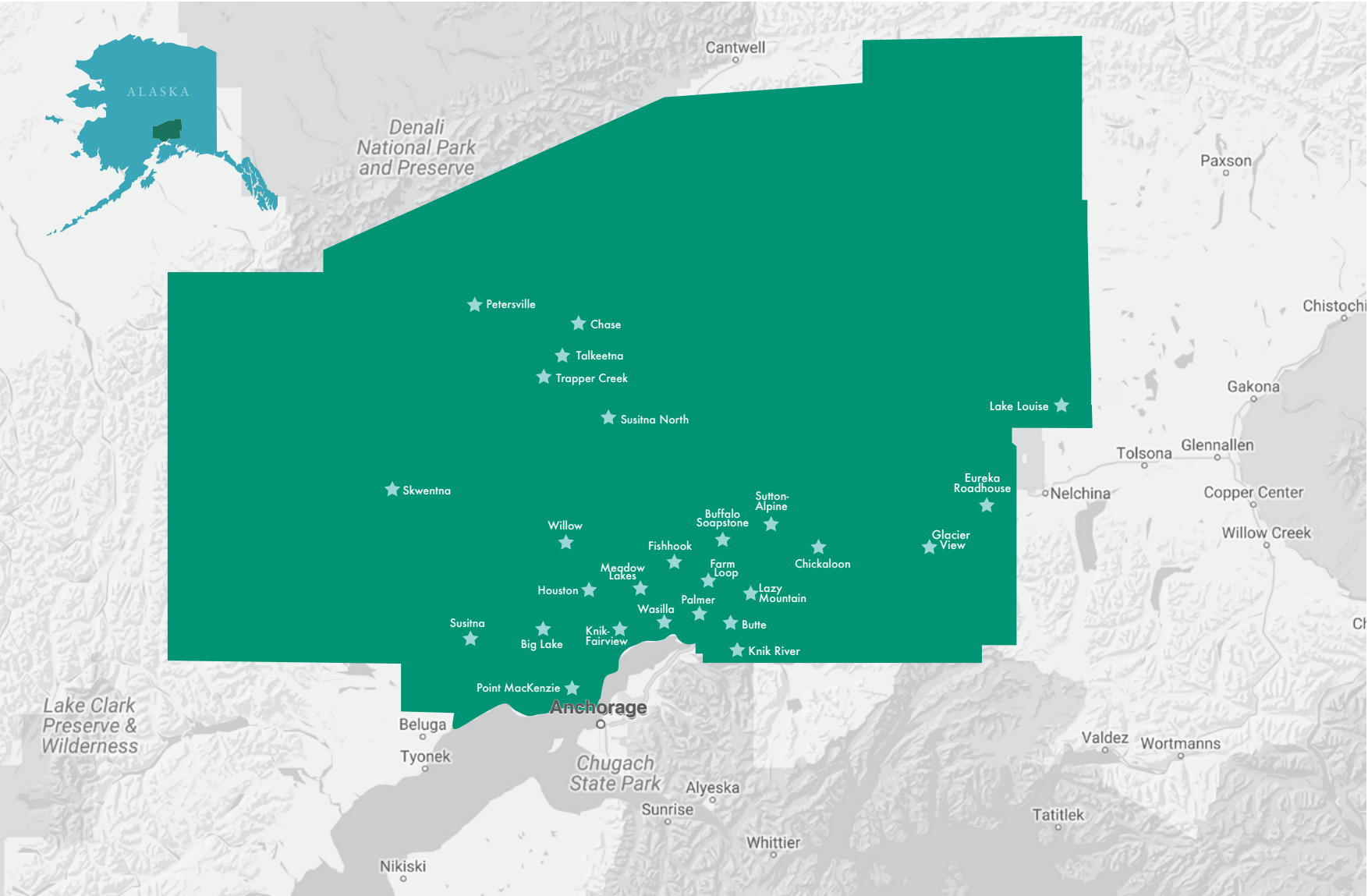
- Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.”¹
- These factors that create a healthy community have a big impact on a person’s ability to make 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.

THE MATANUSKA-SUSITNA BOROUGH INCLUDES THE FOLLOWING COMMUNITIES:

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

¹ http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod_cYAag

FIGURE 1 - THE MATANUSKA-SUSITNA BOROUGH





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. If a person does not graduate from high school, they are likely to earn less money and struggle to make ends meet. They are also likely to work longer hours and maybe even two jobs just to feed their family, and live in a compromised neighborhood without access to healthy food. They are not 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 continually, joyously, 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 bounce.² "Play" includes opportunities for physical activity and recreation, civic engagement (like voting), social support, volunteering, and social acceptance (living without discrimination).



² <http://www.rwjf.org/en/library/research/2010/10/health-starts-where-we-live.html>

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 (36%);*
- *Program evaluation (11%);*
- *Education and training (34%); report writing (20%);*
- *Or for other purpose(s) (10%), 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 Experience 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 Utilizer 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.*

“I used the report and the work of Mat-Su as an example for other communities to see what a community can do around issues.” - Nonlocal CHNA user

“MSHF continues to provide pertinent data that helps to improve awareness of healthy lifestyles and improvement of valuable services in the Mat-Su.”
- Mat-Su CHNA User

FIGURE 2
DATA TRIANGULATION



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 list 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 1 - MAT-SU CHNA FOCUS GROUPS CONDUCTED			
Date	Group Name	Representing	# of Participants
05/06/16	Mat-Su School District School Nurses	Mat-Su K-12 Students	25
05/17/16	Mat-Su School District School Counselors	Mat-Su K-12 Students	10
05/23/16	Mat-Su Senior Services	Senior Residents	42
05/23/16	Community Meeting	Wasilla Residents	17
05/24/16	Wasilla Sunrise Rotary	Business Professionals-Wasilla	19
05/24/16	Mat-Su Public Health Nurses	Low-income Residents	7
05/24/16	Providers	Mat-Su Residents	21
05/24/16	Community Meeting	Palmer Residents	14
05/24/16	CCS Early Learning	Families and Young Children	9
05/25/16	Alaska Family Services Case Managers	Low Income Residents	15
05/25/16	Mat-Su Health Services	FQHC Patients	10
05/25/16	Office of Children Services	Children and Families	28
05/25/16	Talkeetna Sunshine Clinic	Rural FQHC Residents	10
05/25/16	Community Meeting	Talkeetna Residents	7
05/26/16	Community Meeting	Willow Residents	11
05/26/16	Mat-Su Health Foundation CHNA Steering Committee	Social Service Agencies, Local Government	20
05/27/16	Frontline Food Bank	Food Bank Recipients	21
05/27/16	MYHouse	Homeless Youth	13
06/11/16	The Gathering	Alaska Native People	20
06/13/16	Annual Meeting	Mat-Su Health Foundation Members	55
06/28/16	Nutaqsaviik Providers	Alaska Native Mothers and Children	3
06/29/16	LGBT Youth Group	LGBT Youth	3
06-07/16	Sunshine Clinic Clients	FQHC Patients	21
07/14/16	Chickaloon Elders	Alaska Native Elders	25
07/27/16	Hispanic Community	Hispanic Residents	7
Total Focus Group Participants			433

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 this 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			
Date	Name	Representing	# Stakeholders
5/23/2016	High Utilizer Workgroup	Emergency Department Patients	5
5/23/2016	Mayor of Mat-Su Borough and Director of Public Relations	Mat-Su Borough Government	2
5/23/2016	MSRMC Social Workers	Hospital Patients	2
5/23/2016	Families in Transition Coordinator	Mat-Su Children and Families	1
5/24/2016	Mat-Su Borough Judges	Mat-Su Children and Families	4
5/27/2016	Mat-Su Planning Department	Mat-Su Borough Government	4
08/16	Local Clergy	Faith-Based Organizations	2
9/6/2016	Army One Source	Military Residents	1
Total Stakeholders Interviewed			21

TABLE 3 - HEALTH STATUS OF CHILDREN AND FAMILIES IN MAT-SU BY FOCUS GROUP TYPE					
Overall, how would you rate the health status of children and families in Mat-Su?					
	Excellent	Very Good	Good	Fair	Poor
Overall (N=249)	1%	6%	43%	43%	6%
Child Providers/Youth (N=68) Health impacted by being early child	0%	3%	36%	51%	10%
Providers (N=37)	0%	3%	49%	46%	3%
Tribal ((N=19) Chickaloon page	5%	32%	53%	5%	5%
Community Residents (N=133)	3%	9%	49%	36%	4%
Seniors (N=65) seniors	6%	17%	50%	21%	6%
Rural (N=51) rural page (after Upper Susitna/Chickaloon)	2%	17%	46%	30%	4%
Sunshine CHNA (N=17) Talkeetna Page	0%	6%	35%	59%	0%

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.

TABLE 4 - MAT-SU RESIDENTS HAVE MINIMUM FACTORS TO MAKE HEALTHY DECISIONS, BY FOCUS GROUP TYPE

What percentage of residents of Mat-Su have a minimum baseline of all factors we mentioned that allow them to make healthy decisions?				
	Less than 25%	26-50%	51-75%	More than 75%
Overall (N=249)	12%	51%	32%	5%
Child Providers/Youth (N=68)	14%	50%	30%	6%
Providers (N=37)	14%	69%	17%	0%
Tribal (N=19)	14%	24%	57%	5%
Community Residents (N=133)	8%	48%	38%	6%
Seniors (N=65)	11%	43%	45%	2%
Rural (N=51)	8%	41%	45%	6%
Sunshine CHNA (N=17)	0%	65%	29%	6%
Government (N=0)	N/A	N/A	N/A	N/A

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

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%).

TABLE 5 - MAT-SU IS A HEALTHY COMMUNITY, BY FOCUS GROUP TYPE

Mat-Su is currently a “healthy community”					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall (N=249)	2%	20%	34%	36%	7%
Child Providers/Youth (N=68)	0%	11%	27%	45%	17%
Providers (N=37)	0%	14%	36%	44%	6%
Tribal (N=19)	5%	52%	24%	19%	0%
Community Residents (N=133)	4%	28%	38%	27%	3%
Seniors (N=65)	7%	35%	41%	17%	0%
Rural (N=51)	0%	31%	39%	29%	0%
Sunshine CHNA (N=17)	0%	6%	41%	53%	0%
Government (N=0)	N/A	N/A	N/A	N/A	N/A

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

Slightly less than half (43%) of the overall respondents disagree that Mat-Su is a healthy community. Tribal participants (57%) 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.

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.



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/recreation 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.

Vision for a Healthy Mat-Su

According to focus group and interview participants, a “healthy community” is connected, 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.



How Health Is Impacted By Different Factors

MSRMC 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)

TABLE 6 - PAYER SOURCE, AGE AND TOP DIAGNOSES OF MSRMC ED FREQUENT USERS (>5 VISITS/YEAR)		
Payer Source	Age	Diagnoses (top 25%)
31% Medicaid	0-19 year: 8%	Abdominal pain
25% Medicare	20-54 years: 63%	Other nervous system disorder
18% Self-pay	55+ years: 29%	Headache, including migraine
18% Private insurance		Nausea and vomiting
8% Other		Nonspecific chest pain

Source: Mat-Su Regional Medical Center, 2013

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:

- 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 fiancée; 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 weekend)”
- “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 healthier; keep Jesus in my life; get to the root of my problems, and stop drinking.

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

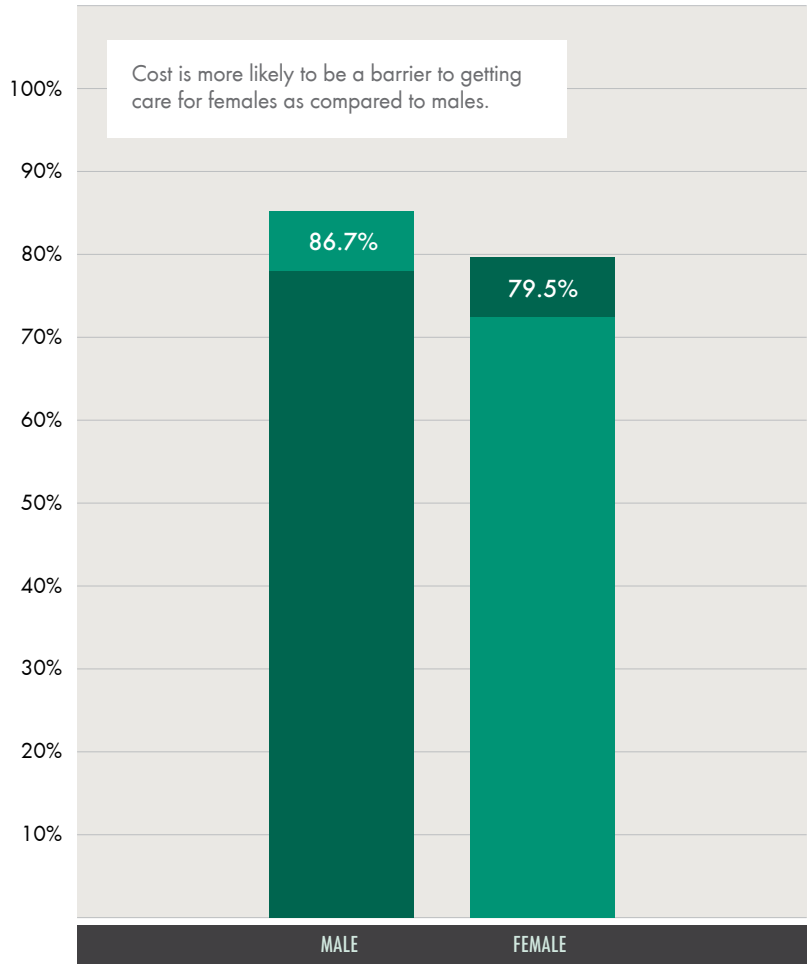
In this assessment, we examine how health and access to health care are impacted by where we live, learn, work and play. These next few pages illustrate this by examining:

- 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

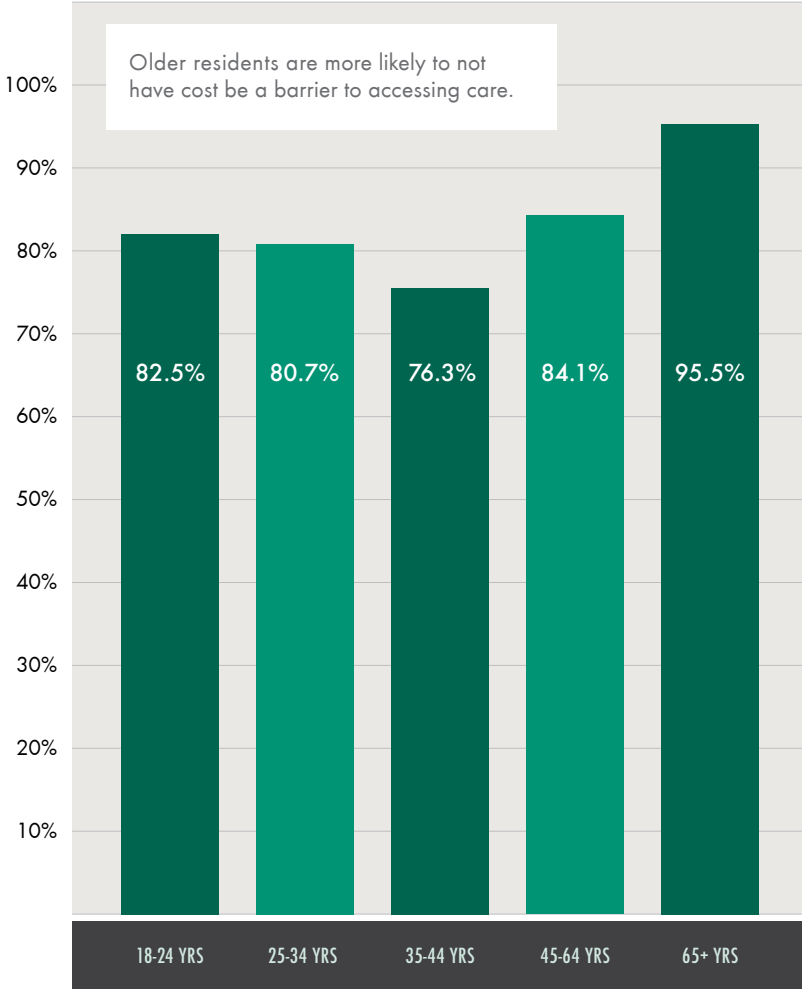
Mat-Su residents were asked if there was a time in the past 12 months when you needed to see a doctor but couldn't because of cost? The answer to this question provides information on whether cost is a barrier to accessing care. Mat-Su residents' ability to access care based on cost during 2010-2014 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.

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



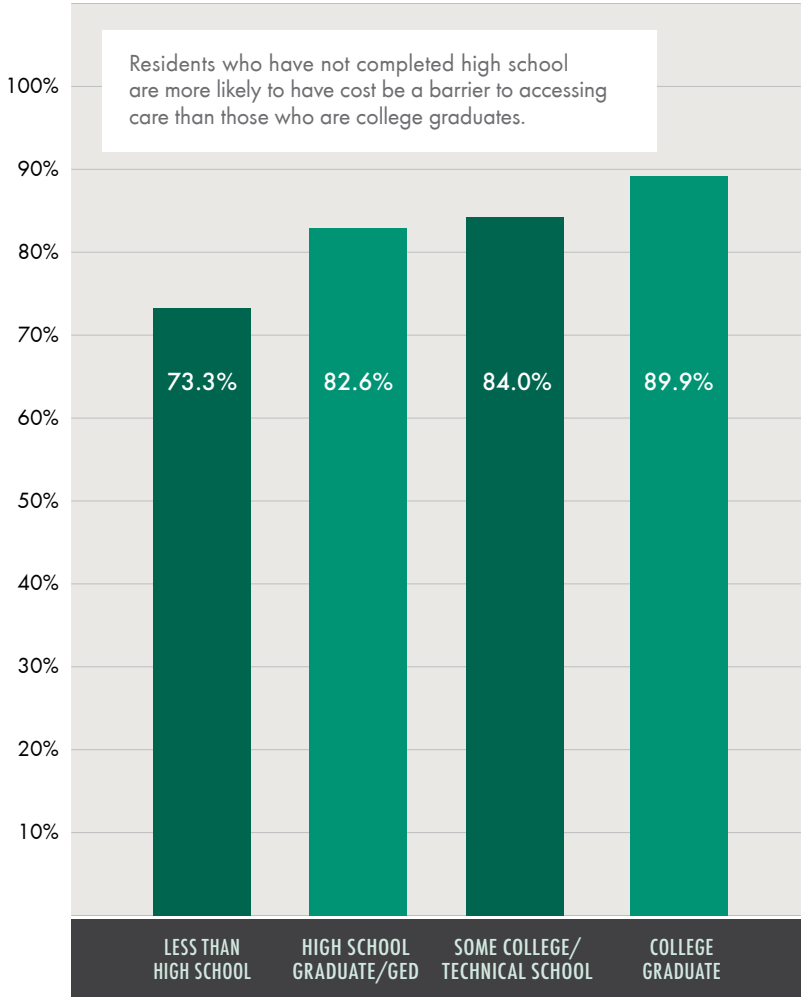
Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on gender ($p < .05$)

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



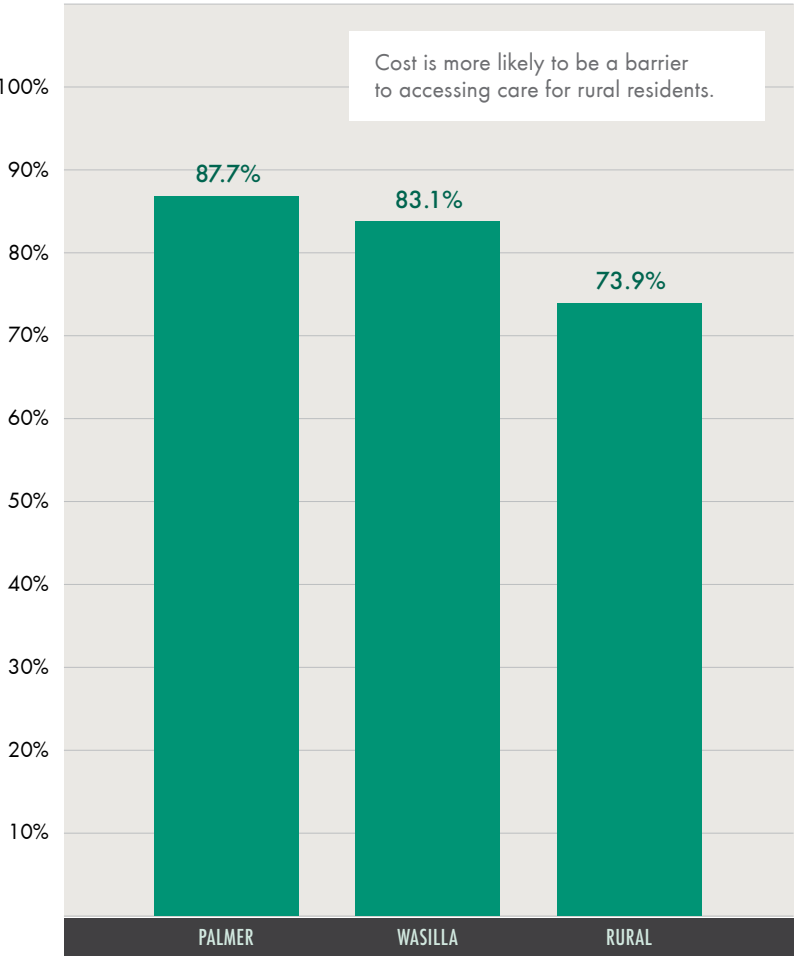
Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on age ($p < .05$)

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



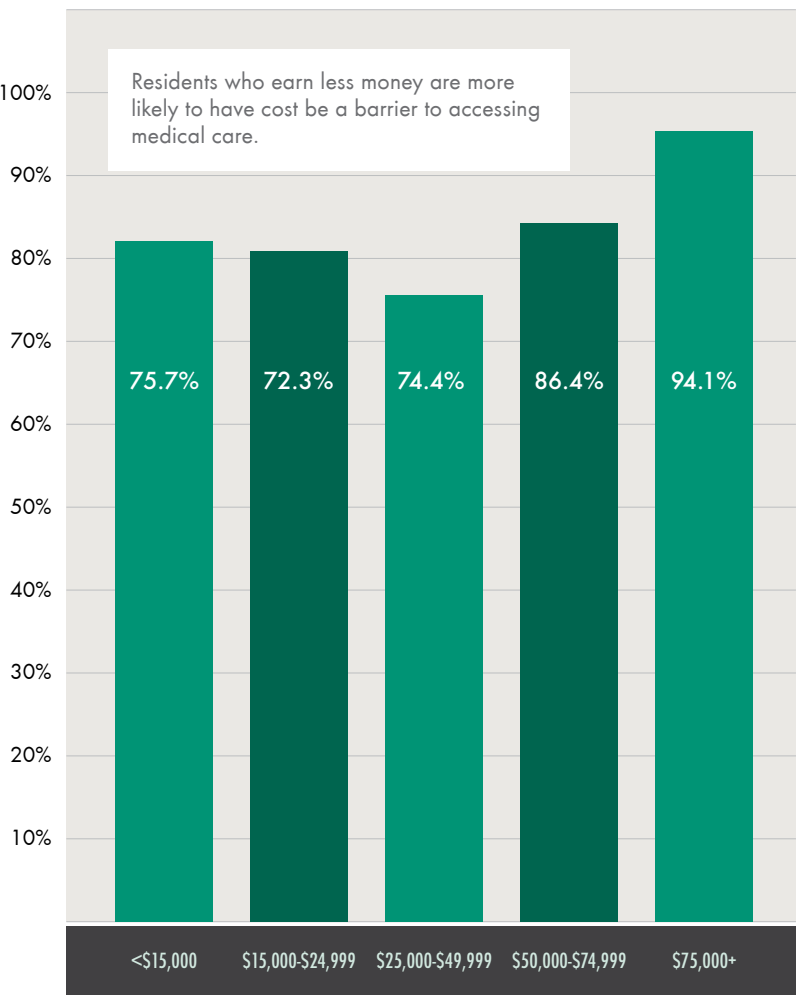
Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on education level ($p < .05$)

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



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

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

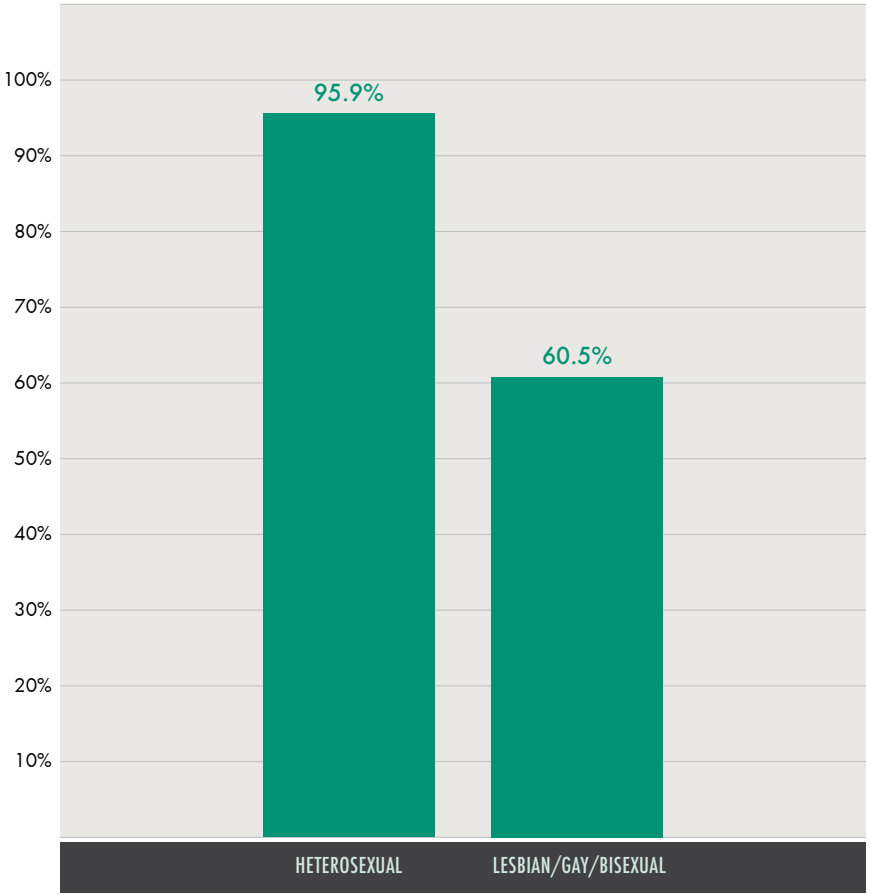


Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on income level ($p < .05$)

HEALTH CARE SATISFACTION

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.

