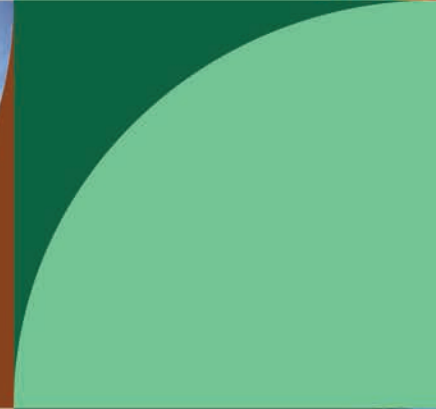
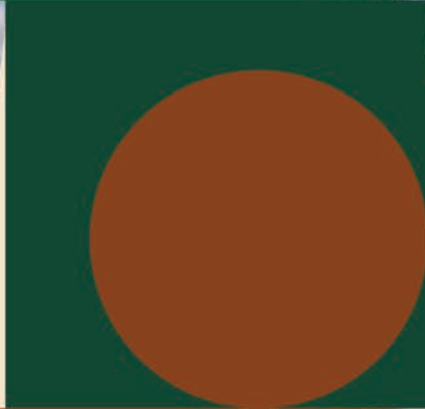
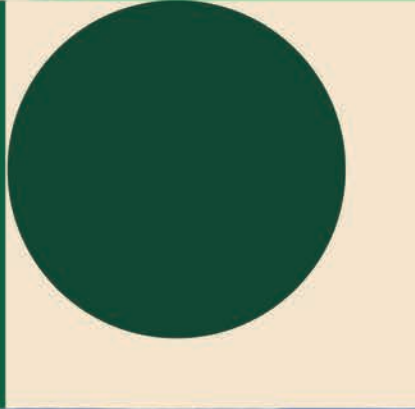




MAT-SU HEALTH
FOUNDATION



Together for Health

2022 Community Health Needs Assessment



Dear Mat-Su Residents:

This report marks the fourth Mat-Su Community Health Needs Assessment (CHNA) sponsored by the Mat-Su Health Foundation and Mat-Su Regional Medical Center. Each assessment collects population health data and Mat-Su community voices to guide effective community health improvement about Mat-Su, for Mat-Su. We invite you to read what Mat-Su residents said about their health and life circumstances.

We completed the first Mat-Su CHNA nearly 10 years ago. Top priorities in 2013 focused on optimal mental and emotional health and ensuring all children in Mat-Su are safe and well cared for. Since then, the R.O.C.K. Mat-Su collective formed and grew to include more than 60 partner organizations working diligently to build social supports and improve systems serving children and families. Further, since 2013, MSHF has worked with Mat-Su Regional, service providers, government agencies, and local legislators to transform Mat-Su's Behavioral Health (BH) system—including launching the High Utilizer program, proven to reduce emergency department use and costs and improve patient quality of life; training law enforcement in crisis intervention; expanding residential substance use treatment beds; increasing the number of BH professionals serving Mat-Su residents; and opening a 16-bed behavioral health unit at Mat-Su Regional, filling a significant gap in BH care.

We must also acknowledge the difficulties we have faced as a community, including devastating wildfires, a magnitude 7.0 earthquake, the COVID-19 pandemic, and a damaging winter windstorm. These natural disasters test our resilience and challenge us to show up for one another. The pandemic further exposed inequities and health disparities: people with underlying conditions or disabilities at higher risk; low-income workers more likely to struggle with emotional health and stress over concerns related to income stability and healthcare coverage; individuals living in rural Mat-Su having sufficient food to eat or funds for utilities; and younger residents struggling to secure adequate housing.

Hospital and clinical care accounts for a small portion of what contributes to one's health. The social fabric and community conditions—for example, affordable housing, quality education, reliable transportation, and thriving environment—contribute significantly to one's overall well-being. The Well-Being Portfolio, created by the

**"There is no power greater than
a community discovering what it
cares about. Ask 'What's possible?'
not 'What's wrong?' Keep asking."**

—Margaret Wheatly, *"Turning to One Another,"* 2002

Rippel Foundation, frames this CHNA and describes an ecosystem of resources that support both vital conditions (basic needs, meaningful work, lifelong learning, humane housing, stable environment, and reliable transportation) and urgent services (acute care, addiction and recovery, criminal justice and emergency services, environmental cleanup, unemployment and food assistance, and homeless services).

This report features data related to health outcomes and the social conditions in which we live, work, and play. More than 1,000 community members contributed input through surveys, focus groups and Photovoice exhibits, about their health, factors that influence health disparities, and community strengths.

Our vision is for a healthier Mat-Su, where all persons have the opportunity for a healthy life. Inevitably this CHNA highlights the most critical health needs identified from the data and community input. We must continue to show up, listen, and find creative solutions—to keep asking "What's possible?" Together we can build a healthier Mat-Su.



Elizabeth Ripley, President & CEO
Mat-Su Health Foundation



Dave Wallace, CEO
Mat-Su Regional Medical Center

Land Acknowledgment

Mat-Su is situated on the ancestral homelands of the Ahtna and Dena'ina peoples. We respectfully acknowledge the Ahtna and Dena'ina people past, present and future for their stewardship of this land.



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 McKinley Research Group. Additional data were provided by Steering Committee members, Mat-Su Health Foundation, Mat-Su Regional Medical Center and its partners. This CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association. It is also designed to comply with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals which were 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, as well as underrepresented populations and those with chronic disease.

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Report Area

For this assessment, the community is defined as the Matanuska-Susitna Borough (Mat-Su), which represents the primary service area of the Mat-Su Regional Medical Center and the Mat-Su Health Foundation (Figure 1).

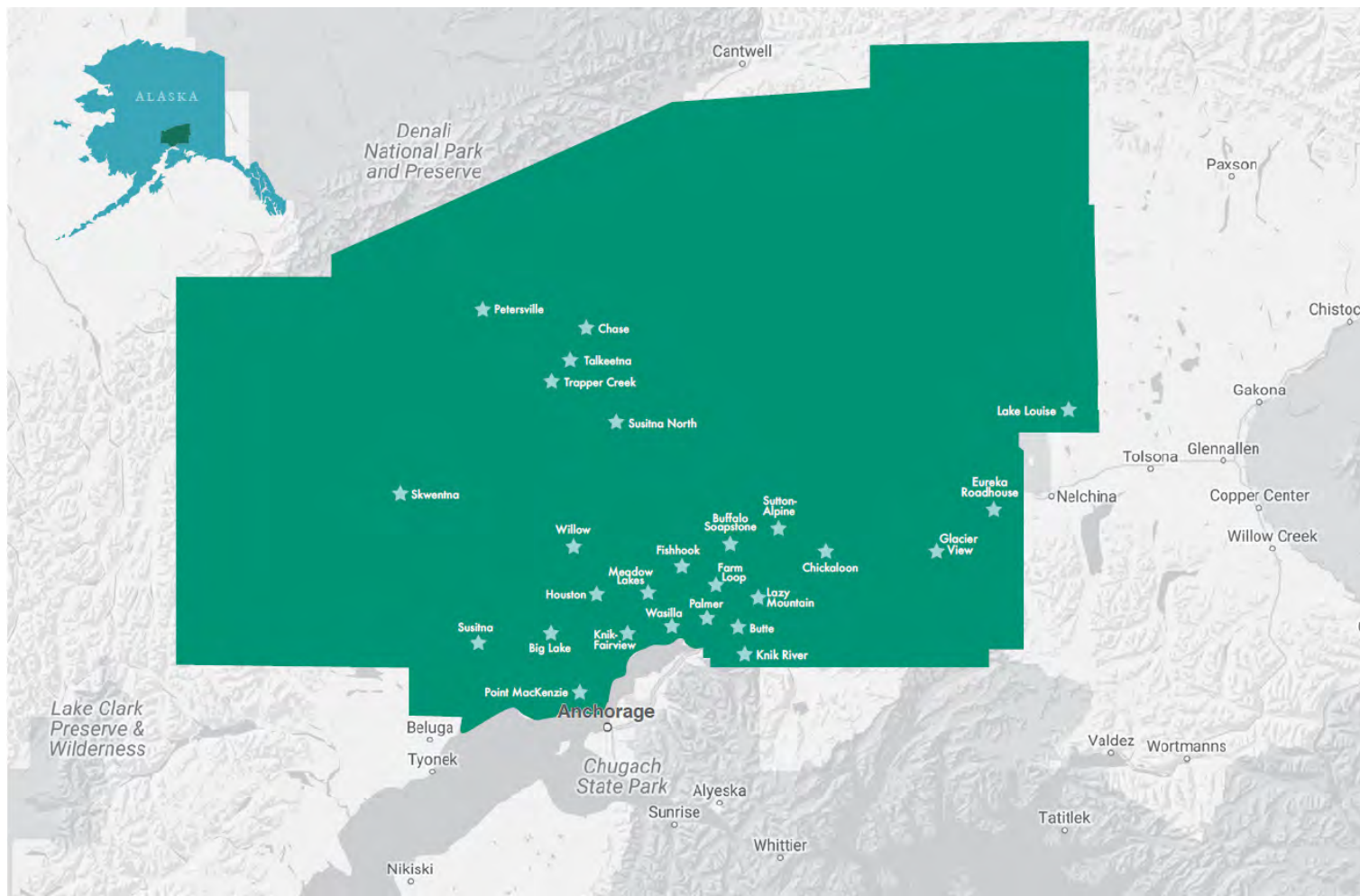


Figure 1: The Matanuska-Susitna Borough

Thank You

We offer special thanks to the representatives of the CHNA Steering Committee and to the more than 1,000 residents and stakeholder participants of the interviews, community surveys and focus groups who generously gave their time and input to provide insight and guidance to the process.

Steering Committee			
DaJoneé Hale	Alaska Coalition on Housing and Homelessness	Kevin Munson	Mat-Su Health Services
Desiré Shepler	Alaska Family Services	James Bunch	Mat-Su Regional Medical Center
Michael Baldwin	Alaska Mental Health Trust Authority	Dave Wallace	Mat-Su Regional Medical Center
Mark Lackey	CCS Early Learning	Nathan Johnson	Providence Health and Services Alaska
Lisa Wade	Chickaloon Tribal Council	René Dillow	Public Health Nursing
Dustin Allen	Knik Tribe	Melissa Caswell	Southcentral Foundation
Kendra Bartz	Mat-Su Borough School District	Crickett Stankowit	Sunshine Community Health Center
Nathan Dahl	Maple Springs of Wasilla	Duronda Twigg	Sunshine Community Health Center
Karen Koenemann	Mat-Su Health Foundation	Kim Schlosser	Sunshine Transit
Robin Minard	Mat-Su Health Foundation	Stephanie Allen	United Way of Mat-Su
Danielle Reed	Mat-Su Health Foundation	LouAnne Carroll-Tysdal	Upper Su Food Pantry & President of Mat-Su Food Coalition

2019 Photovoice Community Groups	
Chickaloon Traditional Council –Elders	Latinx
Chickaloon Traditional Council – Sutton Women’s Group	Mat-Su Health Services
Chickaloon Traditional Council – Tribal Citizens	Parents With a Purpose
Kabayan Inc. Filipino Community of Mat-Su	People of a Certain Age (Older Residents)
Knik Tribe – Housing	Williwaw Community Residents
Knik Tribe – Youth	Youth Leadership Council (from R.O.C.K. Mat-Su)

A special thanks to the following organizations who helped to fund the 2022 Mat-Su Community Health Needs Assessment: Alaska Mental Health Trust Authority, Mat-Su Health Foundation, Mat-Su Regional Medical Center, Southcentral Foundation, and the State of Alaska Department of Health through the CDC Community-Driven C-19 Response Funding.

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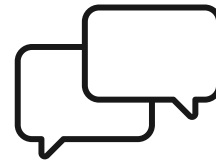
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List of Abbreviations

List of Abbreviations	
ACR	Alaska Cancer Registry
ACS	American Community Survey
DEED	Alaska Department of Education and Early Development
ADOLWD	Alaska Department of Labor & Workforce Development
ATR	Alaska Trauma Registry
BH	Behavioral Health
BRFSS	Behavioral Risk Factor Surveillance System
CDP	Census Designated Place
CUBS	Childhood Understanding Behaviors Survey
ED	Emergency Department
FQHC	Federally Qualified Health Center
HAVRS	Health Analytics and Vital Records
HHS	Household Survey
MSBSD	Mat-Su Borough School District
MSHF	Mat-Su Health Foundation
MSRMC	Mat-Su Regional Medical Center
OCS	Office of Children's Services
PRAMS	Pregnancy Risk Assessment Monitoring System
R.O.C.K. Mat-Su	Raising Our Children with Kindness
SUD	Substance Use Disorder
YRBS	Youth Risk Behavior Survey

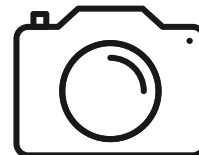
Legend

Throughout this document, the following icons appear to denote information and observations about the topic areas within each section.



Community Input:

Includes input from community focus groups and surveys



Photovoice Participant Input:

Includes input from focus groups and participant input cards



DEI Lens:

Includes reflections and information on diversity, equity and inclusion related to the social determinants of health.

Executive Summary

Every three years, Mat-Su Health Foundation and Mat-Su Regional Medical Center conduct a Community Health Needs Assessment (CHNA) of the Mat-Su Borough. The Steering Committee for the 2022 assessment included 22 community leaders, representing a diverse cross-section of the region. The CHNA included a variety of quantitative and qualitative data collection and analysis methods that brought in extensive secondary data from local, regional, state, and national sources, along with input from more than 1,000 community residents via paper, telephone, and online surveys; focus groups; and Photovoice exhibit comment cards.

Progress Since 2019: The 2019 CHNA resulted in eight community health improvement goals. Despite the COVID-19 pandemic and the shutdown of many facilities, both MSHF and MSRMC were able to maintain operations and continue to move forward with significant portions of their implementation strategies.

Goal	Significant Accomplishments Included
Resident Economic Stability	<ul style="list-style-type: none"> Senate Bill 8 supporting Pre-K access for all Alaska children passed. Academic and vocational scholarships totaled more than \$3.9 million for 937 individuals. Forty-one physicians and mid-level providers were recruited to the Mat-Su.
Safe and Healthy Relationships	<ul style="list-style-type: none"> 100% of hospital patients were screened for domestic violence and home safety. R.O.C.K Mat-Su continued work on increasing family contact for those involved in the child welfare system. 55% increase in relative developmental screenings.
Strong Social Connections	<ul style="list-style-type: none"> Youth 360 expanded in Wasilla and Houston and established a stipend program for students to participate in community activities. Exploring social connections strategies with Healthy Places by Design.
Freedom from Discrimination/ Racial Equity	<ul style="list-style-type: none"> Mat-Su Health Foundation equity assessment was completed. MSRMC expanded criteria and provided more than \$13 million in charity care. Anti-discrimination video now used in training for First Responders.
Excellent Mental Health	<ul style="list-style-type: none"> Behavioral Health in Schools program expanded to serve 13 schools. A 16-bed behavioral health unit opened at MSRMC and two dedicated ED behavioral health beds. 100% of ED patients screened for suicide risk.
Accessible Healthy Recreation	<ul style="list-style-type: none"> Grants awarded for accessible pathways, senior walk time, and recreation program operations. MSRMC bicycle rodeo had more than 200 participants.
Affordable, Accessible Preventative Care	<ul style="list-style-type: none"> High Utilizer Mat-Su program decreased ED utilization by 30.2% in 2020 and 36.1% in 2021. Legislative advocacy helped maintain access to services, increase investment for older adults, protect Medicaid and preserve funding for housing and homeless programs.
Healthy Environment	<ul style="list-style-type: none"> Grants awarded for community gardens. MSRMC initiated a recycling program and replaced 85 lights with LED lighting.

Long-Term Impacts

Since 2013, when the first CHNA was conducted, the foundation and hospital have made tremendous progress toward 1) Ensuring all Mat-Su residents have optimal mental and physical health and 2) Supporting the Mat-Su community to ensure all children are safe and well cared for. Over the last 10 years, influential cross-sector champions collaborated to identify opportunities and create transformative systems change. Highlights of some of the key accomplishments include:

- Establishment of the R.O.C.K Mat-Su collective impact initiative.
- Implementation of the Behavior Health in Schools program—now serving 13 schools.
- Establishment of a community crisis response team.
- Increase in residential substance use disorder beds from 16 to 24.
- Launch of the drug endangered children multi-disciplinary team.
- Launch of the Connect Mat-Su community resource center.
- Establishment of detox services through the addition of eight withdrawal management beds.

Demographics

Today, the population of the Mat-Su Borough is growing and is expected to continue to grow an additional 32% over the next 30 years, more than 10 times the expected growth for the state overall. While the population of the borough is predominantly white (80%), there is a sizable population of Alaska Native/American Indians (7%) and people of two or more races (8%). The population is aging slightly overall; median age in the Mat-Su is 36.6 and is projected to be 37.7 in the next five years. The borough overall has slightly more males at 52% of the population. A little more than one-third of the population (34%) has an associate degree or higher education. Fourteen percent of adults aged 18 to 64 have a disability, while 38% of residents over age 65 have a disability. Veterans represent about 10% of the population; most Mat-Su veterans are male (88%); and 26% have a disability. The average household income in the borough is \$102,802, although 8.7% of residents live in poverty.

General Findings

Over the past several years, the prevalence of several chronic disease indicators has improved, as has access to prenatal care, crime rates, adult smoking and vaping, and injuries. According to focus group and survey participants, there is an appreciation for nature and a strong connection to the outdoors. Residents are resilient and support one another during crises and when needs arise. There is also a strong desire for community connection.



Improving Indicators

There are several areas where the health status of the Mat-Su has improved over the past few years. **Diabetes** among seniors went from 20.8% in 2018 to 13.4% in 2020 and is lower than the state (20%). The percentage of **adults at a healthy weight** increased from 24% in 2010 to 27.8% in 2020. **Teen birth rates**, ages 15-19, declined from 20.7% in 2016 to 12.9% in 2020. A large percentage of women (91.2%) **started prenatal care in the first trimester**, which is much higher than the state of Alaska (84.2%). The percentage of **mothers who drank in the last three months of pregnancy** decreased from 5.9% in 2018 to 2.6% in 2020, and **marijuana use during pregnancy** also declined from 13.5% to 7.7%. The **gonorrhea** rate per 100,000 population decreased from 187 in 2018 to 142 in 2020.

Crimes against persons decreased from 716 in 2017 to 508 in 2021. **Smoking in adults aged 18 and older** has decreased from 19.7% in 2018 to 17% in 2020 and **adult vaping** decreased from 10.1% to 3%. The percentage of **seniors age 65+ who have fallen more than once in the past year** decreased from 18.8% in 2018 to 15.5% in 2020.

The **percentage of adults 18 and older who could not see a doctor due to cost** declined from 16.7% in 2017 to 10.1% in 2020. **Flu vaccinations** in the last year went up from 29.7% in 2018 to 35.8% in 2020. The percentage of **children who have ever been to a dentist** increased from 72.9% in 2018 to 75.3% in 2020. **Stroke incidence** went down from 3.6% of adults in 2018 to 1.4% in 2020.

Cancer incidence decreased from a rate of 505.3 per 100,000 people in 2007 to 415 in 2019. **Cancer mortality** decreased from a rate of 171.9 per 100,000 people in 2007 to 144.4 in 2020, although still above the Healthy People 2030 Goal of 122.7. The **breast cancer mortality** rate went down from 21.1 per 100,000 people in 2017 to 9.6 in 2020. **Cerebrovascular disease mortality** declined from 40.2 per 100,000 people in 2018 to 38.8 in 2020. **Emergency department discharges for ambulatory care sensitive conditions** decreased from 3,669 in 2018 to 3,555 in 2020.

Community Input

More than two-thirds (69%) of household survey respondents rated their quality of life as Very Good, with an average rating of 8 on a 10-point scale. Unfortunately, however, it is down from 77% in 2016. Forty-six percent of household survey respondents had a video or phone appointment with a medical professional in the last 12 months. The percentage of respondents Very Familiar with the term Adverse Childhood Experiences (ACES) increased from 19% in 2016 to 26% in 2022. When asked how many people they could count on to help with a problem, household survey respondents reported an average of 9.9 people, while only 4% said they did not have anyone they can count on for help. Frequency of helping others has generally increased since 2016 with those reporting doing so rarely or never decreasing from 25% in 2016 to 13% in 2022. Forty-two percent of survey respondents have heard of Connect Mat-Su. Of those, 20% have actually used Connect Mat-Su's resource and referral service.

Sixty-one percent of intercept survey respondents feel they are an important part of the Mat-Su community and 71.6% have someone in the community or a place to turn to that can help them when they have a problem. More than half (53.3%) of the intercept survey respondents feel the communities in the Mat-Su are just and equitable places where all children and families are provided with equal opportunity to thrive and that people in the Mat-Su community are able to be connected to the resources they need when they have an issue or problem (50.9%). More than half (58.2%) of intercept survey respondents rate their quality of life as Excellent or Very Good.

When asked about their definition of a healthy community, focus group participants talked about a community free of crime, with equitable access; a community that comes together and helps one another; access to the outdoors and nature; clean environment; and access to food with adequate housing and transportation for all. They spoke of the beauty of the natural environment and the opportunities available for recreation as well as subsistence activities.

Many residents participating in Photovoice exhibits and focus groups noted access to wildlife and nature as a key strength of the Mat-Su. They also noted there are several agencies working to support youth and address the needs of the community overall. They spoke of indigenous cultures and the way traditions are preserved, shared and celebrated. Participants talked about the strength and resiliency of the community during the COVID-19 pandemic. There is interest in ensuring all residents have access

to clean, safe trails and other outdoor recreational opportunities to benefit from the beauty of the Mat-Su. Most feel like they are an important part of the community and have opportunities for strong social connections.

Community Needs

Housing, transportation, behavioral health, equitable access to food, healthcare and other community resources as well as social isolation were identified as community needs through all of the data sources included in this study.

The borough lacks an adequate supply of **housing** options. One in five (20.1%) residents experience **severe housing problems** (overcrowding, high costs, lack of kitchen or plumbing facilities). The Glenn Highway (17.6%) and Upper Su (15.8%) regions of the Mat-Su are more likely to have structures without complete plumbing than the borough overall (3.2%). Many people experience homelessness with few shelter options and a lack of coordinated resources to connect individuals to long-term housing. Housing challenges are exacerbated in the more rural areas of the Mat-Su, due to lack of water and electric infrastructure, as well as broadband access. Recent trends in landlords transitioning year-round units to short-term rentals have exacerbated the problem. Temporary Shelter is the number-one system gap identified by Connect Mat-Su in 2021 and 2022. Almost half (42%) of renters spend more than 35% of their income on housing. Focus group participants discussed the housing challenges for seniors, those with disabilities, and LGBTQIA+ individuals, noting that this contributes to the number of homeless individuals. They also identified the need for more rentals, noting that the only options available in some communities are dry cabins. Almost half (49.2%) of Connect Mat-Su survey respondents had unmet needs related to housing.

Public and other **transportation** options are limited, especially in the more rural areas of the borough, impacting the ability to access needed services and causing isolation among many residents. While there are three organizations that offer transportation options, most are fixed route on limited schedules. Residents, on average, spend more than 21% of their income on transportation; the average annual transportation costs are \$16,258. The average household drives 25,844 vehicle miles per year, although 1,246 households (3.9%) have no vehicle. One in five (20.1%) residents commute more than 60 minutes to work, more than three times higher than Alaska overall. Focus group participants noted that seniors and veterans disproportionately struggle with transportation challenges. Half (50%) of Connect-Mat-Su survey participants reported

transportation is an unmet need. Focus group and Photovoice participants talked about the limitations for youth participation in community and afterschool activities due to a lack of transportation. Nearly one in five (18%) household survey respondents indicated that the pandemic made transportation more difficult.

The **COVID-19 pandemic**, stress associated with dealing with the pandemic, and its affect on households negatively impacted the **mental health** of residents overall as well as frontline workers. In 2020, 21.1% of Mat-Su residents had a depressive disorder and in 2022 the percentage of households experiencing a mental health concern increased to 18% from 8% in 2016. Two-thirds of residents (66.3%) indicated they have been more sad or depressed than usual during COVID. More than half of residents (52.1%) reported being worried or experiencing more stress than usual about paying for bills and expenses during COVID. Nearly 16% of COVID survey respondents identified that someone in their household needed mental health and/or drug and alcohol services, of which 80% indicated that there was a need for additional outpatient counseling and individual therapy services. More than one quarter of adults (27%) reported using **alcohol or drugs** to cope during the pandemic, while 21.2% reported more alcohol use in their household than prior to the pandemic. **Heavy drinking** also increased during the pandemic, from 6.4% in 2019 to 10.4% in 2020. Almost half (47%) of direct care workers experienced moderate to extreme stress impacting their daily lives in 2021. Stressors included client needs, COVID restrictions, and other stressors including finances, finding childcare and fear of losing their job.

In 2020, the **suicide mortality** rate in Mat-Su was 30.9 per 100,000, higher than the state rate of 27.9. In 2019, 16.8% of traditional high school students and 16.9% of alternative high school students reported they had **attempted suicide**. However, more alternative high school students, compared to traditional high school students, reported **feeling sad or hopeless** (58.2% vs. 41%); were **planning a suicide** (37% vs. 19.8%); or **seriously considered suicide** (41.3% vs. 23.8%). Focus group participants talked extensively about the increase in mental health and substance use as a result of the pandemic, highlighting difficulties with accessing support or treatment resources. Veterans stressed the need for additional services. Youth focus group participants identified the importance of confidentiality when seeking mental health services and acknowledged that many teens are dealing with numerous challenges associated with housing, gender identity, abuse, behavioral health and substance use.

More than a quarter of Mat-Su residents do not have **access to a large grocery store** (28.9%) and more than 11% of the population (11,920) currently experiences **food insecurity**. Almost half of Mat-Su Borough School District students (41.9%) qualify for free and reduced-price lunches (6,304 students). Households with incomes under \$50,000 were more likely to indicate in the household survey that they or someone in their household **did not have enough food to eat** (16% vs. 4% overall). Almost one in five (19%) respondents to the Household survey indicated the pandemic made it more difficult to have enough food to eat. Focus group participants talked about the lack of access to affordable, healthy foods and noted food insecurity as a big issue in the Mat-Su. They also talked about the need to increase local food production so as not to be so reliant on outside food sources. Almost half (45%) of the Connect Mat-Su survey respondents indicated they did not have enough food to eat.

While the majority of Mat-Su residents have some form of **health insurance** (85%), this is lower than the state overall (88.3%). Respondents to the household survey with incomes under \$50,000 were more likely to report that they had no health care coverage (12% vs. 7% overall). Those that didn't have health care coverage were more likely to report that they had an unmet medical need, compared to those with private insurance (29% versus 7%). One in ten (10.1%) residents were **not able to see a doctor in 2020 due to cost**. More than two thirds of residents (66.3%) experienced **more stress than usual obtaining medical care or medications during the pandemic**.

More than one in 10 respondents to the household survey expressed that they **felt discriminated against when receiving health care**, noting gender (22%), race/ethnicity (20%), insurance status (17%), disability (16%), age (14%), income (12%), political orientation (6%), religion (6%), family status (4%) and sexual orientation (4%) as reasons. Almost half (49.1%) of intercept survey and more than two-thirds (68.4%) of the Connect Mat-Su survey respondents disagreed that the **communities in the Mat-Su are just and equitable places where all children and families are provided with equal opportunity to thrive**. Of those, 16.3% of intercept survey respondents noted disparities in available resources.

Focus group and intercept survey participants noted the lack of after-hours emergency, home care, broadband and other services in the rural areas of the borough. Focus group participants also commented on the challenges experienced by the LGBTQIA+ community in accessing care.

While most residents (84%) **do favors for others in the community**, 16% reported that others rarely or never do favors for one another. Four percent (4%) indicated that they have no one they can count on to help them with a practical problem, if needed. Almost one in four (24%) are unlikely to ask for help with childcare if needed. Almost one in 10 (8%) indicated that they would ask no one for help if they needed advice on how to handle a problem, such as a financial, emotional, or work-related issue. Youth focus group participants expressed that they **didn't feel as if they belonged in the community** and are grateful for programs like Youth 360 that give them something to do. Focus group and intercept survey respondents talked about social isolation and the importance of additional community activities that increase connection. Connect Mat-Su survey participants (12.5%) and 10.4% of intercept survey respondents disagreed that they have someone or a place to turn to for advice on how to handle a problem.

Other priority areas identified in multiple methods across the primary and secondary data included abuse and violence, physical activity and recreation (including youth activities), access to preventative healthcare, crime, and childcare.

Youth are exposed to a variety of adverse experiences, including **sexual violence** (14% in traditional high schools and 21.2% in alternative high schools) and **bullying on school property** (26.8% in traditional high schools and 20.3% in alternative high schools). The rate per 1,000 for any type of **child maltreatment** increased between 2020 and 2021 (90.5 to 100.3). Of adults, 18.8% were exposed to domestic violence as a child; 23.2% have experienced sexual violence and 23.4% experienced intimate partner violence in their lifetime; and 3.6% experienced intimate partner violence in the past year.

The percentage of **physically active adults** (18+) is 76.2%, compared to 79.4% in Alaska overall. The majority, 62.3%, indicated their **child's physical activity** was decreased during the pandemic. Focus group participants talked about the lack of access to physical activity and recreation resources, particularly in the winter. The high cost of youth sports and activities as well as lack of transportation are barriers to participation for young people, noted by focus group and Photovoice participants. More than a third of the Connect Mat-Su respondents (35.6%) reported that they had difficulty accessing recreational activities.

Access to preventative care has been negatively impacted by COVID. Mammography and colonoscopy rates declined between 2018 and 2020 in the Mat-Su, from 66% to 61% and 63.4% to 61.6%, respectively. The percentage of residents with a **personal doctor or health care provider** went from 73% in 2019 to 65.4% in 2020. Almost half (44%) of children missed or skipped a **preventative checkup** due to COVID. Slightly more than half (51.3%) of adults skipped or missed medical appointments; 55.9% missed or skipped dental visits and 39% missed or skipped vision appointments.

Accessing **childcare** was more difficult during the pandemic, as reported by 19% of household survey respondents with children living in the home. According to CUBS, the percentage of households who use childcare on a regular basis has decreased from 46.2% in 2019 to 35.2% in 2020. Focus group participants discussed the lack of childcare resources in the community and the negative impact it has on the workforce. More than one in 10 (12.1%) of Connect Mat-Su survey participants indicated that childcare is an unmet need.

Crimes against property increased in the Mat-Su Borough between 2017 and 2021 from 1,117 to 1,690, a 51.2% increase. Homicides increased from 8 in 2017 to 14 in 2021, while assaults decreased from 597 to 364. Sexual assaults also increased from 27 in 2017 to 47 in 2021. Slightly more than one in 10 (11.7%) traditional high school students and 17% of alternative high school students admitted that they **carried a weapon on school property**.

Priorities

The Steering Committee met on November 10, 2022, to review the data collected during the assessment process and to rate/rank priorities. A total of 45 individual needs were identified from the data. Two criteria were used by participants to evaluate and rate each of the items: magnitude of the problem and impact on other health outcomes.

The top priorities, in rank order, as identified by the Steering Committee include:

Rank	Priority Area
1	Behavioral health (mental health and substance use/abuse)
2	Child maltreatment/neglect; focus on positive childhood experiences
3	Economic instability
4	Affordable health care/cost of care/insurance
5	Lack of transportation
6	Access to local health care/primary care/emergency/after hours
7	Housing/homelessness
8	Equitable access to food/local access to food
9	Physical/mental/sexual abuse/violence/threats of violence
10	Lack of childcare/childcare enrollment

Chapter 2

Progress and Outcomes

Accomplishments since the 2019 CHNA

Valley Hospital Association Inc. (VHA)/dba Mat-Su Health Foundation, a non-profit 501(c)(3) organization, is required by the Internal Revenue Service (IRS) to complete a Community Health Needs Assessment every three years and evaluate the implementation strategy goals and objectives annually as well to include an evaluation of the implementation strategy in this needs assessment. This is due to VHA's 35% ownership in Mat-Su Regional Medical Center. MSRMC is a for-profit hospital that, without the ownership interest of VHA, would not be required by the IRS to complete a CHNA or implementation strategy action plan. The information from MSRMC that is contained in this evaluation shows the hospital's commitment to supporting not only MSHF's mission and outreach to the community, but to the Mat-Su Borough residents as well. The process includes:



2019 Community Health Goals

- 1 Resident Economic Stability
- 2 Safe and Healthy Relationships
- 3 Strong Social Connections
- 4 Freedom From Discrimination/Racial Equity
- 5 Excellent Mental Health
- 6 Affordable/Accessible Healthy Recreation
- 7 Affordable/Accessible Preventative Care
- 8 Healthy Environment

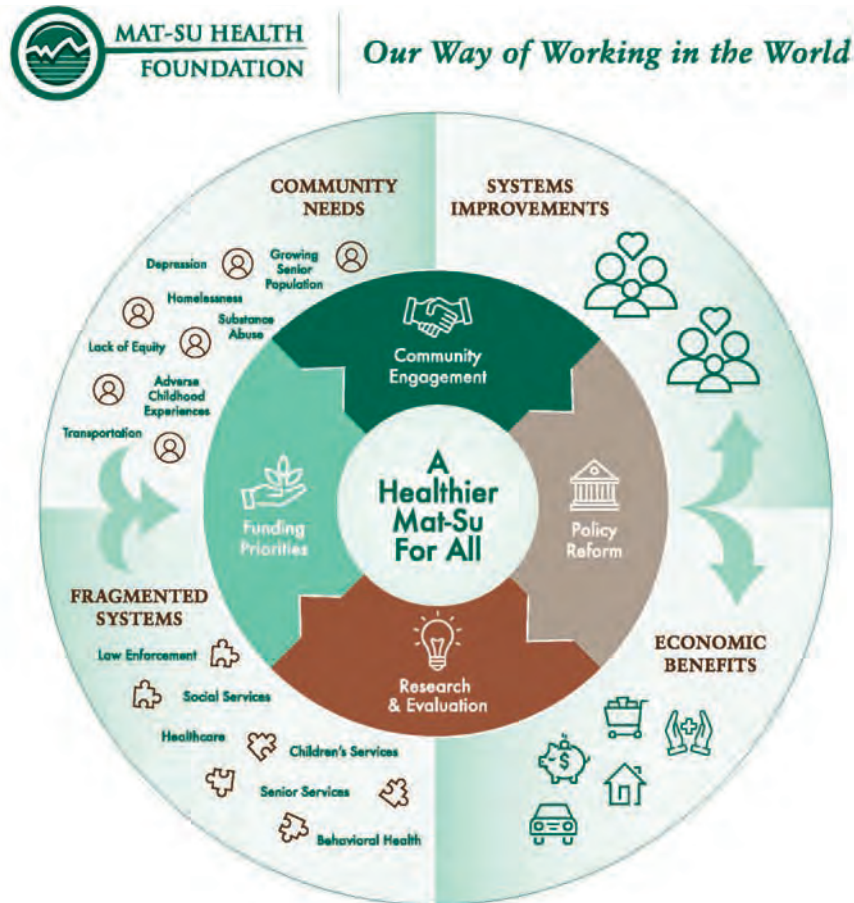


Figure 2. MSHF - Our way of working in the world

Systems Improvement Tools

Policy Reform

2020:

- Full support/funding for the 2020 Census
- Advocated for passage of Healthcare Transformation Project, although legislation did not pass.
- Legislation requiring health insurance to provide coverage via telehealth.
- Legislation to allow licensed professional counselors to bill Medicaid.

2021:

- Increase in State per capita spending on older adults from baseline (lowest per capita funding for any region)
- Collaborative work on systemic issues affecting older adults and residents with disabilities, health equity and diversity
- Advocated for Alaska state budget priorities: protect Medicaid and support meaningful Medicaid reform, preserve Early Childhood and Pre-K (Head Start) funding, preserve funding for Housing and Homelessness Programs.

2022:

- Senate Bill 8: Support access to Pre-K education for all Alaska children passed with other similar bills.
- Senate Bill 9: Update Alaska's outdated liquor laws (Title 4), including addressing key public health concerns related to youth consumption (keg registration), density of alcohol outlets, and internet sales.
- Senate Bill 89 and House Bill 103: Keep "house rules" at Alaska nursing homes consistent with federal law to protect Medicaid waiver funding.

Community Engagement

Partners include MSHF, MSRMC, R.O.C.K. Mat-Su (Raising Our Children with Kindness), law enforcement and first responders, behavioral health providers, primary care providers, the Matanuska-Susitna Borough, the Matanuska Susitna Borough School District, Knik Tribal Council, Chickaloon Village Traditional Council, senior centers, the Office of Children's Services, the Division of Behavioral Health, local birth centers and others.

Research and Evaluation

2020:

- Workforce Development convening with 70 participants
- Family Contact Best Practices for Foster Parents published

2021:

- Completed Mat-Su Housing and Homelessness Assessment
- Mat-Su COVID-19 Related Behavioral Health Needs
- Health Equity Data Analysis Project
- Healthy Aging and Healthy Futures hosted three convenings with employers of direct support professionals
- Hosted three convenings to discuss the system of serving food to older adults in the Mat-Su

2022:

- Healthy Aging and Healthy Futures hosted additional convening with employers of direct support professionals

Grantmaking and Sponsorships

- MSHF Academic and Vocational Scholarships
- Target Wellness Grants (<\$15K)
- Healthy Impact and Discovery Grants (>\$15K)
- Strategic Grants
- MSHF and MSRMC sponsorships

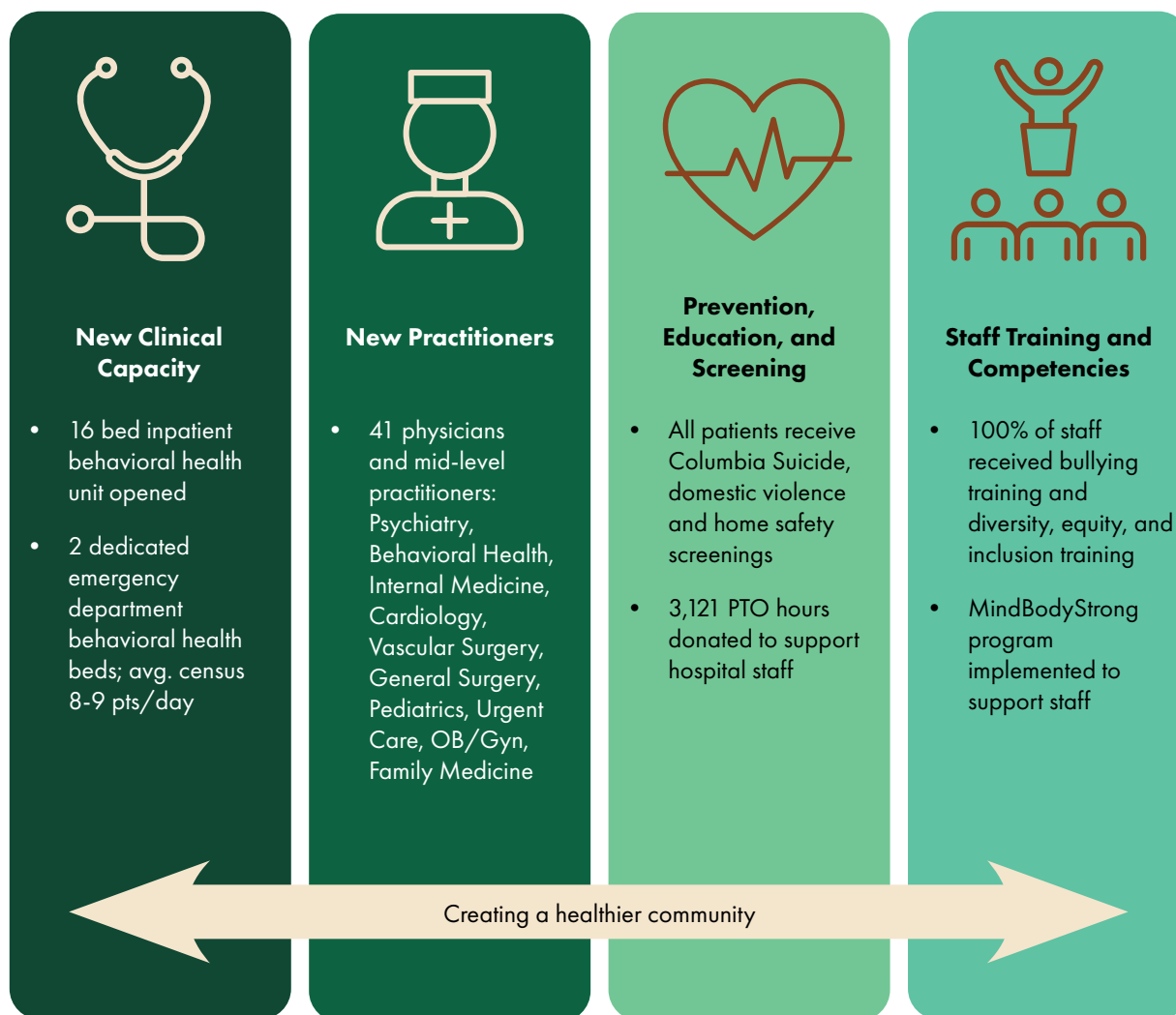


Figure 3. MSRMC - Our way of working in the world

Significant accomplishments since 2019

Goal 1: Resident Economic Stability

Mat-Su Health Foundation

- The Healthy Futures focus area hosted four convenings with employers of direct support professionals to identify strategies to recruit and retain workers. A total of \$3.9 million in academic and vocational scholarships were awarded for 937 individuals.
- The Healthy Aging focus area hosted three convenings to discuss the system of serving food to older adults in the Mat-Su and awarded nutrition grants for seniors/older adults to five agencies totaling more than \$400K. The Mat-Su Council on Aging became a 501(c)3 and received a strategic grant.
- The MSHF distributed \$7.1 million in COVID support, including for FQHCs/health clinics, free testing facilities, and CCS Early Learning.

Mat-Su Regional Medical Center

- The MSRMC recruited 41 physicians and mid-level providers to Mat-Su and hospital employees donated 3,121 hours of PTO to other hospital employees. Project SEARCH continued to train and hire individuals with disabilities—10 enrolled and 2 hired in 2021.
- In 2020, Senior Circle had 84 participants and there were no vendor fairs in 2021 and 2022 due to COVID.

Collaborative

- MSHF and MSRMC collaborated on a workforce development convening in August 2020 with 79 participants. Connect Mat-Su referred 147 patients to FQHCs in 2021 and the first six months of 2022.

Goal 2: Healthy Relationships

Mat-Su Health Foundation

- Healthy Futures for Families was offered in 26 programs with a total of 261 participants and 33 participated in the Family Contact Improvement Trainings. As a result of R.O.C.K. Mat-Su efforts, there was a 55% increase in relative developmental screenings for children ages zero to three in the Mat-Su.

Mat-Su Regional Medical Center

- At MSRMC, 100% of staff received bullying and workforce violence training and 100% of hospital patients screened for domestic violence.

Goal 3: Strong Social Connections

Mat-Su Health Foundation

- The Healthy Families focus area supported Youth 360 expansions in Wasilla and Houston and the establishment of a youth stipend program to enable students to participate in community activities.
- R.O.C.K. Mat-Su launched a Facebook group to facilitate social connections.

Mat-Su Regional Medical Center

- A Patient and Family Advisory Council (PFAC) was started in 2020 with seven people who provided input on care in the ED, food menus for patients and TV channels.
- Despite COVID, MSRMC continued to host monthly birthing classes and outdoor physical activity programs, however, most outreach and screening programs and events were suspended.
- MSRMC received donations from several community organizations for various staff initiatives during COVID.

Collaborative

- Several staff met with the new resident program in Valdez to learn about how it is implemented and to determine local feasibility. As a result, MSHF began exploring social connection strategies that will work in individual locations including placemaking with Healthy Places by Design. Additionally, iPads were provided during COVID to connect patients and loved ones.

Goal 4: Freedom From Discrimination/Racial Equity

Mat-Su Health Foundation

- The MSHF Board of Directors established Health Equity Committee and health equity charter and MSHF established the DEI Leadership Team. R.O.C.K. Mat-Su launched Braided Stories, a racial equity workshop, in 2020. So far, a total of 60 community members and 36 MSHF staff have participated.

- Thirty-four percent of COVID support and funding distributions were related to health equity, including funding to food pantries, projects in rural areas, quarantine facilities, and organizations serving low-income individuals, people with disabilities, and transient/refugee populations.

Mat-Su Regional Medical Center

- MSRMC provided more than \$13 million in charity care under expanded criteria, interpretation services were revamped in 2020, and a total of 7,429 patients were screened to qualify for medical assistance eligibility—5,570 were enrolled.

Collaborative

- An anti-discrimination video was produced for the Crisis Now project and is now used in training for first responders.