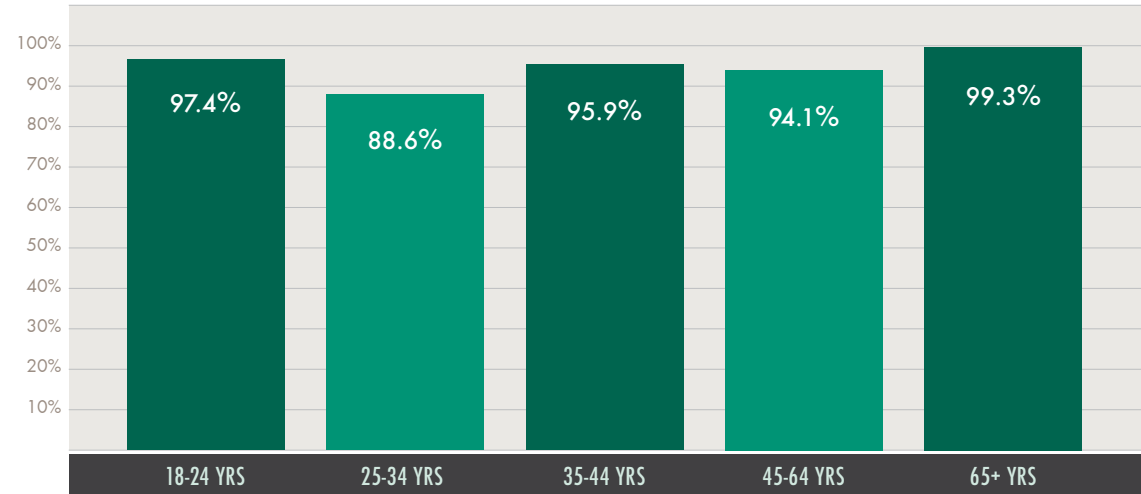
FIGURE 8 - PERCENT OF INSURED RESIDENTS WHO REPORT SATISFACTION WITH THE HEALTHCARE THEY RECEIVED BY SEXUAL ORIENTATION



Source: Alaska Behavioral Risk Factor Surveillance System, 2013-2014.
Note: There is a significant difference based on sexual orientation ($p < .05$)

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

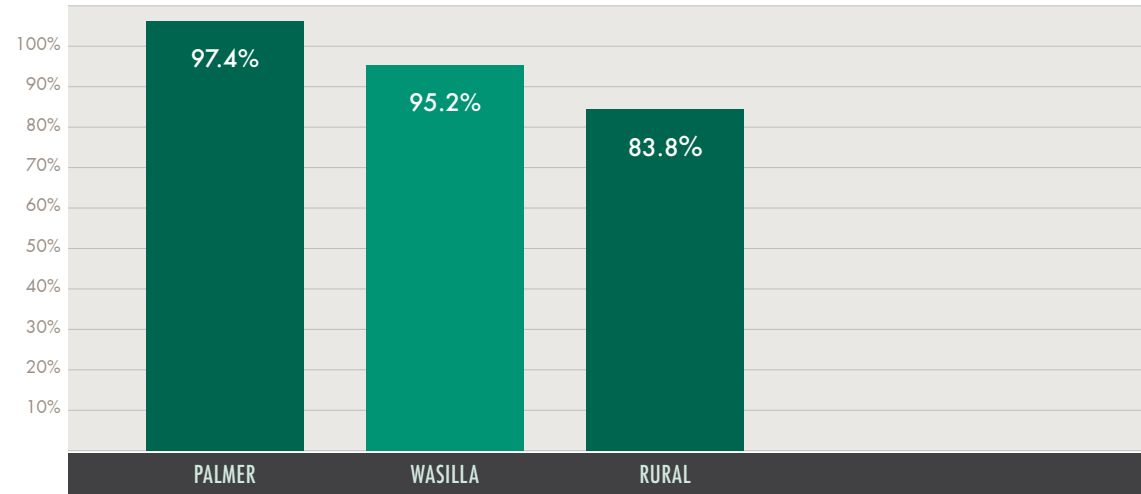
Older and younger residents are more likely to be satisfied with the health care they received.



Source: Alaska Behavioral Risk Factor Surveillance System, 2013-2014.
Note: There is a significant difference based on age ($p < .05$)

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.



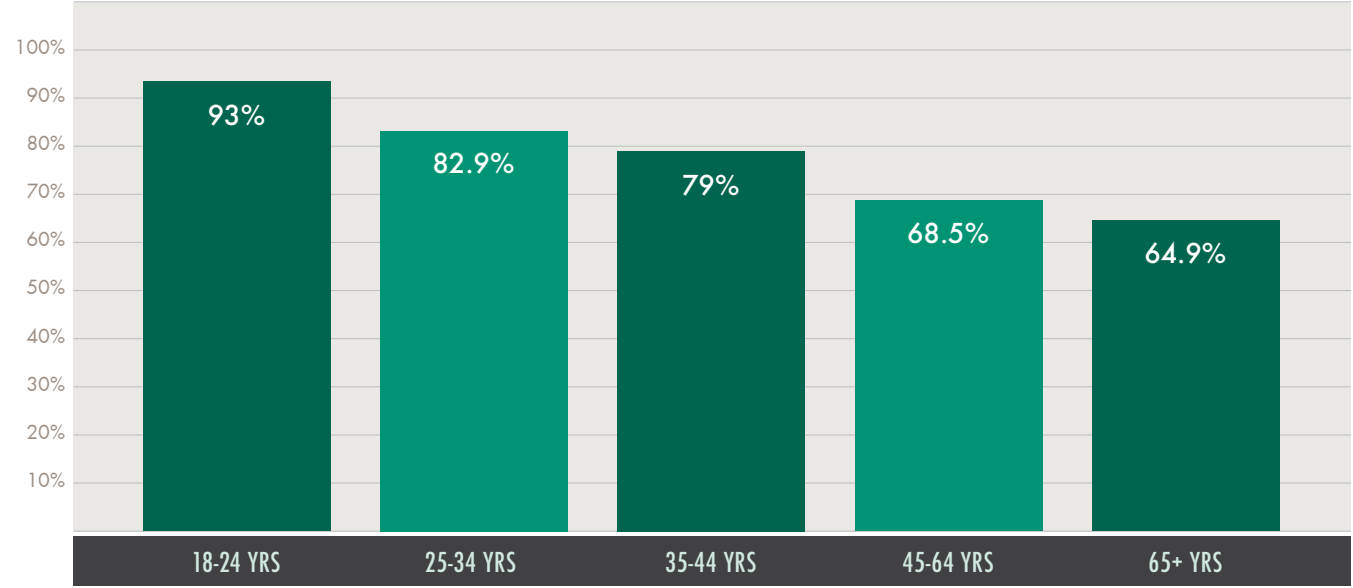
Source: Alaska Behavioral Risk Factor Surveillance System, 2013-2014.
Note: There is a significant difference based on age ($p < .05$)

NOT LIMITED BY PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS

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

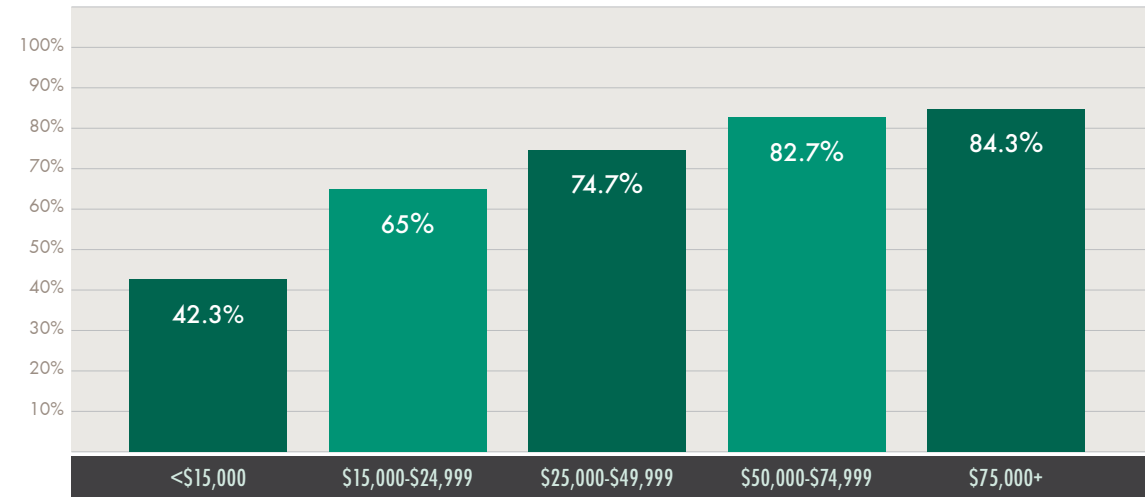
Seniors in Mat-Su are more likely to report limitations due to physical, mental, or emotional problems.



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

FIGURE 12
PERCENT OF RESIDENTS WHO REPORT NO LIMITATIONS DUE TO PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS BY INCOME LEVEL

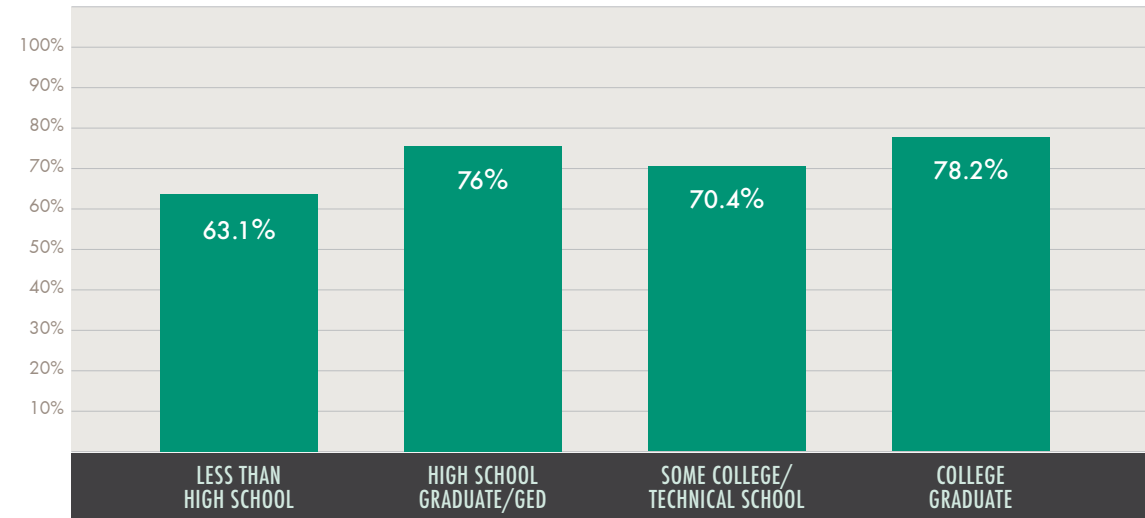
Residents with higher income are more likely to not be limited due to physical, mental, or emotional problems.



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

Residents who did not finish high school are more likely to be limited due to physical, mental, or emotional problems.



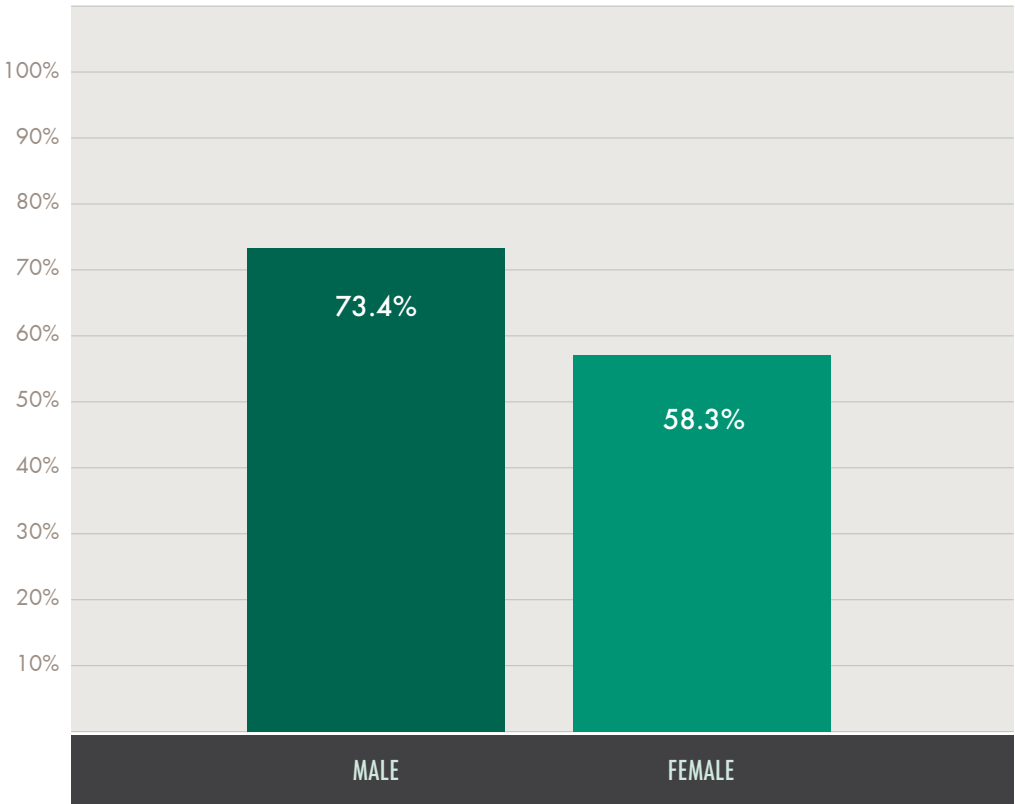
Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on education level ($p < .05$)

NO POOR MENTAL HEALTH DAYS IN THE LAST MONTH

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.

FIGURE 14
PERCENT OF RESIDENTS WHO REPORT NO POOR MENTAL HEALTH DAYS IN THE LAST MONTH BY GENDER

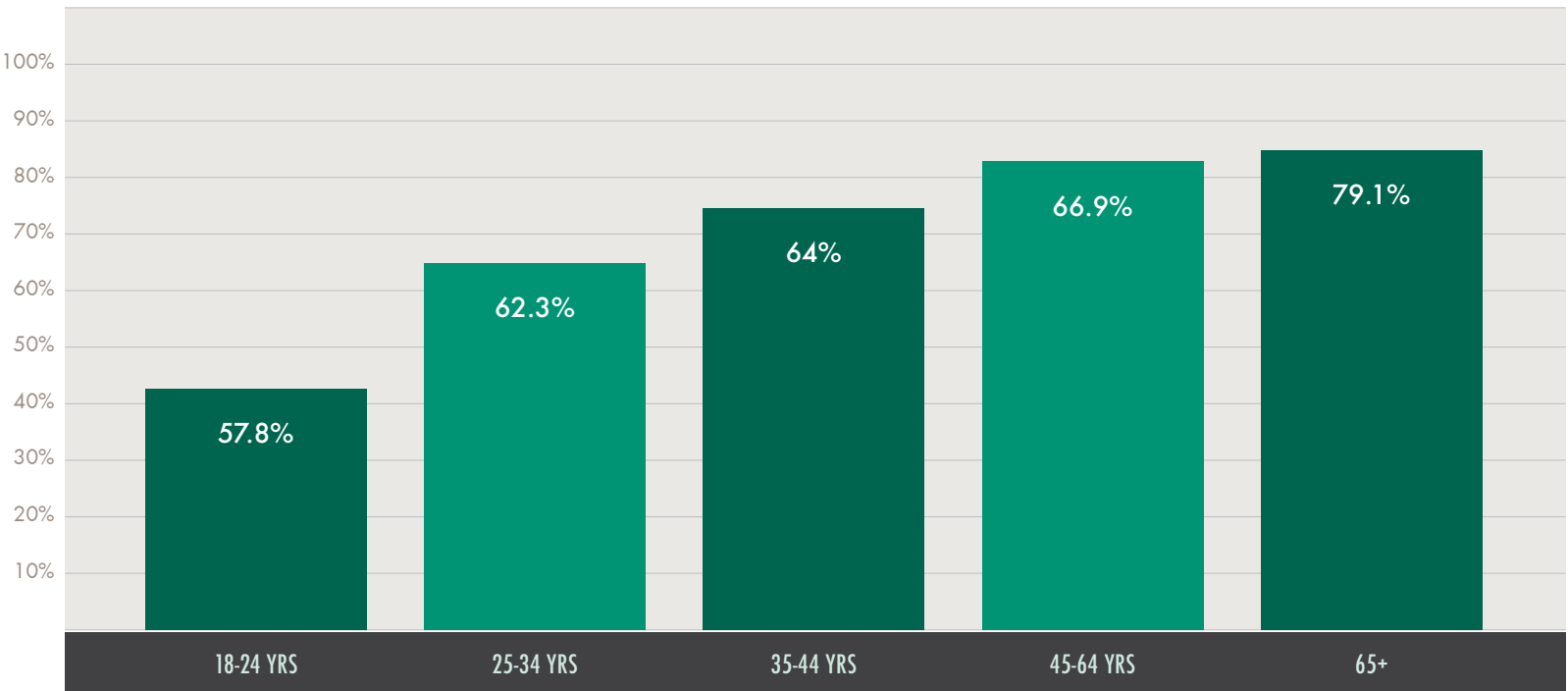
Mat-Su males are more likely to report having no poor mental health days in the past month as compared to females.



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

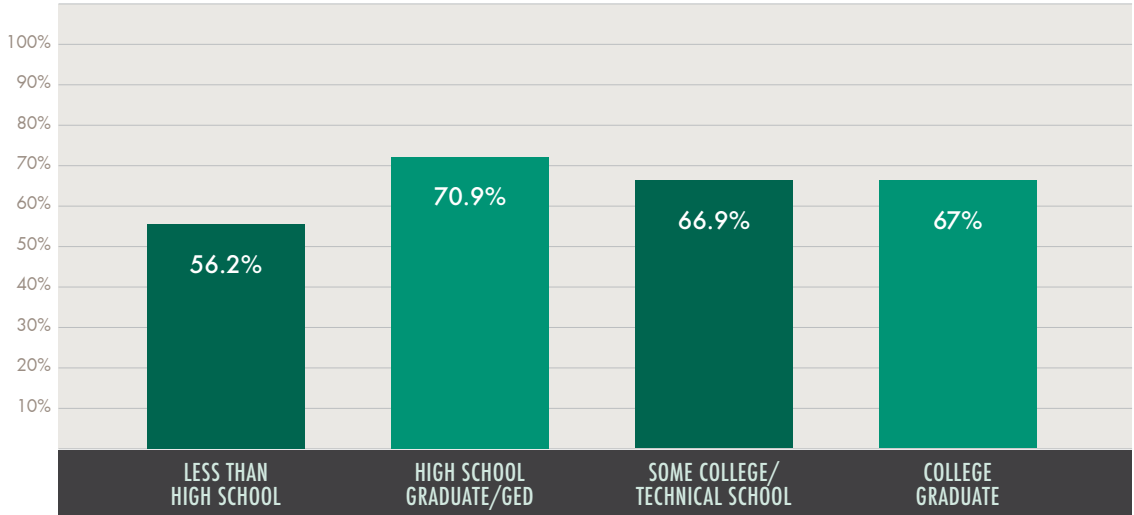
Mat-Su seniors are more likely to report having no poor mental health days in the past month as compared to younger residents.



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

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.

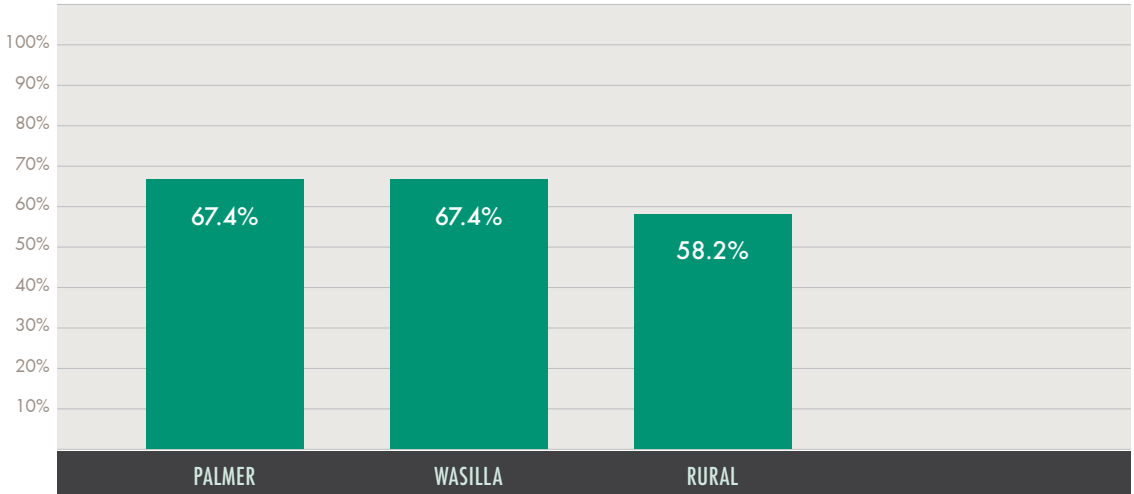


Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on education level ($p < .05$)

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.



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

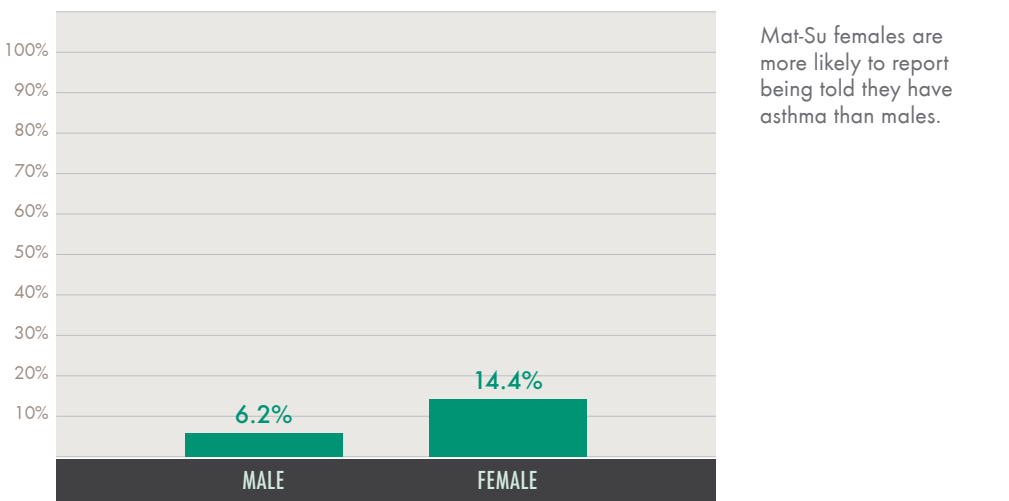
ASTHMA

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.

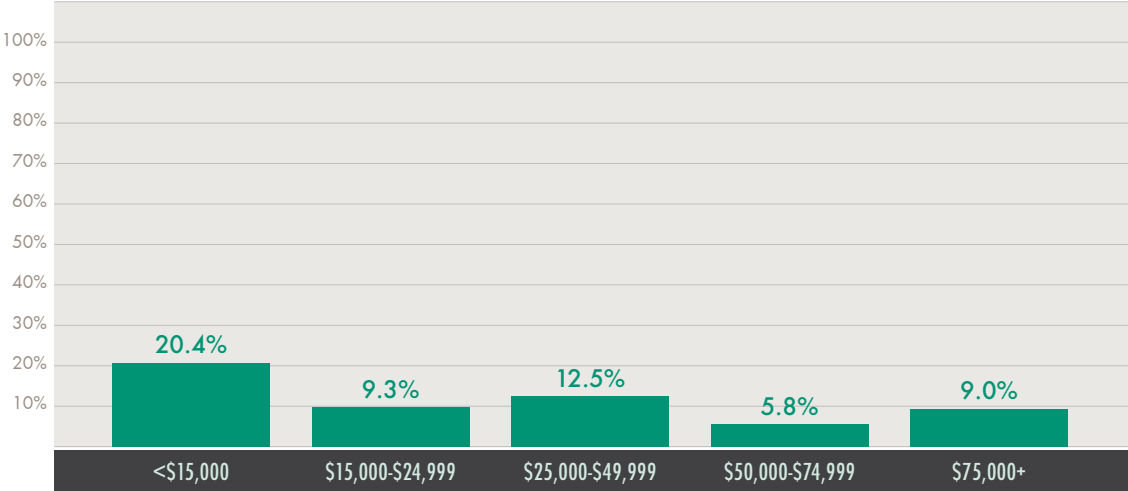
FIGURE 19
PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY INCOME

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

FIGURE 18
PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY GENDER



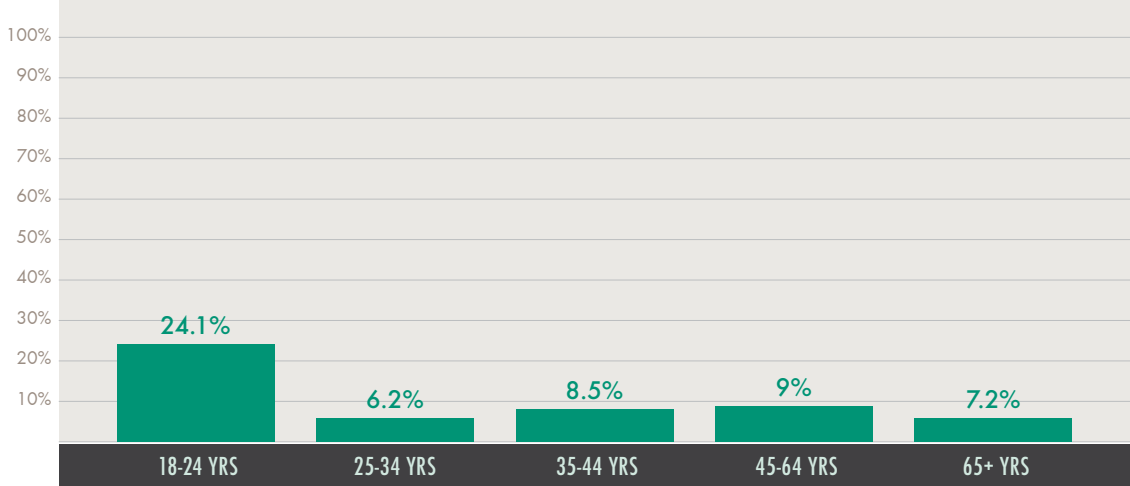
Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014.
Note: There is a significant difference based on gender ($p<.05$)



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

FIGURE 20
PERCENT OF RESIDENTS WHO REPORT EVER BEING TOLD THEY HAVE ASTHMA BY AGE

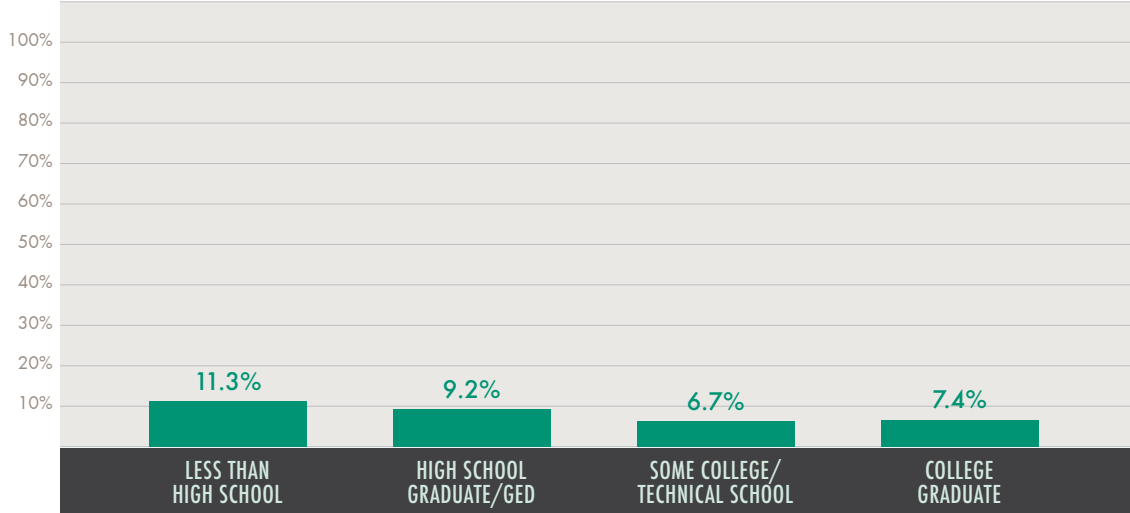
Younger Mat-Su residents are more likely to report being told that they have asthma as compared to older residents.



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

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 ($p<.05$)



Health is Where We Live

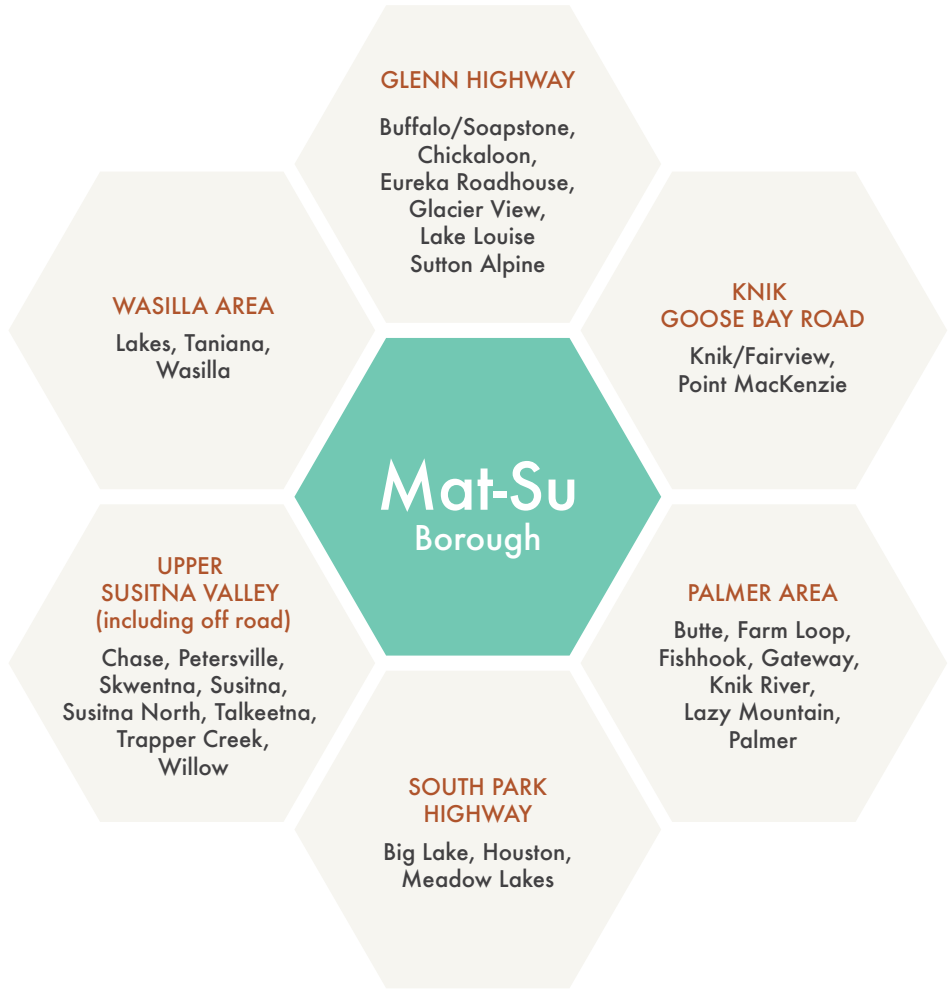


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For the purposes of this report, the borough has been divided into the six sub-regions listed below:

FIGURE 22 - MAT-SU BOROUGH



Please note that for the page entitled Where We Live – Mat-Su Core, the demographic information varies slightly from the sub-regions described above. The demographics for Mat-Su Core are reflective of the coverage of

Mat-Su Health Services, a Federally Qualified Health Center. Therefore, the demographics for this section only include Wasilla Area, Knik Goosebay Road Area, South Park Highway Area, Palmer alone and Knik River alone.

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			
Indicator	Mat-Su	Anchorage	Alaska
Alaska Department of Labor and Workforce Development Population Estimate, 2015*	100,178	298,908	737,625
Population Change Since 2010 (%)*	12.57%	2.43%	3.86%
Median Age (years), 2015 Est.*	35.1	33.7	34.5
Number of Households, 2016 Est.**	33,891	93,874	271,691
Average Household Size, 2016 Est.**	2.73	2.59	2.62
Average Family Size, 2010-2014**	3.47	3.32	3.36
Total Population Living in Poverty (%), 2014 Est.**	10.7%	8.3%	11.2%
Unemployment Rate (seasonally adjusted) (%), 2015**	8.5%	5.3%	6.7%
Number of homeless, 2015***	270	1200 (est.)	1,956
Individuals with a Physical Disability (%), 2010-2014**	11.4%	9.9%	10.8%

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			
Mat-Su Regions	2000-2010	2010-2016	2016-2021
Mat-Su Borough	49.4%	13.5%	7.4%
Glenn Highway	29.5%	18.9%	5.3%
Knik Goosebay Road	114.4%	21.4%	11.3%
Palmer Area	39.2%	14.8%	7.1%
South Park Highway	82.0%	18.7%	10.1%
Upper Susitna Valley	-2.4%	-0.2%	0.7%
Wasilla Area	36.4%	6.8%	4.9%
Anchorage	11.1%	3.1%	2.6%
Alaska	13.3%	4.4%	3.4%

Source: 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 9 - HOW GENDER IMPACTS HEALTH		
Where We Live	Male	Female
Access to doctor was not limited due to cost, past 12 months (2010-2014)	86.7%	79.5%
Have primary care provider (2010-2014)	62.5%	73.8%
Health Status Impact	Male	Female
Ever told have COPD (2011-2014)	56.5%	81.4%
Ever told have diabetes (2010-2014)	91.5%	60.0%
Currently have asthma (2010-2014)	6.2%	14.4%
Ever told had depressive disorder (2010-2014)	12.3%	24.0%
Positive mental health outlook (2010-2014)	73.4%	58.3%

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

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 10 - SINGLE PARENT FAMILIES BY POVERTY LEVEL		
	Number of Families	% of Families with Income in Last Year Below the Poverty Level
Families with Male Householder, no Wife Present, with Related Children Under 18 Years	1,095	17.8%
Families with Female Householder, no Husband Present with Related Children Under 18 Years	2,095	36.6%

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

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.

TABLE 11 - OFFENDER POPULATION BY COMMUNITY, 2015				
	Mat-Su	Palmer	Wasilla	Alaska
Male	1,734	390	1,344	4,405
Female	12	12	0	614
Total	1,746	402	1,344	5,019

Source: Department of Corrections, 2015

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 life style that will not lead them back to incarceration. Collaborative partners include the Department of Corrections, DayBreak Inc., MyHouse, and other community agencies.

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



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%
- 25-54 years: 39.1%
- 55-64 years: 13.4%
- 65-84 years: 10%
- >85 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 asthma as compared to older 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 12 - HOW AGE IMPACTS HEALTH					
Where We Live	18-24	25-34	35-44	45-64	65+
Residents have health insurance (2010-2014)	74.5%	72.4%	79.4%	80.7%	97.5%
Access to medical care not limited due to cost (2010-2014)	82.5%	80.7%	76.3%	84.1%	95.5%
Residents have a primary care provider (2010-2014)	47.8%	53.5%	63.7%	77.3%	86.2%
Satisfied with health care received (2013-2014)	97.4%	88.6%	95.9%	94.1%	99.3%
Where We Play	18-24	25-34	35-44	45-64	65+
Residents are a healthy weight (2010-2014)	46.3%	39.0%	30.0%	24.2%	25.0%
Health Status Impact	18-24	25-34	35-44	45-64	65+
Residents report being healthy	96.2%	92.0%	86.2%	79.5%	78.0%
Residents have no physical, mental, or emotional limitations	93.0%	82.9%	79.0%	68.5%	64.9%
Report having no poor mental health days in last month	57.8%	62.3%	64.0%	66.9%	79.1%
Thoughts of suicide or harming self in last year	0.1%	0.1%	4.7%	3.8%	3.7%
Ever told have asthma (2010-2014)	24.1%	6.2%	8.5%	9.0%	7.2%
Residents ever told had COPD (2011-2014)	2.8%	2.2%	5.6%	8.2%	15.1%
Non-Smoking residents (2010-2014)	78.3%	69.8%	74.2%	75.7%	89.3%
Ever told had diabetes (2010-2014)	0.1%	2.5%	2.6%	10.6%	20.1%
Ever told had high blood pressure (2009, 2011, 2013, 2014)	4.3%	18.0%	18.1%	36.6%	62.8%
Ever told had arthritis (2011-2014)	2.8%	9.4%	17.6%	38.4%	52.0%

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

HOW AGE IMPACTS HEALTH – MILLENNIALS

A millennial is defined as a person reaching adulthood around the year 2000. For the purposes of this report, Mat-Su millennials are individuals younger than 35 years. This group showed the following differences from other generations.

- They rated their overall health status higher than older residents
- They rated the health status of the community lower than older residents
- They rated quality of life in Mat-Su lower than older respondents
- They were less likely to be familiar with the term ACEs (Adverse Childhood Experiences)
- They were less likely to have private insurance, but more likely to have Denali KidCare or no insurance
- They were more likely to ask a family member or friend for advice on how to handle a problem
- They were less likely to have volunteered in the past year
- They were less likely to be satisfied with present employment and level of education

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



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” to school*
- *Safe places for kids to hang out,*
- *Support services for families and children*



WHAT IS BEING DONE IN MAT-SU?

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.

TABLE 13 - ESTIMATED POPULATION ELIGIBLE FOR EARLY HEAD START/ HEAD START IN MAT-SU, 2014

	Actual Enrollment	Estimated Eligible Population	Estimated Percent of Eligible Population Served
Early Head Start	49	579	8%
Heat Start	200	386	51%
Total	249	965	26%

Source: AKDOLWD 2015 Population Estimates, ACS 5-year Estimate DP



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 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.



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.

These 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 FACTOR AMONG MAT-SU HIGH SCHOOL STUDENTS		
Factor	Traditional High Schools	Alternative High Schools
Being able to seek help from an adult besides their parents	84.8%	83.8%
Feel that their teachers really care about them and give them a lot of encouragement	63.7%	80.1%
Feel that their community feels like they matter	48.5%	45.8%
Had at least one parent who talked to them about school everyday	42.3%	28.1%

Source: Alaska Youth Risk Behavior Survey, 2014-2015

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*
- *Supports 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 15 - MAT-SU SENIORS BY AGE	
Age Group	Number of residents
65-74 years	6,892
75-84 years	2,430
85+ years	672
Total	9,994

Source: 2016 Mat-Su Senior Environmental Health Scan

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

TABLE 16 - MAT-SU SENIORS AND FINANCIAL STATUS			
Age	Median income	Home ownership	# of Residents living below the poverty level
65-74 years	\$53,977	83%	8.7%
75-84 years	\$32,592	79%	14.6%
85+ years	\$26,875	54%	20.6%

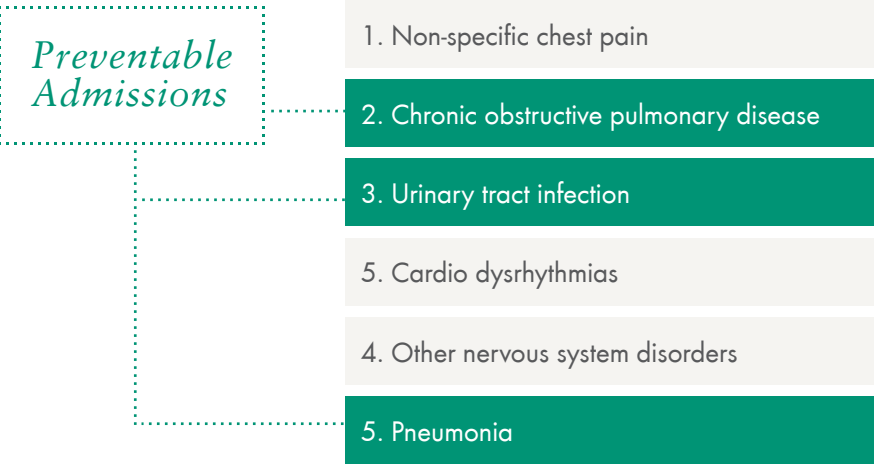
Source: 2016 Mat-Su Senior Environmental Health Scan

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

TABLE 17 - LEADING PRIMARY DIAGNOSIS FOR EMERGENCY DEPARTMENT VISITS BY SENIORS



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 diagnosis requiring emergency room care.

FACTORS THAT AFFECT SENIOR HEALTH

According to the 2016 Mat-Su Household Survey, between 7-10% of Seniors report the following barriers to seeking health care:

- 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 medication (8%)

WHAT THE MAT-SU COMMUNITY IS SAYING



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.

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

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. MCoA 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 (SAMSHA) 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 attempts;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 Mat-Su 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 Mat-Su 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 Mat-Su to train/ educate health care providers on the needs of LGBTQ individuals.

TABLE 18 - HOW SEXUAL ORIENTATION IMPACTS HEALTH		
Where We Live	Heterosexual	LGBQ
Satisfied with health care received (2013-2014)	95.9%	60.5%
Health Status Impact	Heterosexual	LGBQ
Ever told had depressive disorder (2010-2014)	17.8%	35.2%

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 (BRFSS) is for Matsu residents who identify as lesbian, gay, bisexual and questioning (LGBQ). 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

- 66.9% *have health insurance*
- 31.5% *were unable to receive 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 identify 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 Mat-Su. This is a weekly social/educational group open to all LGBTQ teens and allies ages 13-19 years. Additionally, all Anchorage-based services are open to Mat-Su residents. These include: a Teen Trans Group, Youth Leadership Summits, Pride Prom, Pride Festival, ELDERS: A Little Gray, A Little Gay program; Sensitivity Trainings; and the Identify 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 polio, 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 reunify their citizens. The mandate for the Council was: To restore our traditional worldview by rejuvenating our traditional Athabascan culture, values, oral traditions, spirituality, language, songs, and dance. Chickaloon Native Village gained federal recognition in 1973 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 Tribes identity and cultural traditions, and create economic self-sufficiency for the Tribe.



NAY'DINI'AA NA' KAYAX (CHICKALOON VILLAGE TRADITIONAL COUNCIL)

CVTC has the following departments:

- *Education Department including the Ya Ne Dah Ah School*
- *Environmental Stewardship Department*
- *Health and Social Services Department which provides behavioral health services, transportation, Elder's outreach program, and the Indian Child Welfare Program*
- *Justice department which includes a Public Safety Office and Tribal Courts*
- *Accounting and Administration*
- *Facilities & Housing (including a low-income housing development).*
- *Transportation, which includes road construction and improvements, Chickaloon Area Transit, and Emergency Planning.*



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 background is part of what drives the Tribal Council's mission and focuses on creating opportunities for the whole community, not just the Tribal portion, 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, other 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



WHAT THE MAT-SU COMMUNITY IS SAYING



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:




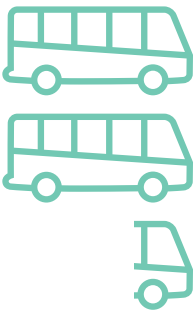
- *More reliable public transportation*
- *Roadwork*
- *Some resources are only open 9am-5pm, however most of the people are working, so longer service hours would help to increase access for working people*
- *Emergency response team and the ability to access those services and the emergency teams can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

FIGURE 23 - TRANSIT ACCESS BY PLACE OF RESIDENCE

	MAT-SU	PALMER	WASILLA	ANCHORAGE
				
TRANSIT ACCESS SCORE	0.6	0.8	1.7	2.3
NUMBER OF TRIPS PER WEEK	29	27	57	137

Source: The Center for Neighborhood Technology, Housing and Transportation H+T® Affordability Index
Note: A high score indicates increased access to public transportation.