Goal 5: Excellent Mental Health

Mat-Su Health Foundation

- MSHF completed the Mat-Su COVID-19 Related Behavioral Health Needs study, which focused on the experiences and needs of the frontline workforce.
- The Healthy Minds focus area awarded grants to community partners to expand services and Community Recovery Support Services were implemented. In collaboration with the Health Families focus area, the Behavioral Health in Schools program was expanded to serve 13 schools.

Mat-Su Regional Medical Center

- In January 2020, MSRMC opened a 16-bed Behavioral Health unit and maintained care throughout the pandemic, including serving more than 350 patients from outside Mat-Su. The ED has two dedicated behavioral health beds with an average daily census of eight to nine patients, and 100% of ED patients are screened for suicide risk. MSRMC received telepsychiatry credentialing.

Collaborative

- MSHF and MSRMC worked together to establish avenues to provide mental health care to MSRMC employees, to provide a bridge until they could establish care with a local provider. There was support for analyzing the feasibility of the Crisis Now model and work groups were formed on crisis stabilization, mobile crisis response and peer connection.

Goal 6: Affordable/ Accessible Healthy Recreation

Mat-Su Health Foundation

- Through the Healthy Foundations focus areas, MSHF awards grants for accessible pathways, senior walk time, and to support recreation program operations.

Mat-Su Regional Medical Center

- The MSRMC continued to sponsor community events and walks, though some were on hold early in the pandemic. Hospital staff were encouraged to recreate through activity challenges, sponsored healthy activities for employees, and launched a photo challenge of employees enjoying outside activities.

Collaborative

- MSHF and MSRMC worked together to host the bicycle rodeo, which had more than 200 participants.

Goal 7: Affordable/ Accessible Preventative Care

Mat-Su Health Foundation

- For the Healthy Aging focus area, COVID had significant impact on falls prevention grants and none were requested in 2021.
- MSHF continued to engage in legislative advocacy related to maintaining access to services, increasing per capita spending on older adults; protecting Medicaid and support meaningful Medicaid reform; and preserving funding for housing and homelessness programs.

Mat-Su Regional Medical Center

- The MSRMC hosted, prior to COVID, the Go Red Heart Health Education with more than 200 participants and two screening events with more than 300 participants. The hospital continued to provide blood pressure screenings and lab vouchers for blood draws.

Collaborative

- There were collaborative efforts to maintain the High Utilizer Mat-Su program, which resulted in a reduction in emergency department and hospital utilization, saving more than \$8 million in costs. The program decreased ED utilization by 30.2% in 2020 and 36.1% in 2021.



Goal 8: Healthy Environment

Mat-Su Health Foundation

- The MSHF awarded grants for recreation and community gardens.

Mat-Su Regional Medical Center

- The MSRMC continued the medical equipment loaner program, initiated a recycling program, and replaced 85 lights with LED lighting.

Long-Term Impact: Outcomes From the 2013 CHNA

The timeline on the following pages illustrates the key activities and milestones over the past 10 years for initiatives of the Mat-Su Health Foundation (Figure 5). These initiatives have been underway since the first Community Health Needs Assessment in 2013 identified priorities to 1) Ensure that all Mat-Su residents can have optimal mental and emotional health and 2) Support the Mat-Su community to ensure all children are safe and well-cared-for. In both areas, influential cross-sector champions began collaborating to identify opportunities and gaps and create transformative systems change.

What is Systems Change?

One avenue for realizing ambitious community goals is to use a systems-change approach, rather than focusing on individual programs. Using a bird's-eye view, systems change aims to shift the complex conditions that are holding community problems in place.

Transformative systems change occurs by focusing the lens on the following six conditions, and sustainable change is more likely when all six conditions are addressed.

- Policies: rules, regulations, and priorities
- Practices: activities, procedures, guidelines, habits
- Flow of resources: allocation and distribution of assets
- Relationships: connections and communication
- Power dynamics: distribution of decision-making
- Assumptions: habits of thought, beliefs.

What is Cross-Sector Collaboration?

Collaborative processes guide several initiatives of MSHF that work to create complex systems change. A strong cross-sector collaborative process is achieved by holding a partnership together with intention. Elements that propel a collaborative forward are:

- A common vision that aims to create something bigger than could be created in a silo.
- Representation by all affected by the issue, including individuals and organizations.
- A willingness to learn from each other, learn from data, and be open to possibilities.
- Consistent and open communication.
- Sustainable support.

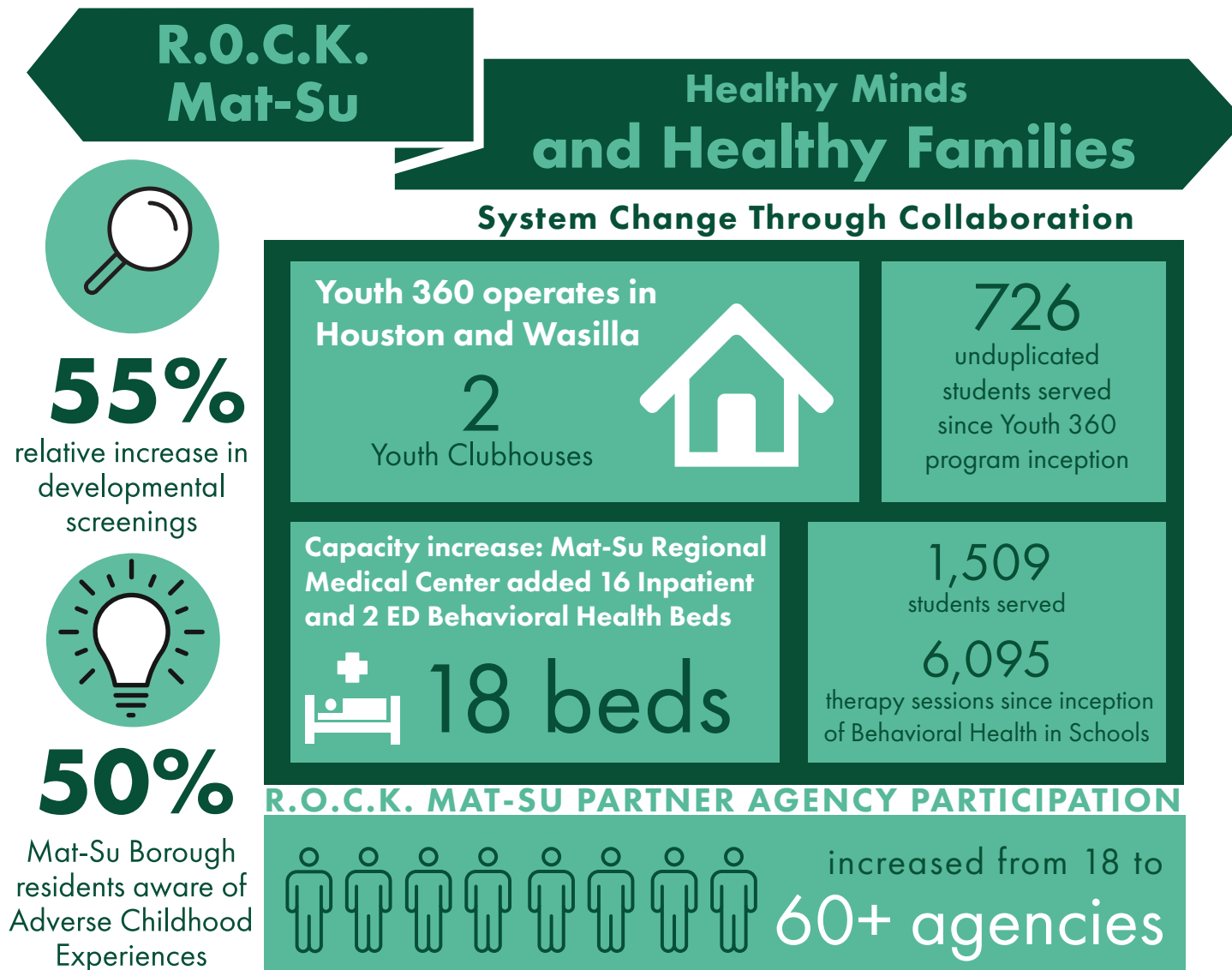
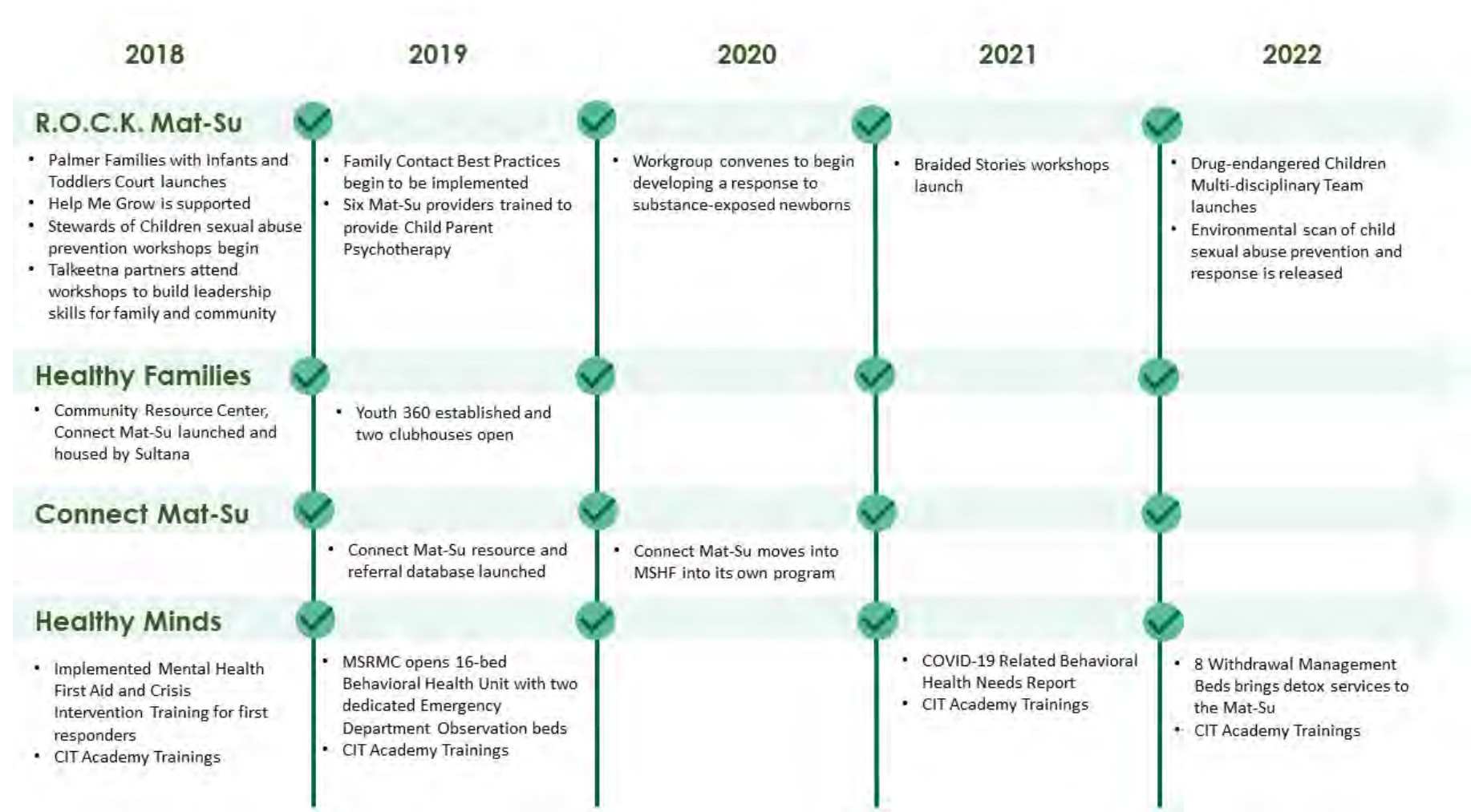


Figure 4. Key Long-Term Outcomes



Figure 5. Long-Term Impact - Timeline and Key Activities



Healthy Families

The Mat-Su community expressed a need to protect the safety of children and increase the well-being of families in the 2013 Community Health Needs Assessment. As a result, the MSHF Board of Directors approved the creation of the Healthy Families focus area so that Mat-Su families and children are able to access social supports and an engaged and coordinated system that helps them be safe, healthy, and thriving. In 2017, the focus area prioritized prevention and early intervention and recommended the Strengthening Families five protective factors: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children.

Accomplishments include but are not limited to:

- Advocated for early learning and childcare quality and funding.
- Youth 360 after-school and primary prevention initiative implemented.
- Behavioral Health in Schools accessible in 15 schools.
- Community Resource Center, Connect Mat-Su, created and launched.

R.O.C.K. Mat-Su

R.O.C.K. Mat-Su (Raising Our Children with Kindness) is a collaborative of community members – including individuals and organizations – joined together to strengthen families and reduce child maltreatment. The collective works to build social supports, eliminate silos, and influence systems that affect children and families throughout the borough, all in support of achieving the goal of ending child abuse in Mat-Su.

R.O.C.K. Mat-Su 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 a new way of working together. The Collective Impact framework guides the work of creating transformative systems change.

Accomplishments include but are not limited to:

- More than 4,800 Mat-Su residents educated about the impact of adverse childhood experiences.

- Cohorts of administrators and teachers from 30 schools trained to understand the impact of trauma on children.
- Family Contact Best Practices developed and implemented to facilitate improved parent/child interaction.
- Multidisciplinary team developed to provide support to drug-endangered children.
- Palmer Families with Infants and Toddlers Court established.
- Six annual community baby showers hosted to celebrate and support families.
- Partnership grew from 18 founding individuals to include more than 60 organizations.

Healthy Minds

Launched in 2014 after the 2013 Community Health Needs Assessment identified mental health needs as a top priority, the Healthy Minds focus group has been systematically analyzing, convening, advocating for and facilitating gap-filling and capacity-building interventions in the Mat-Su Valley to improve the behavioral health system of care.

While there is still much more to do, significant accomplishments have been achieved to address gaps in the systems of care, including but not limited to:

- Sixteen-bed inpatient behavioral health unit at Mat-Su Regional Medical Center.
- Two dedicated emergency department beds at Mat-Su Regional Medical Center, including enhanced crisis support services.
- Residential substance use disorder program increased from 16 to 24 beds, decreasing the wait list for services.
- Advocated for Medicaid expansion, which enabled outpatient and intensive outpatient services to increase.
- High Utilizer Mat-Su program saved more than \$6 million in emergency department utilization and significantly improved the quality of life for more than 100 patients with chronic medical conditions and/or mental health and substance use disorders.
- The Crisis Response Team has trained and equipped law enforcement to better handle behavioral health and substance use disorder-related calls.

Chapter 3

Our Approach

This assessment is intentionally designed to frame health status in the context of “well-being” to better inform the community as we seek to leverage resources and investments that will improve the health of 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 has been accomplished by MSHF and MSRMC individually and collectively over the past few years.

This CHNA includes three documents:

1. This report, which is a summary of key findings and priority areas.
2. A supplemental data resource document that includes all qualitative and quantitative data collected for this CHNA that was reviewed and considered, but not necessarily included in the final report.
3. A separate implementation plan document that outlines the MSHF/MSRMC goals and implementation strategies to address the findings over the next three years.

Key Informant Input and Report Direction

While the MSHF received no written comments regarding the 2019 Community Health Needs Assessment (CHNA) or the implementation strategy document, looking ahead to the 2022 CHNA cycle, MSHF engaged HDR, a community planning firm with an office in Palmer, to develop recommendations for the areas of focus and scope of the 2022 assessment.

To this end, MSHF leadership identified community leaders to engage in discussions to inform the CHNA planning. Fifteen individuals who play important roles in the community—including MSHF officers, healthcare practitioners, community program leaders, hospital administrators, and social service leaders—contributed their insights. Discussions focused on the most impactful elements of the 2019 CHNA, how the CHNA

connects to the implementation strategy, community, and stakeholder engagement in the 2019 CHNA, and emergent social and community health concerns that may have not been considered in the 2019 cycle.¹

Key informants widely viewed the 2019 CHNA as a comprehensive and successful process that maintained active and collegial advisory group engagement throughout. When asked what was most impactful about the 2019 CHNA, the Photovoice project stood out to almost every informant. The Photovoice project was well received as a novel and exciting approach that allowed community participants to actively engage in the process and tell their own stories. However, key informants also expressed that not everyone in the community was represented in the 2019 CHNA process. These informants noted a lack of representation from the following groups: members of the LGBTQ+ community; members of ethnic groups comprising small fragments of the population including Russian, Ukrainian, and Thai residents; elderly community members; children, youths, and adolescents; people with disabilities; neurodivergent individuals; individuals experiencing homelessness; and healthcare professionals.

Discussions also highlighted the need to more directly link CHNA findings to the subsequent implementation strategy. Interview discussions revealed that there was not a clear line connecting the Photovoice project to implementation. A few key informants perceived that some of the implementation strategies were directly linked to the assessment while others were not. The 2022 assessment process was specifically designed to address the following recommendations made by the key informants:

- Address key informant inputs for the 2022 CHNA.
- Build on findings from recent data collection efforts.
- Apply an exploratory mixed methods approach.
- Streamline and prioritize report content for accessibility and actionability.

¹HDR, February 2022: “(Re)Engage Mat-Su: Mat-Su Health Foundation and Mat-Su Regional Medical Center Plan for the 2022 Community Health Needs Assessment.



- Improve data visualization: show trends in secondary data; prioritize charts/illustrations over tables when possible; tables moved appendix.
- Provide more substantive synthesis and interpretation to ensure that threads connect to implementation planning.
- Use findings to develop more actionable strategies for the community health improvement plan.

Well-Being Portfolio

Since 2013 when the Mat-Su Health Foundation and Mat-Su Regional Medical Center conducted the first formal Mat-Su Community Health Needs Assessment, the foundation and hospital have been working collaboratively with countless other community partners—individually and collectively—to create a healthier Mat-Su region. According to ReThink Health (www.rethinkhealth.org), well-being is created at the intersection of various facets of community development and engagement, based on the six dimensions of what they call the Health Ecosystem, i.e., health, safety, prosperity, environment, social justice, and democracy. There are numerous activities and investments, across the various dimensions of the health ecosystem, being made toward improving the health and well-being of the Mat-Su Borough.

When diverse organizations come together across sectors and backgrounds, it can be difficult to see connections. It can be even harder to think through how changes in one area may play out to affect others over time. Harnessing the power of multi-sector partners to begin to understand how to come together to improve the overall health of the community is one of the goals of this assessment process. Taking a wider view of the health ecosystem, leaders can identify many places to take action, and then think about where and how these activities can connect and make a stronger impact, working together.

ReThink Health, A Rippel Initiative, describes three dynamics—Enhancing, Caring, and Relying—that “shape the character of the entire ecosystem over time”.²

²Negotiating a Well-Being Portfolio, ReThink Health, A Rippel Initiative, www.rethinkhealth.org, 2018, pg. 6

Enhancing: Well-being depends on a consistent set of vital conditions such as stable housing, healthy food, clean air, and others. If any of those conditions erode, a variety of harms will predictably arise, which in turn will drive the demand for urgent services to restore well-being. Investments to assure vital conditions—e.g., those made toward education, living wages, safer neighborhoods, routine health care, and others—not only enhance well-being, but also prevent harm and avert the need for costly, often inequitable urgent services.

Caring: Whenever well-being declines, a powerful caring response kicks in to address urgent needs, such as acute care for illness or injury, food assistance, shelter, addiction treatment, and others. When faced with excess demand or resource constraints, each service industry may find ways to improve accessibility, effectiveness, and efficiency.

Relying: Several competing pressures govern whether there is greater reliance on delivering urgent services or investing in vital conditions. Both are necessary, and the particular mix depends on how leaders contend with pressures that are politically contested and constantly in flux. To break from business as usual, system stewards must build enough civic muscle to shift the combined portfolio. For instance, underinvestment or conscious divestment in vital conditions will generate persistent need for urgent services along with related pressure to maintain them. Conversely, mounting harms and overstretched service industries will amplify pressure to enhance vital conditions.

Sustaining well-being requires contributions from across a region's health ecosystem and "a sound portfolio of interventions must maintain a delicate mix of investments to assure vital conditions, address urgent needs, as well as to strengthen belonging and civic muscle" (Figure 6). This framework enables leaders to think through the many potential opportunities and threats to define priorities and make investments that fully enhance the well-being of Mat-Su residents.



Developed by the Rippel Foundation. Adapted with permission.

Figure 6. Well-Being Portfolio

Data Methods

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 7. Three main types of data were used for this assessment:

- Secondary Data from the Alaska Department of Health and numerous other secondary sources identified as indicators related to health status, health equity, social equity, and sustainable communities in addition to disease incidence and prevalence, as well as other secondary data from local partners pertaining to health-related services provided in the region.
- Primary Quantitative Data: Community and statewide surveys that have large enough sample sizes to be representative of the borough population.
- Qualitative Data from interviews, focus groups and convenience sample surveys 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 <https://www.healthymatsu.org/learning/mshf-reports>.

Secondary Data

Demographic and Socioeconomic Analysis

The demographic and socioeconomic profile provides a description of the demographic, educational and economic summary of the Mat-Su Borough, Upper Su, Glenn Highway, Parks Highway, the Core Area and Anchorage (where available). Wasilla and Palmer are also broken out as separate communities in the demographic comparisons where possible. Demographic and socioeconomic data were obtained from Claritas Spotlight powered by Environics Analytics (www.claritas.com), as well as the U.S. Census Bureau and the American Community Survey (www.census.gov).



Figure 7. Data Triangulation Method

Secondary Health Indicators and Data Analysis

Secondary data for this CHNA came from many different sources. Secondary data included:

- The Centers for Disease Control and Prevention (CDC) and the Alaska Behavioral Risk Factor Surveillance System (BRFSS)
- Healthy People 2030 goals
- County Health Rankings and Roadmaps, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org.

A variety of other secondary research studies and statistics were included, and the sources are cited within the report: a complete list is included in the supplemental data resource.

Data presented are the most recent published by the source at the time of the data collection. Mat-Su Health Foundation and Strategy Solutions also requested and received data that were collected from and/or analyzed by McKinley Research Group. MSHF also reached out to various community agencies to gauge interest and support for partnering on the 2022 CHNA. All agencies contacted were willing to collaborate and supplied information and data on the areas they represent in the community:

- Mat-Su Health Services, Inc.
- Mat-Su Regional Medical Center
- Sunshine Community Health Center
- Connect Mat-Su
- MatSu Food Bank
- Upper Susitna Food Pantry

Community Engagement

The Mat-Su Health Foundation worked with Strategy Solutions and McKinley Research Group to conduct a variety of community surveys and focus groups. Data were collected between May and October 2022. Intentional outreach efforts were made to hear from and engage the voices of rural residents, community elders, tribal citizens, parents of young children and foster children, youths and adolescents, LGBTQ+ residents, Ukrainian residents and refugees, individuals experiencing homelessness, survivors of domestic violence, people with disabilities, and veterans.

Intercept Surveys

Intercept surveys are a form of qualitative research, designed to catch people where they are at a particular location and ask them for input. The surveys were conducted as one-on-one interviews or just distributed for participants to complete independently. Participants were asked a series of questions related to the health of the community along with basic demographic information.

Table 1: Intercept Survey Participants by Location

Group	Total
Willow Sunshine Clinic	6
Upper Susitna Senior Center	30
Talkeetna Sunshine Clinic	31
Willow Community	6
Sutton/Chickaloon Community	6
Trapper Creek Community	6
Benteh Wellness Center	10
Talkeetna Community	17
Domestic Violence Shelter	13
Upper Susitna Food Pantry	53
Glacier View Community	4
Total	182

Focus Groups

Focus groups are a form of qualitative research designed to be exploratory in nature and intended to capture the opinions of the individuals participating in the group. Participants were asked to respond to questions related to the health of the community, belonging, and the roles for Mat-Su Health Foundation and Mat-Su Regional Medical Center in addressing community needs. They were given an opportunity to identify priorities to focus on over the next three years.

A total of 15 focus groups were conducted with a total of 149 individuals participating (Table 2). Focus groups were selected to represent both community members, as well as provider/professional perspectives. Focus groups were selected with particular groups of providers because they are considered content experts on a topic, may be able to speak for a subset of the population, or are themselves members of a specific group and/or underrepresented population. Focus group participants represented the broad interests of the communities served by MSHF, as well as the broadest cross-section of special interest groups and topics possible within the resource constraints of the project. Regardless, the information presented in the focus group data represents the opinions of the individuals who participated in a focus group or intercept survey, are qualitative in nature and therefore not necessarily representative of the opinions of the broader community.

Table 2: Focus Group Participants by Group

Group	Total
Upper Susitna Senior Center	30
Wasilla Youth 360	18
Willow Community	6
Houston Youth 360	13
Trapper Creek Community	6
Veterans (2 different groups)	14
Maple Springs Residents	13
Domestic Violence Shelter	13
CCS Parents	8
Choosing Our Roots	1
Access Alaska	4
Chickaloon Tribal Members	15
Refugee and Immigrant Service Providers	3
Glacier View Community Members	5
Total	149

Household Survey

The purpose of the household survey was to capture perceptions of individual and community health, information about household health needs, priorities, and social connectivity that were not available from secondary data sources. The questions were designed to replicate selected portions of the 2019 Household Survey where trend data were desired. Additional questions and variables were chosen to measure specific aspects of the Well-Being Portfolio.

The telephone survey of 757 Mat-Su households included both landlines and cellphones. The sample was designed to yield results representative of the Mat-Su population and permit sub-group analysis. The maximum margin of error at the 95 percent confidence level is +/- 3.6 percent for the full sample. As the sample size decreases among sub-samples (e.g., age group, household income levels, gender), the potential margin of error increases.

The survey results were weighted for age and gender to provide a highly representative sample of borough households. Responses were analyzed by household location, gender, household income, educational attainment, perceptions of health status and quality of life, employment status, health insurance coverage, household size, children in the household, and ethnicity/race.

Connect Mat-Su Participant Survey & Referral Data

Connect Mat-Su is a comprehensive health and social services information and referral hub, working to ensure that every person in the Mat-Su Borough has what is needed to live a healthy and fulfilling life. A program of the Mat-Su Health Foundation that was established in response to community needs identified in previous studies, Connect Mat-Su provides a physical and virtual resource center linking residents with immediate access to the information, referrals, and direct assistance specific to the Mat-Su region.

To capture the voices of underrepresented groups, a modified version of the 2022 MSHF Household Survey was developed with input from Connect Mat-Su and R.O.C.K. Mat-Su staff. The survey was designed to obtain information regarding the needs this population is experiencing as well as experiences related to the Well-Being Portfolio. Connect Mat-Su distributed the survey link via text message to 200 participants who had given consent to receive future communications. A total of 60 surveys were completed.

By maintaining and utilizing a database of community resource providers, Connect Mat-Su ensures that listed resources are as comprehensive and up to date as possible. Connect Mat-Su staff track requests for information, support assistance, and referrals. Referral data are included in each of the report topical sections where applicable for 2021 and the first six months (January-June) of 2022.

Photovoice Exhibits & Focus Groups

Photovoice is a form of qualitative participatory action research. This form of research enables community members to take a leading role collecting, analyzing, and reporting data. Using this process, a community group comes together to take pictures that “answer a question.” For the 2019 Community Health Needs Assessment, there were two questions:

1. What in your life or community is challenging to your health?
2. What in your life and/or community is supportive to your health?

In 2019, the group leader and members took pictures to answer these questions and created captions for each picture that describe the answer. The process should have been followed by a community exhibit to discuss implications, which COVID-19 prohibited. After meeting with group leaders, it was determined that the pictures taken as part of the 2019 assessment were still reflective of the answers to the questions. This assessment picked up where the 2019 Photovoice left off by creating a traveling community exhibit as well as gathering additional community input (Table 3).

In 2022, Mat-Su residents visiting Photovoice exhibits were asked to select three photos that stood out to them and indicate if those photos highlighted a community need/issue or a community strength/positive attribute. They were then asked to comment on the current relativeness, noting any systems change needed or ways to leverage community strengths.

Data Limitations

There are a variety of limitations to both the secondary and primary data collected and utilized in this study. The secondary data may be incomplete and lack accuracy depending on a variety of factors, including but not limited to:

- The time lag from when the data were collected to the time they were reported.
- The research design, methodology, sampling design and sources (target audiences, recruitment methods) do not necessarily match the population of this study and were not consistent.
- Data collection methods (qualitative and quantitative techniques) varied, with a variety of different methodologies used by the sources.

The primary data collection included in the study also has potential limitations that include but are not limited to:

- Data were obtained from a convenience sample of citizens willing to participate.
- Data were largely qualitative.
- Survey data were based on individuals willing to participate in the study.
- Each method asked different questions using different approaches.

Table 3: Photovoice Focus Group Participants by Location

Group	Focus Group Participants	Number of Cards Completed
Service Providers and Photovoice Leaders	9	26
CHNA Steering Committee	13	26
Wasilla Community	8	3
Sutton Teens	13	18
Sutton Community	-	26
Talkeetna Community	-	15
Palmer Community	2	98
Total	45	212



Prioritization

The Steering Committee met on November 10, 2022, to review the data collected during the assessment process and to rate/rank priorities. Fifteen Steering Committee members and six Mat-Su Health Foundation staff members participated in the prioritization process. A total of 45 individual needs were identified from the data. Items were selected based on:

- Negative trends or disparities in the primary or secondary data
- Needs or issues identified in the focus groups, Photovoice exhibit cards and/or surveys

Participants rated each of the individual needs using the OptionFinder audience response polling system. Two criteria were used to evaluate and rate each of the items.

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
Magnitude of the Problem	The degree to which the problem leads to death, disability, or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for an epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on Other Health Outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions

Chapter 4

About Mat-Su Residents

Demographic Snapshot

The Matanuska-Susitna Borough (Mat-Su) is located about 40 miles northeast of Anchorage, contains 27 communities, and encompasses 24,682 square miles of land and 650 square miles of water. This includes three incorporated cities: Palmer, Wasilla, and Houston. Of the 25 unincorporated regions or Census Designated Places in the borough, most are located within 30 miles of either Palmer or Wasilla.

Talkeetna and Trapper Creek are the most distant communities from the economic center of the borough, 70 to 75 miles north of Wasilla, followed by Glacier View, 56 miles to the east from Palmer.

For the purpose of this report, the borough has been divided into six subregions, outlined in Figure 8, although the core area does include Wasilla and Palmer. Figure 9 illustrates the geographic subregions on a map and Table 4 includes the names and population of each census tract.

In order to understand the health needs of a population, it is important to know the size, age distribution, and household structure of the population. People at different ages and who live in different household types have different health needs that must be addressed by appropriate policies and programs.

Additionally, population growth rate trend data can help health care, public health and community planning professionals develop programs that meet the needs of the population, whether it is stable, growing, or declining.

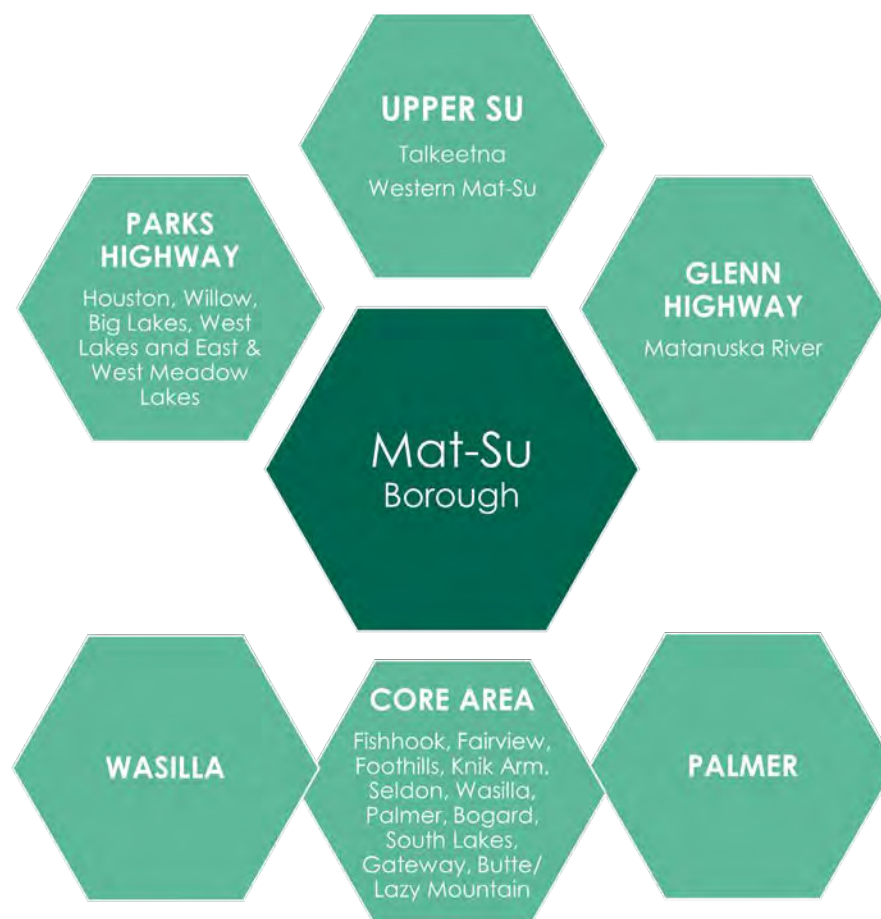


Figure 8. Geographic Clusters

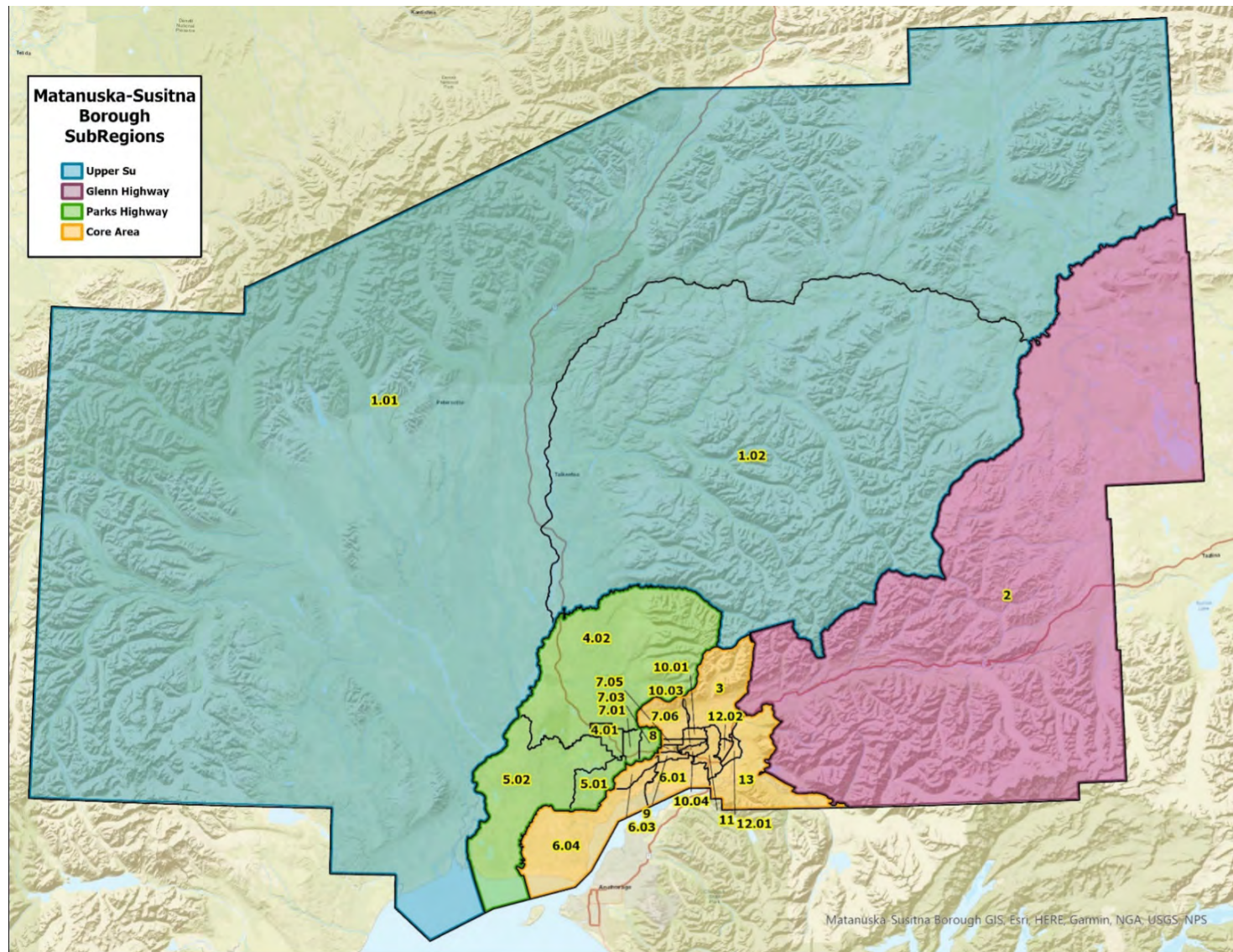


Figure 9. Map of Census Tracts

Table 4: Community Population by Census Tract, 2020

Upper Su	2,865
Western Mat-Su Census Tract 1.01	447
Talkeetna Census Tract	2,418
Glenn Highway	1,692
Matanuska River Census Tract 2	1,692
Parks Highway	15,037
Houston Census Tract 4.01	1,952
Willow Census Tract 4.02	1,970
Big Lake Census Tract 5.01	1,637
West Lakes Census Tract 5.02	1,756
West Meadow Lakes Census Tract 7.01	3,565
East Meadow Lakes Census Tract 7.03	4,157
Core Area	87,766
Fishhook Census Tract 3	7,246
Fairview Census Tract 6.01	6,462
Foothills Census Tract 6.03	7,009
Knik Arm Census Tract 6.04	5,245
Seldon Census Tract 7.05	4,698
Tanaina Census Tract 7.06	6,678
Wasilla North Census Tract 8	6,326
Wasilla (West of the Parks) Census Tract 9	3,750
Wasilla-Fishhook Census Tract 10.01	4,070
Bogard Census Tract 10.03	4,368
South Lakes Census Tract 10.04	6,002
Gateway Census Tract 11	7,745
Palmer (East of the Glenn) Census Tract 12.01	6,438
Palmer (West of the Glenn) Census Tract 12.02	5,390
Butte/Lazy Mountain Census Tract 13	6,339

Source: American Community Survey

Mat-Su Population Trends

While the Alaska population has grown by more than 100,000 people since the year 2000, its population is projected to remain steady through 2027 (Table 5). Mat-Su's population nearly doubled from 2000 to 2020 from 59,321 to 107,360 and is projected to grow by an additional 10,000 between 2020 and 2027. Wasilla was the greatest contributor to growth in the Core between 2010 and 2020 at 33.7% and is expected to continue to grow by 5% through 2027 (Table 6). As the population of Mat-Su has grown, as expected, the number of households has increased (Table 7). The growth of households¹ in Wasilla far surpassed all other subregions between 2010 and 2020. This growth can place greater burdens on available housing stock and the availability of affordable housing for all residents.

Table 5: Population Indicators

	2000 Census	2010 Census	2020 Census*	2022 Estimate	2027 Projection
Upper Su	2,518	2,801	2,865	3,023	3,058
Glenn Highway	1,657	2,050	1,692	2,547	2,598
Parks Highway	9,257	14,667	15,037	18,185	19,011
Core Area	45,889	69,477	87,766	88,451	92,866
Palmer	4,202	5,937	7,359	8,016	8,345
Wasilla	5,681	7,831	10,469	9,821	10,313
Mat-Su Borough	59,321	88,995	107,360	112,206	117,533
Anchorage	260,283	291,826	292,090	287,383	285,460
Alaska	626,927	710,231	736,990	733,962	738,469

Source: Claritas Environics 2022

*2020 Census Data ACS 5-year Tables Age and Sex (S0101) and Households and Families (S1101)

¹According to 2020 U.S. Census definitions, a household consists of all the people who occupy a housing unit, including related family members and all the unrelated people. The count of households excludes group quarters. There are two major categories of households, "family" and "nonfamily." www.Census.gov

Table 6: Estimated Population Growth

	Growth 2000-2010	Growth 2010-2020	Projected Growth 2022-2027
Upper Su	11.2%	2.3%	1.2%
Glenn Highway	23.7%	-17.5%	2.0%
Parks Highway	58.4%	2.5%	4.5%
Core Area	51.4%	26.0%	5.0%
Palmer	41.3%	24.0%	4.1%
Wasilla	37.8%	33.7%	5.0%
Mat-Su Borough	50.0%	20.6%	4.8%
Anchorage	12.1%	0.1%	-0.7%
Alaska	13.3%	3.8%	0.6%

Source: Claritas Environics 2022; U.S. Census

Table 7: Households and Household Growth in Mat-Su Subregions

	2000 Census	2010 Census	2020 Census	2022 Estimate	2027 Projection	Growth 2000-2010	Growth 2010-2020	Projected Growth 2022-2027
Upper Su	1,122	1,339	1,097	1,482	1,508	19.3%	-1.8%	1.8%
Glenn Highway	523	671	544	783	808	28.3%	-1.9%	3.2%
Parks Highway	3,401	5,625	4,794	7,031	7,367	65.4%	-1.5%	4.8%
Core Area	15,512	24,189	25,529	31,419	33,214	55.9%	5.5%	5.7%
Palmer	1,407	2,096	2,104	2,877	3,020	49.0%	0.3%	5.0%
Wasilla	2,050	2,990	3,730	3,866	4,098	45.9%	24.7%	6.0%
Mat-Su Borough	20,558	31,824	31,964	40,715	42,897	54.8%	0.4%	5.4%
Anchorage	94,822	107,332	106,970	106,788	106,416	13.2%	-0.3%	-0.4%
Alaska	221,600	258,058	255,173	270,164	272,787	16.5%	-1.1%	1.0%

Source: Claritas Environics 2022; U.S. Census, 2020

In 2022, household incomes cluster between \$15,000 and under \$100,0000 (Table 8). While the distribution of income in the Mat-Su Borough matches closely with Anchorage and Alaska, there are subregion differences where Wasilla, Upper Su, Glenn Highway, and Parks Highway have a larger percentage of households in the \$15,000 to \$49,999 range. As population and accompanying household numbers continue to grow in the near term by 2027 and in the long-term by 2050, this is a key area for community leaders to plan for increased demand for family housing that best accommodates these budgets.

Table 8: Percent of Households by Household Income

	< \$15,000	\$15,000- \$49,999	\$50,000- \$99,999	\$100,000- \$149,999	\$150,000- \$199,999	\$200,000>	2022 Est. Average Household Income
Upper Su	9.7%	33.9%	34.9%	14.4%	4.7%	3.2%	\$72,632
Glenn Highway	13.0%	39.0%	28.2%	10.4%	5.8%	3.5%	\$66,601
Parks Highway	11.3%	28.4%	29.0%	18.2%	8.0%	5.2%	\$83,048
Core Area	6.9%	21.3%	30.9%	19.6%	10.2%	11.1%	\$109,547
Palmer	6.5%	24.2%	34.3%	17.7%	8.9%	8.5%	\$98,436
Wasilla	9.2%	29.9%	29.5%	15.8%	7.2%	8.5%	\$92,598
Mat-Su Borough	7.9%	23.3%	30.7%	19.0%	9.6%	9.7%	\$102,802
Anchorage	5.9%	20.2%	30.8%	20.3%	10.9%	12.0%	\$114,341
Alaska	6.7%	22.5%	30.5%	19.4%	9.8%	10.9%	\$108,294

Source: Claritas Environics 2022

Alaska's and Mat-Su's populations are young with more than a quarter of the population comprised of children under the age of 18, a statistic that has been declining in the U.S. with around 22% currently under 18.² While Glenn Highway is an anomaly with only 13.2% under 18, all the other regions follow the state pattern. The Core Area and Palmer have the highest percentages of children, which indicates a high need for schools, vocational opportunities and additional services related to children and youth. It is also important to note that for Glacier View, 38% of the population is 65+; for Chickaloon 49% are 65+; and in Sutton-Alpine only 13% are 65+.³

Residents aged 25 to 54 represent the highest percentage of residents across Alaska and in all regions assessed (Table 10). The next highest age group is 0 to 14, with 20.5% of Alaskans and 21.3% of Mat-Su residents falling into this category, though Upper Su's rates of 13.6% and Glenn Highway's 11.9% are far lower.