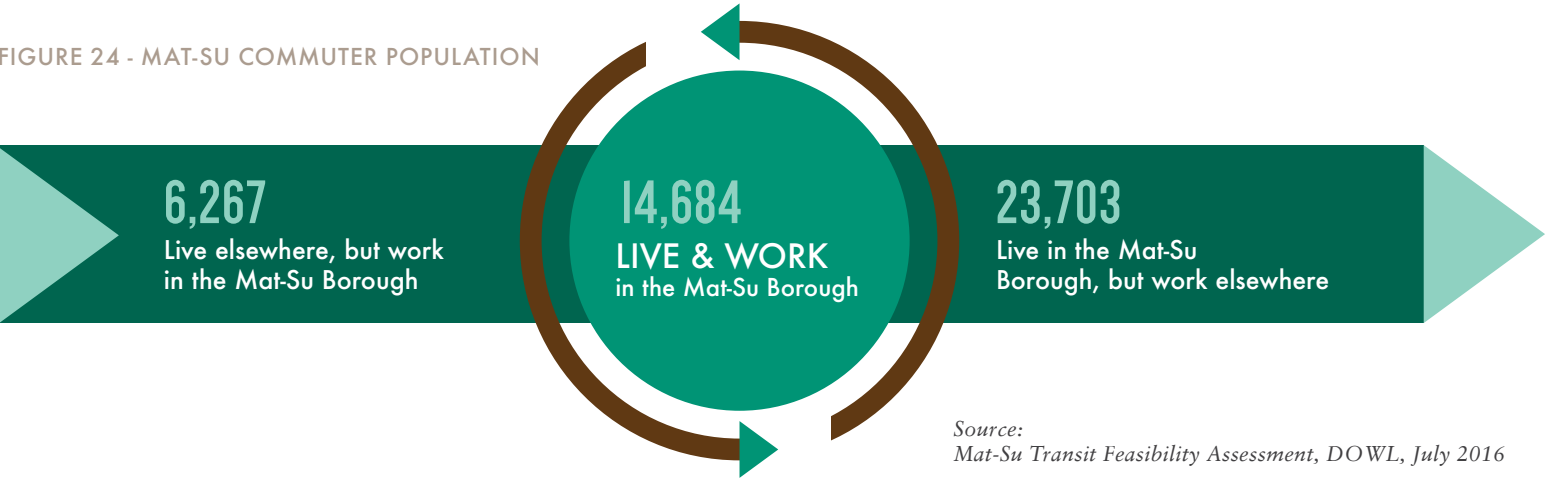
As shown in Table 19, the most common means of travel to work in Mat-Su is driving alone (70%), followed by carpooling (14.2%). Use of public transportation (1.2%) is very limited. Approximately 5.7% of workers age 16+ report working at home.

TABLE 19 - ESTIMATED WORKERS AGE 16+ MODE OF TRANSPORTATION TO WORK BY SELECT AREAS, MAT-SU BOROUGH, ANCHORAGE AND ALASKA*									
2016 Demographics	Mat-Su	Glenn Highway	Knik Goosebay Road	Palmer	South Park Highway	Upper Susitna Valley	Wasilla	Anchorage	Alaska
2016 Est. Workers (Age 16+) by Transportation To Work	39,355	1,077	7,494	11,775	5,854	1,733	11,422	130,911	361,167
% Drove Alone	70.0%	72.1%	69.0%	71.4%	68.5%	60.0%	71.5%	74.6%	66.9%
% Car Pooled	14.2%	12.5%	13.5%	15.7%	11.8%	11.1%	15.1%	11.8%	12.8%
% Public Transportation	1.2%	0.7%	2.5%	1.0%	0.6%	0.1%	1.0%	2.5%	1.8%
% Walked	2.4%	2.2%	3.2%	2.4%	2.1%	5.3%	1.5%	3.3%	8.4%
% Bicycle	0.1%	0.3%	0.0%	0.2%	0.0%	1.0%	0.0%	1.3%	1.0%
% Other Means	6.4%	6.2%	6.1%	3.7%	10.7%	11.3%	6.4%	2.8%	4.4%
% Worked at Home	5.7%	5.9%	5.7%	5.6%	6.3%	11.3%	4.5%	3.7%	4.6%
2016 Est. Average Travel Time to Work in Minutes	36.0	38.0	40.0	35.0	36.0	33.0	34.0	20.0	21.0

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.

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

FIGURE 24 - MAT-SU COMMUTER POPULATION



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.

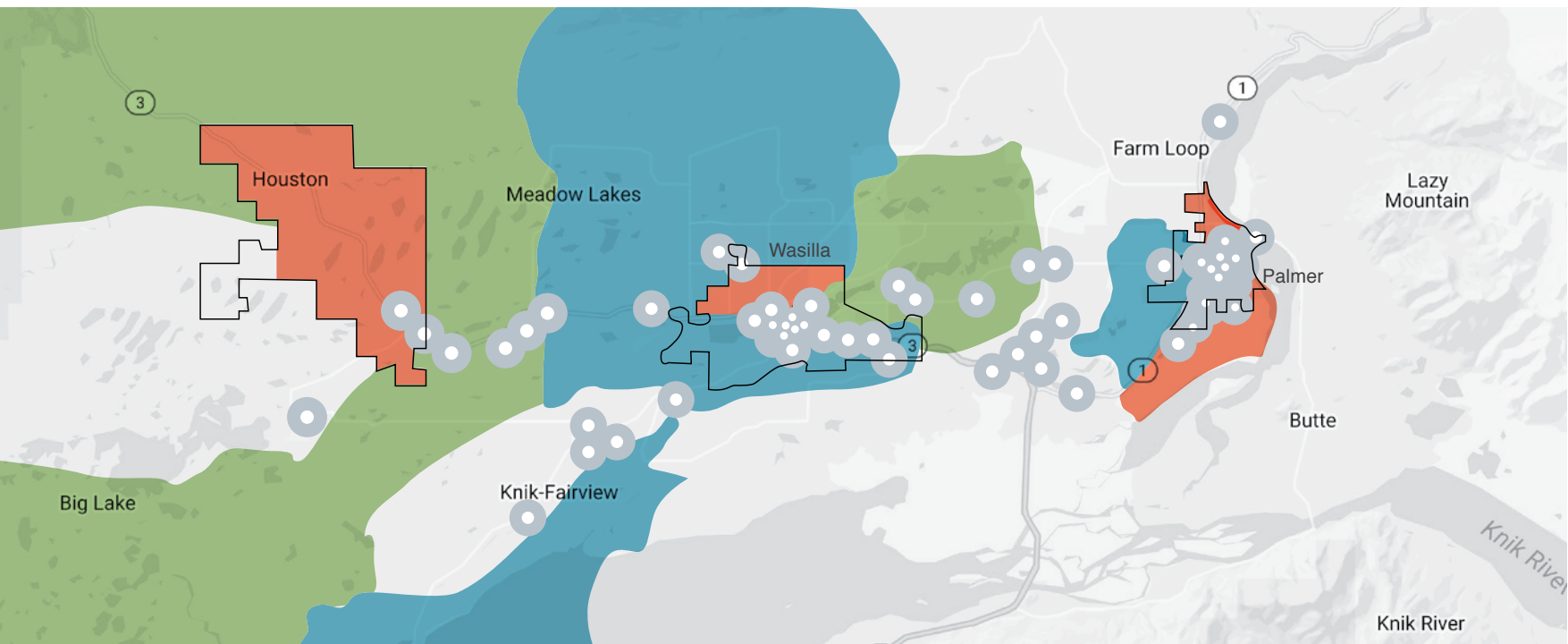
Numerous transportation challenges were noted. While the existing human services transportation system has a broader service area than the public transit system, which serves primarily Wasilla and Palmer, it is limited to those who qualify for Medicaid or have disabilities. Many are unaware of the transportation 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, those in green have a moderate level of need, and those in gray 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.

FIGURE 25 - TRANSIT DEPENDENT COMMUNITIES AND HEALTH NEEDS



Level of Need

 Lowest	 Moderate to High	 State Owned Road	 Bus Stops
 Moderate	 Highest	 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.

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.

TABLE 20 - MAT-SU FOOD RECIPIENTS, 2014						
	Weekly		Monthly		Annually	
	Duplicated counts	Unduplicated counts	Duplicated counts	Unduplicated counts	Duplicated counts	Unduplicated counts
Total number of individual clients, all programs	4,600 (+/-4,300)	3,900 (+/-4,300)	20,100 (+/-18,800)	11,600 (+/-12,900)	240,800 (+/-225,700)	32,200 (+/-36,300)
Total number of client households, all programs	1,500 (+/-1,300)	1,100 (+/-1,300)	6,600 (+/-5,800)	3,400 (+/-4,000)	79,600 (+/-69,400)	9,500 (+/-11,200)
Total number of individual clients by meal and grocery programs						
Meal programs	400 (+/-300)	300 (+/-200)	1,900 (+/-1,300)	500 (+/-500)	22,700 (+/-15,800)	900 (+/-900)
Grocery Programs	4,200 (+/-4,300)	3,800 (+/-4,300)	18,200 (+/-18,800)	11,500 (+/-12,900)	218,100 (+/-225,200)	32,200 (+/-36,200)
Total number of individual clients by selected program subtypes (not mutually exclusive)						
Pantries	4,200	3,800	18,200	11,500	218,100	32,000

Source: Hunger in America, 2014

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.

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.

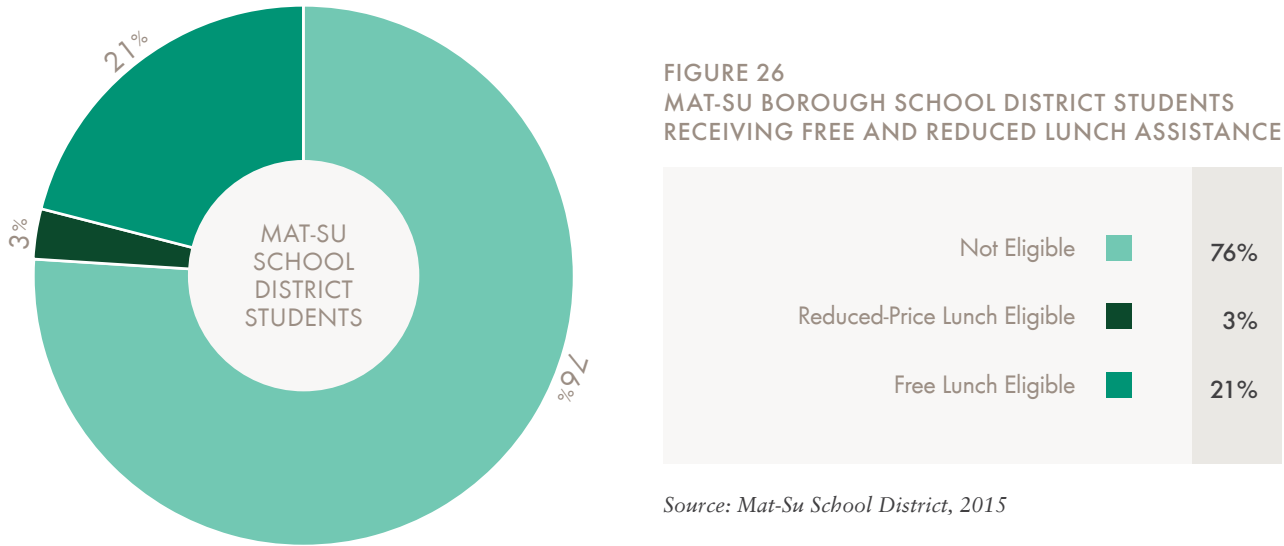


FIGURE 26
MAT-SU BOROUGH SCHOOL DISTRICT STUDENTS
RECEIVING FREE AND REDUCED LUNCH ASSISTANCE

Source: Mat-Su School District, 2015

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.

"A lot of people in this community don't go to the clinic because they don't want anyone to think that they are not handling themselves. We know they are out there and hungry and they won't take Meals on Wheels even though we know they need it." – Talkeetna Resident

We have a lot of the working poor and I have met a lot of people who said when you ask them about their eating situation, they are like, "Are you going to buy my vegetables and my fruit that I can't afford to buy?" I have had grown men crying because they had not eaten in a few days. So food is definitely an issue." – Mat-Su Public Health Nurse

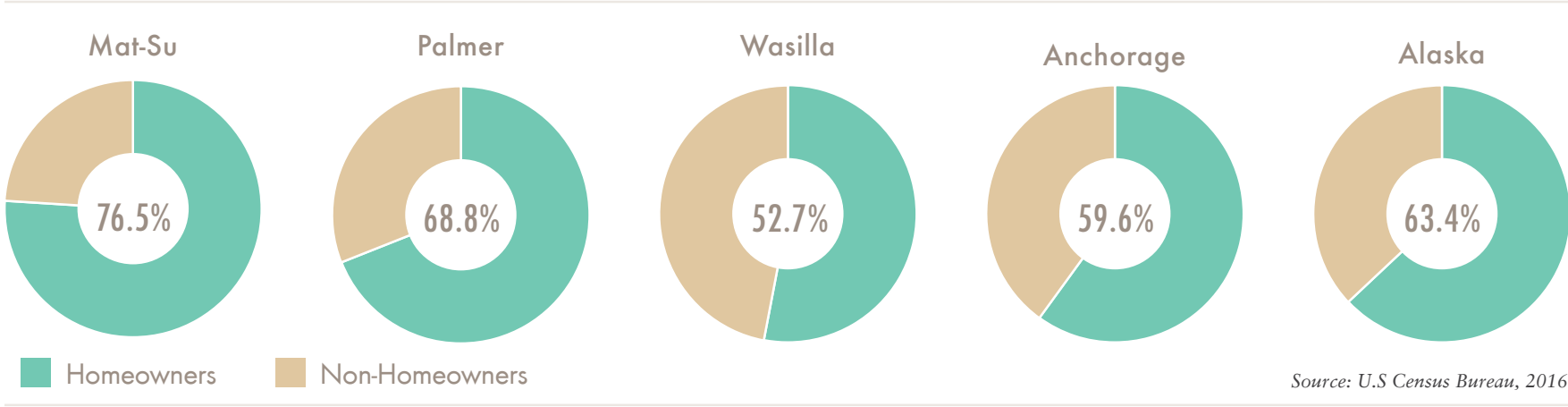
"A healthy lifestyle doesn't start with pills and covering up misery. It starts with eating healthy and being around healthy people." – Mat-Su youth

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.

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 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 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.

SEVERE HOUSING PROBLEMS

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

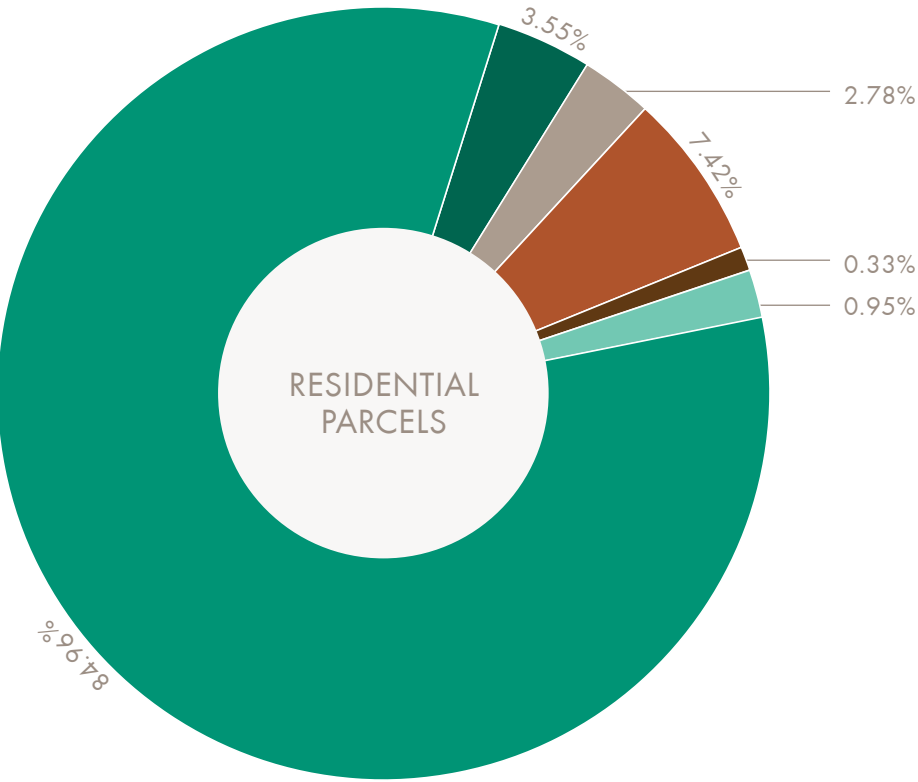
- Housing unit lacks complete kitchen facilities;
- Housing unit lacks complete plumbing facilities;
- Household is severely overcrowded; and
- Household is severely cost burdened.

FIGURE 28 - MAT-SU ALL RESIDENTIAL PARCELS

# Units		
Mobile Home	3.55%	1618
Duplex	2.78%	1268
Multifamily	7.42%	3378
Group Quarters	.33%	150
Mobile Home Park	.95%	435
Single Family	84.96%	38,704

Source: Mat-Su Borough Housing Needs Assessment, 2014

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





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 a severe housing problem has been fairly consistent over the three years with Mat-Su comparable to Alaska.

TABLE 21 - SEVERE HOUSING PROBLEMS		
	Mat-Su	Anchorage
2014	19%	20%
2015	20%	21%
2016	20%	20%

Source: County Health Rankings, 2016

HOMELESSNESS 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 a 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 seniors on 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/ remote 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

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			
Where We Live	Palmer	Wasilla	Rural
Residents have health insurance (2010-2014)	84.4%	79.2%	73.9%
Access to medical care not limited due to cost (2010-2014)	87.7%	83.1%	73.9%
Satisfied with health care received (2013-2014)	97.4%	95.2%	83.8%
Health Status Impact	Palmer	Wasilla	Rural
Residents are physically healthy (2010-2014)	67.3%	60.2%	57.1%
Residents report no poor mental health days in the last month (2010-2014)	67.4%	67.4%	58.2%
Residents ever told had COPD (2011-2014)	4.3%	7.4%	10.4%
Non-Smoking residents (2010-2014)	78.1%	78.4%	67.8%

Source: Alaska Behavioral Risk Factor Surveillance System Data, 2016
Note: There is a statistically significant difference for all indicators for 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 Exams, 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.*
- *Patient Advocacy – Help patients navigate the confusing healthcare system with education and assistance completing financial paperwork or applications including Medicaid, Medicare, Marketplace, TBI Grants, Heating Assistance and more.*
- *Sunshine Care Connections - Organization of resources needed for patients to bridge the gaps along the care pathway like home care, home delivered meals, equipment, and transportation.*

Population

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

TABLE 23 - UPPER SUSITNA POPULATION				
	2010 Census	2016 Estimate	Change 2010-2016	% Change 2010-2016
Population	4,812	4,801	-11	-0.2%
Households	2,189	2,214	25	1.1%
Family Households		57.9%		
Average Household Size		2.16		
Owner-Occupied Housing		80.5%		
Renter-Occupied Housing		19.5%		

Source: U.S. Census Bureau, 2016 Estimate

Income

When looking at income for Upper Susitna Valley, the median household income is \$56,173. Table 24 illustrates the percent of residents by income level.

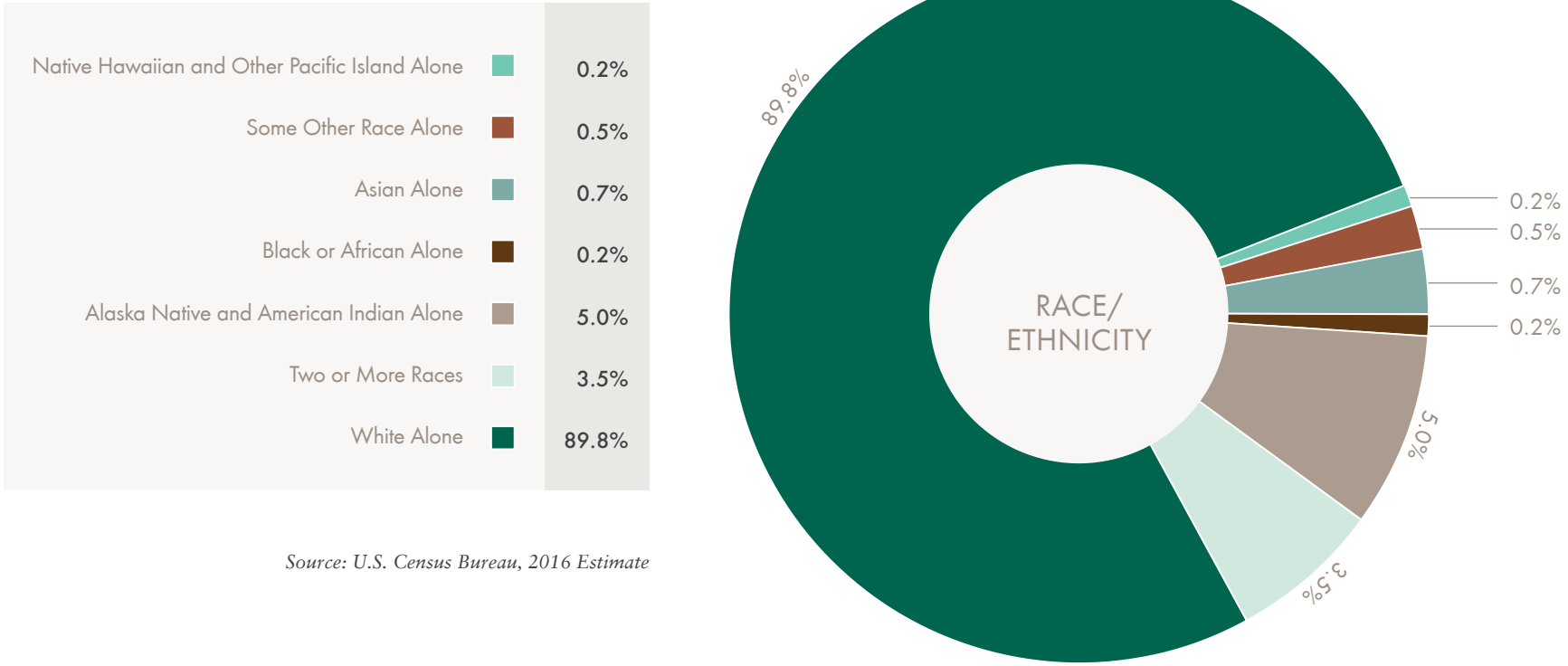
TABLE 24 - PERCENT OF UPPER SUSITNA VALLEY RESIDENTS BY INCOME LEVEL					
< \$15K	\$15-24,999K	\$25K – 49,999	\$50K – 74,999	\$75K – 99,999	>\$100K
14.3%	11.8%	18.5%	22.0%	14.9%	18.7%

Source: U.S. Census Bureau, 2016 Estimate

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



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 25 - EDUCATION LEVEL OF UPPER SUSITNA VALLEY				
Less than high school diploma	High school graduate	Some college no degree	College Degree (Associates/ Bachelor's)	Graduate Degree
12.1%	31.2%	28.4%	19.0%	4.2%

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 26 - OVERALL, HOW WOULD YOU RATE THE HEALTH STATUS OF CHILDREN AND FAMILIES IN MAT-SU?					
	Excellent	Very Good	Good	Fair	Poor
Sunshine CHNA (N=17)	0%	6%	35%	59%	0%

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

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?				
	Less than 25%	26-50%	51-75%	More than 75%
Sunshine CHNA (N=17)	0%	65%	29%	6%

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

TABLE 28 - MAT-SU IS CURRENTLY A "HEALTHY COMMUNITY"					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Sunshine CHNA (N=17)	0%	6%	41%	53%	0%

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



Snapshot of Patients at Sunshine Clinic

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 (33.7%) 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.

TABEL 29 - HEALTH STATUS SNAPSHOT OF SUNSHINE CLINIC PATIENTS (3,352)

	Number of Patients	Percentage of Patients	Average Number of Visits Per Year per Patient
Selected Diseases of the Respiratory System			
Asthma	123	3.7%	1.5
Chronic obstructive pulmonary diseases	103	3.1%	1.5
Selected Other Medical Conditions			
Diabetes mellitus	170	5.1%	2.2
Heart disease	102	3.0%	1.8
Hypertension	466	13.9%	1.6
Contact dermatitis and other eczema	88	2.6%	1.3
Dehydration	9	0.3%	1.6
Overweight and obesity	80	2.4%	1.3
Selected Mental Health and Substance Abuse Conditions			
Alcohol related disorders	76	2.3%	3.5
Other substance related disorders (excluding tobacco use disorders)	78	2.3%	10.4
Tobacco use disorder	243	7.2%	1.6
Depression and other mood disorders	276	8.2%	2.3
Anxiety disorders including PTSD	175	5.2%	2.1
Attention deficit and other disruptive behaviors	23	0.7%	3.4
Other mental disorders, excluding drug or alcohol dependence	101	3.0%	1.8

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

Population

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

TABLE 30 - GLENN HIGHWAY REGION POPULATION				
	2010 Census	2016 Estimate	Change 2010-2016	% Change 2010-2016
Population	2,883	3,427	544	18.9%
Households	960	1,053	93	9.7%
Family Households		707		
Average Household Size		2.53		
Owner-Occupied Housing		81.7%		
Renter-Occupied Housing		18.3%		

Source: U.S. Census Bureau, 2016 Estimate

Income

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

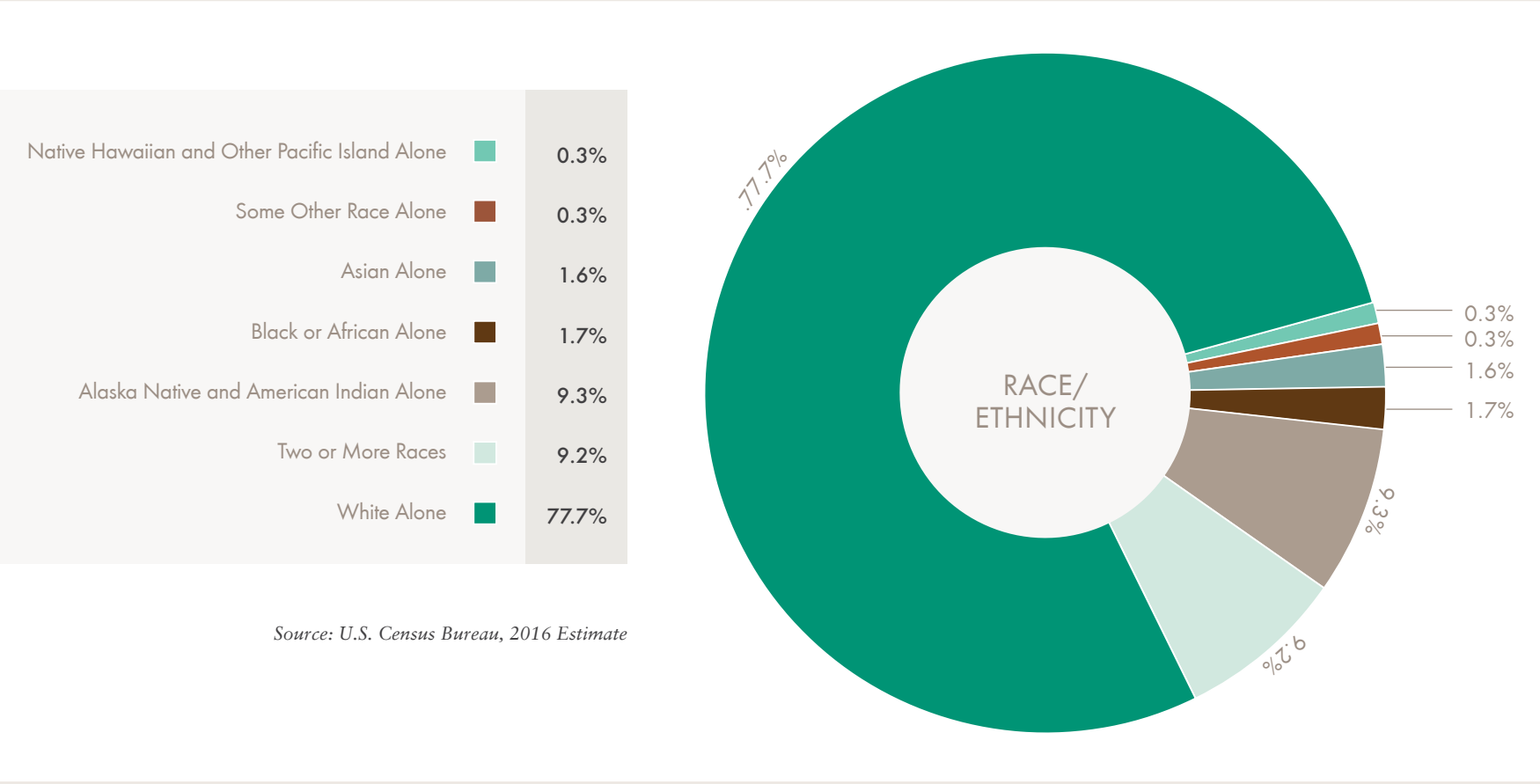
TABLE 31 - PERCENT OF GLENN HIGHWAY RESIDENTS BY INCOME LEVEL					
< \$15K	\$15-24,999K	\$25K – 49,999	\$50K – 74,999	\$75K – 99,999	>\$100K
10.0%	12.6%	22.1%	17.3%	13.1%	24.9%

Source: U.S. Census Bureau, 2016 Estimate

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



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 32 - EDUCATION LEVEL OF GLENN HIGHWAY				
Less than high school diploma	High school graduate	Some college no degree	College Degree (Associates/Bachelor's)	Graduate Degree
14.7%	31.3%	27.4%	20.4%	5.5%

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 24.5% are service/farm workers. The average time traveled to work is 38 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 Benteh Nuutah on Tuesdays. The Non-Beneficiary Transports are those rides exclusively to the Life House Clinic.

TABLE 33 - HEALTHCARE-RELATED TRANSPORTATION FOR GLENN HIGHWAY COMMUNITY RESIDENTS							
	Life House Visits	All Medical	All Dental/ Vision	All Behavioral Health	Outreach	Outreach Wellness	Non-Beneficiaries
Total	167	90	19	4	212	67	7

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						
Wellness	Customer BH Cases	BH Referrals	Elder Congregate Meals	Volunteer/Community Meals	Home Delivered Meals	Total Health & Wellness Promotions
Qtr. 1	11	45	93	119	687	899
Qtr. 2	5	12	119	420	609	1,148
Total	16	57	212	539	1,296	2,047

Source: Southcentral Foundation, October 2015-March 2016

WHAT THE GLENN HIGHWAY COMMUNITY IS SAYING



TABLE 35 - OVERALL, HOW WOULD YOU RATE THE HEALTH STATUS OF CHILDREN AND FAMILIES IN MAT-SU?					
	Excellent	Very Good	Good	Fair	Poor
Tribal (N=19)	5%	32%	53%	5%	5%

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?				
	Less than 25%	26-50%	51-75%	More than 75%
Tribal (N=19)	14%	24%	57%	5%

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

TABLE 37 - MAT-SU IS CURRENTLY A "HEALTHY COMMUNITY"					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Tribal (N=19)	5%	52%	24%	19%	0%

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



Where We Live – Mat-Su Core



Mat-Su Health Services
Wasilla, Alaska

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

Located within the Mat-Su Core lies Mat-Su Health Services, a federally qualified community health center and a community mental health center. Health is broadly defined as a state of complete physical, mental, and social well-being and not simply the absence of disease or infirmity. The mission of a Community Health Center (CHC) is to achieve good health for the individuals served, community service, strongly emphasize prevention, early intervention, rehabilitation, and education in addition to direct care.

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 38 - POPULATION OF MAT-SU CORE				
	2010 Census	2016 Estimate	Change 2010-2016	% Change 2010-2016
Population	59,357	68,225	8,868	14.9%
Households	2,189	2,214	25	1.1%
Family Households		71.3%		
Average Household Size		2.69		
Owner-Occupied Housing		74.6%		
Renter-Occupied Housing		24.4%		

Source: U.S. Census Bureau, 2016

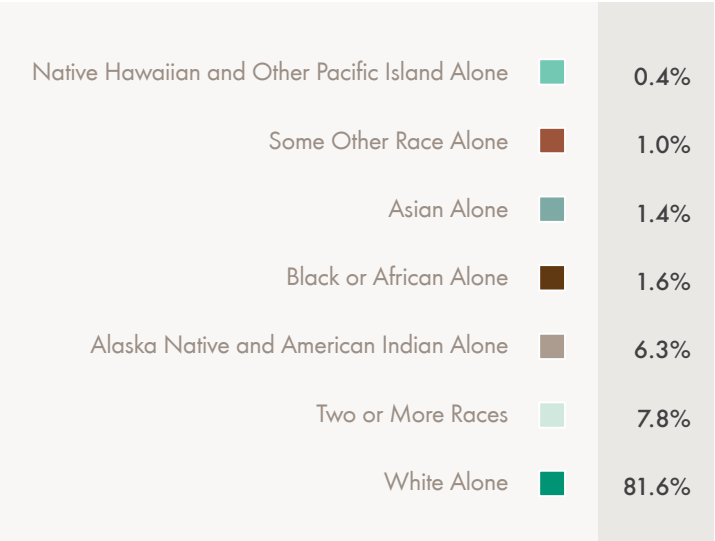
Income

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

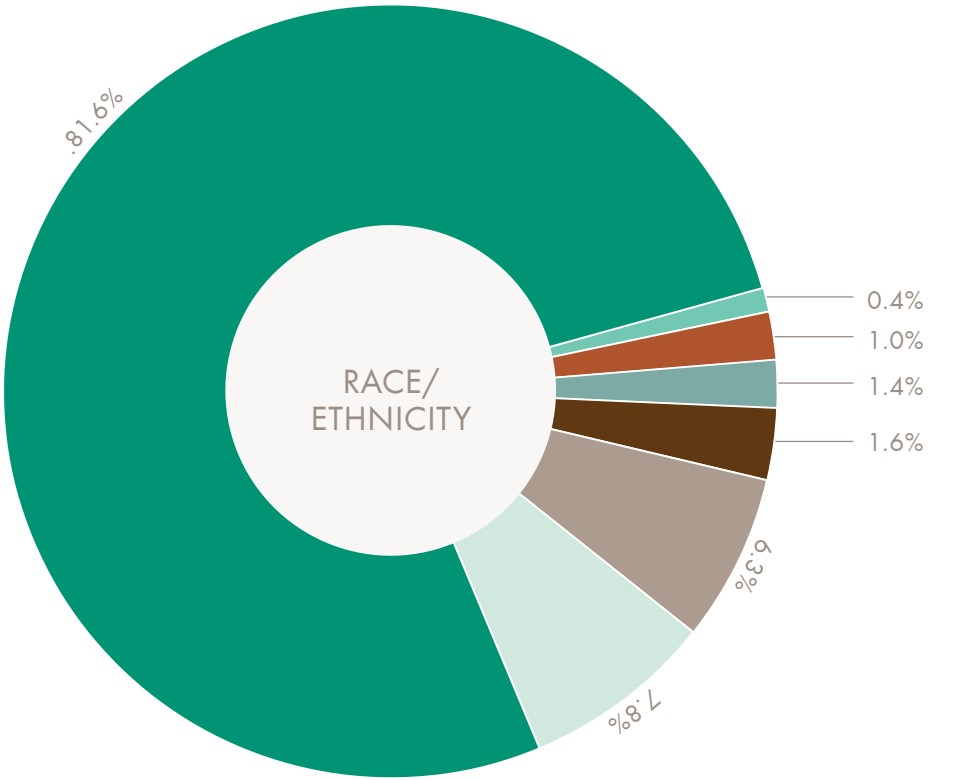
Race/Ethnicity

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 39 - EDUCATION LEVEL OF MAT-SU CORE				
Less than high school diploma	High school graduate	Some college no degree	College Degree (Associates/Bachelor’s)	Graduate Degree
8.1%	33.8%	30.5%	21.8%	5.8%

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/farm workers. The average time traveled to work is 36.8 minutes.

PALMER 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
- 84.8% of residents rated their health as excellent, very good, or good
- 16.9% unable to receive needed care due to cost
- 67.6% have a primary care provider

Source: AK BRFSS, 2010-2014

SNAPSHOT OF PATIENTS AT MAT-SU HEALTH SERVICES

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, 94.6% of Mat-Su Health Services’ 2,462 patients live in zip codes designated as the Mat-Su. More than half (57%) of these patients live in Wasilla and the surrounding areas (18.7%).

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 where 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 40 - HEALTH STATUS SNAPSHOT OF MAT-SU HEALTH SERVICES PATIENTS (2,416)			
	2015 Mat-Su Health Services	Mat-Su Percentage of Patients	Mat-Su Average Visits Per Year
Selected Diseases of the Respiratory System			
Asthma	66	2.7%	1.5
Chronic obstructive pulmonary diseases	62	2.5%	1.3
Selected Other Medical Conditions			
Diabetes mellitus	191	7.8%	2.9
Heart disease	47	1.9%	1.5
Hypertension	396	16.1%	2.1
Overweight and obesity	125	5.1%	1.3
Selected Mental Health and Substance Abuse Conditions			
Alcohol related disorders	86	3.5%	2.9
Other substance related disorders (excluding tobacco use disorders)	104	4.2%	2.4
Tobacco use disorder	182	7.4%	1.6
Depression and other mood disorders	961	39.0%	4.3
Anxiety disorders including PTSD	592	24.0%	3.2
Attention Deficit and disruptive behavior disorders	196	8.0%	4.1
Other mental disorders, excluding drug or alcohol dependence	449	18.2%	4.5

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

Where We Live – Rural Vs. Mat-Su Core Area

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, came from the 2016 Mat-Su Household Survey that was conducted by the McDowell Group (N=700).

ACCESS TO HEALTH CARE

Mat-Su residents were asked if in the past 12 months, you or any members of your household experienced any of the following. Their answers are represented in Table 41.

TABLE 41 - ACCESS TO HEALTH CARE RESPONSES		
Urban	Rural	
19%	18%	did not seek health care because of the cost
11%	14%	couldn't get a health care appointment at a time that worked for their household
10%	7%	didn't know where to go for medical or mental health care
6%	11%	were not able to get information because they didn't have access to a computer
6%	7%	didn't have transportation to get to a health appointment
8%	8%	mental health concern
6%	5%	drug or alcohol abuse
2%	3%	violence or threats of violence between family members

Source: 2016 Mat-Su Household Survey, McDowell Group

BASIC NEEDS

Mat-Su residents were asked if in the past 12 months, did you or any members of your household go without any of the following, as reported in Table 42:

TABLE 42 - BASIC NEEDS		
Urban	Rural	
17%	15%	needed dental care
14%	9%	needed health care services
13%	10%	needed prescriptions or medications
7%	6%	reliable transportation
3%	3%	food
3%	2%	housing
3%	2%	utilities such as heat or electricity

Source: 2016 Mat-Su Household Survey, McDowell Group

SOCIAL CONNECTIONS

When looking at the social connections of the Mat-Su residents, they were asked in Table 43 if they:

TABLE 43 - SOCIAL CONNECTIONS		
Urban	Rural	
28%	34%	reach outside of their circle of friends to give or receive help very often or often
84%	85%	would feel very or somewhat comfortable asking their neighbors for help
64%	66%	would tell the parents of a child in their neighborhood if they saw the child skipping school
45%	43%	have volunteered in the last year
42%	46%	have helped a community member - someone outside of their family or relatives in the last year often or very often
70%	71%	have attended a local community event
61%	58%	feel very safe in their neighborhood
90%	91%	have two or more people they could count on for help
49%	57%	do favors for others in their community very often or often
52%	49%	would be likely to ask for help to care for your children

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 44 - HEALTH STATUS		
Urban	Rural	
86%	83%	rated their health was excellent, very good, or good
58%	50%	thought the health status of others in the borough was excellent, very good, or good;
89%	86%	said quality of life in Mat-Su is excellent very good, or good.
77%	77%	said their satisfaction with life was 8-10 on a 10 point scale

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 45 - RELATIONSHIP WITH NATURE		
Urban	Rural	
92%	92%	agreed or strongly agreed that their favorite places are in nature
88%	81%	agreed or strongly agreed that they think about how their actions impact the earth
87%	84%	Agreed or strongly agreed that their relationship with nature is an important part of who they are

Source: 2016 Mat-Su Household Survey, McDowell Group

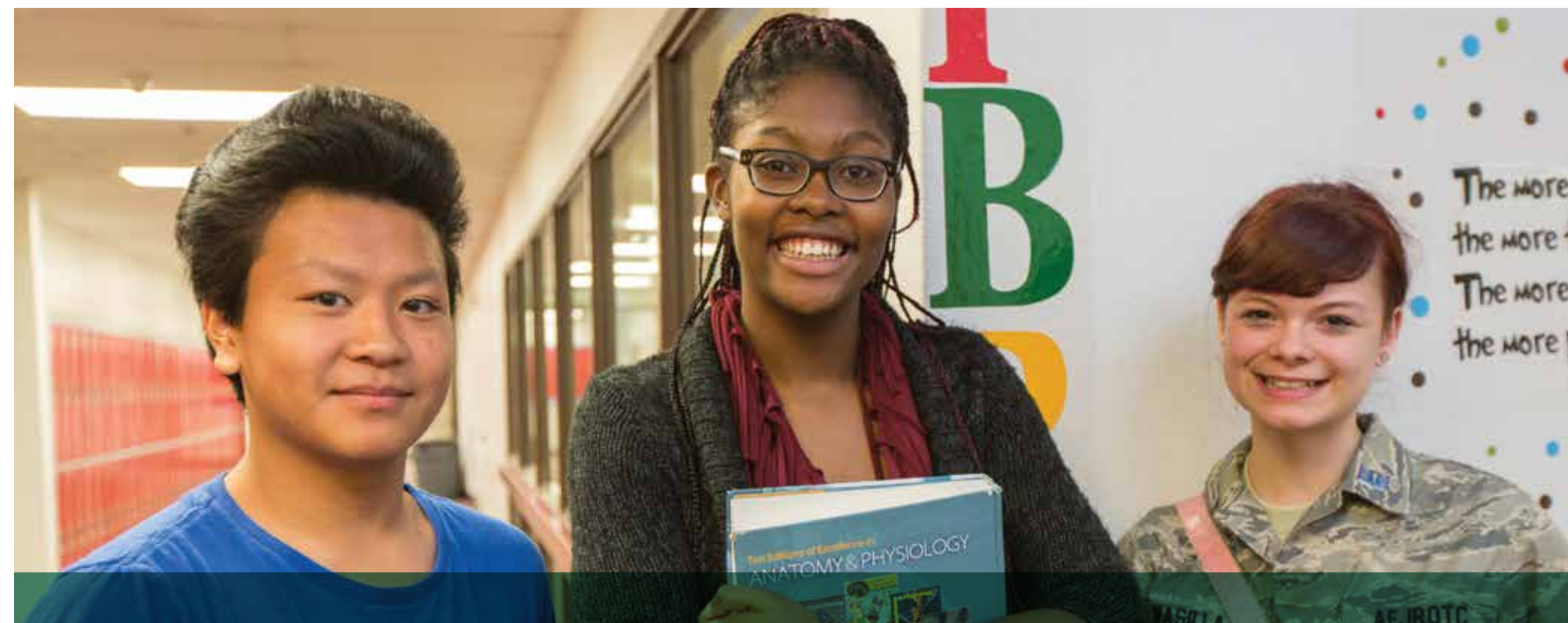
HOW THE RURAL FQHCS COMPARE TO THE MAT-SU CORE AREA FQHC

The Federally Qualified Health Care Centers in the Mat-Su region offer the opportunity to extend care to many residents who would not otherwise be able 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 exception of other substance abuse disorders (Sunshine had 10.4 average visits for that condition versus 3.2 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 impacts 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.