²Child Stats Forum on Child and Family Statistics, Children as a Percentage of the Population, <https://www.childstats.gov/americaschildren/tables/pop2.asp>

³<https://censusreporter.org/profiles/14000US02170000200-census-tract-2-matanuska-susitna-ak/>

Table 9: Children and Older Adults

	Under 18 Years	65 Years and Over
Upper Su	22.3%	16.5%
Glenn Highway	13.2%	19.6%
Parks Highway	23.9%	13.5%
Core Area	27.4%	11.9%
Palmer	27.0%	12.1%
Wasilla	24.2%	18.3%
Mat-Su Borough	26.7%	12.0%
Anchorage	24.4%	11.1%
Alaska	24.9%	11.9%

Source: Claritas Environics 2022

Table 10: Population by Age

	Age 0-14	Age 15-24	Age 25-54	Age 55-64	Age 65-84	Age 85 and Over	2022 Est. Average Age	2022 Est. Median Age
Upper Su	13.6%	9.0%	34.9%	19.7%	21.4%	1.4%	46.0	50.3
Glenn Highway	11.9%	12.4%	43.2%	14.1%	14.7%	0.9%	40.6	37.8
Parks Highway	20.5%	12.1%	37.0%	14.1%	15.3%	0.9%	39.2	38.9
Core Area	22.0%	13.7%	39.2%	11.8%	12.5%	0.9%	36.8	35.8
Palmer	21.6%	15.8%	39.4%	10.4%	11.6%	1.1%	36.1	34.4
Wasilla	22.9%	12.3%	39.3%	10.4%	13.5%	1.6%	37.2	36.3
Mat-Su Borough	21.3%	13.4%	38.8%	12.4%	13.3%	0.9%	37.5	36.6
Anchorage	20.1%	13.1%	42.0%	11.7%	11.9%	1.1%	37.0	35.1
Alaska	20.5%	13.3%	40.2%	12.3%	12.8%	1.0%	37.4	35.7

Source: Claritas Environics 2022

The Alaska population as a whole, as represented by binary genders, tends to have a higher percent of male than female residents (Table 11). This is the case for every community assessed, where most are similar to the state—except for Glenn Highway, which has nearly twice as many male residents (66%) as female residents (34%).

Table 11: Population by Sex

	Male	Female	% Male	% Female
Upper Su	1,607	1,416	53.2%	46.8%
Glenn Highway	1,680	867	66.0%	34.0%
Parks Highway	9,527	8,658	52.4%	47.6%
Core Area	42,350	43,101	51.3%	48.7%
Palmer	4,041	3,975	50.4%	49.6%
Wasilla	4,925	4,896	50.2%	49.9%
Mat-Su Borough	58,164	54,042	51.8%	48.2%
Anchorage	145,936	141,447	50.8%	49.2%
Alaska	382,052	351,910	52.1%	48.0%

Source: Claritas Environics 2022

While most of the population in the areas assessed is White, there are significant differences in subregions (Table 12). Alaska overall is 66.7% White and Anchorage similarly has 59.7% White population, which are both markedly less than the other areas assessed. Alaska Native and American Indian alone are 7% of the population with Glenn Highway having the highest percentage of residents at 12% followed by Palmer at 8.5%. The population of two or more races is 8.3% for Alaska, 9.4% for Anchorage, and 8% for Mat-Su, with Glenn Highway having the highest percentage at 9.9%.

Table 12: Population by Race

	White Alone	Alaska Native/ American Indian alone	Black or African American alone	Asian alone	Native Hawaiian/ Other Pacific Islander alone	Some Other Race	Two or More Races
Upper Su	89.1%	4.8%	1.0%	0.4%	0.4%	0.5%	3.9%
Glenn Highway	74.0%	12.0%	2.5%	0.2%	0.2%	0.2%	9.9%
Parks Highway	81.1%	8.2%	1.3%	0.4%	0.4%	1.1%	7.3%
Core Area	80.2%	6.7%	1.9%	5.0%	5.0%	1.1%	8.2%
Palmer	79.1%	8.5%	1.4%	0.5%	0.5%	0.8%	8.1%
Wasilla	78.4%	6.8%	3.3%	5.0%	5.0%	1.8%	7.1%
Mat-Su Borough	80.4%	7.0%	1.8%	0.5%	0.5%	1.0%	8.0%
Anchorage	59.7%	8.9%	10.3%	2.9%	2.9%	3.1%	9.4%
Alaska	62.5%	15.4%	6.7%	1.5%	1.5%	2.1%	8.3%

Source: Claritas Environics 2022

Most of Alaskans (54.5%), including Mat-Su residents (59.4%), have a high school diploma/GED or some college (Table 13). The percentage of Mat-Su residents with any post-secondary degree (i.e., associate, bachelor's, master's, professional, or doctorate) is 34% compared with 38.7% in Alaska and 45.7% in Anchorage; though percentages in the Core, Palmer, and Wasilla are higher than the Borough as a whole. Of those with any post-secondary degree, the majority have a bachelor's degree.

Table 13: Population by Education

	Less than 9th Grade	Some High School, No Diploma	High School Graduate (or GED)	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree	Professional or Doctorate Degree
Upper Su	1.2%	6.3%	32.2%	32.4%	5.9%	15.9%	4.6%	1.5%
Glenn Highway	4.1%	4.6%	36.1%	28.6%	8.3%	13.0%	4.3%	1.1%
Parks Highway	1.5%	5.6%	40.4%	24.9%	9.3%	12.6%	4.7%	1.1%
Core Area	1.9%	4.4%	31.9%	25.9%	10.8%	17.2%	6.0%	1.9%
Palmer	1.2%	4.4%	33.4%	24.2%	9.0%	17.6%	7.5%	2.7%
Wasilla	2.9%	4.6%	36.7%	27.5%	10.0%	12.7%	4.7%	0.9%
Mat-Su Borough	1.9%	4.7%	33.4%	26.0%	10.3%	16.3%	5.7%	1.7%
Anchorage	2.0%	3.5%	24.5%	24.3%	9.4%	22.3%	9.2%	4.8%
Alaska	2.3%	4.4%	28.5%	26.0%	8.8%	18.4%	8.0%	3.5%

Source: Claritas Environics 2022

The Mat-Su Borough has a slightly higher population of residents with disabilities at 14.1% when compared to Anchorage and Alaska as a whole. The percentage of population with disabilities hasn't changed from 2018 to 2020 for Anchorage (11.1% to 11.2%, respectively) and Alaska (12% to 12.3% respectively), though it has increased slightly for Mat-Su (13.2% to 14.1%, respectively). Some subregions have significantly higher percentages of residents with disabilities.

Table 14: Overall Population with Disabilities, 2020

	Total civilian non-institutionalized people with disabilities (#)	Total civilian non-institutionalized people with disabilities (%)
Upper Su	170	5.9%
Glenn Highway	276	21.5%
Parks Highway	1,967	13.3%
Core Area	12,402	14.4%
Palmer	1,356	18.9%
Wasilla	1,880	18.2%
Mat-Su Borough	14,815	14.1%
Anchorage	31,360	11.2%
Alaska	87,806	12.3%

Source: American Community Survey, 2020

The Mat-Su adult population (18+) is 12.8% veterans compared to 11.7% of the Alaska adult population⁴. The majority of Mat-Su veterans are White, followed by veterans who are two or more races, Hispanic or Latino veterans, and Alaska Native/American Indian veterans (Table 15). Across Alaska, the highest percentage of veterans are male at 85.5% and between 35 and 54 years of age (31.8%), as outlined in Table 16. Anchorage and Wasilla have the highest rates of female veterans at 14.5% and 14.2%, respectively. Approximately one in five (20.6%) veterans are 65 to 74 years of age. Wasilla has the highest percent of veterans over age 75 at 16.7% of its veteran population. Of Mat-Su veterans 26.2% have a disability, with the highest percentage residing in Wasilla at 39.8%.

Table 15: Veterans by Race

	Total Veterans	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some Other Race alone	Two or More Races	Hispanic and Latino (of any race)	White alone, not Hispanic or Latino
Mat-Su Borough	10,518	89.9%	2.0%	3.1%	0.5%	0.1%	0.3%	4.1%	3.5%	87.3%
Palmer	641	86.4%	3.4%	4.4%	1.4%	0.0%	1.4%	3.0%	4.1%	84.4%
Wasilla	834	86.0%	2.3%	9.2%	1.0%	0.0%	0.0%	1.6%	2.6%	84.1%
Anchorage	28,203	77.0%	8.2%	3.6%	3.2%	1.3%	1.1%	5.5%	5.9%	73.1%
Alaska	67,452	79.8%	5.7%	6.2%	1.9%	0.7%	0.8%	4.9%	5.2%	76.3%

Source: American Community Survey, 2020

Table 16: Veterans by Sex, Age, and Disability Status

	SEX			AGE					DISABILITY	
	Total Veterans	Male	Female	18 to 34 years	35 to 54 years	55 to 64 years	65 to 74 years	75 years and over	With any disability	Without a disability
Mat-Su Borough	10,518	87.9%	12.1%	10.6%	37.1%	21.6%	20.3%	10.4%	26.2%	73.8%
Palmer	641	85.8%	14.2%	16.4%	34.0%	17.3%	20.6%	11.7%	29.0%	71.0%
Wasilla	834	91.0%	9.0%	9.0%	38.0%	18.9%	17.4%	16.7%	39.8%	60.2%
Anchorage	28,203	85.5%	14.5%	20.6%	30.9%	21.0%	18.3%	9.2%	22.7%	77.3%
Alaska	67,452	86.9%	13.1%	17.0%	31.8%	20.5%	20.9%	9.8%	25.2%	74.8%

Source: American Community Survey, 2020

⁴Calculated from population statistics available at <https://www.census.gov/quickfacts/fact/table/AK,matanuskasutitnaboroughalaska/PST045221>



DEI Lens

Demographic shifts are occurring in Alaska and Mat-Su, highlighting a need to collect data that include these new populations, reveal the needs they have, and promote a deep understanding and respect for their cultures and varying backgrounds. Expected continuing growth of Mat-Su's population will require a focus on the ways physical spaces may need to be adapted to safely accommodate these new residents. Issues of affordability, access, universal design and services may be incorporated into community planning when considering the steady flow of newly arriving Mat-Su residents.

In the same vein of planning, issues of inclusion, equity and justice should also be considered for populations that are discriminated against because of their ethnic backgrounds, criminal history, religious beliefs, sexual orientation, gender identification or disability. For example, roughly 26% of adults in the U.S. live with a disability, according to 2022 figures from the Centers for Disease Control and Prevention. Expected increases in residents of varying identities and abilities necessitate planning designed to include as many people as possible, to create and support healthy communities.



Chapter 5

Health and Safety

This chapter covers the topics of the Well-Being Portfolio related to health and safety, which include the vital condition of Basic Needs for Health and Safety and the urgent services of Acute Care for Illness and Injury; Addiction and Recovery Services; Criminal Justice, Violence and Emergencies.

Basic Needs for Health and Safety	Acute Care for Illness and Injury	Addiction and Recovery Services	Criminal Justice, Violence, and Emergencies
Basic requirements for health and safety, e.g., adequate air and water; nutritious food; routine physical activity; safe, satisfying sexuality and reproduction; and routine healthcare	Acute and post-acute care for physical and mental illness, including emergency medical services, acute hospitalization, and trauma-informed care	Services to address mental health and recovery needs, including substance abuse treatment and support, and inpatient and outpatient services for SUD and mental illness	Efforts to maintain public safety and fairly adjudicate violations of the law



DEI Lens

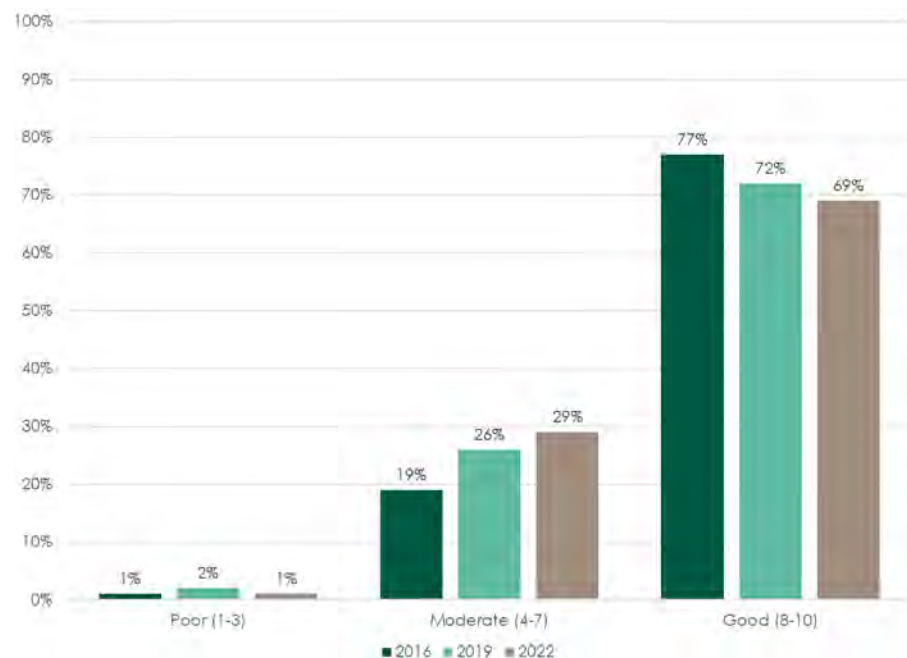
The Center on Budget and Policy Priorities, in 2021, found that when the basic needs such as food, housing and medical care are met, the caregivers of families experience less stress and can provide important support children require to grow into healthy adults. When these caregivers have to cope with material hardship, emotional stresses can result and create a damaging ripple effect for children in the household. Material hardship can be higher for households that have experienced inequities based on their race, gender, or family structure. When basic needs are met, emotional distress also decreases.

Health disparities are consistent differences in health that happen more often among people who are poor, obese, non-White, or who have a disability. Communities recognizing these disparities can develop solutions that improve the health and environments of every person living within them.

Basic Needs for Health and Safety

According to the Mat-Su Household Survey, overall quality of life has declined since 2016, with 69% of respondents rating their quality of life good in 2022 compared to 77% of respondents in 2016 (Figure 10). In 2022, respondents aged 65 or over were more likely to rate their quality of life in the Mat-Su Borough very good, giving an average rating of 8.4. Quality of life ratings were also higher for urban areas than rural, 8.1 compared to 7.8, and for residents who identified as heterosexual (8.1) compared to gay/lesbian, bisexual residents (7.2).

Figure 10: Overall Quality of Life in The Mat-Su Borough



Source: Mat-Su Households Survey, McKinley Research, 2022



Figure 11: Health Status, Intercept Survey and Connect Mat-Su Participant Survey

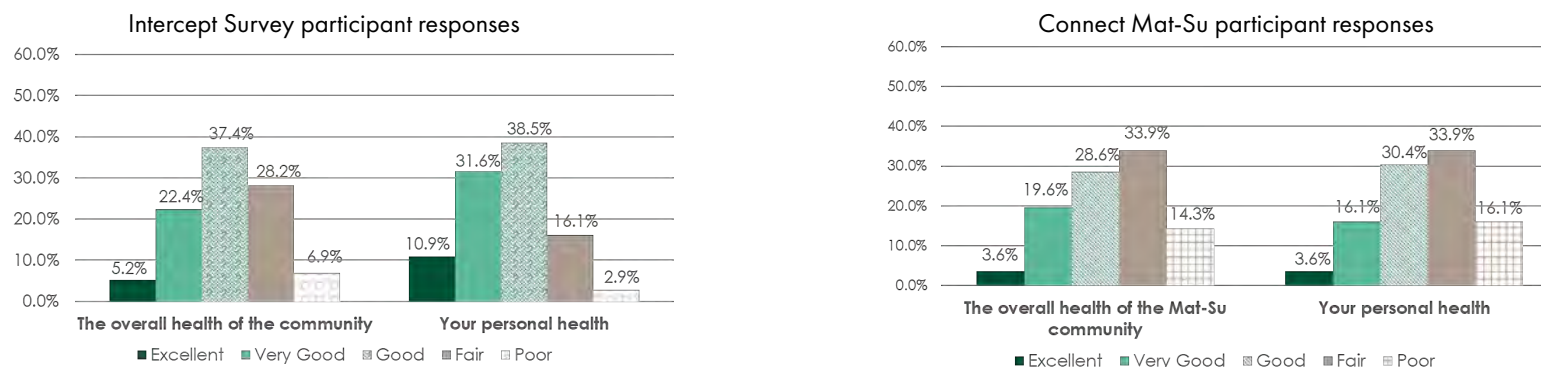
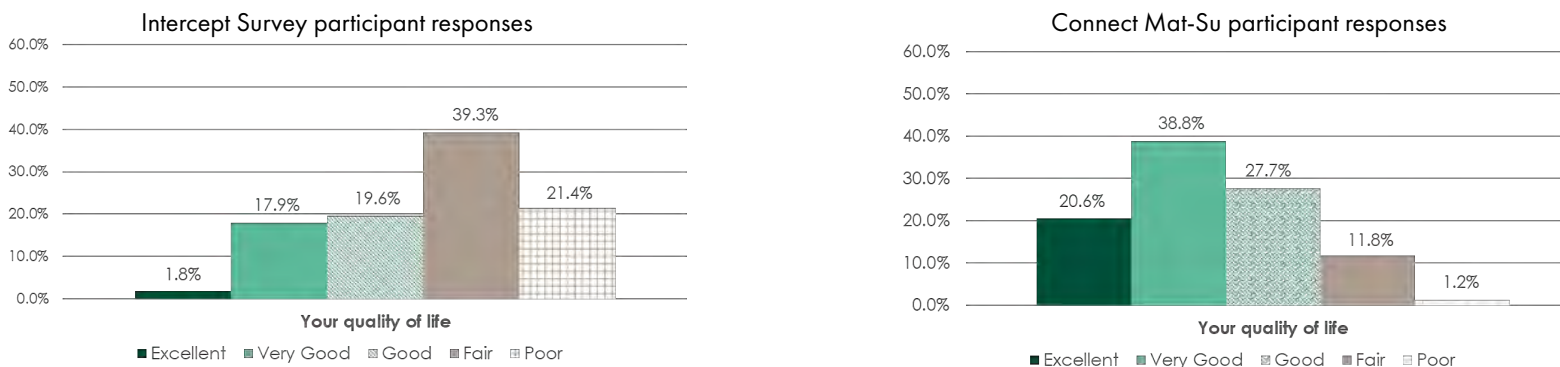


Figure 12: Quality of Life, Intercept Survey and Connect Mat-Su Participant Survey



Source: Mat-Su Health Foundation Intercept Survey and Connect Mat-Su Participant Survey, Strategy Solutions, 2022

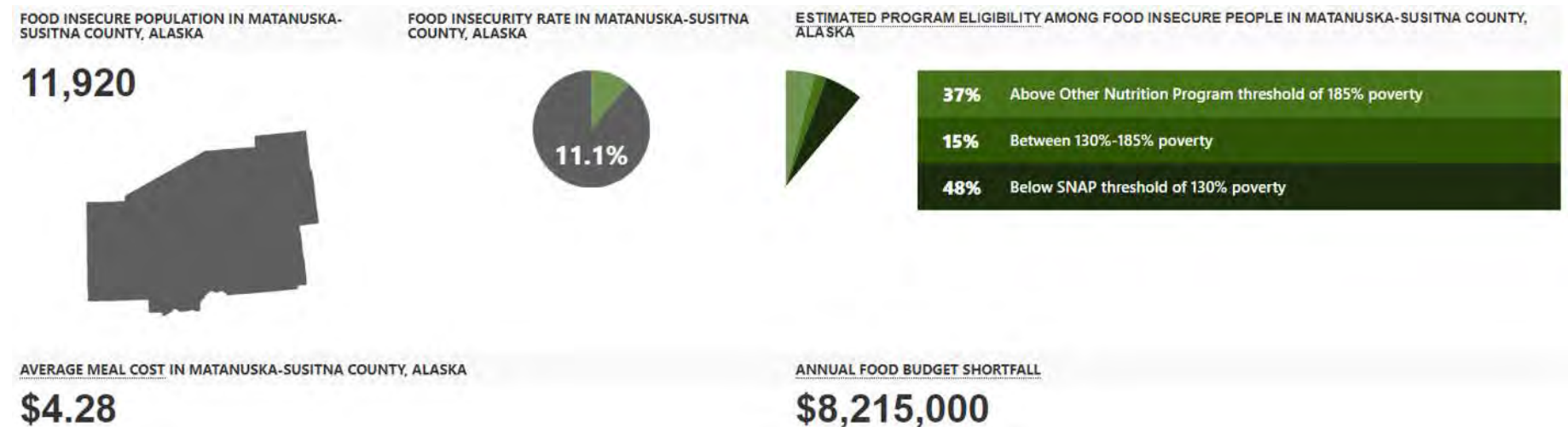
Intercept survey and Connect Mat-Su survey respondents were asked to rate the overall health of the community, their personal health, as well as their quality of life (Figure 11). Just over a third of intercept survey respondents (35.1%) rated the health of the community as fair or poor while 19% rated their own health to be fair or poor. In contrast, half of respondents in Connect Mat-Su's survey rated their own health as fair or poor, compared to 48.3% for the community overall. More than half of intercept survey respondents (59.4%) rated their quality of life as excellent or very good, compared to nearly two-thirds of Connect Mat-Su survey respondents who rated their quality of life as fair or poor, as shown in Figure 12.

Nutritious Food

According to the World Health Organization (WHO), nutrition is a critical part of health and development.¹ Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of noncommunicable diseases (such as diabetes and cardiovascular disease), and longevity.

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a household or can last a long time. Food insecurity is one way we can measure how many people cannot afford food. The causes of food insecurity are complex and may include poverty, unemployment, or low income; lack of affordable housing; chronic health conditions or lack of access to healthcare; and systemic racism and racial discrimination.² In the Mat-Su, around 11% of the population is considered to experience food insecurity (Figure 13).

Figure 13: Food Insecurity, Mat-Su



Source: [Feeding America](https://www.feedingamerica.org/)

¹ https://www.who.int/health-topics/nutrition#tab=tab_1

² <https://www.feedingamerica.org/hunger-in-america/food-insecurity>

As illustrated in Table 17, Mat-Su has a higher Food Environment Index Score than Alaska or the U.S., indicating a higher level of healthy food compared to unhealthy food in the community. At the same time, Mat-Su only has a slightly lower rate of its population able to access larger grocery stores than the aggregate of Alaska residents. In reviewing Connect Mat-Su referrals, 85 submission (2.35%) were food related. Calls received were regarding lack of access to a local store (i.e., food desert), lack of nutrition, and/or homelessness.

Table 17: Food Availability

	Mat-Su	Alaska	U.S.
Food Environment Index Score	18.3	16.3	14.3
<i>Higher score indicates more healthy food than unhealthy food is available in a community</i>			

Population Without Access to Large Grocery Store ³	28.9%	30.9%	21.7%
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Source: <https://www.usnews.com/news/healthiest-communities/alaska/matanuska-susitna-borough>

Table 18: Food Expenditures

	Mat-Su	Alaska	U.S.
At-Home Food Expenditures on Fruit/Vegetables	68.2	72.0	63.7
<i>Higher values from zero to 100 indicate higher expenditures</i>			
At-Home Food Expenditures on Soda/SSB	32.0	29.4	39.1
<i>Higher values from zero to 100 indicate higher expenditures</i>			

Source: <https://www.usnews.com/news/healthiest-communities/alaska/matanuska-susitna-borough>

Due to its separation from the contiguous U.S., it is not surprising that household expenditures on fruit and vegetables are higher, as shipping costs and last-mile delivery are likely to be higher. However, Mat-Su's household costs for these goods are lower than the Alaska aggregate, outlined in Table 15. Households in Mat-Su spend more on soda—a negative nutritional product that tends to contribute to obesity and noncommunicable diseases—than the majority of Alaskans, but less than the U.S. overall. As outlined in Figure 13, the percent of Mat-Su residents being below the SNAP threshold (48%) shows a potentially high level of food insecurity.

The percentage of Mat-Su students eligible for free and reduced-price lunches has increased from 38.4% in 2012 to 41.9% in 2020. The current year's percentage of students enrolled is slightly lower than in 2018. The number of students enrolled between 2018 and 2020 dropped by 964 students, as outlined in Table 19. It should also be noted that all students received free lunch during the pandemic.

³ A large grocery store is defined as having at least \$2 million in annual sales and contains all major food departments found in a traditional supermarket.

Table 19: Free and Reduced-Price Lunches, Matanuska-Susitna Borough School District

	2012	2013	2014	2018	2020*
Number of Free Lunches	4,730	4,907	5,095	6,149	5,796
Number of Reduced-Price Lunches	886	804	784	860	508
Total Number Students Enrolled	14,614	14,659	15,052	16,026	15,062
Percent Free and Reduced-Price	38.4%	39.0%	39.1%	43.7%	41.9%

Source: Alaska.gov; EducationAlaska.gov

*All students received free lunch during the pandemic.

Table 20: Non-Gestational Diabetes, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	8.1 (5.1-12.5)	8.8 (6.3-12.1)	7.9 (5.6-11.1)
Alaska % (95% CI)	8.9 (7.7-10.3)	7.4 (6.4-8.6)	7.9 (6.7-9.2)

Source: Alaska Department of Health, BFRSS

Table 21: Non-Gestational Diabetes, Seniors 65+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	20.8 (13.4-30.7)	20.0 (13.0-29.6)	14.4 (9.1-22.1)
Alaska % (95% CI)	19.5 (16.4-23.1)	16.3 (13.2-20.1)	20.0 (16.2-24.4)

Source: Alaska Department of Health, BFRSS

The percent of students diagnosed with non-gestational diabetes in Mat-Su increased between 2018 and 2019 from 8.1% to 8.8%, respectively, but dropped in 2020 to 7.9%, matching Alaska's rate (Table 20). Mat-Su's rate of seniors over 65 was higher in 2018 at 20.8% and 2019 at 20%, but dropped substantially in 2020 to 14.4%, while Alaska's rate was lower than 2018 in 2019 but rose in 2020 to 20% (Table 21).

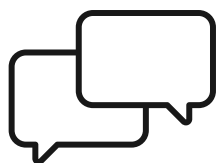
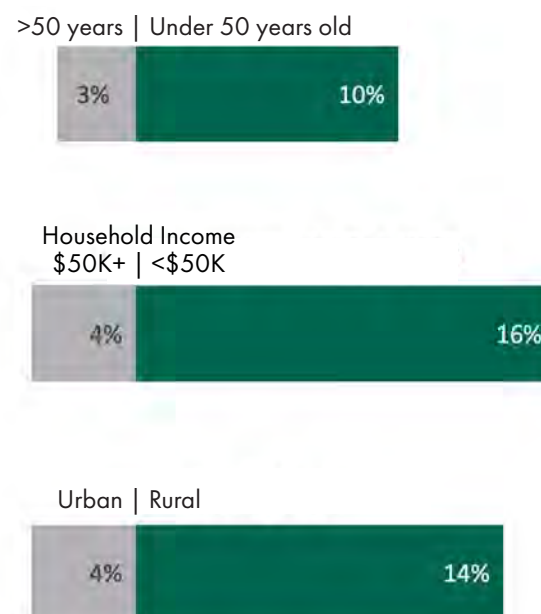
According to the 2022 Mat-Su Household Survey, seven percent of respondents reported that someone in their household did not have enough food to eat in the past 12 months (Table 22). Respondents with household income under \$50,000, those living in rural areas, and those under the age of 50 were more likely to report someone in the household not having enough food to eat (Figure 14). Further, the COVID-19 pandemic had an impact on resident's ability to access food with 19% of households saying it was more difficult to have enough food to eat because of the pandemic (Table 22). The impact was greater for rural households (27% rural vs. 17% urban), households with income under \$50,000 (36% under 50k vs. 14% 50k+), and residents identifying as gay, lesbian, or bisexual (32% gay, lesbian, or bisexual vs. 6% heterosexual).

Table 22: Enough Food to Eat, Percent

Not enough food to eat, past 12 months	2022 n=757
Yes	7
No	92
Don't Know	1
Pandemic impact on having enough food to eat	2022 n=757
More difficult	19
About the same	77
Less difficult	2
Don't Know	<1
Refused	2

Source: Mat-Su Household Survey, McKinley Research, 2022

Figure 14: Inadequate Access to Food – Subgroup Differences, 2022

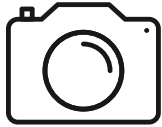


Focus Groups

Focus group participants talked about the lack of access to affordable healthy foods, noting food insecurity as a big issue. Youth participants talked about the fact that, for many, the only meals they are getting are when they are in school or participating in Youth 360. They spoke of the challenge in accessing food stamps. Other focus group participants talked about the challenges associated with bringing healthy foods into the Mat-Su, especially outside of the core area. It was noted that oftentimes things are not available and what is available is expensive. They highlighted the need for local food production through greenhouses or hydroponics.

Connect Mat-Su Participant Survey

Connect Mat-Su Survey participants were given a list and asked to identify which of the following areas they or anyone in their household had needs in that could not be met in the past 12 months. Just under half (45.8%) of respondents were unable to access fresh fruits and vegetables or have enough food to eat (45%).



One in 10 (10.4%) Photovoice cards completed by exhibit participants were for pictures that highlighted cost of food, feeding families or community gardens. In general, participants identified access to healthy affordable foods as a health-related issue in the community.

They noted the high cost of healthy food in comparison to fast food as well as the many people going without food given affordability and access.

Five Photovoice cards highlighted Figure 15 among the images that stood out to them. This image highlights the high cost of healthy foods with all viewing this as a community need/issue that has gotten worse over the last three years. Five Photovoice cards highlighted Figure 16. This image highlights a community garden with 80.0% viewing this photo as a community strength and 20% viewing it as a community need/issue

that has stayed the same over the last three years. Additionally, Photovoice exhibit participants identified the need for better access to agricultural funding. They noted that more local vegetables should decrease costs due to decreasing dependence on long-haul travel.

Participants would like to see more community or neighborhood gardens and suggested using rooftops. They noted that there need to be more of them, but they need to be visible and welcoming to all. It was noted that efforts have started to make fresh food available to seniors but there is still the need to increase access to children. Other changes noted include school lunch menus year-round, grants for community greenhouses, self-sustaining produce community gardens, food banks, and fresh produce mobile vendors.

Figure 15: Photovoice Photo by Latinx Residents

Fruits and veggies are very expensive.





“Food is very expensive, many individuals are experiencing it.

Food scarcity and prices continue to increase due to inflation, supply chain problems and difficulty with transportation the cost of healthy fruits and veggies are often cost prohibitive, especially on a limited budget or fixed income.”

– Photovoice exhibit participant



(left) Figure 16: Photovoice Photo by Parents with Purpose Harvesting Hope.

The exhibit participants talked about the impact that the COVID-19 pandemic and current inflation is having on the community. Many noted that for this to improve the economy needs to improve. They highlighted the challenges residents living in poverty

are experiencing given the rising cost of food. Participants also noted food access as an area where systems change is needed. Ideas for systems change priorities included growing more local food and increasing the number of community gardens.

“We have too many kids that don’t get 3 healthy meals a day.”

– Photovoice exhibit participant

“Cheap food is often unhealthy,

so garden greens are very nice to have.”

– Photovoice exhibit participant

“Need fresh produce for those who can’t afford it.”

– Photovoice exhibit participant

“Feeding the ones that need food is a good act of faith.”

– Photovoice exhibit participant

Routine Physical Activity

According to the Centers for Disease Control, regular physical activity is one of the most important things people can do for their health. Being physically active can improve brain health, help manage weight, reduce the risk of disease, strengthen bones and muscles, and improve one's ability to do everyday activities.

Table 23: Physically Active Adults, Percent, 2018-2020

Adult 18+	2018	2019	2020
Mat-Su Borough % (95% CI)	81.2 (75.1-86.0)	76.6 (70.8-81.5)	76.2 (70.1-81.4)
Alaska % (95% CI)	80.9 (78.9-82.7)	78.9 (76.5-81.1)	79.4 (77.4-81.3)
Adult 65+	2018	2019	2020
Mat-Su Borough % (95% CI)	80.2 (70.6-87.2)	74.1 (64.2-82.0)	72.2 (61.7-80.8)
Alaska % (95% CI)	75.1 (71.3-78.6)	75.6 (71.2-79.6)	72.2 (67.8-76.2)

Source: Alaska Department of Health, BFRSS

Mat-Su adults have decreased physical activity in relation to those for Alaska overall (Table 23). This trend has increased since 2018 and presents an opportunity for positive intervention. Adults over 65 have become more sedentary where 80.2% of Mat-Su residents 65+ were physically in 2018 compared with 72.2% in 2020. Mat-Su's rate of physically active seniors was higher than that of Alaska in 2018 but had dropped to match it by 2020. Further, the majority of Mat-Su children (61.3%) are getting less physical activity than before the pandemic (Table 24).

The amount of physical activity my child now gets on an average day is...

Table 24: Impact of COVID on Child Physical Activity, Mat-Su Borough, 2021

n=447	%	n
Less than before the pandemic	61.3%	274
The same as before the pandemic	30.9%	138
More than before the pandemic	7.8%	35

Source: Alaska Department of Health, MCH Epidemiology

In relation to reduced physical activity, children were also spending more time engaged in non-academic screen time (Table 25). Screen time includes any time the child spends in front of a TV, computer, smart phone, or other electronic device watching shows, playing games, accessing the internet, or using social media. This does not include time spent on schoolwork.

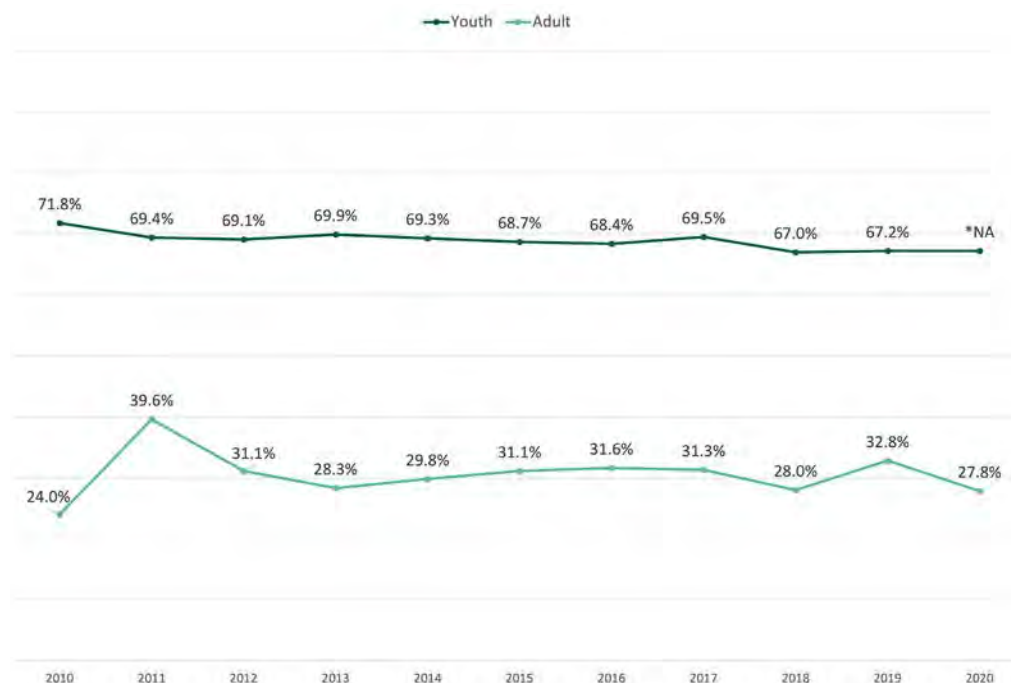
The amount of non-academic screen time my child now gets on a typical day is...

Table 25: Impact of COVID on Child Non-Academic Screen Time, Mat-Su Borough, 2021

n=446	%	n
Less than before the pandemic	2.9%	13
The same as before the pandemic	25.1%	112
More than before the pandemic	72.0%	321

Source: Alaska Department of Health, MCH Epidemiology

Figure 17. Healthy Weight of Mat-Su Residents by Year, 2010-2020



Source: (Adult Data) ADH BRFSS; (Youth Data) ADH, Physical Activity & Nutrition Unit; Healthy People 2030
* 2020 data not available for youth; 2019 data was used as a placeholder.

Table 26 indicates that the percentages of overweight Mat-Su adults decreased from 43.3% in 2018 to 33.6% in 2019 but increased slightly again in 2020 to 35%. However, the percentage of obese adults in Mat-Su increased steadily from 28.7% in 2018 to 37.2% in 2020. The percentages for both overweight and obesity in Alaska have had a steady increase in the same period. A much higher percentage of Mat-Su youth are at a healthy weight compared to adults, though the percentage has declined slightly from a high of 71.8% in 2010 (Figure 17).

Table 26: Overweight and Obesity Indicators, Adults 18+, Mat-Su Borough and Alaska, Percent, 2018-2020

	2018	2019	2020
Overweight			
Mat-Su Borough % (95% CI)	43.3 (36.4-50.5)	33.6 (28.1-39.6)	35.0 (29.3-41.2)
Alaska % (95% CI)	34.8 (32.4-37.2)	35.6 (32.9-38.3)	34.6 (32.2-37.1)
Obese			
Mat-Su Borough % (95% CI)	28.7 (22.6-35.6)	33.6 (28.0-39.7)	37.2 (31.2-43.7)
Alaska % (95% CI)	29.9 (27.6-32.4)	30.3 (27.8-33.0)	32.0 (29.6-34.4)
Overweight or Obese			
Mat-Su Borough % (95% CI)	72.0 (65.4-77.8)	67.2 (60.9-72.9)	72.2 (65.7-77.9)
Alaska % (95% CI)	64.7 (62.2-67.2)	65.9 (63.1-68.6)	66.6 (64.0-69.0)

Source: Alaska Department of Health, BFRSS



Focus Groups

Focus group participants talked about the lack of access to opportunities for physical activity in the winter. Many felt there are natural outlets individuals can take advantage of when the weather is nice. Participants highlighted the lack of a community pool and indoor gym that includes a walking track as a need in the community. There was also discussion around the high cost of youth sports and activities. Participants suggested there need to be more free or low-cost things for youth in the community. Seniors commented that the sidewalks and trails need to be made more accessible to those who use wheelchairs.

Intercept Survey

Intercept survey respondents identified the following as goals to achieve over the next three years moving toward a healthier Mat-Su. The responses were open-ended. The following reflect the goals identified related to physical activity: Community pool (6.3%), Indoor gym (5.5%), Bike trails (2.3%), and Walking track/trails (2.3%)

Connect Mat-Su Participant Survey

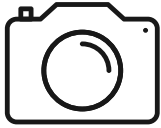
Over a third (35.6%) of Connect Mat-Su survey respondents indicated they or someone in their household had difficulty accessing recreational opportunities over the past 12 months.

“The only one that has yet to be met (ever) is recreational activities for my husband and I.

This is simply due to cost of the activity and the gas to get us to that activity. In fact, we haven’t been on a date in several years and it’s ALL because of the cost of living.”

- Connect Mat-Su participant survey respondent





Just under one in 10 (9.4%) Photovoice cards completed by participants identified pictures that highlighted local trails and playgrounds, and cost of youth activities.

Six Photovoice cards highlighted Figures 18 and 19 among the images that stood out to them. These images highlight the high cost of youth sports and activities, with 83.3% viewing this as a community need/issue. Half felt this has gotten worse over the last three years, while the other half think it has stayed the same. Participants talked about the need to reduce the cost of youth programs or offer financial assistance to those who could not otherwise afford to participate. It was also suggested that the school should provide access to free sports equipment, musical instruments, etc. Another suggestion was transportation to afterschool activities. Participants also highlighted the physical and mental health benefits of youth participating in sports and other activities. Many noted that keeping kids active reduces likelihood they will become obese or turn to drugs.

Five Photovoice cards commented on Figures 20 and 21. These images highlight both the availability as well as the lack of public trails. Some commented on the strength, given widely available and posted trails; others noted the need, given lack of accessible trails. Half felt this has gotten worse over the last three years, while the other half indicated it has stayed the same. Among those who highlighted the availability of trails, it was noted that while they exist, there is still not an opportunity for connection. Others suggested the need for the trails to be lit in winter months. The need to ensure trails are clean and safe was also noted.

Nine Photovoice cards highlighted Figure 22 among the images that stood out to them. This image highlights youth at a playground. Over half (55.6%) viewed this as a community strength while 44.4% view it as a need with all agreeing the issue has gotten worse. Participants talked about the importance of playgrounds in communities and suggested they could be built on vacant land. They highlighted the need for them to be safe, noting many parents won't take their children to the playground because they hear it is unsafe.

Photovoice exhibit participants also identified several systems change opportunities related to recreation including funding for more walking/ biking paths, improved trail maintenance (especially in the winter) and more positive community events.

"I haven't seen much support being built

to ensure kids from lower-income backgrounds are able to participate in sports equally."

– Photovoice exhibit participant

"Safe and healthy opportunities

(or transportation to them) for child/youth recreation have always been a huge challenge for the Mat-Su."

– Photovoice exhibit participant

"Activities even within the public school

have become so expensive. Without access to activities, kids get in trouble."

– Photovoice exhibit participant

"I think the way the economy is going right now,

everything is always increasing in prices but the wages are not increasing at the same rate so it is a lot harder for families to afford sport programs for their children."

– Photovoice exhibit participant

Figure 18: Photovoice Photo by Knik Tribe Women



Any activities that youth (or anyone) would want to participate in, cost a lot of money. If a child/youth wants to engage in community sports or activities, the income of their parents shouldn't hold them back. Sports and other activities are usually a child's first time learning about teamwork, work ethic and what interests them. If money is the only barrier to manifesting these qualities from our kids, it should be an easy barrier to overcome.

Figure 19: Photovoice Photo by R.O.C.K. Mat-Su Youth Leadership Council



These are my sister and I's sports and music supplies. Two of the main activities in a child's life are music and sports. As parents know, gear can be expensive. Some parents can't afford the gear and fees to participate in music and sports. Not to mention the traveling gigs and sports teams. Especially for foster and adoptive parents, activities cost a lot. In conclusion, I think that activities are healthy, and should be affordable for those in need.

Matanuska Greenbelt Trails



Emergency: 911
State Troopers: 907-352-5401
Trail Maintenance: 745-3975

Maps at www.matanuska-greenbelt.org or mobile page:



(left) Figure 20: Photovoice Photo by Latinx Residents

Easy access to outdoors keep us in good physical and mental health.

"I think community cleanups in trail access could help people enjoy these trails and take ownership as well."

– Photovoice exhibit participant

Figure 21: Photovoice Photo by Mat-Su Health Services



No paths.

"Playgrounds are safe havens for families (and really affordable)."

– Photovoice exhibit participant

Figure 22: Photovoice Photo by Williwaw Community Residents



The future of Williwaw.

Safe, Satisfying Sexuality and Reproduction

According to the United Nations Population Fund, “good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. To maintain one’s sexual and reproductive health, people need access to accurate information and the safe, effective, affordable, and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. And when they decide to have children, women must have access to skilled health care providers and services that can help them have a fit pregnancy, safe birth and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health.”⁴

Reproductive Health

For the period 2016-2020, Table 27 outlines that birth rates and fertility rates in Mat-Su and Alaska were nearly identical, with Alaska having only a slightly higher birth rate at 13.9 over Mat-Su’s 13.2. While birth rates have remained steady throughout the period, fertility rates dropped relatively steadily from a high of 78.0 in Mat-Su and 76.4 in Alaska in 2016 to a low of 66.2 and 65.5 respectively in 2020. For the period 2016-2020, as outlined in Table 28, teen birth rates in Alaska were higher at 20.1 than Mat-Su’s 14.4. This disparity has been consistent for each year reported.

Table 27: Alaska Resident Births and Rates by Years, Mat-Su Borough and Alaska, 2016-2020

Year	Mat-Su Borough			Alaska		
	Births	Birth Rate	Fertility Rate	Births	Birth Rate	Fertility Rate
2016	1,509	14.7	78.0	11,215	15.1	76.4
2017	1,356	13.0	68.7	10,452	14.1	71.3
2018	1,395	13.2	70.2	10,098	13.7	69.4
2019	1,369	12.8	68.0	9,831	13.4	67.7
2020	1,339	12.5	66.2	9,479	13.0	65.5
2016-2020	6,968	13.2	70.1	51,075	13.9	70.1

Source: Alaska Division of Public Health, HAVRS

Notes: Birth rate shown as events per 1,000 population. Fertility rate shown as events per 1,000 women aged 15-44 years

⁴<https://www.unfpa.org/sexual-reproductive-health>

Table 28: Alaska Resident Teen Births and Rates by Years, Mat-Su Borough and Alaska, 2016-2020

Year	Mat-Su Borough		Alaska	
	Births	Teen Rate	Births	Teen Rate
2016	69	20.7	582	25.5
2017	48	14.3	486	21.4
2018	48	14.4	423	28.8
2019	35	10.1	393	17.6
2020	45	12.9	378	17.0
2016-2020	245	14.4	2,262	20.1

Source: Alaska Division of Public Health, HAVRS

Notes: Teen rate refers to events per 1,000 women aged 15-19 years.

Prenatal Care

Mat-Su mothers have been more likely than Alaska mothers overall to begin prenatal care in the first trimester, although the gap between the two has widened by approximately one point annually from 2018 to 2020 (Table 29). Between 2018 and 2020, Mat-Su mothers have been less likely to smoke in the last trimester than those across Alaska, although this figure has risen slightly from 7.8 in 2018 to 8.1 in 2020. Alaska's percentage has remained essentially the same at 10.1%. In 2018, Mat-Su mothers were as likely to drink in the last trimester as Alaska mothers at a rate of 5.9, however, this began to decrease in Mat-Su in 2019 to 4% and further to 2.6% in 2020 while Alaska's remained steady at 5.5% for both years. In 2020, fewer Mat-Su mothers reported using marijuana or hashish during pregnancy for both Mat-Su (7.7%) and Alaska (7.9%).

Table 29: Prenatal Care, Mothers of Newborns, 2018-2020

		2018	2019	2020
Start prenatal care in the first trimester	Mat-Su Borough %	90.1	92.4	91.2
	(95% CI)	(81.2-95.1)	(85.2-96.2)	(82.8-95.7)
	Alaska %	83.2	85.9	84.2
	(95% CI)	(80.2-85.8)	(83.3-88.2)	(81.3-86.7)
Smoke last three months of pregnancy	Mat-Su Borough %	7.8	8.0	8.1
	(95% CI)	(3.6-16.0)	(4.3-14.7)	(4.4-14.5)
	Alaska %	10.2	10.2	10.1
	(95% CI)	(8.4-12.3)	(8.5-12.3)	(8.5-11.9)
Drink last three months of pregnancy	Mat-Su Borough %	5.9	4.0	2.6
	(95% CI)	(2.3-14.0)	(1.6-9.9)	(0.8-8.1)
	Alaska %	5.9	5.5	5.5
	(95% CI)	(4.4-8.0)	(4.1-7.3)	(4.2-7.3)
Use marijuana or hash during pregnancy	Mat-Su Borough %	13.5	11.5	7.7
	(95% CI)	(7.6-22.9)	(6.7-19.1)	(3.8-15.1)
	Alaska %	9.5	9.3	7.9
	(95% CI)	(7.6-11.7)	(7.5-11.4)	(6.3-9.8)

Source: Alaska Department of Health, PRAMS

Sexual Orientation

The reporting rate for those not heterosexual is close to 5% of the population in 2018, increasing to 9.1% in 2020. Shown in Table 30, the reported transgender rate for 2018 is 2.5%, declining to 1.9% by 2020. The data together suggests that of those reporting not heterosexual, less than 2% consider themselves to be transgender or non-conforming and the other 7% identify as gay or lesbian or something else not related solely to physiology.

Table 30: Sexual Orientation and Transgender Identity, Mat-Su Borough 18+, Percent, 2018-2020

	2018	2019	2020
Sexual Orientation			
Heterosexual (95% CI)	94.5 (89.7-97.2)	95.2 (91.2-97.5)	90.9 (85.8-94.2)
Not Heterosexual (95% CI)	5.5 (2.8-10.3)*	4.8 (2.5-8.8)*	9.1 (5.8-14.2)
Transgender Orientation			
Cisgender	97.5 (94.6-98.8)	NA	98.1 (95.2-99.2)
Transgender/Gender Non-conforming	2.5 (1.2-5.4)*	NA	1.9 (0.8-4.8)*

Source: Alaska Department of Health, BFRSS

*Data flagged as statistically unstable due to a low relative standard error and should be interpreted with caution.

About three-quarters of household survey respondents (74%) said they were comfortable answering questions about their own sexual orientation and gender identity in the 2022 survey, down from 86% in 2019 (Table 31). Among respondents who said they were comfortable answering questions about their sexual orientation and gender identity, 92% identified as heterosexual or straight, 4% identified as gay or lesbian, 2% identified as bisexual, and 2% identified as other. In 2022, the percentage of respondents indicating that they were gay/lesbian rose from 2% to 4%.

Would you be comfortable answering questions about your own sexual orientation and gender identity? (%)

Table 31: Comfortable Answering Gender Identity Questions, Percent, 2016, 2019, 2022

	2016 n=700	2019 n=755	2022 n=757
Yes	68	86	74
No	27	13	21
Refused	4	1	6

Source: Mat-Su Household Survey, McKinley Research, 2022

Table 32: Chlamydia and Gonorrhea Rates per 100,000, Mat-Su Borough and Alaska, 2018-2020

	2018		2019		2020	
	Rate ^a	Count	Rate ^a	Count	Rate ^a	Count
Chlamydia						
Mat-Su Borough	368	389	364	389	366	393
Alaska	840	6,182	854	6,255	698	5,087
Gonorrhea						
Mat-Su Borough	187	198	138	145	142	152
Alaska	306	2,254	302	2,215	272	1,981

Source: Department of Health, Division of Public Health, SOE

^a Incidence rates were calculated by McKinley Research Group based on the number of new cases per 100,000 population.

Sexual Risk Behaviors

At 20.2%, alternative high school students in Alaska were more likely than traditional students in Alaska (15.7%) or in Mat-Su (13.4%) to use no form of birth control for sexual encounters in 2019. Table 33 also shows they are less likely to use a condom but more likely to use a shot, patch, birth control ring, IUD, or implant. They are slightly less likely than traditional students to use the pill.

Alternative school students were also more likely to use alcohol or drugs before sexual intercourse at 36.0% than traditional school students in Alaska at 15.9% or in Mat-Su at 16.2%. Alternative students in both Alaska and Mat Su were twice as likely to have had sexual intercourse, to have engaged in sexual intercourse before the age of 13, and to be currently sexually active than their counterparts at traditional high schools. They were also three times as likely to have had sexual intercourse with four or more partners than their counterparts at traditional high schools and were three times more likely than traditional students in Alaska to have been tested for a sexually transmitted disease, with those in Mat-Su twice as likely.

Sexually Transmitted Diseases

As shown in Table 32, rates of chlamydia per 100,000 population declined in Mat-Su from 368 in 2018 to 364 in 2019, with a slight increase to 366 in 2020. In Alaska as a whole, the rates remained steady and much higher than those in Mat-Su with 840 in 2018 and 854 in 2019 and a large drop in 2020 to 698. Gonorrhea rates have also dropped in Mat-Su, from 187 in 2018 to 138 in 2019 and holding steady at 142 in 2020. Across Alaska, the rate of 306 in 2018 equated with 302 in 2019 but declined to 272 in 2020.

Table 33: High School Sexual Behaviors, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Did not use any method to prevent pregnancy (95% CI)	13.4 (9.1-19.1)	15.7 (11.2-21.5)	*	20.2 (14.7-27.0)
Alcohol or drug use before sexual intercourse (95% CI)	16.2 (11.9-21.8)	15.9 (10.8-22.9)	*	36.0 (29.2-43.3)
Condom use (95% CI)	52.8 (46.9-58.5)	53.9 (46.6-61.0)	*	32.3 (26.1-39.2)
Shot, patch, or birth control ring use (95% CI)	5.3 (3.0-9.0)	4.3 (2.5-7.3)	*	7.8 (5.0-12.0)
IUD or implant use (95% CI)	15.5 (12.6-19.0)	11.6 (7.1-18.6)	*	25.0 (19.2-32.0)
Birth control pill use (95% CI)	18.8 (14.6-23.9)	17.1 (12.4-23.2)	*	13.3 (9.4-18.6)
Birth control pill; IUD or implant; or shot, patch, or birth control ring use (95% CI)	39.6 (33.9-45.6)	33.0 (26.0-40.8)	*	46.2 (39.0-53.5)
Condom and birth control pill; IUD or implant; or shot, patch, or birth control ring use (95% CI)	12.7 (9.0-17.6)	13.2 (8.9-19.0)	*	9.3 (5.9-14.5)
Sexual intercourse before age 13 (95% CI)	4.1 (2.9-5.8)	4.2 (3.1-5.7)	8.5 (5.0-14.0)	8.4 (6.2-11.3)
Sexual intercourse with 4 or more persons (95% CI)	9.5 (7.5-11.9)	9.8 (7.8-12.3)	29.3 (22.0-37.8)	35.3 (30.6-40.4)
Ever had sexual intercourse (95% CI)	37.7 (33.8-41.8)	36.6 (33.5-39.9)	66.5 (58.5-73.7)	70.9 (66.4-75.0)
Currently sexually active (95% CI)	25.2 (21.8-28.8)	26.2 (23.5-29.2)	44.4 (36.2-53.0)	51.1 (46.2-56.0)
Tested for a sexually transmitted disease (95% CI)	10.3 (8.2-12.7)	9.7 (8.0-11.7)	22.9 (16.5-30.8)	30.1 (25.9-34.6)

* Suppressed ^ Unstable
Source: Alaska Division of Public Health, YRBS, 2019

Sexual Violence

Alternative high school students in Mat-Su and across Alaska were more likely to experience physical dating violence, non-dating sexual violence and to have been physically forced to have sexual intercourse than their counterparts in traditional high schools. However, as outlined in Table 34, Mat-Su traditional high school students were slightly more likely to have experienced sexual dating violence than their alternative school students, according to the data as presented.

Table 34: High School Sexual Violence, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Experienced physical dating violence (95% CI)	6.9 (5.0-9.3)	9.7 (6.5-14.2)	^7.7 (3.9-14.5)	18.0 (13.6-23.3)
Experienced sexual dating violence (95% CI)	8.9 (7.0-11.3)	7.0 (5.5-9.0)	^7.6 (3.9-14.3)	12.0 (8.6-16.5)
Experienced sexual violence (95% CI)	14.0 (12.2-16.0)	13.1 (11.4-14.9)	21.2 (15.1-28.8)	21.2 (17.4-25.7)
Physically forced to have sexual intercourse (95% CI)	9.8 (7.8-12.1)	9.3 (7.2-11.8)	28.5 (21.7-36.4)	25.5 (21.4-30.1)

^Unstable

Source: Alaska Division of Public Health, YRBS, 2019

Interpersonal Violence

The 2020 data shown in Table 35 for lifetime experience of sexual violence in general and with an intimate partner are nearly identical. When looking at the past year, 3.6% of residents in the Mat-Su experienced intimate partner violence. The percent of 3-year-old children witnessing violence or physical abuse in the household is less than half of the rate for Mat-Su than for Alaska as a whole (Table 36). The 2020 figure declined to 1.7% from a steady 2% in 2018 and 2019. Three percent of respondents to the household survey reported that they or members of their household experienced violence or threats of violence between household members in the past 12 months. However, respondents with household incomes under \$50,000 were more likely than higher-income households to report that they or someone in their household had experienced violence or threats of violence between family members (at 8% compared to 1% of households with incomes over \$50,000) and respondents who identified as female were more likely to report violence in the household (5% compared to 2% of men).

Table 35: Experience of Interpersonal Violence, Mat-Su Borough, Adults 18+, Percent, 2020

	2012	2017	2020
Sexual Violence and Intimate Partner Violence			
Lifetime experience of sexual violence (95% CI)	19.6 (15.4-23.7)	22.7 (17.6-27.9)	23.2 (17.8-29.5)
Lifetime experience of intimate partner violence (95% CI)	27.0 (22.4-31.7)	26.4 (21.0-31.9)	23.4 (17.9-30.1)
Past year experience of intimate partner violence (95% CI)	NA	NA	3.6 (1.5-8.3)
Witnessed parent hurt by spouse/partner (95% CI)	19.7 (15.7-23.8)	22.1 (16.7-27.4)	18.8 (14.2-24.6)

Source: Alaska Department of Health, BFRSS

Table 36: Child Witnessed Violence or Physical Abuse in Household, Mothers of 3-Year-Olds, Percent, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	2.0 (0.4-9.8)	2.0 (0.5-7.4)	1.7 (0.2-10.8)
Alaska % (95% CI)	4.6 (2.8-7.5)	4.6 (3.1-6.9)	5.0 (3.2-7.7)

Source: Alaska Department of Health, CUBS.



Focus Groups

Youth also spoke of the need for places to go to feel safe to discuss sexuality and reproduction.

Routine Health Care (Physical and Mental)

According to the National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine), primary care is defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.” A primary care provider is usually an internist, family physician, pediatrician, or non-physician provider (e.g., family nurse practitioner, physician assistant). Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.⁵

Access to Health Care

The majority of Mat-Su residents have health insurance coverage and the rates of coverage have remained constant for the period assessed, as outlined in Table 37. The percentage of residents having a personal doctor or health care provider declined from 70.5% in 2018 to 65.4% in 2020, after increasing to 73% in 2019. The percentage of adults in Mat-Su who could not see a doctor because of cost has declined from 16.7% in 2018 to 10.1% in 2020, a positive trend. The percentage of those who could not see a doctor because of cost also declined for Alaska from 13.8% in 2018 to 11.3% continuing this positive trend on the statewide level.

Table 37: Access to primary care and insurance, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

		2018	2019	2020
Residents with some form of health insurance	Mat-Su Borough % (95% CI)	86.9 (81.6-90.8)	88.9 (84.7-92.0)	85.0 (80.2-88.9)
	Alaska % (95% CI)	88.9 (87.4-91.1)	89.4 (87.4-91.1)	88.3 (86.6-89.9)
Residents having a personal health care provider	Mat-Su Borough % (95% CI)	70.5 (63.6-76.5)	73.0 (66.8-78.5)	65.4 (58.9-71.3)
	Alaska % (95% CI)	63.9 (61.4-66.3)	68.1 (65.4-70.7)	65.4 (63.0-67.7)
Could not see a doctor because of cost	Mat-Su Borough % (95% CI)	16.7 (11.9-22.7)	13.9 (9.9-19.2)	10.1 (6.9-14.4)
	Alaska % (95% CI)	13.8 (12.1-15.7)	13.4 (11.5-15.6)	11.3 (9.7-13.0)

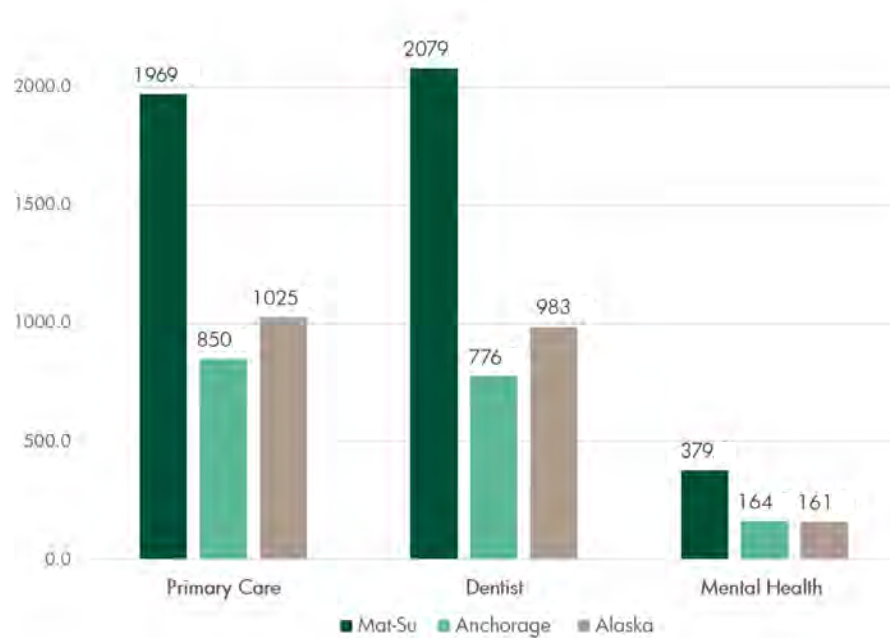
Source: Alaska Department of Health, BFRSS

⁵ <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-primary-care>

The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) identifies health professional shortage areas (HPSAs) in primary care, dental, and mental health specialties. HRSA defines a HPSA for primary care physicians using a ratio of one physician for every 3,500 in population and psychiatrists at one for every 30,000.⁶

Figure 23 shows that Mat-Su has fewer primary care physicians for the population than the city of Anchorage or Alaska overall, with one physician serving an average of 1,969 people. Dentists are in even shorter supply, with one dentist caring (on average) for 2,079 people. Comparatively, Mat-Su also has fewer mental health providers, with only one provider for every 379 people.

Figure 23: Rates of Health Care Providers and Ratios to Population, 2022



Source: County Health Rankings

According to the household survey, just under half of respondents (46%) said they or someone in their household had an appointment with a doctor, nurse, or other professional by video or phone in the past 12 months, as outlined in Table 38. Primary care services were the most common types of video or phone appointments in the past 12 months, followed by specialty care, and behavioral health services. Further, one in 10 respondents reported they or someone in their household had needs for medical care that could not be met in the past 12 months related to dental care, prescriptions or medications, disability needs, or home healthcare (Table 39). The most common reasons provided for why medical care was not accessible were that respondents can't afford care, insurance doesn't cover care, care was not available where they live, or they couldn't get an appointment. Respondents with household incomes under \$50,000 were more likely to report that they or someone in their household had dental care needs that could not be met (11% compared to 5% of households earning over \$50,000). Uninsured respondents also reported higher rates of unmet dental needs for a member of their households in the past 12 months (17%). Additionally, respondents with no coverage (29%) or government health coverage (12%) were more likely to report they or someone in their household had unmet medical needs in the past 12 months compared to those with private insurance (7%).

“Can’t afford dental care, eyeglasses, or hearing aids.”

I will need a portable oxygen concentrator soon and can’t afford one.”

– Connect Mat-Su Survey Respondent

“Affordable healthcare is non-existent.”

I personally have had to cancel an appointment because I haven’t been able to afford the copay.”

– Photovoice exhibit participant

⁶U.S. Department of Health and Human Services, Health Resources and Services Administration <http://www.hrsa.gov/shortage>

At any time in the last 12 months did you or anyone in your household have an appointment with a doctor, nurse or other professional by video or by phone? (%)

Table 38: Telemedicine Visit In Past 12 Months, Percent, 2022

Telemedicine visit, past 12 months	2022 n=757
Yes	46
No	52
Don't Know	2
Type of telemedicine visit	2022 n=341
Primary care services	61
Specialty care	40
Behavioral health services	30

Source: Mat-Su Household Survey, McKinley Research, 2022; Connect Mat-Su Referral Data 2021 (85 submissions) and 2022 (58 submissions January to June)

In the past 12 months, did you or anyone in your household have needs in the following areas that could not be met? (% answering "yes")

Table 39: Unmet Needs Past 12 Months, Percent, 2012-2022

	2012 n=700	2016 n=700	2019 n=755	2022 n=747
Medical care	13	12	14	10
Dental care	17	12	15	6
Prescriptions or medications	12	9	9	5
Disability services	-	-	-	3
Home healthcare	-	-	-	2

Connect Mat-Su Referral Data

2021 (85 submissions) and 2022 (58 submissions January to June). Health Referrals (2021, 72.9%; 2022, 84.48%) had the most submissions by far for 2021 and the first six months of 2022.

This category had the most submissions by far for 2021 and the first six months of 2022. Most of the calls were regarding seeking mental/behavioral healthcare for kids or families, as well as assistance with addiction, grief counseling, and emotional support. Many were looking for mental health providers that accept Medicaid or who help people without insurance. In 2021, another group of calls related to COVID: testing, vaccinations, and home health kits. In 2021 and 2022, another popular subject was for youth educational support and other health related resources for youth, with many looking for positive activities for their children. Many of the calls were regarding lack of access: no space in the hospitals, lack of case management, providers not accepting insurance, providers not accepting new clients, dentists, urgent care, and long wait lists. Other calls mentioned health screenings for those without insurance, substance abuse evaluations, blood testing sites, LGBTQIA+ friendly sites, Cognitive Behavioral Therapy, rehab inpatient detox centers, volunteering, services for the elderly, SNAP assistance, medication management services, retired veteran services, and anger management services.

Screenings and Prevention

Screenings are medical tests doctors use to check for diseases and health conditions before there are any signs or symptoms. Screenings help find problems early on when they may be easier to treat.

The percentage of adults in Alaska between the ages of 50 and 75 years of age who had colon screenings in 2018 was 60.1%, which increased to 69.6% in 2020 (Table 40). In Mat-Su, the rate declined in 2020 to 61.6%, from 63.4% in 2018. Mammogram and pap smear screenings declined from 2018 to 2020 for both Mat-Su and in Alaska overall. In 2018, 66% of women over age 40 had mammograms, but in 2020 only 61% had them. In 2018, Table 40 shows that 82.2% of women between the ages of 21 and 65 had pap smears, but the rate dropped to 73.5% in 2020. Mat-Su Regional Medical Center's screening data for the past five years is available in Table 41. Colonoscopy screenings declined in 2020 and 2021 and are on pace to remain lower than pre-COVID numbers. Mammography screenings have continued to increase, even during the pandemic.

Table 40: Cancer Screening, Adults 18+, Mat-Su Borough and Alaska, percent, 2018 & 2020

	Mat-Su Borough %	Alaska %
Colon Cancer, Adults, 50-75 Years (95% CI)		
2018	63.4 (53.8-72.1)	60.1 (56.4-63.6)
2020	61.6 (53.1-69.4)	69.6 (66.2-72.8)
Mammogram, Women, 40+ Years (95% CI)		
2018	66.0 (55.7-74.9)	62.0 (57.9-66.1)
2020	61.0 (51.9-69.4)	61.4 (57.2-65.5)
Pap Test, Women, 21-65 Years (95% CI)		
2018	82.2 (70.5-89.9)	77.1 (72.7-80.9)
2020	73.5 (61.8-82.6)	69.2 (64.6-73.4)

Source: Alaska Department of Health, BRFSS

Table 41: Preventative Screenings, Mat-Su Regional Medical Center, 2018-2022

	Mammograms	Colonoscopies
2018	1,371	2,483
2019	1,314	1,958
2020	1,579	1,340
2021	1,973	1,165
2022*	972	586

Source: Mat-Su Regional Medical Center

*6 months (January – June)

“I’ve called so many places for an advocate and been put off,

ignored, shouted at, I no longer believe honestly caring help is there for me.”

- Connect Mat-Su Survey Respondent

As outlined in Table 42, vaccination rates for influenza and pneumonia are low for Alaska and Mat-Su residents but have increased for both populations between 2018 and 2020.

Table 42: Flu and Pneumonia Vaccine Rates, Percent, 2018-2020

	Mat-Su Borough	Alaska
Flu Vaccine, Past Year		
2018 (95% CI)	29.7 (23.9-36.2)	33.5 (31.2-35.9)
2019 (95% CI)	28.2 (22.8-34.4)	37.5 (34.8-40.3)
2020 (95% CI)	35.8 (30.0-42.0)	39.8 (37.4-42.2)
Pneumonia Vaccine, Lifetime		
2018 (95% CI)	28.6 (22.7-35.2)	28.9 (26.7-31.2)
2019 (95% CI)	36.6 (30.5-43.2)	34.7 (31.9-37.6)
2020 (95% CI)	29.9 (24.2-36.2)	29.8 (27.4-32.2)

Source: Alaska Department of Health, BRFSS

Child Preventative Health Data

Child healthcare providers use health screenings to detect a wide range of diseases and conditions. Early detection can lead to effective treatment and prevent problems down the road. During the baby and toddler years, pediatricians provide health screenings at regular (and frequent) well-check appointments. Once children reach school age, well-checks at the doctor occur much less often—typically just once per year. However, children in their school-aged years—5 to 18 years of age—should continue to have several key health screenings, according to the American Academy of Pediatrics.⁷

The rates for 3-year-old children having well-child check-ups in the past year are lower for Mat-Su than for Alaska overall (Table 43). The rates have decreased from 87.0% in 2018 to 79.0% in 2020. The decline from 2018 to 2019 was only 0.4% from 87.0% to 86.6% but the decline from 2019 to 79.9% in 2020 is significant. It is likely that this 7.6% decline can be explained by reduction in health-care access during the COVID-19 pandemic, thus increases in 2021 and 2022 will have positive significance. Continued decline after 2020 will suggest a need for renewed outreach and education on the importance of these checkups in the future. Table 44 indicates the percentage of 3-year-olds that did not get their immunizations as reported by their mothers. The percentage is almost three times higher in the Mat-Su than in the state of Alaska overall. The rate is also increasing and has more than doubled over the three-year period.

Table 43: Well-Child Checkup Previous 12 Months, Mothers of 3-Year-Olds, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	87.0 (72.8-94.4)	86.6 (71.7-94.3)	79.0 (60.7-90.1)
Rest of Alaska % (95% CI)	89.1 (85.4-91.9)	91.1 (87.4-93.9)	83.8 (78.5-88.0)

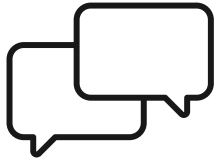
Source: Alaska Department of Health, CUBS

Table 44: Did Not Get Immunizations, Mothers of 3-Year-Olds, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	6.8 (2.3-18.8)	10.5 (4.2-23.9)	16.2 (6.1-36.3)
Alaska % (95% CI)	2.2 (1.1-4.2)	3.5 (1.8-6.4)	6.0 (3.3-10.4)

Source: Alaska Department of Health, CUBS

⁷ <https://www.healthgrades.com/right-care/childrens-health/health-screening-milestones-for-school-aged-children>



Focus Groups

Youth focus group participants talked about the need for better healthcare that is accessible and affordable. In general, they noted the need for more doctors and specifically needs around eye care, dental care and pediatric cardiology. They emphasized the need for affordable mental health services, in particular inpatient facilities. They noted that people stay “damaged” because they can’t afford help. This group also talked about the lack of trust in the provider community that you will get a diagnosis or appropriate medication. Several shared stories of the lack of confidentiality and respect for youth when receiving mental health services. They would like to have more options available for hotline support around teenage pregnancy, being bullied or sexual assault.

Youth focus group participants also spoke of the need for a better OCS system and more foster care. One shared a story of a time when they and their sibling almost spent a week in juvenile detention because there was not an available foster care placement. Focus group participants noted that compared to three years ago there are more children in foster care.

Focus group participants view equal access to all healthcare needs as a key component of a healthy community. Participants noted that several people put off needed care during COVID-19. Others commented that fewer providers are accepting Medicaid, which is also impacting access to care.

Focus group participants talked specifically about the need for in-home care and hospice, especially for the aging population. The need for mental health services, specialists and urgent care was also identified. The lack of 24/7 emergency fire and medical response was also noted as a need. Others mentioned the lack of a local pharmacy. The need to create a bridge for veterans to connect with the VA and access services was noted. There is a need to educate veterans on approved providers, so they do not have to wait for care. There are also gaps in mental health services, with many having to travel to Anchorage or wait several months to get an appointment.

Veteran Specific Focus Group Input

Veteran focus group participants talked about the fact that the pandemic increased social isolation for the veteran community, which results in increased depression and feelings of hopelessness. They also talked about the challenges many face when seeking healthcare. Participants shared some of their personal experiences, with long wait times to be seen and then having to see multiple providers before receiving a diagnosis and plan of action. It was noted that as a result of the pandemic, many were able to get appointments via telehealth quicker than they would have gotten an appointment for an in-person one.

They also identified the need for recreational therapy for local veterans to work on PTSD and combat-related injuries. Participants also highlighted the lack of additional support services and mental health treatment specific to the veteran community. They noted that much of what exists to support veterans focuses on drinking or recreation-based activities like hunting and fishing, which only interest a small group of veterans. They would like to see a newsletter or some type of communication available to veterans to let them know what services are available and what events are taking place in the community.

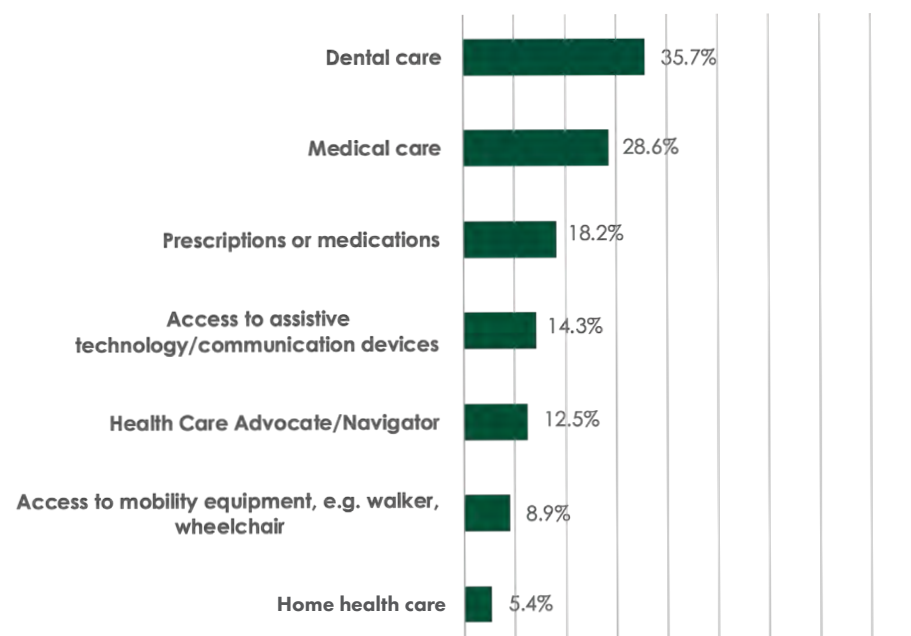
Intercept Survey

Intercept survey respondents identified the following as goals to achieve over the next three years moving toward a healthier Mat-Su. The responses were open-ended but were categorized into various topics. The following reflect the goals identified related to healthcare and related services: Help for seniors/services for seniors (10.9%), Medical services outside of the Core area (9.4%), In-home care/home health/caregiver support (8.6%), Financial aid for health care/affordable health care (6.3%), More medical professionals/providers (5.5%), Hospice (5.5%), Better process to make appointments/be seen sooner (3.1%), Specialists (2.3%), Support for local clinics (2.3%), Small critical-access hospital (2.3%), and Pharmacy (1.6%).

Connect Mat-Su Participant Survey

Connect Mat-Su survey participants were given a list and asked to identify which of the following areas they or anyone in their household had needs in that could not be met in the past 12 months. Figure 24 illustrates that more than a third (35.7%) had difficulty accessing dental care and 28.6% had difficulty accessing medical care.

Figure 24: Unmet Needs Related to Health Care, Past 12 Months



Source: Connect Mat-Su Participant Survey, Strategy Solutions, 2022



Seven Photovoice cards highlighted Figure 25 among the images that stood out to them. This image was a bill for medical services and was viewed as a community need/issue, with 57.1% indicating this has gotten worse over the past three years. Photovoice participants talked about the need to expand Medicaid to more income levels, as the highest income for qualification does not reflect reality. They spoke of the need for transparency around the cost of healthcare so there are no surprises on the bill. They highlighted the need to reduce the cost of care and increase the amount of followup.

Potential systems changes offered by Photovoice exhibit participants included expanding Medicaid, expanding services for seniors, and increasing the transparency related to health care costs.

“I cannot seem to get a doctor to prescribe me insulin.

I cannot afford to go to my sleep specialist for my sleep apnea device. I cannot afford the dental work needed for me to keep some of my teeth.”

– Connect Mat-Su Survey Respondent

“Could not access medical, mental or dental care due to lack of transportation and finances.

Medications were not refilled due to finances and lack of availability to pick them up. Walker was suggested by physician and other hospital staff but could not access due to finances and opportunity to pick one up.”

– Connect Mat-Su Survey Respondent

Figure 25: Photovoice Photo by Knik Tribe Women



THIS IS A BILL

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Statement Date:

Detailed Account Activity

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
<div> <div>Patient:</div> <div>Acct:</div> <div>Status: Final Notice</div> </div> <div> <div>Provider:</div> <div>Location: Alaska Medical Center</div> <div>Department: Emergency Medicine</div> </div>					
	Previous Charges	8,782.00			
	Totals	8,782.00	0.00	0.00	8,782.00
Current Amount Due					\$8,782.00

This bill was received shortly after being released from a psychiatric unit for suicidal behaviors. The only follow-up that reached the patient was a bill. This implies there was no safety/treatment plan developed. This bill eventually went to collections and the patient needed to determine how this was going to be paid. This reveals a significant gap in suicide prevention within the medical system. An in-depth safety/treatment plan should have been developed. This ensures patient safety after discharge through verbal contact with either the patient or an identified person within the safety plan.

"I don't think mental health should cost the patient anything, this would deter people for seeking help."

– Photovoice exhibit participant

"Covid and global health issues penetrate our community. This photo is powerful and shows lack of support and real challenges."

– Photovoice exhibit participant

Chronic Diseases

In Mat-Su, as outlined in Table 45, the percentage of people who have ever been told they have high blood pressure increased from 30.2% in 2018 to 33.5% in 2019 and remained the same for 2020. Adults in Mat-Su had a slightly greater percentage of respondents who have ever been told they have high cholesterol in 2019, with 26.5% in Mat-Su than those in Alaska with 24.1% (Table 46). The annual percentage of adults who've had a heart attack is 2.3% for 2020 in Mat-Su (Table 47). The percentage of people who have ever been told they have heart disease in Mat-Su is slightly lower than Alaska overall between 2018 and 2020 (Table 48). The percentage of Mat-Su adults 18+ who have ever been told that they had a stroke declined from 3.6% in 2018 to 3.5% in 2019, with a larger decline in 2020 to 1.4% (Table 49).

Table 45: High Blood Pressure, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	30.2 (24.6-36.6)	33.5 (28.3-39.1)	33.5 (28.0-39.5)
Alaska % (95% CI)	30.0 (27.8-32.3)	32.6 (30.2-35.1)	31.8 (29.5-34.2)

Source: Alaska Department of Health, BRFSS

Table 46: High Cholesterol, Adults 18+,
Mat-Su Borough and Alaska, 2019

	2019
Mat-Su Borough % (95% CI)	26.5 (21.9-31.6)
Alaska % (95% CI)	24.1 (22.0-26.2)

Source: Alaska Department of Health, BRFSS

Table 47: Heart Attack, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	2.5 (1.3-4.7)	2.1 (1.2-3.7)	2.3 (1.3-4.2)
Alaska % (95% CI)	3.1 (2.5-3.8)	3.1 (2.3-4.0)	3.0 (2.4-3.6)

Source: Alaska Department of Health, BRFSS

Table 48: Heart Disease, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	2.5 (1.3-4.7)	2.1 (1.2-3.7)	2.3 (1.3-4.2)
Alaska % (95% CI)	3.1 (2.5-3.8)	3.1 (2.3-4.0)	3.0 (2.4-3.6)

Source: Alaska Department of Health, BRFSS

Table 49: Stroke, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	3.6 (2.0-6.6)*	3.5 (1.9-6.2)	1.4 (0.6-3.4)*
Alaska % (95% CI)	2.9 (2.2-3.8)	2.3 (1.7-3.0)	2.4 (1.7-3.3)

Source: Alaska Department of Health, BRFSS

*Data flagged as statistically unstable due to a low relative standard error and should be interpreted with caution.

Cancer Incidence and Death Rates

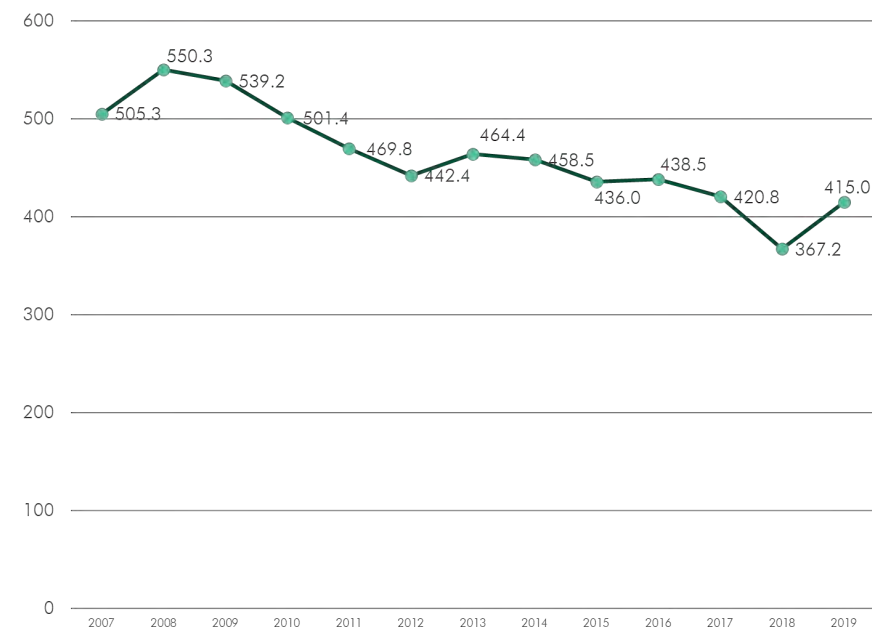
In both Mat-Su and Alaska overall, Table 50 shows that cancer incidence rates per 100,000 people decreased from 420.8 and 416.5 in 2017 to 367.2 and 403.6 in 2018, respectively, but increased to 415.0 and 422.4 in 2020. Figure 26 illustrates the overall cancer incidence rate trend between 2007 and 2019. After a spike from 505.3 in 2007 to 550.3 in 2008, the rate declined to 367.2 in 2018. However, the rate jumped again to 415.0 in 2019.

Table 50: Cancer Incidence Rate Per 100,000 People (Age-Adjusted), Mat-Su Borough and Alaska, 2017-2019

	2017	2018	2019
Mat-Su Borough #	433	410	474
Mat-Su Borough Rate (95% CI)	420.8 (379.1-465.7)	367.2 (330.1-407.2)	415.0 (376.2-456.7)
Alaska Rate (95% CI)	416.5 (400.9-432.7)	403.6 (388.5-419.2)	422.4 (407.1-438.2)

Source: Alaska Department of Health, ACR

Figure 26: Cancer Incidence Rate, Mat-Su Trend, 2007-2019



Source: Alaska Department of Health, ACR

In Mat-Su, the cancer death rate per 100,000 population declined from 170.1 in 2018 to 138.1 in 2020 (Table 51). Figure 27 illustrates the cancer mortality rate trends over the past 14 years. Overall, cancer mortality has been trending downward, after a spike in 2010, and has decreased overall from 171.9 to 146.1. This is still above the Healthy People 2030 goal of 122.7.

Table 51: Cancer Death Rate Per 100,000 People (Age-Adjusted), Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough # of Deaths	162	156	150
Mat-Su Borough Rate (95% CI)	170.1 (142.8-200.8)	151.6 (127.0-179.4)	138.1 (115.4-163.9)
Alaska Rate (95% CI)	143.1 (133.7-153.0)	149.5 (140.0-159.5)	143.1 (134.0-152.7)

Source: Alaska Department of Health, ACR

The breast cancer death rate has been declining in Mat-Su (Table 52). Mat-Su's rate was 21.1 in 2017 and has declined to 9.6 in 2020. It is difficult to draw conclusions without additional data from figures that fluctuate annually especially when screening, diagnosis, and cure rates can all play a part, as well as unknown factors.

Table 52: Breast Cancer Death Rate Per 100,000 People (Age-Adjusted), Mat-Su Borough and Alaska, 2017-2020

	2017	2018	2019	2020
Mat-Su Borough # of Deaths	9	10	10	6
Mat-Su Borough Rate (95% CI)	21.1 (9.3-40.3)	17.1 (7.9-32.8)	16.2 (7.3-31.3)	9.6 (3.4-22.0)
Alaska Rate (95% CI)	16.6 (12.5-21.6)	16.3 (12.3-21.3)	18.6 (14.3-23.7)	14.7 (11.0-19.2)

Source: Alaska Department of Health, ACR

Figure 27: Cancer Mortality Rate, Mat-Su Trends, 2007-2020



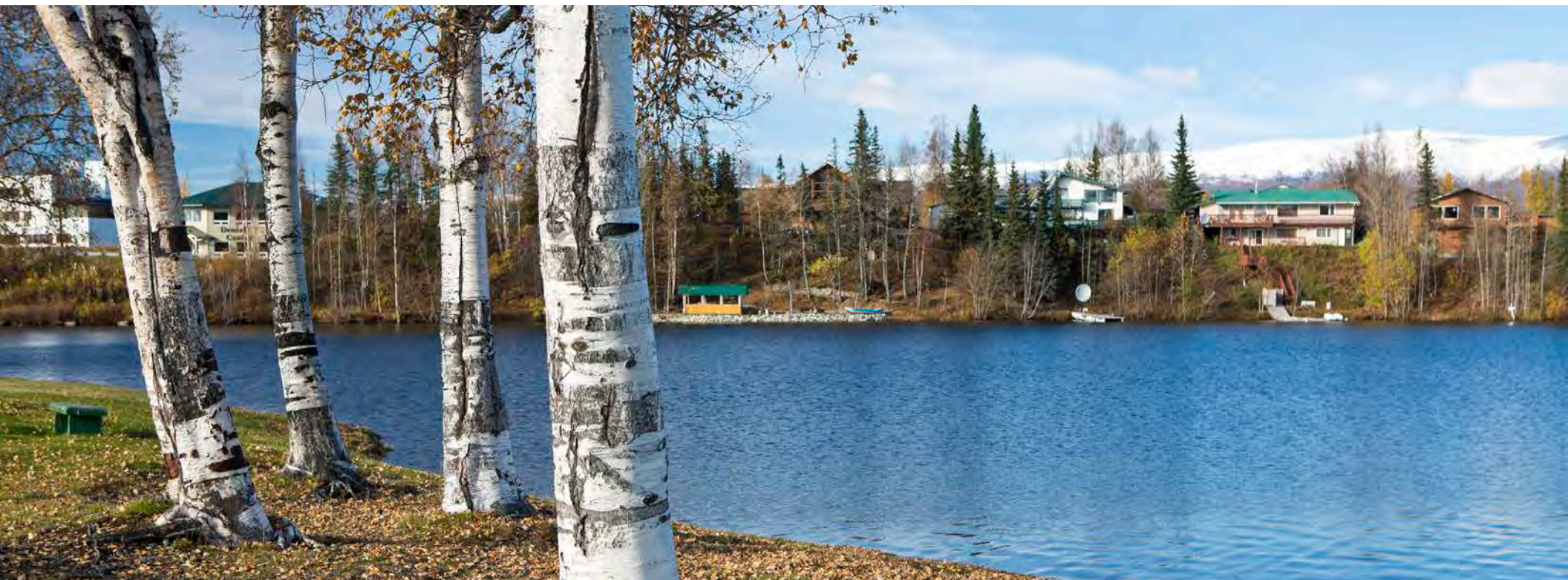
Source: Alaska Department of Health, ACR

Mat-Su's prostate cancer death rate per 100,000 increased slightly from 25.6 in 2017 to 26.2 in 2018, then declined to 18.2 in 2019. The data then showed a dramatic increase in 2020 to 35.2, as outlined in Table 53. Alaska overall appeared to far better over the past few years with 17.0 in 2017 rising to 20.0 in 2018 and again to 24.2 in 2019 but then dropping to 17.3 in 2020.

Table 53: Prostate Cancer Death Rate Per 100,000 People (Age-Adjusted), Mat-Su Borough and Alaska, 2017-2020

	2017	2018	2019	2020
Mat-Su Borough # of Deaths	7	9	8	15
Mat-Su Borough Rate (95% CI)	25.6 (9.8-51.3)	26.2 (11.3-49.7)	18.2 (7.3-36.5)	35.2 (18.8-58.9)
Alaska Rate (95% CI)	17.0 (11.7-23.6)	20.0 (14.4-26.9)	24.2 (18.3-31.3)	17.3 (12.5-23.2)

Source: Alaska Department of Health, ACR



Leading Causes of Death

Mat-Su and Alaska mirrored leading causes of death in 2020, with cancer first at 144.4 in Mat-Su and 143.1 in Alaska, heart diseases second at 103.4 in Mat-Su and 125.5 in Alaska, and unintentional injury third at 48.5 in Mat-Su and 63.8 in Alaska (Table 54). In Mat-Su, chronic lower respiratory disease was the fourth-leading cause at 42.9 and was sixth for Alaska at 28.1. It is of note that the chronic lower respiratory disease mortality in Mat-Su spiked to 51.2 deaths per 100,000 population in 2016, then fell over the next three years to 28.1 in 2019, but then saw another spike in 2020 at 42.9. COVID-19 was fifth in Mat-Su with a rate of 30.8 and fourth in Alaska with 31.7. Cerebrovascular diseases were sixth in Mat-Su at 30.8, but fifth in Alaska at 29.1. Suicide was the seventh leading cause of death in both Mat-Su and Alaska.

Table 54: Leading Causes of Death, rate per 100,000 people, Mat-Su Borough and Alaska, 2020

Mat-Su Borough				Alaska		
Leading Cause of Death	Deaths	Rate	Age-Adjusted Rate	Deaths	Rate	Age-Adjusted Rate
1 Cancer	155	144.4	144.0	1,043	143.1	145.2
2 Diseases of the Heart	111	103.4	118.8	915	125.5	142.7
3 Unintentional Injury	52	48.5	52.0	465	63.8	66.3
4 Chronic Lower Respiratory Diseases	46	42.9	53.6	205	28.1	31.6
5 COVID-19	33	30.8	37.1	231	31.7	36.7
6 Cerebrovascular Diseases	33	30.8	38.8	212	29.1	35.1
7 Suicide	32	29.8	30.9	204	28.0	27.9
8 Alzheimer Disease	32	29.8	46.8	139	19.1	28.1

Source: Alaska Division of Public Health, HAVRS

Acute Care for Illness or Injury

Emergency Medical Services

For 2018, 2019, and 2020, asthma was the primary reason for emergency department services with 1,039, 1,244, and 1,037 cases respectively, but in 2019 a very close second was UTI pyelonephritis with 1,043 cases, a sharp increase from 896 in 2018 and nearly a quarter more than 768 in 2020 (Table 55). Patients seeking emergency care for congestive heart failure also increased substantially, from 399 cases in 2019 to 519 in 2020. Far fewer patients sought acute care for pneumonia and other acute LRTI in 2020 with only—111 down from 263 in 2019.