TABLE 46 - HIGH PARTICLE POLLUTION DAYS, 2012-2014							
	High Particle Pollution Days 2012-2014						
	24-Hour					Annual	
Borough	Orange	Red	Purple	Wgt. Avg.	Grade	Design Value	Pass/Fail
Mat-Su	17	1	0	6.5	F	6.8	Pass

Source: American Lung Association in Alaska, www.lung.org/alaska

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 also 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 wild fires. 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



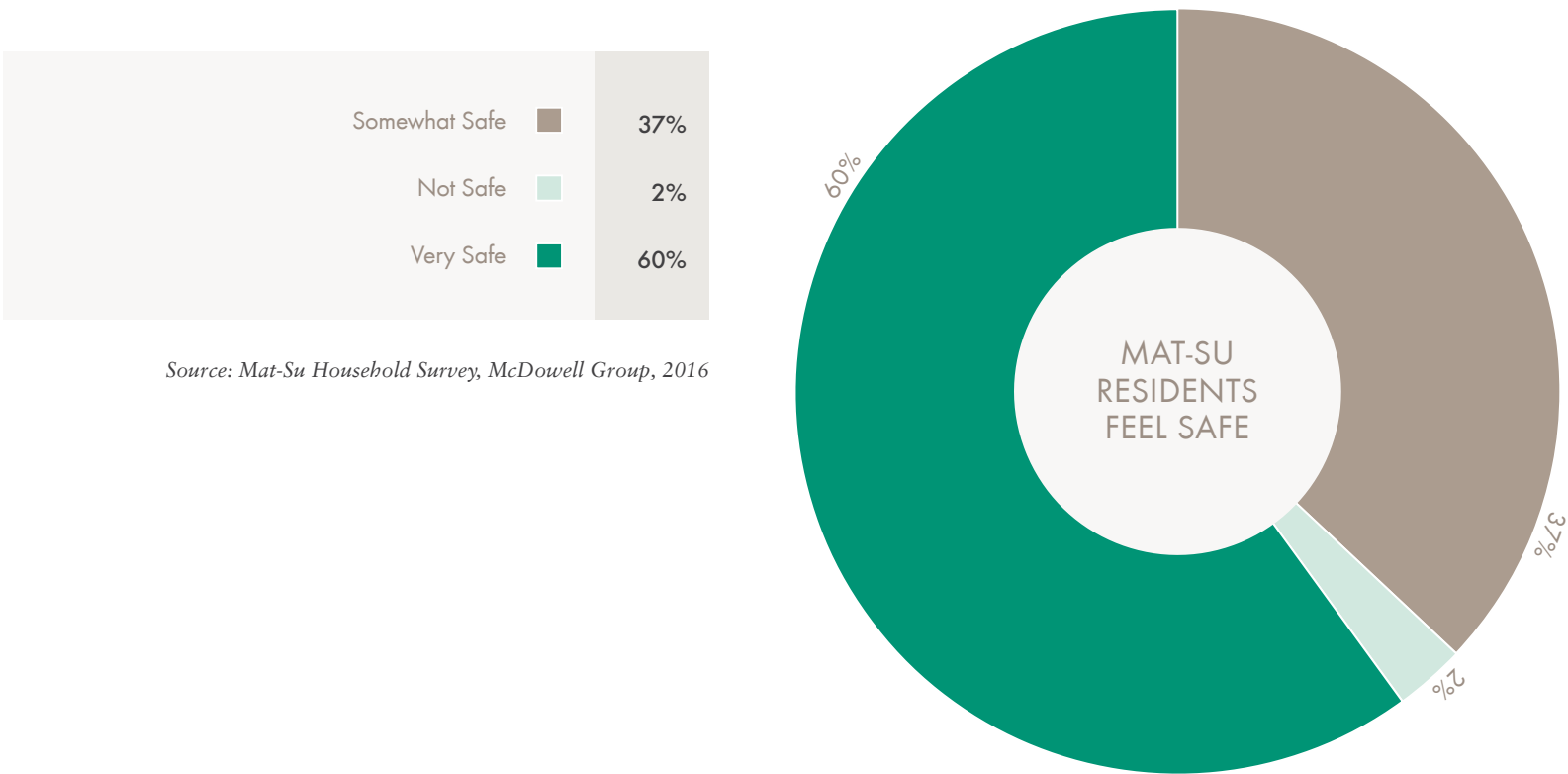
How Safety Impacts Health

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



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



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 576 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

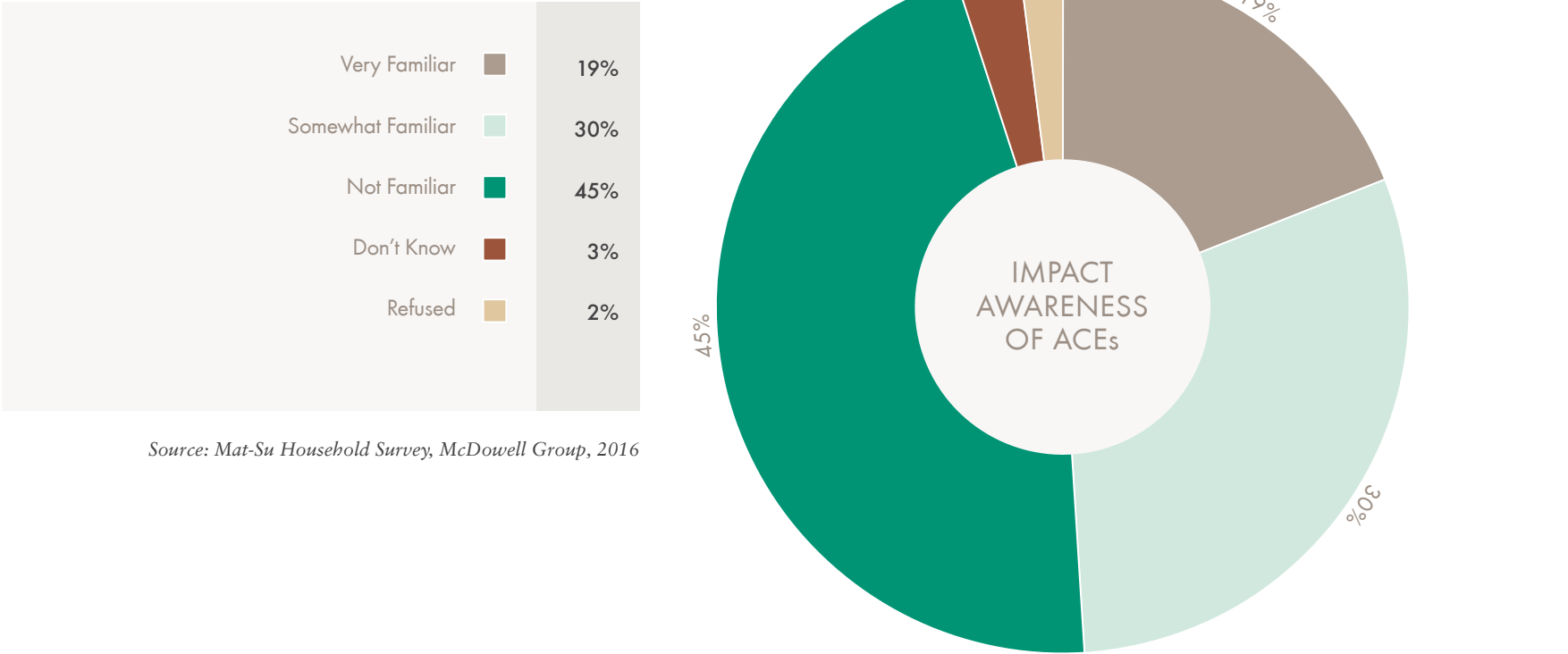
Mat-Su adults report experiencing Adverse Childhood Experiences (ACEs) at higher percentages compared to the state in terms of physical abuse, verbal abuse or sexual abuse. Additionally, Mat-Su also had a higher percentage of residents who experienced five or more ACEs.

TABLE 47 - ADVERSE CHILDHOOD EXPERIENCES REPORTED BY ADULTS, 2013 AND 2014			
	Mat-Su	Anchorage	Alaska
Lived with anyone who used illegal street or abused prescription drugs	15.5%	15.1%	14.9%
Lived with anyone depressed, mentally ill, or suicidal	19.7%	22.7%	19.7%
Lived with anyone problem drinker or alcoholic	32.3%	27.6%	30.0%
Lived with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	12.7%	11.9%	11.5%
Parents separated or divorced	34.8%	33.4%	30.2%
Parents/adults in home hit/kick/beat/physically hurt you in any way, at least once	23.4%	17.4%	17.8%
Parents/adults in home slap/hit/kick/punch/beat each other up, at least once	21.2%	17.9%	18.2%
Parent/adults in your home ever swear at you, insult you, or put you down, at least once	36.5%	29.7%	30.2%
Anyone at least 5 years older than you or an adult, ever touch you sexually, at least once	16.6%	11.4%	13.5%
Anyone at least 5 years older than you or an adult try to make you touch them sexually, at least once	12.5%	9.1%	9.6%
Anyone at least 5 years older than you or an adult force you to have sex, at least once	9.8%	5.9%	6.2%
Experiencing 5 or more Adverse Childhood Experiences	13.4%	10.8%	11.7%

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



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.

"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

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.*





Health is Where We Learn



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Health is Where We Learn

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				
Where We Live	Less than High School	High School Graduate / GED	Some College / Technical School	College Graduate
Residents have health insurance (2010-2014)	74.4%	75.1%	83.1%	91.4%
Access to medical care not limited due to cost (2010-2014)	73.3%	82.6%	84.0%	89.9%
Residents have a primary care provider (2010-2014)	59.5%	68.7%	73.0%	78.1%
Where We Play	Less than High School	High School Graduate / GED	Some College / Technical School	College Graduate
Residents are a healthy weight (2010-2014)	25.7%	28.8%	26.7%	32.1%
Health Status Impact	Less than High School	High School Graduate / GED	Some College / Technical School	College Graduate
Residents report they are healthy (2010-2014)	63.4%	83.4%	84.5%	90.9%
Residents report no physical, mental or emotional limitations (2010-2014)	63.1%	76.0%	70.4%	78.2%
Residents are physically healthy (2010-2014)	44.3%	62.3%	62.2%	65.4%
Residents report no poor mental health days in the prior month	56.2%	70.9%	66.9%	67.0%
Thoughts of suicide or harming self (2011 & 2013)	9.7%	0.1%	4.8%	2.6%
Ever told have asthma (2010-2014)	11.3%	9.2%	6.7%	7.4%
Residents ever told had COPD (2011-2014)	7.9%	7.8%	8.9%	3.5%
Non-Smoking residents (2010-2014)	48.3%	72.0%	78.0%	94.7%
Health Status Impact	Less than High School	High School Graduate / GED	Some College / Technical School	College Graduate
Ever told had diabetes (2010-2014)	13.0%	8.6%	7.9%	7.6%
Ever told had high blood pressure (2009, 2011, 2013, 2014)	39.5%	33.7%	30.2%	25.8%
Ever told had arthritis (2011-2014)	33.9%	29.1%	32.5%	24.3%

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		
Rating	Category	Definition
0	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.
1	Progressing	Student demonstrates the indicated skills or behaviors in 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).
2	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.

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.

FIGURE 34 - THE ALASKA DEVELOPMENT PROFILE, MAT-SU

THE ALASKA DEVELOPMENT PROFILE, 2014-2015 SUPPRESSED			Physical Well-Being, Health and Motor Development		Social and Emotional Development		Approaches to Learning		Cognition and General Knowledge		Communication, Language and Literacy				
	Count of Students	Percent Who Attended Preschool	Demonstrates strength and coordination of large motor muscles.	Demonstrates strength and coordination of small motor muscles	Participates positively in group activities	Regulates their feelings and impulses	Shows curiosity and interest in learning new things and having new experiences	Sustains attention to tasks and persists when facing challenges	Demonstrates knowledge of numbers and counting	Sorts, classifies and organizes objects	Uses receptive communication skills	Uses expressive communication skills	Demonstrates phonological awareness	Demonstrates awareness of print concepts	Demonstrates knowledge of letters and symbols (alphabet knowledge)
Statewide Averages	10,057	64%	1.56	1.47	1.43	1.37	1.44	1.35	1.44	1.39	1.51	1.43	1.26	1.34	1.36
Mat-Su Borough (District 33)	1,320	61%	1.65	1.56	1.54	1.48	1.63	1.48	1.60	1.56	1.65	1.60	1.41	1.46	1.48

Source: Alaska Department of Education and Early Development, 2015-2016

THIRD GRADE READINESS

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		
	Mat-Su Borough	Alaska
Reading	36.8%	35.5%
Math	44.7%	40.6%

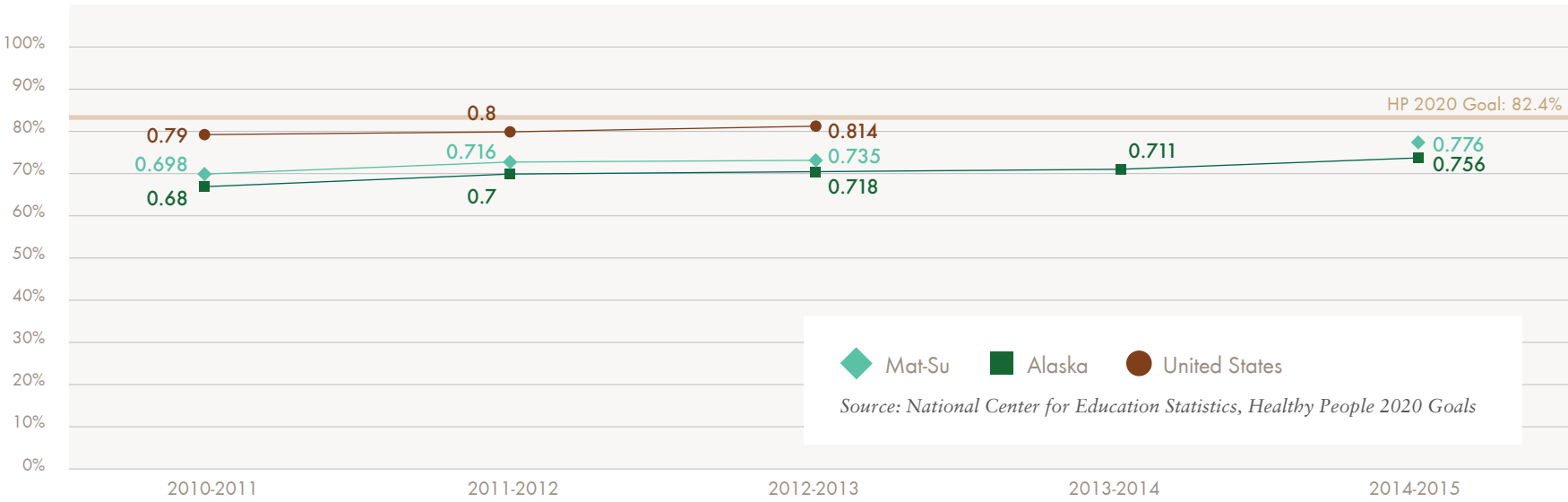
Source: Alaska Department of Education and Early Development

HIGH SCHOOL READINESS

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 fall 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



EDUCATION ACHIEVEMENT BY MAT-SU COMMUNITY

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 (32.0%) and Alaska (28.0%) have graduated high school or received

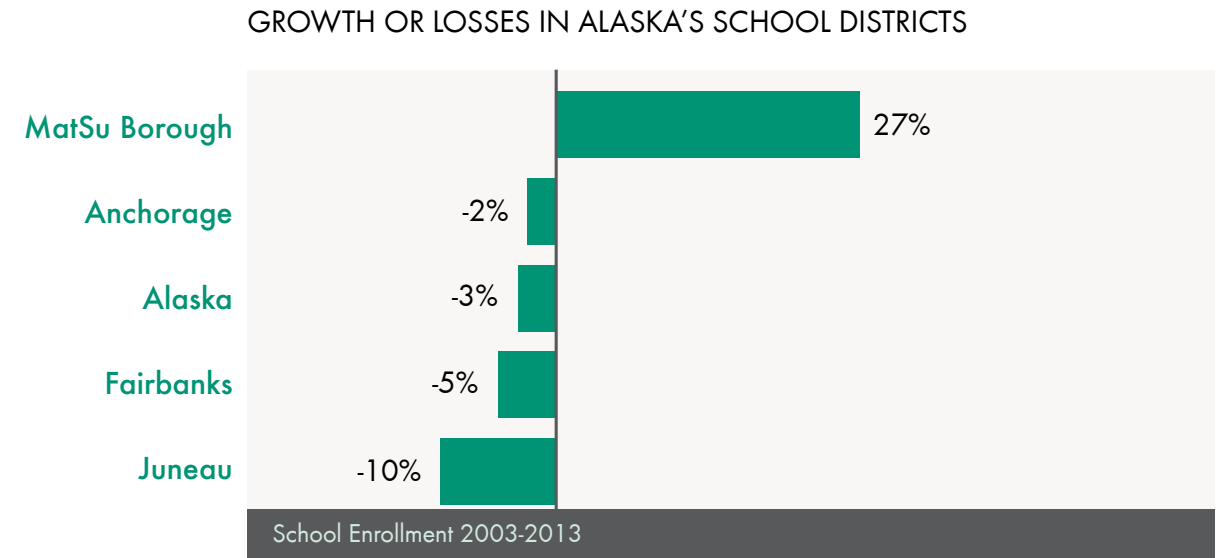
their GED and not continued on with their education. More than one-quarter of the population has received a college degree (associate's or bachelor's) or higher, with Palmer (36.1%) having the highest percentage of residents obtaining a college degree or higher followed closely by Mat-Su (29.4%).

TABLE 51 - EDUCATION LEVELS BY GEOGRAPHIC AREA								
	Mat-Su	Glenn Highway	Knik Goose Bay Road	Palmer	South Park Highway	Upper Susitna Valley	Wasilla	Alaska
Less than High School	8.2%	14.7%	9.2%	6.3%	9.3%	12.1%	6.8%	8.3%
High School Graduate (or GED)	32.4%	31.3%	36.1%	27.3%	37.9%	31.2%	32.0%	28.0%
Some College, No Degree	30.0%	27.4%	26.8%	30.3%	29.6%	28.4%	32.7%	27.9%
College Degree or Higher	29.4%	26.6%	27.9%	36.1%	23.2%	28.4%	28.5%	35.9%

Source, U.S. Census Bureau, 2016

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.

FIGURE 36
SCHOOL ENROLLMENT, 2003-2013



Source: CCS Early Learning Community Assessment, 2014

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



MATANUSKA-SUSITNA
BOROUGH SCHOOL DISTRICT

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



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Health Is Where We Work

HOW EMPLOYMENT IMPACTS HEALTH

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, asthma, COPD, or arthritis.



TABLE 52 - HOW INCOME IMPACTS HEALTH

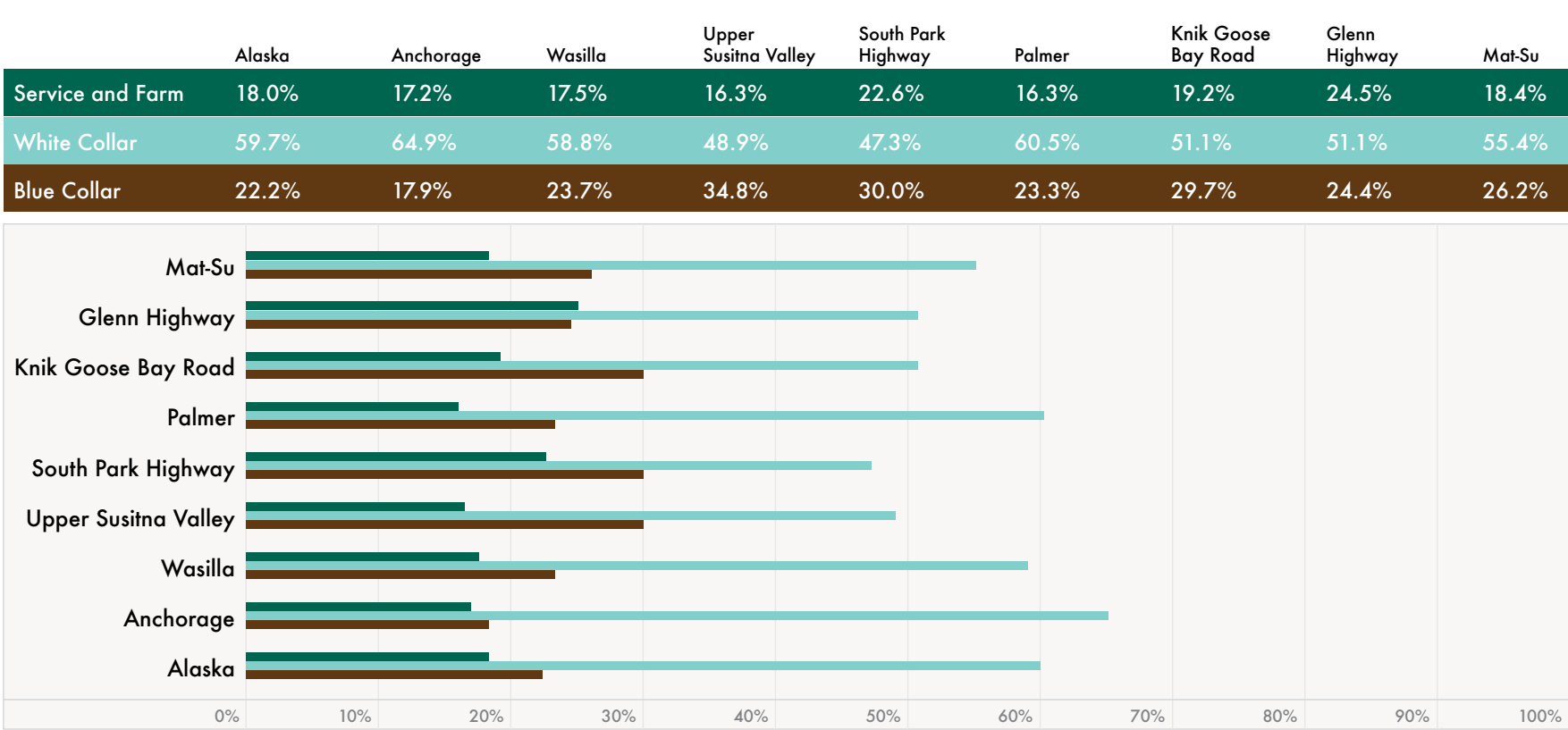
Where We Live	<\$15,000	\$15,000- \$24,999	\$25,000- \$49,999	\$50,000- \$74,999	\$75,000+
Residents have health insurance (2010-2014)	70.0%	69.9%	70.2%	87.7%	91.9%
Access to medical care not limited due to cost (2010-2104)	75.7%	73.0%	74.4%	86.4%	94.1%
Residents received medical care when needed (2013-2014)	63.3%	79.0%	77.1%	80.3%	84.1%
Residents have a primary care provider (2010-2014)	56.4%	64.9%	62.0%	71.1%	73.4%
Where We Play	<\$15,000	\$15,000- \$24,999	\$25,000- \$49,999	\$50,000- \$74,999	\$75,000+
Residents are a healthy weight (2010-2014)	30.2%	34.7%	29.5%	26.3%	27.5%
Health Status Impact	<\$15,000	\$15,000- \$24,999	\$25,000- \$49,999	\$50,000- \$74,999	\$75,000+
Residents report they are healthy (2010-2014)	60.3%	72.2%	82.1%	92.1%	93.1%
Residents report no physical, mental or emotional limitations (2010-2014)	42.3%	65.0%	74.7%	82.7%	84.3%
Residents are physically healthy (2010-2014)	37.0%	51.4%	51.5%	67.8%	73.2%
Residents report no poor mental health days in the prior month	56.0%	61.4%	54.9%	70.7%	72.1%
Thoughts of suicide or harming self (2011 & 2013)	2.8%	6.3%	3.6%	0.0%	3.5%
Ever told had depressive disorder (2010-2014)	34.8%	27.3%	23.4%	12.1%	12.7%
Ever told have asthma (2010-2014)	20.4%	9.3%	12.5%	5.8%	9.0%
Residents ever told had COPD (2011-2014)	18.0%	8.9%	7.5%	3.8%	4.6%
Non-Smoking residents (2010-2014)	64.3%	67.8%	69.0%	79.2%	84.7%
Ever told had diabetes (2010-2014)	11.8%	12.1%	9.3%	5.6%	5.3%
Ever told had arthritis (2011-2014)	49.3%	31.2%	33.4%	21.0%	21.0%

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

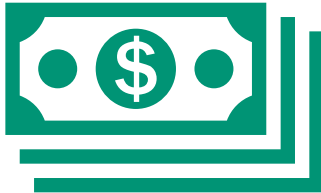
The Mat-Su Borough has more white-collar jobs than blue-collar or service and farm jobs. Palmer had the highest percentage of white collar employment, Upper Susitna Valley had the highest blue collar employment and Glenn Highway had the highest service and farm employment.

FIGURE 37 - OCCUPATION CLASSIFICATION



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.



LIVING WAGE GAP, 2016
 Mat-Su: \$8.37
 Anchorage: \$8.99
 Alaska: \$8.94
 Source: Living Wage Calculator, MIT

Figure 38 shows that Knik Goose Bay Road has the highest median household income at \$85,303, while Upper Susitna Valley has the lowest median household income at \$56,173.