Table 55: Emergency Department Discharges, Ambulatory Care Sensitive Conditions, Mat-Su Residents, 2018-2020

	2018	2019	2020
Asthma	1,039	1,244	1,037
COPD	736	946	874
UTI pyelonephritis	896	1,043	768
Congestive heart failure	331	399	519
Diabetes complications	318	373	418
Dehydration and gastroenteritis	346	439	262
Pneumonia and other acute LRTI	330	263	111
ACSC Total	3,669	4,309	3,555

Source: Alaska Division of Public Health, HAVRS, HFDR

Acute Hospitalization

The data on inpatient discharges mirror the decrease in patients seeking emergency care for pneumonia and other acute LRTI—from 173 in 2019 to 92 in 2020—as well as the increase in data relating to congestive heart failure—from 830 in 2019 to 953 in 2020 (Table 56).

Table 56: Inpatient Discharges, Ambulatory Care Sensitive Conditions, Mat-Su Residents, 2018-2020

	2018	2019	2020
Dehydration and gastroenteritis	528	597	505
Pneumonia and other acute LRTI	60	173	92
UTI pyelonephritis	526	544	502
Diabetes complications	868	935	926
Asthma	473	483	420
COPD	1,076	1,139	1,065
Congestive heart failure	699	830	953
ACSC Total	2,849	3,092	2,889

Source: Alaska Division of Public Health, HAVRS, HFDR.

Injury

In the Mat-Su, 88% of the top five injuries requiring hospitalization were unintentional. Falls accounted for the highest percent of all injuries requiring hospitalization for Mat-Su and for Alaska at 44.9% and 44.1%, respectively (Table 57). However, the percentage of seniors 65 and older in Mat-Su who have fallen more than once in the past year or have fallen with an injury has decreased between 2018 and 2020 while the percentage has increased in Alaska overall (Table 58). For Mat-Su, the second highest cause of injury requiring hospitalization is motor vehicle traffic occupant at 10.3%, which accounted for 7% in Alaska (Table 57). Table 59 indicates that motor-vehicle crash death rates per 100,000 in Mat-Su for each year assessed are consistently higher than those for Anchorage and for Alaska and are rising. In 2016, Mat-Su had 11.6 motor-vehicle crash deaths per 100,000 and in 2022 it increased to 14.0.

Alaska had a higher rate of assault/homicide/purposely inflicted injury at 8%, which was ranked third for Mat-Su (4.1%). The two groups reconverge with suicide and self-inflicted injury ranked fourth with 3.8% for Mat-Su and 4.5% for Alaska. The accidentally struck by an object injury rate ranked fifth in Mat-Su with 2.4% and pedestrian injuries was fifth for Alaska at 3.3%. The number and percentage of traumatic brain injuries requiring hospitalization has fluctuated somewhat over the past five years but has generally been around 20% of all injuries requiring hospitalization (Table 60). The Mat-Su five-year average is slightly higher (19.6%) than the overall Alaska average (18.6%).

Table 57: Leading Causes of Injuries Requiring Hospitalization, Mat-Su Borough and Alaska, Count and Percent, 2017-2021

Mat-Su 5-Year Total				Alaska 5-Year Total		
Rank	Cause	Count	Percent of All Injuries	Cause	Count	Percent of All Injuries
1	Falls	1,142	44.9%	Falls	7,941	44.1%
2	Motor Vehicle Traffic Occupant	263	10.3%	Assault/Homicide/Purposely Inflicted	1,450	8.0%
3	Assault/Homicide/Purposely Inflicted	105	4.1%	Motor Vehicle Traffic Occupant	1,261	7.0%
4	Suicide and Self-Inflicted	96	3.8%	Suicide and Self-Inflicted	819	4.5%
5	Accidentally Struck by Person or Object	60	2.4%	Pedestrian	593	3.3%
Total		2,543	65.5%		18,025	66.9%

Source: Alaska Department of Health, Division of Public Health, ATR

Notes: Ranking considers all known causes.

Table 58: Falls, Seniors 65+, Mat-Su and Alaska, Percent, 2018 & 2020

	Mat-Su Borough	Alaska
Fallen More Than Once in Past Year		
2018 (95% CI)	18.8 (11.6-29.2)	16.3 (13.4-19.7)
2020 (95% CI)	15.5 (9.7-23.9)	17.5 (14.6-20.8)
Fallen with Injury		
2018 (95% CI)	9.9 (5.4-17.7)	10.2 (8.0-13.0)
2020 (95% CI)	8.7 (4.6-16.1)	11.2 (8.8-14.2)

Source: Alaska Department of Health, BRFSS

Table 59: Motor Vehicle Crash Death Rate Per 100,000, 2016-2022

	2016	2017	2018	2019	2020	2021	2022
Mat-Su Borough	11.6	11.3	11.6	12.3	13.0	13.9	14.0
Anchorage	7.1	6.8	7.2	7.6	7.7	8.3	8.3
Alaska	8.9	8.5	9.0	9.4	9.6	9.8	10.3

Source: County Health Rankings and Roadmaps

Table 60: Traumatic Brain Injuries (TBI) Requiring Hospitalization, Mat-Su and Alaska, Count and Percent, 2017-2021

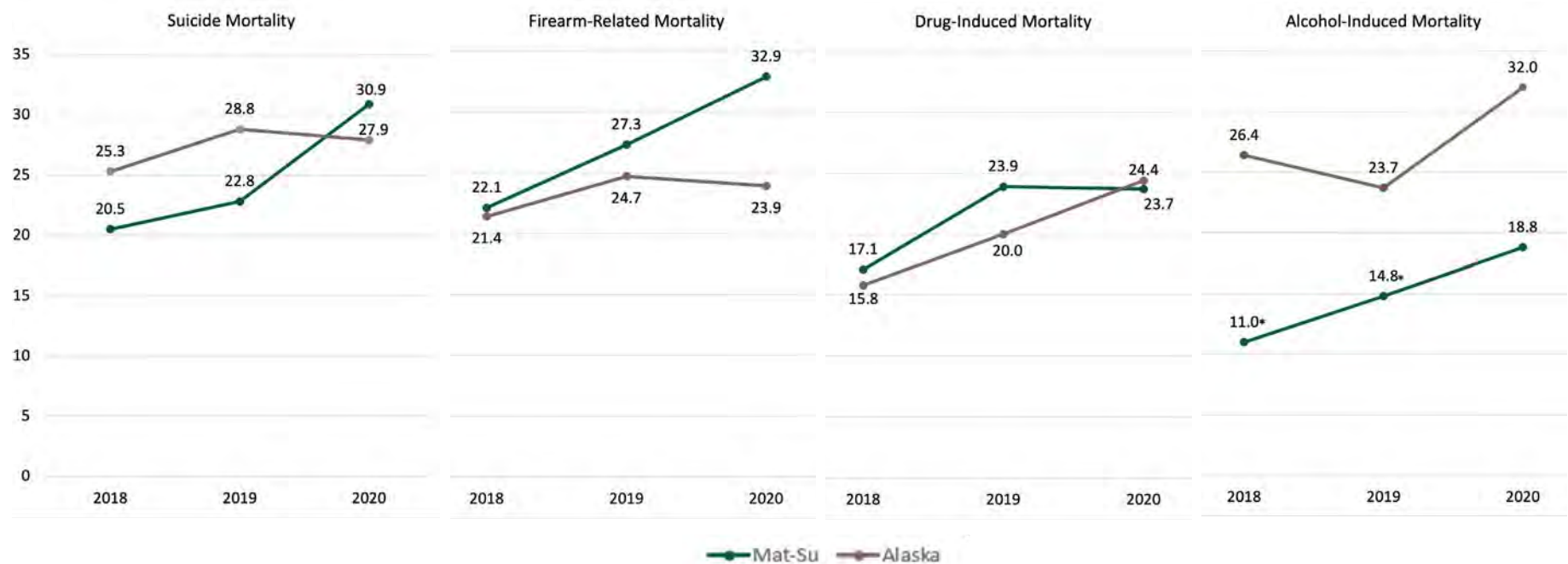
	2017	2018	2019	2020	2021	Mat-Su 5-Year Average	Alaska 5-Year Average
Count	97	91	115	101	97	100	672
Percent of all injuries	19.2%	19.7%	22.9%	18.5%	18.4%	19.6%	18.6%
Total: All Injuries	506	462	503	545	527	510	3606

Source: Alaska Department of Health, Division of Public Health, ATR

The rate of suicide mortality has increased in the Mat-Su from 2018 to 2020, and in 2020 was slightly above the rate for Alaska (Figure 28). Alarming, the age-adjusted rate of firearm-related deaths has been increasing in Mat-Su and in 2020 was higher than Alaska's rate, 32.9 in Mat-Su compared to 23.9 in Alaska. The rate of drug-induced mortality had increased from 2018 to 2019 in Mat-Su, and nearly matches the Alaska rate in 2020. The rate of alcohol-induced mortality appears to be increasing for Mat-Su, though the data are unreliable for 2018 and 2019, however, the rate is quite a bit lower for Mat-Su compared to Alaska.

All measures outlined in Table 61 indicate higher levels of risky behavior among Alaska alternative high school students across the state. The same is true for Alaska which is higher than Mat-Su except for access to a loaded gun. Mat-Su alternative high school students had the highest rate (64.9%). This was higher for Mat-Su traditional students (61.2%) and higher than both traditional and alternative Alaska students. The percentage of both types of Mat-Su students who rode with a driver who had been drinking alcohol were comparable but lower than those in the state.

Figure 28: Select Causes of Death, Mat-Su and Alaska, age-adjusted rate per 100,000 population



Source: Alaska Division of Public Health, HAVRS

Notes: Crude death rates represent deaths per 100,000 population. Age-adjusted death rates represent deaths per 100,000 population, adjusted by year 2000 U.S. standard population ratios.

*Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

Table 61: High School Injury Prevention, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Drove after using marijuana (95% CI)	8.4 (6.5-10.8)	12.0 (9.2-15.4)	*	27.6 (22.2-33.7)
Talked on a cell phone while driving (95% CI)	40.1 (34.4-46.0)	37.1 (32.3-42.1)	*	43.7 (37.4-50.2)
Texted or emailed while driving (95% CI)	32.3 (27.4-37.6)	29.8 (25.4-34.7)	*	33.7 (27.8-40.2)
Rarely or never wore a bicycle helmet (95% CI)	68.7 (65.0-72.2)	64.5 (58.7-69.9)	78.6 (69.6-85.6)	85.9 (81.6-89.4)
Drove after drinking alcohol (95% CI)	3.4 (2.2-5.3)	4.3 (2.6-7.0)	*	7.9 (4.8-12.5)
Access to a loaded gun (95% CI)	61.2 (57.7-64.5)	48.9 (45.1-52.8)	64.9 (57.0-72.0)	50.1 (45.5-54.6)
Rarely or never wore a seat belt (95% CI)	5.0 (3.7-6.6)	6.9 (5.4-8.8)	10.7 (6.4-17.3)	14.9 (11.8-18.6)
Rode with a driver who had been drinking alcohol (95% CI)	13.6 (11.8-15.8)	14.7 (12.7-17.0)	13.5 (9.3-19.4)	23.6 (19.8-27.7)

* Suppressed

^ Unstable

Source: Alaska Division of Public Health, YRBS, 2019

Addiction and Recovery Services

Behavioral health treatments are ways of helping people with mental illnesses or substance use disorders. For example, counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions, and how people see and understand situations. Medications for mental and substance use disorders provide significant relief for many people and help manage symptoms to the point where people can use other strategies to pursue recovery. For many people, the most effective behavioral health approach involves a combination of counseling and medication. Early treatment is best. A trained professional should do a full evaluation to make the diagnosis. No single treatment works best. Treatments must address each person's needs and symptoms.⁸



DEI Lens

Trends in recovery experiences and services reveal disparities that seem to relate to identity. In 2020, national data found that people who are Black were 3.1% less likely to complete treatment for substance abuse and people who identify as Latino were 8.1% less likely to complete treatment, compared to their White counterparts.⁹ This crisis of care becomes more pointed for American Indian people, who have the highest rates of addiction, but only receive treatment at the rate of 3.5%. Some disparities happen due to a lack of access to medical care, including lack of transportation, lack of health insurance or a shortage of appropriate treatment options within their communities.¹⁰ However, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), in 2019 indicated that some of the lack of care is related to racial and cultural biases by medical and recovery staff against people of different racial or gender identities or people with disabilities. These biases are barriers to equitable treatment for all members of a community.

Substance abuse and its successful treatment requires a dual approach: knowledge-based treatment for addictions and a culturally competent perspective to patient and client care that respects the unique circumstances each person is coming from. In this way, more people can access services designed to provide all aspects of the treatment they need.

Behavioral Health and Emotional Wellbeing

In 2018, Mat-Su's percentage of respondents who have been diagnosed with depressive disorder (19.2%) was lower than the percentage for Alaska as a whole (21.2%), see Table 62. But as of 2019, Mat-Su's percentage of 18.7% surpassed Alaska's rate of 18.3% and continued to rise in 2020 to 21.1%, compared to Alaska's decline to 17.1%.

Table 62: Depressive Disorder Diagnosis, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	19.2 (14.1-25.5)	18.7 (14.5-23.8)	21.1 (16.3-26.8)
Alaska % (95% CI)	21.2 (19.1-23.4)	18.3 (16.3-20.5)	17.1 (15.2-19.1)

Source: Source: Alaska Department of Health, BRFSS

⁸ <https://www.samhsa.gov/find-help/treatment>

⁹ Saloner, B. and Le Cook, B. *Blacks and Hispanics Are Less Likely Than Whites To Complete Addiction Treatment, Largely Due To Socioeconomic Factors*. *Health Affairs (Millwood)*. January 2013 32(1), pp. 135-145.

¹⁰ Dickerson, D.L., Spear, S., Marinelli-Casey, P., Rawson, R., Libo, L., Methamphetamine Treatment Project Corporate Authors, and Yih-Ing Hser. *American Indians/Alaska Natives and Substance Abuse Treatment Outcomes: Positive Signs and Continuing Challenges*. *Journal of Addictive Diseases*, January 2011 30(1), pp. 63-74.

Table 63 indicates that high school students at Mat-Su's alternative high school environments experienced poorer mental health in 2019 than those in traditional high school, with a rate of 41% feeling sad or hopeless in traditional school and 58.2% in alternative school. A full 23.8% of traditional school students and 41.3% of alternative school students seriously considered suicide, with 19.8% of traditional school students planning a suicide compared to 37% of alternative school students. The most positive datapoint is that alternative school students are not more likely than their traditional school counterparts to actually attempt suicide with rates of 16.9% and 16.8% respectively.

In addition, the percentage of traditional high school students who have attempted suicide has more than doubled between 2017 and 2019 in Mat-Su while the percentage has decreased among alternative high school students between the two years. Both traditional and alternative high school students report increased feelings of sadness/hopelessness between the two years (31.4% to 41% for traditional and 53.8% to 58.2% for alternative). There is also an increase among both groups in planned and seriously considered suicide.

Students in alternative high schools in both Mat-Su and Alaska report not feeling alone in their life at lower rates than those in traditional high school environments (Table 64). Alternative school students also report at lower rates that they are able to remain calm when things go wrong and that they are able to control their emotions generally than do those in traditional schools. These may be contributing factors to their higher rates of suicidal thinking as reported in Table 63. Identifying strategies to manage these challenges will be important areas of concentration to reduce depression and suicide consideration planning among all high school students, but more critically for those in alternative environments.

Table 63: High School Student Mental Health, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School				Alternative High School			
	Mat-Su		Alaska		Mat-Su		Alaska	
	2017	2019	2017	2019	2017	2019	2017	2019
Attempted suicide (95% CI)	8.2 (5.9-11.3)	16.8 (14.5-19.4)	10.3 (9.1-11.7)	19.7 (16.4-23.6)	17.9 (13.6-23.1)	16.9 (12.0-23.3)	20.7* (17.8-24.0)	24.3 (20.6-28.5)
Felt sad or hopeless (95% CI)	31.4 (27.2-35.8)	41.0 (38.1-44.1)	34.5 (32.4-36.7)	38.1 (34.2-42.1)	53.8 (46.1-62.3)	58.2 (50.3-65.8)	50.8 (46.8-54.9)	60.1 (55.8-64.3)
Planned a suicide attempt (95% CI)	18.1 (14.9-21.7)	19.8 (17.6-22.2)	17.9 (16.4-19.5)	21.6 (18.9-24.6)	25.9 (20.9-31.7)	37.0 (29.5-45.2)	27.2 (24.3-30.3)	35.6 (31.2-40.3)
Seriously considered suicide (95% CI)	20.1 (16.9-23.7)	23.8 (21.1-26.6)	21.1 (19.5-22.9)	25.3 (22.5-28.3)	35.9 (30.7-31.5)	41.3 (33.6-49.3)	32.9 (30.1-35.9)	40.4 (35.9-45.0)

Source: Alaska Division of Public Health, YRBS, 2019.

*Data are unreliable

Table 64: High School Student Emotional Support, Mat-Su Borough School District and Alaska, Percent, 2019

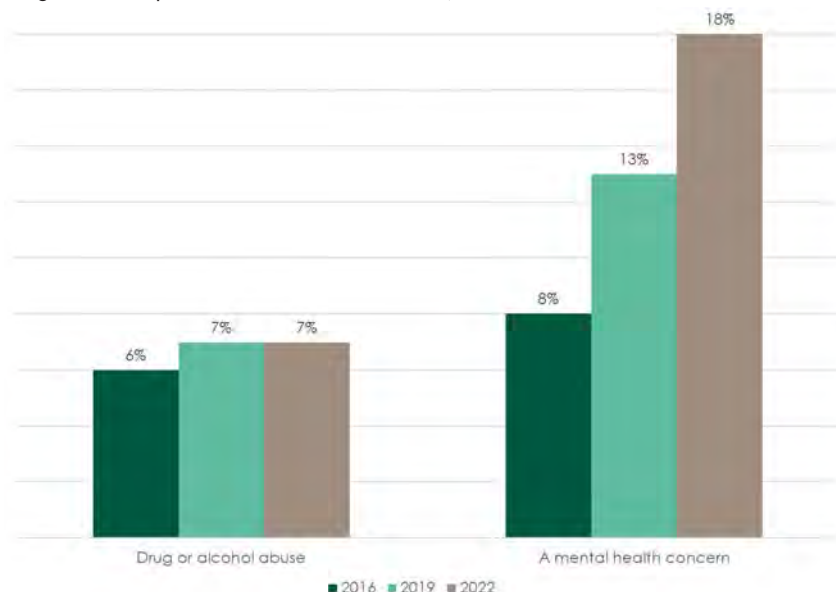
	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Able to remain calm when things go wrong (95% CI)	62.1 (59.2-65.0)	61.4 (58.5-64.2)	55.9 (47.7-63.8)	54.8 (50.2-59.4)
Do not feel alone in their life (95% CI)	52.7 (49.6-55.8)	50.5 (46.7-54.3)	40.8 (33.1-48.9)	38.9 (34.6-43.4)
Able to control emotions (95% CI)	65.8 (62.7-68.9)	66.3 (62.1-70.3)	57.5 (49.2-65.3)	58.6 (54.1-63.0)
Parents talk with them about school every day (95% CI)	46.4 (43.3-49.6)	38.3 (34.7-42.1)	29.0 (22.3-36.7)	29.5 (25.5-33.8)

Source: Alaska Division of Public Health, YRBS, 2019

Figure 29 illustrates that nearly one in four respondents of the 2022 Household Survey reported they or someone in their household experienced a mental health concern in the past 12 months, while 7% reported an issue with drug or alcohol abuse in the household. Respondents also were more likely to report that they or a member of their household experienced a mental health concern in the past 12 months compared to the 2016 survey (18% compared to 8%). Eight percent of respondents, as outlined in Table 65, said they or a member of their household had a mental health care need that could not be met in the past 12 months, while 2% reported they or someone in their household had an unmet need for treatment for addictions. Female respondents (12% compared to 4% of males) and respondents who identified as gay, lesbian, or bisexual (32% compared to 6% of heterosexual respondents) were more likely to report their mental health needs hadn't been met.

In the past 12 months, did you or anyone in your household experience any of the following? (% answering “yes”)

Figure 29: Experience with Mental Health/Substance Use Concern, 2016-2022



Source: Mat-Su Household Survey, McKinley Research, 2022

In the past 12 months, did you or anyone in your household have needs in the following areas that could not be met? (% answering “yes”)

Table 65: Unmet Mental or Addiction Treatment Need Past 12 Months, Percent, 2012-2022

	2012 n=700	2016 n=700	2019 n=755	2022 n=747
Mental health care	-	-	6	8
Treatment for addictions	-	-	4	2

Source: Mat-Su Household Survey, McKinley Research, 2022

Leading Causes of Death

Table 66 shows that the age-adjusted rate of suicide (7th leading cause of death) among residents of Mat-Su in 2020 was 30.0 slightly higher than Alaska as a whole at 27.9. Positively for the borough, the age-adjusted rate of alcohol-induced mortality in Mat-Su was 18.8, and for chronic liver disease and cirrhosis at 16.9 is lower than Alaska overall.

Table 66: Causes of Death, Leading Causes and Select Causes, Mat-Su Borough and Alaska, 2020

Leading Causes of Death	Mat-Su Borough			Alaska		
	Deaths	Crude Rate	Age-Adjusted Rate	Deaths	Crude Rate	Age-Adjusted Rate
Suicide (Rank: 7)+	32	29.8	30.9	204	28.0	27.9
Chronic Liver Disease and Cirrhosis (Rank: 10)	20	18.6	16.9	167	22.9	22.2
Select Cause of Death						
Alcohol-Induced Mortality	21	19.6	18.8	242	33.2	32.0
Drug-Induced Mortality	25	23.3	23.7	179	24.6	24.4

Source: Alaska Division of Public Health, HAVRS

*Crude death rates represent deaths per 100,000 population. Age-adjusted death rates represent deaths per 100,000 population, adjusted by year 2000 U.S. standard population ratios.

+Based on Mat-Su Borough rankings

Emergency department discharges due to suicide-related concerns decreased dramatically in Mat-Su in 2020, to 744 from 863 in 2019 and 826 in 2018 (Table 67). Of the subitems comprising the suicide and self-harm subtotal, only intentional self-harm increased to 46 in 2020 from 35 in 2019 and 31 in 2018. Alcohol and depressive disorders also declined in 2020.

Table 67: Emergency Department Discharges, Behavioral Health, Mat-Su Residents, 2018-2020

Behavioral Health	2018	2019	2020
External Cause: Intentional self-harm	31	35	46
Poisoning by drugs, medications, and biological substances	334	294	267
Toxic effects of nonmedicinal substances	96	135	111
Asphyxiation, suffocation, hanging	0	<6	<6
Suicide attempt	<6	6	<6
Suicidal ideations	394	428	343
Suicide and self-harm sub-total	826	863	744
Alcohol-related disorders	1,052	1,187	971
Depressive disorders	1,373	1,748	1,309
Behavioral Health Total	2,824	3,300	2,673

Source: Alaska Division of Public Health, HAVRS, HFDR

Addiction

According to the National Institute on Drug Abuse, people with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. Imaging scans, chest X-rays, and blood tests can show the damaging effects of long-term drug use throughout the body. For example, it is now well-known that tobacco smoke can cause many cancers, methamphetamine can cause severe dental problems, and opioids can lead to overdose and death. In addition, some drugs, such as inhalants, may damage or destroy nerve cells, in the brain or the peripheral nervous system (the nervous system outside the brain and spinal cord). Drug use can also increase the risk of contracting infections. HIV and hepatitis C (a serious liver disease) can occur from sharing injection equipment or from unsafe practices such as condom-less sex. Infection of the heart and its valves (endocarditis) and skin infection (cellulitis) can occur after exposure to bacteria by injection drug use.¹¹

The rate of smoking, outlined in Table 68, in Mat-Su declined from 19.7% in 2018 to 17% in 2020, which is a greater decline than that seen in Alaska overall. However, the rate of smokeless tobacco use has increased over the same period, from 5.8% in 2018 in Mat-Su to 7.2% in 2020. This rate is comparable to the increase in Alaska overall. In 2018, more Mat-Su residents reported vaping at 10.1% than in Alaska at 6.2% (Table 69). This has declined locally and in the state with only 3% of Mat-Su residents vaping in 2020 and 5% in Alaska. Figure 30 illustrates the declining trend of adult tobacco use in the Mat-Su Borough. Overall, since 2008, the rate has declined from 26.6% of adults to 17% of adults, after a peak in 2010 at 29.2%. While declining, the rate is still above the Healthy People 2030 goal of 11.7%.

¹¹ <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health#:~:text=People%20with%20addiction%20often%20have,drug%20use%20throughout%20the%20body>

Table 68: Tobacco Use, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Current Smoker			
Mat-Su Borough % (95% CI)	19.7 (14.6-26.1)	15.1 (11.6-19.4)	17.0 (12.8-22.2)
Alaska % (95% CI)	19.2 (17.2-21.3)	18.5 (16.4-20.8)	18.8 (16.8-20.9)
Smokeless Tobacco			
Mat-Su Borough % (95% CI)	5.8 (2.9-11.4)*	5.7 (3.0-10.6)*	7.2 (4.5-11.4)
Alaska % (95% CI)	5.7 (4.6-7.1)	6.9 (5.5-8.5)	7.1 (5.9-8.4)

Source: Alaska Department of Health, BRFSS

*Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

Table 69: Current Electronic Vaping, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	10.1 (6.2-16.1)	3.7 (1.7-8.0)*	3.0 (1.4-6.4)*
Alaska % (95% CI)	6.2 (4.9-7.9)	5.3 (4.0-7.1)	5.0 (3.8-6.5)

Source: Alaska Department of Health, BRFSS

*Rates based on fewer than 20 events are statistically unreliable and should be used with caution.

Figure 30: Adult Tobacco Use, Mat-Su Trend, Percent, 2008-2020



Source: Alaska Department of Health, BRFSS

While binge drinking in Mat-Su declined from 13.8% in 2018 to 12.7% in 2019, it increased to 13.6% in 2020 (Table 70). In Alaska, the trend steadily rose from 16% in 2018 to 18.6% in 2020. Reports of heavy drinking increased from 2018 to 2020 for both Mat-Su and Alaska, with Mat-Su's biggest increase was between 2019 and 2020 from 6.4% to 10.4%. Figure 31 illustrates the heavy drinking trend in the Mat-Su Borough. The rate has fluctuated over the past 13 years, from a low of 4.8% in 2008 to a high of 11.2% in 2010.

Table 70: Alcohol Misuse, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Binge Drinking			
Mat-Su Borough % (95% CI)	13.8 (9.2-20.1)	12.7 (9.3-17.3)	13.6 (10.0-18.3)
Alaska % (95% CI)	16.0 (14.1-18.1)	16.8 (14.7-19.1)	18.6 (16.6-20.8)
Heavy Drinking			
Mat-Su Borough % (95% CI)	6.1 (3.7-10.2)	6.4 (4.3-9.3)	10.4 (7.4-14.5)
Alaska % (95% CI)	6.7 (5.5-8.2)	9.2 (7.7-10.9)	10.7 (9.1-12.5)

Source: Alaska Department of Health, BRFSS

Figure 31: Heavy Drinking, Mat-Su Trend, Percent, 2008-2020



Source: Alaska Department of Health, BRFSS

Cannabis use among those reporting from Mat-Su decreased from 15.7% in 2018 to 13.6% in 2019 but increased to 18.3% in 2020 (Table 71). The 2020 figure is comparable for Alaska, but this is a decrease from 20% in 2018. Of the Mat-Su residents who do use cannabis, the most common way of consuming it is by smoking at 56.9%, followed by eating or drinking something infused with it at 24.7%, and 18.3% for other methods. These figures are proportional to users in all of Alaska.

Table 71: Current Marijuana Use and Mode of Consumption, Adults 18+, Mat-Su Borough and Alaska, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	15.7 (10.9-22.0)	13.6 (10.0-18.3)	18.3 (13.3-24.7)
Alaska % (95% CI)	20.0 (17.9-22.3)	19.8 (17.5-22.4)	18.5 (16.5-20.7)
	Smoke	Eat/Drink	Other
Mat-Su Borough % (95% CI)	56.9 (38.1-74.0)	24.7 (10.2-48.7)*	18.3 (8.2-36.1)*
Alaska % (95% CI)	70.7 (64.3-76.4)	17.4 (12.6-23.6)	11.8 (8.5-16.2)

Source: Alaska Department of Health, BRFSS

Alternative high school students have higher rates of all activities related to alcohol reported for Alaska as a whole and for Mat-Su over traditional high school students, with as many as 85.3% in Mat-Su claiming they have ever drank alcohol compared to 63.4% in traditional Mat-Su schools. Table 72 outlines that the level of binge drinking in Mat-Su alternative schools is comparable to that of the same students across the state but is double the number in both Mat-Su and Alaska traditional high schools.

Table 72: High School Student Alcohol Use, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Obtained alcohol by buying it (95% CI)	5.8 (3.5-9.6)	^3.0 (1.3-6.8)	*	5.2 (3.0-8.9)
Current drinking (95% CI)	25.3 (22.4-28.5)	20.9 (18.3-23.9)	46.1 (38.0-54.4)	38.8 (34.1-43.7)
Binge drinking (95% CI)	14.4 (12.1-17.2)	12.4 (10.6-14.5)	28.5 (21.6-36.6)	25.2 (21.3-29.4)
Ever drank alcohol (95% CI)	63.4 (59.8-67.0)	55.7 (51.9-59.4)	85.3 (79.3-89.8)	77.8 (73.9-81.3)
First drink before age 13 (95% CI)	18.8 (16.4-21.6)	15.9 (14.0-18.1)	34.0 (26.8-42.0)	28.0 (23.9-32.4)

*Suppressed

^Unstable

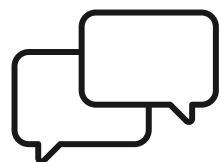
Source: Alaska Division of Public Health, YRBS, 2019

Table 73: High School Student Marijuana Use, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Used marijuana by smoking it (95% CI)	80.8 (73.8-86.3)	72.6 (67.5-77.2)	*	84.2 (78.6-88.5)
Current marijuana use (95% CI)	19.2 (16.8-21.9)	21.6 (18.2-25.6)	47.9 (39.7-56.1)	50.0 (45.4-54.7)
Ever used marijuana (95% CI)	36.6 (33.0-40.4)	37.5 (33.4-41.8)	72.0 (64.4-78.5)	73.6 (69.3-77.5)
Used marijuana before age 13 (95% CI)	9.8 (7.9-12.2)	9.9 (7.9-12.3)	27.8 (21.2-35.5)	29.9 (25.9-34.3)

* Suppressed ^ Unstable
Source: Alaska Division of Public Health, YRBS, 2019

The vast majority of high school students in all settings have consumed marijuana by smoking it (Table 73). More than twice as many students in alternative schools report using it currently than those in both Mat-Su and Alaska schools. The same proportion holds for alternative school students who have ever used cannabis, with nearly three times as many of these students having tried it before the age of 13 than those in traditional schools.



Focus Groups

Youth focus group participants noted that over the past three years, people's mental health has taken a downward spiral. They shared that they are seeing increasing anxiety and emotional instability among their peers. In particular, they noted an increase in suicide among teens. One teen group spoke of the impact COVID-19 had on youth as they were unable to see their friends or go to school, which for many was an emotional release from their home life. They noted there are a lot of people who smoke and vape. This group also talked about the fact that people will self-medicate with drugs off the street. They identified mental health and substance use among the top issues facing youth. **Youth identified mental health as the top priority to address.**

Focus group participants identified substance use as a problem facing the community. They highlighted the lack of inpatient or other drug rehab programs. Veterans spoke about the impact social isolation had on the mental health of the veteran community, noting an increase in depression.

Intercept Survey

Intercept survey participants identified mental health services (14%) and drug and alcohol treatment (8.1%) as needs in the community. Mental health services/providers (12.5%) and addressing the substance use problem in the community (6.3%) were identified as goals to lead toward a healthier Mat-Su. This includes increasing access to substance use services. They highlighted the need for crisis services, afterhours services, and the assurance that services are confidential.

Connect Mat-Su Participant Survey

Nearly one in four (23.6%) Connect Mat-Su survey participants reported difficulty accessing mental health care and 5.4% had difficulty accessing substance use/detox services.



Of the cards completed by Photovoice exhibit participants, 7.5% selected a photo related to mental health or substance use. Six Photovoice cards highlighted Figures 32 and 33 among the images that stood out to them. These images illustrate substance use in the community and were viewed as a community issue by all, with all respondents indicating this has gotten worse over the past three years. Participants identified the need for more affordable rehab centers and outpatient counseling services. They also identified the need for resources for families of those struggling with drug addiction. They noted the need for education, especially for youth, on the impact of substance use. The need for more drug law enforcement was also suggested.

Ten Photovoice cards highlighted Figures 34, 35 and 36 among the images that stood out to them. These images illustrate suicide and isolation, with 90% viewing these images as a community need/issue, and 71.4% of respondents indicating this has gotten worse over the past three years.

Participants would like to see opportunities for children to learn coping skills during difficult times. Several suggested the need for intergenerational opportunities. Some noted that their community has done a good job connecting individuals to community.

Systems change opportunities identified by Photovoice participants included increasing the capacity of detox, treatment and needle exchange programs available in the community.

Figure 32: Photovoice Photo by Parent with Purpose



Family destruction.

Figure 33: Photovoice Photo by Knik Tribe Women



Families who live with a substance abuser go through many high-stress, or even traumatic experiences and they usually go through them alone. These bottles were found in the backyard of a Wasilla resident and they knew immediately they belonged to their mother. This resident expressed a feeling of hopelessness watching their mother struggle with substance use disorder and not seek help. Individuals and families like this need to know what resources are available to them as support and how they can utilize them.

"The shortage of counselors

didn't allow for us to get one of our family members seen in a timely order. Many offices didn't even return our call."

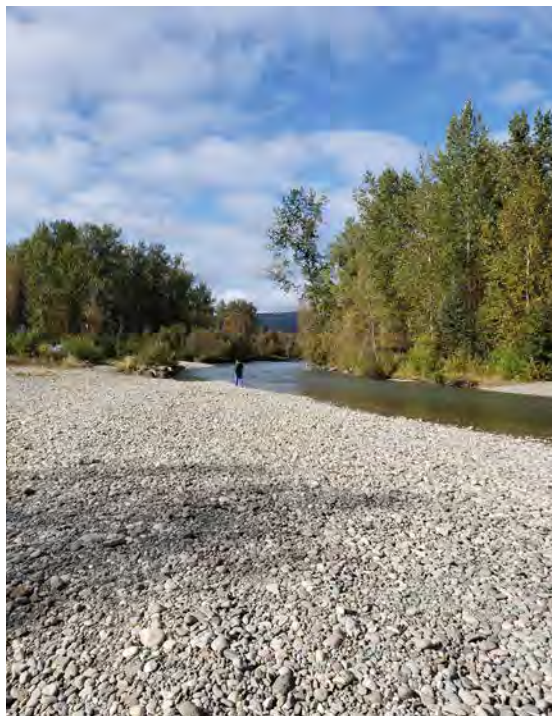
– Connect Mat-Su Survey Respondent

"I've reached out to a couple places for counseling

for myself and my child and have been turned away."

– Connect Mat-Su Survey Respondent

Figure 34: Photovoice Photo by Kabayan Inc. Filipino Community



NO MAN IS AN ISLAND - You don't need to walk alone. Everybody needs somebody. I am here to walk with you.

Figure 35: Photovoice Photo by Persons of a Certain Age (older Residents)



Lonely senior.

Figure 36: Photovoice Photo by Kabayan Inc. Filipino Community



I feel broken the only solution I can think of is to end everything.

"I have too many young friends and family either homeless with addiction or dead."

– Photovoice exhibit participant

"SUD and self-medicating has been on the rise as the social and economic impacts of covid grow- slowly breaking down families and leaving trauma."

– Photovoice exhibit participant

Criminal Justice, Violence, and Emergencies

According to Healthy People 2030, any person can be affected by crime and violence either by experiencing it directly or indirectly, such as witnessing violence or property crimes in their community or hearing about crime and violence from other residents. Types of violence include, but are not limited to, child abuse and neglect, firearm violence, intimate partner violence, and elder abuse. In addition to the potential for death, disability, and other injuries, people who survive violent crime endure physical pain and suffering and may also experience mental distress and reduced quality of life.¹²

The criminal justice system is characterized by an emphasis on public safety and public health. Public safety focuses on keeping the public safe from victimization and reducing offending behaviors.¹³ Counties with smaller populations; larger percentages of individuals who did not graduate from high school; that have more health-related issues; and provide fewer community treatment services are more likely to have higher jail populations per capita. Increasing access to services, including mental health providers, and improving the affordability of drug treatment and healthcare may help reduce incarceration rates.¹⁴

Public Safety

Table 74 indicates that the juvenile arrest rate per 1,000 population has increased from 13.9 in 2020 to 18.1 in 2021 and declined slightly to 17.6 in 2022, which is only a partial year, suggesting that for all of 2022, the total rate is likely to be higher for 2022 than for 2021. The rate for Anchorage is higher overall, as is the general population, but rose from 29.9 in 2020 to 34.0 in 2021 and declined to the previous level for 2022. Again, as these are only partial-year data, the total number for Anchorage is likely to be higher. The rate for Alaska as a whole declined from 31.6 in 2021 to 29.9 in 2022 but may still surpass 2021 once the final data for 2022 are available.

Table 74: Juvenile Arrest Rate Per 1,000, 2020-2022

	2020	2021	2022 *
Mat-Su Borough	13.9	18.1	17.6
Anchorage	29.9	34.0	29.8
Alaska	NA	31.6	29.9

Source: County Health Rankings and Roadmaps

*Rate based on partial year data; final data likely to be higher.

Table 75 demonstrates that the Mat-Su homicide rate per 100,000 population has been lower than that for Anchorage since 2018 and lower than that for Alaska overall since 2019.

Table 75: Homicide Rate Per 100,000, 2018-2022

	2018	2019	2020	2021	2022
Mat-Su Borough	6.4	5.6	5.2	6.2	6.5
Anchorage	6.8	7.9	8.5	9.1	9.1
Alaska	6.1	6.8	7.1	7.9	8.1

Source: County Rankings and Roadmaps

¹² <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>

¹³ Patterson, George T. and Graham, Warren, Clinical Interventions in Criminal Justice Settings, 2018

¹⁴ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08306-6>

Crime

The following criminal data reflect the hierarchy rule, which requires that only the most serious offense in a case be counted. The descending order of violent crimes is homicide, rape, robbery, and aggravated assault, followed by the property crimes of burglary, larceny-theft, and motor vehicle theft. Although arson is also a property crime, the hierarchy rule does not apply to it. In cases in which an arson occurs in conjunction with another violent or property crime, both crimes are reported.

As outlined in Table 76, between 2016 and 2020, Mat-Su residents experienced more property crime than violent crime. While property crime has increased over the period—from 1,117 in 2016 to 1,817 in 2019—it dropped in 2020 to 1,690, with some potential relationship to COVID-19 restrictions. All other forms of property crimes increased over the period except in 2020, when financial crimes held steady and theft-auto and theft-larceny both declined. Conversely, violent crime also declined for the period from 716 in 2016 to 508 in 2021. Assault, harassment, and sexual assault of minors all decreased over the period while homicide, offense against minors, robbery and sexual assault all increased.

Table 76: Mat-Su Borough Criminal Incidents, Alaska State Troopers, 2017-2021

	2017	2018	2019	2020	2021	5-Year Average
Crimes Against Persons	716	727	651	622	508	645
Assault	597	587	489	484	364	504
Harassment	25	21	31	21	18	23
Homicide	8	9	13	16	14	12
Offense Against Minors	11	20	19	14	18	16
Other Sexual Offenses	*	*	*	*	*	*
Robbery	*	11	16	8	15	13
Sexual Assault	27	45	49	47	47	43
Sexual Assault of Minor	47	34	34	32	31	36
Crimes Against Property	1,117	1,350	1,592	1,817	1,690	1,513
Burglary	23	200	346	427	345	268
Criminal Mischief	237	246	233	281	227	245
Financial Crimes	24	55	53	35	35	40
Theft-Auto	99	150	144	202	166	152
Theft-Larceny	731	696	816	869	916	806
Arson	*	*	*	*	*	*
Extortion	*	*	*	*	*	*
Total	1,833	2,077	2,243	2,439	2,198	2,158

Source: Alaska Department of Public Safety

*Notes values <5

Note: Incident counts are offenses substantiated by law enforcement. Assaults include rape.

Violence, Bullying, and Child Maltreatment

For all measures, Table 77 shows that alternative high school students reported higher rates than did traditional high school students, except the number of those bullied and in fights on school property. For this measure rates for traditional students in Mat-Su (26.8%) and in Alaska (25.5%) were higher than alternative school students (20.3% and 19.7% respectively). Fewer alternative school students in Mat-Su (9.4%) had physical fights on school property than traditional school students (10.9%).

Table 77: High School Violence and Bullying, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su (95% CI)	Alaska (95% CI)	Mat-Su (95% CI)	Alaska (95% CI)
Carried a weapon on school property	11.7 (9.5-14.3)	8.5 (6.8-10.7)	17.0 (12.0-23.5)	14.4 (11.5-18.0)
Did not go to school because they felt unsafe	9.1 (7.5-11.1)	12.3 (9.8-15.3)	11.1 (7.3-16.5)	15.2 (12.2-18.8)
Bullied on school property	26.8 (24.2-29.5)	25.5 (22.1-29.3)	20.3 (14.7-27.3)	19.7 (16.3-23.7)
Bullied outside of school	17.4 (15.5-19.6)	16.3 (13.9-19.1)	21.0 (15.5-27.7)	20.7 (17.2-24.7)
Bullied electronically	21.9 (19.2-24.9)	19.4 (16.4-22.7)	24.5 (18.4-31.9)	26.3 (22.4-30.7)
Physical fight on school property	10.9 (9.0-13.1)	9.3 (7.7-11.2)	9.4 (6.2-14.0)	14.6 (11.9-17.7)

*Suppressed

^Unstable

Source: Alaska Division of Public Health, YRBS, 2019

The greatest number of child maltreatment types reported to the Wasilla Office of Children's Services (OCS) was for neglect for all years, outlined in Table 78. These decreased from a high of 73.6 in 2019 to 64.3 in 2020 and rose again in 2021 to 67.9. For reports that were substantiated, the rate was 7.3 in 2019, 10.1 in 2020 and 11.7 in 2021. The next most common type was mental abuse, which also declined from 31.0 in 2019 to 29.7 in 2020, with an increase to 34.6 in 2021. Physical and sexual abuse were the next most commonly reported, respectively, both of which also saw reductions in 2020 that then increased in 2021.

Table 78: Child Maltreatment Handled by Wasilla OCS Office, Rate per 1,000 Children, 2019-2021

	2019 (n=28,870)	2020 (n=28,839)	2021 (n=28,596)
Any Child Maltreatment			
All Reports	104.6	90.5	100.3
Screened-in Reports	63.1	46.7	55.4
Substantiated Reports	9.9	13.5	14.8
Physical Abuse			
All Reports	27.6	24.3	26.4
Screened-in Reports	17.0	14.7	15.0
Substantiated Reports	2.8	5.8	5.5
Sexual Abuse			
All Reports	21.2	15.6	20.0
Screened-in Reports	8.5	5.2	7.4
Substantiated Reports	0.9	0.8	1.3
Mental Abuse			
All Reports	31.0	29.7	34.6
Screened-in Reports	22.8	17.6	21.7
Substantiated Reports	2.6	4.8	3.4
Neglect			
All Reports	73.6	64.3	67.9
Screened-in Reports	45.4	33.9	41.0
Substantiated Reports	7.3	10.1	11.7

Source: Alaska Department of Family and Community Services, OCS

Note: Rate calculated using population estimates from County Health Rankings

“The isolation resulting from the pandemic the dysmorphic representation of success as viewed through social media.”

– Photovoice exhibit participant

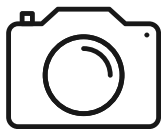
“Hearing from children concerns around the safety/health of fellow students.”

– Photovoice exhibit participant



Focus Groups

Focus group participants talked about the fact that members of the queer community often fear for their safety. Others noted that in general, there are parts of the community where they do not feel safe walking alone at night. Youth spoke of gangs in a particular community.



Approximately 7.5% of Photovoice cards completed by participants were for pictures that highlighted bullying and safety. Regarding bullying, one participant shared they are aware of friends who have been bullied and they feel the issues is getting worse.