FIGURE 38 - MEDIAN HOUSEHOLD INCOME

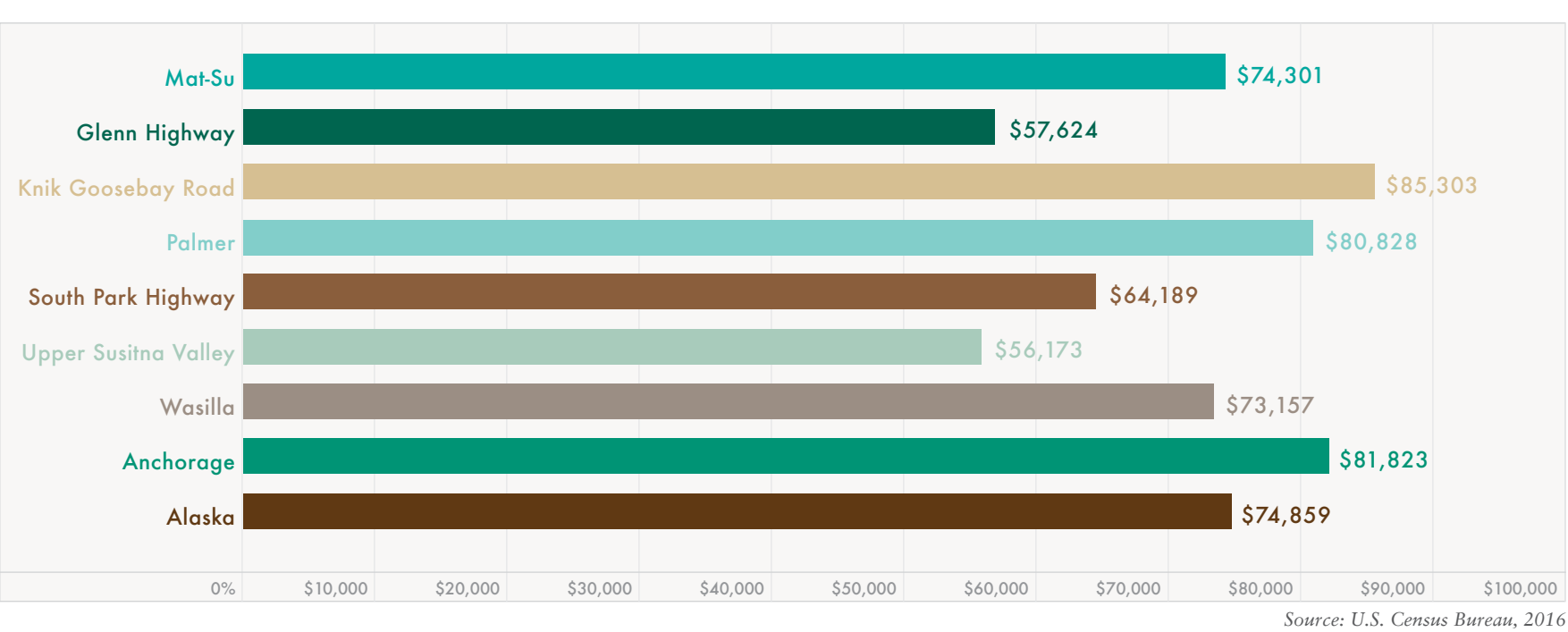


TABLE 53 - POVERTY AND HOUSEHOLD INCOME, 2010-2014*

	Mat-Su	Palmer	Wasilla	Alaska	United States
Residents Living Above Poverty Level	89.8%	89.7%	88.8%	89.9%	84.4%

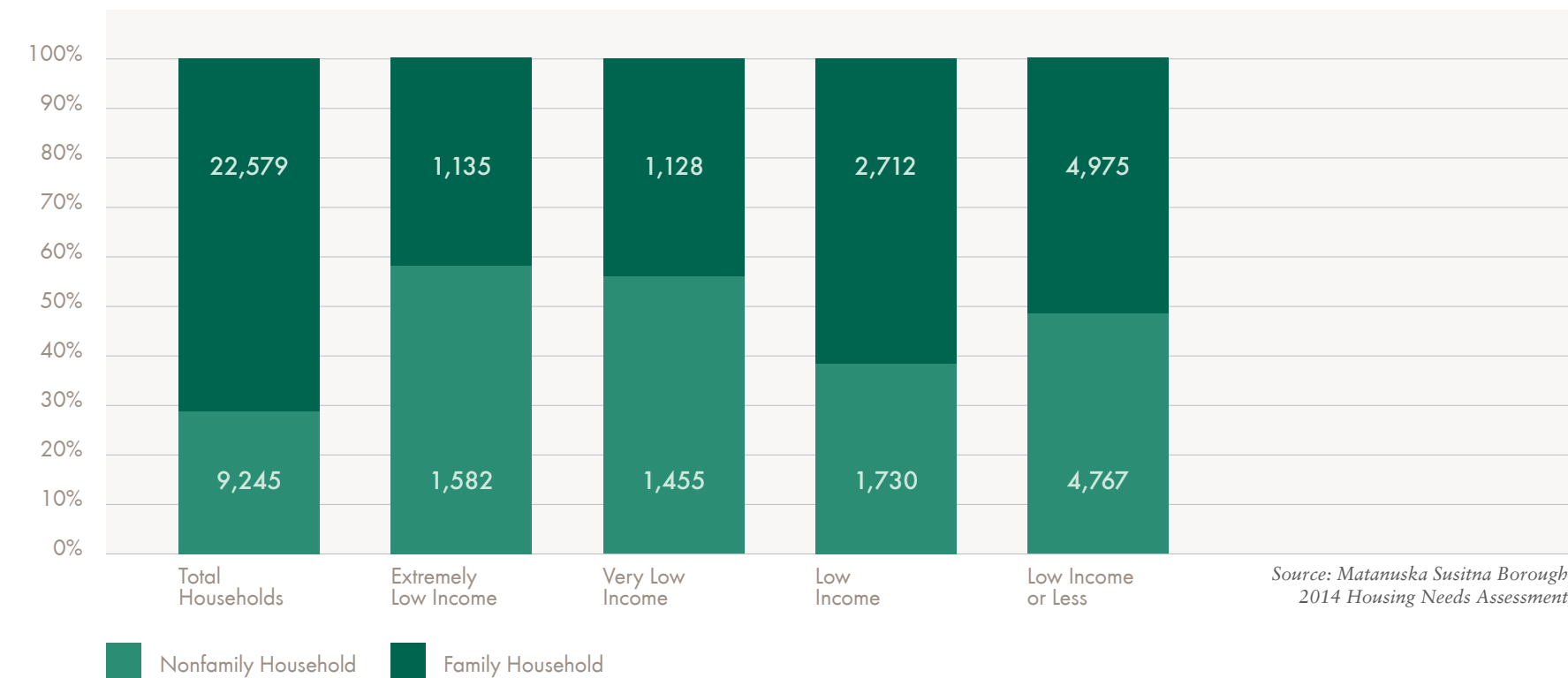
Source: U.S. Census American Community Survey

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.

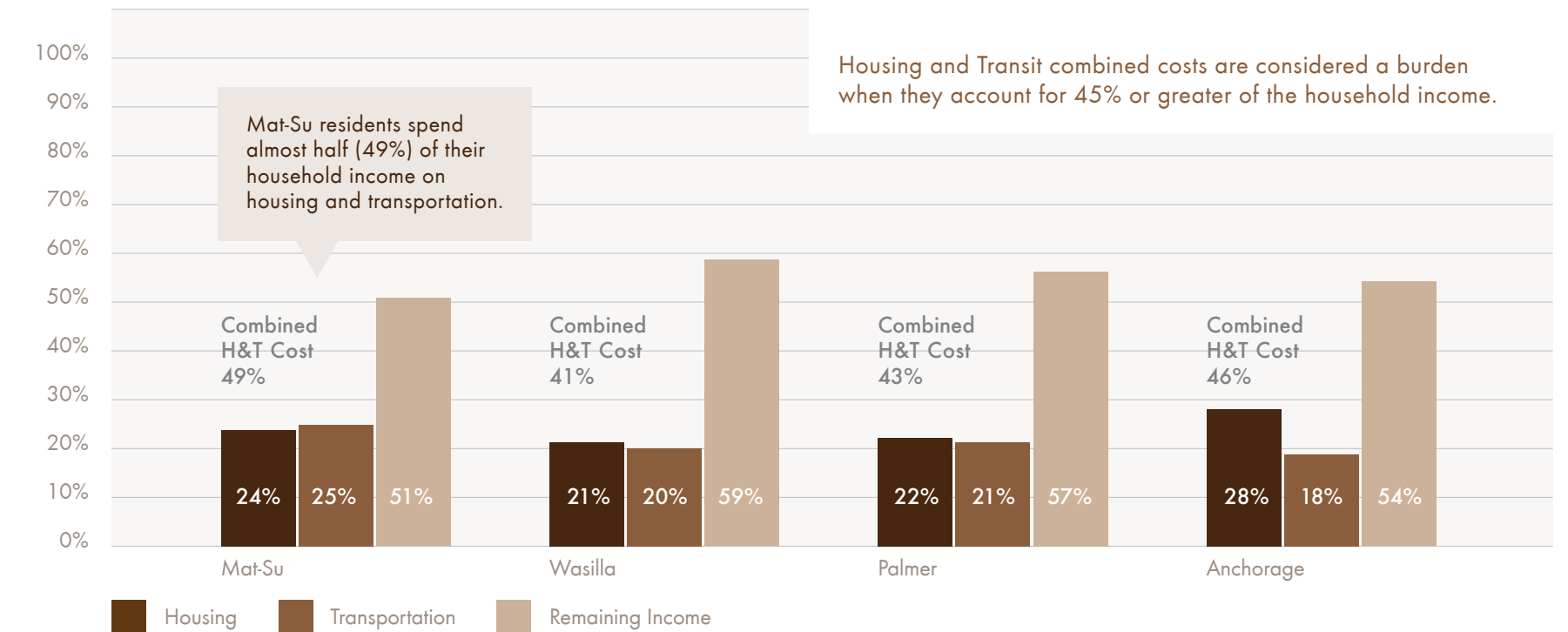
FIGURE 39 - MAT-SU HOUSEHOLD BY INCOME TYPE



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 40 - HOUSING AND TRANSIT COST BURDEN



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 the reduce 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/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), hernia, 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 (2152 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 54 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	
2016 Demographics by Region	% in Armed Forces
Mat-Su	0.5%
Glenn Highway	0.2%
Knik Goosebay Road	0.6%
Palmer Area	0.6%
South Park Highway	0.1%
Upper Susitna Valley	0.0%
Wasilla Area	0.8%
Anchorage	1.2%
Alaska	2.9%

Source: U.S. Census Bureau

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.

FIGURE 41 - PERCENT OF MAT-SU RESIDENTS WHO HAVE EVER SERVED IN THE MILITARY, BY AGE

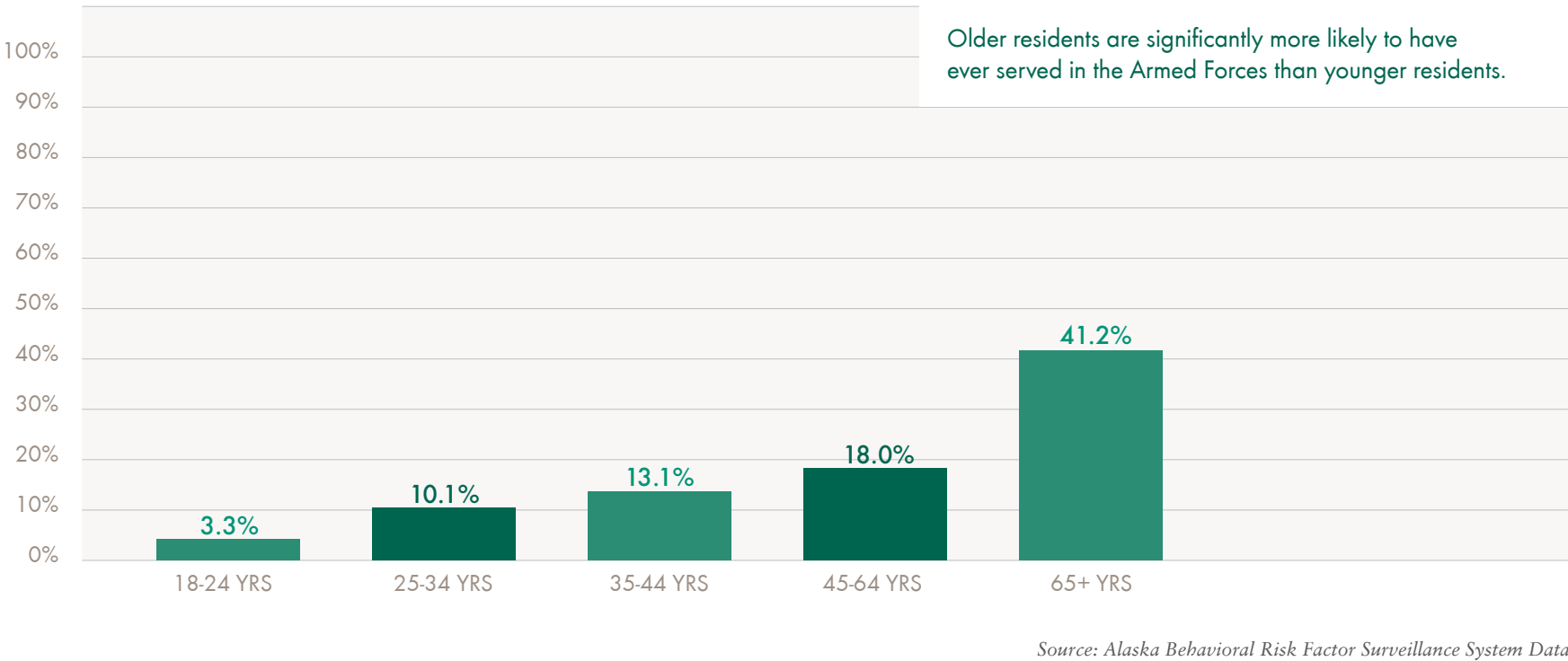


Figure 42 illustrates the percentage of Mat-Su residents who have ever served in the military by the highest level of education received. Residents who have served in the military are more likely to have completed some college or technical school.

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 Services.

FIGURE 42 - PERCENT OF MAT-SU RESIDENTS WHO HAVE EVER SERVED IN THE MILITARY, BY EDUCATION LEVEL

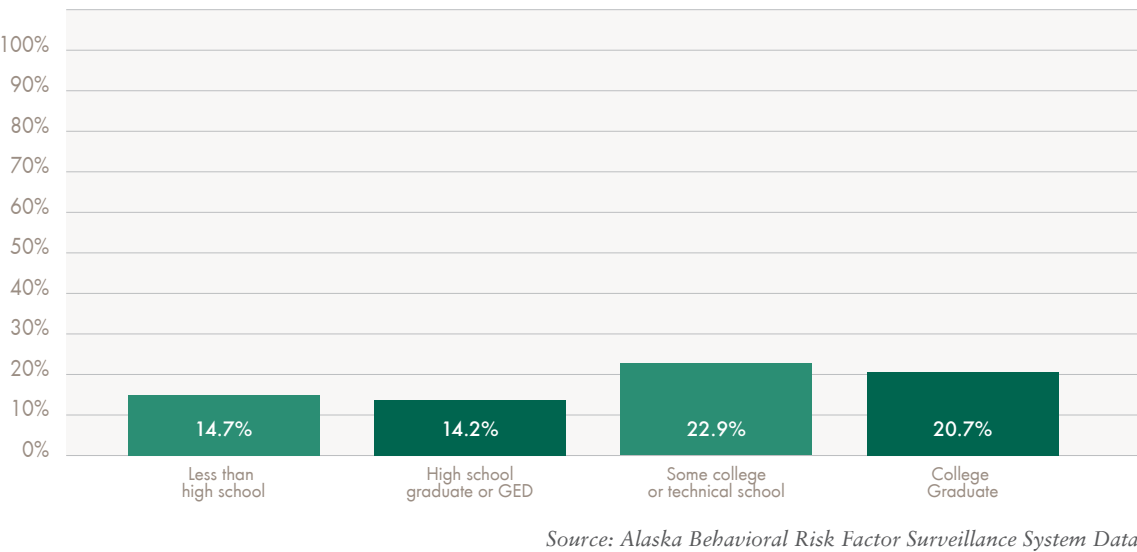
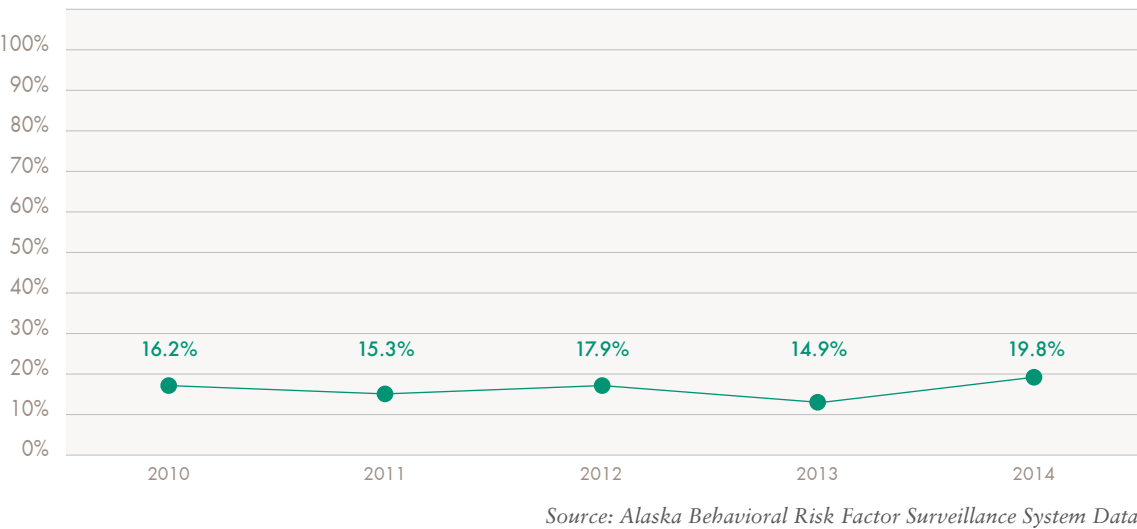
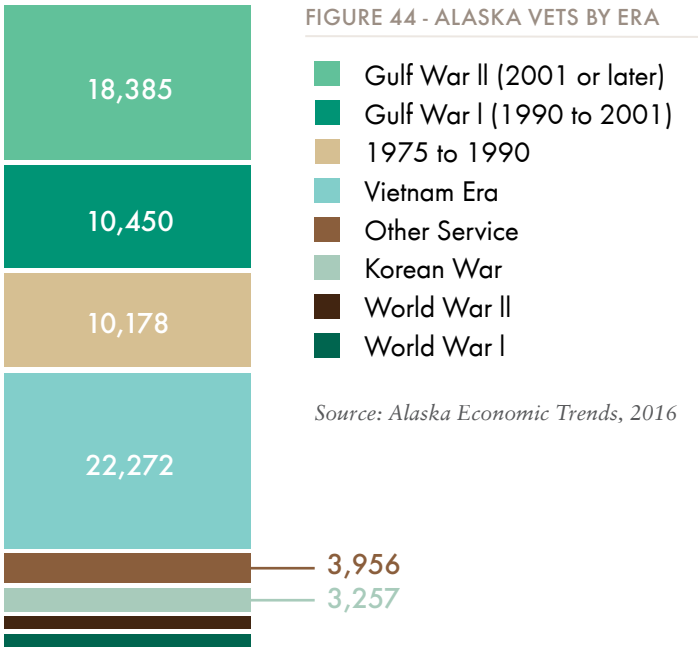


FIGURE 43 - PERCENT OF MAT-SU RESIDENTS WHO HAVE EVER SERVED IN THE ARMED FORCES, 2010-2014



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		
	Veterans	Nonveterans
Poverty Status Determined	69,529	445,417
Below Poverty, Past 12 Months	5%	10%

Source: Alaska Economic Trends, 2010-2014

WHAT THE MAT-SU COMMUNITY IS SAYING



The location, schedule and type of work, as well as income all have the potential to impact health.

- Long commutes impact the ability to get physical activity and spend adequate time with family.
- For the “sandwich generation,” the adults who are caring for both children and elderly parents, there is little time for self-care.
- For those who work “on the slope,” while they can make a decent income, they are away for weeks at a time, which can negatively impact family relationships, in addition to making it difficult to seek appropriate medical care. The insurance offered by their employer does not cover many conditions and with their income level, they struggle to afford out-of-pocket expenses. This has impacted their ability to access care.

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 zoning so that appropriate infrastructure could be developed in communities were 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



Health is Where We Play



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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.

Mat-Su has higher voter turnout compared to Alaska and the United States. Mat-Su residents are less likely to be at a healthy weight when compared to Anchorage, Alaska and the Healthy People 2020 Goal.

TABLE 56 - FACTORS THAT IMPACT HEALTH WHERE WE PLAY, COMPARISON 2010-2014	
Indicator	Mat-Su
Healthy Weight	
Residents at a healthy weight	30.6%
Civic Involvement	
Voter turnout	62%
Social Cohesion/Social Capital	
High school students feel comfortable seeking help from at least one adult besides their parents if they had an important question impacting their life	84.8%
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	50.1%
High school students who take part in organized after school, evening, or weekend activities on one or more days during an average week	50%
High school students who agree or strongly agree that in their community they feel like they matter to people	48.5%
High school students who had at least one parent who talked with them about what they were doing in school every day	42.3%

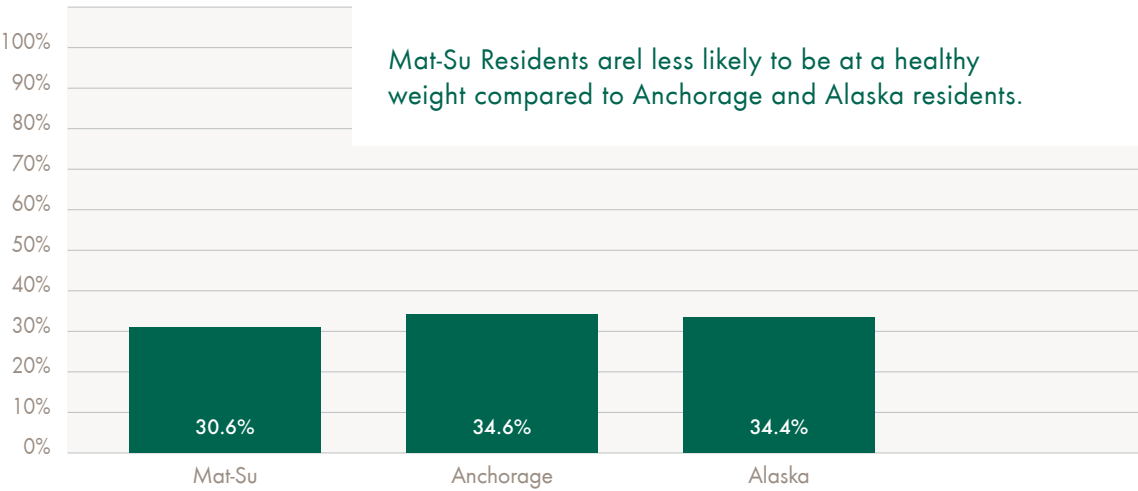
Source: Alaska Behavioral Risk Factor Surveillance System, 2010-2014; Alaska Youth Risk Behavior Survey, 2015

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%).