Five Photovoice cards highlighted Figures 37, 38 and 39 among the images that stood out to them. These images are related to safety, with some (20%) highlighting positive resources and aspects of the community and others (80%) highlighting community needs. Over half (53.9%) felt this issue/need has gotten worse over the past three years. They highlighted the need for more neighborhood watch programs. Participants also talked about the concern with addiction and the need for needle exchanges and deposit boxes.

Participants provided ideas for systems change related to community safety, including increasing neighborhood watch and police patrolling efforts.



(left) Figure 37: Photovoice Photo by Williwaw Community Residents

F.I.S.H. is born. Williwaw residents organize and develop their own 501(c)3 non-profit organization as an association of friends and family with a mission to create, support and maintain a positive and safe community for all; an organization that focuses on growth, health and family support.



(right) Figure 38: Photovoice Photo by Williwaw Community Residents

When the campground concept was not successful, lots were slowly sold off and became inexpensive land purchases for people. As an unfortunate result, it created a situation wherein that conveniently located community became known as the "hood" of Wasilla. Williwaw still bears the burden of that heavy stigma today.



DEI Lens

Concerns about the structural fairness of the criminal legal system and incarceration in the United States are well documented. However, most research on crime and the criminal legal system of the U.S. is designed and completed using theories, research methods and statistical analyses of the discipline of criminology, which generally focuses on crime in *urban* areas. A relatively new branch of criminology seeks to address the issues of crime and legal systems in rural areas. When looking at criminal justice in Mat-Su, it is vital to use that lens when examining intersections of crime, race, age, ability and socioeconomic class.



Focus Groups

Focus group participants talked about the importance of a community where people feel safe to walk in the dark or leave the grocery store at night. They view a healthy community as one that has low crime and demonstrates responsible citizenship. Participants noted that crime is on the rise and that you hear of people getting robbed all the time. It was noted that domestic violence increased during the pandemic with limited shelters and support available.

Intercept Survey

Intercept survey respondents identified domestic violence resources (3.9%) as a goal to work toward a healthier Mat-Su. They identified the need for more shelters and resources for domestic violence as well as the need for increased safety in general.

Figure 39: Photovoice Photo by Persons of a Certain Age (Older Residents)



Neighborhoods watch for safety.

“Neighborhood watch signs say we will call the police on you and only serve to make the middle/upper class feel safe.”

– Photovoice exhibit participant

“A men’s shelter in Palmer or in the Valley would be really good for the community. Men need somewhere to be safe as well.”

– Intercept Survey Respondent

“More women’s and children’s shelters. Starting over guidance and follow up care. More public knowledge. The population is growing over domestic violence.”

– Intercept Survey Respondent

Chapter 6

Healthy Living: Housing, Transportation, and the Environment

This chapter covers topics related to the built and natural environment that promote healthy living and healthy lifestyles. It encompasses the vital conditions of Humane Housing, Reliable Transportation, and Stable Natural Environment and the urgent services of Homeless Services and Environmental Cleanup.

Humane Housing	Homeless Services	Reliable Transportation	Stable Natural Environment	Environmental Cleanup
Humane, consistent housing, e.g., safe, affordable structures; close to work, school, food, and recreation	Short-term housing for people experiencing homelessness, e.g. emergency shelters	Reliable, safe, and accessible transportation	Sustainable natural resources and freedom from Climate hazards, e.g., clean air, water, and soil; natural spaces	Efforts to clean up hazards in air, water, soil, homes, workplaces, and communities, e.g., lead abatement, water treatment

Humane Housing

The quality of housing has major implications for people's health. Poor housing is associated with asthma and other respiratory diseases, cardiovascular ailments, injuries, mental health concerns, and infectious diseases like tuberculosis and influenza. The World Health Organization (WHO) provides new evidence-based recommendations on reducing health risks associated with poor housing conditions in four areas: a) Inadequate living space (crowding), b) Low and high indoor temperatures, c) Injury hazards in the home, and d) Accessibility of housing for people with functional impairments. These WHO guidelines highlight the significant co-benefits of interventions to improve housing conditions. For example, installing efficient and safe thermal insulation can improve indoor temperatures that support health, while lowering expenditure on energy and reducing carbon emissions. Improved housing conditions can save lives, reduce disease, increase quality of life, reduce poverty, and mitigate climate change, and are therefore a major entry point for intersectoral public health programs and primary prevention.¹

¹<https://www.who.int/news/item/26-11-2018-housing-impacts-health-new-who-guidelines-on-housing-and-health>

**DEI Lens**

Being unhoused disproportionately affects people of color, people who are disabled, and people who are poor. In a rural state, such as Alaska, it's necessary to account for social factors such as ethnic identity, gender identity, age, disability, and immigration status when addressing complexities of housing. Doing this will help identify people who may be more likely to experience housing issues than others. The National Alliance to End Homelessness, in 2022, suggested that successfully addressing issues of people who are unhoused requires a coordinated approach to service delivery; rapid re-housing, which aims to quickly house people by offering services without employment or sobriety preconditions; and designing and implementing a crisis-response system that can reduce the amount of time a community member is without housing.

Vacancy, Safe Structure, and Affordability

The vacancy rate for rentals in Mat-Su is up slightly in 2022 at 2.86%, though Mat-Su still has the lowest rate in the state (Table 79). This suggests there are far fewer rental units available for those who are not currently housed. The supply of long-term rentals can be diminished by increasing short-term vacation rentals. In the second quarter of 2022, there were an estimated 903 short-term rental listings available in Mat-Su (Table 79).

Table 79: Rental Vacancy Rates and Short-Term Rental Listings and Total Housing Units

	2022 Vacancy Rates	10-Year Average	Q2 2022 Short-Term Listings	Housing Units, Total
Mat-Su Borough	2.86%	4.84%	903	42,018
Anchorage	3.20%	4.83%	2,323	118,293
Alaska	4.30%	6.71%	-	-

Source: Alaska Housing Finance Corporation²; Alaska Economic Trends Magazine, September 2022

When compared to the U.S., both Alaska and Mat-Su have a higher percentage of housing units that lack complete kitchen facilities (3.7% and 3%, respectively) and plumbing facilities (2.9% and 2.4%, respectively) (Table 80). In Mat-Su subregions, the housing disparities are far greater, with 16.2% of Glenn Highway housing units lacking complete plumbing facilities and 16.6% in Upper Su. These regions also have the highest rates of housing lacking complete kitchen facilities, with 9.9% in Glenn Highway and 16.8% in Upper Su.

²AHFC, 2022, <https://www.ahfc.us/blog/posts/housing-rental-market-facing-challenges>

Table 80: Percent of Housing Units Lacking Complete Facilities

	Lacking Complete Plumbing Facilities	Lack Complete Kitchen Facilities	No Telephone Service Available	No Internet Subscription	No Computer*
Upper Su	16.6%	16.8%	0.8%	20.9%	5.5%
Glenn Highway	16.2%	9.9%	2.0%	18.6%	7.7%
Parks Highway	7.7%	5.0%	1.4%	18.6%	13.7%
Core Area	3.3%	2.9%	3.2%	24.1%	10.3%
Palmer	0.1%	0.4%	1.2%	12.1%	4.9%
Wasilla	0.3%	0.6%	2.4%	15.1%	8.8%
Mat-Su Borough	3.0%	2.4%	1.4%	7.1%	34%
Anchorage	0.5%	0.5%	0.2%	5.6%	2.4%
Alaska	3.7%	2.9%	1.6%	9.2%	3.8%
United States	0.4%	0.8%	0.9%	9.7%	5.0%

Source: 2020 ACS 5-Year Estimates

*No computer means no computing devices, such as a desktop or laptop, smartphone, or tablet

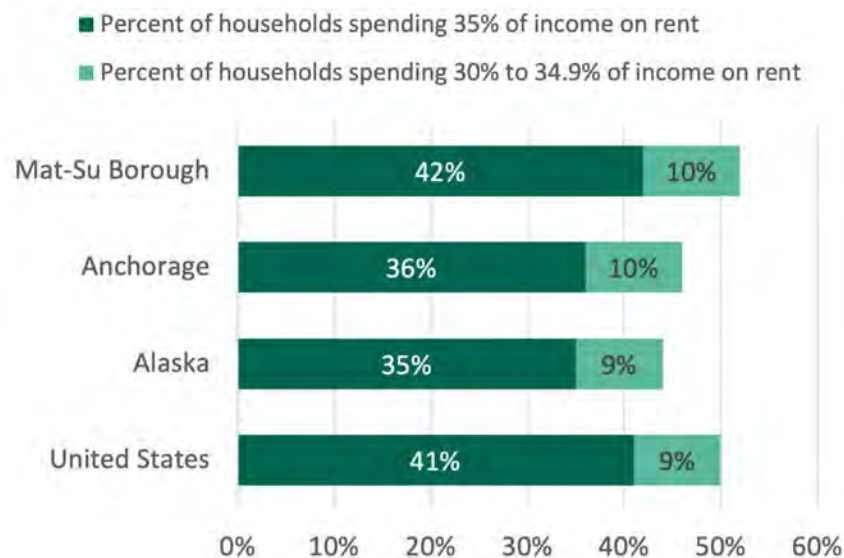
20%

of Mat-Su households experience at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities.

Availability and quality of housing units is one measure of housing sufficiency, but despite how many units are available, if they are outside the affordability range of most residents, they may as well not exist. The median monthly gross rent for housing in Mat-Su is \$1,115, slightly lower than that in Anchorage at \$1,130 (Table 81). Mat-Su had the third highest percentage increase in rent between 2021 and 2022 at 3.9%, first was Anchorage at 14.2% followed by Fairbanks at 4.7%. A household is cost burdened when 30% or more of the household income is spent on rent leaving less income available for other necessities like food, transportation, or medical expenses. More than half (52%) of Mat-Su renter households are cost burdened (Figure 40).

The monthly cost of home ownership is lower in Mat-Su compared to Anchorage (Table 81). However, the number of earners needed to afford an average home increased slightly for Mat-Su between 2020 and 2021, while remaining steady for Anchorage (Table 82). Further, Mat-Su residents working in Anchorage needed fewer earners to afford a home in Mat-Su than those who live and work in Mat-Su.

Figure 40: Cost-Burdened Renter Households, 5-year estimate 2015-19



Source: Mat-Su Homeless Assessment, February 2022

Note: Cost-burdened families spend more than 30% of their income on rent.

Table 83: Cost of Rent, 2021-2022

Median-Adjusted Rate			
	2021	2022	Percent Change
Anchorage	\$1,172	\$1,339	14.2%
Fairbanks North Star Borough	\$1,246	\$1,305	4.7%
Mat-Su Borough	\$1,051	\$1,092	3.9%

Source: Alaska Economic Trends, June 2022

Table 81: Housing Costs, 2016-2020

	Monthly Owner Cost With A Mortgage	Monthly Owner Cost Without A Mortgage	Median Gross Rent
Mat-Su Borough	\$1,802	\$506	\$1,115
Anchorage	\$2,148	\$749	\$1,130
Alaska	\$1,937	\$591	\$1,240

Source: U.S. Census Bureau

Table 82: Earners Needed to Afford an Average Home by Surveyed Area, 2019-2021

	2019	2020	2021
Mat-Su Borough	1.44	1.28	1.36
Mat-Su Home, Anchorage Worker	1.07	0.96	1.02
Anchorage	1.35	1.21	1.21
Alaska	1.24	1.11	1.14

Source: Alaska Economic Trends, June 2022

Close to Work, School, Food, Recreation/Nature

Mat-Su Residents, on average, spend 36 minutes commuting to work each day (Table 84). Residents of Parks Highway have the longest commutes at 40.9 minutes followed by residents of Glenn Highway at 38 minutes. As gasoline prices climbed throughout 2022, this increased the cost burden of commuting in Mat-Su much more than in Anchorage, both for those who drive themselves and for those taking public transportation, for which costs have also risen.

Only about 30% of the Mat-Su population has adequate access to exercise opportunities (Table 85).³ Additionally, only 10.2% of the population has recreational destinations within half a mile of their residence and Mat-Su has a walkability score lower than that of Alaska and the U.S. Community infrastructure also includes access to broadband and 94.1% of Mat-Su residents have access to high-speed internet, nearly approaching the U.S. rate of 96.7% and higher than the rate for Alaska overall with only 86.1%.

Table 84: Average Travel time to Work in Minutes

	2022
Upper Su	26.0
Glenn Highway	38.0
Parks Highway	40.9
Core Area	35.7
Palmer	34.0
Wasilla	33.0
Mat-Su Borough	36.0
Anchorage	20.0
Alaska	21.0

Source: Claritas Environics 2022

Table 85: Community Infrastructure

	Definition	Mat-Su	Alaska	U.S.
Population with access to broadband	Access to high-speed internet	94.1%	86.1%	96.7%
Population with access to exercise opportunities*	Live reasonably close to a location for physical activity	30.1%	82.0%	64.9%
Population within 0.5 mile of walkable destinations	Live near a destination such as a library, museum, or playground	10.2%	40.4%	34.0%
Walkability index score	Higher score indicates a community is more conducive to walking	5.5	7.7	6.1

Source: U.S. News and World Report, Healthiest Communities 2022

*County Health Rankings 2022

³Individuals are considered to have access to exercise opportunities if they reside in a census block that is within a half mile of a park, or reside in an urban census block that is within one mile of a recreational facility, or reside in a rural census block that is within three miles of a recreational facility.

Based on responses to the Household Survey, average household size has remained steady at an average of 3.2 people per household (Table 86). Nearly a third of respondents had one or more people in their households age 65 or older (Table 87). Forty-seven percent of households reported having children, with an average of one member under age 18 (Table 88). Around 4% of the households had at least one person age 65 or over and one person under age 18.

Including yourself, how many people live in your household for at least 6 months of the year? (%)

Table 86: Number of People Living in Household at Least Six Months of the Year

	2012 n=700	2016 n=700	2019 n=755	2022 n=748
1	13	14	15	13
2	32	30	37	29
3	14	15	17	20
4+	40	38	29	36
Avg. # of people	3.2	3.3	2.9	3.2
Refused	1	2	1	2

Source: Mat-Su Household Survey, McKinley Research, 2022

Note: Values for 2012 and 2016 are based on number of occupants for nine months of the year.

“I am being evicted,

and there is no place with affordable rent or will take a cat. There is no one to help move me this week either, I am 74 and disabled and cannot lift or bend over to pick up boxes.”

– Connect Mat-Su survey respondent

Including yourself, how many people living in your household are age 65 and older? (%)

Table 87: Number of People Living in Household Age 65+, percent of households

	2022 n=666
0	68
1	17
2	13
3+	1
Avg. # of people	1.0
Refused	1

Source: Mat-Su Household Survey, McKinley Research, 2022

Of the people living in your household, how many are under age 18?

Table 88: Number of People Living in Household Under Age 18, percent of households

	2016 n=700	2019 n=755	2022 n=748
0	14	15	13
1	30	37	29
2	15	17	20
3+	38	29	36
Avg. # of people	3.3	2.9	3.2
Refused	2	1	2

Source: Mat-Su Household Survey, McKinley Research, 2022

Ten percent of respondents reported they or a member of their household experienced not being able to pay for electricity, gas, or other utilities in the past 12 months and 7% reported inadequate housing (Table 89), see Figures 41 and 42 for subgroup differences. Nearly a quarter (23%) of respondents reported the COVID-19 pandemic made paying for electricity, gas, or other utilities more difficult and 17% reported it made paying for housing more difficult (Table 90). A higher percentage of individuals living in rural areas and those with household incomes under \$50,000 reported difficulty with paying for housing (24% rural vs. 16% urban; 27% under \$50k vs. 11% \$50k+) or utilities (31% rural vs. 21% urban; 41% under \$50k vs. 16% \$50k+) during the pandemic.



In the past 12 months, did you or anyone in your household experience any of the following? – Not able to pay for electricity, gas, or other utilities (%); Inadequate housing (%)

Table 89: Unable to Pay for Utilities Past 12 Months, Percent of Households, 2022

	Unable to pay for utilities n=757	Inadequate housing n=757
Yes	10	7
No	89	92
Don't know	1	2

Source: Mat-Su Household Survey, McKinley Research, 2022

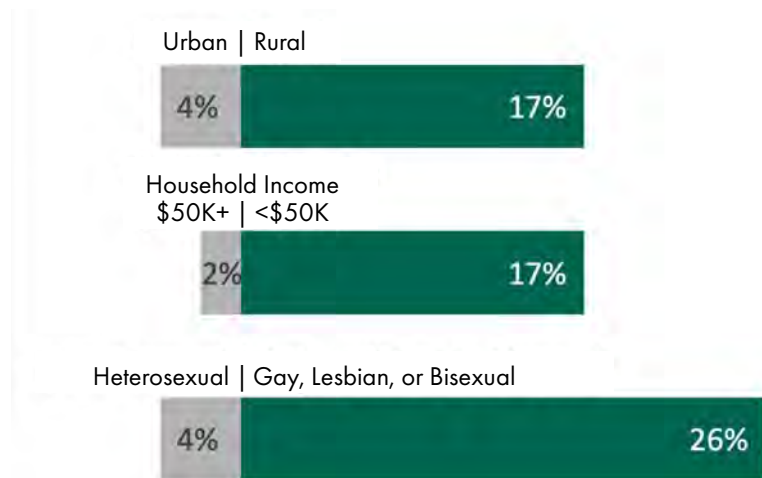
Did the COVID-19 pandemic make paying for...more difficult, less difficult, or remain the same? (%)

Table 90: COVID-19 Impact on Ability to Pay for Utilities and Housing, Percent of Households

	Ability to pay for utilities n=757	Ability to pay for housing n=757
More difficult	23	17
About the same	73	78
Less difficult	2	3
Don't know	<1	<1
Refused	2	2

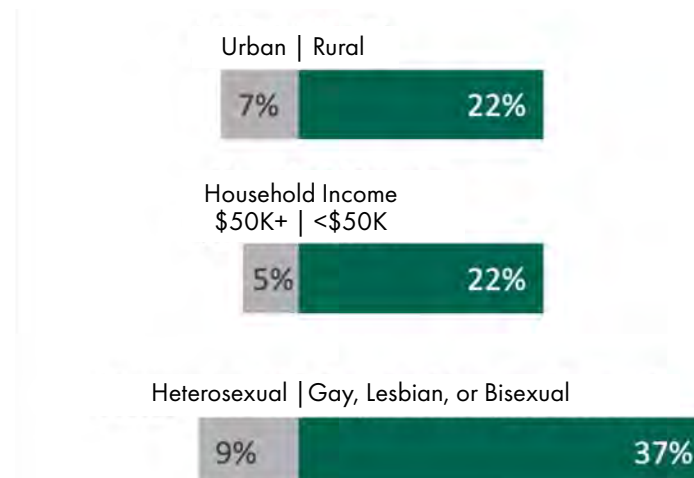
Source: Mat-Su Household Survey, McKinley Research, 2022

Figure 41. Inadequate housing past 12 months - Subgroup Differences



Source: Mat-Su Household Survey, McKinley Research, 2022

Figure 42. Not able to pay for utilities in the past 12 months



Source: Mat-Su Household Survey, McKinley Research, 2022



Focus Groups

Focus group participants talked about challenges with housing in Mat-Su. They noted a lot of people on Social Security or disability are struggling to find housing, which they saw as potentially leading to an increase in the number of homeless individuals. Participants talked about the lack of affordable housing options, noting a two-year wait for low-income housing. Most commented there are limited rental options and in some communities, dry cabins are all that is available. Housing was among the top identified needs by participants.

Intercept Survey

Intercept survey participants identified the need for temporary housing (1.2%), noting the need for more places for people to live. They identified senior housing (3.9%) and housing (3.1%) as goals to work toward a healthier Mat-Su. They highlighted the need for low-income housing, especially for those unable to get an ASHA voucher.

Connect Mat-Su Participant Survey

Connect Mat-Su survey participants were given a list and asked to identify areas in which they or anyone in their household had needs that could not be met in the past 12 months. Almost half (49.2%) had unmet needs related to housing and 22% had unmet needs related to temporary or emergency housing.

“Housing is too expensive,

and I cannot afford the rental prices, since we received rental assistance for COVID nothing is available to help with deposit or rent. Waiting lists for low-income housing or Alaska housing are very long.”

– Connect Mat-Su survey respondent

Homeless Services

According to the Centers for Disease Control (CDC), homelessness affects both physical and mental health and makes accessing health care difficult. As a result, people experiencing homelessness often face higher rates of poor health outcomes than people with housing. Public health tools are particularly important to protect the health of people experiencing homelessness and support the end of homelessness.⁴

According to a 2022 point-in-time count, Mat-Su has 41 homeless residents, Anchorage has 1,494, and Alaska has 2,098 (Table 91). This does not include those who are couch surfing, living in their cars or living with friends/relatives. Around 3.5% of all Mat-Su students experienced homelessness (Figure 43). The greatest proportion of homeless Alaskans have a disability at 46%, with Mat-Su at 34.7% (Table 92). The percentage of homeless individuals with a history of domestic violence is mirrored in all three locations around 20%. The rate of chronically homeless in Mat-Su is relatively low at 2.2% compared to 16% across Alaska and 19.4% in Anchorage, while the figure for homeless youth under age 18 is much higher in Mat-Su at 31.2% than the 19.6% of Alaskans and 18.2% of those in Anchorage. Refer to the 2022 Mat-Su Homelessness Needs Assessment report for more information related to services and gaps.⁵

Table 91: Homeless Population, Point in Time, 2022

	2022
Mat-Su Borough	41
Anchorage	1,494
Alaska	2,098

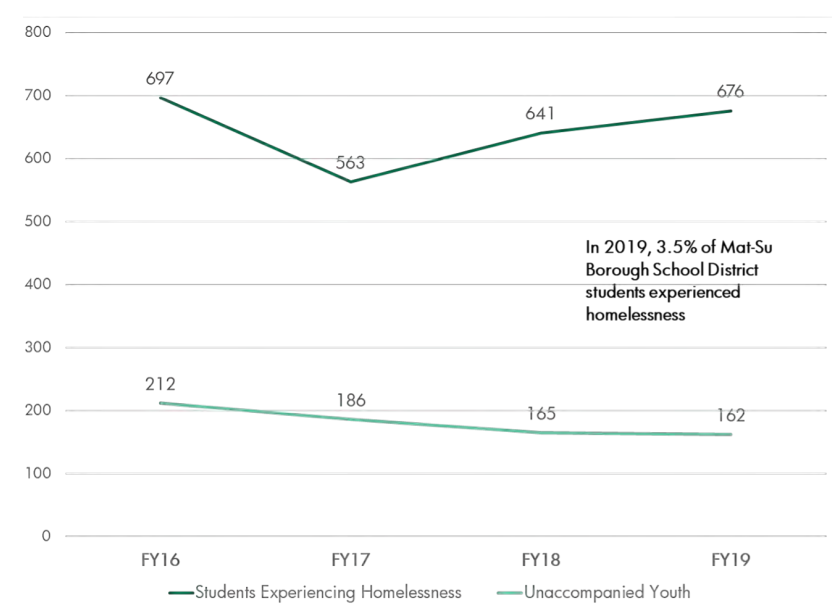
Source: Alaska Coalition on Housing

Table 92: Homeless Population Demographics, 2022

	Chronic Homelessness	Disabling Condition	History of Domestic Violence	Veteran	Youth Under Age 18
Mat-Su Borough	2.2%	34.7%	19.9%	4.2%	31.2%
Anchorage	19.4%	49.1%	22.1%	5.6%	18.2%
Alaska	16.0%	46.0%	20.4%	6.1%	19.6%

Source: Alaska Coalition on Housing

Figure 43. Mat-Su Students Experiencing Homelessness



Source: Source: Mat-Su Homeless Assessment, February 2022

⁴<https://www.cdc.gov/ddid/homelessness/index.html>

⁵<https://www.healthymatsu.org/learning/mshf-reports>

Connect Mat-Su Referral Data

When individuals contact Connect Mat-Su for resource and referral assistance, staff members track “systems gaps” that are identified when the individual seeking assistance cannot be helped. The systems gaps identified since launching in 2019 up to and including June 2022 are displayed in Figure 44. By far, the most frequently identified system gap is temporary shelter, followed by Other, which includes a variety of things such as animal welfare, home goods, community support services, vision and dental care.



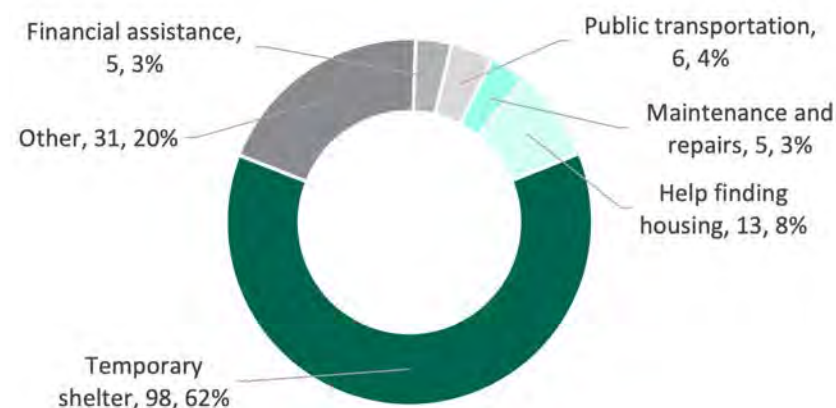
Focus Groups

Youth focus group participants talked about lack of capacity in existing homeless shelters, noting people often shelter hop or couch surf. They also noted transportation is limited, so people often cannot get to a shelter. Several shared their own experiences being homeless. They would

like to have a safe place for teens to go if they need to run away, although most saw this as something more than just a shelter.

Focus group participants noted there are more homeless people compared to three years ago. They also said there are people who live in their car but they get in trouble because they do not have places they can park.

Figure 44. Connect Mat-Su System Groups



Source: Connect Mat-Su

“With inflation, and the rising cost of housing plus unavailability of housing many more are homeless.”

– Photovoice exhibit participant

“I’ve noticed increasing numbers of people living in vehicles around Palmer.”

– Photovoice exhibit participant

Figure 45: Photovoice Photo by Parents with Purpose



Hope for the Homeless

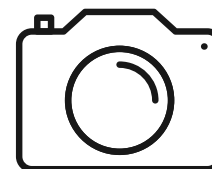
“The visible process of homelessness

in Mat-Su has increased as the population increases, and as affordable housing decreases the problem will only worsen.”

– Photovoice exhibit participant

Intercept Survey

Intercept survey participants identified resources and support for the homeless population (6.3%) as a goal to work toward a healthier Mat-Su. They noted an increase in the homeless population, indicating “the Valley is becoming overwrought with homelessness.”



Of the cards completed by Photovoice participants, 9.4% selected a card related to homelessness. Several images highlighted homelessness. The most Photovoice cards highlighted Figure 45, which was viewed as a community issue by all, with all respondents indicating this has gotten worse over

the past three years. Participants talked about the need to create ordinances to limit the number of short-term rental units as well as an increase in affordable housing. They talked about the need for more programs to assist individuals offering a hand up, not a handout. Most talked about the tie between mental health and addiction, with the homeless population indicating the need for more support.

Systems-change opportunities identified by the Photovoice participants included limiting the number of short-term rentals, focusing on housing first, establishing emergency shelter space, and strategies to address homelessness and develop affordable housing.

Reliable Transportation

Reliable, safe and accessible transportation is a component of the built environment, and a large and growing body of research indicates access to public transportation can have important effects on both health and health equity. An important pathway by which public transportation improves health is through reductions in vehicle miles traveled, resulting in reduced motor vehicle crashes and reduced air pollution.⁶

Residents in the Mat-Su are more likely to own a vehicle, have a longer commute to work, drive alone to work, and spend more on transportation compared to Anchorage or all of Alaska. Nearly four percent of Mat-Su households are without a vehicle which is lower than Alaska as a whole or the U.S. (Table 93). In Mat-Su, around 20% of workers commute 60 minutes or more to work. The rate of commuters driving alone 30 minutes or more a day has remained steady from 2016 to 2022 for Alaska and the Mat-Su, though the Mat-Su rate is more than double the rate for Alaska (Table 94). The rate for Anchorage has been on a decline from a high of 15.0% in 2016 to 12.9% in 2022. Mat-Su residents spend around 21% of their income on transportation and spend an average of \$16,258 annually on transportation (Table 95). The cost of vehicle ownership is higher in Mat-Su at \$12,109 compared to Anchorage at \$10,620.

According to the Alaska Trauma Registry, motor vehicle crashes were the second leading cause of injury requiring hospitalization in Mat-Su from 2017 to 2019 and in 2021 but did not place in the top five in 2020. When considering the 5-year average, motor vehicles account for 10% of all injuries requiring hospitalization. Furthermore, 35% of driving deaths in the Mat-Su involved alcohol (5-year average, 2016-2020).⁷

Table 93: Households With No Vehicles, 2022

	2022
Mat-Su Borough	3.9%
Alaska	9.3%
United States	5.5%

Source: Healthiest Communities, U.S. News & World Report

Table 94: Long Commute Driving Alone, 2016, 2022

	2016	2022
Mat-Su Borough	41.3%	41.6%
Alaska	15.0%	12.9%
United States	16.6%	16.6%

Source: County Health Rankings and Roadmaps

Note: A long commute is defined as 30 minutes or more.

Table 95: Transportation Costs, 2022

	% of Income spent on Transportation	Annual Transportation Cost	Annual Auto Ownership Cost	Annual VMT Cost
Mat-Su Borough	21%	\$16,258	\$12,109	\$4,146
Anchorage	19%	\$14,302	\$10,620	\$3,563
Palmer	20%	\$15,657	\$11,591	\$4,065
Wasilla	19%	\$14,354	\$10,513	\$3,838

Source: Center for Neighborhood Technology.

*Vehicle Miles Traveled

⁶ <https://www.healthaffairs.org/doi/10.1377/hpb20210630.810356/full/#:~:text=Public%20transportation%20may%20also%20affect,health%20outcomes%2C%20and%20increased%20health>

⁷ Source: County Health Rankings and Roadmaps



DEI Lens

Transportation is a major factor for all communities, with equitable access to reliable means of transport affecting quality of life by providing access to viable employment opportunities, social engagement, and community resources. There is a marked difference in the access and use of transportation between regions that are more populated and those that are less populated in Mat-Su. Participants in the Photovoice exhibit and numerous focus group members said they and other Mat-Su residents face significant challenges accessing transportation. Creating more accessible, affordable transportation options in both the rural and urban areas would help residents participate more in the major arenas of economic and social life within Mat-Su.

Almost one in 10 households in the Mat-Su (9%) experienced inadequate transportation within the past 12 months (Table 96) and nearly one-fifth (18%) reported the COVID-19 pandemic made transportation more difficult (Table 97). Rural residents and households with earnings less than \$50,000 were more likely to experience inadequate transportation (18% rural vs. 7% urban, 18% <\$50k vs. 6% \$50k+) and to identify that the pandemic made transportation more difficult (26% rural vs. 16% urban, 29% <\$50k vs. 14% \$50k+).

In the past 12 months, did you or anyone in your household experience any of the following? – Inadequate transportation (%)

Table 96: Inadequate Transportation Past 12 Months

	2022 n=757
Yes	9
No	88
Don't know	3
Refused	2

Source: Mat-Su Household Survey, McKinley Research, 2022

Did the COVID-19 pandemic make transportation more difficult, less difficult, or remain the same? (%)

Table 97: Impact of COVID-19 on Transportation

	2022 n=757
More difficult	18
About the same	78
Less difficult	2
Don't know	<1

Source: Mat-Su Household Survey, McKinley Research, 2022



Focus Groups

Youth focus group participants talked about the lack of transportation and the limitations that creates for youth. Many do not have access to transportation and if their parents are working, they can't go anywhere.

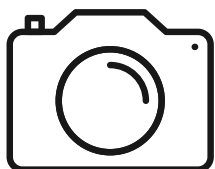
Focus group participants identified the need for reliable transportation. They noted that although some financial-need-based transit programs are available, many make too much money to qualify. Those who have Medicaid and can get transportation often wait several hours for their ride. Participants also highlighted the gap in transportation services for seniors and veterans. It was noted that many services are spread throughout the Mat-Su, consuming time, energy, and transportation. They shared that even those with transportation are struggling with the price of gas. There is limited transportation to get individuals between towns, which also poses a challenge.

Intercept Survey

Just under one in five intercept survey respondents (19.8%) identified transportation as something that would improve community belonging and connection and 17.2% identified transportation as a goal to lead toward a healthier Mat-Su.

Connect Mat-Su Participant Survey

Half of Connect Mat-Su participants surveyed identified transportation as an unmet need during the past 12 months.



Of cards highlighted by Photovoice exhibit participants, 5.6% selected a card related to transportation. Twelve Photovoice cards highlighted Figures 46 and 47 among the images that stood out to them. These images illustrate transporting students on a school bus and the lack of safe bike paths. All were viewed as a community need or issue, with a third (33.3%) indicating the issue has gotten worse. Participants talked about the need for funding for bike paths and pedestrian walkways. They noted that these also need to be maintained in the winter. They would like to see multi-use trails added with any new construction.

Systems-change opportunities identified included additional public transportation options and increased capacity.

Figure 46: Photovoice Photo by Chickaloon Traditional Council – Tribal Citizens



Transportation Challenges: No safe biking paths create dangerous road conditions.

“Easier access to transport

for women and women with children that receive services of any state assistance we receive and qualify for. I no longer even qualify for a license, so everything has to be within walking distance or bus for me.”

– Intercept survey respondent

“Would help if our transit took us all the way home so we don’t have to carry groceries from the food bank or store.”

– Intercept survey respondent

Figure 47: Photovoice Photo by Parent with Purpose

*Transporting Our Future*

“More traffic even though the Glenn in Palmer has a bike path, currently not safe.”

– Photovoice exhibit participant

“I hear people complain about public transportation availability. CARS was supposed to help with this, but they seem to be very limited.”

– Photovoice exhibit participant

“Increase in pedestrian/bike access, but also a similar increase in traffic/roads.”

– Photovoice exhibit participant

Stable Natural Environment

According to the World Health Organization, healthier environments could prevent almost a quarter of the global burden of disease. Clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and preserved nature are all prerequisites for good health.⁸ Modifiable environmental dangers caused 13.7 million fatalities in 2016, accounting for 24% of all deaths worldwide. This means about a quarter of all deaths worldwide are caused by environmental factors.⁹



DEI Lens

Climate change is putting at risk the stability of the natural environment, with instances of flooding, storms, and wildland fires becoming more numerous and intense throughout Alaska and changes in temperature prompting changes in the habitat of animals, fish, and plants that people depend on for food and economic sustenance.

Clean Air, Water, Soil

Mat-Su has had lower average daily particulate matter in both 2021 and 2022, at 5.7 micrograms per day and 4.6, respectively, compared to Anchorage and Alaska as a whole (Table 98). Cities and industrial areas—as well as areas affected by wildfires—tend to have higher emissions of such matter. All the measures presented have improved in the past year. Mat-Su has lower airborne cancer risk at 10.30 and air quality hazard at 0.13 than Alaska as a whole with 15.05 and 0.21, respectively (Table 99). These levels are sharply lower for Mat-Su than for the United States as a whole, which has 25.92 for airborne cancer risk and 0.34 for air quality hazard. Mat-Su has a lower rate of drinking water violation points per 1,000 population than Alaska at 0.15 compared to 0.25, but both measures are significantly higher than the rates for the United States at 0.03, thus indicating higher potential threat to health (Table 100).

Table 98: Air Pollution, Average Daily Particulate Matter*

	2021	2022
Mat-Su Borough	5.7	4.6
Anchorage	6.4	5.4
Alaska	6.5	6.2

Source: County Health Rankings and Roadmaps

Note: 2021 was first year with data reported. Since 2012, the EPA has recommended that 15 micrograms not be exceeded for more than one 24-hour period in a single year.¹⁰

*Average daily density of fine particulate matter in micrograms

Table 99: Air Hazard Risk

	Airborne Cancer Risk	Air Quality Hazard
Mat-Su Borough	10.30	0.13
Alaska	15.05	0.21
United States	25.92	0.34

Source: Healthiest Communities, U.S. News & World Report

Table 100: Drinking Water Violation Points*

	2022
Mat-Su Borough	0.15
Alaska	0.25
United States	0.03

Source: Healthiest Communities, U.S. News & World Report
*Violation points, according to EPA standards, per 1,000 population.

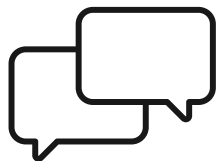
⁸ https://www.who.int/health-topics/environmental-health#tab=tab_1

⁹ <https://environmentgo.com/top-10-importance-of-environmental-health/>

¹⁰ <https://www.epa.gov/pm-pollution/timeline-particulate-matter-pm-national-ambient-air-quality-standards-naaqs>

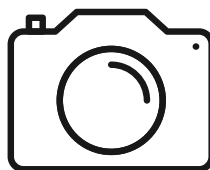
Freedom from Extreme Heat, Flooding, Wind, Radiation

Mat-Su has a lower National Hazard Risk Score as calculated by the Federal Emergency Management Agency (FEMA) at 9.5 than that of Alaska at 11.5, but Mat-Su's score is slightly higher than that for the United States with 9.1 (Table 101). The percent of homes in a flood zone in Mat-Su is 3.4%, which is only slightly lower than Alaska, 3.6%, and the U.S., 3.8%.



Connect Mat-Su Participant Survey

More than half (56.1%) of respondents agree or strongly agree that "Mat-Su communities are facing increased stress because of changes to the environment, such as changes to the climate, air quality, flooding, or wildfires." Just under half (45.6%) agree or strongly agree that "My outdoor environment fulfills my desire to connect to nature for recreation and/or to harvest wild foods."

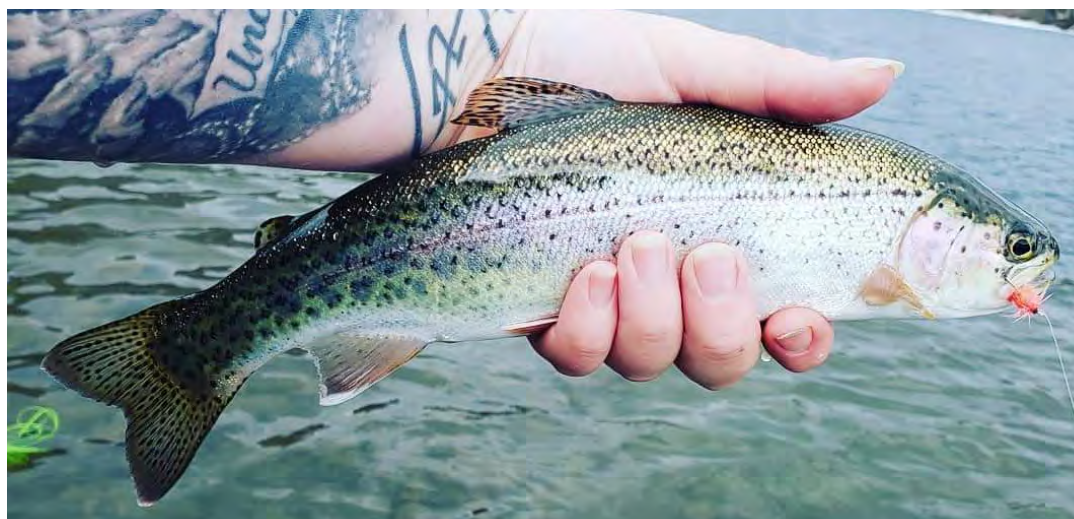


Of the cards highlighted by Photovoice exhibit participants, 9% selected a card related to the natural environment. Nineteen Photovoice cards highlighted Figures 48 and 49 among images that stood out to them. These images illustrate fishing and access to nature. Most (89.5%) viewed the images as a community strength. Of those who viewed the image as a community need, 66.7% felt stresses to the natural environment had worsened. Participants talked about the need for marked and accessible trails so all can enjoy the beauty Alaska has to offer. Several commented on the importance of fish in feeding the community.

"I love this pic because it really shows Alaska's waters and its beautiful wildlife."

– Photovoice exhibit participant

Figure 48: Photovoice Photo by Chickaloon Traditional Council – Sutton Women's Group



Rainbows shine brightest when the water is pure and the air is clean.

Table 101: Hazard Risks

	FEMA National Risk Index Score	Homes in Flood Hazard Zone
Mat-Su Borough	9.5	3.4%
Alaska	11.5	3.6%
United States	9.1	3.8%

Source: Healthiest Communities, U.S. News & World Report

“It still exists but may be at risk of declining due to people trying to develop + make a profit from the land.”

– Photovoice exhibit participant

“More handicap accessible access to fishing equipment and knowledge.”

– Photovoice exhibit participant

Figure 49: Photovoice Photo by Latinx Residents



Easy access to outdoors keep us in good physical and mental health.

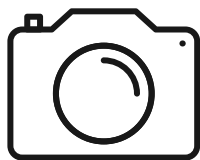
Environmental Cleanup

The World Health Organization defines environmental health as characteristics of human health and disease that are influenced by environmental variables. Environmental health also refers to the evaluation and management of environmental elements that may harm one's health.



Focus Groups

Youth focus group participants highlighted the importance of reducing litter, recycling, and a clean environment in creating a healthy community. They would like to see more eco-friendly homes and businesses. They see a need for the community to be more courteous of nature as well as having more trees and green spaces.



Of the cards highlighted by Photovoice exhibit participants, 5.2% selected a card related to environmental cleanup. Eleven Photovoice cards highlighted Figures 50 and 51 among images that stood out to them. These images illustrate litter and cleanup from unregulated shooting. Most (90.9%) viewed the images as a community strength. Of those who viewed the image as a community need, 60% felt it has gotten worse.

Participants talked about the need for more signage and restrictions around dumping as well as more organized cleanups.

Systems-change opportunities identified by participants included regulating single-use plastics, environmental cleanup, signage to restrict dumping, addressing infestations of spruce-bark beetles, and additional recycling bins and home recycling pickup.

"I notice these shooting/disposal sites more and more out in the woods."

– Photovoice exhibit participant

"More people in the valley seems to be contributing to more people using unregulated shooting areas."

– Photovoice exhibit participant

Figure 50: Photovoice Photo by Chickaloon Traditional Council – Sutton Women's Group



Unregulated Shooting

**“Every year my
scout troop goes out
and cleans the entire
area.”**

– Photovoice exhibit participant

Figure 51: Photovoice Photo by Williwaw Community
Residents

*With approximately 100 school aged children bussed from
Williwaw each day to surrounding schools, the situation
becomes a safety concern for families. Roadways and ditches
at bus stops are cleaned regularly by community members.*



Chapter 7

Education and Economic Stability

This chapter encompasses the vital conditions of Lifelong Learning and Meaningful Work and Wealth and the urgent services of Unemployment and Food Assistance.

Lifelong Learning	Meaningful Work and Wealth	Unemployment and Food Assistance
Continuous learning, education, and literacy, spanning from early childhood experiences to career and adult education	Rewarding work, careers, and standards of living	Assistance for those who are disadvantaged, out of work, or disabled

Lifelong Learning

Lifelong learning is the voluntary and self-motivated pursuit of knowledge for personal as well as professional reasons. Lifelong learning not only enhances social inclusion, active citizenship, and individual development, it also increases competitiveness and employability.¹ Lifelong learning recognizes that learning is not only part of formal classroom experiences through the educational system but learning also takes place throughout one's life in a variety of settings.

In 1995, *New York Times* science reporter Daniel Goleman published the book, *Emotional Intelligence: Why It Can Matter More Than IQ*, which launched the social emotional movement. The case he presented and validated with preliminary evidence is that:

- Character matters.
- Character can be taught.
- Character improves academic, social, and professional achievement.

Since then, all subsequent research has shown that social emotional learning does, in fact, enhance children's academic success while preventing problems such as mental health disorders and violence. Social-emotional competencies empower kids to grow self-aware and confident, to manage difficult emotions and impulses, and to embody empathy, which translates not only into improved behavior but also higher test scores.²

¹ <https://www.sciencedirect.com/science/article/pii/S1877042812019416#:~:text=Lifelong%20learning%20is%20the%20lifewide,also%20increases%20competitiveness%20and%20employability.>

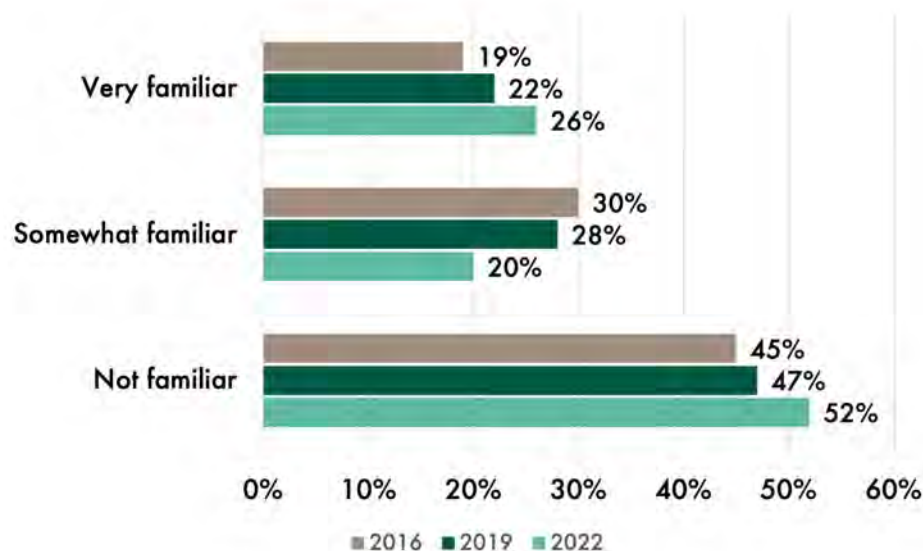
² <https://bit.ly/3P34lk2>

Early Childhood Experiences

Children thrive in environments where they feel safe, stable, and bonded to their family. Unfortunately, children who are in contact with the child welfare system have experienced negative and often traumatic situations that can have a lasting impact. Adverse Childhood Experiences (ACEs) are traumatic events that occur before a child reaches the age of 18. ACEs include all types of abuse and neglect, as well as parental substance use, incarceration, and domestic violence. ACEs can also include situations that may cause trauma for a child, such as having a parent with a mental illness or being part of a family going through a divorce.³

The Mat-Su Household Survey has been tracking community awareness of “Adverse Childhood Experiences” since 2016. In 2022, just over one in four respondents (26%) reported they were very familiar with the term “Adverse Childhood Experiences,” a slight increase from prior years (Figure 52). However, in 2022, just over half (52%) said they were not familiar with the term. Further, women were more likely to be familiar with the term ACEs (34%) than men (19%).

Figure 52: Familiarity with Term “ACEs”, 2016, 2019, 2022



Source: Mat-Su Household Survey, McKinley Research, 2022

Table 102 provides data on when mothers of 3-year-old children in Mat-Su and Alaska felt down, depressed, or hopeless in the past three months. The number of those feeling that way all the time was lower in Mat-Su than in Alaska for 2018 and 2019, but in 2020, the 4.5% reporting this in Mat-Su dramatically eclipsed those for Alaska at 1.4%. On a positive note, mothers of 3-year-old children who reported rarely or never having these feelings were combined the largest group for both Mat-Su and in Alaska, 69.2% and 64.8%. Though for Mat-Su there was a shift where in 2019 more mothers reported these feeling never (43.8%) compared to rarely (23.7%) and in 2020 more mothers reported these feelings rarely (50.8%) compared to never (18.4%).

The death of a family member has a significant impact on the household and on young children. As indicated in Table 103, the percentage of mothers of 3-year-old children who have had a member of the household die has increased dramatically for Mat-Su from 2018 to 2020, 0.9% to 6.7%, with Mat-Su surpassing the numbers of Alaska as a whole, 4.5% (Table 103).

³ <https://www.childwelfare.gov/topics/preventing/overview/framework/aces/#:~:text=ACEs%20include%20all%20types%20of,family%20going%20through%20a%20divorce.>

Table 102: Felt Down, Depressed, or Hopeless in Past Three Months, Mothers of 3-Year-Olds, Percent, 2018-2020

	Mat-Su Borough			Alaska		
	2018	2019	2020	2018	2019	2020
Always (95% CI)	0.1 (0-0.7)	1.5 (0.3-6.8)	4.5 (0.7-25.3)	1.8 (0.9-3.8)	1.7 (0.7-4.0)	1.4 (0.4-4.3)
Often (95% CI)	5.1 (1.3-18.2)	5.5 (1.7-16.5)	2.6 (0.9-7.3)	8.9 (6.1-12.9)	6.2 (4.2-9.2)	7.6 (4.9-11.7)
Sometimes (95% CI)	26.2 (15.4-41.1)	25.5 (15.3-39.5)	23.7 (11.7-42.1)	27.2 (22.8-32.2)	22.1 (18.1-26.7)	26.2 (21.2-31.9)
Rarely (95% CI)	42.1 (28.7-56.8)	23.7 (13.5-38.2)	50.8 (34.5-66.9)	34.1 (29.4-39.3)	36.2 (31.1-41.7)	36.1 (30.5-42.2)
Never (95% CI)	26.4 (15.8-40.6)	43.8 (30.5-57.9)	18.4 (8.9-34.4)	27.9 (23.6-32.6)	33.8 (28.8-39.0)	28.7 (23.2-34.8)

Source: Alaska Department of Health, CUBS

Table 103: Death of a Household Member,
Mothers of 3-Year-Olds, 2018-2020

	2018	2019	2020
Mat-Su Borough % (95% CI)	0.9 (0.1-5.6)	1.7 (0.3-8.4)	6.7 (1.7-23.3)
Alaska % (95% CI)	4.4 (2.7-7.1)	3.1 (1.9-5.1)	4.5 (2.6-7.7)

Source: Alaska Department of Health, CUBS

Table 104 describing children in poverty by race in Mat-Su has an unexpected dynamic, with 13% of Black children in poverty in 2019 dropping to 5.2% in 2020 for Mat-Su—below 10.3% of Hispanic and 10.9% of White children in poverty. This trend continues to an extremely low level of 0.6% in 2022 as the rate of White children in poverty is essentially stable for the period. The rate of Black children in poverty for Anchorage is 18.3% and 19.1% in Alaska as a whole, higher than for any group during the period. The rate of Hispanic

Table 104: Children in Poverty by Race, 2019 - 2022

	Mat-Su Borough				Anchorage	Alaska
	2019	2020	2021	2022	2022	2022
% Children in Poverty	12.7	11.8	12.8	9.5	9.0	12.3
% Children in Poverty (Black)	13.0	5.2	3.6	0.6	18.3	19.1
% Children in Poverty (Hispanic)	8.4	10.3	12.5	13.1	11.5	13.3
% Children in Poverty (White)	10.6	10.9	11.6	10.6	5.4	8.1

Source: County Health Rankings

children in poverty rises steadily in this period from a low of 8.4% in 2019 to a high of 13.1% in 2022. This is lower than the 11.5% rate for Anchorage and mirrors the rate in Alaska of 13.3%.

Early Education and Childcare

Early childhood education (ECE) information as of September 2022 indicates that the gap between need and capacity for quality ECE is lower in Mat-Su at 15% than for Alaska at 22%. This is logical as the rate of children not needing these services in Mat-Su (54%) is higher than for Alaska (43%), although the Mat-Su's capacity is lower at 31% than Alaska's at 36% (Table 105). The system in Mat-Su has shown positive outcomes, with 41% of children well-prepared for school compared to 33% in Alaska overall. It should be noted, however, that the average annual household cost of these services in Mat-Su is higher than Alaska, at \$15,139 compared to \$13,775.

Table 105: Early Childhood Education Data, Mat-Su and Alaska, Accessed September 2022

	Mat-Su	Alaska
Population of Children Under 6 Years of Age		
# of children	9,364	60,188
Not in Need (<i>children in households with at least one adult not in the workforce</i>)		
# of children	5,059	25,615
% of children	54%	43%
Capacity in Quality ECE Services		
# of children in licensed or approved early childhood education services	2,103	12,993
# of children in public Pre-K programs	495	3,988
# of children in Head Start or Early Head Start programs	307	3,249
# of children in military early childhood education services	0	1,139
Total #	2,905	21,369
Total %	31%	36%
Gap Between Need and Capacity		
# of children	1,400	13,204
% of children	15%	22%
School Readiness (% meeting 11 out of 13 AK Dev. Profile goals)		
% of children	41%	33%
School Readiness (% meeting 11 out of 13 AK Dev. Profile goals)		
Avg. Annual Household Cost	\$15,139	\$13,775

Source: Thread Alaska, <https://www.threadalaska.org/dashboard/>

The percentage of Mat-Su 3-year-olds who were read to the previous day has increased slightly since 2018, from 59.5% to 60.9% in 2020 (Table 106). As noted in Table 107, Mat-Su children have a consistently higher rate of kindergarten readiness on all goals for all periods than Alaska overall, and this rate has been rising steadily for Mat-Su since it was at 23.5% in 2016-17, compared to Alaska's rate of 18.4% to high of 26.7% in Mat-Su and 19.8% in Alaska in 2019-20. A higher percent of Mat-Su 3-year-old children received a developmental screening than those in Alaska overall at 82% over 79.4% in 2018-19 (Table 108).

Table 106: Someone Read Aloud to Child Yesterday for 30 Minutes or More, Mothers of 3-Year-Olds, 2018-2020

	2018	2019	2020
Mat-Su Borough %	59.5	55.2	60.9
(95% CI)	(44.8-72.7)	(40.9-68.7)	(43.0-76.3)
Alaska Borough %	62.8	64.4	67.6
(95% CI)	(57.6-67.7)	(59.0-69.5)	(61.4-73.2)

Source: Alaska Department of Health, CUBS

Table 107: Kindergarten Readiness, Met All Goals, 2016-2020

Timeframe	Alaska	Mat-Su
2016-2017	18.4%	23.5%
2017-2018	17.6%	19.6%
2018-2019	19.1%	22.4%
2019-2020	19.8%	26.7%

Source: Kids Count

Table 108: 3-year-old Children Who Received a Developmental Screening

Timeframe	Alaska	Mat-Su
2015-2016	76.6%	80.5%
2016-2017	76.7%	76.5%
2017-2018	76.8%	77.1%
2018-2019	79.4%	82.0%

Source: Kids Count

Table 109: Use Childcare on a Regular Basis in the Past Six Months, Mothers of 3-Year-Olds, 2018-2020

	2018	2019	2020
Mat-Su Borough %	39.0	46.2	35.3
(95% CI)	(26.3-53.3)	(32.8-60.2)	(21.5-52.1)
Alaska Borough %	42.0	44.8	41.7
(95% CI)	(36.9-47.3)	(39.4-50.3)	(35.7-47.9)

Source: Alaska Department of Health, CUBS

Alaska and the nation faced a critical lack of childcare after the pandemic, but the shortage began long before COVID-19. A 2018 analysis estimated that 61% of Alaskans lived in a “childcare desert”—an area with more than 50 children younger than 5 that either has no providers or so few options that children outnumber providers three-to-one. Rates were similar for low-income and high-income Alaska families, where 66% and 68%, respectively, lived in childcare deserts.⁴

Mothers of 3-year-olds who used childcare on a regular basis in the past six months is lower for those in Mat-Su than Alaska overall, with a three year low in 2020 at 35.3% of mothers of 3-year-olds in the Mat-Su compared to 41.7% for Alaska, a possible result of the pandemic (Table 109). Table 110 indicates that 78% of households in Mat-Su used childcare or children regularly attended school before the pandemic.

⁴Alaska Economic Trends: The Childcare Shortage, April 2022.

Of respondents to the 2022 Mat-Su Household Survey with children in the household, 8% reported that they or someone in their household experienced inadequate access to quality childcare in the past 12 months (Table 111). Nineteen percent of respondents with children in the household reported that the COVID-19 pandemic made access to quality childcare more difficult (Table 112). Responses to questions about childcare were generally similar between subgroups, although women were twice as likely as men to report COVID-related difficulty (24% vs. 12%). The cost of childcare as a percent of total household income is lower in Mat-Su at 17.9% than in the larger city of Anchorage at 20.5% and for Alaska overall at 20.3% (Table 113).

Before the COVID-19 pandemic began, did your child regularly attend school or use any type of childcare, such as preschool, daycare, Head Start, or in-home care by relatives or friends?

Table 110: Pre-Pandemic Use of Childcare, 2021

n=437	%	n
Yes	78.0%	341
No	22.0%	96

Source: Alaska Department of Health, MCH Epidemiology

In the past 12 months, did you or anyone in your household experience inadequate access to quality childcare? (%) Base: Children in Household

Table 111: Inadequate Access to Quality Childcare, Past 12 Months, Percent

2022, n=278	
Yes	8
No	89
Don't know	2

Source: Mat-Su Household Survey, McKinley Research, 2022

Did the COVID-19 pandemic make access to quality childcare more difficult, less difficult, or remain the same? (%) Base: Children in Household

Table 112: COVID Impact on Access to Quality Childcare, Percent

2022, n=270	
More difficult	19
About the same	75
Less difficult	2
Don't know	2
Refused	2

Source: Mat-Su Household Survey, McKinley Research, 2022

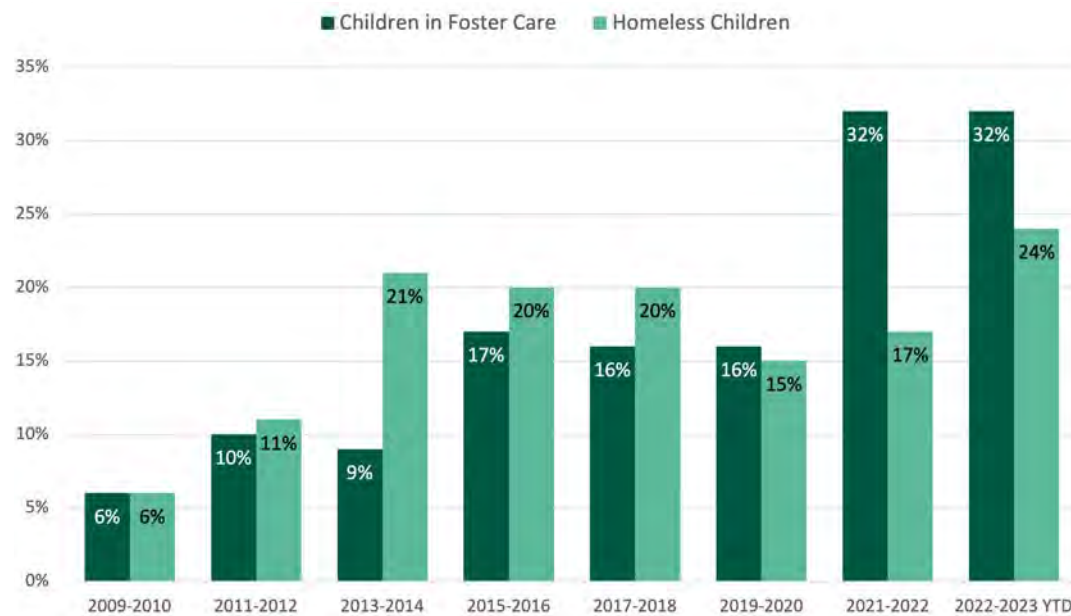
Table 113: Childcare Cost Burden, 2022

2022, n=270	Mat-Su	Anchorage	Alaska
Percent of household income required for childcare expenses	17.9	20.5	20.3

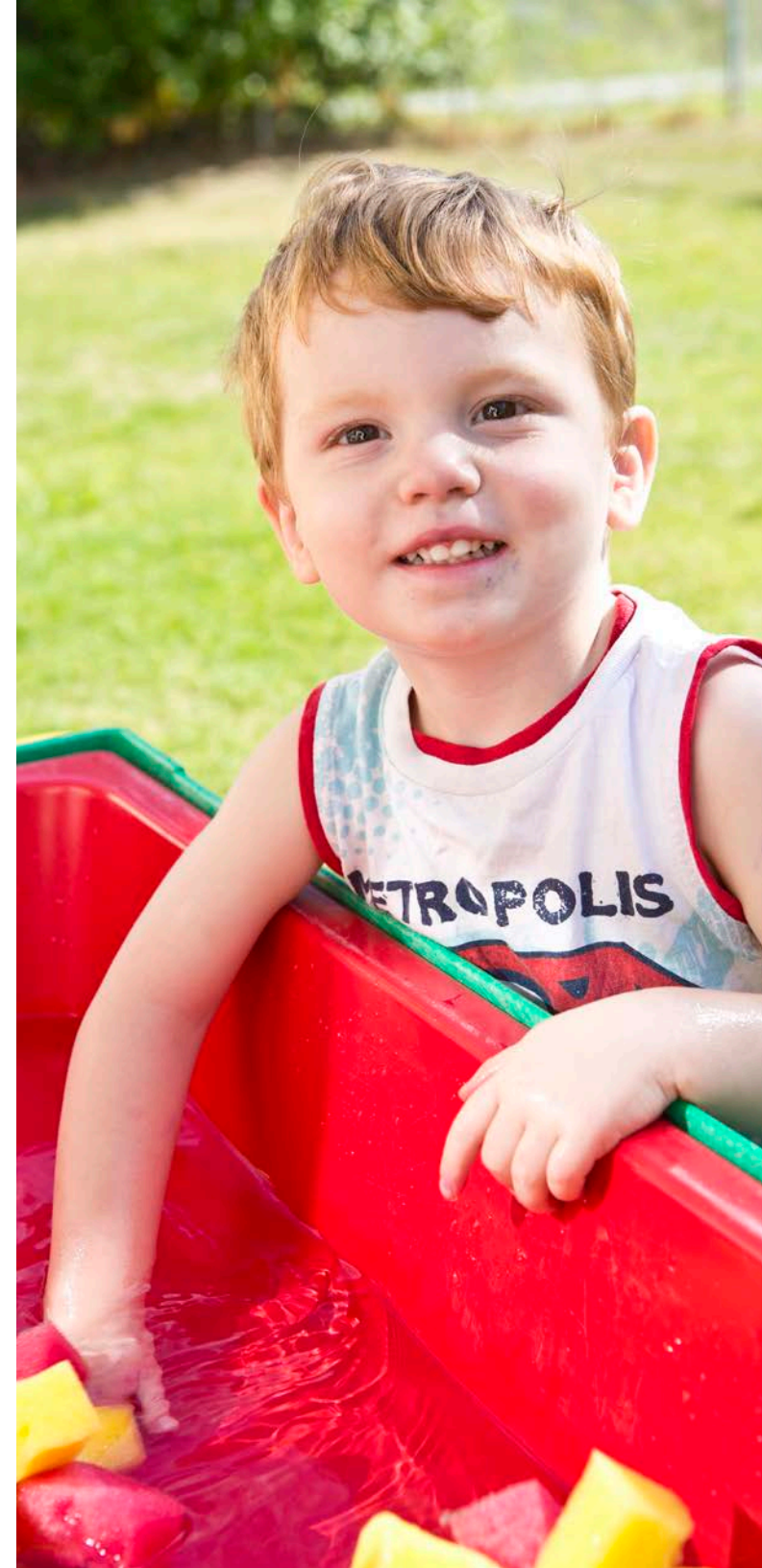
Source: County Health Rankings 2022

As illustrated by Figure 53, in 2009-10, homeless children and those in foster care occupied CCS early learning slots at the same rate of 6%. The rate for foster children rose to more than 15% in 2015-16 through 2019-20, when the rate increased dramatically in 2021-22 to more than 30%, remaining this high for the current 2022-23 school year. The utilization rate for homeless children has also increased this school year to nearly 25%.

Figure 53: Percentage of CCS Early Learning Slots Used by Children in Foster Care and Homeless Children



Source: CCS



Elementary and High School

The rate of regular school attendance in Alaska has remained steady in the low 70 percent range for the years observed (Table 114). However, the rate for Mat-Su school attendance has declined from 74% in 2015-16 to 62% in 2018-19, even before the pandemic disrupted school attendance globally. The percentage of adults age 25 and over with a high school diploma or equivalent has increased from 77.6% in 2019 to 93.6% in 2022, meeting levels of Anchorage and Alaska (Table 115). However, fewer Mat-Su adults aged 25 to 44 have attended some college with the Mat-Su rate remaining steady since 2019 at around 58% compared to 71.8% for Anchorage and 65.1% for Alaska.

Table 114: Regular School Attendance, 2015-2019

Timeframe	Alaska	Mat-Su
2015-2016	74%	74%
2016-2017	NA	NA
2017-2018	74%	75%
2018-2019	72%	62%

Source: Kids Count

Table 115: High School and Some College Completion Rates, 2019-2022

		Mat-Su				Anchorage	Alaska
		2019	2020	2021	2022	2022	2022
High School	% Adults 25+ with HS diploma or equivalent	77.6	83.2	92.9	93.6	94.0	93.1
Some College	% Adults, 25-44, with some post-secondary education	58.8	58.8	58.2	58.3	71.8	65.1

Source: County Health Rankings

Note: post-secondary education includes vocational/technical schools, junior colleges, or four-year colleges



DEI Lens

Most often, “education” comes to rest upon the needs of institutions - childcare centers, elementary and secondary schools, community colleges and universities. Lifelong learning, especially through the lens of equity, requires an examination of the policy and practice within formalized education. Skills that support the work of inclusion relate to the success of students in a variety of schools, as they affirm their identities and the cultural settings of their lives. To foster lifelong learning in communities, the UNESCO Institute for Lifelong Learning recommends the following points of action:

- Recognizing the holistic character of lifelong learning.
- Placing vulnerable groups at the core of the lifelong learning policy agenda.
- Establishing lifelong learning as a common good.
- Ensuring greater and equitable access to learning technology.
- Transforming schools and universities into lifelong learning institutions.
- Encouraging and supporting local lifelong learning initiatives.



Focus Groups

Youth focus group participants talked about the need for more educational opportunities. They noted that these are currently limited with not much available around different career paths. This group also spoke of the importance of individualized instruction to teach in the way each student learns. They indicated they would also like to have more support and respect from their teachers.

Focus group participants talked about the lack of childcare in the community. This was also viewed as a barrier to accessing needed services, notably for women veterans.

Intercept Survey

Intercept survey respondents identified the need for access to education (3.5%), more school funding (1.2%) and affordable childcare (1.2%) as things that would help improve community connection and belonging.

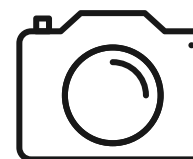
Figure 54: Photovoice Photo by Williwaw Community Residents



Transporting Our Future.

Connect Mat-Su Participant Survey

Respondents were asked to indicate if they had any unmet needs over the past 12 months, with 12.1% identifying quality childcare.



One Photovoice card highlighted Figure 54 among the images that stood out to them. This image highlights a school bus transporting children to school, with the caption “Transporting Our Future.” This was seen as a community issue that

is getting worse. It was noted that the community needs better bus transportation for kids going to school.

Systems-change suggestions offered by participants included increasing childcare services and Head Start in increasing intergenerational opportunities.

Meaningful Work and Wealth

According to the National Civic League, there is a reason we talk about health and wealth in one breath. Access to stable incomes and fulfilling careers is a primary pillar of well-being. People do best when they have productive and rewarding work, enough income to fulfill basic needs and support their families, and the ability to afford important assets like a home, as well as to invest in education. Meaningful work lifts up entire families and communities and creates a vibrant and interdependent commonwealth. And when people can build wealth, and experience good living standards for their families and communities now, it pays forward for generations to come.



DEI Lens

An important signifier of healthy communities is a robust workforce. The most effective means of creating employment for this workforce is by developing policy that supports the regional economy through the cultivation of a skilled labor force, creation of well-paying, sustainable jobs in positive environments for workers, and development of programs that reach everyone in the community.

Skills-based training is necessary to build a workforce that adapts to shifting trends in the community's nonprofit, small business development, and industry sectors. Planning that takes into account racial and ethnic group membership, gender identity, geographic location, and varying abilities of the current population, as well as growth and demographic changes, can encourage the type of change that is both prosperous and inclusive.

Good Paying/Fulfilling Jobs

Per capita income is the average per-person income for a population, including children, and is not interchangeable with household income. According to the U.S. Census, 2016-2020 per capita income was \$35,384.⁵ Table 116 indicates that the per-capita income for both Alaska and Anchorage is above this national figure, but Mat-Su's is below at \$31,963. The median household income for the Mat-Su Borough in 2020 is \$78,730 (Table 117). The highest median income is in the Core Area at \$83,902, followed by Palmer at \$78,730. The lowest is Glenn Highway at \$47,744. In all the areas assessed women are paid less than men, in Mat-Su by nearly \$16,000 annually, a pay gap of 0.8 (Table 118). That is females make 80 cents to every dollar earned by males.

Table 116: Per-Capita Income, Past 12 Months, 2016-2020

	2016-2020
Mat-Su Borough	\$31,963
Anchorage	\$41,127
Alaska	\$37,094

Source: U.S. Census Bureau

Table 117: Median Household Income by Region, 2022

	Median Household Income
Upper Su	\$58,210
Glenn Highway	\$47,744
Parks Highway	\$65,587
Core Area	\$83,902
Palmer	\$75,476
Wasilla	\$65,346
Mat-Su Borough	\$78,730
Anchorage	\$86,477
Alaska	\$81,643

Source: Claritas Environics 2022

⁵ <https://www.census.gov/quickfacts/fact/table/US/INC910220#INC910220>

Table 118: Gender Pay Gap, 2022

	Mat-Su	Anchorage	Alaska
Women's Median Earnings	\$49,175	\$52,529	\$51,273
Men's Median Earnings	\$65,171	\$61,504	\$61,539
Gender Pay Gap	0.8	0.9	0.8

Source: County Health Rankings and Roadmaps, 2022

"As far as unemployment services, I have been trying to get to the unemployment office to try to look for a new better job with insurance benefits, since I will be losing mine soon, however their hours don't work very well for me since I almost pretty much work 9 to 5 most of the business days when the unemployment office is open. It would be nice if the unemployment office was open later in the evening or something so that those that are working 9 to 5 would be able to utilize those services."

– Connect Mat-Su survey respondent

The Massachusetts Institute of Technology has developed a Living Wage Calculator to help individual communities identify a local wage rate that allows residents to meet minimum standards of living. In Table 119 the first columns indicate the living wage for a single adult with no children in Mat-Su is more than \$5.50 higher than the Alaska minimum wage. For households with two adults and one child, the living wage is nearly \$7.00 higher than the minimum wage. The rates for Anchorage and Alaska are similarly misaligned.

The poverty guidelines are a version of the federal poverty measure issued each year in the Federal Register by the Department of Health and Human Services (HHS) and are used to determine financial eligibility for certain federal programs.⁶ The 2021 Poverty Wage is in the two middle columns in Table 120 and is lower than the minimum wage and far lower than the living wage. Thus, the gap between what people need (living wage) and the amount they make to be eligible for federal support in Alaska is the living wage gap. In Mat-Su, the living wage is nearly double the poverty wage for a single adult with no children and nearly three times the poverty wage for a household with two adults and one child. Again, the gap for Anchorage and Alaska is similarly large.

Table 119: Living Wage* Gap, 2022

	Living Wage		Poverty Wage		Minimum Wage	
	1 Adult, No Children	2 Adults, 1 Child	1 Adult, No Children	2 Adults, 1 Child	1 Adult, No Children	2 Adults, 1 Child
Mat-Su Borough	\$15.80	\$17.20	\$7.74	\$6.60	\$10.34	\$10.34
Anchorage	\$16.11	\$17.56	\$7.74	\$6.60	\$10.34	\$10.34
Alaska	\$16.72	\$18.00	\$7.74	\$6.60	\$10.34	\$10.34

Source: Living Wage Calculator, Massachusetts Institute of Technology, 2022

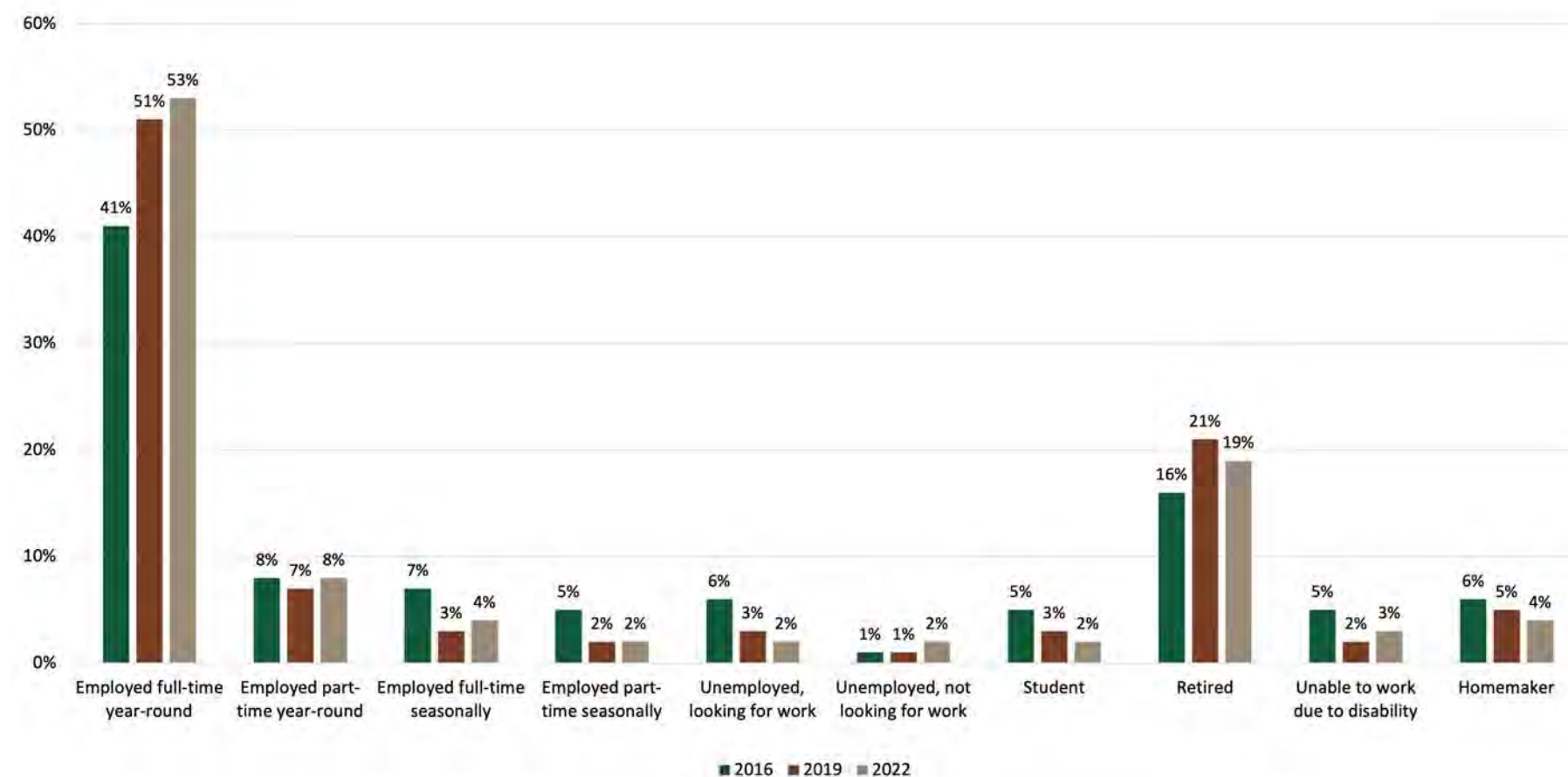
*Wages are where all adults are working.

From the 2022 Mat-Su Household Survey, 53% of respondents reported that they were employed full-time year-round, up from 41% in 2016 and 51% in 2019, while those employed part-time year-round remained steady at around 8% (Figure 55). About one-fifth of respondents were retired. Men were more likely to be employed full-time, year-round (59% versus 46% of women). Respondents in households with less than \$50,000 in annual income were much less likely to be employed full-time, year-round—23% versus 65% of those in the \$50,000+ category. Around 28% of survey respondents reported a change in employment status because of COVID, as described in Table 120.

⁶ <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>

Which statement best describes your employment status? (%)

Figure 55. Employment Status 2016-2022



Source: Mat-Su Household Survey, McKinley Research, 2022

How did your employment status change because of COVID-19? Did you... (%)

Table 120: Employment Status Change Due to COVID-19, Percent, 2022

n=756	
No change	64
Reduced hours	9
Increased hours	6
Lost job	5
Changed job	3
Unable to work due to COVID health impacts	2
Went back to school	1
Took early retirement	1
Unable to work because of family needs	1
Don't know	7
No answer	1

Source: Mat-Su Household Survey, McKinley Research, 2022



Focus Groups

Focus group participants talked about the impact COVID-19 had on small businesses as well as the increased cost of things as a result. One noted that the cost of heating oil has more than doubled, which is going to hurt a lot of people.

Intercept Survey

Intercept survey respondents identified the need for job opportunities with better wages (2.3%) as something that would improve belonging and community connection. They also noted that services are often limited to the wealthy (4.7%).

Connect Mat-Su Participant Survey

Almost a third (32.2%) of the respondents to the Connect Mat-Su participant survey indicated they or someone in their household had difficulty with employment or employment services and 70% had difficulty paying bills for electricity, gas, or other utilities.

Family and Community Wealth

Table 121 indicates the percentage of residents living below the poverty level in 2022. The highest percentage was in Wasilla with 9.7%, followed by Glenn Highway with 9.4% and trailed by Parks Highway with 8.7%. The measure including such families with kids still places Wasilla in the highest place with 8.9%, distantly trailed by Parks Highway at 6.1% and Upper Su with 5.6%. Anchorage has one of the lowest rates for families without kids at 5.7% and with kids at 4.4%.

Table 121: Percentage of Residents Living Below Poverty Level, 2022

	Families Below Poverty	Families Below Poverty, with Kids
Upper Su	7.5%	5.6%
Glenn Highway	9.4%	4.7%
Parks Highway	8.7%	6.1%
Core Area	6.4%	5.3%
Palmer	5.6%	4.3%
Wasilla	9.7%	8.9%
Mat-Su Borough	6.9%	5.4%
Anchorage	5.7%	4.4%
Alaska	6.9%	5.5%

Source: Claritas Environics 2022

Unemployment and Food Assistance

As of March 2022, approximately 4,000 women and children qualified for the Women, Infants, and Children (WIC) program in the Mat-Su.⁷ Table 122 shows use statistics for the Mat-Su Food Bank between 2019 and 2022. The number of people accessing food through the organization lessened between January and February 2021 and the same period in 2022, but the numbers started rising in March 2022 – likely due to reductions in emergency pandemic aid and record levels of inflation driving up the cost of food and other basic needs in Mat-Su. The highest percentage of recipients are individuals who have SNAP benefits (5,436), disabled individuals (1,517) and veterans (1,394).

Table 122: Use of the Mat-Su Food Bank, 2019-2022

	Year-To-Year Comparison				Demographics 2021					Volunteer
	2019	2020	2021	2022*	Veterans	Disabled	Food Stamps (SNAP)	Homeless Families	Senior Boxes	Hours Per Month 2021
Monthly Avg.	2,343	2,109	1,442	1,664	116	126	453	26	62	309
Total Served	28,115	25,303	17,302	11,645	1,394	1,517	5,436	314	740	3,711

Source: Mat-Su Food Bank

*Incomplete year, January - July

Table 123 shows a sampling of use statistics for some Mat-Su Food Coalition member pantries between 2020 and 2021. Use of the food pantry at Blood N Fire Ministries and Glacier View increased between 2020 and 2021. Knik Tribal reported combined data so it is unclear if they saw an increase or decrease in utilization. Frontline Mission's numbers tripled in 2020 and remained very high throughout that year due to lockdown and widespread job losses, prompting the nonprofit to launch a pilot program that delivered more than 5,000 boxes of food. Forty percent of families who used Frontline services in 2020 had "recently experienced job loss" due to COVID-19. Once lockdown ended and people began returning to work, the pilot program ended as well, causing Frontline's exceptionally high service numbers to drop.

Table 123: Snapshot of Food Pantry Use in Mat-Su, 2020-2021

	2020	2021
Mat-Su Food Bank	25,303	17,302
Blood N Fire Ministries	8,478	13,002
Frontline Mission ^a	42,362	24,307
Glacier View	600	800
Knik Tribal Council ^b	6,817	

Source: Mat-Su Food Coalition

^a Increased programming in 2020 for pandemic response resulted in higher use numbers.

^b Data reported for combined years 2020 and 2021

"Many programs were started or funding increased due to COVID."

But the question is will all programs be able to continue as funding decreases back to normal?"

– Photovoice exhibit participant

⁷ Statistics provided by Alaska Family Services

Figure 56: Photovoice Photo by Parents with Purpose

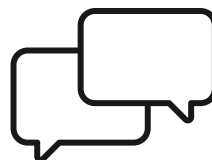


Feeding Families

Figure 57: Photovoice Photo by R.O.C.K. Mat-Su Youth Leadership Council



This photo shows the Kids Kupboard office in Big Lake. This is a free service where kids 18 and under can come and get a free meal. This shows the reality of food insecurity among young people in the valley. Furthermore, it relates to the previous pictures because it is harder for kids to form healthy relationships when they are worried about where their next meal will come from. Many problems feed into the issue of food insecurity, drug abuse, domestic violence, and homelessness are just some of the problems that feed into child hunger. Some possible solutions that could be implemented include increased funding to this program and others like it.



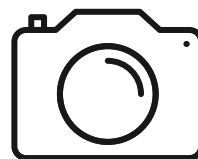
Focus Groups

Youth focus group participants spoke of the challenge COVID-19 caused for youth who relied on schools for meals and noted that when they had to stay home, their households went without food. This group also commented that it needs to be easier to access food stamps and also identified the need for more places where people could go to get a hot meal.

“Food insecurity has grown across the generations...

...but especially for children whose families have experienced employment challenges, due to COVID, also the rising cost of food.”

– Photovoice exhibit participant



Of the photos highlighted by Photovoice exhibit participants, 5.6% selected a photo related to food assistance. There were 12 Photovoice cards highlighting Figures 56 and 57 among the images that stood out to them. These images illustrate vans distributing meals, with 58.3% viewing these images as a community strength and 41.7% viewing this as a community need.

Of those who viewed the images as a need, 50% indicated food access has gotten worse over the past three years.

Participants identified the need for more support to improve the food system for those in poverty. They noted the economic impact and the challenges that creates for families. Some also noted the need for local food resources.

Chapter 8

Belonging and Civic Muscle

Sense of Belonging and the Power to Shape a Common World

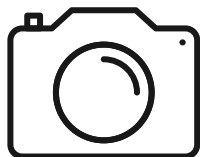
Belonging and civic muscle is about having fulfilling relationships and social support that people need to thrive. It's about being part of a community and contributing to its vibrancy. Social support through friends, family, and other networks contributes to our practical and emotional needs, enhances mental well-being, helps us navigate the challenges of life, and reinforces healthy behaviors.

People with a stronger sense of efficacy, belonging, and social connectedness tend to live healthier, happier lives. At the community and neighborhood level, social cohesion strengthens social ties and engenders collective attachment. Higher levels of social cohesion are associated with higher levels of trust, cooperation, and social capital, providing the necessary foundation for working together across groups and sectors, and building the “civic infrastructure” for community members to co-create a shared future. These patterns can create a virtuous cycle – working together supports stronger communication and develops a sense of connectedness and mutual obligation. When people in a community feel valued and cared for, they become more confident and willing to participate in the community, contributing to its vibrancy and effecting change. Alternatively, a community built in silos that do not encourage connectedness can lead to a pattern of apathy, and - without investment to reverse these patterns - decades of community decay.¹



DEI Lens

When demographic shifts occur that bring new people into established communities, it highlights the need to make choices about inclusion and managing change. Institutions of the community can lead the efforts to include people from different backgrounds, cultures, and abilities in the systems of social, cultural and civic life. Their example leads the way for the public, and can often determine whether these new residents will be well received.



Of the photos highlighted by Photovoice exhibit participants, 3.8% selected a photo related to culture and traditions. Eight Photovoice cards highlighted Figures 58, 59 and 60 among the images that stood out to them. These images illustrate the passing of tradition and learning language and other aspects of the local culture, and were all viewed as a community strength.

Participants felt that it is important to create opportunities to bring generation and community together to learn Native culture. Many felt this has strengthened during COVID-19, with communities supporting one another.

**“Invite in everybody
who cares to work
on what’s possible.”**

Acknowledge that everyone is an expert about something.
Know that creative solutions come from new connections.”

– Margaret Wheatly, *Turning to One Another*

¹ <https://www.communitycommons.org/collections/Belonging-and-Civic-Muscle-as-a-Vital-Condition>

Figure 58: Photovoice Photo by Chickaloon Traditional Council – Elders



Singing Dene' songs and traditional dances always makes me happy.

Figure 59: Photovoice Photo by Chickaloon Traditional Council – Elders



Passing on traditions and knowledge by sharing it with young people. Learn the language.

“Sharing all cultures is a way to shorten the distances between community members and stop the hate.”

– Photovoice exhibit participant

Figure 60: Photovoice Photo by Chickaloon Traditional Council – Elders



Respect for Elders, passing on Values, opportunities to share food, socialize and participating in activities while being respected as an Elder.

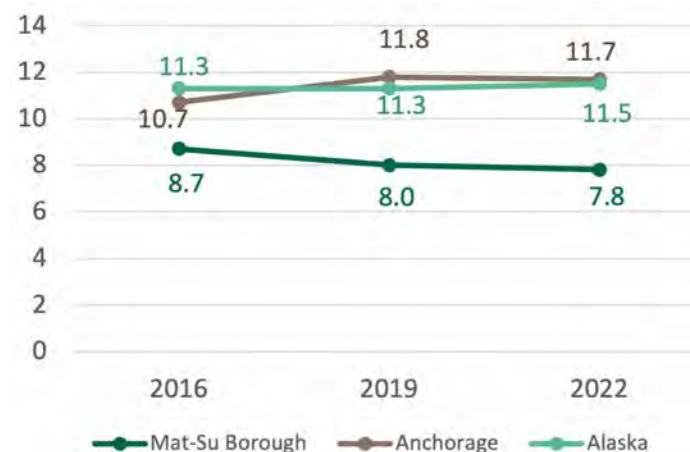
“It’s important to respect all cultures in our community, native culture is important to this area.”

– Photovoice exhibit participant

“Expanding the elder luncheon concept to more areas of the valley. Generally, respect and sharing is so uplifting for all involved.”

– Photovoice exhibit participant

Figure 61. Social Association Rate², per 100,000 population



Source: County Health Rankings and Roadmaps

Social Support

Belonging to membership organizations, such as civic, sports, religious, labor, or professional organizations, builds individual social capital and social support.

The social association rate² the number of member organizations per 100,000 population, has declined slightly in the Mat-Su from 8.7 in 2016 to 7.8 in 2022 (Figure 61). The social association rate is lower in Mat-Su when compared to Anchorage or Alaska as a whole.

Most Mat-Su residents reported retaining or finding new ways of connecting with family and friends during the COVID-19 pandemic, as well as having had the opportunity and ability to help others with financial or practical support (Table 124). These positive perceptions can help maintain and strengthen societal connection with a shared sense of belonging, support and purpose.

² Number of membership associations per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.

Table 124: Impact of COVID-19 on Social Connections, 2021

	Very True	Somewhat True	Not True At All
I've found new ways to connect with family and friends	21.0%	49.4%	29.6%
I've had the emotional connections I need with family and friends	24.7%	52.1%	23.2%
I've received financial or practical support from family or friends	8.5%	23.5%	68.0%
I've helped others with financial or practical support	25.4%	46.2%	28.3%

Source: Alaska Department of Health, MCH Epidemiology

Table 125: High School Student Belonging, Mat-Su Borough School District and Alaska, Percent, 2019

	Traditional High School		Alternative High School	
	Mat-Su	Alaska	Mat-Su	Alaska
Feel like they matter in their community (95% CI)	42.9 (39.7-46.1)	47.8 (43.7-52.0)	37.5 (30.1-45.6)	39.4 (35.0-44.0)
Feel like teachers care about and encourage them (95% CI)	56.8 (53.2-60.3)	59.0 (54.9-62.9)	79.0 (71.9-84.6)	75.3 (71.4-78.9)
Comfortable seeking help from 3 or more adults (95% CI)	47.5 (44.5-50.6)	48.6 (45.1-52.1)	41.4 (33.8-49.4)	43.2 (38.7-47.8)
Participate in afterschool activities (95% CI)	54.8 (51.2-58.3)	56.8 (53.4-60.1)	41.9 (34.2-49.9)	36.5 (32.2-41.0)

Source: Alaska Division of Public Health, YRBS, 2019

Note: 2019 is the most current YRBS, which does not encompass any potential shifts because of the pandemic and school disruptions.