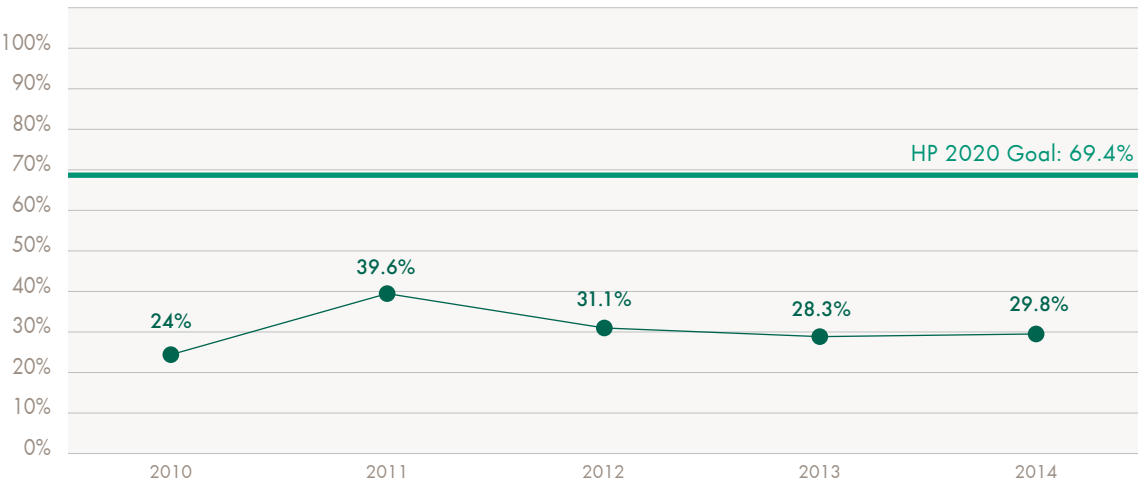
Figure 46 illustrates the percentage of residents in Mat-Su who were a healthy weight in years 2010 through 2014. The percentage of residents considered to be at a healthy weight has fluctuated, but for most years less than one third of the residents were at a healthy weight. Mat-Su falls well below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

FIGURE 45 - RESIDENTS ARE AT A HEALTHY WEIGHT BY PLACE OF RESIDENCE



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

FIGURE 46 - MAT-SU RESIDENTS ARE 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 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.

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 12.54 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 (2986 years); unintentional injuries (7076 years) alcohol abuse (248 years).



WHAT THE MAT-SU COMMUNITY IS SAYING



Many focus group and interview participants identified access to nature as a factor that impacts their activity levels and health.

- *While the Mat-Su region has much natural beauty and opportunities for outdoor recreation and access to nature, participants indicated that transportation is often required to take advantage of trails and other natural resources in the area.*
- *Resources are sometimes required to take advantage of the recreational opportunities. Participants noted, however, that individuals who are able to enjoy those resources have healthier lives.*
- *Safe routes to school and safe playgrounds for kids were identified as needs in the region. Many schools are not in locations that are “walkable” even from nearby homes. There is also a perception that many of the community parks are not safe today, because of the needles and other debris that is littered there. Children who do not have access to adequate physical activity tend to be overweight, and this leads to increased health problems later in life.*

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 4+ miles of new trail to the Government Peak Single-track Biking Trails (\$9,995)*
- *Trail improvement for the Talkeetna Lakes Park Trails (\$10,000)*

HOW SOCIAL CONNECTEDNESS IMPACTS HEALTH

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 warding off 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 an 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

GIVING SUPPORT

- *How often do you and people in your community do favors for each other? Often or very often – 50%; Sometimes – 31%; 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 – 43%; Sometimes – 30%; Rarely or never – 25%; Don't know- 1%*
- *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 – 41%; Somewhat likely 23%; Somewhat unlikely – 11%; Very unlikely – 15%; Don't know – 8%*
- *In the past 12 months, have you volunteered for any local groups? Yes – 44%; No – 55%*

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? 0-1 people 10%; Between 2-5 people – 52%; >6 people – 39%; 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%*



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 show? Yes – 70%; No – 29%*

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 (28%). 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

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.*



Access To Health Care

HOW ACCESS IMPACTS HEALTH

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

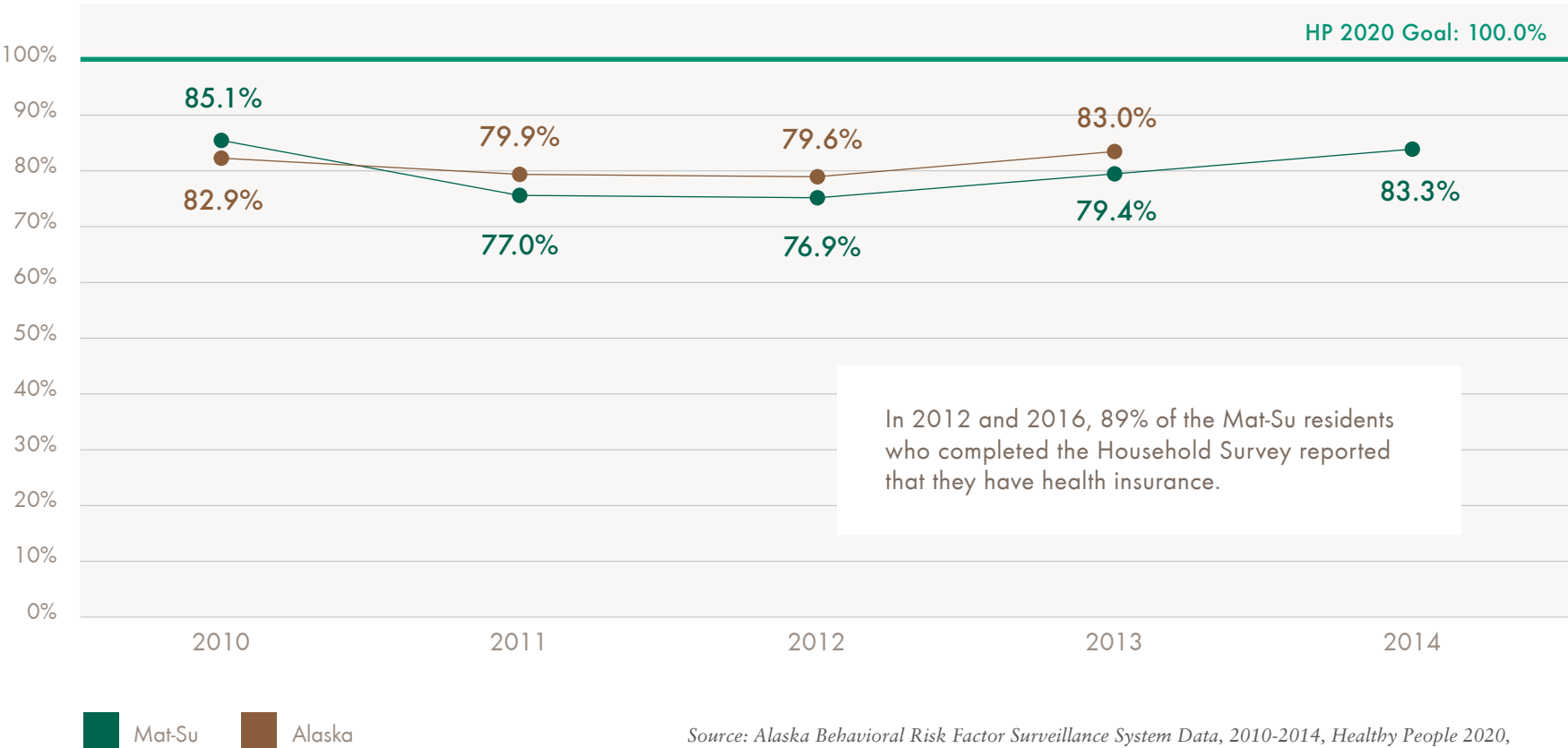
1. **Lack of health insurance** – Without health insurance, individuals are more likely to delay healthcare and to go without the necessary healthcare or medication they should have been prescribed.
2. **Lack of financial resources** – Lack of available finances is a barrier to healthcare for many Americans 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.³

³“Disparities in Access to Health Care.”<http://www.news-medical.net/health/Disparities-in-Access-to-Health-Care.aspx>. August 6, 2014.

Figure 47 shows the percentage of residents in Mat-Su who have health insurance has been increasing since 2012, and in 2014 the majority of residents (83.3%) had health insurance. Where data is available, Mat-Su falls

just below the state in terms of insured residents and both Mat-Su and the state fall below the Healthy People 2020 Goals (100.0%).

FIGURE 47 - RESIDENTS HAVE HEALTH INSURANCE BY YEAR



Source: Alaska Behavioral Risk Factor Surveillance System Data, 2010-2014, Healthy People 2020, Mat-Su Household Survey - McDowell Group, 2016

Having Health Insurance Differs Depending on Your Age, Where You Live, Your Income, And Education Level

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 then residents in Palmer (84.4%) or Wasilla (79.2%).

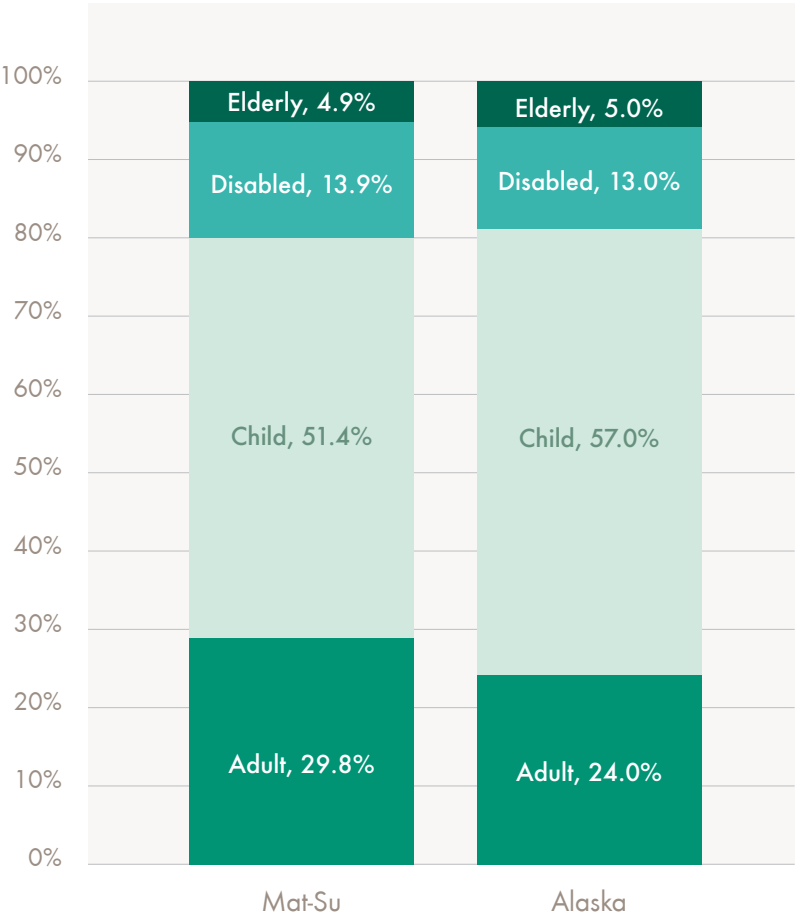
The percentage of residents with health insurance increased with income and education, with residents whose income is \$75,000 or greater (91.9%) and college graduates (91.4%) more likely to have insurance than their counterparts.

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.

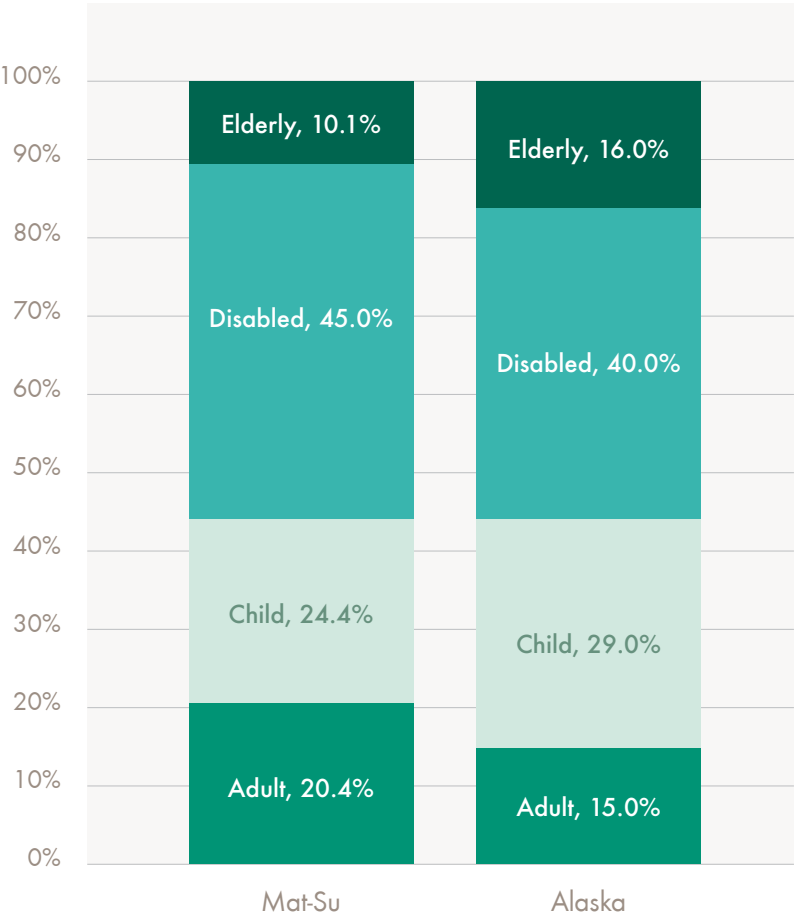


FIGURE 48 - MEDICAID ENROLLEES FY 2015



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 57 - MEDICAID RECIPIENTS PROFILE		
Demographics	Mat-Su	Rest of Alaska
Female	11,549	72,495
Male	9,236	56,636
<18 years	11,084	66,476
18-64 years	8,512	52,803
65+ years	1,189	9,852

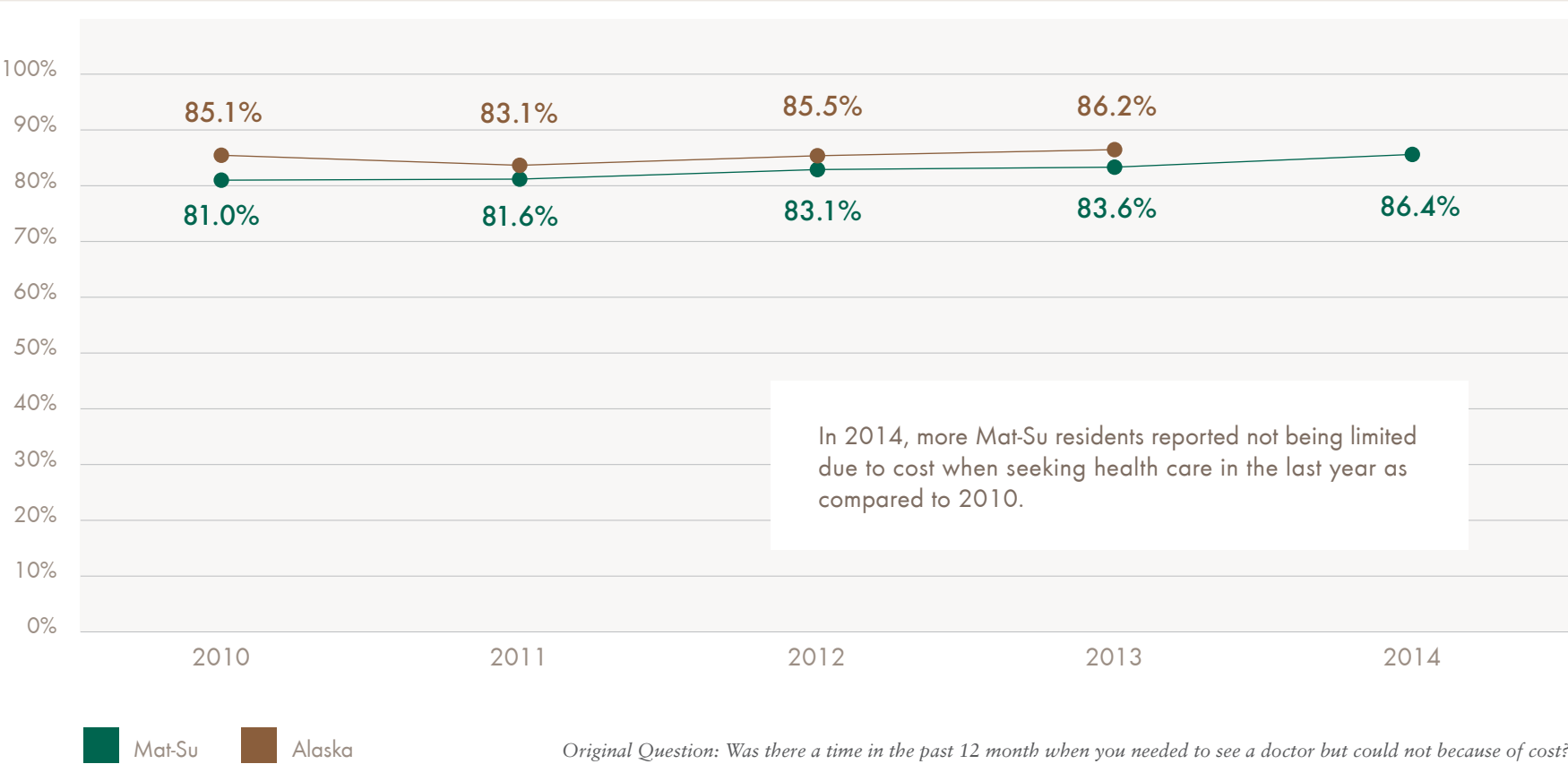
Source: Medicaid Profile, McDowell Group, 2016

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%).

AFFORDABILITY OF HEALTH CARE

The percent of Mat-Su residents who said that seeking health care was not limited due to cost in the last year has increased since 2010.

FIGURE 50 - ACCESS TO MEDICAL CARE WAS NOT LIMITED DUE TO COST, TREND



Original Question: Was there a time in the past 12 month when you needed to see a doctor but could not because of cost?
Source: Alaska Behavioral Risk Factor Surveillance System Data, Mat-Su Household Survey - McDowell Group, 2016

LEGAL OBSTACLES CAN IMPACT HEALTH CARE ACCESS

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

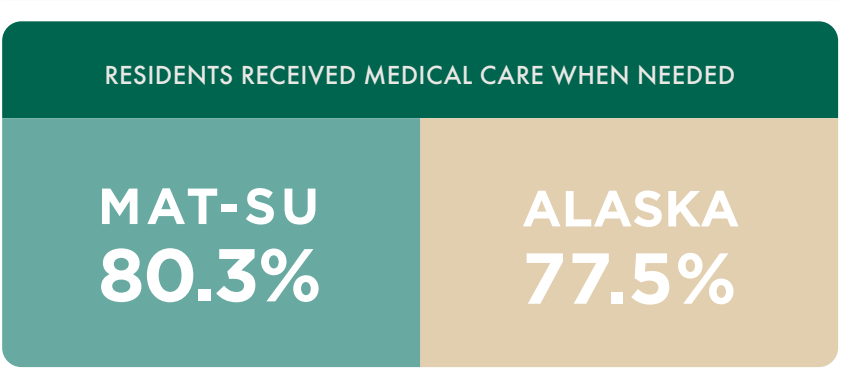
In Mat-Su, the Alaska Legal Services Clinic located in Palmer identifies four types of legal issues they assist residents with that impact health:

- 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 foreclosure defense.
- 4. Consumer protection including defense in collection matters and other debt relief issues.

HAVING A REGULAR SOURCE OF CARE

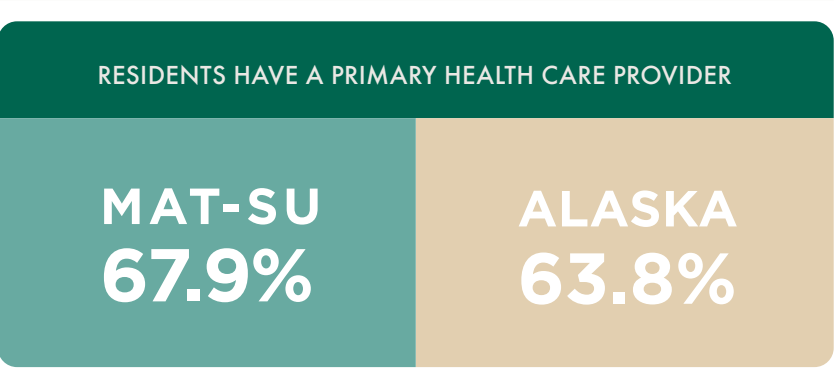
Figures 51 and 52 report that Mat-Su residents are less likely to have a primary health care provider when compared to Anchorage. They are more likely to have a primary health care provider compared to Alaska residents.

FIGURE 51
RESIDENTS RECEIVED MEDICAL CARE WHEN NEEDED



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

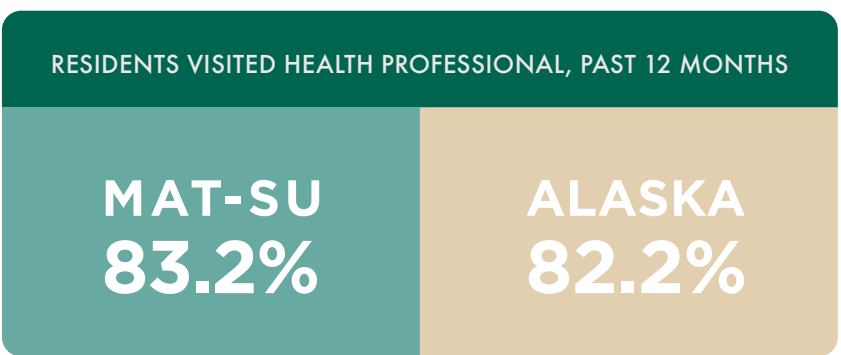
FIGURE 52
RESIDENTS HAVE A PRIMARY HEALTH CARE PROVIDER



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

Figure 53 illustrates that Mat-Su residents are more likely to have visited a health professional in the past 12 months when compared to the state.

FIGURE 53
RESIDENTS VISITED HEALTH PROFESSIONALS, PAST 12 MONTHS



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

MAT-SU HEALTHCARE WORKFORCE

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 fairs well. The Matanuska-Susitna Borough, however, seems to have too few mental health providers for its population (837:1).

TABLE 58 - MENTAL HEALTH PROVIDERS AND RATIOS FOR ALASKA, ANCHORAGE AND THE MAT-SU BOROUGH, 2015		
MENTAL HEALTH PROVIDERS, 2015		
Place	Mental Health Providers	Mental Health Providers Ratio
Alaska	2,463	300:1
Anchorage	922	326:1
Matanuska-Susitna Borough	117	837:1

Source: County Health Rankings, 2015

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.

TABLE 59 - MAT-SU RESIDENTS EXPERIENCING BARRIERS TO CARE, PAST 12 MONTHS		
	2012	2016
Not seeking health care because could not afford it	17%	19%
Inability to get a health care appointment at a time that worked for your household	14%	11%
Not knowing where to go for care	7%	10%
Inability to get information because you didn’t have access to a computer	N/A	7%
Not being able to get transportation to medical or other health appointment	7%	6%
Not knowing where to go for mental health care	N/A	7%
Not knowing where to go to get help with substance abuse problem	N/A	5%
Residents reporting not having reliable transportation	7%	7%

Source: Mat-Su Household Survey, 2016

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



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 gets 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 publically 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.



United Way of Mat-Su
www.unitedwaymatsu.org

Where Do We Go From Here?

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 and small) have 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.
- Promote collaboration on housing use –i.e. combine housing for the aging population and young adult population who both have difficulty affording their housing.
- 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/coalition 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.





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