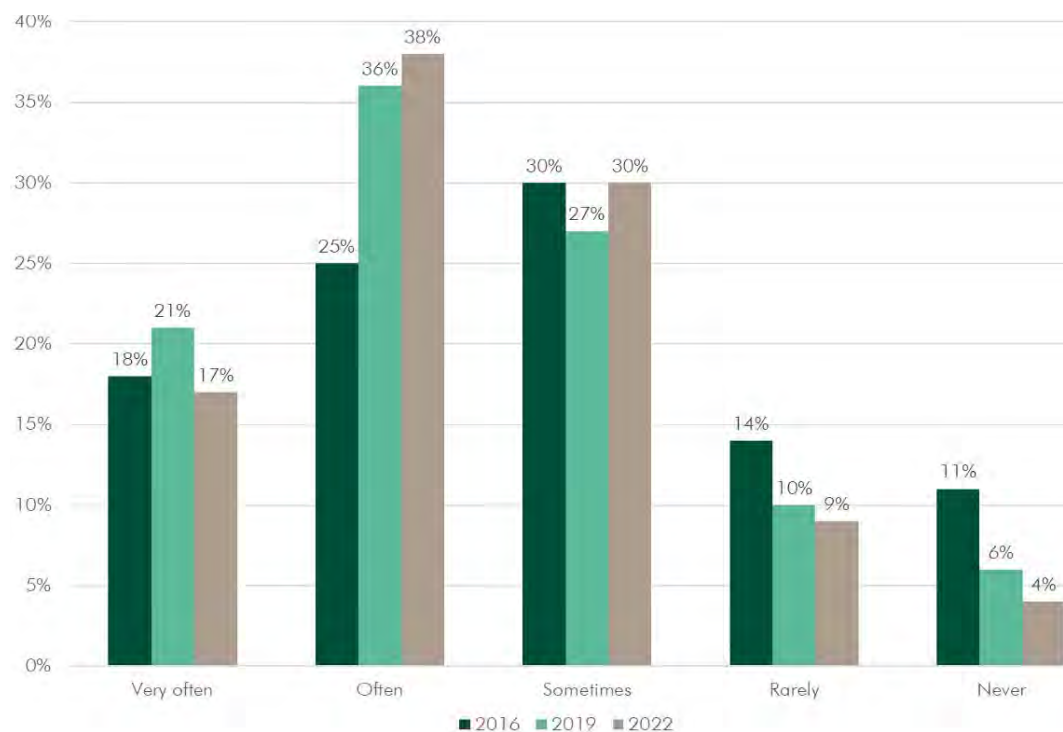
Table 125 indicates the percentage of high school students who feel they have community connections and support. Mat-Su students feel less supported than Alaska students overall. Alternative high school students feel that teachers care about them and encourage them at higher rates than traditional high school students.

A total of 55% of households surveyed reported they and the people in their community do favors for each other often (38%) or very often (17%) (Figure 62). The percentage of respondents who report rarely or never do they or people in the community do favors for each other has been declining since 2016, from 25% to 13% in 2022. When asked how many people they could count on to help them with a problem, respondents reported an average of 9.9 people, with 31% of respondents reporting 10+ people (Figure 63). Four percent of respondents said they did not have anyone they could count on to help and 12% had just one or two people.

When asked whom they would ask for advice on how to handle a problem, 60% of respondents reported they would ask a family member, 26% would ask a friend, 10% would ask a church leader. Just under one in 10 respondents (8%) reported they would not ask another person for help (Figure 64). More than half of respondents (56% combined) reported they have very often or often helped a person in need in their community outside of family and relatives in the past 12 months, and 30% said they have helped another person sometimes in the past year (Figure 65).

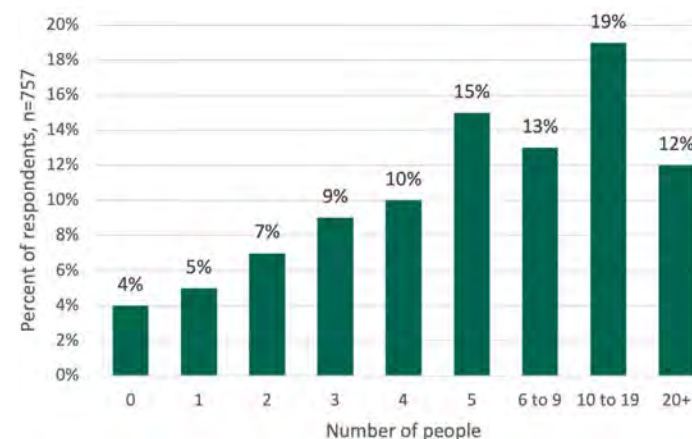
Do you and people in your community do favors for each other very often, often, sometimes, rarely, or never? (%)

Figure 62: Frequency of People Doing Favors for Each Other, 2016-2022



About how many people can you count on to help you with a practical problem, such as needing a ride to a medical appointment? (%)

Figure 63. Number of People You Can Count On, 2022

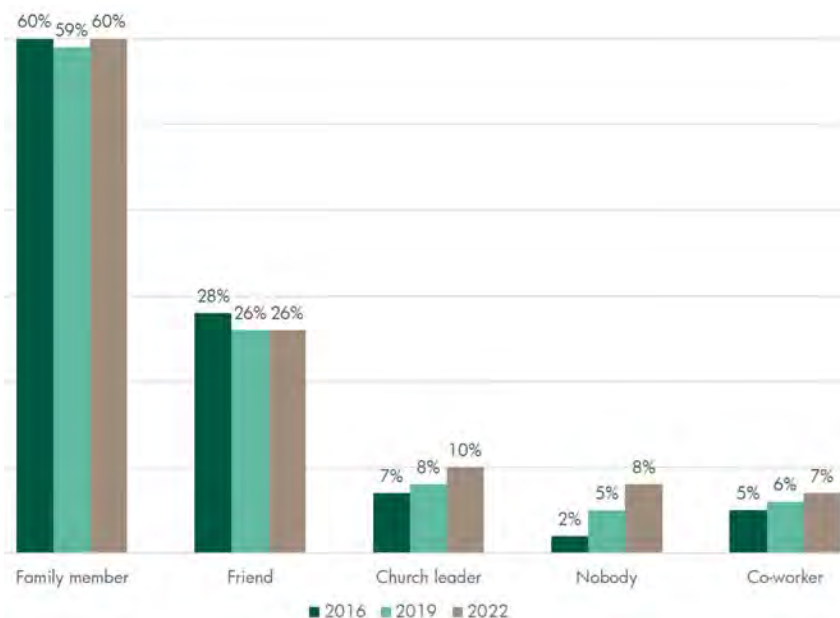


Source: Mat Su Household Survey, McKinley Research, 2022

Note: Average was 9.9 people, 4% didn't know and 1% refused to answer

If you need advice on how to handle a problem, such as a financial, emotional, or work-related issue, who would you ask for help? (%)

Figure 64: Who Respondent Seeks Advice From, Percent, 2022



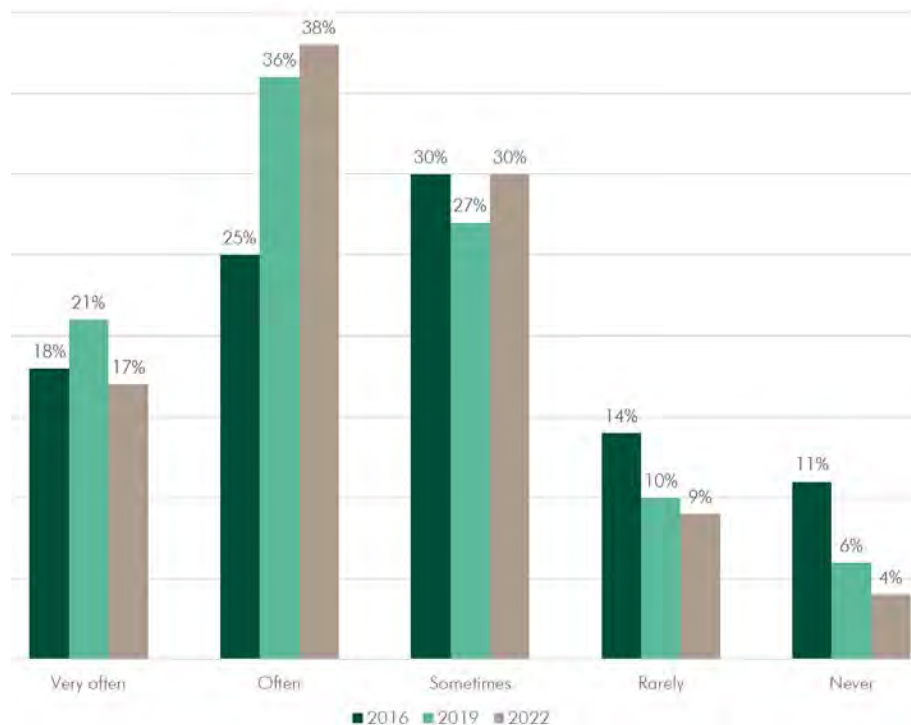
Source: Mat-Su Household Survey, McKinley Research, 2022

A little more than half of respondents (57%) said they would be likely or very likely to report a child from their neighborhood skipping school to the child's parent or school (Figure 66). However, respondents were less likely to report a child skipping school in 2022 compared to prior years.

Nine out of 10 mothers of 3-year-olds have the social support to receive help when they are sick, which is slightly higher than Alaska overall at 86% (Table 126). As seen in Table 126, the majority of mothers of 3-year-olds have someone to take them to the clinic (97%), slightly higher than Alaska overall (90.7%). Table 126 illustrates that slightly fewer (86.6%) mothers of 3-year-olds have the social

In the past 12 months, have you very often, often, sometimes, rarely, or never helped a person in need outside of family and relatives that live in your community? (%)

Figure 65: Frequency of Helping Others in Need Past 12 Months, Percent, 2016-2022



Source: Mat-Su Household Survey, McKinley Research, 2022

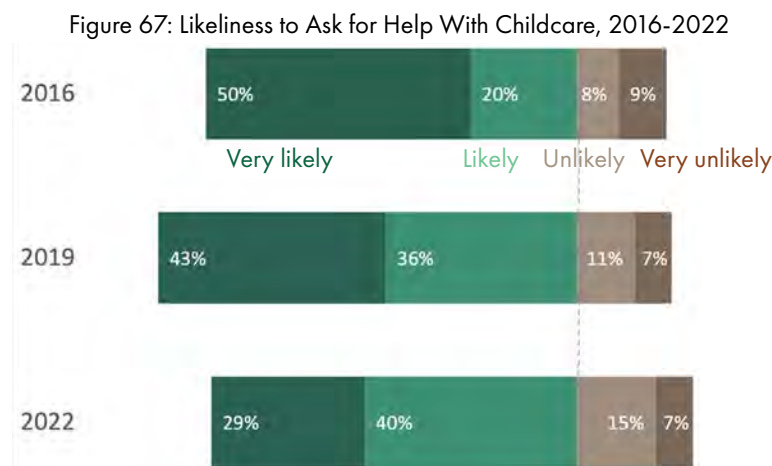
support to borrow money, roughly equivalent to Alaska overall (85.6%). Of the respondents to the Mat-Su household survey with children in the home, 69% of respondents said they were very likely (29%) or likely (40%) to ask for help if they needed someone to help care for their children (Figure 67). However, the percentage responding with very likely has been declining significantly since 2016.

Table 126: Social Support, Mothers of 3-Year-Olds, 2018-2020

Have someone to...		2018	2019	2020
Help me if I were sick	Mat-Su Borough %	90.0	92.9	91.7
	(95% CI)	(76.1-96.2)	(78.9-97.9)	(76.8-97.3)
	Alaska %	87.9	87.7	86.0
	(95% CI)	(84.4-90.8)	(83.6-90.9)	(80.9-89.9)
Take me to the clinic/ doctor's office	Mat-Su Borough %	97.1	96.0	97.0
	(95% CI)	(90.9-99.1)	(82.9-99.1)	(90.4-99.1)
	Alaska %	92.6	91.3	90.7
	(95% CI)	(89.7-94.7)	(87.6-94.1)	(86.7-93.6)
Loan me \$50	Mat-Su Borough %	88.7	92.1	86.6
	(95% CI)	(76.4-95.0)	(81.1-96.9)	(69.6-94.8)
	Alaska %	76.9	80.8	85.6
	(95% CI)	(72.2-81.0)	(76.2-84.7)	(80.9-89.3)

Source: Alaska Department of Health, CUBS

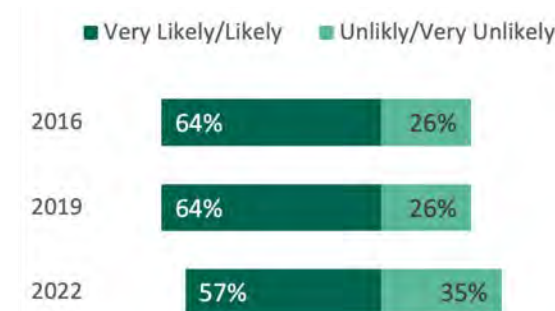
If you needed help to care for your children, such as needing someone to watch your child for a few hours when you were at a medical appointment or to pick them up from school, would you be very likely, likely, unlikely, or very unlikely to ask for help? (%) Base: Children in household



Source: Mat-Su Household Survey, McKinley Research, 2022

If you saw a child from your neighborhood skipping school, would you be very likely, likely, unlikely, or very unlikely to report this to the child's parent or school? (%)

Figure 66: Likelihood of Reporting Child Skipping School, 2016-2022



Source: Mat-Su Household Survey, McKinley Research, 2022

More than three-quarters of respondents who have children in the household reported they are very familiar with their children's friends, and 11% said they were somewhat familiar (Table 127). Respondents were only slightly less likely to report they are very familiar with their children's friends in the 2022 survey compared to 2019. Around half of respondents (53%) with children living in the household reported they are very familiar with the parents of their children's friends, and 34% said they were somewhat familiar. Alaska Native respondents were most likely to be very familiar with the parents of their children's friends (47%) followed by White respondents (34%) and other ethnicities (21%).

Regarding children living in your household, are you very familiar, somewhat familiar, or not familiar with - Your children's friends (%) - The parents of your children's friends (%) Base: Children in household

Table 127: Familiarity with Children's Friends and Their Parents, Percent, 2019, 2022

	Familiarity with parents of your children's friends		Familiarity with your children's friends	
	2019 n=217	2022 n=303	2019 n=217	2022 n=304
Very familiar	57	53	82	78
Somewhat familiar	28	34	11	11
Not familiar	10	6	3	4

Source: Mat-Su Household Survey, McKinley Research, 2019, 2022

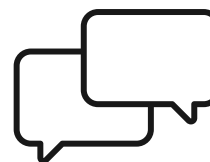
Regarding children living in your household, are you very familiar, somewhat familiar, or not familiar with - What your children do at school or daycare on a daily basis (%), Afterschool activity options for your children (%) Base: Children in household

Table 128: Familiarity with School/Daycare Activities and Afterschool Activities, Percent, 2019, 2022

	Familiarity with what their children do at school or daycare		Familiarity with afterschool activity options for their children	
	2019 n=217	2022 n=303	2019 n=217	2022 n=304
Very familiar	68	69	70	70
Somewhat familiar	23	18	16	17
Not familiar	2	4	5	3

Source: Mat-Su Household Survey, McKinley Research, 2019, 2022

More than two-thirds of respondents (69%) who have children in the household reported they are very familiar with what their children do at school or daycare daily, and 18% said they were somewhat familiar (Table 128). Respondents reported similar levels of familiarity with their children's school or daycare activities in the 2022 survey compared to 2019. Seven out of 10 respondents (70%) with children in the household reported they are very familiar with options for afterschool activities for their children, and 17% said they were somewhat familiar. Respondents reported similar levels of familiarity with their children's options for afterschool activities in the 2022 survey compared to 2019.



Focus Groups

Youth focus group participants identified the need for more activities for youth that would provide opportunities to socialize and give them appropriate outlets. There was interest in gymnastics, martial arts and

horseback riding. Youth would like to see more music and arts programs. They also noted that what is available is often cost prohibitive, so they end up sitting at home all summer.

Youth focus group participants shared that they currently do not feel like they belong in the community. They do not find anything meaningful for young people to do that they feel useful. There is a strong desire to be involved and give back. They would also like to see more acceptance and respect for diverse populations, specifically related to preferred pronouns and gender identity.

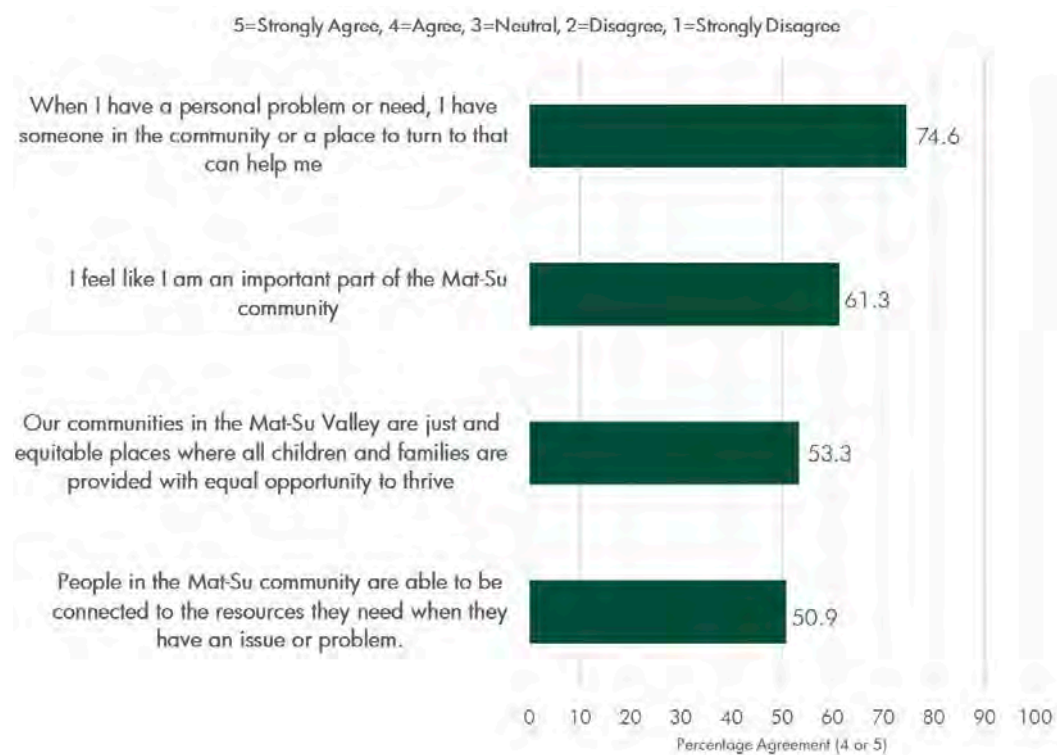
Focus group participants talked about the need for things to bring the community together to create social connections. There was a great deal of interest in opportunities for the community to come together. They talked about the impact COVID-19 had around increased social isolation. This was noted specifically around veterans who were already somewhat isolated, with the pandemic making that gap wider. Among the veteran community there is interest in creating opportunities for healthy connections. It was also noted that broader interest groups are needed for veterans. Several identified a connected and engaged community that embraces diversity as a healthy community. One noted that in January 2022, a disastrous weather event that inflicted extreme high winds and power outages throughout Mat-Su for several days brought everyone together and created a strong sense of community.

Intercept Survey

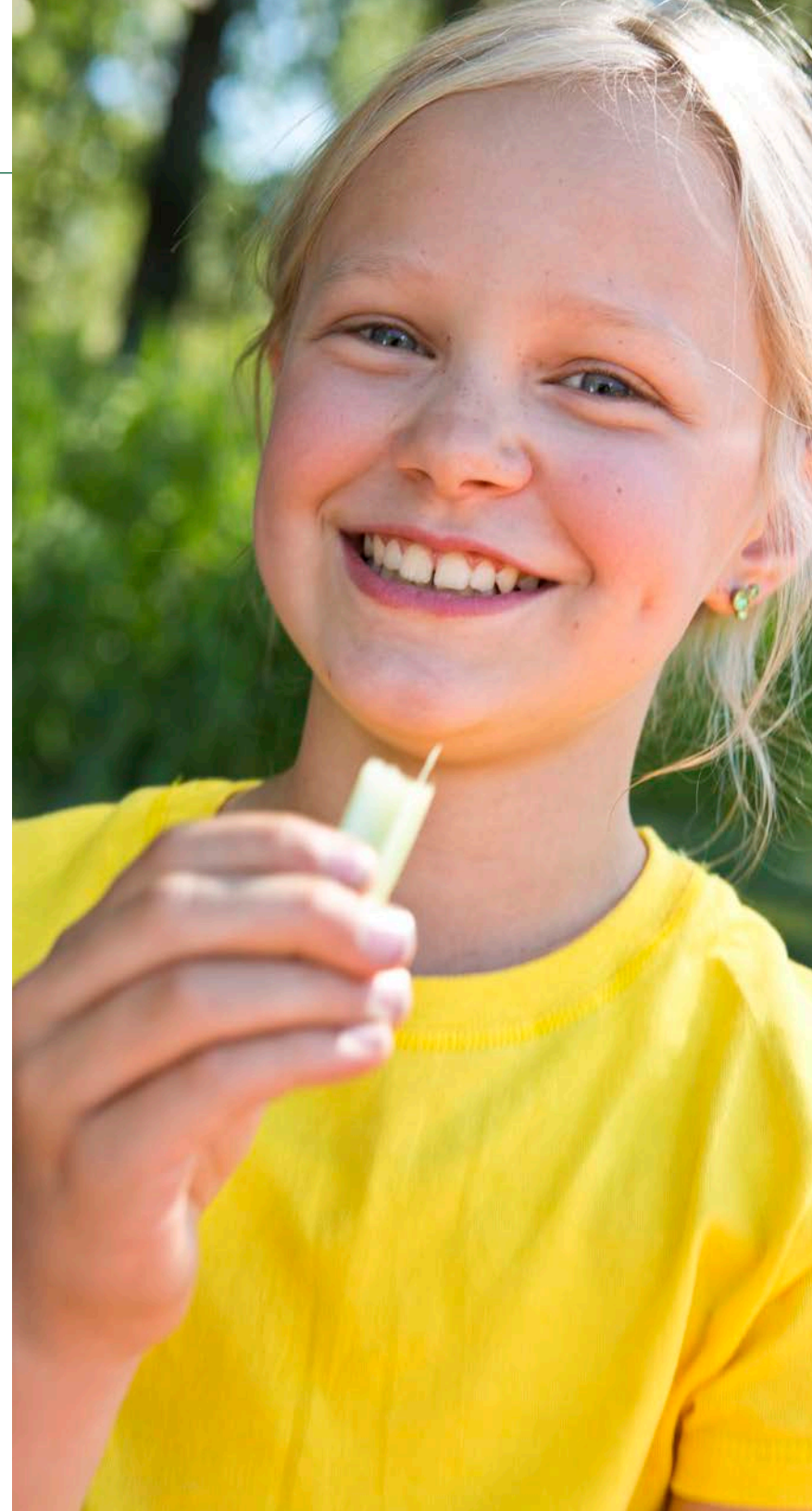
The majority of intercept survey respondents strongly agreed or agreed that they have someone or a place they can turn to for help (74.6%) and that they feel like an important part of the Mat-Su community (61.3%) (Figure 66). The following were identified as the top three goals to focus on over the next three years to move toward a healthier Mat-Su:

- Community center/space for community to gather (7.0%)
- Opportunities to bring community together (6.3%)
- Resource hub/awareness of available services (5.5%)
- Internet service (3.9%)

Figure 68: Belonging and Community Connection, Percent, 2022



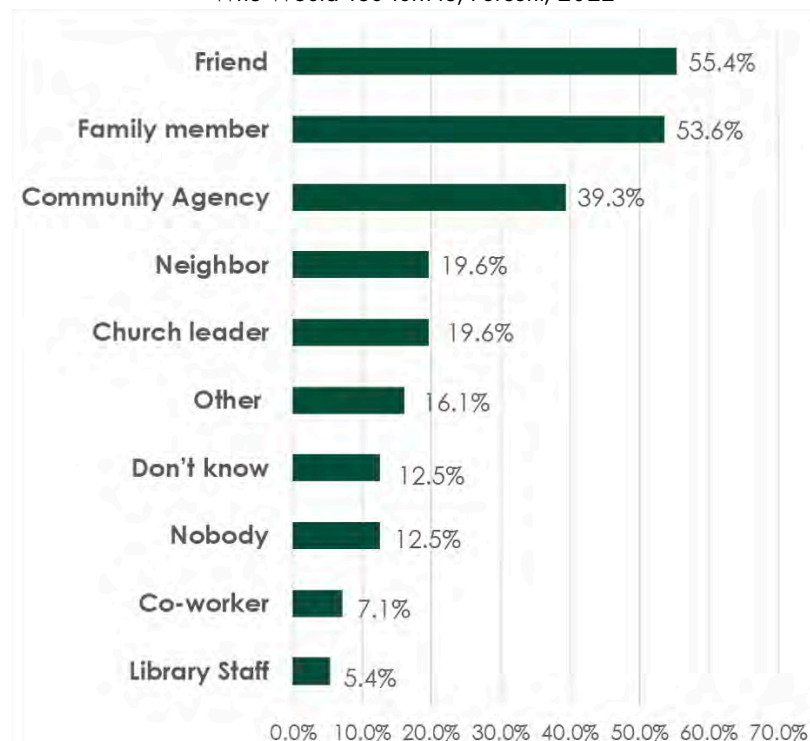
Source: Intercept Survey, Strategy Solutions, 2022



Connect Mat-Su Participant Survey

As seen in Figure 69, half of respondents would turn to a friend (55.4%) or family member (53.6%) if they had a problem and needed advice. Of those who responded, 12.5% indicated they did not have anyone they could turn to.

Figure 69: If Needed Advice on How to Handle a Problem, Who Would You Turn to, Percent, 2022



Source: Connect Mat-Su Participant Survey, Strategy Solutions, 2022

Note: Respondents could select more than one type of support.

Additional Stakeholder Input

Recognizing the impact of social connection on overall health, MSHF contracted Healthy Places by Design to facilitate an inclusive discovery and prioritization process to inform philanthropic investments supporting social connection. In Phase I of the process, conducted during 2022, Healthy Places by Design conducted key informant interviews with Mat-Su stakeholders to identify opportunities for potential strategies to strengthen social connections in the region, and understand potential roles that MSHF can fill in executing those strategies. From January through March of 2022, interviews were conducted with 30 people, including 20 members of the Mat-Su Health Foundation leadership team and staff (internal informants) and 10 external informants who work with those impacted by social isolation (e.g., older adults, people living with disabilities or food insecurities). Most informants are also residents of the Borough or hold various leadership roles within their community.

Informants were asked to imagine potential ways to build social connections across the Valley. Strategy focus areas that emerged include the environment, systems/policy, community capacity, funding/investments. Responses also revealed overarching considerations to guide the Foundation's efforts regarding socially connected communities. These considerations relate to:

- The cultural, ethnic, and geographic diversity across the region
- Desire of community members to be independent, and how that affects talking about socially connected as mutually inclusive
- Being inclusive of both new community members and established residents.
- Tapping in on past and developing new intergenerational approaches, and youth-based investments (financial and other) that also reach adults (families, staff)
- Further identify and prioritize groups that are experiencing social disconnectedness – for example, specific racial/ethnic groups, veterans were mentioned by some key informants

It is also clear that internal and external stakeholders view the MSHF as more than a funder and provided examples of how the Foundation has and can continue to play the following roles: advocate, convener, connector, culture change agent, and investor.

This information will continue to inform Healthy Places by Design's process of supporting the Foundation's socially connected communities strategies.

Freedom From Stigma, Discrimination, and Oppression

Eleven percent of household survey respondents reported feeling discriminated against as a patient (Table 129), the most respondents felt it was due to their gender, followed by race or ethnicity, insurance status, disability, age, or income (Table 130).



Focus Groups

Youth focus group participants talked about the need for more acceptance, noting a reluctance by others to use their preferred pronouns. They talked about the need for less homophobia in the schools as well as the need for gender-neutral bathrooms. Youth noted that teachers don't use preferred pronouns and often say they have to call parents to ask if you can use your preferred name

when many have not come out to their parents yet. They spoke of the inequity in that because they use other people's nicknames.

Other focus group participants talked about the lack of health equity for members of the queer community. They spoke of the stigma and challenge around finding a healthcare provider who will support members of this community. They noted the time spent interviewing healthcare professionals in advance to ensure they will be safe and respected.

Focus group participants spoke of the need to educate the community and create acceptance. They suggested indicating which spaces are safe and accepting of the queer community, and to bring their voice to the forefront to normalize this. They also identified the opportunity for education of healthcare professionals, law enforcement, educators, and other community providers.

It was also noted that housing is a concern for queer youth, noting a lack of shelter and housing options for queer individuals. One participant spoke to the discrimination they've observed when trying to house a queer individual—especially when they do not present as the gender people expect them to be.

Intercept Survey

Half (50.9%) of intercept survey respondents agreed that "Our communities in the Mat-Su Valley are just and equitable places where all children and families are provided with equal opportunity to thrive." Of those who disagreed, 16.3% noted disparities in available resources.

Connect Mat-Su Participant Survey

Just under a third (31.6%) of respondents agreed that "Our communities in the Mat-Su Valley are places where all children and families have equal opportunity to thrive."

Do you feel discriminated against when you receive health care? (%)

Table 129: Feel Discriminated Against When Receiving Healthcare, Percent 2022

2022	n=757
No	88
Yes	11
Don't know	1
Refused	11

Source: Mat-Su Household Survey, McKinley Research, 2022

Why do you feel you've experienced discrimination? (%)

Table 130: Reason for Discrimination, Percent, 2022

2022	n=80
Gender	22
Race/ethnicity	20
Insurance status	17
Disability	16
Age	14
Income	12
Political orientation	6
Religion	6
Family status	4
Sexual orientation	4
Location/geography	1
Marital status	1
Other	24

Source: Mat-Su Household Survey, McKinley Research, 2022

Chapter 9

2022 Priorities

In preparation for the Steering Committee meeting to discuss and select priorities, a summary of all of the secondary trend data was prepared to identify areas where indicators were trending upward or downward. Table 131 outlines all of the secondary data trends.

Table 131: Secondary Data Trends

	Mat-Su Borough		Alaska		
Basic Needs for Health and Safety	Comparison (Year)	Most Recent Data (Year)	Most Recent Data (Year)	Trend for Mat-Su	Comparison to Alaska
Air Quality					
Days PM Over 10	24 (2017)	65 (2022)		↑	
Nutritious Food					
Percent Students Eligible for Free and Reduced-Price Lunch	38.4 (2012)	41.9 (2020)		↑	
Non-Gestational Diabetes, Percent of Adults 18+	8.1 (2018)	7.9 (2020)	7.9 (2020)	=	=
Non-Gestational Diabetes, Percent of Seniors 65+	20.8 (2018)	14.4 (2020)	20.0 (2020)	↓	↓
Diabetes Mortality Rate Per 100,000 (Age Adjusted)	17.7 (2018)	27.5 (2020)	25.1 (2020)	↑	↑
Routine Physical Activity					
Physically Active, Percent Adults 18+	81.2 (2018)	76.2 (2020)	79.4 (2020)	↓	↓
Physically Active, Percent Adults 65+	80.2 (2018)	72.2 (2020)	72.2 (2020)	↓	=
Overweight, Percent of Adults 18+	43.3 (2018)	35.0 (2020)	34.6 (2020)	↓	=
Obese, Percent of Adults 18+	28.7 (2018)	37.2 (2020)	32.0 (2020)	↑	↑
Overweight or Obese, Percent of Adults 18+	72.0 (2018)	72.2 (2020)	66.6 (2020)	=	↑
Healthy Weight, Percent Youth	71.8 (2010)	67.2 (2019)		↓	
Healthy Weight, Percent Adults	24.0 (2010)	27.8 (2020)		↑	

	Mat-Su Borough		Alaska		
Basic Needs for Health and Safety	Comparison (Year)	Most Recent Data (Year)	Most Recent Data (Year)	Trend for Mat-Su	Comparison to Alaska
Safe, Satisfying Sexuality and Reproduction					
Birth Rate, Per 1,000 Population	14.7 (2016)	12.5 (2020)	13.0 (2020)	↓	=
Fertility Rate, Per 1,000 Women Aged 15-44	76.4 (2016)	66.2 (2020)	65.5 (2020)	↓	=
Teen Birth Rate, Per 1,000 Women Aged 15-19	20.7 (2016)	12.9 (2020)	17.0 (2020)	↓	↓
Start Prenatal Care in First Trimester, Mothers of Newborns	90.1 (2018)	91.2 (2020)	84.2 (2020)	=	↑
Smoke Last Three Months of Pregnancy, Mothers of Newborns	7.8 (2018)	8.1 (2020)	10.1 (2020)	=	=
Drink Last Three Months of Pregnancy, Mothers of Newborns	5.9 (2018)	2.6 (2020)	5.5 (2020)	↓	↓
Use Marijuana or Hashish During Pregnancy, Mothers of Newborns	13.5 (2018)	7.7 (2020)	7.9 (2020)	↓	=
Chlamydia, Rate Per 100,000	368 (2018)	366 (2020)	698 (2020)	=	↓
Gonorrhea, Rate Per 100,000	187 (2018)	142 (2020)	272 (2020)	↓	↓
Freedom from Crime, Injury, Violence, Traumatic Stress and Addiction					
Crimes Against Persons	716 (2017)	508 (2021)		↓	
Crimes Against Property	1,117 (2017)	1,690 (2021)		↑	
Injuries Requiring Hospitalizations, Percent <18	22.3 (2017)	18.4 (2021)	15.3 (2021)	↓	↑
Injuries Requiring Hospitalizations, Percent 18-64	49.2 (2017)	45.5 (2021)	53.5 (2021)	↓	↓
Injuries Requiring Hospitalizations, Percent 65+	28.5 (2017)	36.1 (2021)	31.1 (2021)		↓
Traumatic Brain Injuries Requiring Hospitalizations	19.2 (2017)	18.4 (2021)		=	
Traumatic Brain Injuries Requiring Hospitalizations, 5-year average		19.6	18.6		=
Work-Related Injuries Requiring Hospitalizations, Percent Adults	3.0 (2017)	3.2 (2021)		=	
Fallen More than Once in Past Year, Seniors 65+	18.8 (2018)	15.5 (2020)	17.5 (2020)	↓	=
Fallen with Injury, Seniors 65+	9.9 (2018)	8.7 (2020)	11.2 (2020)	=	↓
Wear Seat Belt Always or Nearly Always, Adults 18+	93.5 (2018)	94.2 (2020)	93.0 (2020)	=	=

	Mat-Su Borough		Alaska		
Basic Needs for Health and Safety	Comparison (Year)	Most Recent Data (Year)	Most Recent Data (Year)	Trend for Mat-Su	Comparison to Alaska
Freedom from Crime, Injury, Violence, Traumatic Stress and Addiction (cont'd)					
Substantiated Reports of All Types of Child Maltreatment, Rate per 1,000 Children	7.8 (2018)	14.8 (2021)		↑	
Substantiated Reports of Physical Abuse, Rate per 1,000 Children	1.8 (2018)	5.5 (2021)		↑	
Substantiated Reports of Sexual Abuse, Rate per 1,000 Children	0.6 (2018)	1.3 (2021)		↑	
Substantiated Reports of Mental Abuse, Rate per 1,000 Children	1.3 (2018)	3.4 (2021)		↑	
Substantiated Reports of Neglect, Rate per 1,000 Children	6.5 (2018)	11.7 (2021)		↑	
Addiction					
Current Smoker, Adults 18+	19.7 (2018)	17.0 (2020)	18.8 (2020)	↓	=
Current Smokeless Tobacco, Adults 18+	5.8 (2018)	7.2 (2020)	7.1 (2020)	=	=
Current Electronic Vaping, Adults 18+	10.1 (2018)	3.0 (2020)	5.0 (2020)	↓	=
Binge Drinking, Adults 18+	13.8 (2018)	13.6 (2020)	18.6 (2020)	=	↓
Heavy Drinking, Adults 18+	6.1 (2018)	10.4 (2020)	10.7 (2020)	↑	=
Current Marijuana Use, Adults 18+	15.7 (2018)	18.3 (2020)	18.5 (2020)	↑	=
Mental Health					
Felt Down, Depressed or Hopeless Always in Past Three Months, Mothers of 3-Year-Olds	0.1 (2018)	4.5 (2020)	1.4 (2020)	↑	↑
Felt Sad or Helpless, Traditional High School Students	31.4 (2017)	41.0 (2019)	38.1 (2019)	↑	↑
Felt Sad or Helpless, Alternative High School Students	53.8 (2017)	58.2 (2019)	60.1 (2020)	↑	=
Attempted Suicide, Traditional High School Students	8.2 (2017)	16.8 (2019)	19.7 (2019)	↑	↓
Attempted Suicide, Alternative High School Students	17.9 (2017)	16.9 (2019)	24.3 (2019)	=	↓
Planned a Suicide Attempt, Traditional High School Students	18.1 (2017)	19.8 (2019)	21.6 (2019)	=	=
Planned a Suicide Attempt, Alternative High School Students	25.9 (2017)	37.0 (2019)	35.6 (2019)	↑	=
Seriously Considered Suicide, Traditional High School Students	20.1 (2017)	23.8 (2019)	25.3 (2019)	↑	=
Seriously Considered Suicide, Alternative High School Students	35.9 (2017)	41.3 (2019)	40.4 (2019)	↑	=

Basic Needs for Health and Safety	Mat-Su Borough		Alaska		
	Comparison (Year)	Most Recent Data (Year)	Most Recent Data (Year)	Trend for Mat-Su	Comparison to Alaska
Routine Health Care (Physical and Mental)					
Residents with Some Form of Health Insurance Coverage, Adults 18+	86.9 (2018)	85.0 (2020)	88.3 (2020)	=	↓
Have a Personal Health Care Provider, Adults 18+	70.5 (2018)	65.4 (2020)	65.4 (2020)	↓	=
Could Not See a Doctor Because of Cost, Adults 18+	16.7 (2018)	10.1 (2020)	113 (2020)	↓	=
Colon Cancer Screening, Adults Age 50-75	63.4 (2018)	61.6 (2020)	69.9 (2020)	=	↓
Mammogram Screening, Women Age 40+	66.0 (2018)	61.0 (2020)	61.4 (2020)	↓	=
Pap Test, Women Ages 21-65	82.2 (2018)	73.5 (2020)	69.2 (2020)	↓	↑
Flu Vaccine, Past Year	29.7 (2018)	35.8 (2020)	39.8 (2020)	↑	↓
Pneumonia Vaccine, Lifetime	28.6 (2018)	29.9 (2020)	29.8 (2020)	=	=
Provider Who Knows Child and Familiar with History, Mothers of 3-Year-Olds	93.4 (2018)	94.1 (2020)	86.7 (2020)	=	↑
Well-Child Checkup Previous 12 Months, Mothers of 3-Year-Olds	97.0 (2018)	79.0 (2020)	84.7 (2020)	↓	↓
Did Not Get Immunizations, Mothers of 3-Year-Olds	6.8 (2018)	16.2 (2020)	12.8 (2020)	↑	↑
Child Ever Been to a Dentist, Mothers of 3-Year-Olds	72.9 (2018)	75.3 (2020)	73.3 (2020)	↑	=
Chronic Disease					
High Blood Pressure, Adults 18+	30.2 (2018)	33.5 (2020)	31.8 (2020)	↑	=
Heart Attack, Adults 18+	2.5 (2018)	2.3 (2020)	3.0 (2020)	=	=
Heart Disease, Adults 18+	2.5 (2018)	2.3 (2020)	3.0 (2020)	=	=
Stroke, Adults 18+	3.6 (2018)	1.4 (2020)	2.4 (2020)	↓	=
Cancer Incidence, Rate Per 100,000 People (Age-Adjusted)	420.8 (2017)	415.0 (2019)	422.4 (2019)	↓	↓
Cancer Mortality, Rate Per 100,000 People (Age-Adjusted)	160.8 (2017)	138.1 (2019)	143.1 (2019)	↓	↓
Breast Cancer Mortality, Rate Per 100,000 (Age-Adjusted)	21.1 (2017)	9.6 (2020)	14.7 (2020)	↓	↓
Colorectal Cancer Mortality, Rate Per 100,000 (Age-Adjusted)	12.6 (2017)	14.2 (2020)	15.9 (2020)	=	=
Lung Cancer Mortality, Rate Per 100,000 (Age-Adjusted)	31.6 (2017)	33.6 (2020)	32.6 (2020)	=	=

Basic Needs for Health and Safety	Mat-Su Borough		Alaska		Trend for Mat-Su	Comparison to Alaska
	Comparison (Year)	Most Recent Data (Year)	Most Recent Data (Year)			
Chronic Disease (cont'd)						
Prostate Cancer Mortality, Rate Per 100,000 (Age-Adjusted)	25.6 (2017)	35.2 (2020)	17.3 (2020)	↑	↑	
Mortality from Disease of the Heart, Rate Per 100,000 (Age-Adjusted)	100.3 (2018)	118.8 (2020)	142.7 (2020)	↑	↓	
Cerebrovascular Disease Mortality, Rate Per 100,000 (Age-Adjusted)	40.2 (2018)	38.8 (2020)	35.1 (2020)	↓	↓	
Chronic Lower Respiratory Diseases Mortality, Rate Per 100,000 (Age-Adjusted)	35.9 (2018)	53.6 (2020)	31.6 (2020)	↑	↑	
Acute Care for Illness or Injury						
Emergency Department Discharges, Ambulatory Care Sensitive Conditions	3,669 (2018)	3,555 (2020)		↓		
Inpatient Discharges, Ambulatory Care Sensitive Conditions	2,849 (2018)	2,889 (2020)		↑		
Inpatient Discharges, Behavioral Health	1,907 (2018)	1,874 (2020)		↓		
Inpatient Discharges, Social Determinants of Health	145 (2018)	158 (2020)		↑		
Addiction and Recovery Services						
Depressive Disorder Diagnosis, Adults 18+	19.2 (2018)	21.1 (2020)	17.1 (2020)	=	↑	
Emergency Department Discharges, Behavioral Health	2,824 (2018)	2,673 (2020)		↓		
Criminal Justice, Violence and Emergencies						
Juvenile Arrest Rate Per 1,000	13.9 (2020)	17.6 (2022)	29.9 (2022)	↑	↓	
Homicide Rate Per 100,000	5.5 (2016)	6.5 (2020)	8.1 (2020)	=	=	
Firearm-Related Mortality, Rate Per 100,000 (Age-Adjusted)	22.1 (2018)	32.9 (2020)	23.9 (2020)	↑	↑	
Motor Vehicle Crash Death Rate Per 100,000	11.6 (2016)	14.0 (2022)	10.3 (2020)	↑	↑	
Injury Deaths Per 100,000	81.0 (2016)	90.3 (2022)	99.8 (2020)	↑	↓	
Unintentional Injury Mortality, Rate Per 100,000 (Age-Adjusted)	53.1 (2018)	52.0 (2020)	66.3 (2020)	=	↓	
Suicide Mortality, Rate Per 100,000 (Age-Adjusted)	20.5 (2018)	30.9 (2020)	27.9 (2020)	↑	↑	
Alcohol-Induced Mortality, Rate Per 100,000 (Age-Adjusted)	11.0 (2018)	18.8 (2020)	32.0 (2020)	↑	↓	

The Steering Committee met on November 10, 2022, to review the data collected during the assessment process and to rate/rank priorities. Fifteen Steering Committee members and six Mat-Su Health Foundation staff members participated in the prioritization process. A total of 45 individual needs were identified from the data. Participants rated each of the individual needs using the OptionFinder audience response polling system. The following two criteria were used to evaluate and rate each of the items:

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
Magnitude of the Problem	The degree to which the problem leads to death, disability, or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for an epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on Other Health Outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions

The priorities, in rank order, as identified by the Steering Committee included the following items, outlined in Table 132:

Table 132: 2022 CHNA Priorities

		Magnitude	Impact	Total Rating All
1	Behavioral health (mental health and substance use/abuse)	9.3	9.8	19.1
2	Child maltreatment/neglect; focus on positive childhood experiences	8.6	9.1	17.7
3	Economic instability	8.6	9.0	17.6
4	Affordable health care/cost of care/insurance	8.0	9.1	17.1
4	Lack of transportation	9.3	7.8	17.1
5	Access to local health care/primary care/emergency/after hours	7.2	9.2	16.4
6	Housing/homelessness	8.1	8.0	16.1
7	Equitable access to food/local access to food	8.4	7.6	16.0
7	Physical/mental/sexual abuse/violence/threats of violence	7.8	8.2	16.0
8	Lack of childcare/childcare enrollment	8.8	7.1	15.9
9	Access to preventative care/screenings/routine checkups	5.7	9.5	15.2
10	Social isolation/belonging	7.8	7.3	15.1

Community Resources



Connect Mat-Su
Local support for local needs

Hours of operation: Monday-Friday 8am-5pm

Phone: 907-373-2628

Text: "INFO" to 907-373-2628

Email: specialist@connectmatsu.org

Website: www.connectmatsu.org

Physical location: 777 N Crusey St., Suite A10, Wasilla, AK, 99654

To provide access to timely resources that address the identified health needs of this CHNA, the information on this page is intended to direct readers to existing resource hubs, referral services, and crisis lines, rather than a static list of community resources. Connect Mat-Su, a program of MSHF, is a local referral resource that can assist Mat-Su residents with any variety of needs related to health and wellbeing. Alaska 2-1-1, a service of United Way, is a statewide resource hub. Launched in 2022, 988 is a direct connection to compassionate, accessible support for anyone who is experiencing suicidal thoughts, is at risk of suicide, or is struggling with emotional distress.



Care



Education



Food



Goods



Health



Housing



Legal



Money



Social



Transportation



Work



**NEED MENTAL
HEALTH SUPPORT?**

Call or text 988
988.alaska.gov

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2-1-1™
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